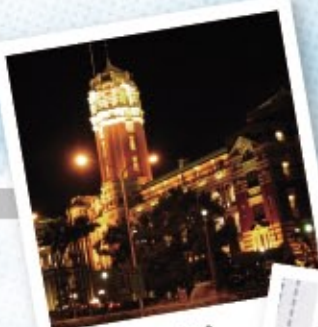


# Smoke-Free<sup>2008</sup> Taiwan

## 台灣 菸 害 防 制 年 報

TAIWAN TOBACCO CONTROL  
2008 ANNUAL REPORT



in government  
organizations



in financial institutions



in schools



in medical institutions



working places where  
more than three people  
are at



in taxis



on boats



in train station and  
airport lounges



in restaurants



in buses



in MRT and High Speed  
Railroad cars



in airports

Bureau of Health Promotion,  
Department of Health, R.O.C. (Taiwan)  
July 2008







# Smoke-Free<sup>2008</sup> Taiwan

TAIWAN TOBACCO CONTROL  
2008 ANNUAL REPORT

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# 2008

TAIWAN  
TOBACCO  
CONTROL

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# Toward a Smoke-Free Taiwan

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The world's first public health treaty, the WHO Framework Convention on Tobacco Control (FCTC), was implemented in February 2005. Its purpose is to protect the people of the world and their descendents from the extremely destructive influence of tobacco on health, society, the environment, and the economy. In the hope of effectively bringing problems caused by tobacco smoke under control, the president of Taiwan took firm action by ratifying and signing the treaty on 30 March 2005, thereby bringing Taiwan into step with the rest of the world and showing through concrete action Taiwan's determination to fight against the damage wrought by tobacco.

On 7 February 2008, WHO issued the "Report on the Global Tobacco Epidemic, 2008" at the UN in New York which states that "One billion people will die worldwide from tobacco-related illnesses this century" most in developing nations. One out of every ten deaths among adults is due to tobacco. Of the top eight causes of death, six are smoking related. These are disturbing numbers, indeed. We would like to see it become increasingly difficult for tobacco companies to operate." The document also stated six tobacco control strategies promoted and proven to be effective in developed nations, including monitoring tobacco use and prevention policies, protecting people from tobacco smoke, offering help to quit tobacco use, warning about the dangers of tobacco, enforcing bans on tobacco advertising promotion and sponsorship, and raising taxes on tobacco.

Following many years of hard work by our government and people and the implementation of a number of control strategies along with other countries around the world, Taiwan has made significant strides in the reduction of smoking among adults, teaching the public to say no, and establishing a smoke-free support environment. This is a result of the hard work and persistence of a great many people. Over the past year, we have been busy with such comprehensive tobacco control work as continuing to promote education, enforcing inspections, providing services to help individuals quit smoking, studying monitoring, personnel training, and international exchanges. Furthermore, following many years of communication and mediation between legislators, tobacco firms, and nongovernmental organizations, we've finished amendments to the Tobacco Hazards Prevention Act (announced by the president on 11 July 2007 and to be implemented on 11 January 2009). Such legislative measures as expanding smoke-free areas, adding warning pictures to tobacco product packaging, and bolstering tobacco product controls will serve to

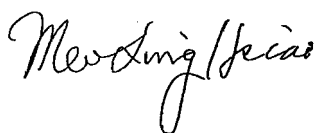


## Foreword by the Director

safeguard the right to good health, check secondhand smoke, and reduce smoking in Taiwan.

Under the intense marketing ploys by tobacco companies, smoking among young people has become a very important tobacco control issue internationally. In addition to passing laws prohibiting minors (individuals 18-years of age and below) from smoking and prohibiting the sale of tobacco products to minors, we have continued tobacco control work on campuses and various educational/promotional activities. Taiwan's "Tobacco-Free Youth" activities are to be held in coordination with the 2008 World No Tobacco Day in hopes of preventing smoking among the young.

Driven by our determination to improve the health of the people of Taiwan and doing our part as world citizens, we will continue to uphold the spirit of the FCTC as we continue to strive to create a smoke-free Taiwan.



