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TAIWAN TOBACCO CONTROL ANNUAL REPORT 2010

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MPOWER

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FOREWORD

Precious Health and Life Can Be Saved!

To eradicate tobacco's health hazards, the first worldwide public health convention, the WHO Framework Convention on Tobacco Control (FCTC), was entered into force in 2005. As of today, 168 countries have already signed. In 2008, the World Health Organization (WHO) also introduced MPOWER, six evidence-based strategies for fighting against the tobacco epidemic.

Taiwan has been actively implementing these strategies. Efforts it has taken include launching mechanisms for monitoring smoking behaviors and assessing tobacco hazards prevention measures. It is also working to increase the extent of public places where smoking is banned, which means bringing together related agencies and working with schools, the military, workplaces and communities. The mass media spreads information on tobacco product hazards and the value of building a smoke-free environment. The government funds clinics to assist people in their efforts to quit smoking and offers a helpline and cessation classes for people trying to quit. The law mandates that 35 percent of the front and back surfaces on all tobacco product packages be labeled with graphic health warnings, but the government is still working on more striking content and larger pictorial warnings. Despite the fact that tobacco advertising, promotion and sponsorship are completely banned, efforts need to be made to prevent tobacco firms from testing the gray zone of these laws and regulations. Taxes and the price of tobacco products have been raised, yet the price of cigarettes in Taiwan is still relatively low. Raising the health and welfare surcharge on tobacco products is a key future objective.

New regulations under the Tobacco Hazards Prevertion Act took effect on Jan. 11, 2009. The regulations increase the number of places where smoking is prohibited, ban tobacco advertisements and promotions, and raise the health and welfare surcharge on tobacco products. After nearly one year of promotion, a survey indicated that 94.6 percent of the population was aware of regulations related to banning smoking in certain locations and 92 percent was satisfied with the smoke-free environment created after promulgation. In addition, the proportion of entirely smoke-free workplaces increased from 55.8 percent in 2008 to 80.5 percent in 2009. Refusing tobacco is becoming a social norm.

According to WHO statistics, the annual death toll from tobacco use is more than 5 million, or an average of one person every six seconds. In Taiwan, it kills every 20 minutes. The 2009 Adult Smoking Behavior Survey showed that 20 percent of people 18 years of age and above in Taiwan were smokers, with 35.4 percent of men and 4.2 percent

of women counted among those who smoked. The numbers did not compare favorably to other advanced countries. The percentage of adult male smokers in Taiwan was 1.7 times higher than that found in the United States and two times as high as that of Canada. Moreover, 70 percent of smokers in America and Europe intended to quit, compared to just over 40 percent in Taiwan. These factors make smoking the number one killer in Taiwan. Apart from playing a role in 18 percent of total deaths and 30 percent of cancer deaths, smoking takes a major toll on the country's finances. Every year more than NT$45 billion in National Health Insurance expenditures go to treating smoking-related illnesses, not to mention the resulting productivity loss.

Professional assistance on tobacco cessation can raise the success rate by at least 20 percent. Apart from working with health clinics across the country to provide services for helping people to quit smoking, the government provides a free one-on-one consultation helpline for people trying to quit, 0800-636363. Moreover, people can purchase various nicotine replacement therapy drugs at pharmacies. Another key to combating the hazards of tobacco is to keep the product away from youths. One important method the government has undertaken is to enhance inspections on point of sales to ensure that tobacco products are not sold to youths under 18 years of age. Heath departments across the country are also working with education departments to strengthen smoking prevention education. Measures include providing every school with at least one teacher who can provide consultation services related to quitting smoking and encouraging schools to conduct classes aimed at the direct purpose of quitting. The goal of these efforts is to form a smoke-free school environment.

Taiwan declared 2010 as "Quit Smoking Action Year." Efforts include expanding services aimed at quitting smoking and distributing one million strategic cessation brochures, with the purpose of encouraging more people to be decisive and quit smoking! In addition, funds gathered from the tobacco health and welfare surcharge are used to offer screenings for diseases such as cervical, breast, colorectal and oral cancers. Through early detection and early treatment, the survival rate can be increased.

We used the WHO's MPOWER policies to combat the tobacco epidemic as a framework for this report. The report provides a thorough and balanced account of the results and the direction we are heading. We want to provide special thanks for the effort put forth by all of our partners in the fight against tobacco hazards, from people in the central and local governments to everyday citizens. Their efforts are shown in every last pece of valuable information gathered in this report and enable us to provide encouragement and support to one another as we face the challenges ahead.

Director-General, Bureau
of Health Promotion,
Department of Health

Shu-Ti Chiou

October 2010

A New Milestone for the Tobacco Hazards Prevention Act

Inspiration from the WHO FCTC and the advanced need among local people led the government to amend the Tobacco Hazards Prevention Act after 10 years of enforcement. Goals that officials took into account when drafting changes to the amendment included raising the health and welfare surcharge on tobacco products, enhancing tobacco control measures, expanding smoke-free locations and working to better protect youths and fetuses. After passing through three major parliamentary elections and 10 years, the amendment finally passed its third reading on June 15, 2007, and the president signed it into law on July 11 of the same year. It took effect on Jan. 11, 2009, after an 18-month buffer period for completing preparations and informing people of the new changes. The new regulations that came with implementation made 2009 a major year for the Tobacco Hazards Prevention Act – the year included a key legislative milestone in the country's efforts to control tobacco and was a time in which Taiwan's tobacco regulations moved forward in step with the rest of the world.

The amendment addresses issues such as protecting people against exposure to secondhand smoke, in particular in indoor public areas, indoor workplaces with three or more people and mass transportation systems. It requires that the person responsible for such places post no smoking signs at all entrances and prohibits him or her from supplying any smoking-related items, such as ashtrays or lighters. The amendment calls for changes to the content of health warnings on tobacco packaging, increasing the area of the warning and adding a picture and information on the quit smoking helpline. Also, it bans written content or pictures that could deceive people into thinking that smoking is not bad for one's health or that downplay tobacco's hazardous effects, including implicit expressions such as "low tar," "light" or "mild." The amendment enhances efforts to protect youths and fetuses against the hazards of smoking, including banning pregnant woman from smoking. It makes it illegal to provide tobacco products to anyone under the age of 18 and introduces educational programs on quitting for youths who smoke. Moreover, the amendment limits point-of-sale tobacco product displays, including eradicating all types of displays where consumers can directly take cigarettes off the shelf. Fines for tobacco manufacturers or importers who violate regulations regarding promotions or advertising were raised to NT$5 to NT$ 25 million. In addition, the legal basis for levying a health and welfare surcharge on tobacco products was shifted from the Tobacco and Alcohol Administration Act to the Tobacco Hazards Prevention Act, with all proceeds from the surcharge appropriated to help disadvantaged groups. The amendment also requires tobacco manufacturers to report ingredients, additives, emissions and toxicity information. Such regulations have made Taiwan one of the top 22 countries for monitoring tobacco products.

The new regulation that affects people most is that fines of NT$2,000 to NT$10,000 can be directly issued without first trying to dissuade violators to put out their cigarette, making enforcement easier and causing inconveniences for smokers, thereby making it more likely for them to want to quit. Overall, the general satisfaction with the government's approach to anti-smoking efforts is largely based on intensive enforcement of the Tobacco Hazards Prevention Act, toward both the general public and all kinds of business.

Complete Mobilization to Implement the New Regulations

In most countries and many states in America, tobacco control focuses on one particular message at a time, such as no smoking in restaurants or no smoking in places frequented by children, as a way of gradually changing legislation and enforcement. The scope of Taiwan's amendment this time was wide, complicated and expansive in its impact. To implement the new regulations under the Tobacco Hazards Prevention Act, the Bureau of Health Promotion has worked with a number of groups, including county and local governments, health departments, relevant government agencies and civil organizations and enterprises, restaurants, hotels and commercial and industrial guilds. It has used the media and other forms of propagation to enhance people's understanding of the health hazards of tobacco products and secondhand smoke and to inform them of where smoking is banned and how the health and welfare surcharge on cigarettes is being used. Other efforts the bureau has undertaken to reduce the hazardous effects of tobacco include continuing to encourage action from local units and enhancing resources and training for people devoted to the fight against tobacco. It has given support for building smoke-free environments and rigorously worked to inform and educate people on the health hazards of tobacco. Meanwhile, the bureau has offered accessible and varied services for quitting smoking, opened up international exchanges and expanded cooperation efforts, all while conducting monitoring and research efforts on the hazardous effects of tobacco.

Using the Rise in the Tobacco Health Tax to Benefit People's Health and Strengthen Medical Care

Compared to nearby countries and territories such as South Korea, Hong Kong, Singapore and Australia, the price of cigarettes in Taiwan is relatively low. The World Bank recommends that taxes on tobacco products account for 66.7 to 80 percent of the total price. Despite having raised the health and welfare surcharge on cigarettes by NT$10 per pack on June 1, 2009, the price of cigarettes in Taiwan is relatively low. In addition, the taxes collected on each pack account for only 52 percent of the total price, showing that a sizable increase in the taxes levied and price of cigarettes is still needed.

The amendment to increase the health and welfare surcharge on tobacco products passed its third reading in the Legislature on Jan. 12, 2009, and the president signed it into law on Jan. 23. On June 1 of the same year, the government raised the health and welfare surcharge on each pack of cigarettes from NT$10 to NT$20, and the uses of the tax were expanded. Originally it was used to contribute to securing the National Health Insurance plan and for central and local government programs to counter the hazardous effects of tobacco, plus health protection efforts by health departments and social welfare programs. In addition, it was used to enhance efforts to investigate and seize bootleg cigarettes, strengthen programs to guard against people trying to evade tobacco taxes, and provide guidance and care for workers involved in tobacco farming and related industries. Expanded uses of the tax include improving cancer prevention and care, raising medical treatment standards, subsidizing areas where medical treatment was lacking, cutting medical fees, helping the economically disadvantaged pay their health insurance costs and providing financial support to combat rare diseases. The purpose of expanding the uses of the tax is to strengthen health care and support for the disadvantaged.

When deciding on a framework for this annual report, we took into account the WHO's 2008 Report on the Global Tobacco Epidemic, which includes the MPOWER policies to: 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. We also considered the recommendations of the WHO FCTC. The report offers a faithful representation of steps Taiwan is taking to reduce the hazardous effects of tobacco so that we can share our efforts with people both at home and abroad who are working toward the same goal.

Monitor Tobacco Use and Prevention Policies

Article 20 of the WHO Framework Convention on Tobacco Control calls for an investigation and monitoring mechanism on tobacco consumption and for gathering information that can be compared on an international level. Reflecting on data related to smoking proportions and trends can assist policymakers in assessing the current situation and establishing effective strategies for combating the harmful effects of tobacco.

The WHO put forward its six MPOWER strategies in 2008, placing "monitor" first and foremost. Despite the emphasis on monitoring work, at present only 36 of the 168 signatory parties to the treaty have a regular monitoring system in place to investigate smoking habits of adults and youths, data that are representative of a country's smoking environment as a whole. Taiwan established such a monitoring system in 2004. Cooperation with the U.S. Centers for Disease Control and Prevention on the Global Youth Tobacco Survey (GYTS) helpec provide a basis for international comparison. Current studies include the Adult Smoking Behavior Survey (ASBS), the Middle School Student and Personnel Smoking Behavior Survey, and the High School Student and Personnel Smoking Behavior Survey (GYTS & GSPS), as well as the Evaluation of Effectiveness in Enforcing the Tobacco Hazards Prevention Act, Reporting Tobacco Product Information and the Tobacco Control Policy Evaluation Project.

Adult Smoking Behavior Survey

The Bureau of Health Promotion has contributed to telephone surveys since 2004 on smoking habits by adults 18 and above, using Chunghwa Telecom's residential telephone book to determine the population sampling frame. The purpose of the studies is to monitor the present state and changing trends of smoking by Taiwanese citizens so the central government and local health departments have necessary data to refer to when making policies. Analysts conduct the surveys using the probability proportional to size sampling (PPS) technique. They pick number combinations and randomly generate the last two numbers to serve as samples for the telephone interviews. After the call is answered, within-household sampling is used to select the person to be interviewed. On average, analysts conduct more than 16,000 interviews each year.

Smoking Rate

A look at recent smoking levels among people 18 years of age and above shows that in 1980, 60.4 percent of males and 3.4 percent of females smoked. In 2002, the rate among males dropped to 48.2 percent while it rose to 5.3 percent among females, and in 2008, it fell further to 38.6 percent among males and 4.8 percent among females. On Jan. 11, 2009, an amendment to the Tobacco Hazards Prevention Act formally took effect. Changes include expanding the range of places where smoking is not permitted; prohibiting tobacco advertising, promotions and sponsorship deals; modifying health warning pictures and written content on tobacco packaging, including info about quitting smoking; putting greater oversight on tobacco vendors; and raising the health and welfare surcharge on cigarettes. After these new regulations came into effect, the smoking rate among men dropped to 35.4 percent and females experienced a slight drop to 4.2 percent (see Figure 1-1).

Figure 1-1 Smoking Rates in Taiwan Among Adults, from 1971

1. The Taiwan Tobacco and Wine Monopoly Bureau gathered the data from 1973 – 1996.
2. Professor Lee Lan gathered the data from 1999.
3. The data from 2002 were found in the Bureau of Health Promotion's 2002 Survey of Knowledge, Attitude, and Behavior toward Health in Taiwan.
4. The Bureau of Health Promotion gathered the data from 2004 - 2009 in the Adult Smoking Behavior Survey.
5. For results from 1999 – 2009, a smoker was defined as a person who has smoked more than 100 cigarettes (five packs) and who smoked within the past 30 days.

There were about 3.61 million smokers 18 years of age and above in 2009, 3.23 million of whom were male and 380,000 of whom were female, representing a drop of 330,000 from the previous year. Data suggest, however, that the smoking rate increased dramatically among young males when they were between the ages of 18 and 25. Starting at age 18, the smoking rate for men increased as the age increased, reaching a peak in the 36 to 40 age category. In fact, of every two young-to-middle-aged adult males, one is a smoker (see Figure 1-2). For women, the smoking rate likewise rose with each increase in age, starting at 18 and reaching a peak in the 31 to 35 age category. For every 14 adult females, there was one who smokes (see Figure 1-3). The data reveal that planners and policymakers need to place their focus on the problem of smoking among young males and females.

Figure 1-2 Line Graph of Smoking Rates Among Males 18 and Above

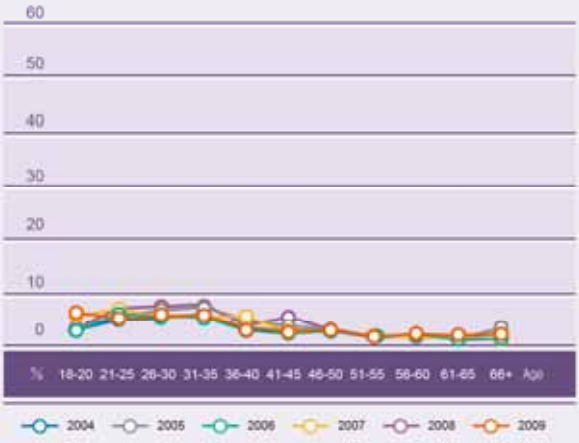

Figure 1-3 Line Graph of Smoking Rates Among Females 18 and Above

Try to Quit Smoking

An investigation from 2009 showed a decrease in the smoking rate among adults and an increase over the past year in efforts to quit smoking (see Figure 1-4).

Figure 1-4 Percentage of Adult Smokers Who Tried to Quitting Smoking, from 2004

1. Data gathered from the Bureau of Health Promotion Adult Smoking Behavior Survey.
2. We defined a person who tried to quit smoking as a smoker who gave up cigarettes for one day or more over the past 12 months because he or she wanted to quit.

Exposure to Secondhand Smoke

In a 2009 survey that asked people about their exposure to secondhand smoke over the previous week, 20.8 percent of respondents said they were exposed to secondhand smoke in their households, 14.0 percent said someone smoked in front of them in an enclosed workplace or office and 7.8 percent said they were exposed in indoor public places. Ever since the range of places where smoking is banned was expanded in 2009, there has been a decrease in secondhand smoke exposure in the household and at the workplace (see Figure 1-5).

Figure 1-5 Exposure to Secondhand Smoke Among Adults

1. Exposure to secondhand smoke in the home was defined as having someone smoke in front of you at your home within the previous week. Data source: Bureau of Health Promotion, Adult Smoking Behavior Survey.
2. Exposure to secondhand smoke in the workplace indoors was defined as the rate at which the worker smelled cigarette smoke in enclosed spaces at the workplace. Data source: Bureau of Health Promotion, National Occupational Health Workplace Environment Investigation. Those surveyed were full-time employees aged 15 and above.
3. Exposure to secondhand smoke in public places was defined as having someone smoke in front of you during the previous week in an indoor public place, not including the home or workplace. Data source: Bureau of Health Promotion, Adult Smoking Behavior Telephone Survey. Those surveyed were adults aged 18 and above. Since surveys on exposure to secondhand smoke from 2008 and 2009 subdivided indoor and outdoor locations, it is not easy to make a direct comparison between the results from these two years and previous years.

Global Youth Tobacco Survey

To make better international comparisons, since 2004 Taiwan has cooperated with the U.S. Centers for Disease Control and Prevention to carry out the Global Youth Tobacco Survey (GYTS). The WHO designed and developed the survey, which in Taiwan is conducted on junior high and senior high school students year-to-year on an alternating basis. It investigates the smoking rate, knowledge and attitude toward the health hazards of smoking and secondhand smoke exposure among junior high, vocational and senior high school students and five-year junior college students for each county and city in the country. Health department officials and educators use the data as a reference when planning and evaluating school tobacco hazards prevention strategies.

Investigators choose a sample pool of students to participate that is representative of junior high, vocational and senior high school students and first-through-third year students at five-year junior colleges across the country. They pick subject schools using systematic random sampling, and then choose sample classes, with all students in the class taking part. The total number of people who take the survey averages about 25,000 per year.

Smoking Rate

The 2009 Study into Smoking Behaviors Among Vocational and Senior High School Students indicated that the smoking rate of vocational and senior high school students was 14.8 percent (19.6 percent among males and 9.1 percent among females). The rate was also 14.8 percent in 2007 (19.3 percent among males and 9.1 percent among females), a slight drop from the 15.2 percent (21.1 percent among males and 8.5 percent among females) in 2005. Nevertheless, there was an increase in smoking among girls. Looking more closely at the different school types, the smoking rate among students in night school was 40.2 percent, markedly higher than the 4.0 percent among senior high school students, the 14.1 percent among vocational school students and the overall rate of 14.8 percent.

The smoking rate among junior high students in 2008 was 7.8 percent (10.3 percent among males and 4.9 percent among females), a small increase over the 6.6 percent from 2004 (8.5 percent for males, 4.2 percent for females) and the 7.5 percent from 2006 (9.7 percent for males, 4.7 percent for females) (see Figure 1-6).

Figure 1-6 Smoking Rate Trends Among Junior High, Vocational and Senior High School Students

1. Data are from the Bureau of Health Promotion, Global Youth Tobacco Survey.
2. The smoking rate was defined as having tried smoking over the previous 30 days, even if it was just one or two puffs.

Attempts or Intent to Quit Smoking

Sixty percent or more of smokers who were in junior high, vocational or senior high school said they had tried to quit smoking over the previous year (see Figure 1-7). Moreover, about half of junior high students and more than 60 percent of senior high school and vocational school students who smoked said they wanted to quit (see Figure 1-8).

Figure 1-7 Junior High School and Vocational/Senior High School Student Smokers Who Tried to Quit

1. Data are from the Bureau of Health Promotion, Global Youth Tobacco Survey.
2. Attempting to quit smoking was defined as having tried to quit over the previous year.

Figure 1-8 Junior High School and Vocational/Senior High School Student Smokers Who Wanted to Quit

1. Data are from the Bureau of Health Promotion, Global Youth Tobacco Survey.
2. Having the desire to quit was defined as the smoker wanted to quit at the time.

Exposure to Secondhand Smoke

A 2009 survey that looked at vocational and senior high school students showed that 12.7 percent of students had many friends who smoked while 51.2 percent had a parent who smoked (49.5 percent had a father who smoked, 10.4 percent a mother). Another 41.6 percent of respondents said they had been exposed to secondhand smoke in the home over the previous seven days, and of those who were exposed, 56.2 percent said they faced secondhand smoke in the home on a daily basis.

The survey also showed that the smoking rate among senior high school students with a parent who smoked was 19.1 percent, almost twice as high as the 9.7 percent smoking rate among students whose parents did not smoke. In addition, the smoking rate among students who had many friends that smoke was 57.5 percent, more than six times higher than the 8.7 percent for students who smoked but had no friends that smoked or only a few. One can deduce from these numbers that these youths had not yet developed strong defense mechanisms and that they easily imitated the smoking behaviors of their parents and peers.

Based on regulations contained in the School Health Act and the Smoking Hazards Prevention Act, smoking is entirely banned at vocational and high schools down. A 2007 survey conducted on vocational and high school students, however, suggested that 35.2 percent of students (43.1 percent of males and 25.9 percent of females) have been exposed to secondhand smoke on campus, higher than the 21.0 percent exposure rate among junior high students in 2008. But after the new regulations under the Tobacco Hazards Prevention Act came into effect in 2009, surveys showed that there was a sharp decrease in secondhand smoke exposure on vocational and high school campuses, down to 26.9 percent (33.1 percent for males and 19.6 percent for females). As for the people smoking on campus, 61.7 percent of students at vocational and high schools who said they had been exposed to secondhand smoke said it was predominately their classmates who were smoking, followed by 21.0 percent who pointed the finger at people from outside the school, 5.5 percent who blamed teachers, 5.5 percent who said they had seen the principal smoke, 4.8 percent who said security guards or workers at the school had smoked, and 1.5 percent who blamed administrators (see Figure 1-9).

Among respondents to a 2008 survey of junior high school students, 46.8 percent said they had been exposed to secondhand smoke in the home over the previous seven days, 55.8 percent of whom said they were exposed on a daily basis. In addition, 21.0 percent said they had been exposed to secondhand smoke at school over the previous seven days, with the secondhand smoke exposure rates for junior high students all being lower than those of their counterparts in senior high school.

Figure 1-9 Secondhand Smoke Exposure Rate on Campuses for Junior High and Vocational/Senior High School Students

1. Data are from the Bureau of Health Promotion, Global Youth Tobacco Survey
2. Exposure to secondhand smoke on campus was defined as having someone smoke in front of you on campus within the previous week.
3. Data from 2004 to 2005 on secondhand smoke exposure rates on school campuses were not available.

Global School Personnel Survey

Using the WHO-designed Global School Personnel Survey, Taiwan has cooperated with the U.S. Centers for Disease Control and Prevention since 2004 to carry out investgative surveys of educators on personnel at schools which take part in the Global Youth Tobacco Survey. Apart from taking a closer look at the smoking habits of educators at these schools, the surveys also look into school policies and plannng. The information gathered offers valuable insights into the smoking habits of educators while providing a reference for schools to promote smoke-free campuses. Owing to steady results, however, planners temporarily suspended the investigation for 2008 and 2009.

Smoking Rate

Among respondents to the 2007 survey that looked at smoking behaviors among vocational and senior high school educators, 13.6 percent said they had smoked before, including 29.6 percent of men and 1.5 percent of women. There were 8.6 percent who said they currently smoke, including 18.7 percent of men and 1.1 percent of women.

The percentage of educators at vocational and senior high schools who said they had smoked before went up in 2007, from 2005's level of 9.4 percent to 13.6 percent, while the percentage who said they presently were smokers increased from 5.5 to 8.6 percent.

The amount of junior high educators who said they had smoked before and the number who smoke now were both lower than that for senior high school educators, regardless of gender (see Figure 1-10).

