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TAIWAN TOBACCO CONTROL 2007 Annual Report

台灣菸害防制年報

100% SMOKE FREE ENVIRONMENTS

Bureau of Health Promotion, Department of Health, R.O.C.(Taiwan)
June 2007

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Foreword

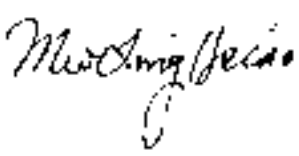
The tide of anti-smoking has step by step swept across the world; and Taiwan is no exception.

Smoking is associated with cancer and diseases of the respiratory and cardiovascular systems. Yet some 1.3 billion people around the world are still smoking. The World Health Organization points out that if the use of tobacco products is not controlled, by 2020, ten million people will have died of tobacco-associated diseases. Although the smoking rates in some developed countries have gradually declined, along with the free trade and improvement in international transportation, tobacco products have become an international commodity; and smoking rates in many developing countries have thus gone upward step by step; and women and adolescents have become the new market for tobacco products. In the past, focus has been placed on educating people not to smoke; it has been found that second-hand smoking also induces similar health hazards. To protect the health of non-smokers, a new appeal, "say no to second-hand smoking", has gained more attention day by day.

The WHO FCTC (the World Health Organization Framework Convention on Tobacco Control), effective in February 2005, has thus far been endorsed by 144 countries, indicating the world trend to strengthen the control of tobacco products. In 2006, both the European Union and the US Public Health Service pointed out that "there is no safety dosage of second-hand smoking; once exposed, the risks are there." Thus far, some 51 countries and areas such as Italy, Ireland, Canada, Australia, Iran, India and the Netherlands have totally banned smoking in indoor public areas or at worksites. The non-smoking regulations legislated in Hawaii and the public health regulations on smoking passed by Hong Kong recently even extend non-smoking in some outdoor public areas. On January 16, 2007, the WHO made the "non-smoking indoor environment" as the theme of the World No Tobacco Day to promote total ban of smoking in indoor worksites and public areas.

To face the international trend and to demonstrate her determination on the prevention and control of tobacco hazards, on March 30, 2005, Taiwan completed the procedures of approval and accession to the Convention, and in compliance with the spirit of the Convention, has promoted the amendment of laws and regulations related to tobacco control and strategies. Though under the present international circumstances, Taiwan cannot join the WHO as a member, her determination to go along with the world in anti-smoking and thus to promote the health of the public is our unremitting mission. To become a non-smoking homeland, "No Smoking, Yes Taiwan" is our vision.

In the past year, Taiwan has made overall promotion in areas of practical activities and research and development such as promotion and education, smoking-cessation services, inspection of law enforcement and implementation at the local levels, manpower resources and development, survey, research and monitoring, international exchange and multilateral cooperation, hoping to reduce smoking rates, to avoid exposure to second-hand smoking, and to attain the goal of improving smoking-cessation rates. The WHO FCTC stresses the importance of information and experience sharing. This Annual Report is intended for the sharing of Taiwan's experience with all partners in the prevention and control of tobacco hazards.



Mei-Ling Hsiao RPh., M. P. H.
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June 2007

Introduction

Linking with the Global Tide and Trend of Anti-Smoking

The WHO calls on that in every ten seconds one dies of tobacco-associated disease. That smoking injures health and endangers life is an undisputable fact. Studies in Taiwan have also revealed that each year, more than 18,800 individuals die of smoking-associated diseases; and each year, the medical costs for caring for smoking-associated diseases exceed NT$ 16.5 billion, and the gross economic loss is more than NT$ 50 billion. Although the Tobacco Hazards Prevention Act was approved for implementation in 1997, for the lack of sufficient manpower and funds, the promotion of tobacco control has met many difficulties. More resources have become available for the active promotion of tobacco control when the health and welfare tax on tobacco products was levied in 2002.

In 2005, the first world-wide public health convention, the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), became officially effective to proclaim the union of global anti-smoking forces to jointly fight against tobacco hazards. Taiwan though is not a member of the WHO, to link with the global tide and trend, to protect the health of the people, and to fulfill the duties and responsibilities as a member of the global community, Taiwan made active efforts in accelerating the national legislation process of the Convention. The instrument of accession to the Convention was approved and signed by the President of the Republic on March 30, 2005, to demonstrate by action the firm determination of Taiwan to comply with the Convention.


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Through many years of the promotion of tobacco control, considerable achievements have been made in reducing the smoking rates of adults, in increasing the anti-smoking consciousness of the public, and in constructing non-smoking supporting environments. However, upon the forceful promotion of tobacco industry, Taiwan, like any other countries, will have to face the hidden worry of increasing smoking rates of women and the adolescents. Currently, the focuses of Taiwan's tobacco control include review and amendment of laws and regulations related to tobacco control, implementation of tobacco control at local levels, strengthening of tobacco control manpower resources and development, promotion of tobacco control education, establishment of various supporting environment, provision of pluralistic smoking-cessation services, development of channels for international exchange and multilateral cooperation, and conducting monitoring and research on tobacco control. In 2006, a special project was launched focusing on the issues of smoking of women and adolescents. A country report following the WHO FCTC has also been compiled to examine the achievements in tobacco control.

This volume of Annual Report summarizes the major achievements in tobacco control of Taiwan in 2006 with a hope to share with national and international partners our experience in tobacco control. Your comments and suggestions are most welcome.

Major Activities in Tobacco Hazards Prevention in 2006

1 Amendment of Laws and Regulations Related to Tobacco Hazards Prevention

Amendment of Laws and Regulations Related to Tobacco Hazards Prevention

Amendment of the Tobacco Hazards Prevention Act

Along with changes of times, environment and social life, the Department of Health has, with a view to meeting the current social life situation of Taiwan, to resolving problems in practical implementation, and to complying with international tide and trend, following the spirit of the WHO FCTC, actively promoted the amendment of the Tobacco Hazards Prevention Act.

The amended Tobacco Hazards Prevention Act was submitted to the Legislative Yuan for review in 2006 as a priority bill. Thus far, some lawmakers are rather reserved on the amended articles concerning total ban of smoking in public areas and more negotiations are needed. Key issues of amendment are as follows:

(1) Price strategies:

To contain consumption through pricing, to make up smoking-attributable medical expenditures of the National Health Insurance, the health and welfare tax on tobacco products was adjusted upward to NT$ 10 per pack, and a flexible adjustment mechanism is also retained.

(2) Non price strategies:

i) To strengthen measures for the management of tobacco products: such as labeling of pictorial warnings, prohibition of the use of misleading wordings, exposure of component information, and extensive banning of advertisement.

ii) To strengthen prevention and control over second-hand smoking: in principle, indoor public areas are banned totally from smoking; in some outdoor public areas, either smoking areas are created or smoking is totally banned.

iii) To strengthen protection of fetus, children and adolescents: indoor areas where there are pregnant women and children under three years are prohibited from smoking; responsibilities of parents and guardians are emphasized; the manufacturing, importation or sale of tobacco-shaped candies and toys are prohibited.

Amendment of the Tobacco and Alcohol Tax Act

On January 3, 2006, the Legislative Yuan passed the amendment of the Tobacco and Alcohol Tax Act to adjust upward the health and welfare tax on tobacco products from NT$ 5 to 10, and to specify clearly that 90% of the tax be used for the safety reserve of the National Health Insurance. A new addition was that a portion of the tax was allocated to the inspection and seizure of illegal tobacco products and the prevention of tax evasion of tobacco products. Based on the amendment, the Administration announced for implementation on February 16, 2006, the Regulations Governing the Allocation and Utilization of the Health and Welfare Tax on Tobacco Products. The regulations specify that of the 10% health and welfare tax on tobacco products, 3% will be used for the prevention and control of tobacco hazards by the central and the local governments; 3% for health promotion by the central and the local governments; 3% for social welfare; and 1% for auditing illegal tobacco products and the prevention of tax evasion of tobacco products. Although the tobacco tax has been adjusted upward, allocation to the central and the local governments for the prevention and control of tobacco hazards has declined from 10 to 3%.

106 women's organizations appeal to lawmakers for legislation of the total banning of smoking in indoor public areas, November 22, 2006.

Smoke -free inside

The Tobacco Hazards Prevention Act though was announced for implementation in 1997, along with changes in times and environment, the Act in effect needs amendment. In view of this, the Act was amended twice in May 2000 and May 2002 and submitted to the Legislative Yuan for review regretfully without success. These amendments regulate the total banning of advertisement for tobacco products, labeling of pictorial health warnings, exhibition of products at sales sites, and prohibition of smoking in indoor public areas. They are the recommended measures of the WHO FCTC; they are also the world trend in the prevention and control of tobacco hazards. In 2003, a public opinion survey on the amendment of the Act was conducted to find that a large number of the public were in favor of the reform measures proposed by the government. In the process of review of the amendment, however, many discussions and arguments had arisen.

The second meeting of countries endorsing the WHO FCTC will be held at the end of June 2007 in Bangkok, Thailand. Each country has developed detailed plans for the active promotion of the Convention; and the World Health Organization will call expert meetings to draft relevant principles and protocols. Once the amendment of the Tobacco Hazards Prevention Act of Taiwan is passed, it would carry an epoch-making meaning in the protection of the health of the people; it would also be an important indicator of declaring to the world Taiwan's determination to realize the Convention.

Major Activities in Tobacco Hazards Prevention in 2006

2

Research and Monitoring

Research and Monitoring

Establishing a monitoring system on smoking behavior is one of the major infrastructure constructions of the national tobacco control strategy plans. A complete smoking behavior monitoring system can provide information on the current status of the smoking behavior of the population; it can also be used to assess the effects of the tobacco control policies and various activities, to compare internationally smoking behaviors, to project future trend through the establishment of databanks to provide information for the reference of the future directions of research and evaluation of strategies. In addition, through compilation and analysis of samples representative of counties and cities, information can be made available to county/city health authorities for reference in the planning of tobacco control related intervention plans. The smoking behavior surveys currently in progress in Taiwan and elsewhere include surveys on the smoking behavior of junior high school students and personnel, surveys on the smoking behavior of adults, and the first-in-the-world survey on the smoking behavior of senior high and vocational school students and personnel .

In other areas of monitoring on tobacco control, action has also been taken to continue to maintain databanks on tobacco control policies, to collect relevant domestic and international information on tobacco control, and to disseminate information through newsletters and online webs. The Tobacco Products Testing and R&D Center continues to monitor the nicotine, tar and CO contents of domestic and imported tobacco products. Studies have also been conducted on issues such as the advertisement and sales of tobacco products, smoking-cessation and intervention, consumption, economics, trade and smuggling of tobacco products, and laws and regulations on tobacco control . Several research projects such as an analysis of the characteristics of audiences of health information using tobacco control as a case, an assessment of the impact on tobacco products consumption market of the adjustment of health tax on tobacco products, a three-year plan on the analysis of the secondary data on tobacco control and the establishment of websites for online searching (Smoking Behavior Online Search System, SBOSS), and an assessment of the achievements of the enforcement of the Tobacco Hazards Prevention Act have also been conducted.

Survey on the Smoking Behavior of Senior High and Vocational School Students

The 2005 survey on the smoking behavior of adolescents targeted senior high and vocational school students and personnel in two aspects, collection of national data (Plan A, for surveillance purpose), and sample survey of counties and cities (Plan B, for monitoring purpose). In Plan A, students in senior high and vocational schools and the first, second and third year students of junior colleges in the Taiwan-Fukien Area in school year 2004 were made the population of the survey. They were allocated by administrative areas into four strata of districts, cities, rural townships and urban townships; and sample schools were drawn by probability proportional to size (PPS) procedures in two-stage cluster sample design. Sample classes were then drawn from sample schools; and all students of the sample classes were made samples of the survey. In total, 61 sample schools and 122 sample classes, totaling 4,737 students were drawn; of them, 4,428 copies of the questionnaire returned were effective, giving a response rate of 93.28%. In Plan B, students of senior high and vocational schools and the first, second and third year students of junior colleges in the Taiwan-Fukien Area in school year 2004 were made the population of the survey. Sampling was designed to represent counties and cities to collect samples from counties and cities in two-step random sampling procedures. Sample schools were drawn first; and from them, one class each was drawn from each grade (sometimes two classes in large-size schools) as the sample class. All students of the sample classes were targets for survey. In total, 213 schools and 668 classes, totaling 27,615 students were drawn; of them, 25,618 copies of a self-administrated questionnaire collected were effective, giving a response rate of 92.77%.

The demographic distribution of the students in Plan B was: 21.61%, 32.30% and 34.60% of them were of ages 15, 16 and 17 years respectively; 46.05% were males and 53.95% were females; 34.30%, 33.55% and 32.16% were in the first, second and third grades respectively; their monthly allowances were NT$ 500-1,499 (25.03%), and less than NT$ 500 (20.29%); most of them were in senior high schools (46.72%), senior vocational schools (42.25%, including first through third year students of junior colleges), and night schools (11.03%).

In the use of tobacco products, 41.86% of the senior high and vocational school students in 2005 had ever smoked previously; 50.67% males and 33.71% females. The ever-smoking rates were 38.64% for senior high and vocational first grade students, 43.36% for the second grade students, and 43.67% for the third grade students. Of those who had ever smoked, 24.69% of them smoked the first time before the age of 10; 24.05% males and 25.36% females. No significant difference, however, was noted between students of the first through the third grades (24.94%, 24.33% and 24.94%). The first sources of tobacco products of the ever-smokers

were supplied by classmates, colleagues or friends, accounting for 56.77% of all. 13.99% were current smoker; 20.73% males and 7.84% females; the highest being the senior high and vocational second grade students of 14.64%; and 13.68% and 13.58% for the third graders and the first graders respectively. No significant difference was noted between grades. By types of schools, the smoking rate of 42.42% of students of night schools was significantly higher than the 6.02% of the senior high schools students and 15.71% of the senior vocational school students; significantly more senior vocational school students than senior high school students were smoking. The favorite brand of tobacco products was "Mild Seven", accounting for 47.60% of all; the highest of 50.08% being with the senior high and vocational school first grade students. This was 46.52% for the second graders and 46.27% for the third graders. No significant difference was noted between grades. 13.69% of those who had never smoked before, said they could smoke in the next one year if tobacco products were supplied by friends.

In the exposure to second-hand smoking of senior high and vocational school students, 48.37% of them said that in the last seven days they had been exposed to second-hand smoking at home; and 69.53% had been exposed to second-hand smoking in places other than home. In the access to tobacco products, 66.94% of the smokers bought tobacco products themselves from stores. Most notably, 75.22% of smokers had never been refused by stores of tobacco products for reasons that they were under age; the highest rate of 80.64% being with the senior high and vocational school third grade students.

Of the smoking behavior of key persons, 55.25% of them said their parents smoked; 12.42% said their friends smoked. 17.44% of males said their friends smoked; significantly higher than the 7.70% of females, indicating that male students than female students were more likely to be influenced by peers. In the intention to quit smoking, 63.42% of the current smokers had thought of quitting smoking in the past; and in the last one year, 63.06% of the smokers had tried to quit smoking.

Findings of the present survey suggest that for youth tobacco control in the future, more should be done to: 1) strengthen education on tobacco control ; such teaching should be integrated into some relevant fields and curricula; 2) realize the Tobacco Hazards Prevention Act and the School Health Act; review strategies and regulations concerning tobacco control on campus to eliminate tobacco hazards from schools; 3) use resources of schools and communities to prevent adolescents from imitating behaviors of key others such as parents and peers to reduce smoking rates; 4) through on-job education of staff of convenience stores to refuse sales of tobacco products to minors under 18; inspection should be continued, and dealers should be urged to bear more social responsibilities; and 5) models for smoking-cessation education for adolescents should be studied and developed to more effectively help adolescents quit smoking.

Survey on the Smoking Behavior of the Personnel of Senior High and Vocational Schools

The 2005 survey on the smoking behavior of the personnel used the total number of teachers and supporting staff of the sample schools in Plan A (for surveillance purpose) of the 2005 school-year "survey on the smoking behavior of senior high and vocational school students" as samples; the sample size being 8,874 personnel. 6,203 copies of a self-administrated questionnaire collected were effective; and the response rate was 69.90%.

Most of the personnel in the survey, 36.27%, were in the 30-39 age groups; and 26.92% in the 40-49 age groups. 54.15% were females. 66.44% of them were teachers, and 24.84% were administrative staff. 58.58% of them had never taught health education related courses; only 7.43% of them were primarily responsible for health education teaching.

Findings of the survey were that, 18.22% of the senior high and vocational school personnel had ever smoked; 39.35% males and 2.00% females. 12.66% of the smokers had smoked every day; 25.21% males and 1.86% females. 10.53% were current smokers; 21.02% males and 1.53% females. Of the current smokers, 63.27% smoked every day; 36.73% smoked occasionally; and 5.39% had smoked previously. 8.17% of the personnel had in the past year smoked on campus; 16.09 males and 1.34% females. Only 17.81% of the current smokers had succeeded in quitting smoking with the assistance of the school. 81.21% of them had advised students to quit smoking. In the access to tobacco products, 2.66% of them said they could buy tobacco products on campus; and as high as 74.13% of them said they could buy tobacco products in stores within 100 meters around the school.

In terms of the perception of tobacco hazards among senior high school personnel, 95.73% of them knew that smoke from other people's cigarettes is harmful to you; though 12.14% of them were either not sure or did not know that tobacco use could be addictive.

90% of those interviewed knew that tobacco use could cause lung cancer; 67.51% of them knew that tobacco use could cause heart diseases. As to whether tobacco use could cause malaria, 38.71% of them were not quite sure. In general, perception of tobacco hazards of the male personnel was poorer than that of the females.

With regard to the tobacco related attitude among senior high school personnel, 27.07% of them said that tobacco industry should be allowed to sponsor school or extra curricular activities; 20.21% were of the opinion that tobacco industry did not deliberately encourage the youth to use tobacco; 33.91% thought that tobacco products advertisement should not be completely banned; and 27.61% were opposed to the increase of the tobacco products price. Only 55.28% of them were very concerned about tobacco use among the youth; and 6.46% did not think that tobacco use of the youth was a problem.

Of the recognitions of tobacco control policy at school among senior high school personnel, 86.17% knew that the school had a policy prohibiting tobacco use among students inside buildings (indoors, outdoors and activity sites); only 55.37% of the school enforced any of its policy on tobacco use among students completely. 53.97% of the school had a policy prohibiting tobacco use among school personnel inside buildings; 38.79% of them knew about policy prohibiting tobacco use among school personnel outdoors; and only 20.03% knew that schools enforce any of its policy on tobacco use among school personnel completely.

Findings of the present survey suggest that in the future more should be done to: 1) strengthen the perception on tobacco hazards of senior high and vocational school personnel; in particular, personnel teaching health education courses should have more comprehensive perception of tobacco hazards; 2) school should provide necessary assistance to encourage smoking personnel to quit smoking; and 3) realize the Tobacco Hazards Prevention Act and the School Health Act; review strategies and regulations of tobacco control on campus to eliminate tobacco hazards from schools.

Telephone Survey on the Smoking Behavior of Adults

The 2005 telephone survey on the smoking behavior of adults used the people above 18 years in the 25 counties and cities as the target population. The 2005 China Telecom Telephone Directory was used to draw initially the sample prefixes by the probability proportional to size (PPS) principles; and then, to randomly draw two digits by the two-digit random sampling method. They were then the telephone samples for the survey. The telephone numbers were then grouped into five levels by the population size of the counties and cities. In 2005, a total of 16,749 calls were made.

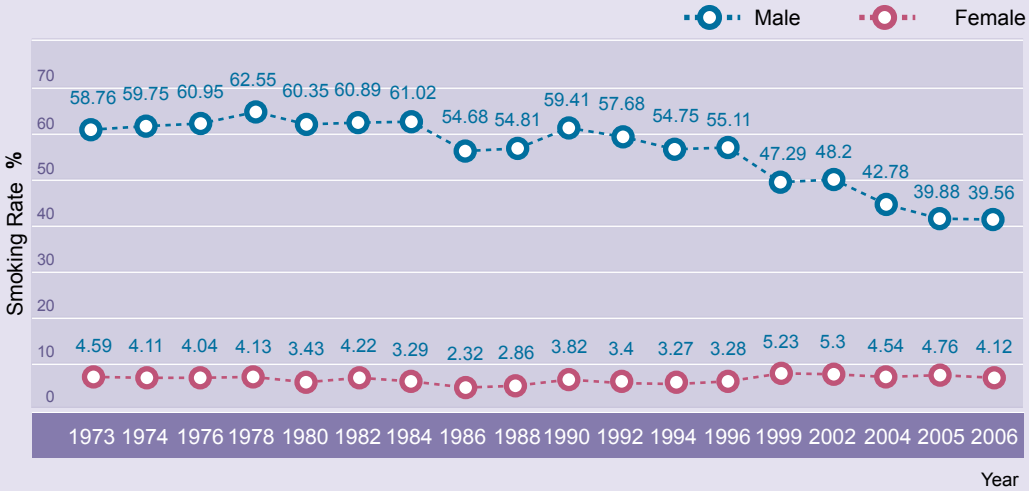
Of those interviewed, males and females accounted for a half each (50.88% against 49.12%). Most of them were in the 18-29 age groups (28.13%), the 30-39 age groups (23.21%), and the 40-49 age groups (20.81%). 69.22% of those interviewed were married, and 27.88% were unmarried. Most of them were of senior high and vocational school education level (30.10%), and primary school and lower level (28.41%); some were of graduate school and above level (1.94%). 23.53% of them believed that they were in "excellent" health; 59.63% thought their health was "good", totaling about 80%. 56.24% were currently employed. 51.29% of them lived with children under 18 years of age.