Mei-Ling Hsiao RPh., M. P. H.  
Director General  
Bureau of Health Promotion, DOH  
July 2008





## Introduction

In order to keep pace with the rest of the world, on 30 March 2005, the president authorized and signed the WHO Framework Convention on Tobacco Control (FCTC). Furthermore, despite resistance from a number of quarters, after actively promoting amendments to the Tobacco Hazards Prevention Act for a number of years and following hard work and mediation performed in the spirit of FCTC, a bill to expand total smoke ban areas was finally passed by the Legislative Yuan in June of 2007. On 11 July of that same year, the president announced amendments to the Tobacco Hazards Prevention Act. Although it will not officially be implemented until 11 January 2009, the Act includes such amendments as adding warning pictures to tobacco product packaging, comprehensive prohibition of tobacco product advertisements and marketing as well as more severe penalties. This will have a tremendous impact on tobacco product manufacturers, vendors, companies, and the general public. It is a milestone for tobacco control work in Taiwan.

After several years of hard work, Taiwan has successfully developed and implemented a number of strategies to effectively reduce smoking rates in Taiwan, to raise smoking cessation rates, and to prevent secondhand smoke. These strategies include taking the initiative to study, amend, and pass the







Tobacco Hazards Prevention Act, establishing baseline data to facilitate international comparisons, and to keep abreast of developments in tobacco product figures. The primary focus is on intervention work programs and the secondary focus is on research investigations. The work includes the implementation and enforcement of local tobacco cancer hazard control work, promotion of various smoke-free environment projects, comprehensive tobacco hazards education, multifaceted accessible smoking cessation services, research and surveillance, as well as enhancement of personnel training and international exchanges. Years of hard work have resulted in the effective reduction of smoking rates among adults, expansion of smoke-free environments, and increasing public awareness of anti-smoking.

In order to present important achievements in tobacco control in Taiwan and to bring Taiwan into step with the rest of the world, this year's report refers to the spirit of WHO's FCTC as it looked back at important tobacco control work in Taiwan during 2007 in such areas as supply, demand, surveillance, and investigation. This report outlines the achievements and main points of the amendments to the Tobacco Hazards Prevention Act, surveillance and investigation, promoting supportive smoke-free environments (including on campuses, in the workplace, and in the military), tobacco product ingredient control and disclosure, tobacco product warning pictures, training specialists, education, prohibiting tobacco product advertising, marketing, and sponsoring, multifaceted smoking cessation services, and showing inter-ministerial cooperation mechanisms and achievements in the seizure of illicit trade in tobacco products, reducing sales of tobacco products to minors, and international exchanges and cooperation. This annual report is being provided to all partners involved in tobacco hazards prevention work both at home and abroad, in the hope that they will share with and learn from each other.

## *Smoke-Free TAIWAN*

# 1

## *New Era*

### **New Era in Taiwan's Tobacco Hazards Prevention Act**



# New Era in Taiwan's Tobacco Hazards Prevention Act

## ●●● Amendments to the Tobacco Hazards Prevention Act Completed

Although implemented in 1997, the Tobacco Hazards Prevention Act is no longer applicable to life in Taiwan today and no longer meets the hopes of her people and has gradually fallen behind anti-smoking trends around the world. The Department of Health, therefore, sent representatives to attend relevant meetings when the WHO Framework Convention on Tobacco Control was in the drafting stage to gather first-hand information. Based on studies of amendments to the Tobacco Hazards Prevention Act, a priority bill was drawn up for the Executive Yuan.

After three Legislative Yuan sessions, the final amended version of the Tobacco Hazards Prevention Act was sent to the Legislative Yuan on 27 April 2005. With many following closely, the 11 amendments were finally completely reviewed by the Healthy Environment and Social Welfare Commission on 9 November 2005. Following six sessions of negotiations among parties and with the hard work of the Department of Health and nongovernmental antismoking groups, breakthroughs were made and obstruction

from a number of directions removed, bringing about the realization of this historic task. It finally passed the third reading in the Legislative Yuan on 15 June 2007 and the amendment was announced by presidential decree on 11 July of that same year. This marks a major advance in Taiwan's Tobacco Hazards Prevention Act and is an important milestone in the establishment of laws to prevent tobacco hazards as Taiwan marches to get in step with the rest of the world. Because a number of articles have been amended, the study and deliberation of related regulations, work required to prepare industry for the new act, and educating the public on the new laws all had to be taken into consideration, therefore, it was determined that it would be put into effect on the 11th of January 2009, 18 months after its announcement.