Figure 1-10 Smoking Trends Among Educators

1. Data are from the Bureau of Health Promotion's Global School Personnel Survey.
2. We defined smokers as people who have smoked more than 100 cigarettes before and at present smoke occasionally or every day.

Exposure to Secondhand Smoke

In 2007, 33.0 percent of vocational and senior high school educators surveyed said they had been exposed to secondhand smoke on campus within the previous seven days, while a year earlier 24.3 percent of junior high educators said they had been exposed within the previous seven days. When compared to student exposure to secondhand smoke, junior high educators were exposed slightly more often than their students (23.3 percent) and vocational and senior high school educators were exposed less than their students (35.2 percent) (see Figure 1-11).

Figure 1-11 Percentage of Educators Exposed to Secondhand Smoke on Campus

1. Data are from the Bureau of Health Promotion's Global School Personnel Survey.
2. Exposure to secondhand smoke on campus was defined as having someone smoke in front of you on campus within the previous week.
3. Data from 2004 to 2005 on secondhand smoke exposure rates on school campuses were not available.

Research

Tobacco Control Policy Evaluation Project

In order to establish an analytic model for tobacco control polices (see Figure 1-12), the Bureau of Health Promotion carried out the Tobacco Control Policy Evaluation Project from August 2008 to 2010. The project included developing evaluation targets and establishing and analyzing a database of tobacco control measures to serve as reference points for modifying policy or adjusting the tobacco health and welfare tax. Key work carried out in 2009 included analyzing smoking habits, assessing the effectiveness of policies to aid people in quitting smoking and evaluating medical fees for smoking-related diseases. Results are as follows:

1. **Changes to smoking behaviors and trends:**

   After analyzing smoking habit trends and their causes on different groups of people using data collected in surveys from 2004 to 2009, it was found that raising the health and welfare surcharge on tobacco from NT$10 to NT$20 per pack and banning smoking in all public places were effective measures. They directly contributed to a drop in the likelihood of people smoking by a ratio of 1:0.93 and a rise in the likelihood of people quitting by a ratio of 1:1.31.

2. **Assessing the economic benefits of clinics and helplines to help people quit smoking:**

   About NT$600 million was spent over a two-year period in 2007 and 2008 on clinics to help people quit smoking. Despite the high cost, the long-term direct benefits from reduced medical costs for smoking-related illnesses 11 to 15 years down the road are projected to save NT$3.1 billion and the long-term indirect benefits of adding quality-adjusted life years over the next 15 years for people who quit smoking are projected to save NT$13.1 billion. Added together, the direct and indirect benefits amount to NT$16.2 billion, with net benefits of NT$15.6 billion. The total cost of the helpline to help people quit smoking was NT$16 million in 2008. It had direct benefits of NT$21.82 million and indirect benefits of NT$140 million. Added together, its long-term direct and indirect benefits amount to NT$160 million, with net benefits of NT$150 million. The statistics show that the two strategies have clear cost benefits.

3. **Analysis of smoking-related medical fees and costs to society:**

   Costs that could either be directly or indirectly assigned to smoking from 1998 to 2007 totaled between NT$78.8 and NT$109.5 billion. The direct costs accounted for between 8.4 and 10.1 percent of approved benefit payouts for the National Health Insurance system (see Table 1-1), representing a major financial loss. Table 1-2 is included to compare Taiwan's financial losses suffered due to smoking-related medical costs to the losses endured by other countries. The steep cost of smoking shows that intervention strategies to encourage people to quit smoking and to lower the smoking rate should continue.

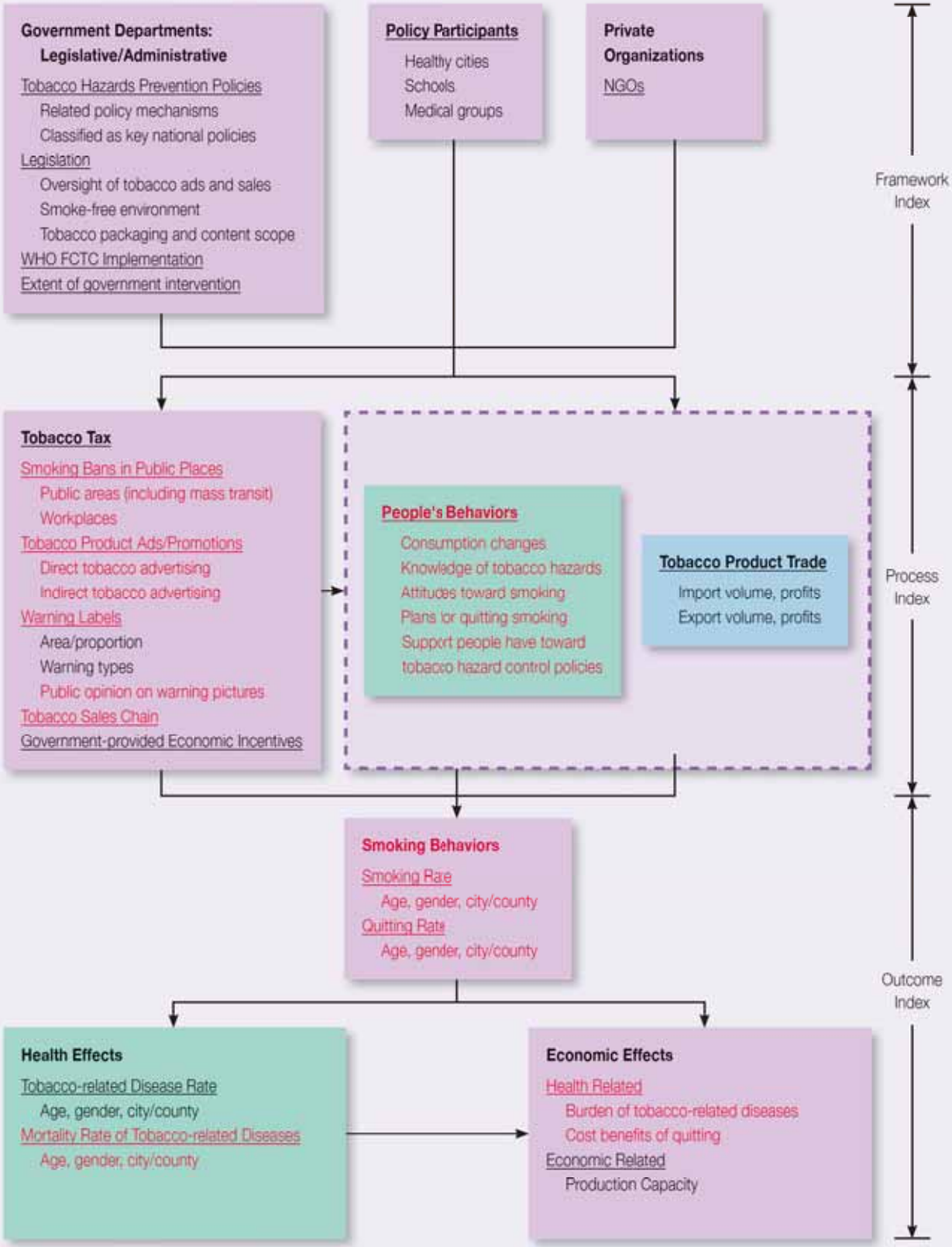

Figure 1-12 Index Chart of Taiwan's Policies to Prevent Tobacco Hazards

The red portion indicates content that was analyzed in 2009

Table 1-1 Direct and Indirect Tobacco-related Medical Costs in Taiwan

	Costs Related to Smoking (100's of millions of NT$)				Total National Health Insurance Paid [2]	Benefits Ratio of Direct Costs to Total NHI Benefits [3] (%)
		Direct Costs	Indirect Costs (Drop in Production Capacity)			
Year	Total	Medical Costs	Morbidity Related [1]	Mortality Related		
1998	787.80	148.78	19.42	619.59	1765	8.43
1999	849.50	171.96	20.55	656.99	1929	8.91
2000	909.87	185.11	21.51	703.25	1960	9.44
2001	903.58	199.65	21.21	682.71	1965	10.16
2002	914.33	223.33	21.79	669.21	2334	9.57
2003	936.99	228.76	22.46	685.77	2493	9.18
2004	975.02	253.99	23.51	697.51	2754	9.22
2005	1027.92	280.01	24.67	723.24	2755	10.16
2006	1067.25	294.08	25.56	747.60	2930	10.04
2007	1094.60	308.13	26.44	760.03	3066	10.05

*These data were not adjusted (1998) for changes in the consumer price ndex

1 We used data on tobacco-related diseases and production capacity losses from Rice (1986)

2 Medical cost benefits paid out by the Bureau of National Health Insurance

3 Ratio of direct costs to paid medical cost benefits (%) = (direct medical costs/medical costs paid out by the National Health Insurance) X 100

Table 1-2 International List of Costs Incurred by Smoking-related Diseases

Year	Country	Types of Illnesses	Cost That Can Be Attributed to Smoking (Billions of US$)				Discount Rate (%)	Ratio of Direct Costs to Total Medical Fees (%)
			Total	Direct Costs	Indirect Costs (Reduction in Manufacturing Capacity)			
				Medical Costs	Disease Related	Death Related		
1976	U.S.	Cancer, cardiovascular, respiratory systems	27.30	8.20	6.20	12.90	4	6.3
1984	U.S.	Tumors, cardiovascular, respiratory, digestive systems	53.70	23.30	9.30	21.10	4	6.9
1999	U.S. (California)	Tumors, cardiovascular, respiratory systems	15.80	8.60	1.50	5.70	3	-
2001	Taiwan	Tumors, diabetes, cardiovascular, respiratory, digestive systems, kidneys and related ailments	1.79	0.40	-	1.39	3	6.8
2000	China	Tumors, cardiovascular, respiratory systems	5.00	1.70	0.40	2.90	3	3.1
1998	Hong Kong	COPD, lung cancer, ischemic heart disease, strokes	9.40	0.46	0.23	8.80	3	7
1998-2007	Taiwan	Tumors, cardiovascular, respiratory, digestive systems, diabetes, kidneys and related ailments	2.4-3.3	0.45-0.93	0.06-0.08	1.88-2.30		8.4-10.2

Evaluation of Effectiveness in Enforcing the Tobacco Hazards Prevention Act

Since 2004, the Bureau of Health Promotion has commissioned an impartial, third-party civic organization, the Consumers' Foundation, to evaluate and test knowledge of the regulation that tobacco products should not be sold to people under the age of 18. The evaluations have been carried out in stages in Taiwan's 25 counties and municipalities and serve the purpose of understanding the present state of implementing the Tobacco Hazards Prevention Act while evaluating the effectiveness of enforcement and exposing the problems faced. Moreover, the results help officials to understand how to best prevent youths from coming into contact with and using tobacco products. The foundation gathered experts to form a task force. It established evaluation standards and guidelines while determining how to carry out the work. Owing to changes to the Tobacco Hazards Prevention Act that came into effect on Jan. 11, 2009, the task force focused on determining the success of implementing Articles 5, 6, 7, 9, 10, 11, 13, 15 and 16 of the act.

Onsite Surveys in 25 Counties and Municipalities

Because of the large geographical area of the sampling region, analysts elected to use non-probability sampling, choosing sample regions and sites with three-stage process stratified sampling. The evaluations looked into people's acceptance in the 25 counties and municipalities of different articles of the Tobacco Hazards Prevention Act and found an overall compliance rate of 92.9 percent for Articles 5, 6, 7, 9, 10, 11, 13 (prohibiting selling tobacco products to people under the age of 18), 15 and 16. Details of the articles and compliance rates follow: 100 percent for not selling tobacco products to people using methods where the customers' age could not be determined (Article 5), 100 percent for adhering to rules regarding tobacco warning labels (Article 6), 98.7 percent for listing the volume of nicotine and tar on the label (Article 7), 99.4 percent for adhering to advertising and promotion regulations (Article 9), 96.1 percent for rules regarding tobacco displays (Article 10), 100 percent for adhering to a ban on providing free tobacco products (Article 11) (tobacco vendors were more likely to violate rules on tobacco retail fixtures and displays), 99.0 percent for adhering to rules completely prohibiting smoking in designated areas (Article 15), and 97.2 percent for banning smoking in designated public places aside from smoking zones (Article 16) (see Figure 1-13).

Figure 1-13 2007-2009 Tobacco Hazards Prevention Act Compliance Rate Chart

Note: Data were assembled from the Evaluation of Effectiveness in Enforcing the Tobacco Hazards Prevention Act Project, which the Bureau of Health Promotion commissioned the Consumers' Foundation to carry out.

Evaluating Enforcement of Rules Against Selling Tobacco Products to Minors

A 2008 study into the smoking behaviors of junior high students found that vendors would not deny 57.7 percent of students who went to buy tobacco products. Thirty percent of students who smoked purchased the cigarettes themselves, 27.9 percent got the cigarettes from classmates or friends at their school, 11.3 percent got them from friends outside the school and 11.0 percent took the cigarettes from someone else. Household goods retailers were the most common source of the purchased cigarettes, at 44.9 percent, followed by betel nut stands (24.1 percent). In a 2009 study that looked at vocational and senior high school students, 62.8 percent of respondents said vendors would not deny them cigarettes for being too young, and 62.2 percent of smokers said they usually got their cigarettes by buying them, followed by 12.6 percent of students who said classmates or friends at school provided them. Of the students who bought their cigarettes, 41.7 percent said they usually got them at convenience or grocery stores, 26.5 percent at households goods retailers or traditional stores, 20.4 percent at betel nut stands, 2.7 percent at duty-free shops, supermarkets or hypermarkets, 0.9 percent at gas stations and 7.9 percent at other locations (see Figures 1-14 and 1-15).

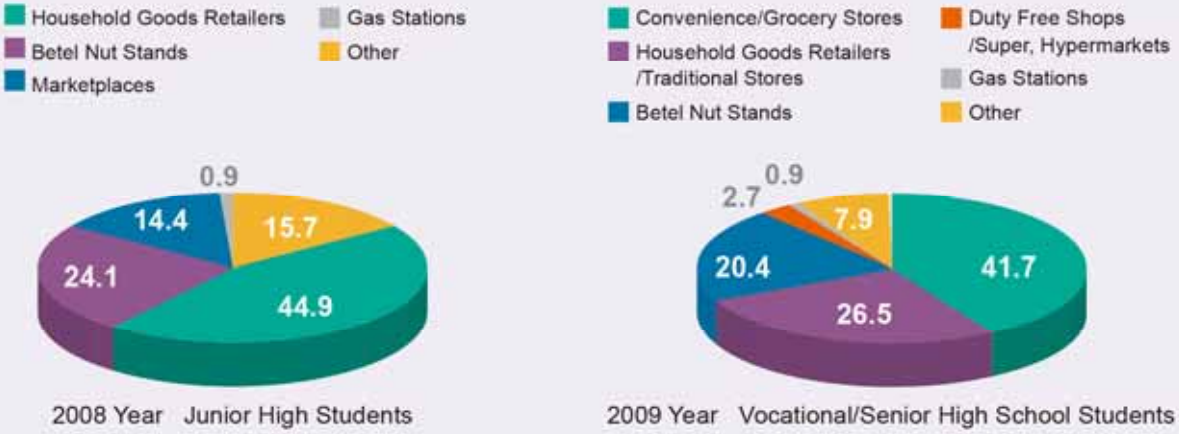

Figure 1-14 Stores Where Junior High and Vocational/Senior High School Students Buy Cigarettes

Note: Data from the Bureau of Health Promotion, Global Youth Tobacco Survey.

Figure 1-15 Year-by-year Comparison of Percentage of Cigarette Vendors That Sell to Junior High, Vocational/ Senior High School Students

1. Data were from the Bureau of Health Promotion, 2008 Global Youth Tobacco Survey.
2. Selling to minors was defined as underage students not having been rejected over the past 30 days because of being too young.

To test student claims that they were able to purchase cigarettes themselves, from July to September 2009, college students wearing senior high school uniforms were sent out to 235 cigarette vendors in 25 counties and municipalities to try to buy cigarettes. They were testing the compliance rate to Article 13 of the Tobacco Hazards Prevention Act, which prohibits the sale of tobacco products to people under the age of 18. Analysts conducted such tests from 2005 to 2009, showing compliance rates of 19, 25.2, 40.1, 52.3 and 62.6 percent (see Figure 1-16). In the 2009 investigation, inspectors looked at a variety of vendors, including betel nut stands, traditional stores and convenience stores, with outlets of the four major chains among them. Of the vendors tested, 37.4 percent still sold cigarettes to the testers, but it was improvement over the 47.7 percent that sold to testers in 2008. The vendors that were most likely to violate the rule included betel nut stands at 78 percent and traditional stores at 56.5 percent, showing great room for improvement among these types of sellers.

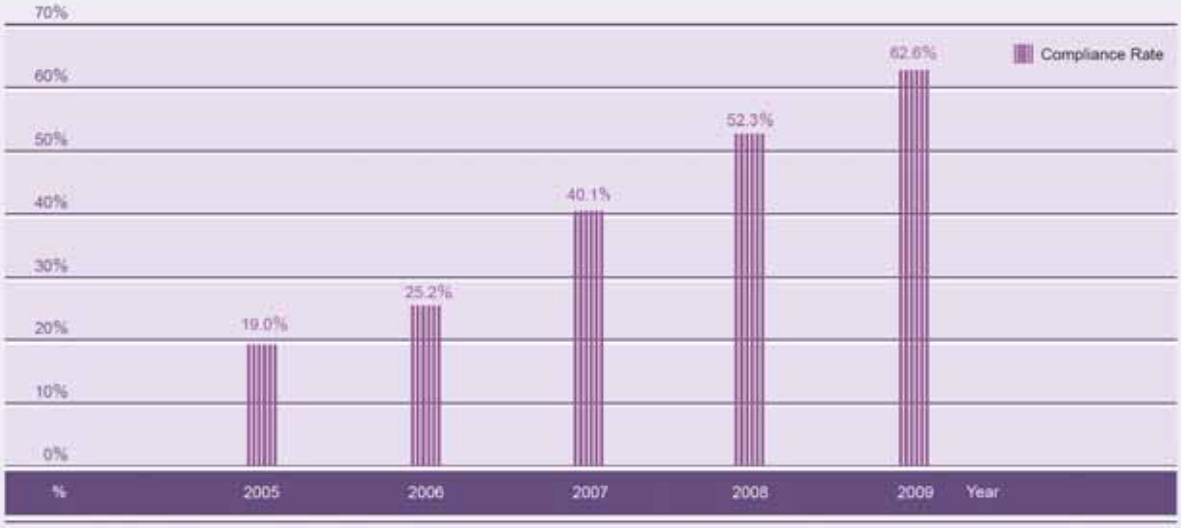

Figure 1-16 Compliance Rates of Denying Minors Cigarettes Among Vendors, from 2005-2009

Note: Data were assembled from the Evaluation of Effectiveness in Enforcing the Tobacco Hazards Prevention Act Project, which the Bureau of Health Promotion commissioned the Consumers' Foundation to carry out.

Of the four major convenience store chains, 15.5 percent of outlets tested in 2009 were still willing to sell cigarettes to people under the age of 18, but it was a drop of 7.1 percentage points from the 22.4 percent of violators in 2008. Betel nut stand violators dropped by 10 percentage points, from 88 percent in 2008 to 78 percent in 2009, still an exceedingly high amount. Even better improvement was shown among traditional stores, where violators dropped by 35.4 percentage points from the 91.9 percent of violators in 2008 to the 56.5 percent in 2009. Of the four major convenience store chains, President Chain Store Corporation (7-Eleven) was the worst violator, with 17.8 percent of the outlets inspected selling to the testers. Next came FamilyMart at 13.3 percent, Hi-Life at 12.5 percent and OK at 10 percent (see Figure 1-17). Overall, convenience store chains still outperformed other cigarette vendors in denying the testers cigarettes. After years of inspections and efforts to enhance recognition of the rules, violators among convenience store chains dropped from 2005's level of 81 percent to 2009's level of 15 percent.

Tobacco vendors are required to post Tobacco Hazards Prevention Act regulations in a clear place. Meanwhile, the government is working to enhance inspections and guidance of convenience store chains, regular stores and betel nut stands, and health departments in all municipalities and counties are being asked to commission impartial third parties to carry out unannounced inspections and to make public violators who have lost their right to sell cigarettes. The government, civil organizations, vendors and citizens are working together to ensure the health of youths.

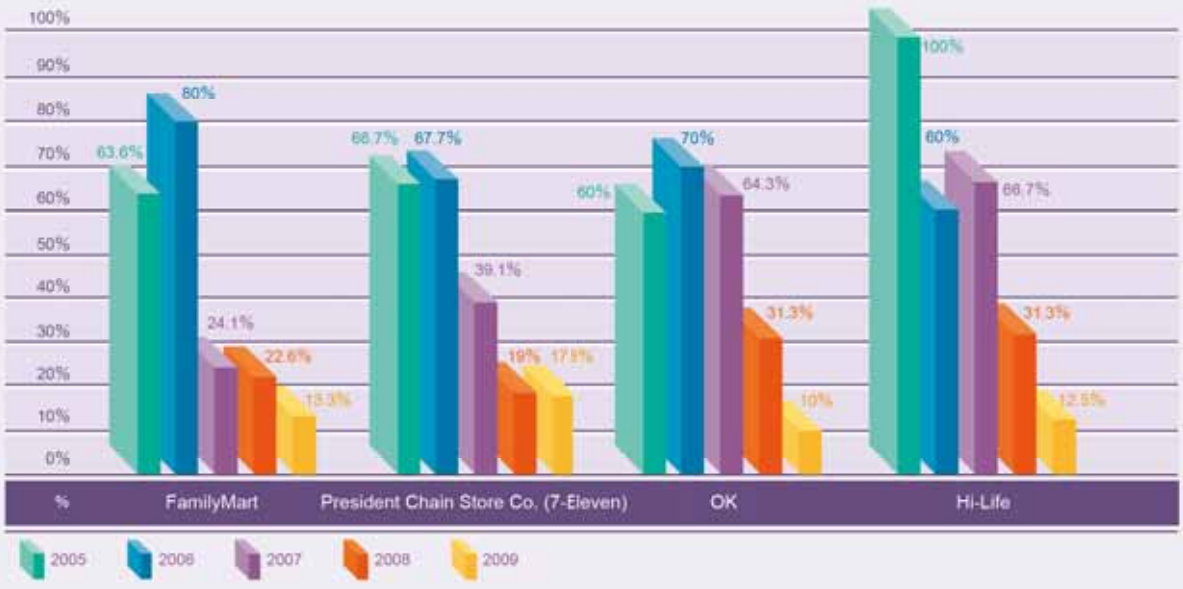

Figure 1-17 Proportion of Convenience Store Chain Outlets That Sold Cigarettes to Testers

Note: Data were assembled from the Evaluation of Effectiveness in Enforcing the Tobacco Hazards Prevention Act Project, which the Bureau of Health Promotion commissioned the Consumers' Foundation to carry out.

Developments in Testing and Research of Tobacco Products

Tobacco Product Emissions Standards

Since tobacco products can give off hazardous emissions such as nicotine, tar and carbon monoxide when burnt, on Oct. 16, 1997, the Department of Health announced nicotine and tar limits for cigarettes. From July 1, 2001, to June 30, 2007, nicotine was limited to 1.5 milligrams and tar to 15 milligrams per cigarette, and those limits were dropped to 1.2 milligrams and 12 milligrams starting from July 1, 2007. Changes to Article 8 of the Tobacco Hazards Prevention Act returned authorization to the Department of Health on March 27, 2009, to make changes to the Regulations for the Testing of Yields of Nicotine and Tar Contained in Tobacco Products and the Labeling of Cigarette Containers. Also, based on Article 7 of the act, the department lowered the per-cigarette limits on nicotine and tar to 1 milligram and 10 milligrams, starting from April 1, 2009.

