

# Smoke-Free Taiwan 2009

## TAIWAN TOBACCO CONTROL 2009 ANNUAL REPORT

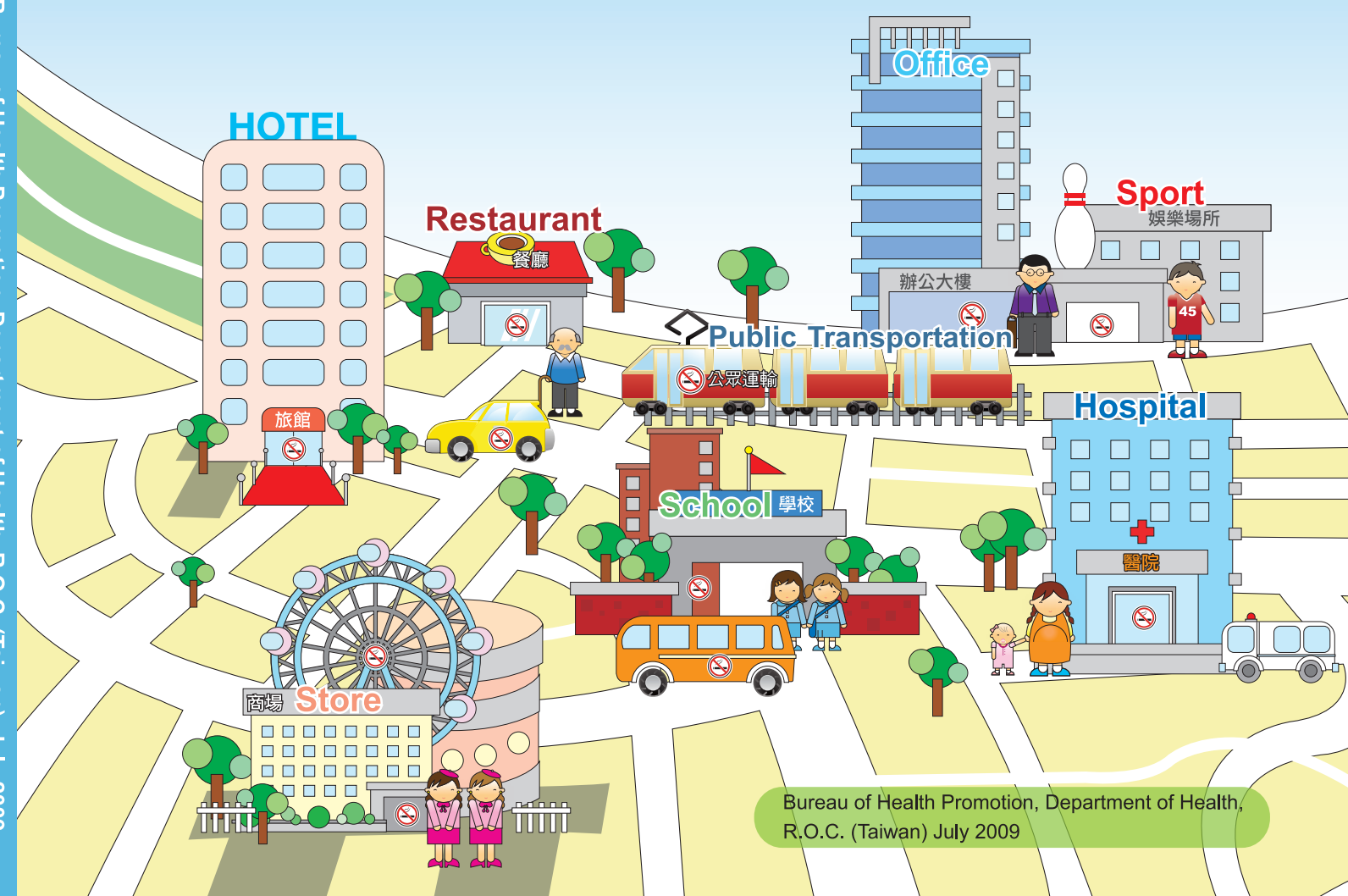
台灣菸害防制年報



Cherish Life / Promote Health

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Bureau of Health Promotion, Department of Health, R.O.C. (Taiwan) July 2009



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# Preface of Annual Report 2009

## Foreword

Taiwan has made significant progress in anti-smoking activities this year, following the implementation of new regulations of the Tobacco Hazards Prevention Act and an adjustment to increase the tobacco Health and Welfare Surcharge. With the enactment of these new provisions, and by the mobilizing of the bureau, Taiwan is following in the global steps of tobacco control and the WHO Framework Convention on Tobacco Control recommendations and paving the way toward a smoke-free environment. Taiwan has achieved new milestones in tobacco control.