▲ Ministers of the Department of Health over the years called for the acceleration of the passage of laws against tobacco products. (12 January, 2006 / Central Daily News)

► Legislators reviewing the amendments to the Tobacco Hazards Prevention Act with rare enthusiasm. (17 January, 2007 / United Daily News)



The amendments focused on adding warning pictures to tobacco product package, prohibiting misleading information, disclosing information on components, fillers, and toxins in tobacco products, a complete ban advertising, a complete ban, in principle, on smoking indoors at public venues, the establishment of outdoor smoking areas in some public areas, otherwise a total ban on smoking, and the enhancement of protection for fetuses, children, and young people. The government, academics, specialists, members of industry, and nongovernmental organizations will study and discuss certain legally authorized implementation procedures to form a set of concrete, feasible implementation guidelines and to work together to create a smoke-free living environment.



The Second Conference of Parties to the WHO Framework Convention on Tobacco Control was held in late June 2007 in Bangkok, Thailand and signatory nations have been working hard to plan and implement the convention in accordance with their own domestic situations. The WHO also convened a specialist conference to draw up relevant standards and protocol. The passage of Taiwan's amended Tobacco Hazards Prevention Act was a major milestone for tobacco hazards prevention work which has been going on for so long. Nothing less than a safeguard to health, it marks a new era for the people of Taiwan and is a declaration to international society that Taiwan is determined to abide by the spirit of the convention.

## ●●● Focus of amendments to Tobacco Hazards Prevention Act

### 1. Establishing a mechanism for adjusting tobacco product health and welfare surcharge

The tobacco product health and welfare surcharge currently in effect is based on the Tobacco and Alcohol Tax Act. In the future, the legal basis for the levying of taxes will be shifted to the Tobacco Hazards Prevention Act, the date of implementation of which is to be decided by the Executive Yuan. In addition to clearly stipulating the amount of tax to be levied, it leaves room for adjustment. A task force formed by central level competent authorities is charged with regularly reviewing amounts levied and to submit relevant reports to the Legislative Yuan to serve as a basis for decisions.

### 2. Augmenting controls of tobacco product displays as well as sales methods employed in sales venues

Prohibiting marketing and advertisements of tobacco products in sales venues and assigning the responsibility of informing potential purchasers of the hazards of cigarette smoking to venues selling tobacco products, banning display cases/shelves which allow consumers to obtain tobacco products without assistance, banning cigarette sale methods that cannot verify the age of potential purchasers, and authorizing relevant authorities to stipulate guidelines for displaying tobacco products.

### 3. Limiting labels of tobacco product brand names and regulate tobacco product package

#### (1) Prohibiting the use of misleading texts

Texts and labels used on tobacco products, brand names, and tobacco product package will be prohibited from using such terms as "low tar," "light," "mild," and other words that could potentially mislead people into believing that cigarette smoking is not hazardous to the health or that the danger is minimal. Names used for tobacco products prior to the amendment of this Act, however, will not be affected by this regulation.

#### (2) Adding warning pictures to tobacco product package

In order to make warning labels more effective in reminding the public of the dangers of smoking cigarettes, in addition to written warnings, six pictures showing the dangers of smoking and information on how to quit smoking are to be added to package to encourage consumers to take note of the health hazards of smoking. The concepts to be conveyed by the pictures include smoking causes diseases and functional failure in certain organs in the body and the impact of secondhand smoke on fetuses and family members.

### 4. Expanding the prohibition on marketing tobacco products and types of tobacco product advertisements

The Act lists various direct and indirect tobacco product marketing methods. In the future, the giving away of prizes to achieve marketing objectives or making use of product placement in exclusive

► News clippings about the Tobacco Hazards Prevention Act being approved by Legislative Yuan on June 15, 2007. (June 16, 2007 / Liberty Times)

interviews, editorials, and reports in newspapers and magazines will no longer be permitted. Also, the use of names and logos identical or similar to those of tobacco products on other products to promote tobacco products, for example, marketing campaigns using ×× (similar to the name of a certain tobacco product) coffee or watches, will no longer be permitted.

### 5. Enhancing protection of health of fetuses and young people

Medical studies show that the rate of miscarriages is 1.6 times more common and that the danger of low birth weights are 1.5-3.5 times more common in pregnant women that smoke than in their non-smoking counterparts. The rate of Sudden Infant Death Syndrome is also 2.3 times more common among newborns of smoking mothers. Reports also indicate that damage caused to the nervous, respiratory, and vision systems of fetuses by smoking is on par with that caused by cocaine and heroin. In the spirit of the Convention on the Rights of the Child, the Act will include pregnant women among those who are not permitted to smoke, so as to protect the health of fetuses.