Research into Techniques for Testing Cigarettes

The government carries out research into developing better testing techniques for showing trends related to the volume of hazardous substances in cigarette smoke, including nicotine, tar and carbon monoxide. Scientists are also working to find better techniques to measure the volume of cancer-causing polycyclic aromatic hydrocarbons (PAHs) in mainstream smoke. Meanwhile, the government gathers information on international techniques for testing cigarettes and tobacco control trends. Controlling tobacco product ingredients, researching new testing techniques and monitoring the volume of the hazardous substances in cigarettes, like nicotine and tar, can serve as a basis for distinguishing "inferior" cigarettes as defined under Article 7 of the Tobacco and Alcohol Administration Act.

Establishing Testing and Inspection Data

The government has sponsored tests starting from July 2001 on the nicotine and tar volume of cigarettes sold on market using ISO standards, and it included carbon monoxide as another test item starting from 2006. In 2009, scientists conducted tests for nicotine, tar and carbon monoxide content in mainstream smoke on 180 cigarettes from 30 different brands, including six domestic and 24 imported brands. Cigarettes tested contained between 0.11 and 1.11 milligrams of nicotine, and 1.0 and 11.7 milligrams of tar, all within the limits set by the Department of Health. Carbon monoxide volume per cigarette varied between 1.3 and 14.2 milligrams, and the government has not yet set limits on the amount of this substance that cigarettes can contain. Test results show that the nicotine and tar levels in cigarettes have dropped annually from 1995 to 2009 (see Figures 1-18 and 1-19), and that the downward trend has been more pronounced for domestic cigarettes than for imports.

Figure 1-18 Average Nicotine Content in Tested Cigarettes

Figure 1-19 Average Tar Content in Tested Cigarettes

Reporting Tobacco Product Information

Tobacco's ingredients, additives and the emissions that are given off when it is burned cause it to be both addictive and poisonous. To make information related to tobacco open and transparent, Articles 9 and 10 of the WHO FCTC call on tobacco manufacturers and importers to report to the government on the ingredients and toxic substances in their products and the emissions that are given off when the tobacco is burned. Moreover, all parties to the treaty are required to conduct tobacco control and inspection work while bringing openness and transparency to tobacco-related information, so that government departments and citizens can have a clear understanding of tobacco and make informed choices to avoid the health hazards it poses.

Article 8 of the Tobacco Hazards Prevention Act was modified on July 11, 2007, to require that tobacco dealers report relevant information. In addition, the Department of Health announced the Regulations Governing Reporting of Tobacco Product Information on Dec. 4, 2008, which call on tobacco manufacturers and importers to report information on the ingredients, additives, emissions and toxic substances in their products. The corporations also have to list results of their tests and testing methods and times.

Sixty-five tobacco dealers had issued information reports on a total of 1,452 products through Dec. 31, 2009. To make oversight of reported data more convenient, the Bureau of Health Promotion commissioned the Tobacco Ingredients Information Website Establishment and Maintenance Plan. The website includes a closed database system to enter and store private information that tobacco manufacturers and importers report to the government. Information that is already open to the general public is put onto the Tobacco Ingredients Information Website for people to search as a better way of disclosing the ingredients, additives, emissions and toxic substances that are in tobacco products.

Tobacco Ingredients Information Website:
http://tobacco-information.bhp.doh.gov.tw

Protect People from Tobacco Smoke

A necessary step for protecting citizens and workers from the hazards of secondhand smoke is to enhance measures to completely ban smoking in indoor public places because the air filtration systems in smoking rooms are not able to effectively eliminate the health hazards caused by secondhand smoke. The WHO has appealed to all countries to pass regulations banning smoking in indoor public places, and the number of countries that have completely banned smoking in public locations and workplaces is increasing. Countries that already have laws in place to protect people from the hazards of secondhand smoke include Ireland, Norway, New Zealand, Bhutan, Uruguay, Lithuania, Iceland, the United States, Canada, Australia and the United Kingdom.

New regulations under the Tobacco Hazards Prevention Act that went into effect on Jan. 11, 2009, had an impact on more than 1 million locations and the everyday lives of 23 million people. Apart from expanding the number of smoke-free communities, schools, military bases and workplaces, the government has provided a hotline for people to report violations of the Tobacco Hazards Prevention Act. It has offered education and training for people engaged in tobacco hazards prevention work and efforts and worked to enhance publicity activities related to inspections and rules banning smoking in public places. The purpose of the efforts is to ensure that people have the right to breathe clean air.

Supporting Tobacco-free Environments

Smoke-free Campuses

The smoking rate among junior high students increased from 2006's level of 7.5 percent to 2008's level of 7.8 percent (10.3 percent for boys and 4.9 percent for girls). The smoking rate among vocational and senior high school students in 2009 was 14.8 percent (19.6 percent for boys and 9.1 percent for girls), which was similar to the level in 2007 (refer to the investigation results on smoking behaviors of youths). The fact that the smoking level among junior high students rose and that little to no progress was made with senior high school students shows that more work needs to be done to reduce tobacco hazards on school campuses. Therefore, in its School Campus Tobacco Hazards Control Implementation Plan, the Ministry of Education set a target for 2009 of reducing the smoking rate among male students at vocational and senior high schools to 18.2 percent, and bringing the rate among girls to less than 9.1 percent. Targets for junior high students were to bring the smoking rate among boys to less than 9.7 percent and among girls to less than 4.7 percent.

To accommodate the new regulations under the amerdment to the Tobacco Hazards Prevention Act that went into effect on Jan. 11, 2009, and to help build a healthy, smoke-free school environment for youths, the Bureau of Health Promotion launched a comprehensive plan for controlling tobacco on campuses for vocational and senior high schools down. The plan includes six categories for advancing healthy schools, including: 1. Using LED moving message boards, publications and the Internet to provide students, teachers and visitors to the school with information on new regulations under the Smoking Hazards Prevention Act, 2. Posting no smoking signs and messages at entryways and key locations in the school (offices, meeting rooms, study workshop areas), 3. Holding tobacco control activities, including carbon monoxide testing, speeches by people who have successfully quit smoking and anti-smoking cycling activities, 4. Providing students and educators with information and services related to quitting smoking, 5. Forming a "compassionate stores alliance" that is against selling cigarettes to minors and works to enhance parents' knowledge of the hazards of smoking while holding smoke-free household authentication activities, and 6. Establishing social groups or organizations composed of students who oppose smoking, promoting a smoke-free ambassador and providing service on an individual basis to help people quit smoking.

The Bureau of Health Promotion has set up a complete support system to complement the above measures. The system includes the formation of the Health Promoting School Center, which provides city and county governments and schools at all levels with consistent assistance and service, including: 1. Helping Taiwan's 25 cities and counties to develop a guidance model that takes local characteristics into account, 2. Conducting training programs for relevant workers while holding media promotions and demonstrations that describe the accomplishments of successful schools and academic forums on the Health Promoting Schools Initiative, 3. Expanding the website for Taiwan's Health Promoting Schools, 4. Developing the Tobacco Hazards Control Treasure Chest teaching curriculum database for schools at all levels, and 5. Choosing the Taipei County Ankeng Elementary School, Jisui Middle School, Wugu Middle School, Kaohsiung Senior Industrial Vocational High School and the Kaohsiung Chung-Cheng Industrial High School as five model schools to promote the Comprehensive School Campus Tobacco Hazards Prevention Initiative. The initiative aims to incorporate tobacco knowledge into the health and fitness programs in junior high and elementary school curriculums, into combined fields and art and cultural activities, and into health/nursing and national defense/general knowledge military training courses at vocational and senior high schools.

The Bureau of Health Promotion has already helped integrate tobacco hazards prevention knowledge into educational courses at the five model schools. The results show that the program has been effective in raising the students' self-confidence in rejecting tobacco at the elementary, junior high and vocational and senior high school levels. There were also decreases in the smoking rates at the schools in the month following implementation (see Tables 2-1 and 2-2).

▲ Health Promotion Tobacco and Betel Nut Hazard Prevention Award (Pingnan Junior High School)

▲ School campuses launch community tobacco hazard prevention activities

▲ Tobacco Prevention Mini-model Soldiers – Rejecting tobacco hazards starts from the home

Table 2-1 Results of Integrating Tobacco Knowledge into Courses at 5 Schools

	Category	Average Before Program (A)	Average After Program (B)	After – Before (B-A)	Significant Difference
Elementary School	Tobacco Hazards Knowledge	9.1	10.3	1.2	*
	Attitude Toward Quitting Smoking	48.4	49.6	1.2	*
	Effectiveness of Quitting Smoking	33.3	33.6	0.3	
Junior High School	Tobacco Hazards Knowledge	12.0	15.3	3.3	*
	Attitude Toward Quitting Smoking	57.0	58.0	1.0	*
	Effectiveness of Quitting Smoking	52.0	52.0	0.3	
Vocational/ Senior High School	Tobacco Hazards Knowledge	14.0	15.3	1.4	*
	Attitude Toward Quitting Smoking	53.8	54.3	0.5	
	Effectiveness of Quitting Smoking	50.4	52.1	1.7	*

Table 2-2 Smoking Rates at 5 Schools Before and After Integrating Tobacco Knowledge Into Courses

The percentage of people who hac smoked within the past month			
	Average Before Program (A)	Average After Program (B)	After – Before (B-A)
Junior High School	9.0%	2.2%	−6.8%
Senior High School	6.0%	6.5%	0.5%

Smoke-free Military

The 2009 Adult Smoking Behavior Survey showed that the smoking rate among men was 35.4 percent. It also revealed that the rate among 18 to 20 year olds was 19.7 percent and that there was a dramatic jump for 21 to 25 year olds to 33.6 percent. This is the age at which men in Taiwan typically begin military service. To try to stop men from picking up smoking at this critical time, starting from 2004, the Bureau of Health Promotion worked with the Ministry of National Defense to launch the Comprehensive Plan for Controlling Tobacco and Betel Nut Use in the Military. The agencies focused on recruits in the training center for new active soldiers and students in military academies. Through policy and environment, education and announcements, and programs and services for quitting smoking, efforts were made to prevent officers and soldiers from starting smoking while in the military and to keep them away from secondhand smoke. The agencies worked to enhance programs aimed at increasing the quitting rate among people who already were smokers and used monitoring and research to analyze the effectiveness of prevention work at each different branch and area of the military. Below is an analysis of key work that was carried out:

1. Policy and environment:

A total of 519 measures under the Comprehensive Plar for Controlling Tobacco and Betel Nut Use in the Military took effect in 2009. In addition, an amendment to the Tobacco Hazards Prevention Act came into effect. The amendment banned indoor smoking areas, called for strict enforcement of the indoor smoking ban, and strengthened measures for planning and managing smoking areas. The government increased unannounced inspections and launched suitable management, explanation and recommendation measures.

2. Health education and promotion:

The Bureau of Health Promotion and Ministry of National Defense offered training to 511 instructors focused on preventing hazards caused by tobacco and betel nuts. The instructors went on to hold 1,136 large-scale training sessions that reached people on 118,740 occasions. They conducted quiz sessions with prizes, basketball games, slogan-choosing activities, four-box comic strip contests and educational image design competitions. The ministry also has done promotional work through its Youth Daily News and the Chukuang Garden Area educational videos and websites.

3. Care and services to quit smoking:

The bureau and ministry provided training related to quitting smoking to 525 doctors in 2009 and worked with grassroots organizations to set up 781 clinics aimed at helping people to quit smoking. Though September, the clinics

▲ Control of smoking and betel nut chewing in the military lecture and study activities

▲ Carbon monoxide testing in the military

had already provided service to people on 17,726 occasions and had a success rate of 8.42 percent in getting people to quit smoking. The agencies also worked with local health departments and hospitals to hold classes aimed at helping people to quit smoking. The measures show that the government is taking an active approach in providing a variety of channels to help people in their efforts to quit smoking.

4. Monitoring and research:

In 2004, the agencies helped conduct monitoring and research work on both voluntary and non-voluntary soldiers in Taiwan, using group administered questionnaires to complete a general census aimed at assessing the smoking situation among soldiers. In addition, in 2005 the proportional sampling technique using different characteristics of the armed services was used to pick out 43 units, with soldiers and officers serving as research subjects and all members of the units tested (see Table 2-3).

Since 2006, school units have helped conduct self-administered group surveys among students in military academies and recruits in the training center for new active soldiers. The surveys are administered to recruits in the training center for new active soldiers within one week of them joining. By 2007, the Bureau of Health Promotion and Ministry of National Defense had set up an investigation platform to study smoking behaviors among the training center recruits and students in the academies for when they enter and leave. The platform is able to assist in assessing smoking and betel nut chewing behaviors among students in the academies and reserve officers and soldiers by serving as a lasting mechanism for entering information and evaluating policy effectiveness. In addition, initial results into a 2009 survey on smoking rates show that the smoking rate of new sddiers was still above 40 percent (see Table 2-4).

Table 2-3 Smoking Rate Among Armed Service Areas in 2004, 2005

Year/Armed Service Area	Army	Navy	Air Force	Marines	Joint Logistics	Reserves	Military Police	Number of People Interviewed	Return Rate
2004	45.6%	51.0%	48.1%	49.2%	—	—	—	49,000	50.4%
2005	42.0%	44.0%	47.9%	—	45.6%	35.9%	30.3%	18,800	45.0%

Table 2-4 Smoking Rates Among Recruits at Military Training Centers, 2006

Unit	Year	Smoking Rate
2006-2009 New Recruits Military Training Center (tests carried out within one week of entry)	2006	40.5 %
	2007	42.7 %
	2008	44.1 %
	2009	43.87 %
Data Comparison for When Soldiers Enter/Leave (compares basic personal data)	Year	Smoking Rate (for people who handed in their survey when leaving training centers)
	2006 entry	48.6 %
	2007 departure	48.1 %
	2007 entry	43.2 %
	2008 departure	43.5 %

Smoke-free Communities

Using the five key action areas identified in the Ottawa Charter for Health Promotion as a framework, the Bureau of Health Promotion has come up with a strategy for smoke-free communities that is both innovative and challenging. 2009's 17 Smoke Free Community Projects were able to successfully integrate 149 community organizations and recruit 578 smoke-free households, 271 smoke-free stores, 8 smoke-free restaurants, 38 smoke-free schools and 48 smoke-free workplaces. Implementation touched regions in the north, south, east and Central Taiwan. The strategy covered concepts from top to bottom and integrated local characteristics. An evaluation committee composed of members of the Bureau of Health Promotion and outside experts has proposed that we share three community efforts that are distinguished in their scope and exhibit innovative characteristics:

▲ The Taipei Branch of the Buddhist Tzu Chi General Hospital holds an activity called "My Family Doesn't Smoke." The activity includes a parent-child picture contest, and the winners have their picture taken with Deputy Director Hsu.

▲ The Taipei Branch of the Buddhist Tzu Chi General Hospital trains volunteers who work to guard against tobacco-induced hazards. The volunteers bring their knowledge about the health hazards of smoking to communities.

(1) The Taipei Branch of Taipei County's Buddhist Tzu Chi General Hospital used volunteers to promote smoke-free parks and a smoke-free mountain. In addition, it provided community group meetings to help people quit smoking and inform people of tobacco hazards. The volunteers worked hard to get community members to join in the efforts and promote a completely smoke-free environment. In addition, people who successfully quit smoking were given the chance to share their experiences in the group meetings or on DaAi Television. By doing so, they were able to have a positive impact on others.

(2) The Dahu Township Health Center in Miaoli County gathered together 50 village and neighborhood leaders to formulate a plan for establishing smoke-free communities in Dahu. It worked with the Anti-drug Youth Club at the Da-Hu Agricultural Industrial Vocational High School to successfully put together an anti-smoking team, which used performances at school events to spread an anti-smoking message. In addition, it formed an anti-smoking workshop for junior high students who smoke and set up a smoke-free environment for government agencies. Through hospitals, clinics and pharmacies, it set up guidance systems for quitting smoking and an inquiry service focused on preventing hazards caused by tobacco. These efforts have contributed to forming a strong support environment in the Dahu area.

(3) The Taoyuan County Dasi Township Hsing-Fu Community Development Association combined community resources to turn the Dasi historical district into a smoke-free community. Before entering the district, anyone who is smoking has to put out his or her cigarette. Smoke-free "Santaizi" cultural characteristics and community tour guides spread word about the policy, plus the no smoking signs that represent the business district have a special kind of creativity. By putting a brief introduction to the stores on the home page of the county health department's "smoke-free" webpage, the stores are able to increase their exposure and contribute to the development of special characteristics associated with the Dasi historical district while boosting the local economy and residents' consciousness of a smoke-free environment.

A clean, smoke-free lifestyle is best realized through a variety of channels. Legislation is needed to ban smoking in public places and community residents need to play an active role in forming a smoke-free support environment. By doing so, they foster subtle changes that have a sizable effect.

▲ The Dahu Township Health Center in Miaoli County – A group of tobacco control volunteer workers who did a superb job of performing a song routine they prepared themselves.

▲ The Dahu Township Health Center in Miaoli County – A special forces team spreads word about tobacco dangers – the anti-smoking Prince Baima and Princess Baixue vs. the matchstick-selling girl who smokes.

Smoke-free Workplace

A majority of people spend close to one-third of their time or even more at work, making the workplace a key area for carrying out tobacco hazards prevention and health promotion work. If a systematic approach is taken to guarding against tobacco hazards and boosting health in the workplace, better results are achieved and the benefits can even be expanded to the home and community.

Workplace Health Promotion and Tobacco Control Centers have been present in the northern, central and southern regions of Taiwan since 2003. The centers are able to answer inquiries and provide assistance and training related to workplace health issues while establishing a network for guarding against hazards caused by tobacco in the workplace and boosting hygiene and health services. Since 2007, the centers have been working to promote an autonomous national system for certifying healthy workplaces, and starting in 2008, they added banning smoking in indoor workplaces to the list of requirements for gaining certification in light of new regulations under the Tobacco Hazards Prevention Act. Over a six-month period in 2009 of promoting autonomous certification activities, there were 1,739 companies that applied for certification, with 1,703 of them passing. Of the companies that gained certification, on-site expert assessments led to 34 of the companies receiving special recognition for guarding against tobacco-related hazards or promoting healthy workplaces. Eight special prizes were handed out, including awards for Achievements in Quitting Smoking, Health Leadership, Health Oversight, Sustainable Health, Lok Kwan Health, Vitality and Movement, Nutrition and Health and Healthy Families.

New regulations under the Tobacco Hazards Prevention Act came into effect in 2009, including a ban on smoking in indoor workplaces with three or more people. Most companies actively sought to comply with the new rule since they wanted to provide a safe, comfortable and smoke-free working environment. Many of the companies took part in a variety of related activities, such as holding group meetings to help people quit smoking, conducting counseling and lecture sessions that discuss overcoming nicotine addiction, testing for the presence of carbon monoxide, putting up posters that encourage people to quit smoking, adding services related to quitting smoking in company health clinics, encouraging people to pledge to quit smoking and enlisting workers who successfully quit smoking to share their experiences.

▲ Workplaces provide carbon monoxide monitoring devices

To understand the effect the new regulations under the Tobacco Hazards Prevention Act have had on promoting smoke-free workplaces, a nationwide survey on the workplace health environment was conducted in 2009 that looked at full-time workers 15 years of age and older. The survey found that the smoking rate among workers was 18.2 percent (a 1.8 percentage point fall from 2008), with rates of 32.6 percent for men and 2.5 percent for women. There was an increase of 24.7 percentage point in indoor workplaces that had entirely banned smoking, to 80.5 percent, and the secondhand exposure rate among workers was 26 percent (a fall of 12 percentage point from the previous year). The increase in workplaces that had banned smoking and decrease in exposure to secondhand smoke showed that the new regulations under the Tobacco Hazards Prevention Act rolled out in 2009 have had a notable effect. They have made it possible for more workers to avoid the hazards caused by secondhand smoke and provided people with a healthier, more comfortable environment to work. The survey results into smoking hazards at the workplace are shown more clearly in Figures 2-1 and 2-2.

▲ For information related to the autonomous national system for certifying healthy workplaces, please refer to the healthy workplaces information website at http://www.health.url.tw/index_nosmoke.php

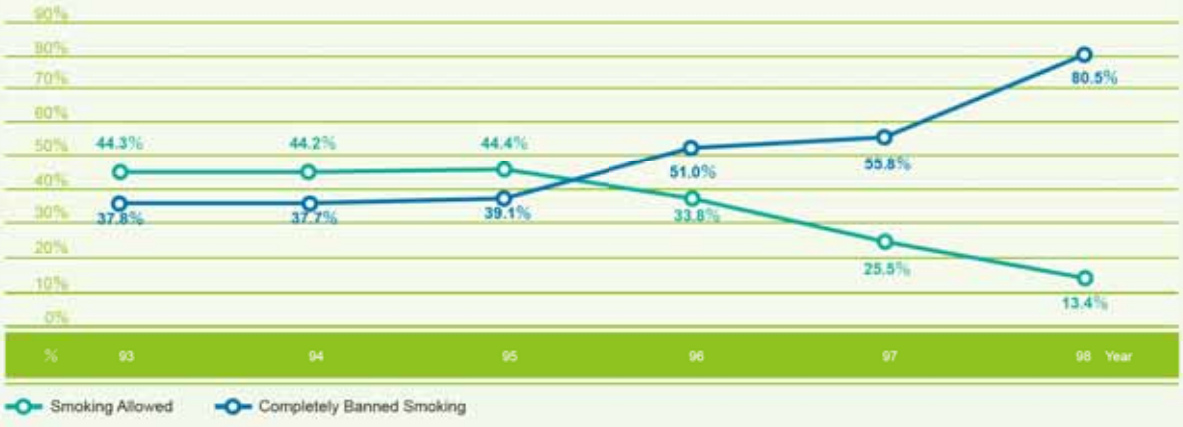

Figure 2-1 Indoor Workplaces That Completely Banned / Allowed Smoking

Figure 2-2 Smoking Rate Among Workers and Exposure Rate to Secondhand Smoke

Promotion, Education and Exchanges

Promoting New Regulations Under the Tobacco Hazards Prevention Act and Assessing Results

New regulations under the Tobacco Hazards Prevention Act came into effect on Jan. 11, 2009, marking a key milestone in Taiwan's tobacco control efforts. The main theme used in 2009 was "completely banning smoking in indoor workplaces and public locations." At the same time, the Bureau of Health Promotion emphasized that violators could be fined up to NT$10,000. These steps were taken to remind people to adhere to the new tobacco control laws and to work toward building smoke-free environments.

The Bureau of Health Promotion developed a media promotion strategy with specific targets in mind. It chose suitable media outlets to carry tobacco hazard prevention messages, including television, radio, the Internet, newspapers, magazines, outdoor advertisements, ads on vehicles, the metro and the high-speed rail, lighted ads at railway stations, and simulcast ads at hospitals.

To better spread its tobacco hazard prevention message, the Bureau of Health Promotion relies on different spokespersons to target different groups of people. To appeal to youths and young adults, famed pop artist Jolin Tsai helped spread the message of "Smoke-free workplaces have the most attitude," the pop group S.H.E relied on the

Ariel Lin spreads the message "Thank you for not smoking indoors."

▲ Artist Ariel Lin uses a caring approach to thank smokers for respecting the new rules banning smoking in certain places.

motto "Smoke-free Taiwan, Yes We Can," and artist Ariel Lin spread "Thank you for not smoking indoors." To reach a more mature audience, former Health Minister Yeh Ching-chuan, actor-turned activist Sun Yueh, and entertainer Alie Chen spread the message of "Smoke-free Taiwan, Yes We Can." The bureau used public welfare advertisements and print media to disseminate this information while also launching a series of media promotional activities. It brought messages to around 3,800 different locations, including health departments, Internet cafes, commercial buildings, gas stations and airports. It also put TV ads on more than 3,500 buses in the Greater Taipei area and on medical channels shown on TVs in the waiting rooms of more than 237 clinics across the country. Moreover, its message was spread through 18 outlets of a record store chain and 14 outlets of a tea shop chain while also being placed on lottery ads and outdoor media channels. Using such varied channels makes it possible for the bureau to spread its message throughout society.