### ● The new regulations have created a positive smoke-free environment

In 2008, 8 regulations about surcharge, cessation, and tobacco products management were established and revised. To successfully implement the new regulations, it was also necessary to utilize various mass media to promote awareness of the changes for all locations, businesses and individuals likely to be affected, and it was also spread to central and local government executives, professional associations and labor groups, importers, manufacturers and distributors of tobacco products through meetings, promotions, education and training programs. In addition, local health departments organized exercises and simulated inspection to address possible situations, and a crisis management task force was set up to monitor the progress of each execution.

Telephone surveys conducted one and three months after the implementation of new regulations showed that more than 90 percent of the public was aware of the locations where smoking was banned.

### ● Raising the tobacco health welfare surcharge to promote health and social justice

Over the past three years, the smoking rate among adults has declined, while in contrast the smoking rate among young smokers has risen. Statistics reveal that tobacco sales have not been reduced by the levy of the tobacco health welfare surcharge at NT\$5 in 2002 and NT\$10 in 2007. Prices of tobacco products in Taiwan remain significantly lower than in neighboring countries with a similar living standard. Studies have revealed that the price of a pack of cigarettes would have to be raised to NT\$70 before sales would be impacted, moreover, an increase to NT\$100 would be a more powerful deterrent. In 2007, an amendment to the Tobacco Hazard Prevention and Control Act removed planning of the surcharge from the Tobacco and Liquor



Tax Act, with a new amendment raising the levy from NT\$10 to NT\$20. Following promotion by experts and private organizations over the past year, the Legislative Yuan approved the change and the Executive Yuan proclaimed the revision in January 2009.

### ● Creating a smoke-free environment in Taiwan through mutual respect and awareness

The aim of the Bureau of Health Promotion is to use education to transform public awareness into the active pursuit of a healthy life. Mitigating the harm from tobacco products is a global effort. The bureau has advanced this global agenda in Taiwan by amending legislation, increasing the number of smoke-free locations and extending smoke-free areas to almost all enclosed workplaces and public places, restricting the display and sale of tobacco products; totally banning tobacco advertisements, promotion and sponsorship; adding graphic cigarette warning labels; and setting up a mechanism for raising the cigarette tax issuing health warnings and regulating sales, in addition to raising the surcharge and the price of tobacco products. Community media campaigns and public participation are crucial, and the policies are in place to support the environment. Achieving a smoke-free environment requires mutual respect and awareness by smokers and non-smokers, and by the support of the public and communities. We believe "Smoke-Free Taiwan, Yes We Can."

Mei-Ling Hsiao RPh., MPH

Director General  
Bureau of Health Promotion, DOH  
July 2009

# Introduction



10 years after its inception, amendments to the Tobacco Hazards Prevention Act were passed on July 10, 2007, and took effect January 11, 2009. Further amendments were passed on January 23, 2009, raising the Tobacco Health and Welfare surcharge from NT\$10 to NT\$20. These measures all reflect Taiwan's active efforts to create a smoke-free environment and remain at the forefront of global anti-smoking efforts. We hope that these regulations will raise health awareness, protect the rights of the nearly 80% of the population that doesn't smoke, reduce the risks of secondhand smoke, decrease the smoking rate, and create a healthy smoke-free environment for all Taiwan's people.

In 2008, eight different regulation were implemented with the help of national and local authorities and inter-regional organizations, with the goal of publicizing the new regulations via a variety of media and other channels to help ensure compliance among businesses and individuals. In addition, we continued promoting local tobacco hazard prevention projects; strengthening tobacco control personnel recruitment and training; creating smoke-free environments; implementing comprehensive tobacco hazard educational programs; instituting approachable, diverse smoking cessation programs; creating international exchange and multilateral cooperation programs; and promoting tobacco products control-related monitoring and research. In order to implement the latest amendments to the Tobacco Hazards Prevention Act made on January 11, 2009,

smoke-free environments have been created in schools, government agencies, workplaces, and public places, and fines have been increased. The Bureau of Health Promotion has also created a wide variety of educational and promotional materials to help people become accustomed to the new regulations, and has mobilized county and municipal health authorities, civic organizations, and tobacco producers, distributors, and vendors to help make the new regulations a success.

This year's report is based on the WHO's Report on the Global Tobacco Epidemic, 2008, and introduces the six MPOWER guidelines: Monitor tobacco use and prevention policies, Protect people from tobacco smoke, Offer help to quit tobacco use, Warn about the dangers of tobacco, Enforce bans on tobacco advertising, promotion and sponsorship, and Raise taxes on tobacco. It also provides the results of Taiwan's tobacco control measures for the benefit of our domestic and international tobacco control partners.