### 6. Expanding areas in which smoking is not permitted

Smoking will be banned in all indoor public areas, indoor workplaces, and on public transportation. Article 15 lists venues used by the public, where people tend to stay for extended periods of time, and which are relatively closed. Smoking is to be completely prohibited in places of these sorts. The Article provides for a small number of exceptions, however, by allowing for the setting up of smoking rooms. Article 16 allows the establishment of smoking areas in outdoor public venues. The most distinguishing feature of the Article is that it authorizes relevant authorities at the local level to designate non-smoking areas.

### 7. Increasing fines

To effectively check illegal behavior, the fines as outlined in certain Articles are to be substantially increased. This is especially true of businesses engaged in the manufacture and importation of tobacco products. New fines for those found to advertise or market tobacco products illegally will be increased from NT\$100,000-300,000 to NT\$5-25 million. Also worth noting is the fact that anyone (including retailers) that supply tobacco products to minors below the age of 18 will be subject to fines of NT\$10,000-50,000. Individuals that smoke in non-smoking areas will be subject to fines of NT\$2,000-10,000 and they won't necessarily receive a first warning.



▲ (June 16, 2007/CDNS)

## ●●● Focus of various regulations

Articles 4, 6, 7, 8, 10, 15, 21, 28, and 34 of the Tobacco Hazards Prevention Act were amended in 2007 and authorize respectively the formulating of the Regulations of the Tobacco Health and Welfare Surcharge Distribution and Utilization, Regulations for Testing the Yields of Nicotine and Tar Contained in Tobacco Products and the Labeling on the Containers of Tobacco Products, Regulations for Governing Reporting and Disclosure of Tobacco Product Information, Regulations for Governing Labeling and Displaying at Point of Sale of Tobacco Product, Regulations for the Establishment of the Indoor Smoking Rooms, Regulations for Subsidizing and Encouraging Smoking Cessation Services, Regulations for the Implementation of Education on Smoking Cessation, and Regulations for Receipts, Expenditures, Custody and Utilization of the Tobacco Control and Health Care Funds. The key points of these eight regulations are explained briefly below.

### 1. Regulations of the Tobacco Health and Welfare Surcharge Distribution and Utilization

The basis for levying and collecting the tobacco product health and welfare surcharge is to be shifted from Article 22 of the Tobacco and Alcohol Tax Act to Article 4 of the Tobacco Hazards Prevention Act. In order to ensure the reasonable distribution of income collected through the tobacco product health and welfare tax to help shift funds to be used for the National Health Insurance reserves, tobacco hazards prevention work at the central and local level, health, social welfare, investigating smuggling of tobacco products, prevention of evasion of tobacco taxes, as well as counseling for and care of tobacco farmers and laborers. These guidelines, drawn up in accordance with the authority granted by Item 4, Article 4 of the Tobacco Hazards Prevention Act, establish a standard for the distribution and utilization of the tobacco product health and welfare surcharge as well as other relevant items to be abided by.

### 2. Regulations for Testing the Yields of Nicotine and Tar Contained in Tobacco Products and the Labeling on the Containers of Tobacco Products

Following consultation of standards set forth in examples of legislative work, including the WHO Framework Convention on Tobacco Control and the 2001 European Community Directive on package and labeling of tobacco, Singapore's guidelines for the advertising and promotion of tobacco products, the UK's Tobacco Products (Manufacture, Presentation, and Sale) Regulations 2002, Canada's Tobacco Products Control Act, and Hong Kong's smoking regulations and proclamations and further based on the fact that nicotine found in tobacco products is addictive and upon burning, tar found in tobacco products is an irritant and a carcinogenic that can cause a multitude of health threats, including lung cancer, emphysema, cardiovascular diseases, and underweight fetuses, in accordance with the authority granted by Item 3, Article 6 and Item 2, Article 7 of the parent law, these guidelines stipulate that pictures and warnings are to be clearly displayed on the largest two sides of tobacco product packaging (covering at least 35% of the area of the sides on which they are printed) using Chinese text that states that smoking is bad for the health and providing information on how to quit smoking. It further states that tobacco product manufacturers and importers have the obligation to indicate the nicotine and tar content of their tobacco products on the packaging and it authorizes relevant authorities to establish maximum standards and testing methods for components such as nicotine and tar.