Former Health Minister Yeh Ching-chuan, Sun Yueh and Alie Chen spread the message "Smoke-free Taiwan, Yes We Can."

▲ After years of hard work by the Department and Health and civic organizations, new regulations under the Tobacco Hazards Prevention Act finally came into effect. The result shows that everyone's participation and cooperation can lead to a smoke-free Taiwan.

Jolin Tsai spreads the message "Smoke-free workplaces have the most attitude."

▲ Pop star Jolin Tsai takes on the image of a special operative to shoot TV and print media ads to remind workers to support a smoke-free workplace environment.

S.H.E. spreads the message "Smoke-free Taiwan, Yes We Can."

▲ The pop group S.H.E. uses an enthusiastic, clean image to encourage people to make Taiwan smoke free.

MPOWER

TAIWAN
TOBACCO CONTROL

The Bureau of Health Promotion used life situations and dialogue to form mini-plays for broadcasts aimed at encouraging smokers to quit. Ads included the "Husband/Wife Quit Smoking Helpline" and the "Quit Smoking Helpline Girlfriend." They were broadcast over the national radio network and local stations so they could become something that people encounter in their everyday lives. Also, to promote services for quitting smoking and to let people know about smokers who have had success quitting, the bureau has broadcast messages providing information on smoking hazards, and it has reminded smokers to respect rules banning smoking in certain areas and to consider quitting as soon as possible. Newspapers and magazines have provided an additional channel for encouraging people to quit smoking in an up-to-date fashion, helping the bureau to reach more groups of people. Other locations that ads have been placed in order to enhance the tobacco control message include TV walls across the island, televisions in the elevators of commercial buildings, the exterior of buses, head cushions on long-distance buses and the inside of metro trains in Taipei and Kaohsiung.

▲ Print media promotion

▲ Internet media promotion

▲ Promotional work using banners on buildings

▲ TV media promotion

▲ Ads on head cushions provided on long-distance buses

▲ Bus exterior ads and promotions

MPOWER

TAIWAN
TOBACCO CONTROL

The Bureau of Health Promotion stepped up efforts to promote smoke-free policies at the local level between October 2008 and January 2009. During this time, it held three meetings with health department chiefs from city and county governments across the nation and official visits with 8 leaders of special municipalities. In addition, the bureau carried out investigations and clean-up efforts in Taiwan's 25 cities and counties, and the heads of health departments in 22 cities and counties employed 665 temporary workers while mobilizing neighborhood chiefs. These helping hands contributed to efforts to put up no smoking signs and to publicize new regulations under the Tobacco Hazards Prevention Act, with such promotional activities occurring on 31,517 occasions, making the new rules a part of citizens' everyday life. In addition, city and county governments carried out an on-the-scene and online simulation drill on Dec. 26, 2008, covering Taiwan's 25 cities and counties. Before the programs were carried out, a kind of simulated battle plan and projection effort was made, using war games (a simulated script), with issues that could have cropped up anticipated and practice responses made based on contingency mechanisms the bureau had in place.

Simulation Drill to Respond to Problems That Could Arise When the Tobacco Hazards Prevention Act Amendment Takes Effect on Jan. 11, 2009

▲ No smoking signs are not in place at locations where smoking is prohibited (issue a fine)

▲ Somebody is smoking where it is prohibited (issue a fine when the person is caught)

▲ Somebody is smoking where it is prohibited (a citizen reports the smoker but he or she is not caught)

▲ Responding to calls to report offenses

Promoting a smoke-free environment is a job that will take years. In a telephone survey carried out in December 2009 that looked at people's views on the new regulations after they were implemented and after the media had reported on them, more than 90 percent of respondents said they were aware of the fact that smoking was banned in certain areas. In particular, there was a 60 percent rise compared to July 2008 in people who were aware of the rule that smoking was banned in indoor workplaces with three or more workers, and a 30 percent rise in people who were aware that smoking was banned in locations that provide services for customers, such as mass transit systems, hotels, markets and restaurants (see Table 2-5). Another survey that was carried out in August 2008 and July 2009 used telephone interviews to look into the response by restaurant operators to the new regulations. Ninety-seven percent of respondents said they were adhering to the new regulations by turning their restaurants into smoke-free areas, demonstrating the effectiveness of the new laws (see Figure 2-3).

Spreading word about the new regulations will focus on two paths in the future: on the one hand, officials will continue to strengthen policies that encourage people to qut smoking, and on the other, they will enhance efforts to promote a smoke-free environment in outdoor public places.

Table 2-5 Knowledge of New Rules Under the Tobacco Hazards Prevention Act: A Comparison Between 2008 and 2009

Item	2008		2009	
	Survey 1 July	Survey 2 December	Survey 3 March	Survey 4 December
	(N=1,074)	(N=1,084)	(N=1,094)	(N=1,076)
Public workplaces with 3 or more people	32.9%	87.9%	93.7%	92.0%
Public transit, taxis, tourist buses, metros, stations, waiting areas	58.5%	82.1%	92.9%	92.0%
Hotels, markets, restaurants, and other consumer-oriented indoor locations	58.8%	87.0%	95.4%	94.2%
Regulations against pregnant women and people under 18 smoking	53.0%	66.4%	88.5%	88.5%
Fines of between NT$2,000 and NT$10,000 for smoking in areas where it is banned	28.7%	73.4%	90.8%	81.9%
Fines of between NT$10,000 and NT$50,000 for not putting up clear no smoking signs in areas where smoking is banned	16.4%	56.7%	83.0%	76.6%

Note: This table expresses knowledge among respondents as a percentage.

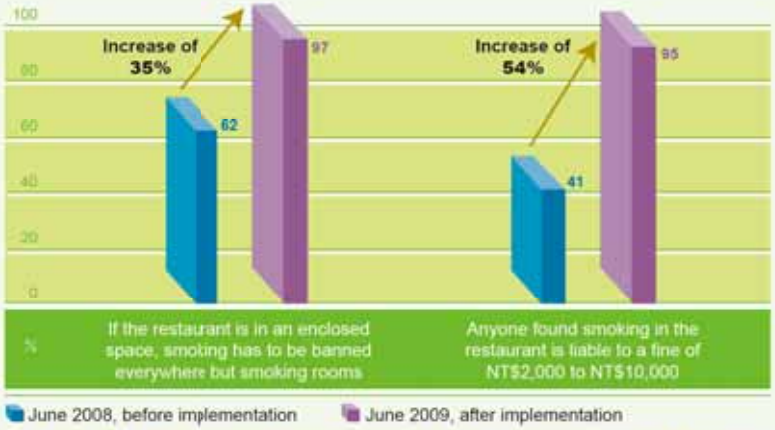

Figure 2-3 Knowledge of New Rules Under the Tobacco Hazards Prevention Act Among Restaurant Operators, Before and After Implementation

MPOWER

TAIWAN
TOBACCO CONTROL

Non-smoking Express – Tobacco Hazards Exhibition Tour

The smoking rate among youths in Taiwan tends to increase as the youths become older, with the smoking rate among vocational and senior high school students higher than that found among junior high students. As part of its efforts to overcome these trends, the Bureau of Health Promotion has worked with the National Science and Technology Museum since October 2004 to hold a large-scale exhibition called "Non-smoking Paradise, Smoke-free, the Kids Are Alright." It is the first museum exhibit aimed at youths themed on the health hazards of tobacco and includes a number of teaching tools, such as original objects, models, videos and interactive effects. "Youths" are looked at as being children between the ages of 10 and 18, and the word "Oxygen" is used to refer to smoke-free environments, with oxygen representing a healthy life. "Paradise" is used to describe the exhibit as being filled with joy, not to mention its teaching value. Visitors to the exhibit need to use their hands and their heads, especially while playing the games that are present. The exhibit uses a simple presentation method to express deep meanings, in the hope that the atmosphere and exhibition method can increase people's knowledge and understanding of tobacco hazards. The bureau also worked with the National Science and Technology Museum, the National Taiwan Science Education Center and the National Museum of Natural Science from the end of 2005 to 2007 to put on these types of large-scale exhibitions. The display period for the exhibits totaled 233 days, attracting more than 250,000 visits and receiving strong, positive feedback from visitors.

▲ Ways to quit smoking: run, jump, bump

▲ Experience pumping a pig's lung

To carry on the spirit of these exhibitions, the Bureau of Health Promotion again worked with the National Science and Technology Museum from 2008 to 2009 to turn the educational exhibit into a 10-ton easy-to-move, easy-to-assemble traveling exhibit that could be loaded up onto one semi-trailer. It had become the country's first exhibit on the health hazards of tobacco that could be brought directly to school campuses. The "Non-smoking Express" traveling exhibit held the advantage of being able to actively travel to school campuses, giving students the opportunity to take part in youth-oriented activities based on health. The express focused on vocational and senior high school students as an audience, integrating messages on preventing the hazards caused by tobacco into themes youths care about. The final design was an interesting, moving exhibit. It included comics and interactive games, giving students a chance to actively learn about tobacco hazards and the new rules under the Tobacco Hazards Prevention Act that came into effect on Jan. 11, 2009, while also motivating them to reject smoking and to quit if they had already started. In January 2009, the Non-smoking Paradise teaching exhibit was moved to the sixth floor of the National Science and Technology Museum and put on display as a permanent exhibit (the plan is for it to be there for three to five years). Museumgoers are able to admire the exhibit, which promotes learning related to tobacco hazard prevention.

The Non-smoking Express exhibition was divided into 6 areas and followed elements from 4 short-comic strips, with themes that included the influence smoking has on money, appearances, and relations, and the hazards of products marketed by tobacco dealers. An outline of each area follows:

Area 1 – "Me 10 years from now" used computer simulation to show your appearance 10 years from now if you smoke;

Area 2 – "Life testimony" consisted of talks from people who have successfully quit smoking;

Area 3 – "Real lungs" used a pig's lung as a model. People could touch the lungs and experience the difference between a healthy lung and one of a smoker;

Area 4 – "Tobacco hazards prevention information station" explained new regulations;

Area 5 – "Take a deep breath" tested if your lungs are healthy;

Area 6 – "Reject tobacco scale" explained how rejecting tobacco during youth is the best way to live.

The exhibition included 11 interactive activities made to appeal to target groups, and the Ministry of Education helped to choose schools with a particular need to take part. Through these schools' attendance, it also managed to increase promotional activities and innovative marketing. The Kaohsiung National Science and Technology Museum held a news conference on Oct. 8, 2008, and then displayed the exhibit for 17 days, bringing in a total of 13,397 visitors. In November of the same year, organizers started bringing the exhibit on a tour of different vocational and senior high schools, with the exhibit put on display for a period of 5 to 12 days at each of the schools. Through 2009, the exhibit had already been brought to 17 schools from Chiayi on south, including Chiayi's Dongwu Industrial High School, Pingtung's Huazhou Industrial High School and Kaohsiung's Kaoyuan Vocational School, with 58,851 people taking part. Questionnaires filled out by people who attended the exhibit showed that it was successful in raising students' knowledge of tobacco hazards, and close to 90 percent of respondents said they were satisfied. By learning through entertainment, a large number of students were able to learn about smoke-free environments and how to reject/quit smoking. The overall effect was to foster healthy lifestyle habits in the students.

▲ Students from the food and beverage course at Dong Wu Vocational High School take pictures of what they may look like 10 years from now

Tobacco Hazard Complaint Services

The helpline for tobacco-hazard related inquiries was established in 2003 and originally only provided service during regular working hours. After the new regulations under the Tobacco Hazards Act came into effect on Jan. 11, 2009, however, government officials felt that there would be more questions related to the new rules. In addition, they wanted to be able to provide real-time service related to complaints from people who were exposed to secondhand smoke. Therefore, in 2009 the government commissioned Chunghwa Telecom Co., Ltd. to expand its 0800-531-531 smoking hazards helpline service to 24 hours, making for a seamless transition when demand for the service picked up rapidly.

To be able to provide a good response to questions people may have about the new regulations, the new helpline is manned by customer service representatives who have received training on tobacco hazards and provide standardized service. They perform a statistical analysis of questions raised by callers and when people have individual, tobacco-hazard related complaints, they connect them with the relevant local health department responsible for handling the matter. Anticipating a rise in callers to the service after new regulations came into effect and the health and welfare surcharge was raised, the government adjusted the number of service representatives while working to raise service quality and decrease customer complaints, all while seeking a balance between the money spent and benefits gained.

There were a total of 20,508 calls to the 0800-531-531 helpline between Jan. 1, 2009, and Dec. 30 of the same year (see Figure 2-4). Of the calls after 24-hour service was put into place, 3,011 were made to report complaints for tobacco hazards abuses, 1,410 were to inquire about the purpose of the helpline and inspection methods, 2,871 were made to ask about the scope of the Tobacco Hazards Prevention Act, 570 were to recommend stricter tobacco hazard defense measures and 381 were to suggest an increase in the health and welfare surcharge levied on tobacco products. Other calls included asking about courses related to quitting smoking and questions about quitting. There was a dramatic increase in the number of calls to the service in 2009, showing that people had high hopes and cared about the new regulations under the Tobacco Hazards Prevention Act and the rise in the health and welfare surcharge on tobacco products (see Table 2-6).

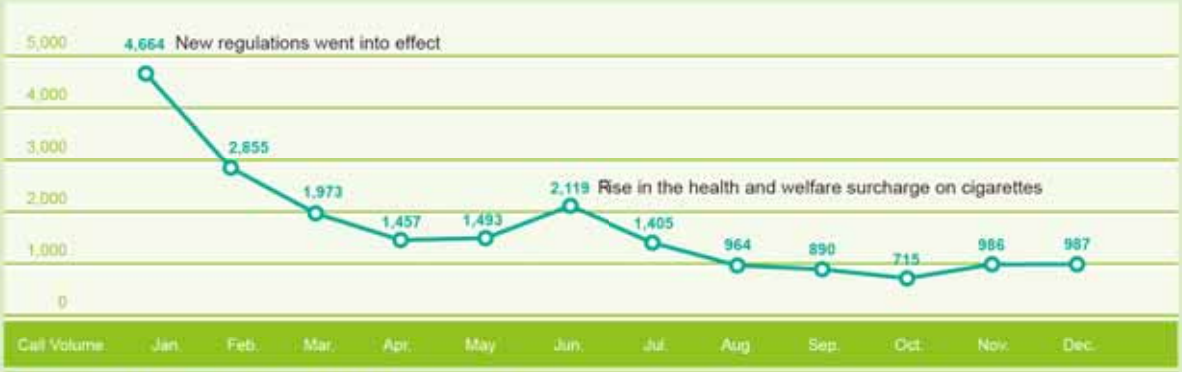

Figure 2-4 Calls to the 0800-531-531 Helpline in 2009

Table 2-6 Reported Abuse

Tobacco Hazards Prevention Act	Total Cases	Time Period	Cases
Old Regulations	483	2008 Jan. 1 – 2008 Dec. 31	433
		2009 Jan. 1 – 2009 Jan. 10	50
New Regulations	3011	2009 Jan. 11 – 2009 Jan. 31	347
		2009 Feb. 1 – 2009 Dec. 31	2664

Tobacco Hazards Prevention Act Law Enforcement Personnel Training Program

Programs the Bureau of Health Promotion carried out to prepare for the new regulations under the Tobacco Hazards Prevention Act that went into effect on Jan. 11, 2009, included holding both basic and advanced training courses for people tasked with enforcing the law. Also, after holding the training courses, the bureau followed up by evaluating the effectiveness of the training. The courses were able to increase knowledge of the new regulations among local health department officials, raising their ability to enforce the new regulations and carry out inspections.

The basic training courses covered details on the amendment to and the enforcement of the Tobacco Hazards Prevention Act. Training offered in relation to the legislation covered topics such as enhancement of the Tobacco Hazards Prevention Act, related legislation, the Administrative Procedure Act, the Administrative Penalty Act, writing administrative sanctions and appeals, and carrying out the law and techniques.

Six basic and training sessions and one advanced session for people tasked with enforcing the law were completed in 2009, with a total of 290 and 55 people taking part in the different course levels, respectively. When asked if they were pleased with the training, on a scale of one to five people who took part gave an average score of above four (see Table 2-7).

Table 2-7 Satisfaction Levels for Training Courses on the New Regulations

Item	Content	Course Fit Work Needs Related to Enforcement	Course Raised Confidence Related to Enforcement	Teaching Materials
Basic Training	4.34	4.38	4.38	4.37
Advanced Training	4.36	4.32	4.18	4.32

Score Standard: Very Satisfied = 5 points, Satisfied = 4 points, Ordinary = 3 points, Dissatisfied = 2 points, Very Dissatisfied = 1 point

The Bureau of Health Promotion carried out evaluations to understand what people who joined the training courses took away with them and see how they could apply their new knowledge to future tobacco hazards prevention work. The bureau looked at how the courses increased peoples understanding of the new regulations and how they helped people grasp the differences between the new and old rules. It also assessed the professional ability and confidence of people carrying out tobacco hazards prevention work while looking at the teaching materials used in the course. In the evaluations, on a scale of one to five, with five being the highest, people gave an average score of above four.

The results of the training show that planned lessons are able to provide people tasked with implementing tobacco hazards prevention work more solid knowledge and better tools for carrying out their jobs. In addition, the training is able to increase people's understanding of the Tobacco Hazards Prevention Act and its amendments, raising their cognition of the law and ability to carry it out. The overall effect of the course is to assist in enforcing the law in a concrete and substantial manner.

Local Government and Municipal Tobacco Control Exchange Workshops

The Bureau of Health Promotion held the 2009 City and County Tobacco Hazards Prevention Practical Exchange and Training Workshops. The purpose of the workshops was to better achieve a consensus related to policies local governments have in place to carry out tobacco hazards prevention work. The bureau also held the workshops in response to the new amendment to the Tobacco Hazards Prevention Act, implemented on Jan. 11, 2009, and the rise in health and welfare surcharge on tobacco products, put into effect on June 1 of the same year. The goal of the workshops was to raise the effectiveness of tobacco control efforts by providing Taiwan's 25 cities and counties with an exchange and study platform for related issues and coordinating tobacco hazards prevention work carried out by central and local governments.

The workshops accomplished a number of valuable objectives. They increased the analytical ability of personnel at local health departments in regard to tobacco hazards prevention work while providing a platform for exchanges and study between representatives from different counties and cities. Three workshops were held in all, with one each in northern, central and southern Taiwan, and a total of 222 people took part. The main purposes of the first workshop were to introduce policies in response to the increase in the tax on tobacco products, formulate points to focus on for future work, and set up classes to help adults quit smoking.

The theme of the second workshop was "getting youths to quit smoking," with focus placed on the Taiwan Youth Tobacco Survey Nationwide Analysis, the Case Analysis of the Youth Tobacco Survey at the City and County Levels, and the Analysis of How to Use Investigation Results to Determine Local Policies and Actions. Organizers divided people from different cities and counties into subgroups. They worked together to draw up plans aimed at particular groups of people, such as professional groups (for example, container transport drivers at harbors), youth associations, and women's groups (for example, bringing women's groups together in conjunction with cosmetic shops and beauty salons to hold lively meetings aimed at getting people to quit smoking).

The third workshop was aimed at methods for writing plans and addressing common problems. It also went into methods of tobacco hazards prevention work and publicity and marketing strategies. Each of the workshops featured lively discussion and achieved the goals of getting people to share their experiences and carry out other exchanges. Organizers had people who took part in the workshops fill out questionnaires, and the results showed that most felt that what they learned would assist them in their work. In addition, many people said they would like to take part in more workshops in the future and put forward valuable suggestions related to the planning and research for these events.

International Exchanges

Multilateral International Cooperation Projects

Article 22 of the WHO FCTC calls on all member countries that signed the treaty to work through international organizations to carry out cooperation efforts and strengthen exchanges related to techniques, technology and legal issues. The aim of the exchanges is to formulate and strengthen tobacco control strategies and plans around the world. Taiwan started working through non-governmental organizations in 2003 to carry out tobacco hazards prevention work in Cambodia. The work has been carried out in conjunction with local governmental organizations (including the National Centre for Health Promotion, NCHP and the Kandal province health department), local civic organizations (including the Cambodia Health Action Organization and the Phnom Perh Cyclo Centre), international non-governmental organizations (including the Southeast Asia Tobacco Control Alliance and the Adventist Development and Relief Agency), and the local WHO office. Achievements of the cooperation efforts follow:

▲ Classes for raising awareness at the cyclo center

(1) Assisting Cambodia's National Centre for Health Promotion in holding a secretariat meeting on the WHO FCTC, developing legislative memorandums, and promoting tobacco control policies through media initiatives.

(2) Working toward building a smoke-free environment and helping Kandal province to complete its smoke-free proclamation, which aims to make health organizations completely smoke free. By working with the National Centre for Health Promotion and the local WHO office, key declarations on building a smoke-free environment at the provincial level and in Phnom Penh were completed.

(3) Holding community performances and plays on health-related topics and cooperating with the Kampot province education department to promote educational activities that encourage students to reject smoking.

(4) Expanding the smoke-free cyclo initiative by encouraging local cyclo drivers to quit smoking while helping people obtain loans to buy a cyclo.

(5) Providing services to help people quit smoking, training people who give advice on quitting, and launching a "Quit and Win" pilot scheme.

The government began working in 2009 to set up a technical cooperation and exchange plan with an additional region in order to broaden its experience with such cooperation efforts. The city health department of Ulan Bator, Mongolia, agreed to a cooperation initiative that included a plan for building a smoke-free environment in the city. Achievements are listed below:

(1) Training people tasked with making plans for turning workpaces into a smoke-free environment.

(2) Carrying out investigations in hospitals, schools and restaurants to better understand the tobacco hazards situation in the workplace.

(3) Helping to develop and broadcast videos such as a Mongolian language version of the film Heather Crowe's Legacy, and producing animated shorts that teach people about secondhand smoke hazards.

(4) Assisting in the design of two health education items related to the fight against tobacco hazards: 1. A poster with the theme "Healthy or deadly, it's your choice," and 2. An educational leaflet that includes information on how smoking is hazardous to fetuses, a picture the WHO designed that depicts the hazards of smoking, and info on how secondhand smoke in public places and the workplace is hazardous.

(5) Printing stickers to put up at stores and on cars that announce that the places are smoke free.

▲ Smoke-free policy enforcement workshops

▲ Cycle center quit smoking consultation service

Participation in the WHO Framework Convention on Tobacco Control

When the WHO FCTC took effect on Feb. 17, 2005, it became the first worldwide public health convention. As of September 2010, 168 countries had already signed onto the treaty. The WHO FCTC calls on all signatory parties to use legislation, actions or administrative procedures to adhere to the tenets of the treaty and mitigate the hazards caused by tobacco, all while working with other countries around the world toward this common goal. The WHO has held conferences consisting of representatives from each of the countries that signed the WHO FCTC, including the first meeting from Feb. 6 to 17, 2006, in Geneva, Switzerland, the second from June 30 to July 6, 2007, in Bangkok, Thailand, and the third from Nov. 17 to 22, 2008, in Durban, South Africa.