# Amendments and Implementation



The amended Tobacco Hazards Prevention Act was sent to the Legislative Yuan on April 27, 2005, and approved by the Healthy Environment and Social Welfare Committee on November 9, 2005. After six meetings between party delegations, and with the urging of the Department of Health and nongovernmental antismoking groups, it was finally passed on June 15, 2007, after three readings in the Legislative Yuan. The amended regulations were announced by president on July 11 of that same year, and after 18 months of announcements, were put into effect on January 11, 2009. They represent a revolutionary advance for Taiwan's Tobacco Hazards Prevention Act, and put Taiwan at the forefront of global tobacco control.

The most recent amendments to the Tobacco Hazards Prevention Act focus on enlarging the scope of smoke free environments to include indoor public places, indoor workplaces with three or more people, and public transportation. Venues are responsible for posting no smoking signs at all entrances and other places as appropriate, and ensuring that smoking paraphernalia is not installed. Violators can be fined from NT\$10,000 to 50,000. In addition to verbal warnings, tobacco products are required to carry one of six graphic warnings and smoking cessation related information, and may not use words like "low tar", "light", or "mild" that might mislead consumers into thinking that such products are less harmful to their health. To protect children and fetuses, pregnant women will not be allowed to smoke, and people who provide tobacco products to minors will be face fines of NT\$10,000 to 50,000. Tobacco education will also be provided to minors. Regulations governing tobacco promotions and advertising have been strengthened as well. Vendors are no longer allowed to provide open tobacco displays, and fines have been greatly increased. Penalties for illegal tobacco advertising have been increased from NT\$100,000-300,000 to NT\$5 million-25 million. In addition, tobacco manufacturers and distributors are now required to disclose tobacco product contents, additives, emissions, and their toxicity. People caught smoking in non-smoking areas can be fined NT\$2,000-10,000. The regulations governing the collection and use of the Tobacco Health and Welfare Surcharge have been amended, with the surcharge now being used to fund services for the underprivileged.

To carry out the demands of the new Tobacco Hazards Prevention Act regulations that took effect on January 11, 2009, schools,

governmental agencies, workplaces, and public places all must be smoke free. In order to accomplish this we have used education (law enforcement and hotline staff training, FAQs, and information meetings) and promotional materials in a wide variety of media including TV, radio, print, outdoor media (signs, TV walls, public transport, public displays), LED displays, websites, and banners. The Smoke Free Public Places, 25 County and Municipal Leaders Go All Out educational film was also released on May 30, the eve of World No Smoking Day. In order to secure county and municipal support for the new regulations, we visited eight county and municipal leaders and held three meetings with county and municipal health officials, and also conducted in-depth investigations and training with local companies in 25 counties and municipalities. Role playing activities helped train personnel in how to deal with potential issues that may arise. In December 2008, 22 county and municipal health bureaus used 665 temporary workers to post no smoking signs and hand out promotional materials. 485 tobacco control volunteer training sessions were held and attended by 13,549 people, and a total of 31,517 promotional activities were held. Community organizations were also enlisted to help hang signs and undertake promotional activities.

A telephone survey conducted one month after the implementation of the new Tobacco Hazards Prevention Act regulations found that over 90% of people are aware that public places are now smoke-free; awareness of regulations for smoking in workplaces of three people or more has risen over 60% since the regulations were announced in July 2008; and awareness of regulations governing public transportation, hotels, stores, and restaurants has risen by 35%. In the future, more comprehensive strategies, channels, and promotions will allow the public as well as venue managers to better understand tobacco control regulations and help reduce smoking and secondhand smoke exposure rates.



# 1

## Monitoring Tobacco Use and Prevention Policies



### ● Monitoring Smoking Behavior

- Adult Smoking Behavior Survey
- Global Youth Tobacco Survey
- Global School Personnel Survey
- Exposure to Secondhand Smoke
- Tobacco Product Accessibility for Minors
- Intent to Quit Smoking

### ● Developments in Testing and Research of Tobacco Products

- Preventing Sales of Cigarettes to Minors
- Curbing Illicit Trade in tobacco products
- Tobacco Control Policy Evaluation Project

## Monitoring Tobacco Use and Prevention Policies

Article 20 of the WHO Framework Convention on Tobacco Control stresses the development of tobacco consumption survey systems to collect data for international comparisons. Smoking behavior monitoring systems are an important foundation for tobacco prevention work, and the trends revealed by the data can help decision makers formulate effective tobacco control strategies.



Since 2004, the Department of Health's Bureau of Health Promotion has maintained a smoking behavior monitoring system for adults and adolescents. A representative database of local smoking behavior was established and trends were analyzed, particularly youth smoking behavior. Cooperation with the US Centers for Disease Control and Prevention for Global Youth Tobacco Survey (GYTS) helped provide a basis for international comparison. Current studies include the annual Adult Smoking Behavior Survey (ASBS), the biennial Middle School Student and Personnel Smoking Behavior Survey, and the biennial High School student and Personnel Smoking Behavior Survey (GYTS & GSPS), as well as investigations on the effectiveness of anti-smoking legislation, surveys of tobacco consumption, and evaluations of anti-smoking strategies. Related material can be found in the Smoking Behavior Online Search System. (<http://tobacco.bhp.doh.gov.tw/sboss/>).