### 3. Regulations for Governing Reporting and Disclosure of Tobacco Product Information

Tobacco components, fillers, and the discharge of burning cigarettes are addictive and toxic. To ensure that relevant information is disclosed and made transparent, the WHO Framework Convention on Tobacco Control stipulates that tobacco product manufacturers and importers are required to provide information on the components and toxic substances found in their products and what these discharge when burned to government authorities. Furthermore, signatories are to regulate and test tobacco products components.



All of this information is to be made public to enable the public sector and consumers to clearly understand information about the tobacco products. Therefore, in accordance with Article 8 of the parent law, tobacco product manufacturers and importers are required to provide information on the components, fillers, and the discharge of their products as well as the toxicity thereof to relevant authorities and to make that information public.

#### 4. Regulations for Governing Labeling and Displaying at Point of Sale of Tobacco Product

To meet actual needs of tobacco product retail venues, retailers will be permitted to display tobacco products and to provide information limited to that which informs consumers of brand names and prices of tobacco products. No exceptions will be permitted to bans on advertising and marketing on the premises. In addition to Article 10 of the parent law, which stipulates that tobacco product retailers are to place notices in clear view stating that smoking is hazardous to the health and that tobacco products shall not be provided to minors under 18 years of age, we consulted with legislative examples of other nations and further to meet with the situation found in Taiwan, Item 2 of the same Article restricts the size, quantity, location, and other details concerning the area set aside for the displaying of tobacco products.

#### 5. Regulations for the Establishment of the Indoor Smoking Rooms

Taking into consideration standards of regulations currently in effect for building structures, fire fighting, environmental protection, and worker safety and health and after referring to legislative examples of other nations, Item 3, Article 15 of the parent law authorizes to stipulate standards for area size, location, equipment in, and the setting up of smoking rooms. It also states that smoking rooms are to be provided exclusively for the purpose of smoking and that services, such as providing meals, are not to be permitted inside.

#### 6. Regulations for Subsidizing and Encouraging Smoking Cessation Services

Regulations for Providing Incentives to Organizations Offering Information and Services to Help Smokers Quit Smoking were drawn up in 1998. Over the course of these amendments, the providing of incentives to organizations that provide services to help smokers quit smoking was expanded to providing subsidies for providing services to help quit smoking. Item 2, Article 21 of the parent law authorizes the amending the regulation name and stipulates the recipients of, items covered by, and procedures for providing subsidies and incentives.

#### 7. Regulations for the Implementation of Education on Smoking Cessation

Regulations for Implementing Education on Smoking Cessation were formulated in 1998. In addition to changing the legal basis authorizing these regulations, this round of amendments clearly establishes the numbers of hours and types of courses and the organizations that are to provide education services to help smokers quit. The regulations also stipulate that specialists should be engaged for the mechanisms and by agencies performing the education and that a commendation mechanism should be implemented for those who perform outstandingly.

#### 8. Regulations for Receipts, Expenditures, Custody and Utilization of the Tobacco Control and Health Care Funds

Item 4, Article 4 stipulates the collection of the tobacco product health and welfare surcharge to be distributed to central and local level governments to be used in the prevention of tobacco hazards as well as in health work. Article 34 of the parent law authorizes to stipulate that a fund is to be set up to handle work related to tobacco hazards prevention and health. These regulations were drawn up to formulate relevant details.

# 2

## *Monitoring and* **Monitoring and Surveying**



## Monitoring and Surveying



Setting up a smoking behavior monitoring system is an important fundamental step in a country's tobacco control strategy and planning. Article 20 of the WHO Framework Convention on Tobacco Control (FCTC) emphasizes establishing a new survey and monitoring system for tobacco consumption to establish data to be used for international comparisons. Starting in 2004, the Bureau of Health Promotion set up a monitoring system to monitor smoking behavior among adults and minors as well as tobacco product consumption. It also established a representative local database with which to perform trend analyses, especially analysis of smoking behavior among minors. In cooperation with the US Center for Disease Control, it implemented the Global Youth Tobacco Survey (GYTS), making this survey and analysis more valuable in regards to carrying out international comparisons.

Surveys currently being implemented include the Adult Smoking Behavior Telephone Survey performed once a year, the Junior High School Student and Personnel Smoking Behavior Survey carried out once every two years, the Senior High School/Vocational School Student and Personnel Smoking Behavior Survey carried out once every two years, tobacco product consumption surveys, as well as achievements and evaluation of the implementation of the Tobacco Hazard Prevention Act. The Smoking Behavior Online Search System (SBOSS) (located at <http://tobacco.bhp.doh.gov.tw/sboss/>) is constantly updated with data from these smoking behavior surveys. It is hoped that the establishment and operation of the monitoring system will be used to observe Taiwan's tobacco hazard prevention policies and planning as well as the concrete results of implementation and further to serve as a provide a feedback mechanism for adjusting policies and intervention strategies.