From the smoking rates of adults across years, in the 1980s, the smoking rates were 60.4% and 3.4% for males and females respectively. Survey of 2002 showed that the male smoking rate had declined to 48.2%, whereas that of the females had increased to 5.3%. The 2004 and 2005 telephone surveys of the smoking behavior of adults showed that the smoking rates were 42.78% and 39.88% for males and 4.54% and 4.76% for females. The preliminary findings of the 2006 survey showed that the smoking rates were 39.56% and 4.12% for males and females respectively, indicating a gradual decline of the smoking rates of adult males. Female smoking rate though has not increased significantly, it deserves close observation (Figure 2-1).

Estimates by the population 18-years and above in 2005 are that 3,530,928 adult males and 415,879 adult females are smoking. Of the male smokers, the highest 51% were in the 31-45 age groups; of the female smokers, the highest 8.40% were in the 26-30 age groups (Figure 2-2).

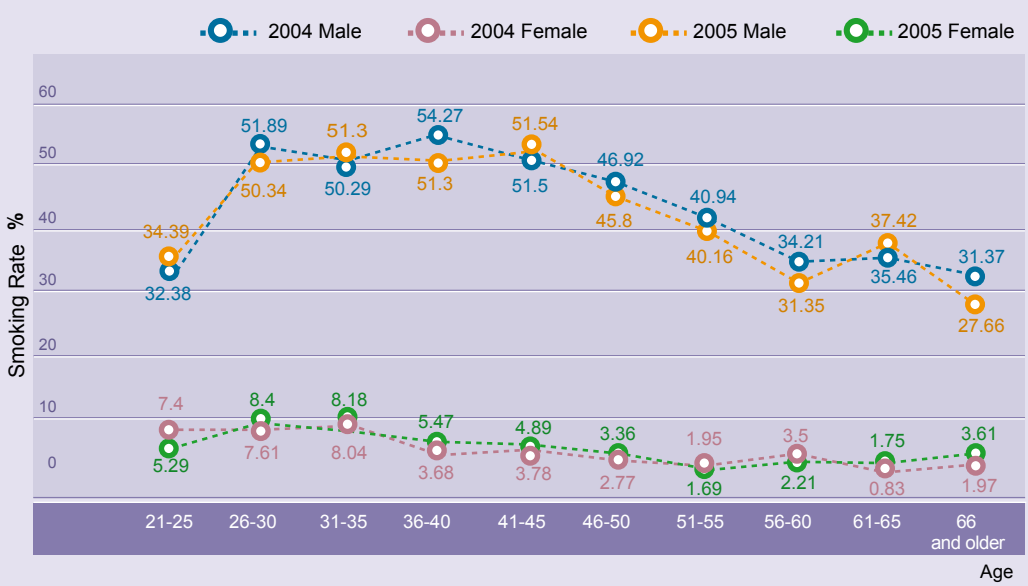
In terms of exposure to second-hand smoking, 34.80% of those interviewed mentioned that their family members smoked at home. Significantly more females than males had been exposed to second-hand smoking (39.28% against 30.47%). 53.44% said that smoking was possible in any place of the house and there were no rules against smoking. Significantly more males than females said smoking was possible in any place of the house (8.80% against 5.06%).

Figure 2-1. Smoking Rates of Adults 18 Years and Above by Year



Notes:1. Data for 1973 to 1966 are taken from surveys of the Taiwan Tobacco and Wine Bureau.
2. Data for 1999 are taken from a survey of Professor Lee Lan.
3. Data for 2002 come from the Bureau of Health Promotion 2002 Taiwan Area KAP Survey of Health Promotion.
4. Data for 2004-2006 come from the Bureau of Health Promotion Telephone Surveys on the Smoking Behavior of Adults.
5. Definition of current smokers used in 2002-2006 follows that of the US CDC; that is, a person who has smoked more than 100 cigarettes (five packs) from the past till present and has used tobacco products in the last 30 days.

Figure 2-2. Smoking Rates of Males and Females Aged 18 and Above in 2004 and 2005



17.14% said they were exposed every day to second-hand smoking at home. 38.62% of those interviewed said people smoked in front of them at worksite; significantly more males than females (48.09% against 28.54%). 13.66% of them said they suffered from every day exposure to second-hand smoking at worksite.

In the intention to quit smoking, 41.00% of the current smokers had thought of quitting smoking in the past year; 40.45% of the current male smokers, and 45.85% of the current female smokers. 26.00% of the smokers said that in the past 12 months they had been approached by medical personnel to advise them to quit smoking; 26.70% of the male smokers and 20.71% of the female smokers. When data of 2004 and 2005 are compared, it is noted that the proportion of current smokers who had thought of quitting smoking in the past year had declined (from 45.77% to 41.00%); and the proportion of being approached by medical personnel for smoking-cessation in the past 12 months had increased (from 20.90% to 26.00%), suggesting that the role that medical professional played in the counseling on smoking-cessation and their performances required further study. Although 56.11% of those interviewed knew that smoking-cessation services were provided by the government, most of them were not quite aware of the service contents; more education should be done to encourage those who needed services to accept the services.

To make available real-time information on the current status of smoking of the adult population in counties and cities, and thus to allow counties and cities to plan local tobacco control strategies and for the assessment of program outcomes, since 2004, data of the Behavior Risk Factor Surveillance System (BRFSS) have been placed online for searching (Smoking Behavior Online Search System, SBOSS). Information can be accessed at http://tobacco.bhp.doh.gov.tw:8080/sboss/.

Findings of the survey suggest that in the future tobacco control, more should be done to: 1) though the smoking rate of females has not increased significantly, more should be done well in advance to plan adequate tobacco control strategies for women, particularly for young women, to prevent them and the next generations from hazards of smoking; 2) exposures to second-hand smoking at home and at worksites need further improvement; more social consciousness on refusing second-hand smoking and respecting the health rights of non-smokers should be developed; 3) medical professional play an important role in advising smokers against smoking; a mechanism to encourage participation of professional personnel in the program should be developed; and 4) very few people know about the smoking-cessation services; more should be done to publicize the services and their contents.

Evaluation of the Enforcement of the Tobacco Hazards Prevention Act

To understand the current statuses and to evaluate the effectiveness of the law-enforcement of the Tobacco Hazards Prevention Act in counties and cities, through public solicitation, the ROC Consumers' Foundation has been commissioned to conduct evaluation in 25 counties and cities.

In the designing of evaluation procedures, experts and scholars were invited to form work teams to decide on criteria of evaluation, indexes and procedures. The focus of the evaluation was on the enforcement of the regulations of Articles 5, 7, 8, 9, 12, 13, and 14 of the Tobacco Hazards Prevention Act. Localities for the on-site evaluation were chosen by the three-stage stratified sampling, 1) to choose townships and districts to be evaluated from the 25 counties and cities; 2) to choose main streets to be evaluated; and 3) by standardized procedures, to choose sites to be evaluated. Each site was visited on-site by two experts for evaluation, and in total, 700 sites had been visited. In the investigation on sales of tobacco products to minors under 18 (Article 12 of the Act), students above the age of 18 disguised as minors by wearing high school uniforms to buy tobacco products, and reactions of the salespeople were noted. 100 samples were tested in 25 counties and cities.

Results of the evaluation show that the passing rates of each article in the years 2004-2006 had shown improvement year by year (Figure 2-3). The average passing rate in the 25 counties and cities in 2006 for the sales of tobacco products, targets for sales, labeling of tobacco product packing, advertisement and promotion, and labeling and separation of non-smoking areas scored 85.10%; an improvement over the 82.8% of 2005. Of them, the passing rates of the sales of tobacco products, health warnings, labeling of nicotine and tar contents were all 100%; the passing rate of the sales promotion was 98.8%, suggesting that regulations of Articles 5, 7, 8 and 9 of the Act had been realized. That the labeling of non-smoking areas scored 83.3%, and the separation of non-smoking areas scored 87.2% required further improvement. Refusal of sales of tobacco products to minors under 18 though had shown improvement year by year, as many as 74% of the stores still violated the regulations (Table 2-1).

To realize regulations of the Tobacco Hazards Prevention Act, more will be done in the future to: 1) strengthen supervisions of dealers to correctly post non-smoking labels and separation of smoking areas; 2) coordinate police authorities and through the juvenile squads to strengthen inspections in some specific areas (electronic game centers, computer game parlors,

KTVs); 3) coordinate health authorities to strengthen regular inspections and to punish sources of sales; 4) coordinate education authorities to provide smoking-cessation education to smokers and prevention education to non-smokers; to improve the legal knowledge of adolescents; 5) coordinate the five major convenience chain-stores to instruct their employees to refuse sales of tobacco products to minor under 18; violations are publicized periodically; 6) through amendment of Article 29 to regulate that anyone should not sell tobacco products to minors under 18; penalties will be aggravated, and thus to prevent access of the adolescents to tobacco products and to prevent them from smoking as well.

Figure 2-3. Average Passing Rates of Articles of the Tobacco Hazards Prevention Act, 2004-2006

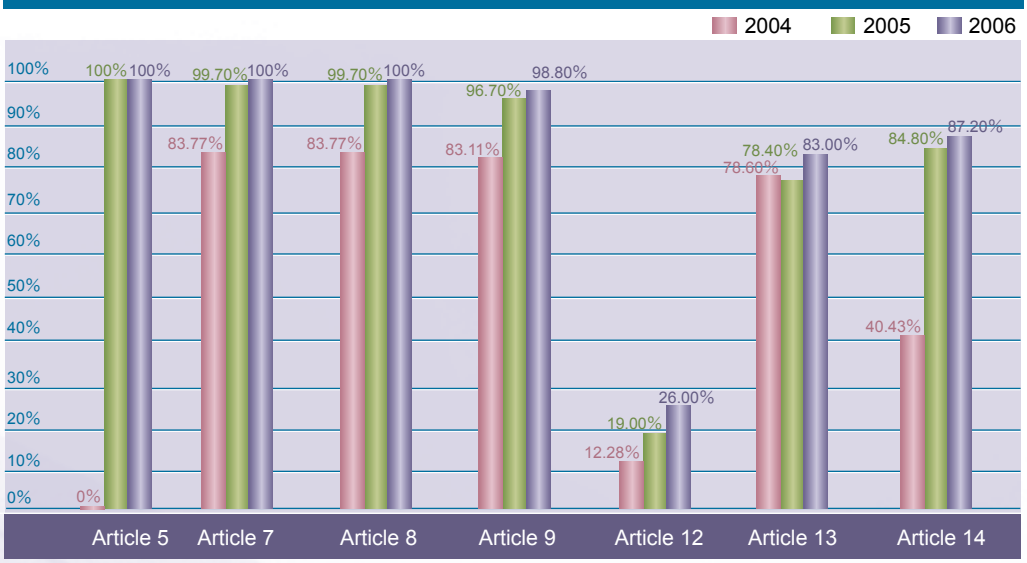


Table 2-1. Testing for Sales of Tobacco Products to Minors under 18--- Comparison of Various Tobacco Product Sales Sites

Tobacco product sales sites	Article 12 of the Act		
	No. of sites evaluated	No. of sites passing	Total passing rate
Five major convenience chain-stores	52	17	32.6%
Betel-nut stores	25	7	28%
General stores	21	2	9.5%
Others	2	0	0%
Total	100	26	26%

Testing and R&D of Tobacco Products

Smoke of tobacco products after burning produces nicotine, tar, CO and other stimulating or carcinogenic agents (such as PAHs). To understand the contents of nicotine and tar of cigarettes on market, the DOH Bureau of Food and Drug Analysis has been asked since 1995 to monitor the cigarettes on market. The Tobacco Hazards Prevention Act was implemented in 1997. Paragraph 2, Article 8 of the Act stipulates clearly that contents of nicotine and tar of cigarettes shall not exceed the maximum permissible amount. In the same year, it was announced that the maximum permissible amounts of nicotine and tar be: 1.5 mg and 15 mg per cigarette in 2001, and 1.2 mg and 12 mg per cigarette in 2007. Since 2006, CO and PAHs have been included in the monitoring.

Laboratory testing of nicotine and tar contents follows the testing requirements decided by the International Standard Organization (ISO). In 2006, 30 brands of cigarettes on market (8 domestic and 22 imported) were spot-checked for their contents of nicotine, tar and CO in the main stream of smoke. Findings were that the nicotine contents were in the range of 0.09-1.22 mg per cigarette, the tar contents were 0.8-14.1 mg per cigarette; all below the maximum permissible amounts for nicotine and tar announced by the Department of Health. The CO contents were in the range of 0.8-15.0 mg per cigarette (no maximum amount has yet been announced). Test findings of the nicotine and tar contents of cigarettes on market in 1995-2006 are shown in Table 2-2; their trends of changes are shown in Figures 2-4 and 2-5. By test findings, it is noted that the nicotine and tar contents of cigarettes on market have decreased year by year; the decline in the domestically manufactured cigarettes has been significant than that of the imported cigarettes.

In the quality control of testing, to assure the accuracy of laboratory testing, a quality control agent, CM4, is used for the monitoring of quality. The results are that the test values of nicotine and tar and the rate of repetitive testing are all in the range of quality control. Participation in the 13th Asia Tobacco Products Joint Testing also shows that the absolute values of z-score of the testing of nicotine, tar and CO are all under 2, indicating that the quality is satisfactory. In the development of laboratory testing capability, methods for the testing of PAHs in the main smoke stream of cigarettes and the PAHs contents in the agglutinates of the main smoke stream of cigarettes have been developed.

The project is to monitor changes in the contents of nicotine, tar and CO in cigarettes on market; to develop methods for the testing of the carcinogenic PAHs in the main smoke stream of cigarettes and their contents; and to collect international information on the development of cigarette testing and their control. Information so gathered should be useful to the control of the contents of tobacco products and research in technology development, and is also useful for the monitoring of the contents of nicotine and tar stipulated in Article 8 of the Tobacco Hazards Prevention Act.

Table 2-2. Nicotine and Tar Contents in the Main Smoke Streams of Domestic and Imported Cigarettes by Year

Year	No. of products	Nicotine		Tar	
		Range of contents	Average	Range of contents	Average
Domestic cigarettes					
1995	14	1.30-1.89	1.76	14.8-26.7	20.0
1996	15	1.37-2.07	1.76	14.2-20.6	17.8
1997	16	1.24-2.06	1.62	11.7-18.4	15.8
1998	15	1.10-1.80	1.38	11.4-19.6	15.4
1999	17	0.83-1.54	1.21	8.6-16.0	13.4
2000	17	0.69-1.38	1.06	7.9-16.3	12.0
2001	12	0.74-1.39	1.03	8.4-14.6	11.7
2002	10	0.37-1.17	0.87	4.7-13.9	11.1
2003	9	0.22-1.14	0.77	3.5-13.4	10.4
2004	15	0.17-1.11	0.81	1.2-14.8	11.1
2005	9	0.12-1.01	0.65	1.4-14.2	8.4
2006	8	0.19-1.09	0.76	1.9-14.1	9.8
Imported cigarettes					
1995	19	0.43-1.20	0.77	6.8-14.8	10.4
1996	43	0.61-2.11	1.05	7.1-43.9	13.6
1997	42	0.50-2.95	1.09	5.6-31.0	12.8
1998	35	0.54-1.79	0.97	6.0-29.6	11.3
1999	35	0.55-1.68	0.90	5.2-16.9	10.3
2000	45	0.16-1.65	0.78	1.5-16.3	9.3
2001	27	0.34-1.47	0.84	3.4-14.5	10.3
2002	26	0.41-1.15	0.73	4.8-14.2	9.3
2003	20	0.28-1.14	0.69	3.7-14.9	8.7
2004	22	0.12-1.20	0.64	1.6-14.4	8.6
2005	21	0.29-1.25	0.73	3.9-14.8	9.7
2006	22	0.09-1.22	0.67	0.8-12.7	7.4

Notes:1. Unit for nicotine and tar contents is mg per cigarette.
2. The testing value is the average values of six tests

Figure 2-4. Changes of Nicotine Contents in the Main Smoke Stream of Cigarettes on Market by Year

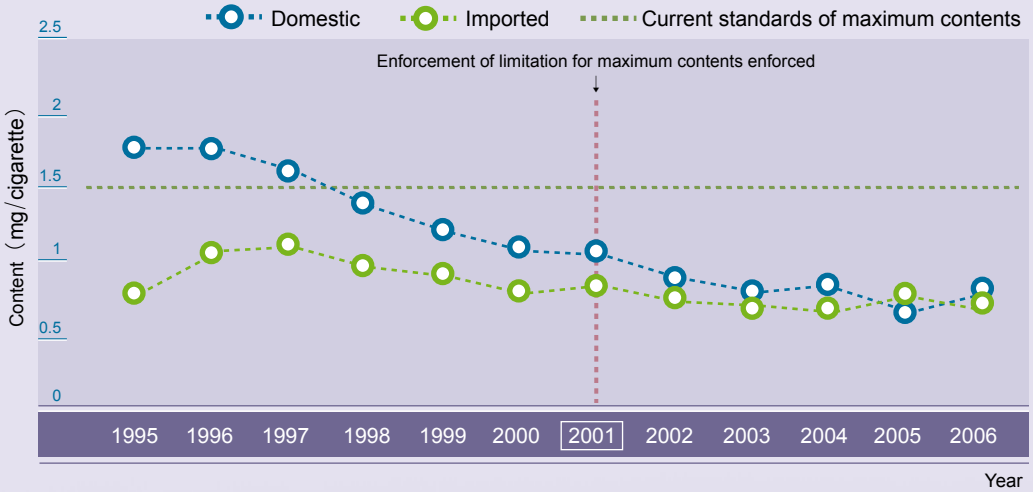
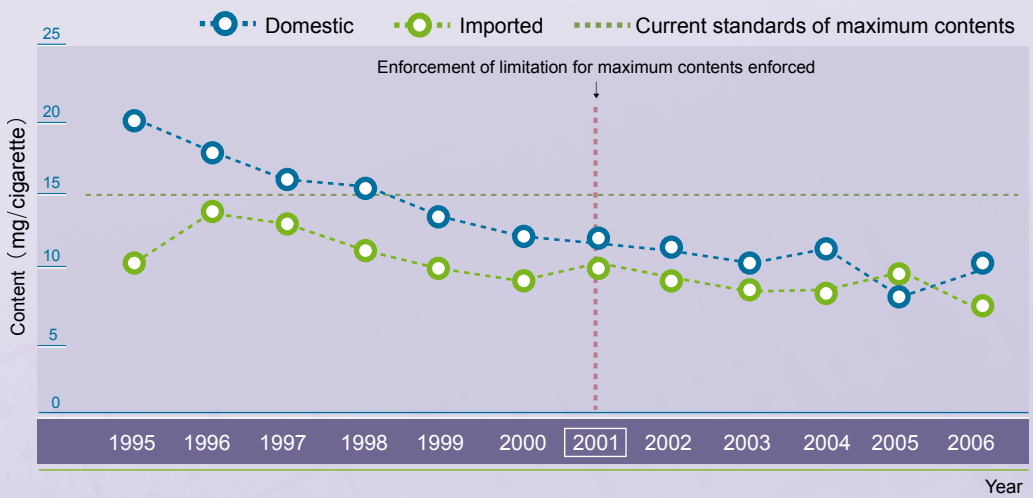


Figure 2-5. Changes of Tar Contents in the Main Smoke Stream of Cigarettes on Market by Year



Major Activities in Tobacco Hazards Prevention in 2006

3

Education and Promotion

Education and Promotion

Desk calendar of tobacco-free restaurants

To counteract the various sales strategies and approaches of tobacco dealers, to intensify the awareness of the public on hazards of tobacco products and thus to refuse smoking and quit smoking, some key issues of tobacco control such as hazards of tobacco products, laws and regulations governing tobacco control, clinics offering smoking-cessation outpatient services, smokers' helpline service, and smoke-free restaurants, workplace, campuses and armies have been advocated through the use of wireless and cable televisions, national radio networks, local radio stations, magazines, newspapers, websites, outdoor media, public-interests platforms and diversified channels. A special campaign on the May 31 World No Tobacco Day was organized; and a volume in both Chinese and English of the 2006 Taiwan Tobacco Control Annual Report was published.

To continue to build supporting environments free from tobacco hazards for living, working, schooling and recreation, work has been done in collaboration with the Council of Labor Affairs to supervise 650 smoke-free worksites; to recruit in collaboration with counties and cities more than 10,000 smoke-free restaurants; to promote in collaboration with the Ministry of Education 516 health promoting schools and an additional 38 colleges and universities to become smoke-free; and to promote in collaboration with the Ministry of National Defense and various military headquarters smoke-free army projects. In 2006, in collaboration with three main museums, a special mobile exhibit, “the Youth Paradise – Marching toward No Tobacco”, focusing on the issues of young people, tobacco control and healthy life, was held in Kaohsiung, Taipei and Taichung. During the 233 days of exhibit in Kaohsiung and Taipei, some 254,993 person-times had visited this special event.

Education on Tobacco Hazards via Mass Media

In 2006, under the Special Procurement Project for Mass Media on Tobacco Hazards, hours of mass media were bought to advocate two main themes, “hazards of tobacco to health” , and “hazards of second-hand smoking” , hoping that through diversified promotional approaches and messages, the public could be made to understand more the hazards of smoking and second-hand smoking to health, and thus to urge the society to place more attention on issues of tobacco hazards. Some special features of this project are: TV commercials of “feasts of tobacco worms” and “testimonies” ; newspaper advertisements on “a new generation free from smoking” and “smoking is absolutely not related to anti-aging” ; an essay contest on “Don't smoke, and be a happy father” ; and messages of tobacco control specifically tailored to different target groups such as people above the age of 15, the youths, the women's groups, and school children are advocated through commercials, talks, and programs on wireless and cable televisions; interviews and commercials on radios, magazines, newspapers, outdoor media and other diversified channels. Activities have been designed for specific target groups through various channels to transmit the concept of smoke-free environment and thus to protect the public from hazards of tobacco products.