Taiwan announced its approval and support for the world's first worldwide public health convention when the president signed a document expressing the country's commitment to the pact on March 30, 2005. In the spirit of the WHO FCTC, the government amended the Tobacco Hazards Prevention Act in 2007, with the changes taking effect on Jan. 11, 2009. Also in 2009, on Jan. 23 the government made further revisions to raise the health and welfare surcharge on a pack of cigarettes from NT$10 to NT$20, with the change taking effect on June 1 of the same year. These changes demonstrate the value Taiwan places on the treaty. Taiwan has not been able to sign the WHO FCTC, but it remains deeply committed to the development of public health around the world. One way it demonstrated this commitment is by drafting comments and suggestions based on three documents that member countries focused on during the third conference on the pact and related technical meetings. The documents were the "Drafting and negotiation of a protocol on illicit trade in tobacco products," the "Chairperson's text for a protocol on illicit trade in tobacco products," and the "Elaboration of guidelines for implementation of Article 13 of the Convention." An English version of the first commentary was sent to all of Taiwan's allies and to scholars, and it received positive feedback from New Zealand,

Afghanistan and Australia. The second and third commentaries were distributed through informal channels to countries participating in the third WHO FCTC conference as a way of providing these countries with Taiwan's opinions on the illicit trade in tobacco products and increasing international exchanges. The commentaries provided an extra channel for professional opinions on key parts of the treaty, including opposition to cross-border tobacco advertising, promotions and sponsorship, support for viable alternative farming activities, and education, training and public recognition of tobacco control efforts. In addition, through both formal and informal diplomatic channels, Taiwan collects information from or attends the conferences and technical meetings held by signatory parties. Its goal is to understand progress in technical implementation of tobacco control work taking place around the world.

The Bureau of Health Promotion conducted a comparison of adherence to tobacco control regulations from before and after the WHO FCTC went into effect in 2005, taking into account the WHO's six MPOWER strategies for controlling tobacco hazards and effectiveness evaluation standards (see Table 2-8). For demand, items the bureau considered included tobacco taxes, environmental smog, disclosure of tobacco ingredients, package warnings, and advertisement bans, with Taiwan experiencing a noticeable surge in legislation and enforcement in each category. There has not been a marked improvement in education among citizens related to the hazards of smoking or in getting people to quit smoking, but before the convention took effect, Taiwan had already achieved a relatively high standard in these two categories. In terms of supply, administrative measures were only raised for the category of providing alternative farming activities, since there were already effective government measures in place from before the treaty took effect to combat illicit trade and ban the selling of tobacco products to minors, reducing the likelihood of noticeable improvement in these areas. For environmental protection, however, there was a great deal of action in terms of policy after the WHO FCTC was implemented. For international cooperation, Taiwan was already working with the U.S. Centers for Disease Control and Prevention on the GYTS prior to the treaty taking effect, so one of its main goals was to maintain strong international cooperation relationships.

Table 2-8 Acceptance in Terms of Legal Policy for Concepts in the WHO FCTC, Before and After the Treaty Took Effect

Article Type	Policy Category	Before Taking Effect	After Taking Effect
Demand	Raising the tobacco tax	☺☺	☺☺☺
	Environmental smog limits	☺☺☺	☺☺☺☺
	Disclosing tobacco ingredients	☺	☺☺☺☺
	Tobacco package warnings	☺☺	☺☺☺
	Public education	☺☺☺☺	☺☺☺☺
	Tobacco advertising	☺☺	☺☺☺☺
	Services for quitting smoking	☺☺☺	☺☺☺
Supply	Illicit trade	☺☺☺	☺☺☺
	Selling tobacco products to minors	☺☺☺	☺☺☺
	Alternative farming activities	☺	☺☺☺
Other	Environmental protection	☺	☺☺
Monitoring	International cooperation	☺☺☺☺	☺☺☺☺

Uses the WHO MPOWER scoring standard (four levels)

International Forums on Tobacco Hazard Prevention

Taking Part in the 14th World Conference on Tobacco or Health

More than 2,000 tobacco control experts from over 130 countries and both public and private institutions took part in the World Conference on Tobacco or Health (WCTOH) from March 8 to 12, 2009, in Mumbai, India. Both representatives from central and local government health departments and academic scholars were invited to participant. Taiwanese delegates to the conference were able to gather information to help them understand international tobacco control policies and future trends for the WHO FCTC. This information will help in planning tobacco policies in Taiwan and in assessing related measures. Taiwanese delegates were also able to foster communication links with people involved in tobacco control work from around the world. In addition, they shared the results of tobacco control efforts in Taiwan, opening up a new channel for the country's recognition on the worldwide stage.

Joining the Third Cross-strait Conference on Tobacco

More than 200 organizations and individuals, including non-governmental organizations associated with tobacco control efforts, disease prevention and control groups, health education organizations, medical schools, tobacco control officials from medical associations, and international tobacco control experts, took part in the Third Cross-strait Conference on Tobacco. The conference took place on Oct. 20 and 21, 2009, in Hong Kong, with conference members coming from Hong Kong, Macau, mainland China and Taiwan. After the conference, organizers arranged a visit to a smoke-free park to give people a practical glimpse of Hong Kong's efforts to promote an outdoor no-smoking environment. Through the conference, Taiwanese representatives were able to learn about strategies used by Hong Kong, Macau and mainland China to reduce the hazards caused by tobacco and to gain an understanding of the latest developments in this area. The information can serve as a reference for when Taiwan is planning strategies or measures. In addition, the conference gave Taiwan a chance to issue a written statement on results and experiences from new regulations related to tobacco hazards control.

▲ 14th World Conference on Tobacco or Health

▲ Third Cross-strait Conference on Tobacco

Joining Global Smoking Behaviors Investigations and Exchanges

Officials from the Bureau of Health Promotion went to the U.S. city of Atlanta for a conference from Feb. 22 to 28, 2009. One of the main purposes of attending this conference was for the officials to work with personnel from the Office on Smoking and Health, under the U.S. Centers for Disease Control and Prevention, on analyzing data from Plan A of the Junior and Senior High School Students Smoking Behaviors Investigation. The data in question were collected between 2004 and 2007. At the conference, officials managed to analyze results from the investigation and complete an initial report. They were also able to discuss investigation methods used for a survey of smoking behaviors among medical school students and another survey on new military recruits. Personnel from both sides talked about how to use data related to smoking behaviors as a reference when making tobacco control policy, and Taiwanese health officials paid a visit to their counterparts in the U.S. CDC. These exchanges helped the Taiwanese officials gain a better understanding of the situation in the United States and gave them a chance to talk about the possibility of future cooperation efforts, which would be able to increase international exchanges and cooperation.

Hosting the 2009 International Conference on FCTC Control of Demand and Supply of Tobacco and International Trade

The Howard International House Taipei hosted the 2009 International Conference on WHO FCTC Control of Demand and Supply of Tobacco and International Trade on Aug. 28 and 29, 2009. Well-known scholars from the United States, New Zealand, Japan and Malaysia were invited to take part and share their thoughts on tobacco supply and demand controls, tobacco advertising and experience growing alternative crops. More than 10 articles were discussed and Taiwanese experts shared their thoughts on problems with the tobacco growing industry and solutions for switching to viable alternatives.

People who attended the conference, including academic legal experts and public health research students and professors, were excited about the topic. Also at the event, a private non-profit organization asked if it could provide the articles discussed at the conference to government officials to serve as a reference when they are formulating policies related to assisting tobacco farmers.

▲ Global Smoking Behaviors Investigations and Exchanges

▲ 2009 International Conference on FCTC Control of Demand and Supply of Tobacco and International Trade

Offer Help to Quit Tobacco Use

Quitting smoking can prevent disease and help people to avoid an early death. People who quit smoking at age 45 or under can reduce their chances of dying from a tobacco-related disease by one-third, and those aged 45 to 65 can reduce their chances of perishing to tobacco-related causes by a quarter. Even those who wait until they are over 65 to quit can cut their chances of developing a fatal tobacco-related disease by one-eighth. Compared to other health-related policies, getting people to quit smoking has a major effect on preventing unnecessary loss of life and is cost beneficial. Both the WHO FCTC and the Tobacco Hazards Prevention Act call for making clinics to help people quit smoking part of the national health plan.

Key aspects of providing support for people to quit smoking include raising service quality and making it universal. Countries around the world have already contributed to developing a series of techniques to help people quit smoking, which include physiological, mental and social elements. In Taiwan, smokers can go to clinics and get medicine that helps them in their effort to quit and they can call a toll-free helpline where operators answer questions they have related to quitting smoking. In addition, group meetings to assist people on the path to quitting take place around the country. The varied network of services for quitting smoking gives smokers a chance to freely choose the method they want to use. When forming policy to help people quit, government planners focus on convenience and accessibility and develop instructional manuals and teaching materials suited to different groups of smokers. The government starts providing a referral service targeted at pregnant women who smoke, and it has also been working to develop educational resources aimed at helping youth smokers quit. In 2009, it trained teachers, school nurses and physical education leaders, to provide them with the skills they need to assist students in quitting smoking.

Services at Smoking Cessation Outpatient Clinics

Taiwan began to provide clinical service complete with drugs aimed at helping people to quit smoking from 2002. The clinics provide two courses of treatment per year for people 18 years of age and older who are addicted to nicotine (Addicts are classified as people scoring four or more points on the Fagerstrom nicotine dependence scale or who smoke an average of 10 or more cigarettes per day.) Pharmacological treatment for one course lasts a maximum of eight weeks and includes a short consultation session, with subsidies proviced for both the visitation and medicine (see Table 3-1). Doctors who provide the service need to first take courses related to assisting people in quitting smoking and receive certification. After finishing these steps, the doctors are able to establish contracted clinics for providing drug-assisted therapy for quitting smoking, with patient fees channeled through Taiwan's National Health Insurance system. Clinics that provide such service need to agree to quality check inspections, which include service satisfaction surveys, tracking the success rate for patients in quitting smoking and a cost-benefit analysis.

▲ Smoking cessation clinic

Table 3-1 2009 Outpatient Smoking Cessation Treatment Subsidy Plan

Subsidized Item	Subsidy Funding	Notes
Treatment Fee	NT$ 250/time (self-prepared prescription) NT$ 270/time (prescription pre-prepared)	Prescription for meds to quit smoking needs to be prepared at the same time, then give this fee
Prescription Fee	NT$ 250/week	When setting the subsidy amount, weeks are used as the unit (at most two weeks), with a maximum of two therapy courses subsidized each year. Each course has a limit of 8 weeks medicine and the entire course needs to be treated at the center within 90 days.
	NT$ 500/week	Subsidy for low-income households
Fee for preparing medicine	**Preparing 1 week's medicine:** ● Doctor (with pharmaceutical certification) – NT$ 11/time Pharmacist – NT$ 21/time ● Pharmacy that cooperates with the National Health Insurance system and local hospitals – NT$ 32/time ● Regional hospitals and medical centers – NT$ 42/time **Preparing medicine for 2 weeks in a row:** ● Doctor (with pharmaceutical certification) – NT$ 21/time Pharmacist – NT$ 32/time ● Pharmacy that cooperates with the National Health Insurance system and local hospitals – NT$ 42/time ● Regional hospitals and medical centers – NT$ 53/time	In light of the current National Health Insurance system, fees are based on the level of the medical unit, the number of weeks of medicine, and other details of the prescription.
Pregnant smokers' referral service fee	NT$ 100/pregnancy	The pregnant woman fills out her referral information and an agreement paper, and there is a subsidy of NT$ 100 for referring her to the smoking cessation helpline

There were already 2,113 medical institutions in 2009 contracted to provide outpatient smoking cessation services. The medical institutions were spread out over 349 townships, villages and cities (for a coverage rate of 95 percent). Though December 2009, there were 408,062 patients who had visited the outpatient smoking cessation services (with repeat visitors subtracted from the tally). Subsidies were adjusted based on supply, demand and budget constraints. Efforts to expand the program began in January 2005, with the number of clinics offering such services increasing by the month. Owing to a reduction in annual fees, funding cuts reduced subsidies on physician treatment services and prescriptions starting in April 2006, and there was also a decrease in the number of outpatient smoking cessation services visits (see Figure 3-1). But later there was a major increase in demand for people who wanted to quit smoking due to the implementation on Jan. 11, 2009, of a new amendment to the Tobacco Hazards Prevention Act that increased the number of indoor public places where smoking is banned and that made it illegal to smoke at indoor worksites with three or more people. Starting from fourth quarter of 2008, there was a year-on-year increase of between 10 and 20 percent for people visiting the outpatient smoking cessation services.

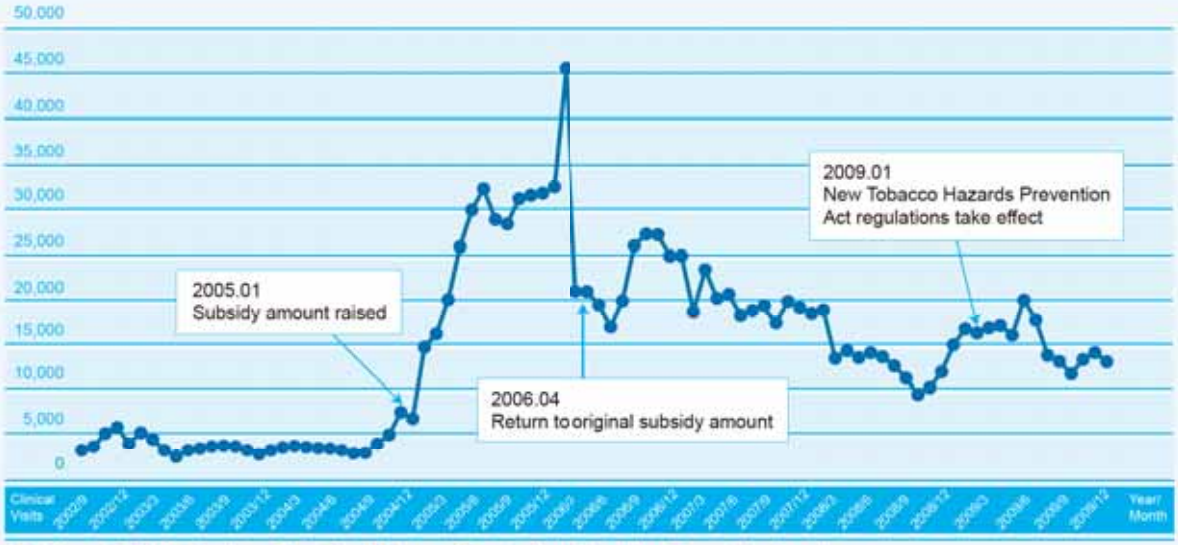

Figure 3-1 Distribution Chart for Volume of Outpatient Smoking Cessation Services

Figure 3-2 Success Rate of People Who Receive Outpatient Smoking Cessation Services

To understand the benefits of drug-based clinical treatments to help people quit smoking, the Bureau of Health Promotion conducted a telephone survey to find out the six-month success rate among people who had received such treatment (to determine the success rate, the bureau looked at if people did not smoke for the one-week time period leading up to the six-month point after they began receiving treatment). Investigators carrying out the survey asked a total of 54,344 people between September 2002 and October 2009 and found that there was a success rate of 22.6 percent, showing improvement over previous years (see Figure 3-2). An average of 30.9 percent of patients at medical centers managed to give up smoking, the highest rate among all levels of health units offering clinical service to quit. Data showed that the cost per person who managed to quit smoking was highest at basic clinics, The basic clinics were most spread out and most convenient for patients; therefore, they served the highest number of patients (see Table 3-2).

The Bureau of Health Promotion carried out a benefits analysis of clinical, pharmacological service to quit smoking in 2007 and 2008, looking at both direct benefits (can be connected to a reduction in medical treatment costs for smoking-related illnesses) and indirect benefits (an increase in quality-adjusted life years). The analysis showed that for every NT$1 invested in the program, benefits of NT$27 were obtained, meaning that it is a plan with clear cost benefits. The United Kingdom, Japan and Taiwan all provide this type of service and other countries are gradually starting to adopt the same idea. Keys for its success in Taiwan include increasing smokers' willingness to take advantage of the service, encouraging more medical institutions to offer services, effectively controlling service quality and adequate promotion.

The first step the Bureau of Health Promotion takes to control the quality of clinical subsidized services to quit smoking is investigating centers that seek to sign a contract. After signing, the centers are required by their contract to know and take into consideration the Clinical Practice Guidelines for Treating Smokers in Taiwan. The bureau regularly provides new information related to the program to contracted medical institutions, works to enhance communication of items that medical institutions should be aware of, and holds classes aimed at raising service quality. In addition, it carries out computer administrative, professional and on-site inspections. Apart from maintaining and enhancing the quality of its control efforts, the bureau follows international policy trends aimed at getting people to quit smoking so that it can build a more complete mechanism for quality control and enhancement. One change the bureau is working on is to encourage treatment centers for quitting smoking to supplement their service with a management mechanism to follow up on inquiries in order to raise service quality and the success rate of patients trying to quit smoking. The bureau undertook a special plan to raise quality at the centers in March 2010. Participating centers had to start a management system to follow up on inquiries from individual cases and begin to offer text message consultation service, and the plan also included a pilot program for testing for carbon monoxide. Altogether, these efforts raised both patient volume and service quality.

Table 3-2 Effectiveness of Clinical Therapy to Quit Smoking for Different Medical Unit Levels

Level	Courses Carried Out	Success Rate at 6 Months	Average Subsidies for Each Course	Average Cost Per Person Who Successfully Quit
Medical Center	18,665	30.9%	NT$ 1,453	NT$ 4,696
Regional Hospital	36,729	27.8%	NT$ 1,393	NT$ 5,003
Community Hospital	51,556	24.2%	NT$ 1,485	NT$ 6,125
Clinic	384,895	19.8%	NT$ 1,560	NT$ 7,864
Public Health Centers	61,691	26.5%	NT$ 1,337	NT$ 5,039
Total	553,535	22.6%	NT$ 1,513	NT$ 6,701

Smoking Cessation Helpline

Taking California's helpline as a model, Taiwan commissioned a private organization in 2003 to set up Asia's first smoking cessation helpline, the Taiwan Smokers' Helpline (TSH). The service gives smokers a convenient, accessible outlet that is confidential. It offers professional psychological consulting with toll-free smoke cessation counseling services (0800-636363).

Service to help people quit smoking on the helpline is offered from 9 a.m. to 9 p.m. and is provided in Mandarin, Taiwanese, Hakka and English. Referral, consultation and information services are all provided, depending on user needs. A preliminary conversation takes place when a call comes in and, if necessary, consultation is provided through text messages. The counselor and the smoker develop a cessation plan. After the two convey all necessary information, they arrange weekly consultations lasting from between 30 and 50 minutes, with the course generally lasting 5 to 8 weeks. After consultation service ends, the service reps seek to keep track of the person trying to quit, including checking with the person at 1, 3, 6 and 12 months to see if he or she has succeeded in quitting.

The service received 424,115 calls between 2003 and 2009, consisting of 96,381 individual cases. In 2009, call volume surged owing to new regulations under the Tobacco Hazards Prevention Act and a rise in the health and welfare surcharge on tobacco products, with calls for the year amounting to 83,839 over 15,000 individual cases. Overall satisfaction rate with the service was at 89.46 percent, and a success rate of 30 percent for quitting smoking was achieved among people who received consultation several times (see Figure 3-3).

As time progresses so does technology, with the traditional landline telephone no longer serving as the primary communication device. In light of these changes, in June 2006 the helpline began making it easier for people to call using mobile phones and started offering text messaging service. A large volume of calls that come in are from people using mobile phones, so the service added two more lines devoted to people using mobile phones in April 2010. The new lines have made it even more convenient for people to call the helpline and have added new channels to the social support system, making it easier for people to quit smoking and raising the service usage rate.

Figure 3-3 Call Volume to the Taiwan Smokers' Helpline, 2008 – 2009

This year, Taiwan acquired the rights to use promotional materials developed by Australia's smoking helpline. And in conjunction with new regulations under the Tobacco Hazards Prevention Act that came into effect on Jan. 11, 2009, the Bureau of Health Promotion helped launch a special advertising campaign using the slogan "New Regulations to Accelerate Smoking Cessation" to encourage people to quit. From Oct. 13, 2008, the bureau ran ads to inform people that smoking would be banned from Jan. 11, 2009, in indoor workplaces and public areas, encouraging them to quit smoking before this date arrived. Other changes that came into effect included the placement of warning pictures on tobacco products and in places where tobacco is sold, plus adding no smoking signs at entrances to indoor public places. These new methods of encouraging people to quit smoking led to a gradual increase in the average number of calls to the Smoking Cessation Helpline, eventually doubling from 400 to 800 calls per week.

Nearly 60 percent of people who called the quit smoking cessation helpline did so after seeing the warning pictures on tobacco containers, with 60 to 70 percent of callers giving a positive response to the packaging. For example, some people said that seeing the pictures made them realize the hazards of smoking and the long-term impact that it could have on the health of family members and fetuses. In turn, the pictures helped them to understand the need to quit. Realizing the importance of providing quality consultation service to help people quit smoking, the smoking helpline in Taiwan has worked hard to be able to achieve a rate of offering immediate service to 98.98 percent of callers who request it, higher than the recommended standard set by the U.S. Centers for Disease Control and Prevention (see Table 3-3).

Looking at the number of people who called the smoking cessation helpline in 2009 and their success rate in quitting, analysts estimate that direct benefits from the helpline will be about NT$16.42 million, based on a reduction in medical costs incurred by smoking-related diseases between 11 and 15 years after callers quit. The analysts calculated indirect benefits to be NT$310.54 million based on savings in quality-adjusted life years through 15 years after the smokers quit, bringing the total amount of direct and indirect benefits to NT$326.96 million. Comparing these numbers to the annual budget the government appropriates for the helpline, for every NT$1 invested in the program, benefits of NT$12.3 were obtained. If the usage rate of the helpline among smokers increases, the benefits will become even more obvious.

Table 3-3 Comparison between the Taiwan Smokers' Helpline and U.S. Centers for Disease Control and Prevention's Recommended Guidelines

Service Standard	CDC Recommended Guidelines	TSH 2009 Results
Call Completion Rate	90%-95%	92.54%
Call Completion Rate Within 30 Seconds	100%	96.05% (Call Completion within 20 seconds)
Returning Calls Within 24 Hours	100%	100%
Sending Pamphlets and Relevant Info Within 48 Hours	Within 48 Hours	Within 48 Hours
Immediate Counseling Services Provided to Callers Who Request It	50%	98.98%

▲ Professional phone line service to provide smoking cessation consultation

▲ Using computer information management systems at the Taiwan Smokers' Helpline

Outpatient Smoking Cessation Treatment and Physician Training Courses

Empirical medical research shows that there is a direct relationship between the effectiveness of a doctor encouraging patients to quit smoking and the doctor's overall effort. In light of that relationship, when formulating the Outpatient Smoking Cessation Treatment Plan, the Bureau of Health Promotion commissioned the Taiwan Association of Family Medicine (TAFM) to carry out the Outpatient Smoking Cessation Treatment and Physician Training Courses Plan. The purpose of the plan was to better assess the needs of doctors who offer clinical treatment to quit smoking and to investigate the present situation and effectiveness of doctors' efforts.

The association held two training sessions for doctors offering clinical services to quit smoking in 2009, one in northern and one in Central Taiwan. Through the sessions a total of 379 doctors received certification (having completed assessments before and after the training and received a score of 70 or more on the post-training assessment). The additional doctors brought the total number certified between June 2002 and the end of December 2009 to 6,625. Other measures the association took to raise service quality included holding a seminar in 2009 that provided a chance for clinical practitioners to discuss the nature of their service and methods they have for maintaining quality. The association also gathered content from the Outpatient Smoking Cessation Treatment Handbook, published by the Outpatient Smoking Cessation Treatment Management Center, plus the 2009 Cost Effectiveness of Smoking Cessation Analysis and the Raising the Quality of Outpatient Smoking Cessation Therapy and Treatment Statutes. It sent the information out by post or over the Internet to provide valuable information and continuing education opportunities to the doctors. In addition, it established a digital educational platform (http://www.tafm.org.tw) that includes an online learning test, further helping doctors to continue learning and reviewing key points.