The local monitoring system helps disseminate data about the dangers of smoking, as well as track the results of anti-smoking programs, making it an effective feedback mechanism for legislative reforms and interventional strategies.

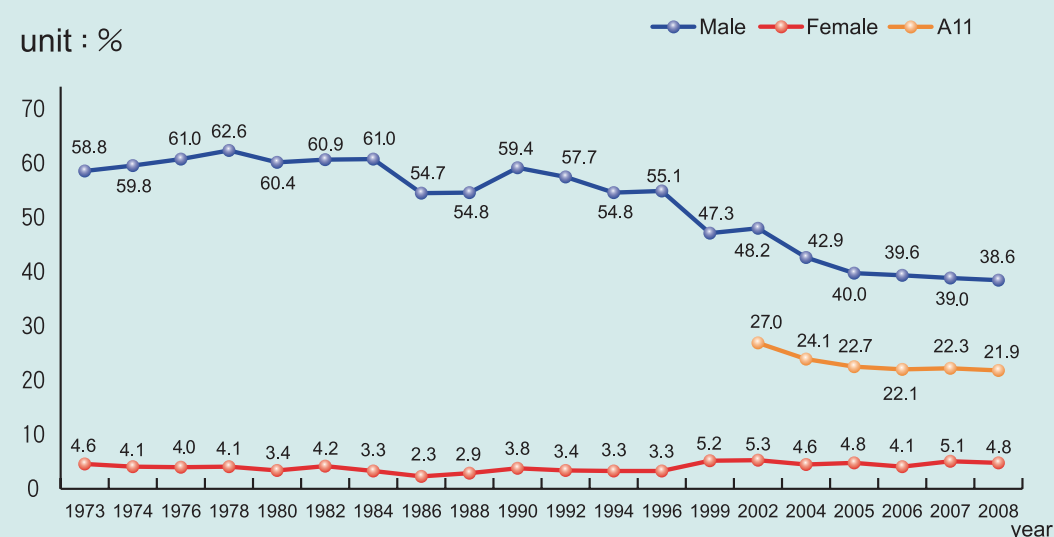


## Monitoring Smoking Behavior

### Adult Smoking Behavior Survey <ASBS>

In 1980 the smoking rates for males and females 18 years or older were 60.4% and 3.4% respectively. In 2002, these figures decreased to 48.2% and 5.3%, and to 38.6% and 4.8% in 2008, indicating a trend of decreasing smoking among adults as a result of different intervening activities. Smoking among females does not seem to be increasing, but further study is needed. (Fig. 1-1)

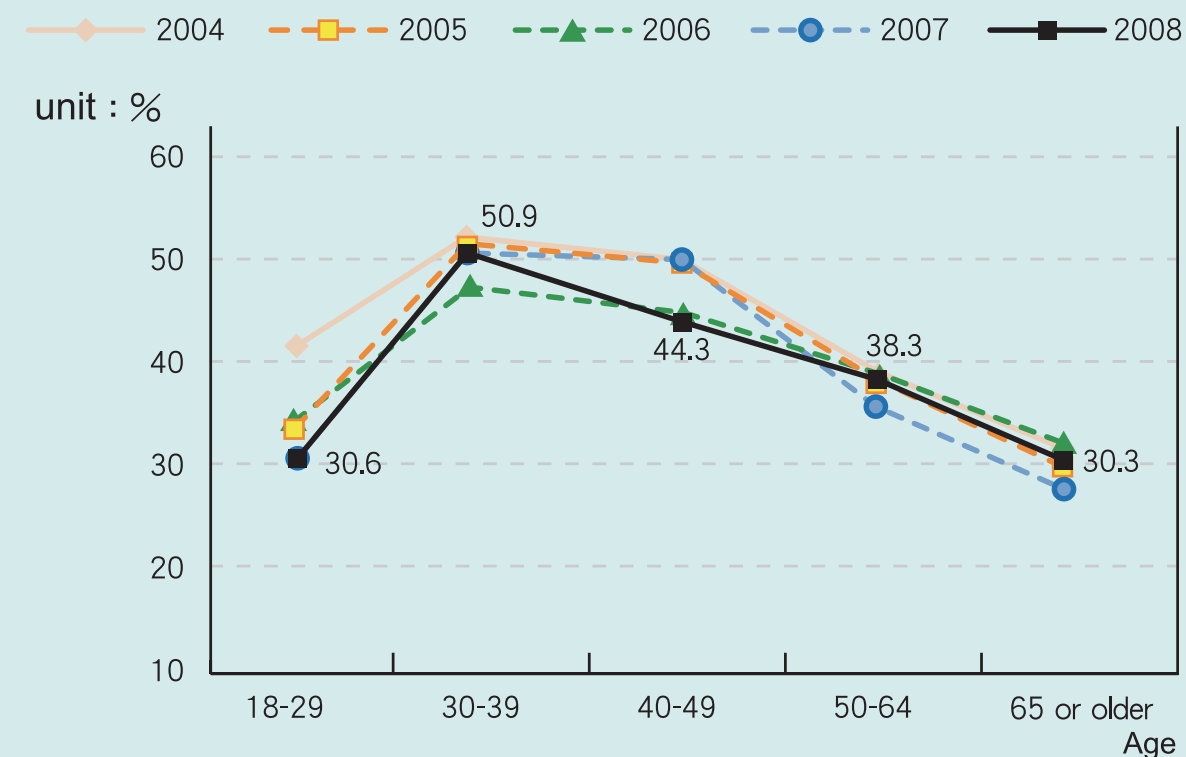
Based on 2008 population figures, there are approximately 3,936,405 adult smokers in Taiwan, of which 3,504,837 are male and 431,567 are female. 2008 data indicates that approximately half of men aged 30-39 are current smokers, and 44.3% of 40-49 year olds. For women, 7.8% of 30-39 year olds are current smokers, making this the age group most likely to smoke (Fig. 1-2, 1-3).