Celebrities and Doctors Talking About Tobacco Hazards on TV.

Smoke -free inside

Celebrities and Doctors Talking About Tobacco Hazards on TV.

To evaluate the outcomes of this project, a survey of 2,500 samples was conducted. It was noted that 24.9% of those interviewed had contact with the TV commercial, "Testimonies" ; 23.8% had contact with the "Feast of Tobacco Worms" commercial; 19.6% had contact with the "Don't Smoke, and Be a Happy Father" essay contest; 15.1% had contact with the "Smoking Not Related to Anti-Aging" message; and 18.8% had contact with the "A New Generation Free from Smoking" message.

Findings of the project suggest that in the use of mass media for the advocacy on tobacco hazards in the future, more should be done to: 1) identify and specify target groups for promotion; design messages focusing on the target groups; select adequate media that

Interactions with the Public on TV through Calls-in.

Smoking-Cessation Messages Integrated in TV Dramas.

The Youths Say No to Smoking.

Issues of Anti-Smoking also Appears in News Report.

Amendments of the Tobacco Hazards Prevention Act a Hot Issue.

Minister of Health Appeals to the Public for Anti-Smoking.

suit them, and thus to assure the effects of advocacy; 2) in the selection of outdoor media, adequate media should be selected in accordance with the lifestyles of the target audiences (such as transportation and consumption) to increase exposure rate; for instance, surveys show that the outdoor media that the young people are often in contact are the Bee TV on buses, these media should be used more intensively; 3) in the selection of media channels, specific media should be selected for specific target groups; in addition, the ways the messages are to be presented should also be considered; for instance, advertisements rich in message are better placed on paper media, and relatively clear-cut messages can be placed on MRT advertisements; 4) generally speaking, in the advocacy of tobacco control on media, in addition to the selection of media channels and design of messages, the concept of "brand name sales" should also be applied at the same time to allow people to know about the anti-smoking brand; sales should be targeted to different groups to enhance the overall effects of advocacy.

Use of Diversified Media Channels to Reach Different Target Groups.

Investigation on the Smoking and Anti-Smoking Behavior of Women and Communication via Media

The Heart-Shaped Anti-Smoking Brooch Combines a Loving-Heart and an Anti-Smoking Logo.

Since the implementation of the Tobacco Hazards Prevention Act in 1997, the overall smoking rate and the male smoking rate seem to have declined year by year; the female smoking rate, however, seems to have increased and ages of women smokers have become younger. Although 95% of women do not smoke, 33.5% of them indicate that they are exposed to second-hand smoking at home, and 28.5% are so exposed at worksites. In 2005, women anti-smoking was made the key issue of advocacy of the year; and two projects, "investigation on the smoking behavior of women", and "communication via media on women anti-smoking", were conducted, hoping to advocate hazards of tobacco products, anti-smoking and smoking-cessation from the point of view of women, and thus to enhance the anti-smoking conscientiousness of women and to encourage them to accept smoking-cessation and to refuse second-hand smoking.

In the investigation on the smoking behavior of adolescent girls, through questionnaire interview of 839 senior high and vocational school girl students and 739 junior high school girl students, it was found that the main reasons that young girls smoked were to reduce anxiety and to help thinking; and that they were more concerned about the "short-term physiological harms" (such as deterioration of skin, yellowish teeth and fingers) that smoking might produce. Upon these findings, the messages for communication via media were designed to stress the fact that smoking has no effect on anxiety-reduction or helping thinking; and that smoking produces certain short-term physiological harms. In the

Press Conference to Declare "Sisters Join Together to Fight against Smoking".

investigation of the smoking behavior, smoking-cessation and anti-smoking of adult women, 1,625 women employed in occupations of relatively higher smoking rate, “real estate” , “culture, sports and recreation” and “service”, were interviewed. Findings were that nearly 70% of them had the problem of exposure to second-hand smoking; of them, only 59.5% would either express their refusal of second-hand smoking verbally or leave the site; 68.7% would stop their colleagues from smoking; 36.4% would stop their clients from smoking; and only 28.8% would do so if the smokers were their boss or superiors.

Upon these findings, “women anti-smoking” was made the theme of the media communication project, and adolescent girls 13-18 and adult women 18 and above were made the target groups for advocacy. Promotion activities directed toward different age groups of women included: a press conference, “Sisters Join Together to Fight Against Smoking”, was held by inviting 77 women's groups such as the Taiwan Women's Link and the National Union of Taiwan Women Association to endorse the activity, to strongly point to the increasing smoking rate of women and younger of their age, and to stress that although 95% of women do not smoke, they are exposed to the danger of second-hand smoking, and also the seriousness of the problem of convenience stores selling tobacco products to adolescent girls. A workshop was also held by inviting women's groups such as the National Union of Taiwan Women Association, the Homemaker's Union and Foundation,

Posters about the “Sisters join Together to Fight Against Smoking” .

Anti-Smoking Model Contest; Winners are on Posters.

the Kaohsiung Women Coalition for Tobacco Control, the Taiwan Medical Women's Association and scholars and experts for dialogues between women's groups in the northern and the southern parts of the Island on women smoking, anti-smoking, smoking-cessation and organization for tobacco control, and also for sharing of experience on anti-smoking. In coordination with the establishment of the first women anti-smoking group, the Kaohsiung Women Coalition for Tobacco Control, an appeal to early legislate regulations banning smoking entirely from indoor public places was made. Endorsement of 100 thousand people to support the campaign, "To Treasure the Next Generations, Stay Away from Tobacco Hazards", was also solicited.

In the advocacy for adolescent girls 13-18, an Anti-Smoking Model Contest was held for the young to speak for themselves against smoking, and to promote the concepts of "Don't Smoke and Stay Pretty" and "No-Smoking is Fashionable". Winners of the contest were made models for campus posters, cool cards and a web commercial of "Young Girl Special Agent", and also spokeswomen of the follow-up activities on campus. An activity to establish a model for smoking-cessation of girl students on campus was held to test skin quality and integrate tobacco control in teaching for the reference of the future promotion of anti-smoking education on campus.

In the advocacy for adult women 18 and above, a press conference, "No Tobacco Day at Worksite", was held by inviting managers of 2,000 some beauty parlors and hair-dressings to participate in anti-smoking by hanging posters and banners, banning of smoking in the shops, and talking to customers about anti-smoking. This was a case of industries joining the anti-smoking advocacy. Work was also done in collaboration with the Smokers' Helpline Service to sponsor an Internet supporting group, the Lounge Bar. In the first stage of the project, through

The Lounge Bar Supporting Group.

five fictitious women talking about their personal experience of smoking or exposure to second-hand smoking, the audience was invited to leave messages or interact online. In one month time, more than fifty thousand person-times had browsed the site. In the second stage, a dialogue was maintained online for five weeks to present skills of anti-smoking and smoking-cessations, and to promote the smoking-cessation helpline and the smoking-cessation clinics. Publications had also been distributed to schools, worksites, at MRT stations, railway stations, drug stores and neighborhoods to enhance access of women to the message. Of all educational materials, the fashionable and beautiful heart-shaped anti-smoking brooch won the most approval and many requests for it had been received.

Evaluation of the project finds that the total number of browsers to the “Sisters Join Together” website was 223,024 person-times; and that of the “Lounge Bar” supporting group was 98,609 person-times. For public relations, seven news releases, 17 news reporting on TV, 52 reports on newspapers, 33 reports on the Internet, and 14 radio broadcasting were made. Findings also showed that 16.6% of the young girls knew about the Model Contest; and that more adult women had expressed either actively or passively their intention to refuse second-hand smoking.

Findings of the present project suggest that in the use of mass media for anti-smoking advocacy, more should be done to, for adolescent girls, appeal to the long and short-term physiological effects of smoking; and for adult women, appeal to the long-term physiological effects of smoking. Collaboration of obstetrics and gynecology specialists should be sought for to understand the best time to appeal to pregnant women for smoking-cessation. More action plans of smoking-cessation for women should be developed and anti-smoking skills strengthened. Women-friendly environment for smoking-cessation should be established and a strong social climate supporting women's refusal to second-hand smoking should be created.

2006 World No Tobacco Day – Stand Out, Warriors of Anti-Smoking!

Deaths induced by smoking-associated diseases are the second leading cause of death worldwide; and yet, tobacco products continue to be extensively advertised and promoted. Consequently, the awareness of consumers to the risks of smoking on health has been greatly reduced; and they are misguided to death traps. To respond to the theme of the 2006 World No Tobacco Day, Tobacco: Deadly in Any Form or Disguise, a series of promotional activities had been organized by inviting smokers, victims of second-hand smoking, families of the victims and pregnant women to expose the hazards of tobacco products.

Tobacco Products, the Deadly Trap, in Disguise; Stand Out and Stop the Tragedies.

Special features of the project were: anti-smoking warriors were created to appear at five “testimony bus stops” in Taichung; eight anti-smoking warriors were invited to produce a one-minute commercial film; an audio-visual blog on “life testimony” was developed to tell about the true stories of 15 warriors and a note on “victims of anti-smoking warriors” were made to expose the hazards of tobacco products; 106 women's groups were invited to endorse and appeal to the law makers through the “Treasure the Next Generations, Stay Away from Smoking” campaign to early enact regulations governing the total banning of smoking in indoor public places; media and legal experts and anti-smoking warriors were invited to, through the “deadly smoking” forum, discuss issues such as the sales and disguise of tobacco products, knowing about tobacco advertisement, and international experience in anti-smoking; a 25-year old nasopharyngeal cancer patient played a role to tell his life story in a presentation and a drama to recount that he would not be a 25-year old nasopharyngeal cancer patient if it were not for second-hand smoking; and the messages on the hazards of tobacco products were transmitted through art presentations of tobacco buds, burned figures on empty hospital beds, tied up hostage, and wives and children in trouble.

Smoke -free inside

These series of promotional activities, through the testimonies of real individuals on the hazards of tobacco products to precious life, had aroused enthusiastic responses from the audience. The total number of browsers to the special web was 96,085 person-times. Follow-up interviewing of the "testimony bus stop" showed that the presentation was considered by many people curious, shocking and persuasive. The blog and the note had aroused enthusiastic responses and requests from the audience, and a total of 3,060 copies had been sent out. Many had actively written back to claim the natural rights of refusing second-hand smoking.

The special features of the project were, through testimonies of real individuals, creative arts and presentation through dramas, the public was guided to ponder and realize that the hazards of tobacco products to health were beyond imagination.

The First Women Anti-Smoking Grounp Protesting against second-hand Smoking to Protect the Health of Women and Children.

The First Testimony Bus Stop in Taichung; Mr Wu, an Anti-Smoking Warrior, Testifies against Smoking.

Tobacco Control Mobile Exhibit – the Youth Paradise of Oxygen and No Smoking

To strengthen the awareness of adolescents 10-18 on tobacco control, a large-scale mobile exhibit, the Youth Paradise of Oxygen and No Smoking, was organized in collaboration with the National Science and Arts Museum. This was the first exhibit on tobacco control and healthy life. Youth means adolescents 10-18 years; and oxygen stands for life of no smoking, full of oxygen and healthy. Paradise refers to the happy presentation of the exhibit of no preaching, with games using hands and heads, and in simple language to help visitors understand more about tobacco hazards, ways to refuse smoking, and smoking-cessation.

Collection of materials and relevant information began in 2004, and marketing of the exhibit was initiated subsequently. In 2005, illustrations of the exhibit were completed and the design and production were put out for bidding. On October 6, 2005 through January 1, 2006, a small-scale exhibit on the achievements of tobacco control in recent years, "No Smell? You Win", in seven regions was held. Contents of the exhibit were: comparison of tobacco taxes and prices in selected countries, smoking warnings on tobacco packs in some countries, the negative impact of smoking on family life, environment and economy, how adolescents are attracted to smoking, and connection between smoking and various diseases. In total, 48,036 person-times visited the exhibit. On weekends, a four-barrier science educational activity, Passing through Barriers in four barriers, was presented for visitors to personally experience the benefits of smoking-cessation and refusal of smoking. The game show was presented for 16 times for 5,100 person-times of players. An Internet family platform contest was also held for the youths for the warm-up sales of the exhibit through their creative contest; 45 families participated in this contest. In addition, 131 creative films, 8 musical files, 56 photo files, 27 briefing files and 13 web pages had been received through the Internet activities.

In coordination with the presentation of the large-scale exhibit in 2006, a special brochure was produced; a disc for teachers including "illustrations of the exhibit", "interaction activities" and "teaching plans" was published for the reference of teachers in teaching about tobacco control. A series of creative educational materials such as the invitation card, posters, leaflets, learning slips,

Educational materials for the Youth Paradise of Oxygen

Smoke -free inside

Card to Earn Scores.

stickers, magnets and arm protectors had also been designed and produced.

After two-years of planning, the exhibit was officially inaugurated on June 27, 2006, at the National Science and Arts Museum in Kaohsiung. The exhibit was in nine areas (1,181 square meters). The special feature of the exhibit was to make the public feel themselves like a piece of dust to wander in pulmonary alveolus to explore the hazards of tobacco products. Visitors were given an aerobic card upon entry; they then went on through the nasal cavity to the respiratory system to start a tour of "youth paradise of oxygen". They would feel the difference between a smoke-filled environment and a fresh and fragrant space. Through a large-screen electronic game, they would soon realize the likely tobacco hazards in their home environment. The smoke-free schools challenged them; and the revolving space made them understand more about smoke-free public places. The "magic mirror" of Snow White talked about physical changes after smoking; the tobacco hazards area helped them understand tobacco hazards through e-books; the confession room made them realize the consequences of smoking. The "giant lung" area explored the respiratory system and breathing, and a real smoking lung and a non-smoking lung were shown at the same time. In the "gone with the smoke" area, there were ten games: the "city firefly" game to dispose of the annoying cigarette buds, the "respiration" game to know about the respiratory system, dancing with film stars for smoking-cessation, speaking loudly about smoking-cessation, and memory test, stepping on cigarette buds, face-to-face with smoking-cessation, Q&A of tobacco hazards, and smoking-cessation


A Jumping Machine; Players Jump over Cigarette and Eat Vegetables to Earn Scores to Reach the Gate within Time.


Yencheng Primary School students visit the exhibit to learn about tobacco hazards on health and diseases caused by them, September 26, 2006

and musical notes were parts of them. At the end, the scores were recorded on the card for prizes and as a souvenir to remind oneself and the families and friends to stay away from tobacco hazards.

To augment the experience of the visitors, an eight-barrier science educational activity, the "War on Tobacco" , was presented during the summer vacation. Visitors could observe changes in lung in the process of smoking, learn about principles of respiration, know of the impact of smoking on the respiratory system, and measure lung functions at the same time to understand the hazards of tar to lungs, and the likely impact of smoke on various human organs, and also the impact of second-hand smoking on environment and plants. In total, some 32,000 person-times had participated in the activity.

Regarding marketing strategies, the Ministry of Education was requested to notify schools at various levels to promote the exhibit. News of any interesting and noticeable events during the exhibit was released timely. For instance, the Public Daily reported on June 28, 2006 that Mrs Lin, a nurse, would tell her husband, having smoked for 25 years and failing many times to quit smoking, her experience after the exhibit, and persuade her husband to quit; the China Daily reported that seeing horrible consequences of smoking at the exhibit, Chen, a primary school boy, said he would cut off the cigarette whenever he sees his father smoking. The Public Daily again on September 27, 2006, reported that a school teacher found it more effective than her hard teaching in classroom to allow students to learn about tobacco hazards through interactive games in the exhibit. On November 21, 2006, the Youth

Reports on Newspapers.

Smoke -free inside

Daily reported that students in long queues waited patiently to play the interesting games such as the Q&A on dancing machines, the projection games of the pulmonary alveolus; they were not forced to learn, they learned at their own initiative. The Kaohsiung City and County Health Bureaus also organized at the exhibition place to held several anti-smoking activities such as the "non-smoking father, the healthy baby", and a ceremony for the "declaration of the Kaohsiung Women Coalition for Tobacco Control".

To understand any improvement in the knowledge of tobacco hazards of the public after seeing the exhibit and their attitude toward anti-smoking, 1,000 visitors were chosen randomly as samples to fill out a questionnaire. More than 90% of them said they understood more about the hazards of tobacco after seeing the exhibit; and 92.2% would tell their families and friends about the hazards of smoking and advise them not to smoke. In terms of intention to smoke in the future, 93.1% of the non-smokers said they would not or would definitely not smoke. Of the smokers, 85.8% would consider quitting smoking after seeing the exhibit. In general, the exhibit helped improve the knowledge of the adolescents on tobacco hazards. More than 90% of the visitors would recommend their family members, friends and teachers to visit the exhibit. A student said it was more fun to learn and play at the exhibit than listening to teachers instructing in classroom. A teacher was of the opinion that the exhibit met the teaching-learning principles and was interesting and dynamic.

Inauguration of the Kaohsiung Exhibit by Pricking Balloons.

Taiwan's Road to Anti-Smoking: History of Anti-Smoking in Taiwan.

Homepage and discs for the Youth Paradise of Oxygen campaign.

The exhibit was shown at the National Science and Technology Museum in Kaohsiung for 114 days (June 27 to November 5, 2006) for 102,619 person-times of visitors. It was then shown at the National Taiwan Science Education Center in Taipei for 55 days (November 21, 2006 to January 21, 2007) for 34,958 person-times of visitors. The last exhibit was in Taichung at the National Museum of Natural Science for 64 days（Feburary 7 to April 22, 2007）to attract 117,416 person-times of visitors.

To allow more people to view this mobile exhibit, and to augment its effect, the exhibit will be presented in smaller-scale on offshore islands of Penghu and Kinmen. The exhibit has also been made digital and placed on website for more browsers. (http://tobacco.bhp.doh.gov.tw:8080/nonsmokingparadise).

Inauguration of the Taipei Exhibit. (2006.11.21)

Inguguration of the Taichung Exhibit. (2007.2.7)

Tobacco Control on Campus

(I) Schools at the Level of Senior High/Vocational and Under

In 1995, the World Health Organization advocated that schools should become a healthy living environment. The WHO has then brought into schools the concept of health promotion, and actively promoted the health promoting school plan; that is, a health promoting school is one that constantly strengthens its capacity as a healthy setting for living, learning and working. The concept of health promoting school is to integrate health and education resources to build consensus of students, teachers and parents together and to promote the participation of the community, and thus to construct a healthy and safe school environment. Many countries, after the promotion of the health promoting school plans, have succeeded in effectively reducing health problems, improving educational efficiency, and promoting public health and socio-economic development. To link with the international trend, to integrate funds, resources and policies of health and education authorities for the promotion of school health, in 2004, the Department of Health and the Ministry of Education, in collaboration with local governments, private sector organizations, teachers and parents, jointly declared the promotion of a cross-ministerial plan of health promoting school.

The US Public Health Service, by summing up research findings, pointed out that smokers who begin smoking before the age of 25 are likely to be life-long smokers. Findings of the 2004 Survey on the Smoking Behavior of Junior High School Students showed that 27.04% of them said that they had smoked before; and 6.53% were current smokers, 8.45% male students and 4.20% female students. Findings of the 2005 Survey on the Smoking Behavior of Senior High and Vocational School Students showed that the current smoking rate of these students was 13.99%; 20.73% for male students and 7.84% for female students. A half of the students were exposed to second-hand smoking at home; 69.53% of them were exposed to second-hand smoking outside home settings. Smoking of the key others, parents and good friends, would have direct impact on the smoking behavior of the adolescents. Findings of the 2004 Survey on the Smoking Behavior of Junior High School Personnel showed that the current smoking rate of the teachers and administration staff in these schools was 7.5%; 3.9% of them had smoked on campus in the last year, 15.5% of them were of the opinion that schools should not prohibit school personnel from smoking. Though about 90% of the schools had regulations prohibiting students from smoking, only 78.0% believed that these regulations were totally enforced. These findings all suggest the seriousness of the issue of adolescent smoking, and at the same time, indicate the important role of schools in preventing adolescents from smoking and constructing a smoke-free environment.

To keep tobacco hazards away from schools, the Bureau of Health Promotion, since 2002, has promoted in collaboration with county and city health bureaus a smoke-free campus project. In total,

222 schools of senior high/vocational and under have joined the project. A work manual for smoke-free campus has been compiled. To integrate resources and by using schools as the focal point of promotion, since 2005 through the health promoting school platform, "tobacco control" has been made an essential issue of all schools; and 318 schools have joined this smoke-free campus project. In 2006, a cumulative total of 516 schools were in the project; of them, 367 are primary schools, 123 are junior high schools, and 26 are senior high and vocational schools.

In the promotion of tobacco control in schools, the strategies advocated by the WHO in 1996 for the promotion of health promoting schools are adopted. These strategies include school health policies, health services, health teaching and activities, physical environment of schools, social environment of schools, and community relations. By applying the SWOT for need assessment, some major strategies of tobacco control in schools are as follows:

(1) Formulating policies on tobacco control in schools: forming a tobacco control promotion group; prohibiting students and personnel from smoking on campus.

(2) Tobacco control health services in schools: provide students and personnel with opportunities of tobacco control education (such as smoking-cessation education or activities).