Another step that TAFM has taken to train doctors on how to best serve people who are trying to quit smoking is to publish the Educational Curriculum and Basic Teaching Materials for the Outpatient Smoking Cessation Treatment and Physician Training Courses. The curriculum includes: 1) a history of tobacco products, and addiction and withdrawal syndrome, 2) the danger of smoking and the benefits of quitting, 3) a step-by-step smoking behavioral changes model of people quitting smoking, 4) clinical approaches to smoking and tobacco dependent, 5) the latest medicines treatments in smoking cessation, 6) relapse prevention, 7) case studies, and 8) Tobacco Hazards Prevention strategies and practices (global trends and the status in Taiwan). TAFM has already placed the teaching materials on its website (http://www.tafm.org.tw/) for anyone to download as a way of raising the application and usage rate of the handbook and teaching materials.

Investigations into the present state of doctors offering clinical service to quit smoking and the effectiveness of training courses offered to the doctors showed that the training courses assisted in raising the self-confidence of doctors who take part ($p < 0.001$). Participants generally ended up with an improved attitude toward their work ($p < 0.05$) and the training courses and education are effective in raising their knowledge level. An analysis of training course and education effectiveness survey shows that help expand doctor knowledge on smoking cessation. (see Table 3-4).

▲ Doctor training courses for clinical smoking cessation services

Table 3-4 Evaluation of Smoking Cessation Treatment Training Programs in 2009

Location	Course	Average Score	P
North Taiwan	Before training	69.36±18.69	<0.001
	After training	96.41±6.32	
Central Taiwan	Before training	73.95±18.11	
	After training	88.20±10.06	

Warn About the Dangers of Tobacco

Taiwan is doing what it can to respond to the spirit of the WHO FCTC and global trends to battle tobacco hazards. One step it has taken is to expand the area devoted to five tobacco warnings it already had on tobacco packaging to 35 percent of the principle display area. The packaging needs to show not only the warning message but also a picture and information related to quitting smoking. While working to spread word about the amendment that led to these changes, the Department of Health has sought the help of professional organizations experienced in such areas to gather information on health warnings used in other countries and design warnings and pictures suited to Taiwan. Design concepts include providing information on smoking-related diseases (such as lung cancer, heart disease and impotence), hazards to fetuses, changes in appearance (such as the teeth) and the hazards secondhand smoke poses to family members. The department brought together writing, medical and advertising experts to offer opinions and come up with the best wording and design to use for the warnings. The experts created six warnings, marking the beginning of a new era in Taiwan's efforts to craft effective warnings to alert people about the hazards of tobacco while bringing the country's accomplishments on this front in line with international standards.

Tobacco Warning Pictures and Messages

The design of cigarette packaging is one way that cigarette manufacturers advertise their product. Article 11 of the WHO FCTC calls on signatory parties to mandate a health warning on all tobacco products (it recommends that the warning take up at least 50 percent of the principle display area on packaging, and that 30 percent be considered the minimum). When the Tobacco Hazards Prevention Act was passed in 1997, it only required that tobacco product packaging carry a written warning, which was ineffective at sending smokers a warning. The Department of Health, however, succeeded in getting an amendment to the Tobacco Hazards Prevention Act passed. Article 6 requires that the front side of tobacco products carry a warning that takes up at least 35 percent of the principle display area. The warning needs to include not only a written message about smoking hazards but also a picture and information to help smokers quit. Of the 168 parties that signed the WHO convention, only about 40 require that such a message and picture be printed on tobacco packaging. In terms of warning size, Taiwan was ranked 35th in the world.

While it was working to get the amendment passed, the Department of Health recruited groups with strong background and experience to evaluate the effectiveness of warning messages on tobacco products that were already in place. It gathered methods used by key countries to place health warnings and pictures on their products and created a design suited to Taiwan. The design concept included addressing the damage that smoking can cause to organs (including lung cancer, heart disease, oral illnesses, impotence), the hazards it poses to fetuses, changes in appearance (including the teeth), and the negative effects that secondhand smoke can have on families. The department also invited language experts from the Academia Sinica, medical practitioners and advertising designers to offer professional opinions. In the end, these experts designed six different warning messages and pictures.

In response to the success generated by pictorial tobacco warnings, Taiwanese health officials acquired the rights to do a remake of the "Sponge" commercial from Australia's smoking helpline. "Sponge" uses concrete evidence to show the impact smoking has on the body, namely by using a person squeezing a tar-soaked sponge that represents the lungs after smoking. Health officials advertised Taiwan's quit smoking helpline using the ad, which offers the perfect dose of terror to convince people to heed the health hazards of smoking. This ad received a great deal of exposure through traditional television broadcasts and on a number of multimedia outlets, including TV walls outside of business plazas and on TVs in the elevators of commercial buildings and buses. The ad turned out to be an effective tool for adding urgency to smokers' motivations to quit. A telephone survey conducted on people who called the helpline to quit smoking showed that 55.8 percent had seen this ad. In addition, management of the helpline says it received calls from 53,737 people in 2009, a 1.25 times increase from the previous year.

▲ Tobacco container warning images

The Department of Health also commissioned experts and scholars to carry out a phone survey on 500 smokers to better understand the impact of the warning photos and messages. Ninety percent of the respondents said they had paid attention to the warnings on the packaging, with those about lung cancer and emphysema having the greatest effect. The warnings had an overall positive effect, with 57.9 percent of people saying that they smoked less in places with other people and 73.7 percent saying the warnings had led them to avoid smoking in front of children.

Another survey from around the same time, the 2009 Investigation Into Conditions Before and After Media Coverage of New Regulations Under the Tobacco Hazards Prevention Act, indicated that the longer people are exposed to the warnings and pictures, the less comfortable they become about them (from 29.9 percent comfort level to 14.2 percent). The warnings pictures also had a positive effect in convincing individuals to quit smoking (from 37.8 to 41.4 percent) and encouraging family or friends to quit (58.4 to 60.8 percent). Plus, investigation showed that when one is exposed to the pictures and warnings over a longer period of time, there are changes in both the third-person effect and individual attitudes. From these results, one can see that the tobacco warning labels and pictures are in line with international trends and have a positive impact on getting people to quit smoking (see Table 4-1).

The "Sponge" Ad

▲ The ad uses concrete evidence to show the long-term health risks of smoking by using a tar-soaked sponge to represent the lungs. The ad strikes a suitable amount of fear in viewers while arousing motivation in them to quit.

To renew the six tobacco warning labels that were already in use, in 2009 the Department of Health carried out the Tobacco Pictorial Health Warnings Development Plan. The scope of the plan focused on collecting information related to warnings and pictures that were being used in both Taiwan and abroad and designing at least 12 sets of warnings that included images related to the following concepts: functional disabilities, secondhand smoke hazards, skin or appearance changes and health hazards. Experts then used surveys to assess the effectiveness of the warning messages and pictures.

Table 4-1 Impact of Tobacco Packaging Warning Labels and Pictures

Item	Comfort Level		One Personally Wants to Quit Smoking		One Wants to Encourage Family/Friends to Quit	
	Study I (2009.03) (N=491)	Study II (2009.12) (N=506)	Study I (2009.03) (N=491)	Study II (2009.12) (N=506)	Study I (2009.03) (N=491)	Study II (2009.12) (N=506)
Definitely can/can	29.9	14.2	37.8	41.4	58.4	60.8
Cannot/definitely cannot	45.6	54.5	30.9	32.6	33.0	31.5
Undecided	24.5	31.2	31.1	26.1	8.6	7.8
Total	100.0	100.0	100.0	100.0	100.0	100.0

Unit:%, Investigation carried out in March and December 2009

Tobacco Information Monitoring

Article 9 of the Tobacco Hazards Prevention Act makes it illegal to advertise or promote tobacco products via radio, TV, films, the Internet, newspapers or magazines. Article 22 also prohibits placing special emphasis on smoking imagery in TV programs, dramatic performances, visual/music performances or professional sports contests.

As countries around the world implement limitations on tobacco product advertising, tobacco companies are turning to embedded advertising techniques (such as at events and in films, TV shows and in print media reports) to encourage more youths to smoke.

To better understand the conditions surrounding tobacco companies' use of the media to spread information and to expose tobacco information conveyed by the media, the Bureau of Health Promotion commissioned experts and scholars to monitor tobacco information conveyed in TV programs and movies in 2008 and 2009. Over a period of 15 months from July 2008 to September 2009 they monitored 184 movies, including Chinese and foreign language films in cinemas, on DVD, or shown on movie channels; 677 TV shows, including the top five dramas, cartoons, variety shows, relaxation/music programs, and sporting broadcasts, as determined by AGB Nielsen ratings from the first week of each month; and 604 hours of news broadcasts, including evening news between the hours of 7 and 9 o'clock on nine cable and non-cable stations.

▲ Tobacco product information and monitoring news conference

Investigation results indicated that close to 60 percent of films showed images of tobacco products or people smoking (Table 4-2). In 2009, for example, 14 Chinese language films were analyzed, 13 of which had at least one reference to tobacco products, with an average of 39.31 references per film. In contrast, the average number of references among foreign language films was 23.48, meaning there were 1.67 times more references to smoking in Chinese language films. Another key factor that is worth keeping an eye on is that there was an increase in the number of smoking references in both foreign and Chinese language films from 2008 to 2009 (see Table 4-3).

For TV news, investigators found a tobacco reference exposure rate of 61.2 percent in 2008 followed by a drop to 37.3 percent in 2009. In both years, the number of reports devoted to tobacco hazards was lower than the number of tobacco references, but the percentage of anti-smoking messages delivered on the news in 2009 (16.3 percent) was more than 6 times as high as the percentage from 2008 (2.6 percent). External analysts say that the new Tobacco Hazards Prevention Act regulations implemented in 2009, which ban tobacco promotions, advertising and sponsoring of events, along with media reports related to quitting smoking, have gradually led to a noticeable effect on restricting actions taken by tobacco manufacturers to promote their products.

Cartoons finished tops among all types of TV programs for amount of smoking references. The average cartoon program in 2008 had 0.67 references to smoking, and this number fell to 0.58 references in 2009. Some cartoons maintain an average of more than one reference to smoking per show. Since cartoons are often strip syndicated, they can end up having 3 to 4 weekly references to smoking per week (see Table 4-4). The fact that children are exposed to such a large amount of smoking references on cartoons is worthy of close attention.

To avoid tobacco references being conveyed through different channels and hurting both the physical and mental health of youths, the Department of Health worked with the National Communications Commission to draw up the Principles for Dealing with Smoking References or Circumstances in Electronic Media Content During Production. The agencies sent the document to broadcast operators to use as a reference when carrying out self regulation, in the hope that they would be able to balance quality programming with protecting the physical and mental health of youths. The document called on electronic media organizations to take their responsibility to society into account when producing shows in order to provide balanced information to viewers.

Table 4-2 A Comparison of Tobacco Product References and Anti-smoking Messages in TV Programs, TV News and Movies for 2008, 2009

Item	Tobacco Product Reference Comparison		Anti-smoking Message Comparison	
	2008	2009	2008	2009
TV programs Programs (%)	111/301 (36.9)	88/376 (23.4)	5/301 (1.7)	7/376 (1.9)
TV news Hours (%)	189/309 (61.2)	110/295 (37.3)	8/309 (2.6)	48/295 (16.3)
Movies Total (%)	47/80 (58.8)	63/104 (60.5)	23/80 (28.8)	26/104 (25.0)

1. Tobacco references included the appearance, visual or auditory, o' any reports, discussions, activities, embedding, use of smoking implements, appearance on the scene, relation to a character, plot embedding and brands/labels that have to do with tobacco products or smoking.
2. Anti-smoking messages including the appearance, visual or auditory, of no smoking signs or areas; and anti-smoking posters, billboards, dialogue, physical expressions or visual clues (pictures).

Table 4-3 Comparison Between Tobacco References in Chinese and Foreign Language Films, 2008 and 2009

Item	2008				2009			
	Films Looked At	Tobacco References	Number of Times the References Were Made	Average Number of Times References Were Made Per Film	Films Looked At	Tobacco References	Number of Times the References Were Made	Average Number of Times References Were Made Per Film
Chinese language films	17	15	512	34.13	14	13	511	39.31
Foreign language films	63	32	491	15.34	90	50	1,174	23.48

Table 4-4 Comparison Between Tobacco References in Different Types of TV Programs, 2008 and 2009

Program Type	2008			2009		
	Programs Looked At	Number of Tobacco References Made	Average	Programs Looked At	Number of Tobacco References Made	Average
Cartoons	104	70	0.67	131	76	0.58
Dramas	83	28	0.34	102	10	0.10
Entertainment	36	7	0.19	46	0	0.00
Variety Shows	54	6	0.11	58	0	0.00
Sports	24	0	0.00	39	2	0.05

Enforce Bans on Tobacco Advertising, Promotion and Sponsorship

Countries around the world have had the experience of tobacco companies using what appears to be a charitable function but is actually a covert form of conveying tobacco product information. Because of this, many countries have already made policies to ban tobacco advertisements and promotional activities.

Article 13 of the WHO FCTC emphasizes that countries should take action to ban tobacco advertisements, promotions and sponsorship activities. This recommendation was heeded when Taiwan modified Article 9 of its Tobacco Hazards Prevention Act to put rigorous advertising, promotional and sponsorship restrictions on tobacco manufacturers/importers and advertising/broadcast companies, with the former liable to fines of NT$5 million to NT$25 million and the latter NT$200,000 to NT$1 million. Other violators can be fined between NT$100,000 and NT$500,000, and fines can be doled out in succession if violations are repeated. The strict regulations amount to severe barriers on any kind of marketing technique that tobacco companies may try.

Inspecting and Clamping Down on Illegal Tobacco Product Advertising

The amended version of Article 9 of the Tobacco Hazards Prevention Act enhances the variety of methods that can be used to suppress promotion or advertising of tobacco products. For example, it bans promotions using any of the following channels: radio broadcasts, television, movies, recorded material, electronic signals, computers/the Internet, newspapers, magazines, billboards, posters, pamphlets, notices, announcements, instructional manuals, samples, stickers, exhibitions, or other written, pictorial, material, or electronic records. Also banned are interviews or reports that introduce tobacco products, make use of the tobacco brands' name for promotions, or use a name or logo similar to those used by tobacco companies for such purposes. Vendors cannot sell tobacco products at a discounted price and they cannot offer cigarettes as a gift or prize in return for customers who buy a certain product or take part in a certain activity. It is also illegal for vendors to package tobacco products together with other products to sell or to sell/distribute cigarettes individually or as loose goods. In addition, tobacco dealers are prohibited from any kind of promotional activity at tea, dinner, or explanatory meetings, tasting functions, concerts, speeches, or sporting or charitable events.

Despite the strict rules, there are still instances of tobacco companies using advertisements or marketing techniques to promote their products and expand the consumer market. To enforce the Tobacco Hazards Prevention Act and protect people's right to health, local health departments conduct inspections related to advertising and promotion of tobacco products. From 2004 to 2009, officials conducted a total of 524,481 such inspections, doling out punishments in 67 cases. First among the three main reasons for punishments were promotions in a way banned by central government authorities (22.4 percent), followed by using a different written or pictorial message or object for promotion (13.4 percent) and using discounts and other such methods (11.9 percent). A closer analysis of punishments handed out by local health departments from 2004 to 2009 over illegal tobacco ads or promotions shows that the greatest number of punishments was given in Taipei City, with 39 instances or 57.6 percent of the total. Coming in second was Taoyuan County, followed by Kaohsiung City and Taichung County (see Table 5-1).

Table 5-1 Illegal Advertising or Promotions Uncovered from 2006 – 2009 During Tobacco Control Inspections

City or County/Item	Punishmert Handed Out	%
Taipei City	39	57.6%
Taoyuan County	5	7.6%
Kaohsiung City	4	6.1%
Taichung County	4	6.1%
Taipei County	3	4.5%
Pingtung County	3	4.5%
Keelung City	2	3.0%
Miaoli County	2	3.0%
Taichung City	2	3.0%
Tainan City	1	1.5%
Hsinchu City	1	1.5%
Kaohsiung County	1	1.5%
Other Cities/Counties	0	0
Total	67	100.0%

According to inspection results, there was a progressive annual increase in inspections related to tobacco advertising or promotional activities and a decrease in the percentage punished between 2006 and 2009 (see Table 5-2).

In 2009, a tobacco company was offering an illustrated card as a free gift with tobacco products. In its first such instance of enforcing Article 9 of the Tobacco Hazards Prevention Act, the health department of the Kaohsiung City government fined the company NT$5.20 million. The health departments in Tainan City, Miaoli County and Taipei City also found out in separate instances that tobacco companies had been placing pictures of their products and messages on websites in what was deemed a form of advertisement, and that some companies had designed different versions of their packaging, including themes of cheerful singing, street dancing and DJs. The local governments ruled that these acts were a form of illegal promotion or a kind of advertisement, and in turn issued fines of NT$8 million, NT$6.7 million and NT$5 million. The scale of the fines attracted widespread attention to the issue, not only raising the recognition among businesses of illegal advertising by cigarette companies but also showing the effectiveness of enforcing the Tobacco Hazards Prevention Act.

Table 5-2 Percentage of Inspections Turning Up Illegal Advertising/Promotions in Nationwide Tobacco Control Inspections

Year/Item	Inspections (No Violation Found %)	Punishments Handed Out (%)
2004	35214 (99.95)	0.050
2005	40064 (99.95)	0.050
2006	46452 (99.97)	0.030
2007	56745 (99.99)	0.010
2008	76012 (99.99)	0.004
2009	271431 (99.99)	0.002

Tobacco Hazards Prevention Act Inspections and Punishments Information Management System

In January 2004 the Bureau of Health Promotion established the Tobacco Hazards Prevention Act Inspections and Punishments Reporting and Case Management Information System. The bureau also decided to upgrade the system in accordance with the new government regulations, with the upgrade completed on May 16, 2009.

Health departments from around the country are working hard to promote and enforce the new regulations under the Tobacco Hazards Prevention Act. In 2009, these departments carried out at total of 4,5701,207 inspections in 652,448 different places, suppressing violations in 16,339 instances and handing out punishments on 14,643 occasions. The three violations that resulted in the most punishments were 8,984 cases of people under the age of 18 smoking (61.4 percent), 3,625 cases of people smoking where it is not allowed (24.8 percent), and 1,598 instances of providing tobacco products to people under the age of 18 (10.9 percent). Miaoli County officials handed out the most fines, followed by Taipei City. The capital also came in second for most people under the age of 18 fined for smoking, with Taipei County placing first in that category. Taoyuan County came in first for fines issued to people smoking in places where it is banned, and Taichung City was first for violations handed out to people who provided cigarettes to youths under the age of 18, followed by Taoyuan and Changhua counties.

A closer look at the data from 2009 related to illegal smoking activities shows that the three places where people under the age of 18 were found to be smoking the most were in public locations where smoking is not prohibited, followed by schools and Internet cafes. Junior high, high school and vocational school students made up a majority of people under the age of 18 who were caught smoking (see Table 5-3). People above the age of 18 who were smoking in places where it is prohibited were found to be doing so most often in Internet cafes, electronic gaming centers, and pool halls. Also, the establishments that were fined the most for supplying tobacco products to people under the age of 18 were conveniences stores, followed by betel nut stands (see Figure 5-1).

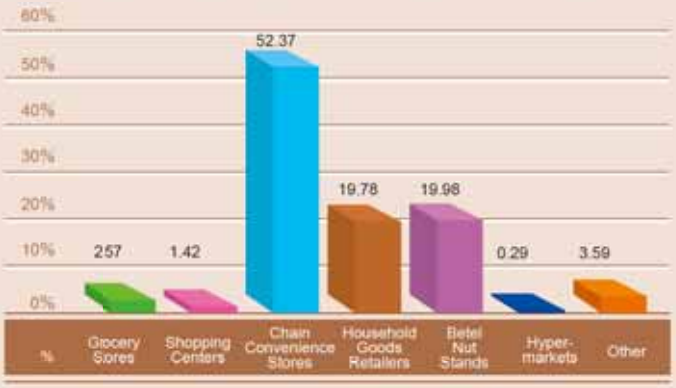

Figure 5-1 Distribution Table of Punishments Handed Out to Different Vendors for Supplying Tobacco Products to People Under the Age of 18, from 2004 – 2009

Source: Tobacco Hazards Prevention Act Inspections and Punishments Information Management System

Table 5-3 Disciplinary Action Taken for People Under the Age of 18 Smoking or for Students Smoking at School, from 2004-2009, Based on School Level and Gender

Category Total	Elementary School	Junior High	Vocational/Senior High School	College/Technical School	Youths Not Taking Classes (including those not enrolled)	Total
	Action Taken (%)	Action Taken (%)	Action Taken (%)	Action Taken (%)	Action Taken (%)	Times Action Taken
Males	254 (0.7)	12316 (34.1)	12382 (34.3)	453 (1.3)	10695 (29.6)	36100
Females	37 (0.6)	2560 (39.2)	1986 (30.4)	49 (0.8)	1894 (29.0)	6526
Total	291 (0.7)	14876 (34.9)	14368 (33.7)	502 (1.1)	12589 (29.6)	42626

Raise Taxes on Tobacco

The WHO FCTC clearly states that policy directed at the price of tobacco and the tobacco tax is an effective means for reducing tobacco consumption. Such a tax can protect youths from the hazards of smoking and quickly reduce tobacco consumption in mid- to low-income households, effectively raising the overall health of the population.

The price of tobacco and the tobacco tax are very low in Taiwan when compared to international standards. Raising the tax would have a positive impact on reducing tobacco hazards, cutting health insurance costs and easing pressure on the medical system. For these reasons, on Jan. 23, 2009, legislation was again passed to raise the health and welfare surcharge on cigarettes. This increase was from NT$10 to NT$20 per pack and took place on June 1 of the same year. A study from after the increase showed that the majority of smokers who quit because of the rise in tobacco prices either had low monthly incomes or were young. Another benefit of the tax is that revenue is used for a variety of humanitarian reasons. Seventy percent is used to support the National Health Insurance system, with most of the remainder used for carrying out tobacco control efforts, supporting disadvantaged groups, providing therapy for those stricken by rare diseases, raising the quality of medical care and battling cancer. The purpose of raising the tobacco tax was to improve people's health and provide extra encouragement to smokers to work on overcoming their addiction.

Evaluation on the proposals in response to the price difference from increase of the health and welfare surcharge on tobacco

Article 6 of the WHO FCTC says that policies directed at the price and tax on tobacco products are an effective method for reducing tobacco consumption, especially among youths. Compared to international standards, the price of tobacco in Taiwan is still relatively low (see Table 6-1). To reduce tobacco consumption, apart from a tobacco tax, the government also levies a health surcharge on tobacco products. The government amended the Tobacco and Alcohol Tax Act on Jan. 18, 2006, with a change in Article 22 raising the health surcharge from NT$250 to NT$500 per 1,000 cigarettes or 1 kilogram. The new regulations went into effect on Feb. 16 of the same year. The change meant an increase from NT$5 to NT$10 for the health surcharge on a pack of cigarettes. Another amendment on Jan. 23, 2009, this time to the Tobacco Hazards Prevention Act, raised the surcharge from NT$10 to NT$20. The new regulation is contained in Article 4 of the act and went into effect on June 1, 2009.