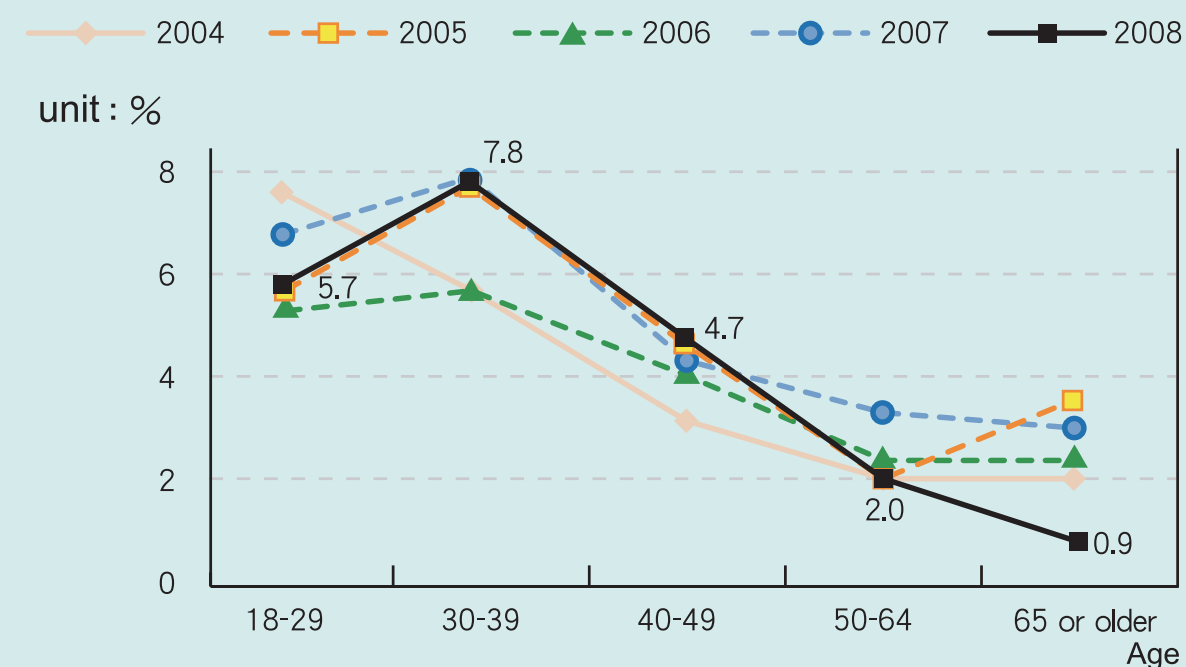
[ Fig. 1-1 ] Smoking rates of adults 18-years of age and older by year in Taiwan

Note :

1. 1973-96 information provided from surveys by Taiwan Tobacco & Wine Monopoly Bureau.
2. 1999 information provided from a survey by Professor Lee-Lan.
3. 2002 information provided in the Bureau of Health Promotion's 2002 Survey of Knowledge, Attitude, and Behavior toward Health in Taiwan.
4. 2004-08 information provided by the Bureau of Health Promotion's Adult Smoking Behavior Survey
5. 2002-08, 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.