(3) Tobacco control health teaching and activities: encourage teachers of relevant fields to develop teaching programs and materials on tobacco control; design school-oriented anti-smoking curricula and integrate them into various teaching activities.

(4) Linking with the community: link with stores to refuse sales of tobacco products to minors; conduct tobacco control education for parents; promote smoke- free families and community alliances.

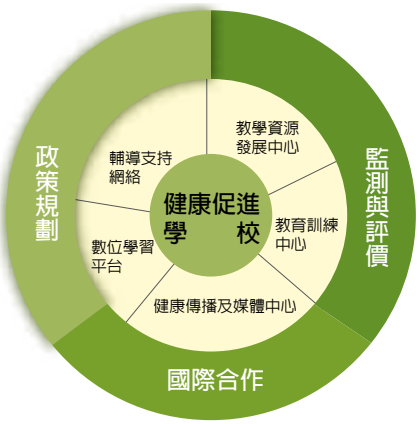
(5) Anti-smoking physical environment of schools: post no-smoking signs on campus; establish databanks for the teaching of tobacco control; strengthen teaching facilities.

(6) Anti-smoking social environment of schools: set up students' anti-smoking groups; promote the anti-smoking ambassador project; strengthen individual counseling of smokers.

To obtain adequate and useful resources for the sustained promotion of health promoting schools and smoke-free campus, through various special projects, some supervision support networks for health promoting schools, teaching resources development center, education and training center, health promoting school website, international cooperation and marketing center, and monitoring and evaluation center, have been set up, hoping to assist schools in the promotion of this project.

(1) Health Promoting School Supervisory Support Network

The Bureau of Health Promotion initiated the smoke- free campus project in 2002; and since 2005, through the health promoting school platform, tobacco control has been made an essential issue of school health. A support system for supervision and communication has thus been established jointly by experts and professionals in the promotion of tobacco control on campus, experts and professionals on health promotion, and county/city education bureaus, health bureaus and education supervisory groups, to conduct professional supervision to attain the goal of the sustained management of health promoting schools.



Health Promoting School Supervisory Support Network

This project was commissioned to the Hsinling Medical Foundation for planning and execution; and in 2006, 53 experts and scholars had participated in the professional supervisory groups to supervise 18 county/city governments to set up supervision support groups. By 2007, all 25 counties and cities will have set up the supervisory groups. The primary objectives of the supervisory support groups are to integrate forces at the central and local levels, to apply the concepts of self-development and empowerment, and thus to construct a comprehensive supervisory support network. Operational procedures of the supervisory groups include inter-school cooperation, linkage, demonstration, experience-sharing and exchange, and holding of consensus camps, workshops, reading meetings or small group discussions. In addition to onsite and telephone supervision, an online Q&A interaction mechanism is also set up to provide schools with timely, accurate and rich supervisory information whenever they encounter difficulties or problems in the promotion of the project. In the use of supervision strategies, work is done to understand the organizational structures and operation of authorities, to build learning-type organizations, self-development and empowerment, to understand the dynamic process of the development of the groups, to understand teaching and learning, to set up positive interactions, and to jointly discuss and develop action-oriented curricula and action plans. In 2006, a manual for supervisors, manual for action, and manual on issues had been produced for the use of supervisory professionals. In addition, in the manual for action, a chapter, “smoke-free campus supervision plan – promotion steps and major tools”, makes available information for supervisors to use in 516 schools. The information is also posted on the health promoting school website for downloading.

(2) Teaching Resource Development Center

Educational materials developed by the Teaching Resources Development Center for use in health promoting schools.

The operation of the Center is commissioned to the ROC School Health Association. The objectives are to integrate and develop currently available resources of teaching materials and teaching aids related to school health for the use of schools; to set up a single window for the flow and liaison of health promoting school resources on teaching materials and aids; and through need assessment, to develop, compile, translate, promote and integrate teaching activity resources and adequate teaching materials and aids. Focus of the future will be on developing a model appropriate to Taiwan for the operation of a teaching resource development center; and to make recommendations to the government on the development of health promoting school teaching resources. As the skills of health teaching and activities are relatively challenging, schools should be assisted in necessary matters through powerful organizations to fully exercise the functions of resource development, creation, integration and exchange, and thus to realize the project of health promotion and tobacco control on campus.

Achievements of the Center in the development of tobacco control-related teaching materials are: 1) surveys on the currant status and need assessment of teaching resources; 2) publication of teacher's manuals on anti second-hand smoking for primary schools; no tobacco, no hazards and in good health for junior high schools; and youth of no tobacco for senior high and vocational schools; 3) compiling and translating 30 international articles related to health promoting schools; 4) printing tobacco control action plans for primary schools and junior high schools; 5) establishing a hotline, 02-23693105, for service on the teaching resource manuals; and 6) publishing relevant research and development findings; they are also posted on the health promoting school website.

(3) Education and Training Center

This project is commissioned to the National Taiwan Teachers University. In 2005, symposiums on the practice of health promoting schools were held in Taipei, Miaoli, Tainan, Kaohsiung and Hualien, for 650 some participants. A life skill learning workshop was also held for 120 participants. In 2006, training programs were organized in the following areas: writing reports on the achievements of the health promoting school and their evaluation, panel discussion symposiums on developing health promoting school plans, and training courses for workers of health promoting school action programs and plans. As tobacco control is an essential issue for all schools, the subject of tobacco control was integrated in all relevant curricula. These training programs had a total of 3,500 some participants.

To prepare students the ability to move ahead, to allow students to respond properly to different life situations in the future, and to develop their skills for healthy life, in 2005 and 2006, training of teachers in life skills had been organized for 700 some teachers. Meetings on life skills had also been organized for parents for four times. The purpose is for teachers to integrate relevant skills in their teaching to allow students to apply skills such as “negotiation skills”, “refusal”, “decision-making” and “emotional adjustment”, when they face the smoking of peers, hazards of second-hand smoking and other pressures in the future to refuse smoking and second-hand smoking.

(4) Health Promoting School Website

To provide schools with timely and comprehensive resources related to health promoting schools, the Bureau of Health Promotion and the Ministry of Education jointly constructed a Taiwan Health Promoting School website in both Chinese and English (www.hps.pro.edu.tw). This website platform is used to provide services in teaching materials, information and exchange. Contents of the website are: status of health promoting schools in Taiwan, laws and regulations governing health promoting schools, lists of schools participating in the project, the supporting systems, special zones for resources, supervision resources, teaching games, active members in the promotion of the project, publications on health promoting schools, and linkages to other relevant websites. The website serves to integrate Taiwan's currently available web resources on health promoting schools, and at the same time, to link to the WHO website and websites of other countries on health promoting schools.

(5) International Cooperation and Media Marketing

To link with the WHO in the promotion of health promoting schools, to learn about the successful experience of other countries, and to share Taiwan's experience with others, in 2006, the First Asia-Pacific International Symposium on Health Promoting School was held in Taiwan. Some ten experts, scholars and practitioners in school health from Japan, Thailand, Singapore, Hong Kong, Australia and the US, and from

Opening of the First Asia-Pacific International Symposium on Health Promoting Schools.

Participants of the First Asia-Pacific International Symposium on Health Promoting Schools Sign a Declaration on Cooperation.

Taiwan as well, were invited to share and report on experience of promotion. Taiwan's schools also made reports on the achievements and experience of tobacco control on campus. Their reports met enthusiastic responses from the audience, and the objectives of experience sharing and exchange had been met.

In Taiwan, the promotion of the health promoting school project comes primarily through administrative systems from the top to the bottom, and from the bottom to the top at the local level. In addition to policy planning at the central level and establishment of supporting networks, participation of the local education bureaus, health bureaus, schools at all levels, primary health care units and relevant social groups and people of the communities is most essential. In 2005, work was done to solicit a logo for health promoting schools, and to hold marketing activities in 17 counties and cities. Mayors and magistrates of seven counties and cities of them joined together to declare intention to extensively promote the health promoting school projects. Some examples were, Taichung City Mayor personally presented a flag to health promoting schools of the City; Taoyuan County issued the health promoting school logo to schools, and the Magistrate wished that the 248 schools in the County would all be health promoting schools by the year 2009. Students should be offered moral education and physical education; they should at the same time stay 100% healthy. All these indicate that the project has met approval and attention at the central and local levels and in communities. In future, more extensive and in-depth marketing will be promoted in Taiwan; and at the same time, cross-country international cooperation and communication will also be promoted to gain approval of the international community of the special features and achievements of Taiwan's health promoting school projects.

Taichung City Mayor presents a flag to the health promoting school.

Taoyuan County Magistrate hopes that by 2009 all 248 schools in the County will be health promoting schools.

(6) Monitoring and Evaluation Center

Taiwan's model in the promotion of health promoting school is different from that of other countries. In Taiwan at the central level, the education and health authorities join together to plan, and to establish relevant supporting systems; at the local government level, resources are integrated, and resources

required for schools in the promotion of the projects are supplied. In the cost-benefit analysis of the manpower, materials and funds invested in the projects, each sub-project is required to evaluate the effects of their projects. For this purpose, an objective and fair external monitoring and evaluation mechanism is necessary to simultaneously monitor and evaluate the overall promotion of the health promoting school project, and thus to feedback to the supporting systems for reference in making changes and improvement; and at the same time, to understand the achievements of schools at various levels. This should serve as a quality control mechanism in the promotion of the health promoting school projects.

The Center was established in July 2006. Thus far, work has been done to analyze the resources invested by local education and health units; to evaluate the achievements of the various supporting systems; to establish data on the needs of schools concerning investments of governments and their approval rate; to analyze the current statuses of the promotion of the projects; and to establish data on the tobacco control environment in schools, smoking behavior of students, and problems of smoking. In future, these data will be used for effect analysis, and also to serve as a reference for making changes on promotion policies.

Achievements of Health Promoting Schools in Tobacco Control

In 2005, an analysis of the self-evaluation of 316 schools in the promotion of the projects show that, in the control of tobacco hazards, 83% of the schools were rated good and excellent in banning students and school personnel from smoking on campus; 72% were rated good and excellent in providing students and school personnel with opportunities for tobacco control education (such as smoking-cessation education and activities); and 94% were rated good and excellent in posting, by law, at significant sites on campus, signs of no-smoking, total banning of smoking on campus, and intensified education on hazards of smoking. 70% of the students had seen the no-smoking signs on campus; 80% of them mentioned that teachers had taught about how to refuse temptation of inadequate substances (tobacco) and correct ways and skills to make decision. These findings all indicate that schools have made remarkable achievements in the promotion of tobacco control in areas such as health policies, health services and physical environment.

In areas such as encouraging teachers of relevant disciplines to develop teaching materials and aids on tobacco control, urging relevant community organizations to jointly build smoke-free environment in schools and communities, and making student organizations become responsible for the execution and establishment of smoke-free campus, 27%, 57% and 59% respectively of those concerned were rated good and excellent in their performances. In the future tobacco control action, more should be done in such areas as integrating teaching in relevant curricula, establishment of community relations, and student participation.

Soliciting posters for the on-campus tobacco-control projects.

Schools are an important learning place in the development process of students. Therefore, investment in the building of healthy and smoke-free campuses is worthwhile. By this effort, a no-tobacco and safe campus can be constructed to allow students to develop healthy behavior when they are in school; and to accumulate health assets to face challenges in the future. In future, more will be done to expand participation of schools, to strengthen relationship between families, schools and the community, and thus to build a healthy living and learning environment for students.

(II) In Colleges and Universities

Findings of the 2006 Survey on the Smoking Behavior of Adults show that the smoking rates of the 18-20 year-old males and females were 18.13% and 2.20% respectively; those of the 21-25 year-old males and females were 38.02% and 6.57% respectively; and those of the 26-30 year-old males and females went up to 45.20% and 6.68% respectively. These findings indicate that students of colleges and universities are right in the key decisive age groups of smoking. Regulations of Article 14 of the Tobacco Hazards Prevention Act stipulate that colleges and universities, except the smoking areas, shall be non-smoking. A project of tobacco control on campuses of colleges and universities was thus initiated in 2005, hoping that, respecting the principle of autonomy, colleges and universities would be encouraged to actively promote tobacco control in schools to build a culture of healthy campus.

In 2005, after assessment, 34 schools were accepted; in the second year of the project in 2006, 56 schools applied for the project, 20 schools more than the year before. Of them, 38 schools were financially

Press Conference on the Start of an Innovative “Hot and In” Campaign.

subsidized (12 public and 26 private schools); and 30 schools participated in the project the first time, suggesting that the issue of tobacco control had gained more attention by colleges and universities.

The key issues of the project, tobacco control on campuses of colleges and universities, include formulation and enforcement of tobacco control policies on campus, education and promotion on tobacco control, establishment of campus supporting environments, smoking-cessation counseling and referral, and surveys on the current status of tobacco control and difficulties encountered. During the course, young students had come up with some most innovative plans of tobacco control on campus. In total, 228 promotional activities had been held; including 26 workshops on tobacco control, 150 dynamic promotional activities, 52 exhibits of educational materials; and a tobacco control blog had also been set up.

Featuring the specific characteristics of each school, some innovative ideas came out, and activities were integrated into various departments and student groups. Some of them were, exhibits of tobacco hazards posters in English, French, German, Spanish and Japanese; contests of anti-smoking songs, congress of no-smoking, anti-smoking color drawings, decorative art in toilets, no cigarette buds in classrooms, anti-smoking flea markets, true features of tobacco, anti-smoking dancing, anti-smoking ambassadresses, poster and anti-smoking logo contests, animation contests, and children's drama on anti-smoking. To allow colleges and universities to share experience, a symposium for the presentation of achievements in tobacco control for colleges and universities was organized together with the Ministry of Education, and outstanding schools were commended. Achievements were also presented in dynamic and static ways. 61 colleges and universities and 13 county/city health bureaus of 205 persons participated in this event.

Innovative posters designed by the Lingtung Technology University students.

Decorative arts in toilet designed by the Minghsin Technology University students.

Analysis of the self-administered pre and post-project questionnaire show that, in terms of supporting environment, the number of schools that would post significant no-smoking signs or slogans had increased from 88.9% before participating in the tobacco control activities to 96.2% after participation. Smoking in general was more prevalent in dormitories and toilets. The rates had declined from 72.7% and 45.5% respectively before the project to 53.8% and 26.9% respectively after the project. Smoking in no-smoking sites such as classrooms and reading rooms had also dropped from 30.9% to 15.5%. Sales of tobacco products on campus had decreased from 5.5% before the project to none after. All schools had regulated no-smoking in dinning rooms. In terms of smoking-cessation and referral, the rate had gone up from 61.6% before the project to 88.5% of schools providing smoking-cessation counseling or referral services. They show that the tobacco control on campus project has made considerable success.

By the experience of 2005 and 2006, the future directions should focus on: 1) teachers or administrative staff of colleges and universities are individuals of capacity; they should also be made to understand the hazards of smoking and to respect the health rights of non-smokers; 2) advocacy on meetings of presidents and deans should be intensified; inspections should be strengthened; and laws and regulations on tobacco control should be enforced; 3) anti-smoking seed students should be developed; training of students and faculties should be conducted to increase participation of students and teachers; 4) innovative issues, strategies and incentives should be developed to encourage more participation of students and teachers; and 5) a supervision and evaluation mechanism should be set up for the everlasting promotion of tobacco control on campus.

Center for Workplace Health Promotion & Tobacco Control

In the 40 years of career, an employee spends almost one-third or even more time at workplace. In addition to salaries, safety of work environment and health should be the prerequisites for seeking for employment. If, however, there exist the problems of smoking at workplace, these two prerequisites will face challenges. Problems that smoking could bring about at workplace include health risks of employees, hazards of second-hand smoking, safety of workplace, and interaction of toxic substances at workplace. Research findings of the National Health Research Institutes show that death risks from occupational disasters brought about by smokers are three times higher than those caused by non-smokers; suggesting that in addition to health hazards, smoking is also associated with potential unknown risks and a large amount of losses of lives and properties. Therefore, it is cost beneficial to impose at workplace no-smoking or smoking restriction policies. In developed countries such as the US, Finland and Australia, smoking at workplace is prohibited by law to protect the health of employees.

Taiwan began to promote smoke-free workplace since 2003. It has been done to visit workplaces, to understand the current status of tobacco hazards, and to provide adequate supervision based on the different needs of each workplace. Promotion of smoke-free workplace does not mean to force employees to quit smoking. It is, for health maintenance and to respect the health rights of non-smokers, to persuade smokers to quit smoking or to set up smoking areas to keep non-smokers from hazards of second-hand smoking, and to eventually attain the goal of smoking ban or no-smoking at workplace. The purposes of the smoke-free workplace are to improve the awareness of employees on tobacco hazards, to avoid exposure to second-hand smoking, to make smokers quit smoking, and thus to allow all employees to work in a safe and healthy environment.

Tobacco control is one of the important issues of health promotion at workplace; and to put the two issues of tobacco control and health promotion together is most welcome to enterprises. Therefore, since 2006, it was commissioned out to set up a Center for workplace health promotion & tobacco control each in the northern,

Education Materials for Tobacco Control at worksite.

central and southern areas; to establish occupational health and tobacco control service networks; to supervise factories to promote health promotion and tobacco control; and to develop health promotion issues specific to workplaces; to hope to reduce the smoking rate and second-hand smoking exposure at workplace, to increase rate of smoking-cessation, and thus to promote the health of employees. Some important achievements in 2006 were: to make onsite visits to 189 factories to implement no-smoking or smoking restriction policies, of them, 66 factories conducted at the same time health promotion activities; to organize together with county/city health bureaus 78 tobacco control workshops and 136 training courses related to health promotion at workplace to develop seed workers for health promotion and tobacco control at workplace; to provide various smoking-cessation services; to develop various educational materials on health promotion and tobacco control at workplace (see Figure3-39); and to set up and maintain a website on health promotion and tobacco control at workplace and a databank. National assessment and appraisal of factories excellent in tobacco control have continued (see Figure 3-40); and 113 smoke-free factories are publicly commended. This was reported widely on mass media. The Minsheng Daily for instance, reported on November 17, 2006, that

Figure 3-39 Educational Materials for Tobacco Control at Worksite.

Figure 3-40 HCT Transportation, the Most Outstanding Firm in Tobacco Control, is commended.

Macronix (Wanghong) was prized for carrying out no-smoking policy; the China Daily reported that the HCT Transportation, an Outstanding smoke-free Workplace; Mr Feng took the lead to quit after 20 years of smoking. The commendation served as a valuable opportunity for experience sharing, and initiated a successful model for the promotion.

A national sampling survey in 2006 of workers in the Taiwan Area gave a smoking rate of employees at 22.8%; 2.2% lower than that of 2003 when the promotion of tobacco control at workplace was initiated. The ratios of those who had either quit or were in the process of quitting had increased from 8.7% in 2003 to 9.9% in 2006. Smoking rates by occupation in 2006 are shown in Table3-1. Of all, smoking rates were the highest for occupations such as construction, transportation and warehouse, art, entertainment and recreation at 39.9%, 36.1% and 33.3% respectively. They should be the key target groups for tobacco control in the future. The second-hand smoking exposure rate at workplace had increased from 29.9% in 2004 to 30.1% in 2006; and the ratio of those who did not think that second-hand smoking at workplace was disturbing had declined year by year. On the other hand, the ratio of those who could not tolerate second-hand smoking had increased year by year (see Figure 3-41), indicating that the public awareness of the hazards of second-hand smoking had been increasing yearly. Workplace regulations and practices in 2004 and 2006 showed that the ratio of factories that strictly prohibited smoking at workplace had increased from 37.8% to 39.1%; the ratio of factories posting no-smoking signs at workplace had increased from 43.3% to 46.0%; and the ratio of those who would advise smokers to refrain from smoking at workplace had increased from 37.2% to 40.2%. These findings all indicate that tobacco control at workplace has gained momentum. Findings of the 2006 survey also showed that as high as 86.6% of those interviewed were of the opinion that any indoor

Some Innovative Actions against Smoking at Worksite

Wanghong Electronics: A fine of NT$ 5,000 the first time; employees are fired if repeated the act. Visitors and dealers are fined NT$ 10,000 for violation of regulations.

Taoyuan Oil Refinery: Detectors are set at entrance to detect cigarettes and lighters.

Chiayi Christian Hospital: Vocal sensors are set at stairways; smokers are alarmed vocally whenever they light a cigarette.

Hsinchu Freight: Smoking-cessation contests are held; truck drivers are prohibited from smoking while driving or delivering.

Hsueh Chang Hsing: The only smoking room is set next to the parking lot of the President's car; the President also urges employees to quit smoking.

Huanping Co.: Test the employees once a week for carbon monoxide to understand the effect of smoking-cessation.

Nanshun Co.: Aerobic dancing is held for employees to quit smoking.

-- Excerpt from the Apple Daily, November 17, 2006

A Non-precedent High Smoking-Cessation Rate at Worksite

Surveys: smoking rate declined by 2.2% from 2003;

9.9% of heavy smokers trying hard to quit

-- Excerpt from the China Daily, November 14, 2006

working area shared by more than three persons should be totally banned from smoking; and as many as 68.9% of the current smokers shared the same opinion.