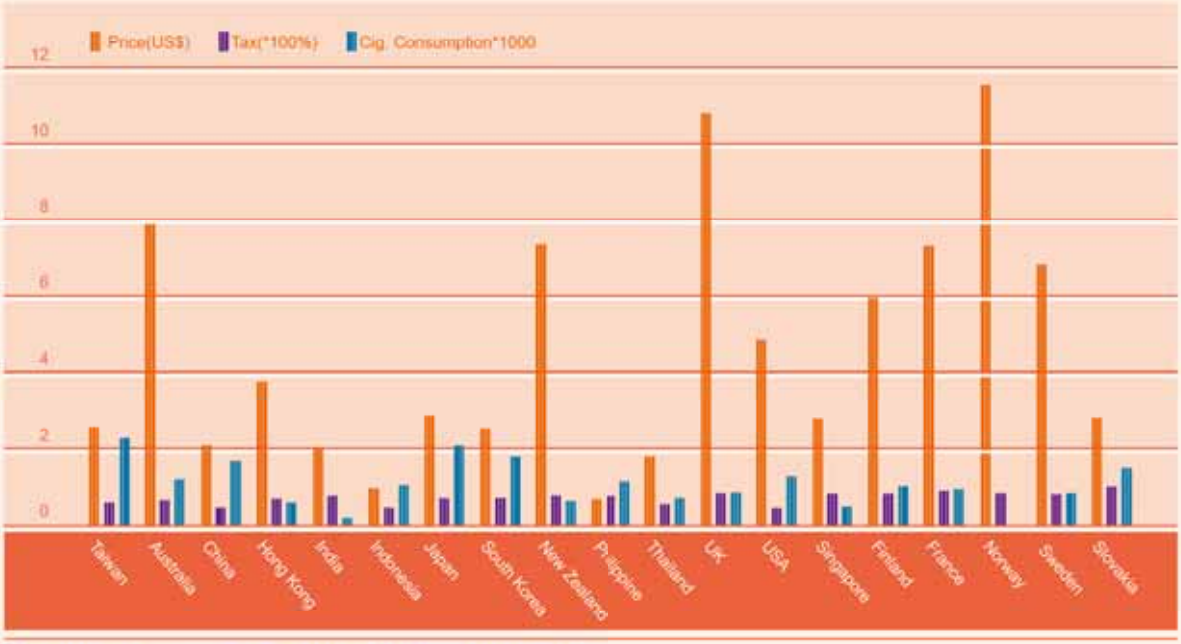

Figure 6-1 Comparison of Global Tobacco Taxes and Prices

Reference: WHO."The Tobacco Atlas".2009.

Every time the surcharge on tobacco is raised, there are vendors that hoard cigarettes prior to the increase to obtain illicit profits. To find effective ways to deal with the change in price and to assess whether an immediate rise in the price of cigarettes through different channels is needed, government officials looked at the tax and legal systems in both Taiwan and abroad to analyze and assess different methods that are used and come up with possible measures to take. Key results of the government's 2009 Plan for Evaluation on the proposals in response to the price difference from increase of the health and welfare surcharge on tobacco are listed below:

(1) Analysts looked at international methods used to manage price-difference problems that accompany arise in the tobacco tax. Many governments and countries, such as the U.S. Federal Government, Canada and Japan, levy an inventory tax in conjunction with any tobacco tax increase.

(2) When Taiwan raised the surcharge on tobacco back in 2006, tobacco companies sold lower-priced products taxed at the old rate for a higher price, triggering a backlash among the population. The government responded by enacting urgent remedial policies requiring that the companies return the additional revenue back to customers or put it into the national coffers within a specified period of time. But these measures were not effective because of procedural issues, including not having a detailed list of the companies' inventories. In the end, the companies wrongfully profited at the expense of consumers.

(3) The government again raised the surcharge on tobacco in 2009 when there still wasn't an inventory tax in place. To avoid a repeat of earlier problems, the government reached an agreement with tobacco manufacturers for them to print and paste a label on their products so consumers would be able to tell the difference between cigarettes taxed at the new and old rates. This increase in the tax did not lead to many negative effects and the tobacco companies were not able to acquire illicit profits. In Taiwan, the tobacco tax is levied on tobacco manufacturers and importers either when the products leave the factory or when they are declared while being imported. But if Taiwan wants a system in place that is more like that found in America, it needs to enact suitable legislation for handling tobacco


健康無價
調漲菸品健康福利捐，是捍衛全民健康最好的方法！


6月起 菸品健康捐調漲為20元
保障消費權益 落實弱勢照顧
菸品健康福利捐政策
菸捐機關標記看清楚
保障消費權益
落實強化私偽菸查緝
嚴禁劣菸流入市面
落實弱勢罕病醫療品質

▲ Tobacco product health and welfare surcharge policy forum

products that have already entered distribution channels (such as wholesalers, middlemen, and retailers) under old taxation methods but that have not yet been sold. Such legislation could include an inventory tax.

(4) Different complementary measures are needed depending on if Taiwan wants to continue to use printed or adhered labels to mark products taxed at new and old rates, or if it wants to levy additional taxes to make up for shortfalls. If printed or adhered labels are used, legislation should be enacted to regulate the process. The Tobacco Hazards Prevention Act should call for the labels to serve as the primary mechanism for distinguishing between old and new products and government officials need to provide assistance to importers in labeling their products. If complementary tax measures are to be implemented, clear legislation should be enacted that takes into account the wide range of tobacco vendors and the difficulties associated with obtaining information related to small vendors. Cross-departmental cooperation would be needed to ensure the process goes smoothly. When controlling the volume of tobacco through price measures that include raising the tobacco tax, problems owing to the discrepancy between the old and the new price is something that countries around the world have to deal with, to ensure that tobacco manufacturers do not gain illicit profits and to achieve the goal of reducing tobacco hazards. Each country needs to work through its taxation and legislative channels to come up with suitable methods that take into account both cost and consumer satisfaction.

▲ Tobacco product health and welfare surcharge identification labels

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Curbing Illicit Trade in Tobacco Products

To cut down on the distribution of contraband tobacco products, the Ministry of Finance has acted in accordance with The Tobacco and Alcohol Administration Act to put forth a complete oversight system. The ministry has also cooperated with other government agencies at both the central and local levels along with investigation units to enhance investigation efforts in line with the law and to strengthen public knowledge of regulations. In addition to its own work, the government has called on members of the tobacco industry to set up self-oversight policies. It provides needed assistance to the private enterprises while sharing relevant information to ensure that inspections for uncovering contraband cigarettes are successful and the legal tobacco products industry is protected. The government helps provide training related to distinguishing between legal and contraband cigarettes to raise the practical knowledge of investigators, and it has a monitoring mechanism in place to ensure the quality and increase the effectiveness of these investigations. New types of cases related to contraband tobacco products emerge regularly because of increasing global and free trade; therefore, investigating these products means that the government must continue to gather and grasp new relevant information.

海巡海陸包夾
破獲237箱私菸

走私陸菸 快艇載了

▲海巡署第一海巡隊巡防艇3日凌晨3時在金山鄉磺港海域，成功攔截私梟以3艘快艇，從停泊在彭佳嶼海面的漁船，搜駁市值逾500萬元的大陸香菸237箱上岸，船長潘榮貴與船員，以及在岸上接應的貨車司機計5人送辦。（圖文：吳政峰）

According to the Regulation of the Tobacco Health and Welfare Surcharge Distribution and Utilization, 1 percent of the tobacco health and welfare surcharge should be provided to the central government for conducting investigations into contraband cigarettes and for preventing evasion of taxes on tobacco products. Also, based on the regulations contained in the Guidelines for the Usage of Funds Derived from the Tobacco Product Health and Welfare Surcharge to carry out Seizures on Illicit Tobacco Products and to Prevent Tax Evasion, nine-tenths of the 1 percent mentioned above should be used for investigating contraband tobacco products, with the remaining tenth used for preventing evasion of taxes on tobacco products.

To gather and coordinate major investigation cases related to contraband tobacco products, the government has put together a cross-departmental task force. Members include officials from the Ministry of Finance, the Ministry of the Interior, the Ministry of Health, the Ministry of Justice, the Coast Guard Administration and the Consumer Protection Commission. Local finance, environmental protection, health, industry, news and police units form united inspection task forces for carrying out inspection and suppression efforts. Together they use their authority to investigate and rectify all types of illegal commerce related to tobacco products.

Local governments and customs officials at the city and county levels managed to detect and seize 10,278,683 packages of contraband cigarettes in 2009 with a total market value of around NT$400.003 million, showing that the money spent on investigating contraband cigarettes has produced good results. Figure 6-2 shows data on the total number of smuggled cigarettes seized from 2002 to 2009.

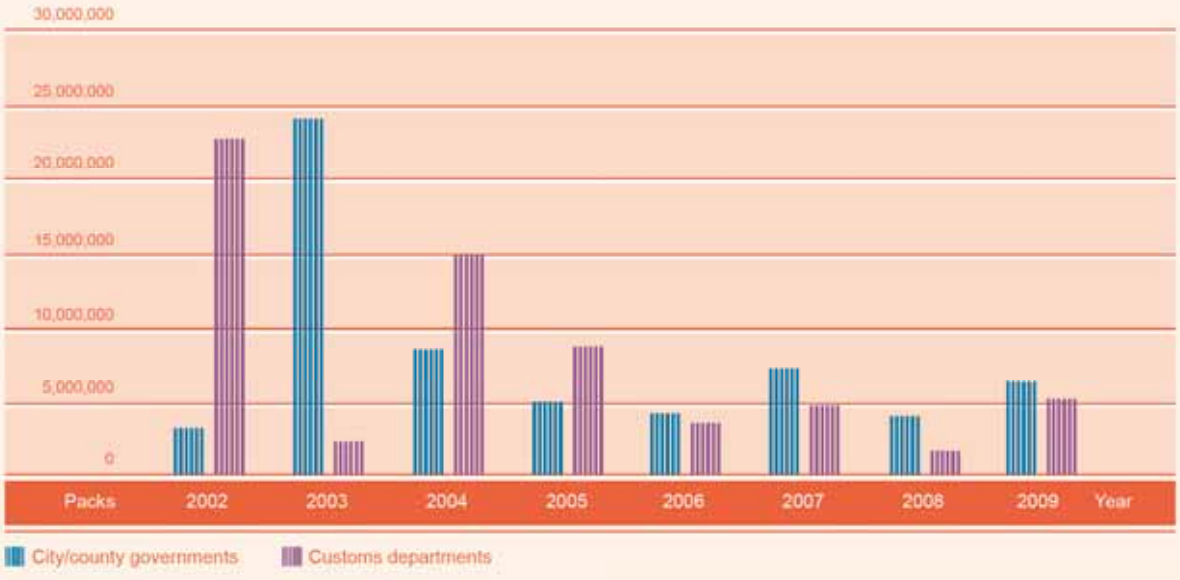

Figure 6-2 Smuggled Cigarettes Seized, 2002 – 2009

Source: the Ministry of Finance

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FORECAST

2010 **The Battle to Quit Smoking** – Collaborative Cessation Network

There is no other cause of death that is more preventable than smoking. Empirical evidence shows that smoking is closely related to respiratory and cardiovascular diseases and many types of cancer. It is also behind miscarriages, underweight newborn infants and sudden infant death syndrome. Apart from posing a hazard to the smoker, secondhand smoke can pose a risk to others. Quitting smoking is an immediate and effective method for overcoming these problems while saving money. It can immediately reduce the number of smoking-related diseases and deaths and is the most cost-effective measure for reducing the hazards caused by smoking. By providing professional assistance, governments can increase the success rate among people who try to quit.

To effectively control the worldwide health, societal, economic and environmental problems caused by smoking, Article 14 of the WHO FCTC says in regard to signatory parties that "Each party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence."

In 2009, Taiwan expanded the number of places where smoking is banned under changes to the Tobacco Hazards Prevention Act and raised the price of tobacco products. These changes are expected to bring about a large increase in the proportion of smokers who want to quit. To help them in this cause, it is imperative that the government heeds research which shows comprehensive services for quitting smoking, including pharmacological therapy, professional counseling and behavioral therapy, are effective in raising the rate of people who quit smoking.

To provide more convenient, accessible service aimed at quitting smoking, Taiwan designated 2010 as the Quit Smoking Action Year. Different groups have been mobilized to join the "Battle to Save Life" and the government has launched the Joint Care and Treatment Network for Quitting Smoking in the hope of bringing together different groups to achieve year-round promotion of these efforts. Local health departments and related agencies invite people to join quit smoking activities and work to create a support environment at the workplace, schools, hospitals, military bases and households. A wide range of services are offered to help people quit smoking and competitions are held through the Quit&Win campaign. The government conducts research, monitoring, training and international exchanges to assist in its efforts to defend against tobacco hazards. It actively seeks to encourage people addicted to smoking to seek out professional support and take action and has a target of getting 1 million people to try to quit smoking.

The Bureau of Health Promotion uses "comforting calls" (encouraging people to use love to support efforts to quit smoking) and "seeking professional assistance to quit smoking" as key promotional themes. To provide a better environment to help people quit smoking, the bureau offers training for medical personnel and encourages clinics to offer services to help people quit smoking, all while working to enhance promotional and referral services. It has printed and distributed 1.2 million pamphlets that have information on quitting smoking (and a signature card for people to pledge to quit). To strengthen its efforts, the bureau has invited civic organizations, religious groups and enterprises to take part. It is also working on an award mechanism that includes regular announcements of achievements by municipalities, counties and other groups on the quit smoking front, with a goal of encouraging greater participation.

Steps that the bureau is taking in the fight against tobacco include continuing to hold training sessions related to quitting smoking for medical personnel, conducting investigations into the current state of services for quitting smoking, and producing and compiling standardized teaching materials and training handbooks geared toward quitting. It has also set up an online learning platform to give medical personnel a channel for immediately obtaining new knowledge and techniques related to quitting smoking. In addition, it has established the sustainable, comprehensive Quit Smoking Service System Network in order to raise the quality of services for quitting smoking.

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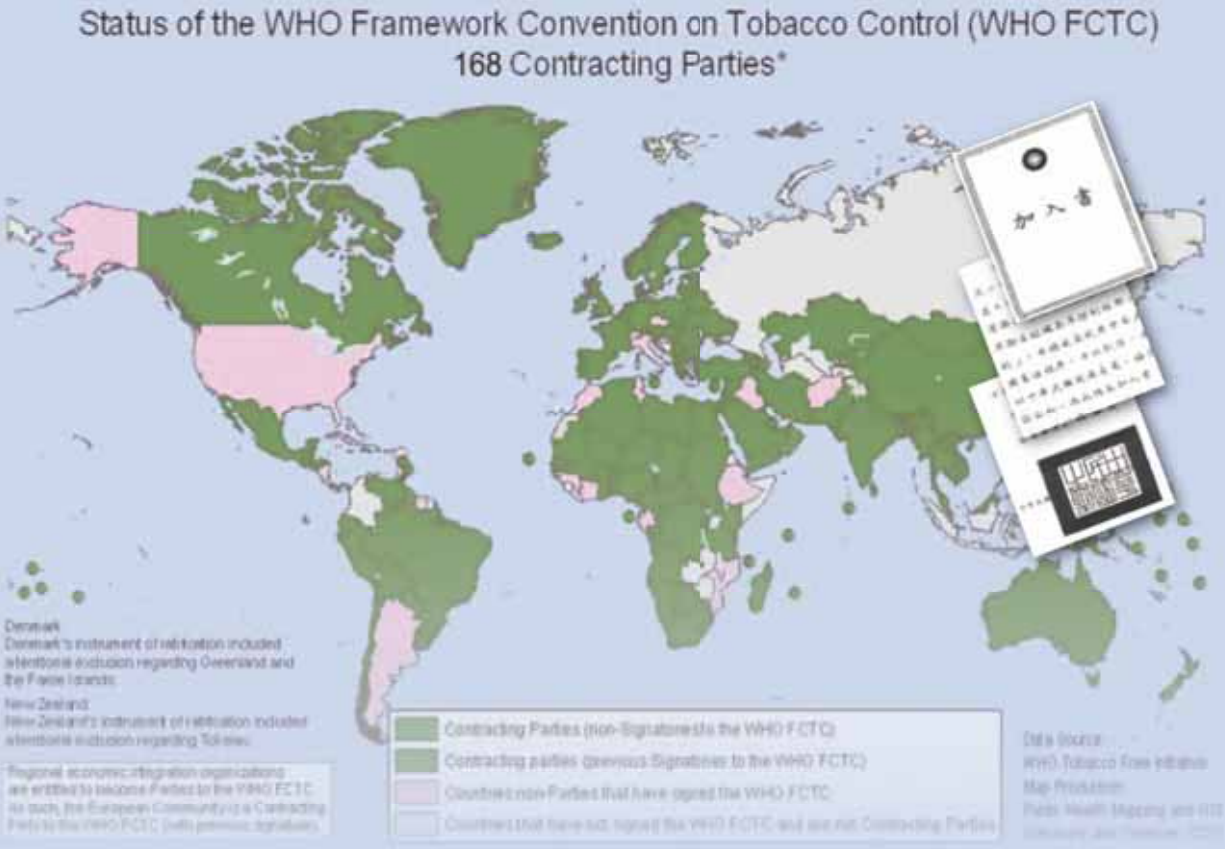
CONCLUSION

Rejecting cigarettes has slowly become a lifestyle choice accepted by the average person, but it will still take many years of diligent work battling tobacco hazards and educating people on its hazards before a general consensus is reached. Meanwhile, while working toward that goal, a key item to remember is to stop people who do not smoke from becoming smokers. New regulations have been in place for over a year now. In that time, people have increased their knowledge of the hazards of tobacco and the overall environment has improved. But more progress is still needed in vital areas, such as smoking among young adults and youths; ensuring a no smoking environment in places where it is prohibited, such as Internet cafes and indoor workplaces; and making sure that vendors do not sell tobacco products to people under the age of 18.

Efforts in 2010 to keep tobacco out of the hands of those who are not yet 18 included strengthening inspections aimed at traditional stores and betel nut stands while giving additional training to people at schools who are responsible for providing advice on quitting smoking. Different people and organizations have gathered together to provide year-long services that are directed at getting people to quit. These efforts have resulted in a comprehensive, convenient support environment to encourage people to quit smoking. Services include a free quit smoking helpline (0800-636363), clinical services to quit smoking in each county and city, and advice on quitting at pharmacies. We invite people working to guard against tobacco hazards in all municipalities and counties, plus civic organizations, and members of the media, to continue providing support. Together, we can build a healthy, smoke-free environment and help 1 million people work toward their goal of quitting smoking.

Appendix Taiwan FCTC Report



Explanation

1. **The format of this report comes from the WHO Framework Convention on Tobacco Control (website: http://www.who.int/fctc/reporting/phase2/en/index.html). The convention is available in six languages and content for the Chinese report was converted from the simplified Chinese version.**
2. **The articles raised in the report come from the 38 articles in the WHO Framework Convention on Tobacco Control, refer to http://www.who.int/fctc/text_download/en/index.html.**
3. **Some documents are not included in the report due to space limitations. Interested parties can consult the Bureau of Health Promotion's Health Education Center.**

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TOBACCO CONSUMPTION AND RELATED HEALTH, SOCIAL AND ECONOMIC INDICATORS

(with reference to Articles 19.2(a), 20.2, 20.3(a), 20.4(c) as well as Articles 6.2(a), 6.2(b), 6.3, 15.4, 15.5 and 17 as referred to in the respective subsections)

A

a. Smoking prevalence in the adult population (by age groups)

		Age group (adults)	Prevalence (%)
Current smokers	Males	18~29	33.8%
		30~39	44.4%
		40~49	41.4%
		50~64	32.4%
		65~	20.6%
	Females	18~29	6.1%
		30~39	5.6%
		40~49	3.9%
		50~64	2.6%
		65~	2.0%
	Total (males and females)	18~29	22.0%
		30~39	24.6%
		40~49	22.2%
		50~64	16.9%
		65~	12.1%

REFERENCE : Adult Smoking Behavior Survey, 2009

b. Prevalence of smokeless tobacco use in the adult population (all)-N/A

c. Tobacco use by ethnic group(s)

	Ethnic group	Prevalence (%) (please include all smoking or smokeless tobacco products in prevalence data)
Males	Aborigine	44.2
Females		13.1
Total (males and females)		26.7

REFERENCE : Adult Smoking Behavior Survey, 2009

d. Tobacco use by young persons

	Age range	Prevalence (%)	
		Smoking tobacco	Other tobacco (e.g. water pipe)
Boys (Current users)	7th Grade(13 yr)	7.5	5.8
	8th Grade(14 yr)	11.2	4.7
	9th Grade(15 yr)	12.3	5.6
	10th Grade(16 yr)	19.3	7.2
	11th Grade(17 yr)	19.4	5.9
	12th Grade(18 yr)	20.0	6.9
Girls (Current users)	7th Grade(13 yr)	3.3	4.2
	8th Grade(14 yr)	5.6	3.2
	9th Grade(15 yr)	5.7	5.0
	10th Grade(16 yr)	9.2	4.4
	11th Grade(17 yr)	10.0	4.4
	12th Grade(18 yr)	7.9	4.4
TOTAL (boys and girls)	7th Grade(13 yr)	5.6	5.1
	8th Grade(14 yr)	8.5	4.0
	9th Grade(15 yr)	9.2	5.4
	10th Grade(16 yr)	14.8	6.0
	11th Grade(17 yr)	15.2	5.2
	12th Grade(18 yr)	14.3	5.7

1. REFERENCE : Global Youth Tobacco Survey, 2008-2009
2.The definition of "current smoking/tobacco use" : Having tried to smoke in the last 30 days, even it's just one puff or two.

B. EXPOSURE TO TOBACCO SMOKE

a. Do you have any data on exposure to tobacco smoke in your population? ☒ Yes ☐ No

b. If you answered "Yes" to question 2.2.1, please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).

According to a survey conducted in 2009, 20.8 % of the interviewee shows exposure to second hand smoke at home in the last week, 14% of the interviewee shows being exposed to second hand smoke in indoor workplace or office in the last week, 7.8% of the interviewee shows being exposed to second hand smoke in indoor public places. Since the expansion of premises that is prohibited from smoke as, the rate of exposure to second hand smoke has shown a decreasing trend.

REFERENCE : 1. Adult Smoking Behavior Survey, 2009
2. National Health in working places environment Survey, 2009

C. TOBACCO-RELATED MORTALITY

a .Do you have information on tobacco-related mortality in your population? ☒ Yes ☐ No

b. If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.

To estimate smoking attributable mortality (SAM) in Taiwan for the years 2001 through 2020 under scenarios of reductions in smoking rates by 0%, 2%, 4%, and 10% per year, researchers have used the smoking attributable fraction (SAF) to calculate SAM from the risk experience in following up a large cohort (86 580 people) in Taiwan. Smoking rates were based on the 2001 National Health Interview Survey and other national surveys. An average 10 year lag was assumed between smoking rates and subsequent mortality.

Relative risk (RR) of smoking related diseases is one of the main elements in the formula calculating SAF, relative risks for current smokers were derived from follow up data from a large cohort in Taiwan beginning in 1982. The researchers examined the relation between smoking status and subsequent mortality risks (RR), many kinds of cancer, such as Lip, oral cavity, pharynx cancer, lung cancer, Nasopharyngeal cancer, Oesophageal cancer, Stomach cancer, Colon cancer and Rectal cancer, Diabetes mellitus and heart disease, etc. were included in calculating the smoking attributable mortality.

REFERENCE: C. P. Wen et al., Smoking attributable mortality for Taiwan and its projection to 2020 under different smoking scenarios, TOBACCO CONTROL (2005)

D. TOBACCO-RELATED COSTS

a. Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society? ☒ Yes ☐ No

b. If you answered "Yes" to question 2.4.1, please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).

After the implementation of the National Health Insurance (NHI) in 1995, being a compulsory social insurance, more than 97% of the population were covered under this programme. The Bureau of the NHI has released claims data for academic use since 2001. In estimating the smoking attributable medical expenditures, we should base on the outpatient and inpatient expenditures paid by the Bureau of NHI, however, this does not include the expenditures not covered by the insurance (for example, certain preventive services, and out-of-plan services), and we used the International Classification of Disease, 9th revision (ICD-9) codes of the 19 categories of diseases as the key variable to link NHI claim data. Regarding the definition of smoking status, current smokers refers to those who were still smoking at the time of recruitment into the cohort study. It should be noted that this study limited it study object to people aged 35 and over, since it assumed that the cumulated effect cause by smoking to death rate is not going to appear before age 35.