- ▶ Real-time search on the Internet.





## ●●● Adult smoking rates

Looking at the smoking rates of adults 18-years old and older, we note that in 1980, the smoking rates for males and females were 60.4% and 3.4%, respectively. In 2002, the smoking rate for males dropped to 48.2%, while that for females increased to 5.3%. In 2007, 39.0% of males smoked and 5.1% of females smoked. This illustrates that with the help of various intervention measures over the years, the smoking rate among males has gradually declined, while that among women has not shown a significant increase, but we are continuing to follow this carefully (Figure 2-1).



Based on adults 18-years of age and older in 2007, 3,500,834 adult males and 455,894 adult females smoked cigarettes. Data from 2007 indicates that the 36-40 age group among males has the largest percentage of smokers with 53.3%. Among females, the 21-25 age group has the largest percentage of smokers with 8.3% (Figure 2-2, Figure 2-3).

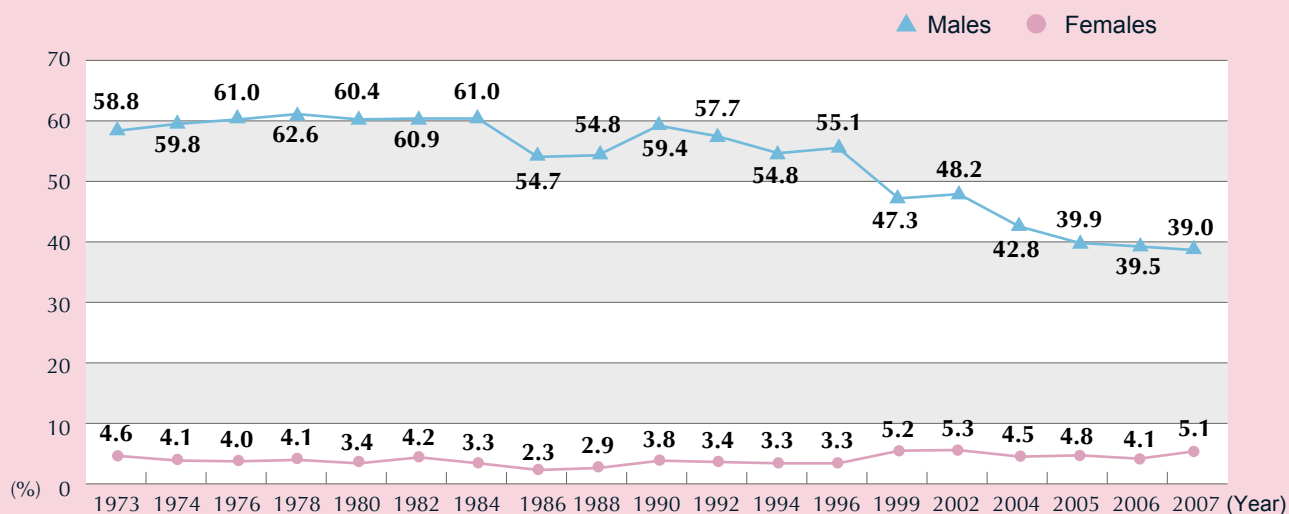


Figure 2-1 Smoking rates of adults 18-years of age and older by year

### Notes:

1. 1973-96 information provided from surveys by Taiwan Tobacco & Wine Monopoly Bureau.
2. 1999 information provided from a survey by Professor Lee-Lan Yen.
3. 2002 information provided in the Bureau of Health Promotion's 2002 Survey of Knowledge, Attitude, and Behavior toward Health in Taiwan.
4. 2004-07 information provided by the Bureau of Health Promotion's Adult Smoking Behavior Telephone Survey.
5. 2002-07, a current smoker, according to the US CDC's definition, is one who has smoked in excess of 100 cigarettes (5 packs) and has used tobacco products during the past 30 days.