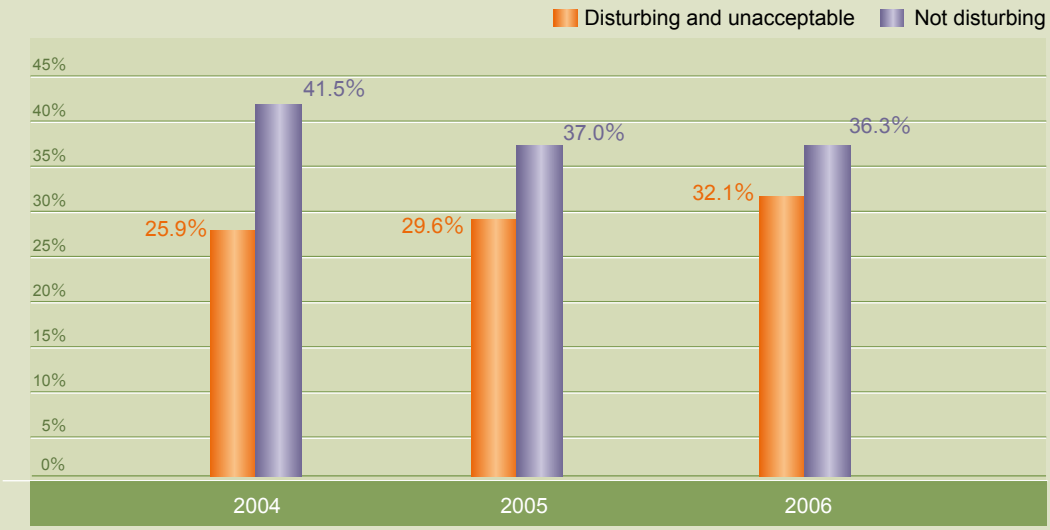
Manpower is the most important asset of enterprises. The health of employees is not only the happiness of individuals, families and the society; it is also the most solid capital in profit growth. Safety and health at workplace will not only boost the morale of employees and reduce turnover rate; it would effectively upgrade the productivity of employees as well to assure the sustainable enterprises management. To extend the universal participation of enterprises, and to encourage them to actively promote tobacco control and health promotion, in 2007, work will

Table 3-1. Smoking Status by Occupation

Occupation	No. (persons)				Smoking Rate (%)			
	2003	2004	2005	2006	2003	2004	2005	2006
Agriculture, forestry and fishery	430	652	325	316	28.4	29.9	27.7	28.5
Mining and gravel collection	38	39	33	31	51.3	52.5	27.3	29.0
Manufacturing	1511	2407	1361	1524	25.3	24.0	21.3	23.1
Electricity and gas	49	37	36		42.9	29.7	36.1	
Construction	452	657	382	464	39.9	45.8	44.5	39.9
Wholesale and retail	868	1370	901	1014	24.3	23.0	20.4	22.9
Hotel and restaurant	312	484	308	368	28.2	22.2	15.6	18.7
Transportation, warehouse or communications	281	408	261		35.1	35.5	29.1	
Transportation and warehouse*				166				36.1
Finance and insurance	262	409	217	234	21.8	14.9	11.5	11.5
Real estate and rental	41	53	41		35.7	26.4	24.4	
Professional, science and technical service	280	483	181	186	20.6	20.7	21.0	13.5
Educational service	361	546	304	326	5.2	4.6	5.6	3.9
Medical care and social welfare	167	269	154	186	9.0	8.9	5.2	4.9
Culture, sports and recreation	136	153	108		22.1	20.3	27.8	
Public administration	281	400	239		16.1	20.6	19.7	
Other services	372	648	334	270	26.1	26.5	26.0	30.3
Art, entertainment and recreation*				48.0				33.3

*Note: Reclassified by the Classification Criteria of Occupations (8th revision) of the Third Bureau of the Directorate General of Budget, Accounting and Statistics, the Executive Yuan, 2006

Figure 3-41. Different Views of Employees on Second-Hand Smoking



be done to promote the self-certification of healthy workplace by enterprises, and to encourage enterprises to participate in the certification, hoping that the ideal of no-smoking at workplace and health promotion can be deeply interwoven in the culture of enterprises, and thus to build a healthy work environment. Thus, the health of employees can be promoted; the images of enterprises can be boosted; and medical costs can be contained to reach the goal of three-wins of employees, employers and the government.

Tobacco and Betel Nut Control in Armies

Findings of the 2005 Telephone Survey of the Smoking Behavior of Adults showed that the male smoking rate was 39.88%; that for males aged 18-20 was 16.13%; and that for males aged 21-25 went up to 34.39%. The rate of betel nut chewing for males was 15.89%; that for males aged 15-17 was 1.08%; and that for males aged 18-24 went up to 8.15%. Males in this age group are at the stage of military service. For the special features of military life, males serving military service are in the high risk period of being induced to smoking. In many developed countries, the male-dominated armies are therefore made an important area for tobacco control. Betel nut chewers are likely to be smoking at the same time. If tobacco and betel nut control can be promoted in armies, under the special environment of concentrated management and order enforcement of the military, direct intervention into this high risk group of smoking and betel nut chewing is possible, and the army certainly is an ideal place for the promotion of tobacco control. The Department of Health, therefore, promoted in 2003, in collaboration with the Ministry of National Defense, a project on tobacco and betel nut control in armies.

The goals of the tobacco and betel nut control in armies project were to build living environment and for the promotion of physical and mental health. The project focused on two major groups, the newly enrolled students of military academies and the draftees under training in the military training center. Education programs on tobacco and betel nut control were organized for them to help them develop more positive attitude toward anti-smoking and anti-betel nut chewing. Policies and regulations were then enforced to form a military culture and life norms, and thus to make troops at various levels conform to the various regulations of tobacco and betel nut control. The project was included in the monitoring and survey system for evaluation to serve as reference for the improvement of control policies and future plans.

Major achievements of the project are as follows:

In the area of policy and environment, in 2006, 74 policies and plans on tobacco and betel nut control in armies (18 by the Ministry of National Defense and 56 by various armed forces) were formed and announced. In the area of smoke-free and betel nut-free environment, total banning of smoking indoors was practiced; in outdoors, smoking was allowed only in smoking areas, and the number of smoking areas was reduced year by year. At present, in all armed forces, 1,793 smoking areas are set, a decrease of 194 over the previous year. A long-term monitoring mechanism on the prevalence of smoking and betel nut chewing in armies has also been established.

Winners of the Tobacco and Betel-Nut Control Logos.

For education and promotion, training had been held for 591 seed instructors on tobacco and betel-nut control; and 683 training courses had been organized for 55,262 person-times. In the promotion of tobacco and betel nut control, quizzes with awards had been organized in various military academies; in addition, basketball contests on campus, solicitation of theme slogans, innovative comics contests, and design contests for image identification had also been organized. The various armed forces also conducted public solicitations for identification logos and theme slogans specific to each armed service. Other activities such as design contests for websites, innovative flash advertisements, comics had also been held. Outstanding works were used for various educational activities and also posted on the Youth Daily, the Chugang Garden and the website (http://mab.mnd.gov.tw/tobacco/index.asp) for more extensive promotion.

Posters of Tobacco and Betel-Nut Control Used in Armies.

With regard to smoking-cessation and service, through the active smoking-cessation service mechanism, in 2005, 135 physicians had been trained on smoking-cessation counseling, and clinic service on smoking-cessation had been offered 13,184 person-times; of them, 2,703 person-times of cases used the nicotine patch; and 10,481 person-times accepted health education. In the three-month follow-up, the smoking-cessation rate was 10.63%. Resources of local health stations and hospitals were integrated to operate smoking-cessation classes to provide diversified options in smoking-cessation service. Several diversified smoking-cessation models specific to the special features of various armed forces and their work environment had been tried out. For instance, the Navy Command Headquarters and the Tzu-Chi University worked together on a behavioral change by stage smoking-cessation model; and in 2006, 98 persons had participated in this activity. Of them, 24 had succeeded in smoking-cessation for one year, at a smoking-cessation rate of 24%. For submarine officers and soldiers, supervisors on board such as medical officers and other medical personnel were requested to distribute oral nicotine chewing tablets, to conduct health education and to follow the cases. In 2006, 30 officers and soldiers had participated in this project; and eight of them had succeeded in smoking-cessation for eight weeks, at a smoking-cessation rate of 27%.

In terms of monitoring and survey, a questionnaire survey of officers and soldiers in either voluntary service or obligatory service was conducted in September through November 2004. A total of 49,000 copies of the questionnaire had been collected, at a return rate of 50.4%. The smoking rates of various armed forces were, 45.6% for the army, 51.0% for the navy, and 48.1% for the airforce. In August through December 2005, a proportional sampling method was applied to, by the specific features of each armed forces, choose 43 units; and all officers and soldiers of each unit were held for study to collect 18,800 copies of the questionnaire, at a return rate of 45%. The smoking rates of various armed forces were, 42.0% for the army, 44.0% for the navy, 47.9% for the airforce, 45.6% for the combined logistics force, 35.9% for the reserve army, and 30.3% for the military police. The betel nut chewing rates were, 15.5% for the army, 15.0% for the navy, 17.1% for the airforce, 15.5% for the combined logistics force, 11.7% for the reserve army, and 7.3% for the military police. In 2006, a survey of students of military academies and draftees under training in training centers was conducted to collect, through the establishment of an information platform, information on changes in smoking and betel nut-chewing before enrollment and prior to discharge to serve as a basis for extending the survey to the entire armed forces, and thus to establish a long-lasting survey mechanism. The survey in 2006 of students of military academies was conducted through a self-administered questionnaire to collect 3,537 copies,

at a return rate of 97.92%. Draftees under training in the training centers were surveyed three days after enrollment with a self-administered questionnaire in April through September 2006. In total, 48,650 copies of the questionnaire were collected, at a return rate of 97.86%. Findings were, of the 1,375 newly enrolled students of military academies, 96.5% were males and 3.5% were females. The smoking rate of the new enrollees was 4.5%, and the betel-nut chewing rate was 0.1%. Of the 2,162 graduating students of military academies, 96.6% were males, and 3.4% were females. Their smoking rate was 9.7%, and the betel-nut chewing rate was 0.5%. Of the draftees in the training centers, 15.0% were of junior high and below level, 6.8% were at the senior high level, 24.6% were of senior vocational schools, 6.6% were of junior college level (including two and five-year junior colleges), 43.1% were at the university level (including two and four-year technical colleges), and 3.9% were at the graduate school level. Their smoking rate was 43.3%, and the betel-nut chewing rate was 12.3%. Findings of surveys showed that the smoking rate of students of military academies increased with age; and the smoking rate of the draftees in training centers was close to the smoking rate of their corresponding age group found in the telephone survey on the smoking behavior of adults. In terms of betel-nut chewing, the rate of the military academy students though was low, that of the draftees was as high as 12.3%. More relevant control activities should be promoted.

Findings of the present project suggest that more should be done in the future toward the directions of systematization and sustained management. The main goals are to build a smoke-free and betel nut-free environment; to improve the awareness of officers and soldiers on tobacco and betel-nut control; to strengthen capacities of smoking-cessation service at the primary care level; to provide smoking-cessation to the high-risk groups; and to establish a tobacco and betel-nut control monitoring mechanism and an information platform in the armies.

Public Interests Light Box of Tobacco and Betel-Nut Control used in Armies.

Major Activities in Tobacco Hazards Prevention in 2006

4

Smoking-Cessation Services

Smoking-Cessation Services

Smoking-cessation is an important factor in the prevention of diseases and early death. In 1950, Doll et al. began a long-term study of the mortality rates of smokers. In this over a half-century cohort study, it was found that about a half of the smokers had died from smoking habit; their middle-aged mortality rate was three times higher than that of non-smokers; and their average life expectancy was 20 years shorter. Smoking-cessation can in fact effectively decrease risks of deaths due to smoking; and consequently, developed countries have one by one made smoking-cessation an important public health policy. Both Article 18 of the Tobacco Hazards Prevention Act and Article 14 of the WHO FCTC state that diagnosis of tobacco addiction, treatment and counseling should be included in the national health plans. Currently, smokers in Taiwan can access through multiple channels to smoking-cessation services such as pharmacotherapy at outpatient clinics, counseling by toll-free telephone help lines, and behavioral therapy of the community smoking-cessation classes.

Services at Smoking Cessation Outpatient Clinics

In Taiwan, services at smoking cessation clinics began in 2002 to provide nicotine-addicted individuals (scoring 4 and above on the Fragersöem scale or smoking more than 10 cigarettes a day) 18 years and above with two treatment courses a year. Each treatment contains pharmacotherapy and brief counseling services for eight weeks. Costs for smoking-cessation drugs and service fees of physicians are subsidized (see Table 4-1). Doctors are qualified to provide smoking-cessation services at medical care institutions under contract for the services only after they have taken smoking-cessation courses and are certified. Fees are paid through the National Health Insurance. Medical care institutions providing the services are subject to quality review, satisfaction surveys, follow-up of success rate, and cost-benefit analysis.

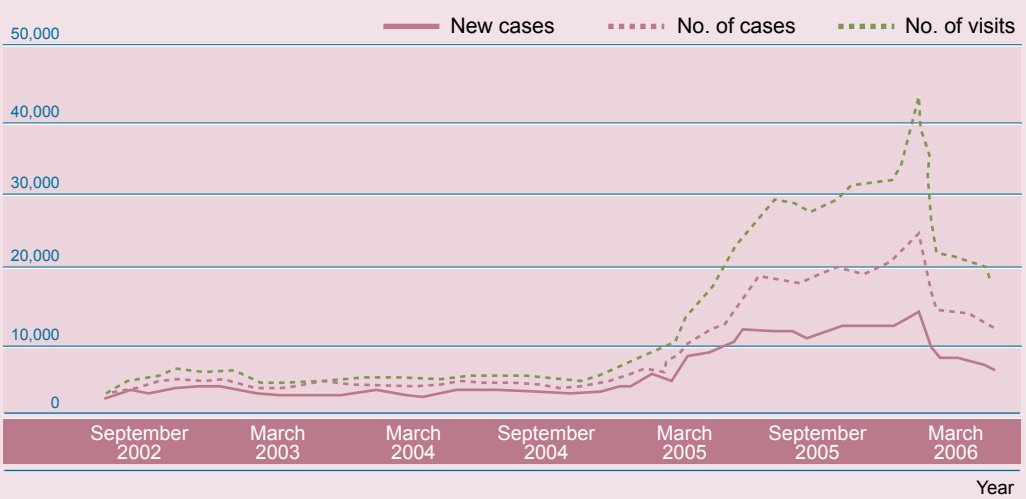
There are currently 2,259 medical care institutions providing outpatient smoking cessation services in 357 townships and districts (97% of all). Since the inception of the services till December 2006, a total of 247,731 cases (less repeated cases of the years) had

Table 4-1. Smoking Cessation Outpatient Clinic Services and Subsidies, 2006

Subsides	Amount	Remarks
Service fees	NT$250 per visit	Subsidies will be made only prescription for smoking-cessation drugs is issued.
Medicine costs	NT$250 per visit NT$500 per week	In fixed amount. Prescription is issued by week. Subsidies are made for two treatment courses a year.One treatment course can have prescriptions for 8 weeks issued by the same medical care institution.Treatment should be completed in 90 days. For low-income families
Referral costs for pregnant smoking women	NT$100 per visit	Costs to fill out referral information and letter of consent to refer pregnant smoking women to smoking-cessation help line
Dispensing fees		Fees are paid following the current National Health Insurance system by levels of medical care institutions and release of prescription.

availed themselves to the services. The services were expanded in January 2005, and the number of outpatient visits had increased sharply month by month. In April 2006, however, for decrease in annual revenue, subsides for service fees of physicians and costs of drugs had been cut down to result in the decline of per month number of visits from 24,852 times to 19,468, at a decline rate of 21.6%. The trend is expected to continue, indicating that the economic incentives of subsidies are a significant factor affecting the willingness of physicians to provide services and of smokers to accept services (see Figure 4-1).

Figure 4-1. Changes in Cases of Smoking-Cessation Treatment



To understand the cost-benefit of the outpatient smoking cessation services, cases who have accepted the services have been telephone interviewed to follow up their six-month abstain rates (that is, cases still not smoking for 7 days at a time point of six months after the completion of the treatment, see Table 4-2). In the period between September 2002 and March 2006, 29,636 cases had been followed-up; and the smoking-cessation success rate was about 20%. By features of medical care institutions, the higher the levels of the medical care institutions are, the higher the success rate is. Public hospitals and medical care institutions in the central and southern parts of the Island show higher success rates. The degree of urbanization is not significantly related to smoking-cessation success rate (Table 4-2). Analysis of the level of medical care institutions and costs required for a case to successfully quit smoking shows that costs are lower at the higher level medical care institutions. Costs at the primary care centers are the highest, showing a difference of NT$ 3,000 with the average costs at medical centers, at about 1.6 times higher. However, primary care centers are extensively distributed with convenient access, the number of cases treated and succeeded in smoking-cessation is the most (Table4-3).

Table 4-2. Smoking-Cessation Success Rates by Medical Care Institutions

	Six-month success rate	Sample size	Test-value
Level			F = 35.279***
Medical center	29.70%	1,687	
Regional hospital	26.84%	3,305	
District hospital	22.65%	3,077	
Primary care center	20.92%	14,434	
Type			t = -10.994***
Private	20.95%	17,507	
Public	28.76%	4,996	
Region			t = 3.597***
Central and southern	23.57%	12,586	
Northern	21.56%	9,917	
Urbanization			t = .641
County	22.57%	15,686	
Provincial and municipal city	22.96%	6,817	

Note: *p < .05; **p < .01; ***p < .001

Table 4-3. Average Amount of Subsidies by Medical Care Institutions

	No. of cases	Six-month success rate	Estimated No. of success cases	Average subsidies per case	Average costs per success case
Levels of medical care institutions					
Medical center	10,305	29.70%	3,061	1,562.19	5,259.90
Regional hospital	18,294	26.84%	4,910	1,479.50	5,512.30
District hospital	28,632	22.65%	6,485	1,559.95	6,887.20
Primary care center	183,183	20.92%	38,322	1,728.38	8,261.85
Total	240,414	22.68%	54,526	1,682.26	7,417.37

A study in 2003 analyzed this outpatient smoking cessation project in terms of direct benefit (attributable to the reduction in medical costs) and indirect benefit (increased quality of life and adjusted QALY), showing that the total investment in the period was NT$ 75 million, and the net benefit in the 15-year period was about NT$ 650 million, suggesting that the outpatient smoking cessation services were a policy deserving long-term investment. At present, only the UK and Taiwan are providing all-out smoking-cessation therapy services to smokers; other countries are gradually following the suit. The experience of Taiwan suggests that how to enhance the willingness of smokers to accept cessation treatment, how to encourage medical care institutions to provide services, how to effectively control service quality and to intensify promotion and education are important keys to the successful operation of the services.

Leaflets at the smoking-cessation clinic.

Smokers' Helpline Service

Press conference on the 2006 achievements of the smoking-cessation hotline：Students of the National Central University performing street dance to add vitality to tobacco control.

To provide smokers with accessible smoking-cessation services, following the help line models of California, USA, Taiwan started the first one in Asia a Smokers' Helpline Service plan. Through public solicitation, the Master Chang Foundation was entrusted to implement the plan. Using the convenience and privacy of telephones, professional psychological counseling on smoking-cessation is provided through toll-free telephones.

Services are provided Monday through Saturday from 9 in the morning till 9 in the evening in Chinese Mandarin, Taiwanese, Hakka and English languages. Upon request, services in referral, counseling, and educational materials are provided. Acceptors of services are interviewed first, and when necessary, brief counseling is given. Smoker who accepted smoking-cessation counseling work out together with psychological counseling workers a smoking-cessation plan. They are given information related to smoking-cessation. Counseling for 30-50 minutes per week is then arranged; and the total course takes about

Advocating the help line jointly with the Bureau of Health Promotion, National Health Research Institutes, and the Smokers' Helpline Service Center.

5-8 weeks. Follow-up by telephone of cases is made after the counseling to understand the smoking-cessation success rate of cases at the time-points of one, three, six months and one year. Cooperation with medical care institutions is maintained for two-way referral of cases.

In 2006, telephone enquiries were responded to 43,748 persons, and counseling was given to 9,295 persons. Most of the callers are in the 31-50 age groups, and males (56.5%). The approval rate of the service content is as high as 88.8%, and 93.1% of the service attitude of the workers. The overall approval rate of the service is 85.4%.

To assure the quality of telephone counseling service, the plan organizes pre-service training and on job training for interviewers, counseling workers and professional counseling supervisors. The service is advocated through televisions, radios, on campuses and worksites, and by health agencies to encourage the use of this service by smokers.

In 2006, of those who had accepted several sessions of counseling, their success rate at the six-month time point was 22.1%. As compared to the success rate of Australia, New Zealand and California, Taiwan's rate is remarkable (see Table 4-4). By the service quality indexes recommended by the US CDC, Taiwan's telephone counseling service is higher in the connection rate; the rate of callers requesting for immediate counseling, however, requires further improvement (Table 4-5).

Posters about the smoking-cessation hotline.

Table 4-4. International Comparison of Success Rates of the Telephone Services, 2005-2006

Line	No. of callers	Sample size	Success rate at time-point		Continuing success rate	
Follow-up time-point			6 months	12 months	6 months	12 months
South Australia	731 (4 weeks)	464	34%	38%	16%	9%
New Zealand	146,000 (7 months)	2,000	22%	13%	13%	7%
California	14,000	1046	N/A		N/A	9.9%
Scotland	82,782 (1year)	848	23%	N/A	N/A	
Taiwan	6399 (1year)	2462	22.1%	15.3%	13.8%	10.7%

Note: The 6,399 calls of Taiwan is the number of counseling offered in the period January 1, 2006 through October 18, 2006.