[ Fig. 1-2 ] Age distribution of adult male smokers 18-years of age and older in 2004-08



[ Fig. 1-3 ] Age distribution of adult female smokers 18-years of age and older in 2004-08

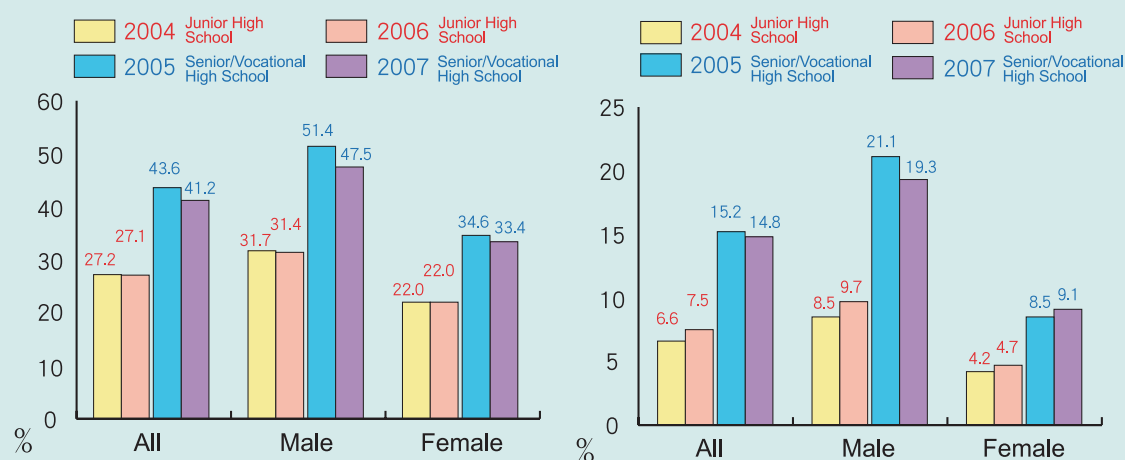




## Global Youth Tobacco Survey <GYTS>

A 2007 survey revealed that 41.2% of senior and vocational high school students had ever smoked (males 47.5%, females 33.4%). Of these, 23.2% first smoked when they were 10 years old or younger, and 14.8% were current smokers (males 19.3%, females 9.1%). Smoking rates among first, second, and third grade students in senior and vocational high school showed little variation, at 14.8%, 15.2%, and 14.4% respectively. When asked why they first tried smoking, over 60% said they were motivated by curiosity (63.6%). Other reasons included stress relief (10.8%), peer pressure (9.7%), and boredom (5.5%). 47.9% first acquired cigarettes from classmates, coworkers, or friends. The smoking rate among students at night schools (43.6%) was significantly higher than traditional senior high schools (3.7%), vocational high schools (17.7%), or the average rate (10.8%).

Since 2005, ever smoking rates and current smoking rates among senior and vocational high school students have both fallen, from 43.6% and 15.2% to 41.2 and 14.8% respectively. The percentage of students who do not smoke now but said they might start in the future fell from 13.9% to 13.2%. Among junior high school students, ever smoking rates and current smoking rates are both lower than senior and vocational high school students (Figs. 1-4 and 1-5).



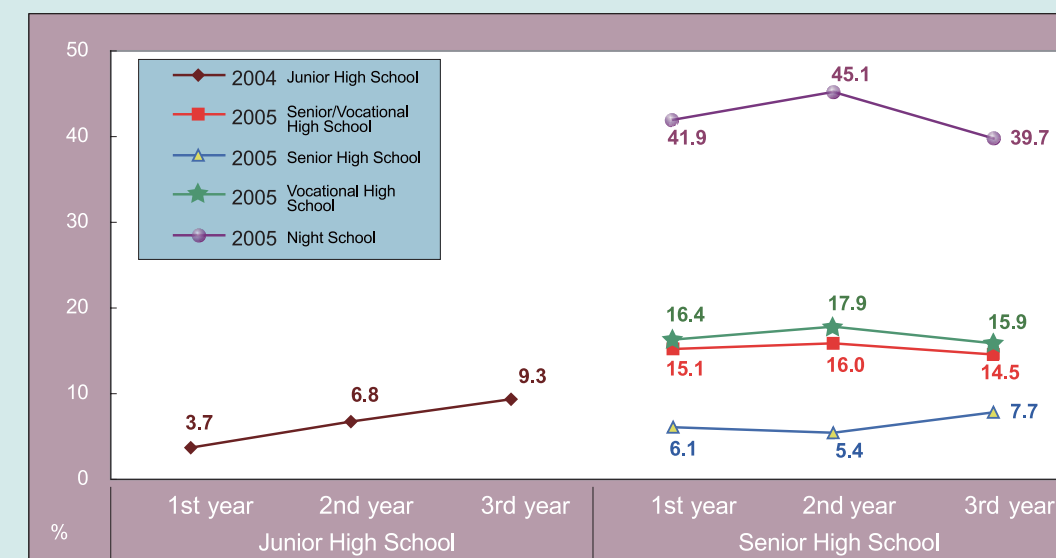
[ Fig. 1-4 ] Comparison of percentages of minors that had ever smoked.