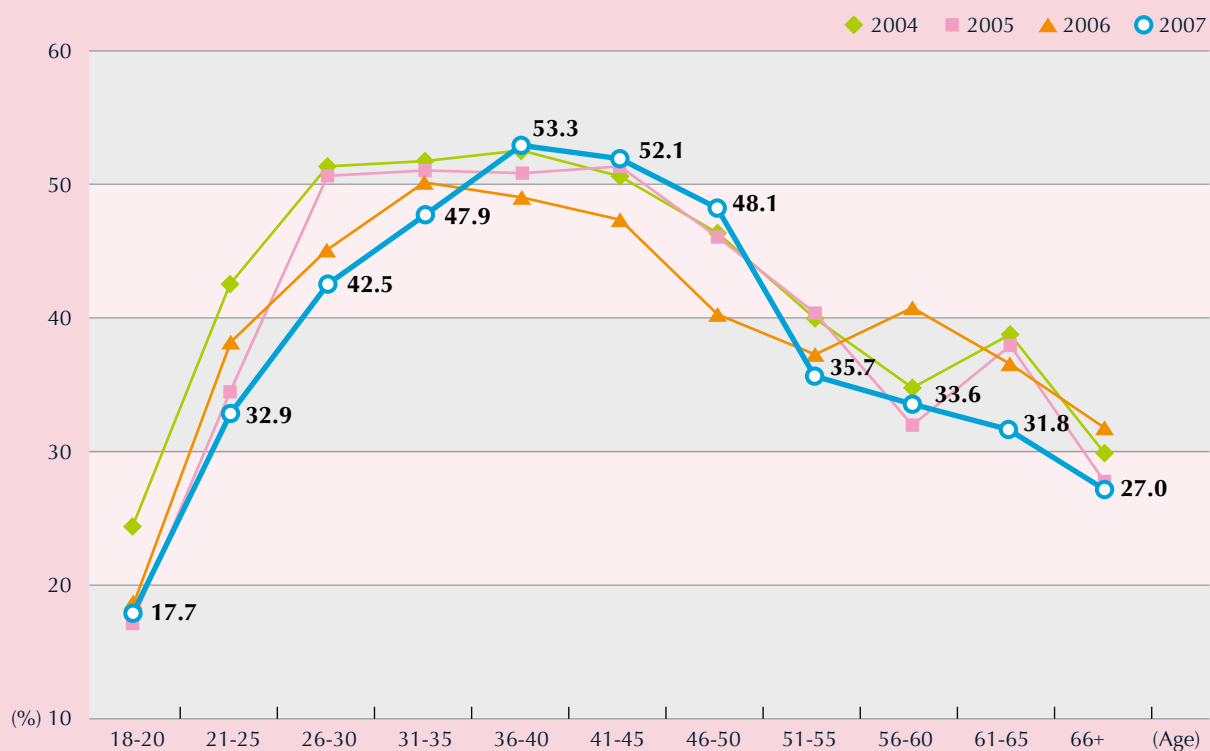


Figure 2-2 Age distribution of adult male smokers 18-years of age and older in 2004-07