Table 4-5. Taiwan's Help Lines as Evaluated by the US CDC Recommended Indexes

Service index	CDC recommended indexes	Taiwan's help line
Connecting rate	90%-95%	97.43%
30-second connecting rate	100%	100%
Return call on the same day	100%	100%
Time to deliver manuals and relevant information	Within 48 hours	Within 48 hours
Rate of request for immediate counseling	50%	One counseling is offered immediately; more counseling, if requested, can be arranged within one week

By the number of callers to the smoking-cessation help lines and the smoking-cessation success rate of 2006, it is estimated that the direct benefit after 11-15 years of smoking-cessation in the savings on medical care costs attributable to smoking is around NT$ 18.83 million. In the indirect benefit, savings on the improvement of the quality of life 15 years after smoking-cessation is about NT$ 118.04 million; and the total benefit is estimated to be NT$ 136.87 million. The one-year investment of the government in the smoking-cessation lines is NT$ 30 million. For every NT$ 1 invested, the return is NT$ 4.56. The benefit should be higher if more people use the lines.

Posters about the smoking-cessation hotline.

Major Activities in Tobacco Hazards Prevention in 2006

5

Manpower Development and Promotion of International Exchange

Manpower Development and Promotion of International Exchange

To link with the international control of tobacco hazards, in addition to continue to collaborate with the US CDC on surveys of smoking behavior, and to organize international workshops on anti-smoking for adolescents and the Asia Pacific Alliance for Control of Tobacco (APACT), a Regional Workshop on Women and Tobacco Control was also organized jointly with the Southeast Asia Tobacco Control Alliance (SEATCA) to promote international exchange in the prevention and control of tobacco hazards. In compliance with regulations of Articles 20-22 of the WHO FCTC on regional cooperation, assistance has continued to be given to Cambodia through non-governmental organizations, to share the experience of Taiwan in the promotion of tobacco control.

In 2006, participation was made in several international or regional tobacco control conferences such as the 14th European Conference on Public Health, the 56th Annual Conference of the International Communication Association (ICA), the American Public Health Association 134th Annual Meeting and Exposition, the first session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, the Global Youth Tobacco Survey Workshop, the UICC World Cancer Congress 2006, the 13th World Conference on Tobacco OR Health, and the 8th IUHPE European Conference on Health Promotion and Health Education, to collect information on tobacco control, for experience sharing and opportunities for cooperation.

In the manpower development for tobacco control, more efforts have been made to train and upgrade the quality of manpower at the health bureau level, to intensify the participation of medical professionals, to integrate and promote participation of the private sector public-interests organizations, to implement an integrated development plan to encourage the participation of nursing personnel in the overall tobacco control and smoking-cessation activities, to organize training for law-enforcement personnel in tobacco control, and to organize workshops for health bureau personnel in writing action plans. Experts in tobacco control from the US CDC and the Philippine Health Department have also been invited to the tobacco control workshops.

Articles 20-22 of the WHO FCTC effective in February 2005 stress the importance of regional integration, hoping that parties to the Framework will engage in cross-national technical cooperation. In Taiwan, the President of the Republic endorsed the instrument of accession to the Convention in March 2005. Although Taiwan cannot be a party to the Convention under the present international political circumstances, Taiwan is prepared to comply with the spirit of the Convention to promote regional and international cooperation, and to continue to contribute to the global efforts in the prevention and control of tobacco hazards.

Dr. Wick Warren, tobacco-control expert of the US CDC, is invited for a keynote speech at the Tobacco Control Workshop.

Training on Laws and Regulations for Law Enforcement Personnel of the Tobacco Hazards Prevention Act

Since the implementation of the Tobacco Hazards Prevention Act in 1997, law-enforcement personnel of health bureaus and health stations have actively conducted various inspections, education, correction in time, punishment or making arrangement for smoking-cessation. To prepare them in legal matters, to strengthen their skills in law-enforcement, the plan has been conducted since 2004.

The focus of the plan is to assess the legal knowledge of the law-enforcement personnel and the difficulties encountered. Curricula and contents are designed by their needs, and basic and advanced courses are offered by region. Outcomes of the courses are followed-up and evaluated. In the basic courses, discussions with analysis of practical cases focus on interpretation of the contents of the Tobacco Hazards Prevention Act and its Implementation Regulations, the Administrative Procedure Act, the Administrative Penalty Regulations, and relevant laws and regulations concerning appeals and law suits. In the advanced courses, more focuses are placed on skills of practical inspections, preparation of administrative penalty reports and appeals, replies to administrative suits, and case studies to improve their knowledge and skills. Law-enforcement personnel of county/city health bureaus and health stations are trained. In the period between 2005 and 2006, a total of eight basic courses for 384 participants and two advanced courses for 118 participants had been organized.

Professional instructors offer practical teaching.

In the assessment of the approval rate of the courses, the approval rate was rated four and above (the total being 5) (see Table 5-1).

Table 5-1. Average Approval Rate on Various Items of the Courses

Item	2005			2006		
	Contents	instructors	Teaching method	Contents	instructors	Teaching method
Basic course Average	4.27	4.38	4.27	4.23	4.31	4.27
Advanced course Average	4.41	4.47	4.41	4.25	4.31	4.26

Note: Very dissatisfied=1, dissatisfied=2, fair=3, satisfied-4, very satisfied=5

To understand the outcomes of the training, assessment has been made on items such as the participants' understanding of the contents of the Tobacco Hazards Prevention Act and relevant regulations, impact on their professional skills in the promotion of tobacco control, their understanding of the importance of tobacco control, their willingness to strengthen law-enforcement, the help they have gained in solving their practical difficulties, and their willingness to participate again in similar courses and to recommend the courses to colleagues. Assessment has also been made on the improvement in their confidence in law-enforcement, their understanding in general of the contents of the courses, and their confidence in actually utilizing these skills in the practice of tobacco control. In the overall gains, the score was as high as 4.04 (total being 5); in the confidence on law-enforcement, participants of the 2005 advanced courses had the highest score of 3.66 (equivalent to a confidence level of 60 to 70%); participants of basic courses had lower scores than advanced courses for law-enforcement confidence. In general, the law-enforcement personnel in tobacco control in the legal matter courses of 2005 and 2006 had developed 50 to 70% confidence on law-enforcement (Table 5-2).

Table 5-2. Assessment of the Overall Gains and Confidence on Law-Enforcement of Participants in the Legal Matter Workshops

Item	2005		2006	
	Overall gains	Confidence	Overall gains	Confidence
Advanced course Average	4.04	3.15	4.14	2.70
Advanced course Average	4.19	3.66	4.15	3.57

Notes: Overall gains: Least disagreed=1, disagreed=2, no comment=3, agreed=4, most agreed=5
Confidence in law-enforcement: 10% and less confidence=1, 30% confidence=2, 50% confidence=3, 70% confidence=4, more than 90% confidence=5

Outcomes of the plan show that through organized training, law-enforcement personnel at the grass-root level can gain knowledge and skills relevant to the laws and regulations of tobacco control; the training can also enhance their confidence in law-enforcement. This training is considered substantially beneficial to the promotion of the tobacco control activities.

Courses are supplemented with discussion and experience-sharing.

Nursing Personnel in Tobacco Control

The World Partnership to Reduce Tobacco Dependence advocated by the World Health Organization in 2000 states that tobacco control should be part of the daily work of all healthcare professionals. In 2003, the International Council of Nurses (ICN) and the International Society of Nurses Cancer Care (ISNCC) jointly presented a statement on Tobacco Control and Smoking Cessation: the Role of the Nurses, to clearly indicate that nurses should participate, at all levels and in all fields, in tobacco control. This plan was thus promoted in 2003, hoping that through the professional care of nurses, the knowledge and educational skills of nurses on control of tobacco hazards and smoking cessation can be further improved.

A manual, Practice Guideline for Nurses to Manage Tobacco Use in Taiwan, was compiled in 2006 as a teaching guide. Two training courses lasting for six months each for seed teachers in nursing schools and clinical nursing on tobacco control was then organized focusing on: 1) three-day intensive course on knowing tobacco hazards, relationship between smoking and diseases, policies on tobacco control, knowledge and skills in promotion, role and functions of nursing personnel, and theory and practice of smoking-cessation; 2) follow-up supervision two months after the intensive course to arrange for participants to share initial reports on promotion, and to review difficulties encountered and their solutions; 3) case reports to strengthen the ability of the participants in program implementation, and to prepare reports for the various items of the scheduled activities.

Testing for CO concentration by nurses in children exposed to second-hand smoking.

After the six-month training and follow-up, 98 participants had been qualified. Of the approval rates on course contents, teaching of instructors, and teaching materials, the average scores were 4.39, 4.41 and 4.37 respectively, and the overall approval rate was as high as 4 (total being 5). A 50-question scale on the knowledge of the participants under training showed, by the dependent t-test on the difference in knowledge before and after training, that knowledge of the nursing personnel on tobacco control had significantly improved after training (Table 5-3). In the entire course, 358 cases had been referred to smoking-cessation institutions; 30 schools had set up databanks on smoking students in schools; 15 schools had conducted individual guidance of students; 378 group education activities had been organized; 58 on-job training courses for nurses had been offered; 33 smoking-cessation classes had been held; and 40 places had started the promotion and management of smoke-free environment.

The special feature of this intensive course is to arrange for the seed teachers who had completed the training two years ago to be instructors to share experience with participants and to improve their confidence and skills. In the process, through the establishment of manpower databanks, participants gained more useful resources and for information exchange, including the rental of CO monitors and the joint promotion of activities related to tobacco control. It shows that the establishment of networks is essential to the promotion of tobacco control. In the future, more will be done in areas such as: 1) to develop health education courses and materials specifically for different groups of smokers to enhance the effectiveness of health education; 2) to develop the new role of nursing personnel in tobacco control through more organized national tobacco control training, and to follow-up the outcomes of training; 3) to integrate resources for the prevention of tobacco hazards to make them more accessible and available; and together with the professional nursing personnel already trained, to make more positive, effective and long-lasting impact on the program.

Table 5-3. Knowledge of Seed Teachers on Tobacco Control before and after Training, 2006

Class	Before training		After training		t	p
	Average	SD	Average	SD		
First	33.1	2.7	42.1	2.6	-19.8	0.0001
Second	31.2	3.6	37.7	4.0	-9.03	0.0001

International Youth Workshop on Anti-Smoking

To develop manpower resources for tobacco control on campus, since 2003, the Taiwan International Medical Alliance (TIMA) has been commissioned to organize an Anti-Smoking Ambassadors Program (ASAP). In 2006, theory and practice-combined intensive training for three days duration was offered to 39 students of colleges and universities; and three advanced training courses were offered to 11-26 students.

The three-day basic course focused on basic knowledge relevant to tobacco control, including the impact of smoking on health, the social aspects of smoking, marketing strategies of tobacco industry, media literacy, and how the Tobacco Hazards Prevention Act regulates the sales and use of tobacco products. Participants were asked to design and execute meaningful social activities, and to use media and other approaches to persuade the public and the society to pay more attention to tobacco hazards. Participants of the advanced courses are either those who have gone through the basic courses or were participants of the previous three courses. Contents of the course are primarily on media editing and interviewing, development of teaching plans and action plans, smoke-free environment and the Tobacco Hazards Prevention Act.

Participants of the Advanced Course at Work.

The Anti-Smoking World Map Developed by Participants.

Teaching Plans Developed in the Course are Tested out at the Panchiao Junior High School.

On May 27, 2006, 20 some participants participated in the World No Tobacco Day activities in Hsinchu, "One Smoke-free Street in Hsinchu". To respond to the theme of the World No Tobacco Day: Tobacco, Deadly in Any Form or Disguise, participants designed posters, games, and performed a play of "Smokers Monologues" to uncover the sales approaches of tobacco dealers. Students came up with an anti-smoking world map, taking the public to a world tour from the manufacturing of tobacco products to sales.

In the production and promotion of educational materials, three teaching plans were developed. One student wrote a drama based on a Malawi film to explore the complex supply chains and gains and losses behind tobacco leaves. The other one was the "Smokers Monologues", intending to alleviate the delusion of the adolescents on smoking. The last one was a series of themes on "knowing the media", "placement marketing" and "smoke-free films movement" in the forms of lectures and discussions.

In the practical use of media, in the three-day course of media editing and interviewing, students were made to understand more about the media, to improve their

skills in editing and interviewing, and to understand the issues involved. In the practice side, they were asked to produce anti-smoking advocacy materials, to set up network radios and to record radio programs, to revise specific network to strengthen the classification information databank and the linking functions to the blog, to organize the second tobacco film show, to translate and compile important international documents and action manuals for the reference of the anti-smoking advocacy. The original information thus collected is, as long as no copyright is concerned, placed by categories on the website for reference (http://asap.tima.org.tw/).

In the monitoring of tobacco dealers, action in the forms of sending official letters, holding press conferences and on-site monitoring was taken to boycott the British American Tobacco; for supporting the tree-planting activities of the National Taiwan University; and to protest against the Bureau of Forestry to agree to the tour of the mangrove ecology sponsored by the Japan Tobacco Inc.

Mr. Huang and participants taken photo at the end of the 2nd Smoke Hit, December 16, 2006.

In 2006, before the 13th World Conference on Tobacco OR Health held in Washington, DC, two private sector organizations, the Campaign for Tobacco Free Kids and the Essential Action, organized a Global Youth Advocacy training. Two students in the plan were financially supported to participate in this training. One of them presented on behalf of 100 youth advocates from the world to share his experience of joining the ASAP in Taiwan（Educate, Motivate, Advocate: Global Youth Advocacy 101 Experiences from Taiwan）.

To assess the knowledge of attitude toward and actual practice in tobacco control of participants of all courses in 2003-2006 after training, a questionnaire interview was conducted through the Internet. Of the 190 participants of all courses in 2003-2006, contact had been successfully made to 158; and of them, 104 had filled out the questionnaire. Most of them became more aware of tobacco hazards after the training, knew more about various consumers' movements and the social responsibilities of enterprises, and understood more about the global trend in anti-smoking. In actual practice, more than 80% of them had participated in anti-smoking campaigns on campus; 60% of them had participated in anti-smoking campaigns out of campus; and about 40% of them had organized anti-smoking related activities.

One participant presents in the presence of 100 some youth advocates at the WCTOH on his experience in the course.

Multilateral International Cooperation Projects

To encourage non-governmental organizations to engage in international cooperation in public health, the Bureau has, since 2003, subsidized the Taiwan International Medical Alliance (TIMA) to implement a technical cooperation program on tobacco control in Cambodia. Some remarkable achievements have been made in the last four years.

In 2006, in addition to the local program in Cambodia, TIMA and the Southeast Asia Tobacco Control Alliance (SEATCA) held on March 1-3, 2006, at the Grand Hotel in Taipei, a Regional Workshop on Women and Tobacco Control. Participants to the Workshop came from Bangladesh, Cambodia, Indonesia, Laos, Malaysia, Mongolia, the Philippines, Singapore, Thailand and Vietnam. Including Taiwan, there were altogether 112 participants from 13 countries. The Workshop served as a platform for international exchange on issues related to women and tobacco control. A “Taipei Declaration” was made public at the end to declare that smoking and exposure to second-hand smoking have extensive negative impact on the health of women; that governments, non-governmental organizations and all civic organizations must take action to lower the smoking rate of women in Asia; that action must also be taken to prevent women from the use of tobacco products specifically designed for them, help them quit smoking and offer them smoking-cessation services; and that the youths, women and women's organizations should more actively participate in the prevention and control of tobacco hazards.

Regional Workshop on Women and Tobacco Control, March 1-3, 2006, the Taipei Grand Hotel.

Tobacco control in Cambodia has always been supported by the government, private sector organizations, and international organizations such as the Australian Agency for International Development (AusAid), the Canadian International Development Agency (CIDA), the Rockefeller Foundation, and the WHO. In 2006, the local program was coordinated by TIMA. TIMA was also responsible for fund raising and technical supervision focusing on policy-formation and advocacy, establishment of smoke-free environments, promotion of tobacco control awareness at the grass-root level, cultivation of smoking-cessation supervisors and provision of smoking-cessation services.

In international exchange and cooperation, information on Taiwan's experience in tobacco control was shared through work meetings with the National Center for Health Promotion of Cambodia and the non-governmental organizations. By way of the Globalink Southeast Asia network, activities of TIMA in Cambodia are periodically reported. At international conferences and regional workshops, Taiwan's experience in tobacco control, the limitations and prospects are also shared.

In legislation, Cambodia approved the FCTC in November 2005. To urge the Cambodian Health Ministry to submit the tobacco hazards prevention act to the parliament for legislation, in 2006, TIMA and the SEATCA organized the Tobacco Control Policy Advocacy Symposium. Acting on the resolutions of the Symposium, lobbying for policy began. Assistance has also been given to the Cambodia Movement for Health to set up in November 2006 an indigenous anti-smoking professional group.

In the building of smoke-free environments, a set of Guidelines on the Establishment of Smoke-free Environment has been developed jointly with the Adventist Development and Relief Agency（ADRA）, the National Center for Health Promotion (NCHP), the Phnum Penh Tricycle Center, and the Cambodia Movement for Health. Training of seed teachers has been conducted under the smoke-free army plan. Action has also been taken to follow-up and assess communities, to hold policy advocacy workshops, to organize smoking-cessation classes, and to inaugurate smoke-free military hospitals. Through the smoke-free tricycle and small loan plan, two tobacco control awareness courses (with 214 cyclists), and two smoking-cessation classes (with 50 cyclists accepting the services) were organized jointly with the

A Smoke- free Tricycle.

Tricycle Center. Through the loan, 30 smoke-free tricycles have been purchased. A KAP (knowledge of, attitude toward and practice) survey of cyclists on tobacco products was conducted. A Troey Koh-TIMA smoke-free school project was initiated.

In advocacy and promotion, for lobbying for the legislation of the tobacco control law, 12 advocacy radio programs have been produced jointly with the Cambodia Movement for Health and the Women's Media Center for broadcasting on radios. In the development of educational materials, some fact sheets and pamphlets have been produced for policy-makers. They are also placed on the newly-established NCHP website for the reference of the general public. Souvenirs have also been produced for distribution at the water festival to advocate the concept of stop smoking to stay away from poverty, the hazards of second-hand smoking and healthy lifestyles.

Information on tobacco control in Cambodia, Thailand, Vietnam, Laos and Mongolia is collected from the Global Information System for Tobacco Control of the WHO Western Pacific Regional Office to understand the current statuses of tobacco control regulations in these countries, activities of their organizations, current statuses of tobacco control, and their international cooperation programs.

Training of Smoking-Cessation Supervisors.

Major Activities in Tobacco Hazards Prevention in 2006

6

THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL TAIWAN REPORT

THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL TAIWAN REPORT

【Notes】:

1. The reporting instrument comes from the WHO Tobacco Free Initiative (TFI) website (http://www.who.int/tobacco/framework/cop/reporting_instrument/en/index.html). The report is in six languages; and the Chinese edition is rewritten from the simplified Chinese characters.
2. The articles mentioned in the report are articles of the WHO Framework Convention on Tobacco Control. There are 38 articles in total. For details, please visit http://www.who.int/tobacco/framework/download/en/index.html.
3. Attachments of the report will not be attached to this Annual Report. For further information, please contact the Health Education Center of the Bureau of Health Promotion.

THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL TAIWAN REPORT

Name of the institution responsible for submitting report

Bureau of Health Promotion, Department of Health.

Demographics

a Age and sex:

Year (latest available)	Age groups	Percentage of male population	Percentage of female population	Percentage of total population
2006	18-29	19.43%	19.08%	19.26%
	30-39	16.02%	16.21%	16.11%
	40-49	16.32%	16.55%	16.44%
	50-64	15.50%	16.24%	15.87%
	65 and older	9.75%	10.25%	10.00%

b Ethnicity (optional) - No Data

Tobacco use

A . Prevalence (ref. Article 19.2(a), Article 20.2 and Article 20.3(a))

a Smoking tobacco:

		Age groups[1] (adults) 18-29	Tobacco products included	Year of data (latest available)	Prevalence (%)
Males	Daily smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked every day of the past 30 days	cigarettes	2006	28.42
	Occasional smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked on some days of the past 30 days	cigarettes	2006	6.18
Females	Daily smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked every day of the past 30 days	cigarettes	2006	3.76
	Occasional smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked on some days of the past 30 days	cigarettes	2006	1.50
Total (males and females)	Daily smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked every day of the past 30 days	cigarettes	2006	17.36
	Occasional smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked on some days of the past 30 days	cigarettes	2006	4.09

Note：[1]Preferably by 10-year categories; e.g. 25-34, 35-44, etc.
[2]Definitions to be provided by the Parties.