[ Fig. 1-5 ] Comparison of percentages of minors that currently smoke.

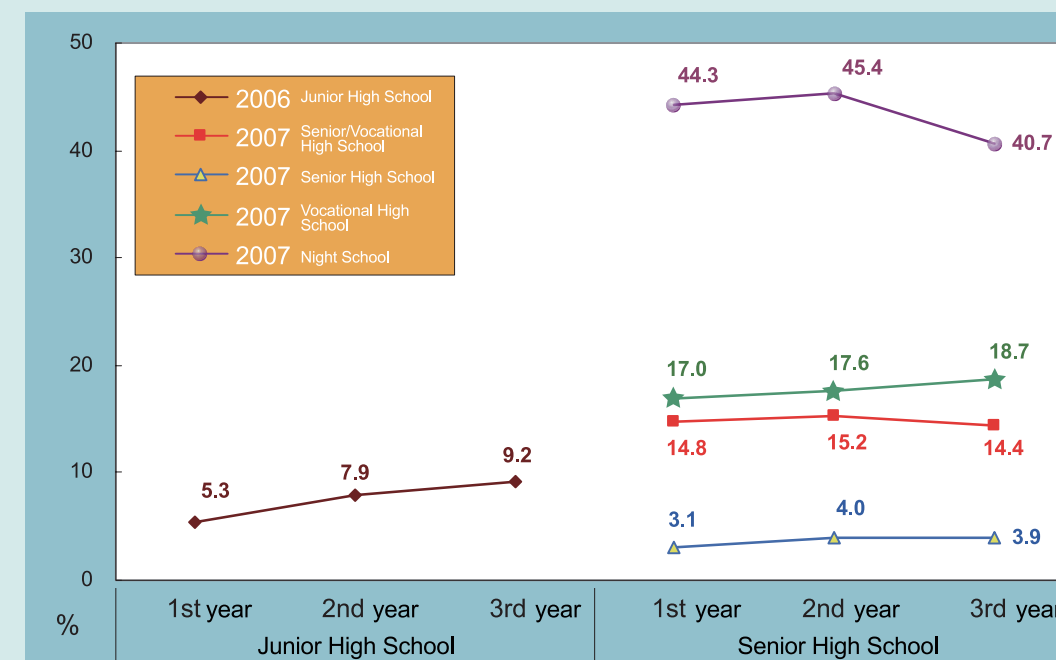
● Note:

1. Information provided from the Bureau of Health Promotion's Global Youth Tobacco Survey.
2. An ever smoking minor is one who has smoked tobacco at some time in the past, even if only one or two puffs.
3. A current smoking minor is one who has smoked in the past 30 days (one month), even if only one or two puffs.

Comparing junior high school and senior/vocational high school student data from 2004 to 2007 reveals a steady increase in smoking rates among these age groups. The smoking rate among third grade junior high school students in 2004 was 9.3%, and for first grade senior high school students in the following year the incidence rate was 15.1%, an increase of 62.3%. The smoking rate among third grade junior high school students in 2006 was 9.2%, and for first grade senior/vocational high school students in the subsequent year was 14.8%, an increase of 59.7% (Fig. 1-6 and Fig. 1-7).



[ Fig. 1-6 ] Youth smoking rates in 2004 and 2005 (by school type and grade level)



[ Fig. 1-7 ] Youth current smoking rates in 2006 and 2007 (by school type and grade level)