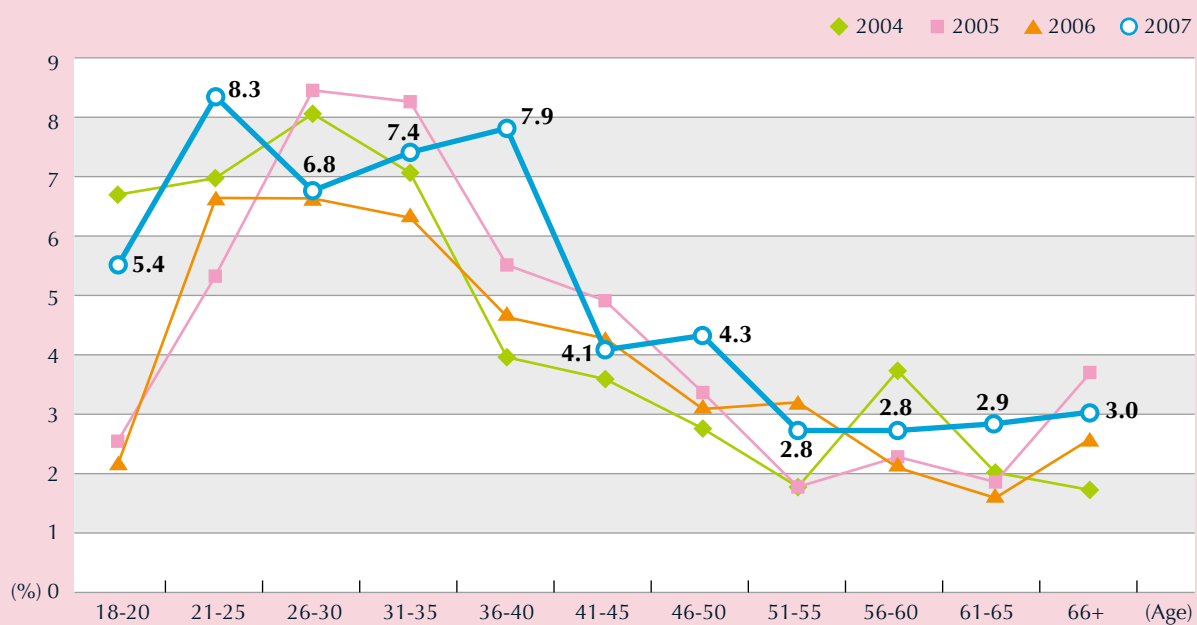


Figure 2-3 Age distribution of adult female smokers 18 years of age and older in 2004-07

### ●●● Smoking rates among school personnel

A study in 2006 showed that 9.4% of junior high school personnel (including teachers and staff) had ever smoked, including 26.2% of the males and 1.0% of the females. 5.4% of those interviewed currently smoked (males 14.7%, females 0.8%). Of the current smokers, 61.5% smoked everyday, while 38.5% smoked occasionally.

Comparing with past data, we find that the percentage of junior high school personnel that had ever smoked declined from 11.7% in 2004 to 9.4% in 2006 and the percentage of current smokers dropped from 7.5% to 5.4%. Although percentages among females was very low, there was an increase in the percentage of females who had ever smoked and females that currently smoke continued to increase from 0.5% to 1.0% and from 0.4% to 0.8%, respectively. The percentages of senior high school personnel that ever smoked and that currently smoke were both higher than those of junior high school personnel, regardless of gender (Figure 2-4, Figure 2-5).

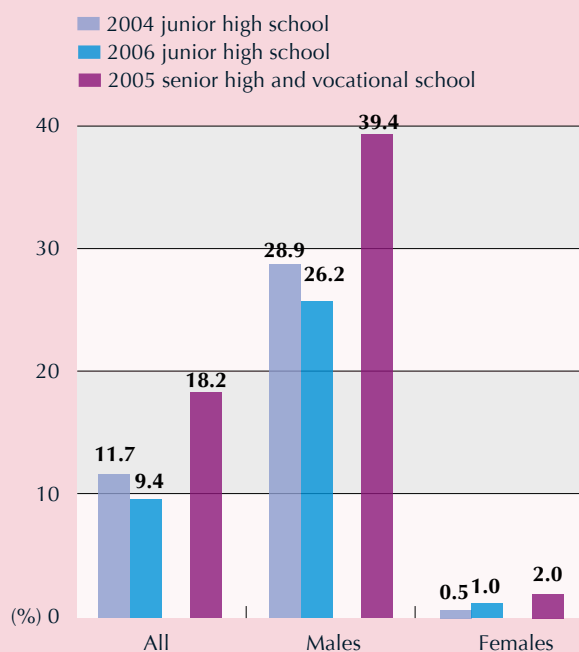


Figure 2-4 Comparison of percentages of personnel that had ever smoked

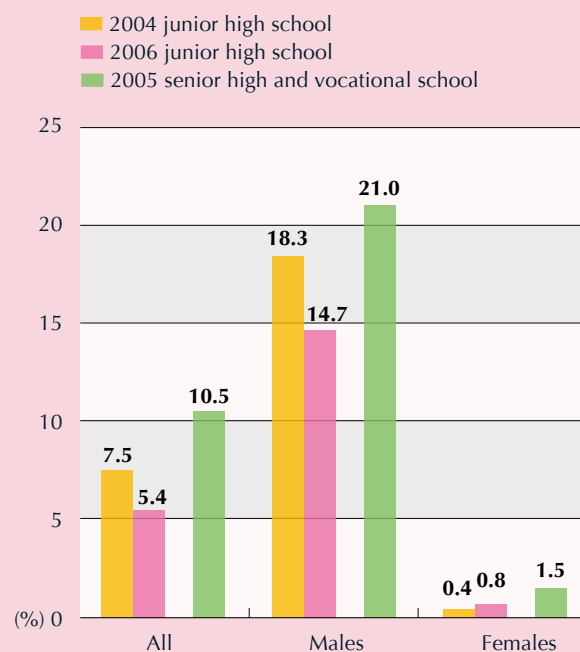


Figure 2-5 Comparison of percentages of personnel that currently smoke