		Age groups (adults) 30-39	Tobacco products included	Year of data (latest available)	Prevalence (%)
Males	Daily smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked every day of the past 30 days	cigarettes	2006	38.01
	Occasional smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked on some days of the past 30 days	cigarettes	2006	9.66
Females	Daily smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked every day of the past 30 days	cigarettes	2006	4.15
	Occasional smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked on some days of the past 30 days	cigarettes	2006	1.54
Total (males and females)	Daily smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked every day of the past 30 days	cigarettes	2006	20.57
	Occasional smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked on some days of the past 30 days	cigarettes	2006	5.48

		Age groups (adults) 40-49	Tobacco products included	Year of data (latest available)	Prevalence (%)
Males	Daily smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked every day of the past 30 days	cigarettes	2006	39.59
	Occasional smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked on some days of the past 30 days	cigarettes	2006	5.63
Females	Daily smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked every day of the past 30 days	cigarettes	2006	2.63
	Occasional smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked on some days of the past 30 days	cigarettes	2006	1.35
Total (males and females)	Daily smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked every day of the past 30 days	cigarettes	2006	20.99
	Occasional smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked on some days of the past 30 days	cigarettes	2006	3.48

		Age groups (adults) 50-64	Tobacco products included	Year of data (latest available)	Prevalence (%)
Males	Daily smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked every day of the past 30 days	cigarettes	2006	32.12
	Occasional smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked on some days of the past 30 days	cigarettes	2006	6.26
Females	Daily smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked every day of the past 30 days	cigarettes	2006	1.66
	Occasional smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked on some days of the past 30 days	cigarettes	2006	0.73
Total (males and females)	Daily smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked every day of the past 30 days	cigarettes	2006	16.64
	Occasional smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked on some days of the past 30 days	cigarettes	2006	3.45

		Age groups (adults) 65 and older	Tobacco products included	Year of data (latest available)	Prevalence (%)
Males	Daily smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked every day of the past 30 days	cigarettes	2006	26.87
	Occasional smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked on some days of the past 30 days	cigarettes	2006	5.36
Females	Daily smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked every day of the past 30 days	cigarettes	2006	2.37
	Occasional smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked on some days of the past 30 days	cigarettes	2006	0.22
Total (males and females)	Daily smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked every day of the past 30 days	cigarettes	2006	16.66
	Occasional smokers[2]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked on some days of the past 30 days	cigarettes	2006	3.22

If available, please provide the average number of cigarettes smoked per day by the smoking population:

	Age groups[3] (adults) 18-29	Tobacco products included	Year of data (latest available)	Average number of cigarettes smoked per day
Male smokers[4]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked in the past 30 days	cigarettes	2006	19.13
Female smokers[4]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked in the past 30 days	cigarettes	2006	14.40
Total smokers[4]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked in the past 30 days	cigarettes	2006	18.64

	Age groups[3] (adults) 30-39	Tobacco products included	Year of data (latest available)	Average number of cigarettes smoked per day
Male smokers[4]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked in the past 30 days	cigarettes	2006	19.70
Female smokers[4]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked in the past 30 days	cigarettes	2006	12.51
Total smokers[4]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked in the past 30 days	cigarettes	2006	18.95

	Age groups[3] (adults) 40-49	Tobacco products included	Year of data (latest available)	Average number of cigarettes smoked per day
Male smokers[4]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked in the past 30 days	cigarettes	2006	23.01
Female smokers[4]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked in the past 30 days	cigarettes	2006	14.71
Total smokers[4]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked in the past 30 days	cigarettes	2006	22.37

Note: [3] Preferably by 10-year categories; e.g. 25-34, 35-44, etc.
[4] Definitions to be provided by the Parties.

	Age groups[3] (adults) 50-64	Tobacco products included	Year of data (latest available)	Average number of cigarettes smoked per day
Male smokers[4]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked in the past 30 days	cigarettes	2006	24.37
Female smokers[4]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked in the past 30 days	cigarettes	2006	16.94
Total smokers[4]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked in the past 30 days	cigarettes	2006	24.05

	Age groups[3] (adults) 65 and older	Tobacco products included	Year of data (latest available)	Average number of cigarettes smoked per day
Male smokers[4]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked in the past 30 days	cigarettes	2006	19.55
Female smokers[4]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked in the past 30 days	cigarettes	2006	13.16
Total smokers[4]	Persons who reported ever smoked at least 100 cigarettes and who currently smoked in the past 30 days	cigarettes	2006	19.19

b Smokeless tobacco, including snuff and chewing tobacco (optional) - No Data

c If prevalence data is appropriate and available for ethnic groups, please provide. - No Data

d If prevalence data is appropriate and available for youth groups, please provide.

	Youth groups[5] (adults) 15-17	Tobacco products included	Year of data (latest available)	Prevalence[6] (%)
Male	Students who reported ever smoked cigarettes on one or more days of the past 30 days	cigarettes	2005	20.73
Female	Students who reported ever smoked cigarettes on one or more days of the past 30 days	cigarettes	2005	7.84

Note: [5] Definitions to be provided by the Parties.
[6] Parties should provide definition for youth smoking; e. g. at least one cigarette in the past 30 days.

B . Supply

a Licit supply of tobacco (ref. Article 20.4(c) and Article 15.4(a) in accordance with Article 15.5)

	Domestic production	Exports	Imports
Year (latest available)	2006	2006	2006
Quantity (specify product and unit; e.g. millions of cigarettes)	16,718,857 thousand of cigarettes	948,435 thousand of cigarettes	24,827,182 thousand of cigarettes 33,644 kilograms of cigars

Note: licit supply = domestic production + (imports - exports)
licit supply of cigarettes = 40,597,604 thousand of cigarettes
licit supply of cigars = 33,644 kilograms

b Please provide information regarding duty-free sales volumes, if available.

By regulations of Subparagraph 1, Paragraph 1, Article 11 of the Regulations Governing Inspection and Customs Duty on Baggage and Commodity Carried by Inbound Passengers, inbound passengers are permitted to bring in without duty 200 cigarettes or 25 cigars or one pound of tobacco; this permission is for adults above the age of 20 only.

c Seizures of illicit tobacco (ref. Article 15.4(a) in accordance with Article 15.5)

	Year (latest abailable)	Quantity seized (specify unit, e.g., millions of pieces)
Cigarettes	2006	132,136 thousand of cigarettes
Other tobacco products (optional; please specify product):	none	none

d Please provide information illicit or smuggled tobacco (ref. Article 15.4(a) in accordance with Article 15.5)

1. Cigarettes are smuggled into Taiwan primarily from the mainland China, North Korea and the Southeast Asian areas. In the past, the cigarettes smuggled in were mainly original cigarettes not properly declared for customs duty. In the recent years, with increase in cigarettes price, the original cigarettes have been replaced by counterfeit ones. Changchou of Fukien Province is the primary place of production of the counterfeit cigarettes smuggled into Taiwan.
2. Davidoff, Mi-ne and Mild Seven are the most cigarettes smuggled. The domestically manufactured cigarettes, the Long Life, are also a popular brand.
3. Cigarettes smuggled in are mainly sold at traditional markets, street vendors, betel nut stands, night markets, bars, KTVs and pubs.
4. Methods of smuggling uncovered in the years have been through carrying secretly in containers, carrying secretly by fishing boats, and dropping in outer seas.
5. To face the problems of cigarettes smuggling, the customs authorities have increased the inspection rates of imported tobacco products; strengthened the monitoring and investigations of containers in transit; intensified spot-checking and inspections of inbound containers and containers in transit; strengthened inspections and seizures on seas; exchanged information with foreign customs; and increased awards for reporting.

Taxation

a Please provide your rates of taxation for tobacco products for all levels of government,and be as specific as possible (specify the type of tax: excise, VAT or sales, import duties) (ref. Article 6.3).

1. Formulas for Tax Levied on Imported Tobacco Products

1) Customs duty: Tax is levied in accordance with rates specified in the customs import duty regulations to levy tax by price. The formula is:

Customs duty = (price of tobacco products after tax) x tax rate (cigarettes:27%, cigars:20%)

The price after tax is used as a basis for the calculation of customs duty, service fees for the promotion of trade, and business tax.

2) Service fees for the promotion of trade: (price of commodity after tax) x 0.04%

3) Tobacco product tax: levied in accordance with Article 7 of the Tobacco and Alcohol Tax Act; items and amounts of tax are as follows:

(1) cigarettes: NT$ 590 per 1,000 cigarettes

(2) tobacco: NT$ 590 per one kilogram

(3) cigars: NT$ 590 per one kilogram

(4) Other tobacco products: NT$ 590 per one kilogram

4) Business tax: levied in accordance with Article 10 and Article 41 of the Value-Added and Non-Value Added Business Tax Act as follows:

Business tax = (price after customs duty + customs duty + tobacco tax) x business tax rate (5%)

5) Health and welfare tax on tobacco products: levied in accordance with Article 22 of the Tobacco and Alcohol Tax Act as follows:

(1) cigarettes: NT$ 500 per 1,000 cigarettes

(2) tobacco: NT$ 500 per kilogram

(3) cigars: NT$ 500 per kilogram

(4) other tobacco products: NT$ 500 per kilogram

Therefore, the duty of imported tobacco products = 1) + 2) + 3) + 4) + 5)

2. Tax on Domestically Manufactured Tobacco Products

1) Tobacco tax: levied in accordance with Article 7 of the Tobacco and Alcohol Tax Act as follows:

(1) cigarettes: NT$ 590 per 1,000 cigarettes

(2) tobacco: NT$ 590 per kilogram

(3) cigars: NT$ 590 per kilogram

(4) other tobacco products: NT$ 590 per kilogram

2) Health and welfare tax on tobacco products: levied in accordance with Article 22 of the Tobacco and Alcohol Tax Act as follows:

(1) cigarettes: NT$ 500 per 1,000 cigarettes

(2) tobacco: NT$ 500 per kilogram

(3) cigars: NT$ 500 per kilogram

(4) other tobacco products: NT$ 500 per kilogram

3) Business tax: levied in accordance with Article 10 and Article 41 of the Value-added and Non-value added Business Tax Act as follows:

Business tax = (amount sold) x business tax rate (5%)

Therefore, tax of the domestically manufactured tobacco products = 1) + 2) + 3)

b Please attach the relevant documentation (ref. Article 6.3). (Please provide documentation in one of the six official languages, if available.)

GENERAL RULES OF THE CUSTOMS IMPORT TARIFF

2. Customs duty shall be collected by Customs either on ad valorem basis or on a specific basis in accordance with the Customs Import Tariff.

The rate of this Nomenclature is divided into three columns. The first column applies to goods imported from WTO members or from countries or areas that have reciprocal treatment with the Republic of China. The second column applies to the specified goods imported from the specified underdeveloped or developing countries or areas, or from those countries or areas which have signed Free Trade Agreement with the Republic of China. When there is no suitable rate in the first and second columns for the imported goods, the rate in the third column shall apply.

If imported goods are subject to both the rates in the first and second columns at the same time, then the lower one shall apply.

Tobacco and Alcohol Tax Act

Article 7
The taxable tobacco products and their corresponding tax amounts are as follows:
1.Cigarettes: NT$590 per 1000 sticks.

2.Cut tobacco : NT$590 per kilo.
3.Cigars: NT$ 590 per kilo.
4.Other tobacco products: NT$590 per kilo

Article 22
The Health and Welfare Surcharge shall be imposed on tobacco products as follows:

1. Cigarettes: NT$500 per 1,000 sticks.
2. Cut tobacco: NT$500 per kilogram.
3. Cigars: NT$500 per kilogram.
4. Other tobacco products: NT$500 per kilogram.
The aforementioned Health and Welfare Surcharge amounts shall be subject to a review two years after the implementation of this Act.

The funds accumulated from the collected surcharge shall be apportioned as follows: ninety percent shall be placed in the safety reserve of the National Health Insurance Program with the remaining ten percent being used for the implementation of tobacco hazard-related preventive measures at both national and provincial levels of government, for the promotion of social welfare, for the audit of illegal tobacco products, for the prevention of tax evasion in relation to tobacco products, and for public health programs.

The regulation of distribution and utilization in dealing with the collected surcharge shall be formulated by the competent authority of the central government within one year following the enactment of this Act, and shall be submitted to the Legislative Yuan for examination.

Value-added and Non-value-added Business Tax Act

Article 10
Except as otherwise prescribed by this Act, the business tax rate shall be no less than 5% and no more than 10%. The applicable collection rate shall be determined by the Executive Yuan.

Article 41
The amount of business tax payable on imported goods shall be levied by Customs. With respect to the collection procedures and administrative relief of business tax, the provisions of the Customs Act and the Customs Smuggling Prevention Act shall apply mutatis mutandis.

C Please provide retail prices for the three most popular brands of domestic and imported tobacco products in your jurisdiction, and the relevant year (ref. Article 6.2(a)).

Domestic tobacco products	Retail Prices(NTD)	Year
Long Life Mild	40	2006
Long Life Classic	40	2006
Gentle 7	45	2006

Imported tobacco products	Retail Prices(NTD)	Year
Mild Seven Original	60	2006
Mi-ne Original	75	2006
Mild Seven Lights	60	2006

Legislative, executive, administrative and other measures

A .Core questions

It should be noted that the measures identified below are not exhaustive, but reflect the spirit and intent of the Convention.

Please check yes or no. For affirmative answers, you are asked to attach a brief summary and the relevant documentation. (Please provide documentation in one of the six official languages, if available.)

Article	Pursuant to Article 21.1(a), have you adopted and implemented legislative, executive, administrative and/or other measures on:	Yes (please attach a brief summary and relevant documentation)		No
Price and tax measures to reduce the demand for tobacco				
6.2(b)	Prohibiting or restricting sales to and/or importations by international travellers of tax- and duty-free tobacco products?	Yes ☒		No ☐
Protection from exposure to tobacco smoke		Full	/ Partial	/ None
8.2	in indoor workplaces?	☐	☒	☐
	- government buildings	☐	☒	☐
	- health care facilities	☒	☐	☐
	- educational facilities	☐	☒	☐
	- private workplaces	☐	☐	☒
	- other	☐	☒	☐
	in public transport?	☐	☒	☐
	in indoor public places?	☐	☒	☐
	- cultural facilities	☐	☒	☐
	- bars and night clubs	☐	☒	☐
	- restaurants	☐	☒	☐
	- other	☐	☒	☐

If you responded "Partial" to the measures outlined in Article 8.2, please provide specific details of the partial ban here:

the Tobacco Hazards Prevention Act

Article 13

Smoking is prohibited in the following places:

(1) libraries, classrooms and laboratories;

(2) performance halls, auditoriums, exhibition rooms and conference halls (rooms);

(3) indoor gymnasiums and swimming pools;

(4) civil air-crafts, passenger buses, cable cars, taxis, ferry boats, elevators, closed-ventilation trains, stations and carriages of mass transit systems and any other closed-ventilation public transport systems;

(5) day care centers, kindergartens;

(6) medical care institutions, nursing care institutions and any other medical institutions and welfare organizations for the disabled;

(7) the business areas of banks, post offices and offices of telecommunication bureaus;

(8) places for the manufacturing, storage or sale of flammable and explosive items; and

(9) any other places designated and publicly announced by the competent authority at the central government level.

The places set forth in the preceding paragraph shall carry conspicuous notices prohibiting the use of tobacco products.

Article 14

Smoking in the following places is permitted only in the designated smoking areas (rooms):

(1) schools, social education halls, memorial halls, libraries, museums, art galleries, cultural centers;

(2) opera houses, movie theaters and other places of performance;

(3) tourist hotels, department stores, super-markets, shopping centers and restaurants with a floor area exceeding 200 square meters;

(4) non-closed ventilation trains and ferry boats;

(5) ticket offices and passenger waiting lobbies of train stations, ports and airports;

(6) government offices and state-owned enterprises;

(7) social welfare institutions; and

(8) any other places designated and publicly announced by the competent authority at the central government level.

The smoking areas (rooms) referred to in the preceding paragraph shall be conspicuously segregated and marked.

Article	Pursuant to Article 21.1(a), have you adopted and implemented legislative, executive, administrative and/or other measures on:	Yes (please attach a brief summary and relevant documentation)	No
Regulation of tobacco product disclosures			
10	Requiring manufacturers and/or importers of tobacco products to disclose to governmental authorities information about contents?	☒	☐
Illicit trade in tobacco products			
15.2(a)	Requiring marking of packaging to assist in determining the origin of the product?	☒	☐
	and to assist in determining whether the product is legally for sale on the domestic market?	☒	☐
15.3	Requiring that marking is in legible form and/or appear in its principal language or languages?	☒	☐
15.4(b)	Enacting or strengthening legislation against illicit trade in tobacco products?	☒	☐
15.4(e)	Enabling the confiscation of proceeds derived from the illicit trade?	☒	☐
15.7	Licensing or other actions to control or regulate production and distribution?	☐	☒
Sales to and by minors			
16.1	Prohibiting the sales of tobacco products to minors?	☒ Specify legal age:18	☐
16.2	Prohibiting or promoting the prohibition of the distribution of free tobacco products to the public and especially minors?	☒	☐
16.3	Prohibiting the sale of cigarettes individually or in small packets?	☒	☐
16.6	Providing for penalties against sellers and distributors?	☒	☐
16.7	Prohibiting the sales of tobacco products by minors?	☐	☒
Liability			
19.1	Dealing with criminal and civil liability, including compensation where appropriate?	☒	☐

B .Optional questions

It should be noted that responses to these questions are not required at the time of Group 1 reports, but may be answered at this time if applicable.

Article	Have you adopted and implemented legislative, executive, administrative and/or other measures on:	Yes (please attach a brief summary and relevant documentation)[7]	No
Regulation of the contents of tobacco products			
9	Testing and measuring the contents of tobacco products?	☐	☒
	Testing and measuring the emissions of tobacco products?	☒	☐
	Regulating the contents of tobacco products?	☐	☒
	Regulating the emissions of tobacco products?	☒	☐
Packaging and labelling of tobacco products			
11.1(a)	Requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression?	☐	☒
11.1(b)	Requiring that packaging and labelling also carry health warnings describing the harmful effects of tobacco use?	☒	☐
11.1(b)(i)	Ensuring that the health warnings are approved by the competent national authority?	☒	☐
11.1(b)(ii)	Ensuring that the health warnings are rotating?	☒	☐
11.1(b)(iii)	Ensuring that the health warnings are large, clear, visible and legible?	☒	☐
11.1(b)(iv)	Ensuring that the health warnings occupy no less than 30% of the principal display areas?	☐	☒
	Ensuring that the health warnings occupy 50% or more of the principal display areas?	☐	☒
11.1(b)(v)	Ensuring that the health warnings are in the form of, or include, pictures or pictograms?	☐	☒
11.2	Requiring that packaging and labelling contains information on relevant constituents and emissions of tobacco products?	☒	☐
11.3	Requiring that the warnings and other textual information appear on each unit package, and on any outside packaging and labelling in your principal language or languages?	☒	☐

Note：[7]Please provide these document in one of the six official languages, if available, and please specify sections of your legislation related to each "yes" response.

Article	Have you adopted and implemented legislative, executive, administrative and/or other measures on:	Yes (please attach a brief summary and relevant documentation)[10]	No
Tobacco advertising, promotion and sponsorship			
13.2	Instituting a comprehensive ban of all tobacco advertising, promotion and sponsorship?	☐	☒
	including on cross-border advertising, promotion and sponsorship originating from its territory?	☐	☒
13.3	Applying restrictions, in the absence of a comprehensive ban, on all tobacco advertising, promotion and sponsorship?	☒	☐
	Restricting or instituting a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory?	☒	☐
13.4(a)	Prohibiting all forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression?	☒	☐
13.4(b)	Requiring that health or other appropriate warnings or messages accompany all tobacco advertising and promotion and sponsorship?	☒	☐
13.4(c)	Restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public?	☒	☐
13.4(d)	Requiring the disclosure to relevant governmental authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited?	☐	☒
13.4(e)	Restricting tobacco advertising, promotion and sponsorship on radio, television, print media and other media, such as the Internet?	☒	☐
13.4(f)	Prohibiting or restricting tobacco sponsorship of international events, activities and/or participants therein?	☐	☒

If you have any additional legislation or other measures not covered in Question 5, you may provide additional details here: No additional data

Programmes and plans

A .Core questions

It should be noted that the measures identified below are not exhaustive, but reflect the spirit and intent of the Convention

	Yes (please attach the relevant documentation)	No
Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes? (Article 5.1)	☒	☐
If no, have some partial strategies, plans and programmes been developed and implemented? (Article 5.1)	☐	☐

If you responded yes to either of the first two questions, which of the following do these strategies, plans and programmes cover? Please check, and provide a brief summary. (Please provide the summary in one of the six official languages.)

General obligations		Yes
5.2(a)	A national coordinating mechanism or focal point(s) for tobacco control?	☒
5.3	Protection of policies from the commercial and other vested interests of the tobacco industry?	☒
Education, communication, training and public awareness		
12(a)	Broad access to effective and comprehensive educational and public awareness programmes on the health risks?	☒
	...targeted at adults and/or the general public? see the Annex 15	☒
	...targeted at children and youth? see the Annex 16	☒
12(b)	Public awareness about the health risks of tobacco consumption and exposure to tobacco smoke, and about the benefits of the cessation of tobacco use and tobacco-free lifestyles?	☒
12(c)	Public access to a wide range of information on the tobacco industry?	☒
12(e)	Awareness and participation of public and private agencies and nongovernmental organizations not affiliated with the tobacco industry in developing and implementing intersectoral programmes and strategies for tobacco control?	☒

Demand reduction measures concerning tobacco dependence and cessation		Yes
14.1	Comprehensive and integrated guidelines based on scientific evidence and best practices to promote cessation of tobacco use and adequate treatment for tobacco dependence? see the Annex 17	☒
14.2(d)	Facilitation of accessibility and affordability for treatment of tobacco dependence including pharmaceutical products? see the Annex 17	☒
Provision of support for economically viable alternative activities		
17	Promotion of economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers? see the Annex 18	☒
Research, surveillance and exchange of information		
20.1(a)	Research that addresses the determinants and consequences of tobacco consumption and exposure to tobacco smoke as well as research for identification of alternative crops?	☒
20.4(b)	Updated data from national surveillance programmes? see the Annex 19	☒

B .Optional questions

Education, communication, training and public awareness		Yes
12(d)	Appropriate training or awareness programmes on tobacco control addressed to persons such as health, community and social workers, media professionals, educators, decision-makers, administrators and other concerned persons?	☒
12(f)	Public awareness of and access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption?	☒
Demand reduction measures concerning tobacco dependence and cessation		
14.2(a)	Design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as educational institutions, health care facilities, workplaces and sporting environments?	☒
14.2(b)	Diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, plans and strategies, with the participation of health workers, community workers and social workers?	☒
14.2(c)	Establishment in health care facilities and rehabilitation centres of programmes for diagnosing, counselling, preventing and treating tobacco dependence?	☒
Protection of the environment and the health of persons		
18	Due regard to the protection of the environment and the health of persons in relation to the environment in respect of tobacco cultivation and manufacture within its territory?	☐

Research, surveillance and exchange of information		Yes
20.1(b)	Training and support for all those engaged in tobacco control activities, including research, implementation and evaluation?	☒
20.2	Programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke?	☒
20.3(a)	A national system for epidemiological surveillance of tobacco consumption and related social, economic and health indicators?	☒
20.4	The exchange of publicly available scientific, technical, socioeconomic, commercial and legal information, as well as information regarding practices of the tobacco industry and the cultivation of tobacco?	☐
20.4(a)	An updated database of laws and regulations on tobacco control, and information about their enforcement, as well as pertinent jurisprudence?	☒

Technical and financial assistance

The goal of this section is to assist the Secretariat in facilitating the coordination of available skills and resources with identified needs.