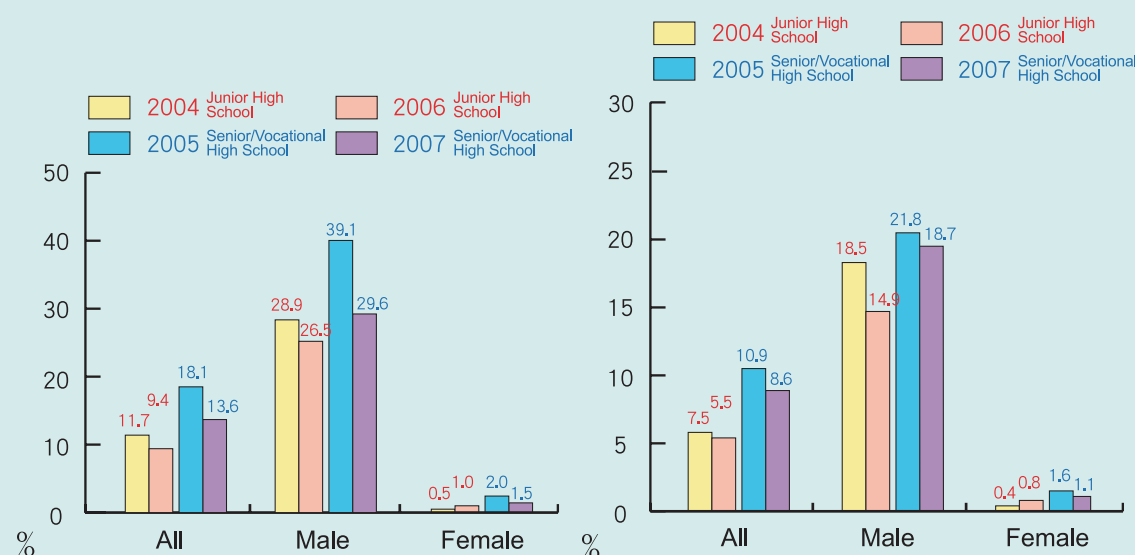


## ► Global School Personnel Survey<GSPS>

A 2007 survey indicated that 13.6% of senior/vocational high school personnel had ever smoked in the past (males 22.6%, females 1.5%). 8.6% of those were current smokers (males 18.7%, females 1.1%).

From 2005 to 2007, the percentage of senior and vocational high school personnel who had ever smoked in the past dropped from 18.1% to 13.6%, and the percentage of current smokers dropped from 10.9% to 8.6%.

Among junior high school personnel, the numbers of ever and current smokers are lower for both males and females (Fig. 1-8 and 1-9).



[ Fig. 1-8 ] Comparison of percentages of school personnel that had ever smoked.

[ Fig. 1-9 ] Comparison of percentages of school personnel that had currently smoke.

● Note:

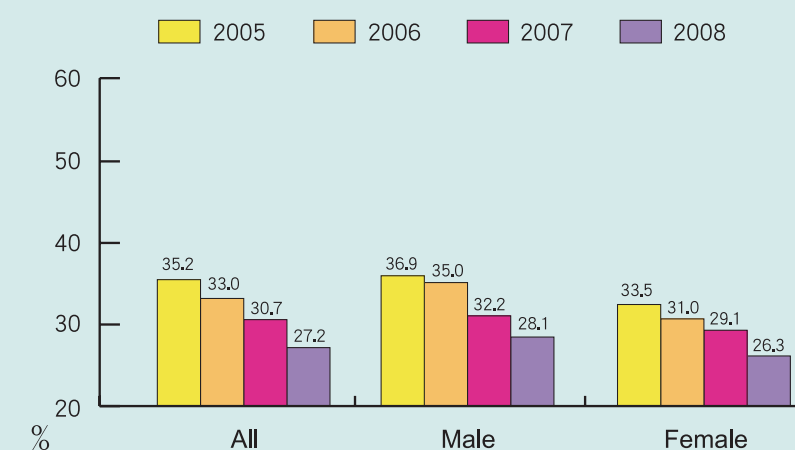
1. Information provided from the Bureau of Health Promotion's Global School Personnel Survey
2. A 'ever smoker' is defined as: Someone who has smoked more than 100 cigarettes (5 packs).
3. A 'current smoker' is defined as: Someone who has smoked more than 100 cigarettes (5 packs) and who has smoked in the past 30 days.

## ► Exposure to Secondhand Smoke

2008 ASBS indicated that during the previous week, 27.2% of respondents were exposed to secondhand smoke in their homes, 26.0% were exposed to secondhand smoke in offices or workplaces, and 27.8% were exposed to secondhand smoke in indoor public places. These statistics reveal that exposure rates to secondhand smoke are decreasing with time. (Figs. 1-10 and 1-11)

2007 GYTS indicates that during the previous one week, 45.3% of senior and vocational high school students were exposed to secondhand smoke at home, while 35.2% (males 43.1%, females 25.9%) were exposed to secondhand smoke at school. A 2006 survey indicates that 23.3% of junior high school students were exposed to secondhand smoke at school, and 49.1% were exposed to secondhand smoke at home. Both figures are lower than those for senior and vocational high school students.

2007 GSPS indicates that 33.0% of senior and vocational high school personnel were exposed to secondhand smoke on campus during the previous 7 days; while the 2006 survey indicates that 24.3% of junior high school personnel were exposed to secondhand smoke on campus. Compared to on-campus passive smoking, junior high school personnel were more likely to be exposed to secondhand smoke than students (23.3%), while senior and vocational high school personnel were less likely than students (45.3%) to be exposed to secondhand smoke (Fig. 1-12).



[ Fig. 1-10 ] Percentage of adults exposed to secondhand smoke

1. Information provided from the Bureau of Health Promotion's Adult Smoking Behavior Telephone Survey
2. Exposure to second hand smoke in home is defined as: People who smoked in one's presence in home during the past week.