Pursuant to Article 21.1(c), have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:

	Assistance provided (please give details below)	Assistance received (please give details below)
Development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control? (Article 22.1(a))	☒ Yes / ☐ No	☐ Yes / ☒ No
Provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes? (Article 22.1(b))	☒ Yes / ☐ No	☐ Yes / ☒ No
Appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12? (Article 22.1(c))	☒ Yes / ☐ No	☐ Yes / ☒ No

	Assistance provided (please give details below)	Assistance received (please give details below)
Provision of the necessary material, equipment and supplies, as well as logistical support, for tobacco control strategies, plans and programmes? (Article 22.1(d))	☒ Yes / ☐ No	☐ Yes / ☒ No
Identification of methods for tobacco control, including comprehensive treatment of nicotine addiction? (Article 22.1(e))	☒ Yes / ☐ No	☐ Yes / ☒ No
Promotion of research to increase the affordability of comprehensive treatment of nicotine addiction? (Article 22.1(f))	☐ Yes / ☒ No	☐ Yes / ☒ No

If you answered no to any of the above, please identify any financial or technical assistance that may be under consideration.

If you answered yes to any of the above, please identify the country or countries from/to which assistance was received/provided.

Through an NGO, TIMA, Taiwan implements a tobacco control technical cooperation project in Cambodia.

Pursuant to Article 21.3, have you either provided or received financial or technical assistance to support developing country Parties and Parties with economies in transition in meeting reporting obligations?

Assistance provided	☐ Yes / ☒ No (please give details below)	Assistance received	☐ Yes / ☒ No (please give details below)

Additional details:

If you answered no to any of the above, please identify any financial or technical assistance that may be under consideration.

If you answered yes to any of the above, please indentify the country or countries from/to which assistance was recevied/provided.

Have you identified any specific gaps between the resources available and the needs assessed, for the financial and technical assistance provided or received?

☐ Yes (please give details below)	☒ No

Additional details:

Priorities for implementation of the WHO Framework Convention on Tobacco Control

What are the priority areas for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction? (Ref. Article 21.1(b))

1. Implementation of strategies on tobacco price and tax
2. Free from exposure to second-hand smoking and provision of smoking-cessation treatment
3. Testing, control and reporting of ingredients of tobacco products and their emissions
4. Exchange on tobacco hazards education, manpower development and public awareness
5. Regulating packing and labelling of tobacco products, prohibition of advertisements for the promotion of tobacco products and sponsoring of events
6. Control of the illegal sales of tobacco products
7. Control of sales of tobacco products to minors and protection of the less-privileged groups
8. Study on the legal responsibilities of tobacco dealers
9. International cooperation in science and technology and sharing of information

What, if any, are the constraints or barriers you have encountered in implementing the Convention? (ref. Article 21.1(b))

For not being a member of the WHO or UN, Taiwan is barred from participating in COP or relevant technical meetings. Taiwan, therefore, has no access to sufficient information on the current international status and technology. This poses a considerable barrier on the tobacco control efforts of Taiwan either domestically or internationally. If Taiwan cannot participate in the relevant activities of FCTC, for her specific geographic features, Taiwan will become a leak in tobacco control in the Asia-Pacific area, in particular in the prevention of illegal trade and cross-national advertisements; it will also likely become a dumping target of international tobacco dealers.

Additional comments

Please provide any relevant information not covered elsewhere that you feel is important. - No comments

Questionnaire feedback

a Please provide feedback for improvement of the Group 1 questionnaire.

We hope that the WHO can feedback the information, after compilation, to countries that have provided reports.

b Please provide input for the future development of the Group 2 questionnaire.-No comments.

Conclusion

Under the present circumstances of the international society, Taiwan is unlikely to become, for the foreseeable future, a member of the World Health Organization. However, to demonstrate her determination in complying with the international trend in tobacco control, Taiwan, in 2006 through the process of administration and legislation, completed the approval of the WHO FCTC and the process of the instrument of accession to the Convention. Although no responses from the WHO have yet been received, we have continued to follow the spirit of the Convention to promote the amendment of the Tobacco Hazards Prevention Act, to enforce various tobacco control activities, and to actively participate in international cooperation and exchange. Since 1987, through the joint efforts of the government and the private sector organizations, the public has been made more concerned about anti-smoking and health maintenance. In future, Taiwan will focus more on policy formation and legislation of laws and regulations; maintenance of the health of all; realizing the sharing of responsibilities between the central and the local governments; and building organizations and groups. More will also be done to integrate government and private sector resources; develop manpower and their quality; provide more accessible smoking-cessation services; and support smokers to quit smoking. A smoke-free new culture will be advocated through mass media and the issues of tobacco hazards; the visibility of Taiwan in the international community will be boosted; and a linkage with international trend and tide will be maintained. Indigenous strategies will be constructed following the global forward-looking way of thinking to promote an all-directional program of tobacco control.

Tobacco control is an endless and unremitting war against tobacco products. In the global tides of anti-smoking, we hope that we will again in this year exchange with comrades of tobacco control around the world, and to share with them Taiwan's experience in this regard. We also hope that with your support, Taiwan's anti-smoking will never be alone.

NO SMOKING

YES TAIWAN

Appendix

Appendix1 2006 Presentation of Tobacco Control-Related Papers at International Conferences

Name	Name and Date of Conference	Title of Paper Presented
Yeur-Hur Lai	2006 UICC World Cancer Congress（7/8-7/12）	1. Nurses' Attitudes, knowledge, and Perceived Barriers about Tobacco Control – A National Survey in Taiwan. 2. National Nurses Tobacco Control Program in Taiwan.
Fong-Ching Chang	13th world conference on tobacco or health（7/12-7/15）	Social Influences and Self-Efficacy as Predictors of Youth Smoking Initiation and Cessation: a Three-Year Longitudinal Study of Vocational High School Students in Taiwan
Fong-Ching Chang	13th world conference on tobacco or health（7/12-7/15）	Determinants of Receiving Quit Advice and Quitting Smoking in Taiwan
Meina Lin	13th world conference on tobacco or health（7/12-7/15）	A Survey of the Law Enforcement of Tobacco Control Act in Taiwan
Yi Ling Hung	13th world conference on tobacco or health（7/12-7/15）	Excep an ideal:Taiwan experience in materializing FCTC
Ping-Ling Chen Kun-Yu Chao Wei-Gang Huang	13th world conference on tobacco or health（7/12-7/15）	Tobacco Use among Youth in Taiwan – a High Prevalence of Adult Smoking Area
Ping-Ling Chen Kun-Yu Chao Wei-Gang Huang	13th world conference on tobacco or health（7/12-7/15）	Development of Chinese Version of the Global Youth Tobacco Survey Instrument

Name	Name and Date of Conference	Title of Paper Presented
Ping-Ling Chen	13th world conference on tobacco or health（7/12-7/15）	The associated Factors of Urging Students to Quit Smoking among Junior High School Personnel
Yeur-Hur Lai	13th world conference on tobacco or health（7/12-7/15）	1. Oncology Nurses and Tobacco Control in Taiwan 2. National Nurses Tobacco Control Program in Taiwan
Chih-Kuan Lai	13th world conference on tobacco or health（7/12-7/15）	Cost effectiveness analysis of national smoking Cessation Service(NSCS) delivered in different settings in Taiwan
Xian-lin Wu Shu-Hui Chang	13th world conference on tobacco or health（7/12-7/15）	The projects of educating the instructors of tobacco control and train programs of smoking cessation of Taiwan in 2005
Xian-lin Wu Shu-Hui Chang	13th world conference on tobacco or health（7/12-7/15）	To Create Two New Teaching Materials for Tobacco control
Mei-Lien Chen	13th world conference on tobacco or health（7/12-7/15）	The effectiveness of worksite tobacco-control campaigns by the Taiwanese government
Ping-Ling Chen	7th IUHPE European Conference on Health Promotion and Health Education（10/18-10/21）	Secondhand Smoking Exposure Concerning Tobacco Use Among Junior High and Senior School Students in Taiwan
Shu-Ying Lo	14th European Conference on Public Health，EUPHA（11/16-11/18）	Study on The Smoking Behavior, Smoking Attitude, and Perceptions of Tobacco Hazards and Campus Tobacco Prevention Policy Among Junior High School Personnel

Appendix2 Local and International Tobacco Control-Related Websites

1、Tobacco Hazards Prevention Act http://tobacco.bhp.doh.gov.tw:8080/doc/law1.doc
2、Implementation Regulations of the Tobacco Hazards Prevention Act http://tobacco.bhp.doh.gov.tw:8080/doc/law2.doc
3、Tobacco and Alcohol Tax Act http://tobacco.bhp.doh.gov.tw:8080/doc.law7.doc
4、Tobacco and Alcohol Management Act http://tobacco.bhp.doh.gov.tw:8080/doc/law8.doc
5、Regulation of the Tobacco Health and Welfare Surcharge Distribution and Utilization?? http://tobacco.bhp.doh.gov.tw:8080/doc/law9.doc
6、Department of Health, the Executive Yuan http://www.doh.gov.tw
7、Bureau of Health Promotion Tobacco Control Special Zone http://tobacco.bhp.doh.gov.tw:8080/index.php
8、Smoking-Cessation Hotline Service Center jttp://www.tsh.org.tw
9、Smoking-Cessation Clinic Management Center http://tobacco.bhp.doh.gov.tw/wuit
9、Tobacco Hazards Appeal Service Center
10、Tobacco Control Databank Center http://tobacco.bhp.doh.gov.tw:8080/tcic/
11、Center for workplace tobacco control http://health.cish.itri.org.tw/nosmoking/main.php
12、Smoking Behavior Online Search System http://tobacco.bhp.doh.gov.tw:8080/sbos
13、Nosmoking Paradise http://tobacco.bho.doh.gov.tw:8080/nonsmokingparadise
14、Information Network in Management of Tobacco and Alcohol http://www.nta.gov.tw/dbmode93/
15、Tobacc o and Betel Nut Control in Armies Network http://mab.mnd.gov.tw/tobacco
16、Health99 Health Education Network http://www.health99.doh.gov.tw/
17、Taiwan International Medical Alliance http://www.tima.org.tw/
18、The John Tung’s Foundation http://www.itf.orga.tw/JTF03/03-01.asp
19、WHO - Tobacco Free Initiative (TFI) http://www.who.int/tobacco/framework/en/
20、USA CDC—Smoking & Tobacco Use http://www.cdc.gov/tobacco/
21. US CDC – Smoking and Tobacco Use http://www.cdc.gov/tobacco/
22、Global tobacco Control http://www.globalink.org/
23、NSW Health http://www.health.nsw.gov.au/public-health/health-promotion/tobacco/index.html
24、Hong kong Council on Smoking & Health http://www.smokefree.hk/cosh/ccs/index.xml?lang=tw
25、Smokefree Victoria http://www.smokefree.org.au/
26、Quit Victoria http://www.quit.org.au/
27、Arizona Smokers’helpline http://www.ashline.org/index.html
28、California Smokers’helpline http://www.californiasmokershelpline.org
29、European Network of Quitlines http://www.enqonline.org/

Appendix3 The Tobacco Hazards Prevention Act

CHAPTER 1 General Provisions

Article 1 This Act is specifically enacted to prevent and control the hazards of tobacco in order to protect the health of thepeople. Any matters not mentioned in this Act shall be governed by others laws and regulations.

Article 2 For the purposes of this Act, the terms used herein are defined as follows:

(1) "Tobacco products" refer to products which are made of or processed from tobacco plants, including cigarettes, cigars, cut tobacco, snuff, chewing tobacco and any other products made of tobacco.

(2) "Smoking" refers to smoking or chewing tobacco products or the act of carrying lit tobacco products.

(3) "Tobacco product containers" refer to boxes, cans and any other objects used to carry tobacco products.

Article 3 The competent authority for the purposes of this Act at the central government level shall be the Department of Health of the Executive Yuan; at the municipal level, the municipal government; and at the county (city) level, the county (city) government.

Matters provided in this Act which concern or are related to the jurisdiction of other relevant organizations shall be handled by the competent authority at the central government level in conjunction with the relevant organizations.

Article 4 The competent authority at each level shall set up a specific unit or appoint a specific individual to be fully responsible for the execution of matters concerning the prevention and control of tobacco hazards.

CHAPTER 2 Management of Tobacco Products

Article 5 Tobacco products shall not be sold through automatic vending machines, by mail orders, electronic shopping or any other channels through which the age of the purchaser cannot be identified.

Article 6 Tobacco products shall not be imported, manufactured or sold without prior approval by the relevant competent authority.

Article 7 Tobacco product containers shall carry health warnings, in Chinese, in conspicuous places on the largest exterior surface.

The health warnings referred to in the preceding paragraph and the method of display shall be prescribed by the competent authority at the central government level.

Article 8 The level of nicotine and tar contained in the tobacco products shall be indicated, in Chinese, on the tobacco product container.

The nicotine and tar levels referred to in the preceding paragraph shall not exceed the maximum amount. The maximum amount and testing method shall be determined by the competent authority at the central government level after consultation with the relevant agencies.

Article 9 The following methods shall not be used for the promotion or advertising of tobacco products:

(1) Advertising through radio, television, film, video, newspaper, billboard, poster, leaflet, notification, announcement, reference manual, sample, posting, display or in any other written, illustrated form or item.

(2) Using discount as a form of promotion.

(3) Using other items as gift or prize for selling tobacco products. However, situations where the price of the gift or prize is under one-quarter of the price of the tobacco products shall be excluded.

(4) Using tobacco products as gift or prize for the sale of other products.

(5) Packaging tobacco products together with other products for sale.

(6) Distributing tobacco products in individual form, in loose packs or packed.

(7) Sponsoring or organizing sports, cultural or any other events under the brand name of the tobacco products.

(8) Sponsoring or organizing testing events, concerts and lectures under the brand name of the tobacco products.

(9) Any other methods prohibited and announced by the competent authority at the central government level.

Manufacturers, importers or retailers of tobacco products using periodicals as medium for the promotion and

advertising of tobacco products shall not place more than one hundred and twenty items per year on the

periodicals. In addition, such items shall not be placed in periodicals where the primary readers are juveniles under the age of eighteen.

Manufacturers, importers or retailers of tobacco products may sponsor or organize various activities under the 74 Appendix name of the company. However, no tasting, selling or sales promotion of tobacco products may be conducted at the site of the activity.

Article 10 The display of tobacco products, placement of posters or demonstrating or explaining the tobacco products with words or illustrations at places where tobacco products are sold shall not be regarded as the promotion or advertising of the tobacco products referred to in the preceding article.

CHAPTER 3 Prohibition of Tobacco Use by Children and Minors

Article 11 Persons under eighteen years of age shall not smoke.

Parents and/or guardians shall forbid persons under eighteen years of age from engaging in the activities referred to in the preceding paragraph.

Article 12 Persons in charge of or employees responsible for the sale of tobacco products shall not supply tobacco products to persons under eighteen years of age.

CHAPTER 4 Places Where Tobacco Use Are Restricted

Article 13 Smoking is prohibited in the following places:

(1) libraries, classrooms and laboratories;

(2) performance halls, auditoriums, exhibition rooms and conference halls (rooms);

(3) indoor gymnasiums and swimming pools;

(4) civil air-crafts, passenger buses, cable cars, taxis, ferry boats, elevators, closed-ventilation trains, stations and carriages of mass transit systems and any other closed-ventilation public transport systems;

(5) day care centers, kindergarten's;

(6) medical care institutions, nursing care institutions and any other medical institutions and welfare organizations for the disabled;

(7) the business areas of banks, post offices and offices of telecommunication businesses;

(8) places for the manufacturing, storage or sale of flammable and explosive items; and

(9) any other places designated and publicly announced by the competent authority at the central government level.

The places set forth in the preceding paragraph shall carry conspicuous notices prohibiting the use of tobacco products.

Article 14 Smoking in the following places is permitted only in the designated smoking areas (rooms):

(1) schools, social education halls, memorial halls, libraries, museums, art galleries, cultural centers;

(2) opera houses, movie theaters and other places of performance;

(3) tourist hotels, department stores, super-markets, shopping centers and restaurants with a floor area exceeding 200 square meters;

(4) non-closed ventilation trains and ferry boats;

(5) ticket offices and passenger waiting lobbies of train stations, ports and airports;

(6) government offices and state-owned enterprises;

(7) social welfare institutions; and

(8) any other places designated and publicly announced by the competent authority at the central government level.

The smoking areas (rooms) referred to in the preceding paragraph shall be conspicuously segregated and marked.

Article15 Persons in charge of government agencies, public and private businesses as well as persons in charge of or employees of the premises where smoking is prohibited shall persuade and stop those smoking in prohibited areas from doing so. Any other person on the scene may also persuade and stop those from smoking in the areas.

Article 16 The competent authorities at the municipal level and the county (city) level shall periodically send officials to inspect the facilities and management of the non-smoking and smoking areas (rooms) specified in paragraph 2, article 13 and paragraph 2, article 14.

CHAPTER 5 Education and Publicity on Tobacco Hazards

Article 17 Organizations and schools shall actively conduct education and publicity on the hazards of tobacco.

Article 18 Medical care institutions, mental health counseling institutions and public interest groups may provide counseling services on methods to stop smoking.

The competent authorities shall set incentive measures to the institutions referred to in the preceding paragraph that provide counseling services.

Article 19 The image of smoking shall not be specifically emphasized in television programs, drama or theatrical performances, audio-visual singing and professional sports events.

CHAPTER 6 Penalties

Article 20 Any person in violation of article 5 shall be penalized by a fine of not less than NT$ 10,000 but not more than NT$ 30,000. The violator shall be fined on a daily basis until the termination of the violating practices.

Article 21 Any person in violation of paragraph 1, article 7, paragraph 1, article 8 or the method prescribed according to paragraph 2, article 7 shall be penalized by a fine of not less than NT$ 100,000 but not more than NT$ 300,000.

The manufacturers, importers or retailers shall be notified to recall the tobacco products and make corrections within a specified period of time. Those who failed to comply within the specified period of time shall be ordered to suspend the manufacturing, importation or sale of tobacco products for six months to one year. The tobacco products found to be in violation shall be confiscated and destroyed.

Article 22 Any person in violation of any one of the items of article 9 shall be penalized by a fine of not less than NT$ 100,000 but not more than NT$ 300,000. Violators who have been penalized for three times shall be ordered to suspend the manufacturing, importation or sale of tobacco products for six months to one year.

Advertisers or mass communication businesses which produce advertisements for tobacco products or accept them for broadcasting, dissemination or printing in violation of item 1 of article 9 shall be penalized by a fine of not less than NT$ 50,000 but not more than NT$ 150,000. A fine may be imposed for each violation.

Article 23 Any person in violation of paragraph 1 of article 11 shall receive education on ways to stop smoking.

The educational program referred to in the preceding paragraph shall be prescribed by the competent authority at the central government level.

Article 24 Any person in violation of article 12 shall be penalized by a fine of not less than NT$ 3,000 but not more than NT$ 15,000.

Article 25 Any person in violation of item 1 of article 13 or item 1 of article 14 by smoking in an area where it is prohibited and refuse to cooperate after persuasion as prescribed by article 15 shall be penalized by a fine of not less than NT$ 1,000 but not more than NT$ 3,000.

Article 26 The violation of item 2 of article 13 or item 2 of article 14 by the failure to display signs prohibiting the use of tobacco products or the lack of distinctly segregated and indicated smoking and non-smoking areas shall be penalized by a fine of not less than NT$ 10,000 but not more than NT$ 30,000 and to make corrections within a specified period of time; failure to do so shall be penalized on a daily basis until the relevant corrections are made.

Article 27 Where payment is overdue for an administrative fine imposed under this Act, the case shall be transferred to the court of justice for enforcement.

Article 28 The cease and desist order issued by the competent authorities to suspend the manufacturing, importation or sales of tobacco products as prescribed by the provisions of this Act shall be transferred to the relevant government agency responsible for the particular business for enforcement.

CHAPTER 7 Supplementary Provisions

Article 29 The enforcement rules of this Act shall be prescribed by the competent authority at the central government level after consultation with the relevant agencies.

Article 30 This Act shall come into force six months from the date of promulgation.

The amendments to this Act shall come into force upon promulgation.

TAIWAN TOBACCO CONTROL 2007 Annual Report

台灣菸害防制年報

100% SMOKE FREE ENVIRONMENTS

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