Based on the above-mentioned points, we could know that the medical expenditures attributable to smoking accounted for 6.8% of the total medical expenditures of people aged 35 and over for the year 2001 in Taiwan. Based on two assumptions, the first one is that the basic needs for medical care are the same for current smokers and non-smokers, and the second assumption was that among all the risk factors affecting the use of medical services, smoking condition did not have significant interaction with other risk factor. We could tell that the annual medical expenditure per smokers is about US$630.29, while the annual medical expenditure for non-smokers is about US$560.18 only, the mean annual medical expenditures per smoker was US$70 more than that of each non-smoker.

The major indirect cost attributed form smoking is the reduction of the national productivity. The study shows that smoking attributable years of potential life lost (YPLL) totalled to 217,716 years for males and 15,426 years for females, and referring to 2001's official statistics related to labour force participation rates, unemployment rates, and the average annual income of those who were employed. There were about US$137,100 lost of productivity for males and about US$1,870 lost of productivity for females.

REFERENCE: C. P. Wen et al., Smoking attributable medical expenditures, years of potential life lost, and the cost of premature death in Taiwan, TOBACCO CONTROL (2005)

E. SUPPLY OF TOBACCO AND TOBACCO PRODUCTS(with reference to Articles 6.2(b), 20.4(c), and 15.5)

a Licit supply of tobacco products

	Product	Unit	Domestic production	Exports	Imports
Smoking tobacco products	Cigarette	Per thousand unit	18,686,149	N/A	19,409,453
	Non-cigarette	Kilo-gram	360	N/A	233,544

REFERENCE: Market Analysis on Tobacco and Liquor, 2009

F. SEIZURES OF ILLICIT TOBACCO PRODUCTS(with reference to Article 15.5)

	Year	Product	Unit	Quantity seized
Smoking tobacco products	2009	Tobacco	Per 10000 pack	1027.81
	2008	Tobacco	Per 10000 pack	455.98
	2007	Tobacco	Per 10000 pack	1089.86

REFERENCE: Market Analysis on Tobacco and Liquor, 2009

G. TOBACCO-GROWING

a. Is there any tobacco-growing in your jurisdiction? ☒ Yes ☐ No

b. The amount of Taiwan-province-produced tobacco leaf procured by Taiwan Tobacco & Liquor Corporation (former "Taiwan Tobacco & Wine Monopoly Bureau) during 1997 to 2009 (Taiwan Tobacco & liquor Corporation)

year	The No.of households farmers	The procured price of tobacco leaf (NTD)	Gross National product (million)	Proportion of GDP accounted for tobacco production (%)
1997	2,532	2,014,632,144	8,574,784	0.0235
1998	2,486	1,936,866,494	9,204,174	0.0210
1999	2,439	1,859,341,746	9,649,049	0.0193
2000	2,361	2,254,040,054	10,187,394	0.0221
2001	2,368	1,831,356,359	9,930,387	0.0184
2002	2,165	1,503,438,430	10,411,639	0.0144
2003	2,119	871,664,688	10,696,257	0.0081
2004	2,083	911,293,488	11,365,292	0.0080
2005	2,065	455,259,113	11,740,279	0.0039
2006	1,893	370,598,810	12,243,471	0.0030
2007	1,811	299,735,926	12,910,511	0.0023
2008	2,020	321,914,213	12,698,501	0.0025
2009	1,967	359,425,814	12,512,678	0.0029

REFERENCE: Internal Record provided from Taiwan Tobacco and Liquor Company.

H. TAXATION OF TOBACCO PRODUCTS(with reference to Articles 6.2(a) and 6.3)

a. How are the excise taxes levied (what types of taxes are levied)?

- Specific tax only ☐ Yes ☒ No
- Ad valorem tax only ☐ Yes ☒ No
- Combination of specific and ad valorem taxes ☒ Yes ☐ No

b. If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)

	Product	Type of tax	Rate or amount	Base of tax
Smoking tobacco products	Imported Cigarette	Tariff	27%	After-tax Price
		Service Charge for Trade Promotion	0.04%	After-tax Price
		Tobacco Tax	590 Dollar	Per 1000 units
		VAT	5%	Sales Price
		The Health and Welfare Surcharge on Tobacco Product	1000 dollar	Per 1000 units
	Domestic Cigarette	Tobacco Tax	590 Dollar	Per 1000 units
		VAT	5%	Sales Price
		The Health and Welfare Surcharge on Tobacco Product	1000 dollar	Per 1000 units
Smokless tobacco products	As Above			
Other tobacco products	Imported Tobacco Product	Tariff	20 %	After-tax Price
		Service Charge for Trade Promotion	0.04%	After-tax Price
		Tobacco Tax	590 dollar	Per 1000 units
		VAT	5 %	Sales Price
		The Health and Welfare Surcharge on Tobacco Product	1000 dollar	Per 1000 units

c. Please briefly describe the trends in taxation for tobacco products in the past three years or since submission of your last report in your jurisdiction.

Yaer	2007	2008	2009
Tariff	5,389,681	5,529,804	4,512,408
Health and Welfare Surcharge	20,111,981	20,109,343	24,565,516
Tobacco Tax	23,452,000,000	23,732,000,000	16,499,000,000

d. please provide details in the space below.

Article 4 of Regulation on the distribution and operation of Tobacco Health and Welfare Surcharge:
The distribution of tobacco health and welfare surcharge shall be conducted according to the actual need of those being referred or subsidized subject to that a lump-sum shall be utilized to refer and subsidize tobacco growers and workers in relevant industry providing that such amount shall not be more than 1% of the amount of Tobacco Health and Welfare Surcharge collected in previous year. Council of Agriculture under Executive Yuan would decide this amount in accordance with the procedure for drafting annual budget, while the remaining part shall be distributed in accordance with the following rule:

1. 70% to be appropriated for secured reserve for National Health Insurance.
2. 6% to be appropriated for the prevention and cure of cancer.
3. 5% to be appropriated for promoting the quality of precautionary medicine and clinical medicine.
4. 3% to be appropriated for subsidizing the area lack of medical resources.
5. 2% to be appropriated for medical expense incurred from rare disease.
6. 4% to be appropriated for subsidizing the insurance premium of those who has difficulty economically.
7. 3% to be appropriated for the prevention of tobacco hazard in both national and local level.
8. 3% to be appropriated for social welfare in both national and local level.
9. 1% to be appropriated for the inspection on illicit trade tobacco product and prevention of evasion of tax and surcharge on tobacco product.

REFERENCE : 1. Tobacco and Alcohol Act, May 12, 2008.
2. Tobacco Hazard Prevention Act, Jan. 23, 2009.
3. Article 4 of Regulation on the distribution and operation of Tobacco Health and Welfare Surcharge, announced Dec. 30, 2009.

I. PRICE OF TOBACCO PRODUCTS(with reference to Article 6.2(a))

a. Please provide the retail prices of the three most widely sold brands of domestic and imported tobacco products at the most widely used point of sale in your capital city.

Smoking tobacco products (Most widely sold brand)		Number of units or amount per package	Retail price
Domestic	Long-Life	20	NTD 55
	Gentle	20	NTD 55
	Wang-Pai	20	NTD 50
Imported	Mild Seven	20	NTD 75
	Dunhill	20	NTD 75
	Davidoff	20	NTD 90

REFERENCE : 2009Adult Smoking Behavior Survey

LEGISLATION, REGULATION AND POLICIES

Article	MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO (with reference to Articles 6–14)			
6	Price and tax measures to reduce the demand for tobacco			
6.2(a)	tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?		☒ Yes	☐ No
6.2(b)	prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?		☐ Yes	☒ No
	prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?		☒ Yes	☐ No
	Protection from exposure to tobacco smoke			
8.2	protection from exposure to tobacco smoke in indoor workplaces?	Complete	Partial	None
	—government buildings	☒	☐	☐
	—health-care facilities	☒	☐	☐
	—educational facilities	☒	☐	☐
	—private workplaces	☒	☐	☐
	—motor vehicles used as places of work (e.g., ambulances, delivery vehicles)	☒	☐	☐
	protection from exposure to tobacco smoke in public transport?	Complete	Partial	None
	—airplanes	☒	☐	☐
	—trains	☒	☐	☐
	—ground public transport (buses, trolleybuses, trams)	☒	☐	☐
	—taxis	☒	☐	☐
	protection from exposure to tobacco smoke in indoor public places?	Complete	Partial	None
	—cultural facilities	☒	☐	☐
	—bars	☐	☐	☒
	—nightclubs	☐	☐	☒
	—restaurants	☒	☐	☐
	—other (please specify: KTV)	☒	☐	☐
	Regulation of the contents of tobacco products			
9	—testing and measuring the contents of tobacco products?		☒ Yes	☐ No

9	—testing and measuring the emissions of tobacco products?	☒ Yes	☐ No
	—regulating the contents of tobacco products?	☒ Yes	☐ No
	—regulating the emissions of tobacco products?	☒ Yes	☐ No
Regulation of tobacco product disclosures			
10	requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:		
	contents of tobacco products?	☒ Yes	☐ No
	emissions of tobacco products?	☒ Yes	☐ No
	requiring public disclosure of information about the:		
	contents of tobacco products?	☒ Yes	☐ No
	emissions of tobacco products?	☒ Yes	☐ No
Packaging and labelling of tobacco products			
11	requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?	☒ Yes	☐ No
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 about its characteristics, health effects, hazards or emissions?	☒ Yes	☐ No
11.1(b)	requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use?	☒ Yes	☐ No
11.1(b)(i)	ensuring that the health warnings are approved by the competent national authority?	☒ Yes	☐ No
11.1(b)(ii)	ensuring that the health warnings are rotated?	☒ Yes	☐ No
11.1(b)(iii)	ensuring that the health warnings are clear, visible and legible?	☒ Yes	☐ No
11.1(b)(iv)	ensuring that the health warnings occupy no less than 30% of the principal display areas?	☒ Yes	☐ No
	ensuring that the health warnings occupy 50% or more of the principal display areas?	☒ Yes	☐ No
11.1(b)(v)	ensuring that health warnings are in the form of, or include, pictures or pictograms?	☒ Yes	☐ No
11.2	requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant constituents and emissions of tobacco products?	☒ Yes	☐ No
11.3	requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?	☒ Yes	☐ No

MPOWER

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TOBACCO CONTROL

Education, communication training and public awareness			
12(a)	educational and public awareness programmes? (Please refer to programmes implemented since submission of your two-year report.)	☒ Yes	☐ No
	adults or the general public	☒ Yes	☐ No
	children and young people	☒ Yes	☐ No
	men	☒ Yes	☐ No
	women	☒ Yes	☐ No
	pregnant women	☒ Yes	☐ No
	ethnic groups	☒ Yes	☐ No
	other (please specify: aboriginal)	☒ Yes	☐ No
12(b)	If you answered "Yes" to question 3.2.6.1, do these educational and public awareness programmes cover:		
	health risks of tobacco consumption?	☒ Yes	☐ No
	health risks of exposure to tobacco smoke?	☒ Yes	☐ No
	benefits of the cessation of tobacco use and tobacco-free lifestyles?	☒ Yes	☐ No
12(d)	Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:		
	health workers?	☒ Yes	☐ No
	community workers?	☒ Yes	☐ No
	social workers?	☐ Yes	☒ No
	media professionals?	☒ Yes	☐ No
	educators?	☒ Yes	☐ No
	decision-makers?	☒ Yes	☐ No
	administrators?	☒ Yes	☐ No
12(f)	adverse economic consequences of tobacco production?	☒ Yes	☐ No
	adverse environmental consequences of tobacco production?	☒ Yes	☐ No
Tobacco advertising, promotion and sponsorship			
13.2	display and visibility of tobacco products at points of sales?	☐ Yes	☒ No
	the domestic Internet?	☒ Yes	☐ No
	the global Internet?	☒ Yes	☐ No
	brand stretching and/or brand sharing?	☒ Yes	☐ No
	product placement as a means of advertising or promotion?	☒ Yes	☐ No

13.2	the depiction of tobacco or tobacco use in entertainment media products?	☒ Yes	☐ No
	tobacco sponsorship of international events or activities and/or participants therein?	☒ Yes	☐ No
	contributions from tobacco companies to any other entity for "socially responsible causes" and/or any other activities implemented under the umbrella of "corporate social responsibility" by the tobacco industry?	☒ Yes	☐ No
	cross-border advertising, promotion and sponsorship originating from your territory?	☒ Yes	☐ No
13.7	the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply?	☒ Yes	☐ No
	Demand reduction measures concerning tobacco dependence and cessation		
14.1	programmes to promote cessation of tobacco use, including:		
	media campaigns emphasizing the importance of quitting?	☒ Yes	☐ No
	programmes specially designed for women and/or pregnant women?	☒ Yes	☐ No
	local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?	☒ Yes	☐ No
14.2(a)	design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:		
	educational institutions?	☒ Yes	☐ No
	health-care facilities?	☒ Yes	☐ No
	workplaces?	☒ Yes	☐ No
	sporting environments?	☒ Yes	☐ No
14.2(b)	inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for:		
	tobacco control?	☒ Yes	☐ No
	health?	☒ Yes	☐ No
	education?	☒ Yes	☐ No
	If you answered "Yes" to question 3.2.8.5, which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?		
	primary health care	☒ Yes	☐ No
	secondary and tertiary health care	☒ Yes	☐ No
	specialized centres for cessation counselling and treatment of tobacco dependence	☒ Yes	☐ No
	rehabilitation centres	☐ Yes	☒ No

14.2(b)	Health professionals including:		
	physicians	☒ Yes	☐ No
	dentists	☒ Yes	☐ No
	family doctors	☒ Yes	☐ No
	practitioners of traditional medicine	☐ Yes	☒ No
	nurses	☒ Yes	☐ No
	midwives	☒ Yes	☐ No
	pharmacists	☒ Yes	☐ No
	Community workers	☒ Yes	☐ No
	Social workers	☒ Yes	☐ No
14.2(d)	If you answered "Yes" to question 3.2.8.10, which pharmaceutical products are available for the treatment of tobacco dependence in your jurisdiction?		
	nicotine replacement therapy	☒ Yes	☐ No
	bupropion	☒ Yes	☐ No
	varenicline	☒ Yes	☐ No
MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO (with reference to Articles 15–17)			
15	Illicit trade in tobacco products		
15.2	requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?	☐ Yes	☒ No
15.2(a)	requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market?	☒ Yes	☐ No
15.2(a)	requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: "Sales only allowed in …" or carry any other effective marking indicating the final destination of the product?	☐ Yes	☒ No
15.2(b)	developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?	☐ Yes	☒ No
15.3	requiring that marking is presented in legible form or appears in the principal language and/or languages of the country?	☒ Yes	☐ No
15.4(a)	If you answered "Yes" to question 3.3.1.6, do you facilitate the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?	☐ Yes	☒ No
15.4(d)	adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties?	☐ Yes	☒ No

15.4(e)	enabling the confiscation of proceeds derived from illicit trade in tobacco products?	☒ Yes	☐ No
15.6	promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?	☒ Yes	☐ No
15.7	licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?	☒ Yes	☐ No
	Sales to and by minors		
16.1	prohibiting the sales of tobacco products to minors? If "Yes", please specify the legal age: 18years	☒ Yes	☐ No
16.1(a)	requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors?	☒ Yes	☐ No
16.1(a)	requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?	☒ Yes	☐ No
16.1(b)	banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?	☒ Yes	☐ No
16.1(c)	prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?	☒ Yes	☐ No
16.1(d)	prohibiting the sale of tobacco products from vending machines?	☒ Yes	☐ No
16.2	prohibiting and/or promoting the prohibition of the distribution of free tobacco products:		
	to the public?	☒ Yes	☐ No
	to minors?	☒ Yes	☐ No
16.3	prohibiting the sale of cigarettes individually or in small packets?	☒ Yes	☐ No
16.6	providing for penalties against sellers and distributors in order to ensure compliance?	☒ Yes	☐ No
16.7	prohibiting the sales of tobacco products by minors?	☐ Yes	☒ No
	Provision of support for economically viable alternative activities		
17	tobacco growers?	☒ Yes	☐ No
	tobacco workers?	☐ Yes	☒ No
	tobacco individual sellers?	☐ Yes	☒ No
	Protection of the environment and the health of persons (with reference to Articles 18–21)		
18	implementing measures in respect of tobacco cultivation within your territory, which take into consideration:		
	the protection of the environment?	☐ Yes	☒ No
	the health of persons in relation to the environment?	☐ Yes	☒ No

18	implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:		
	the protection of the environment?	☐ Yes	☒ No
	the health of persons in relation to the environment?	☐ Yes	☒ No
	Liability		
19.1	dealing with criminal and civil liability, including compensation where appropriate?	☐ Yes	☒ No
	Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?	☐ Yes	☒ No
	Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?	☐ Yes	☒ No
	Research, surveillance and exchange of information		
20.1(a)	developing and/or promoting research that addresses:		
	determinants of tobacco consumption?	☒ Yes	☐ No
	consequences of tobacco consumption?	☒ Yes	☐ No
	social and economic indicators related to tobacco consumption?	☒ Yes	☐ No
	tobacco use among women, with special regard to pregnant women?	☒ Yes	☐ No
	the determinants and consequences of exposure to tobacco smoke?	☒ Yes	☐ No
	identification of effective programmes for the treatment of tobacco dependence?	☒ Yes	☐ No
	identification of alternative livelihoods?	☐ Yes	☒ No
20.1(b)	training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?	☒ Yes	☐ No
20.3(a)	a national system for epidemiological surveillance of:		
	patterns of tobacco consumption?	☒ Yes	☐ No
	determinants of tobacco consumption?	☒ Yes	☐ No
	consequences of tobacco consumption?	☒ Yes	☐ No
	social, economic and health indicators related to tobacco consumption?	☒ Yes	☐ No
	exposure to tobacco smoke?	☒ Yes	☐ No
20.4	regional and global exchange of publicly available national:		
	scientific, technical, socioeconomic, commercial and legal information?	☒ Yes	☐ No
	information on the practices of the tobacco industry?	☐ Yes	☒ No
	information on the cultivation of tobacco?	☐ Yes	☒ No

20.4(a)	an updated database of:		
	laws and regulations on tobacco control?	☒ Yes	☐ No
	information about the enforcement of laws on tobacco control?	☒ Yes	☐ No
	pertinent jurisprudence?	☒ Yes	☐ No

INTERNATIONAL COOPERATION AND ASSISTANCE

		Assistance received	Assistance received
22.1(a)	development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?	☐ Yes ☒ No	☐ Yes ☒ No
22.1(b)	provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?	☒ Yes ☐ No	☐ Yes ☒ No
22.1(c)	appropriate training or sensitization programmes for appropriate personnel in accordance with Artide 12?	☒ Yes ☐ No	☐ Yes ☒ No
22.1(d)	provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?	☒ Yes ☐ No	☐ Yes ☒ No
22.1(e)	identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?	☐ Yes ☒ No	☐ Yes ☒ No
22.1(f)	promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?	☐ Yes ☒ No	☐ Yes ☒ No

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TOBACCO CONTROL

PRIORITIES AND COMMENTS

1	What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction? (1) Implement the strategies of tobacco piice tag and taxation. (2) Free from exposing to tobacco smoke as well as offer treatment for quitting smoking. (3) The test, control, and declaration for the ingredient and emission of tobacco products (4) The educational intercourse, cultivation, and public consciousness to tobacco-related illnesses. (5) Regulate the packaging and labelling of tobacco products, and forbid tobacco advertising, promotion and sponsorship (6) Restrain illicit trade in tobacco products (7) Restrain selling tobacco products to minors and protect underprivileged groups. (8) Research and discuss the legal responsibility of tobacco industry. (9) Enhance international science and technology cooperation and information intercommunication.
2	Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control? ☐ Yes ☒ No
3	What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention? (Please re'er to Article 21.1(b).) Owing to the exclusive from membership of WHO and UN, Taiwan has to be absent from COP or related technological assemblies, this leads to the scarcity of sufficient international status and technological information, and forms a bigger barrier for Taiwan to practice smoking-prevention campaign both in domestic and international communities. Furthermore, Taiwan is situated ina a specific geographical location, were Taiwan not involved in FCTC related work, especially in illicit trade and transnational advertisements, it would become an indentation of the Pacific-Asia defensive line, and will become a dumping object of international tobacco industry.
4	Please provide any relevant information not covered elsewhere that you consider important. Since January 11, 2009, according to Article 15 of the Tobacco Hazards Prevention Act, smoking is completely prohibited in the some public places in Taiwan, in order to reduce the injure of public health from tobacco smoke. While implementing the measure, we recognize several new-type tobacco products. Among them, smokeless tobacco raises the issue of whether it is applicable for the regulation of smoking prohibition in public places, since this kind of tobacco product doesn't produce tobacco smoke. Nevertheless, Smokeless tobacco still harms the users health. Besides, with the development of technology and public demand, various new types of tobacco products came out rapidly. We suggest that new types of tobacco products become an important issue of FCTC. Specifically, we suggest that the COP could formulate comprehensive regulation of smokeless tobacco by adopting protocol or guidelines.

Appendix

Tobacco Hazards Prevention Act and Related Legal Information

Amended Date: 2009.01.23

Chapter 1 General Principles

Article 1 This Act is enacted to prevent and control the hazards of tobacco in order to protect the health of the people. Any subjects not mentioned herein shall be governed by other pertinent and applicable laws and decrees.

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

(1) Tobacco products" refer to cigarettes, cut tobacco, cigars and other products entirely or partly made of the leaf tobacco or its substitute as raw material which are manufactured to be used for smoking, chewing, sucking, snuffing or other methods of consuming.

(2) Smoking" refers to the act of smoking, sniffing, sucking, or chewing tobacco products, or holding burning tobacco products.

(3) Tobacco product containers" refer to all the packaging boxes, cans, or other containers used for selling the tobacco products to the consumers.

(4) Tobacco product advertisements" refer to any form of commercial advertisements, promotions, recommendations, or actions, whose direct or indirect purposes or effects are to market or promote tobacco use to unspecified consumers.

(5) Tobacco sponsorship" refers to the donations of any form to any events, activities or individual, whose direct or indirect purposes or effects are to market or promote tobacco use to unspecified consumers.

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.

Chapter 2 The Health And Welfare Surcharge And The Administration Of Tobacco Products

Article 4 The Health and Welfare Surcharge shall be imposed on tobacco products, the amount of which shall be as follows:

(1) Cigarettes: NTD 1,000 every one thousand sticks.

(2) Cut tobacco: NTD 1,000 every kilogram.

(3) Cigars: NTD 1,000 every kilogram.

(4) Other tobacco products: NTD 1,000 every kilogram.

The competent authority at the central government level and the Ministry of Finance shall, for once every two years, invite and assembly scholars and experts specialized in finance, economic, public health and relevant fields to conduct reviews of the amounts of the aforementioned Health and Welfare Surcharge based on the following factors:

(1) The various types of diseases attributable to the smoking activities, the morbidity and mortality of such diseases, as well as the medical costs thereby incur upon the National Health Insurance;

(2) Total amount of consumption on tobacco products and smoking rate;

(3) Ratio of tobacco levies to average retail prices of the tobacco products;

(4) National income and consumer price index; and

(5) Other relevant factors affecting the prices of the tobacco products and the preventions of the tobacco hazards.

If the amounts contained in the first paragraph, after being reviewed by the competent authority at the central government level and the Ministry of Finance pursuant to the second paragraph above, are considered necessary to be increased, such increased amounts shall be approved by the Executive Yuan and passed by the Legislative Yuan after examination.

The collected surcharges shall be used exclusively for the National Health Insurance reserves, for cancer prevention and control, for upgrading the quality of medical care, for subsidizing in the area where found shortage of medical supplies and the operation of related medical units, for subsidizing to the medical expenses of rare disorder or otherwise, for subsidizing to the Insurance fee of the person who need help due to economic difficulties, for implementing hazard-related preventive measures at both national and provincial levels, for promoting public health and social welfare, for investigating smuggled or inferior tobacco products, for preventing tax evasion of tobacco products, for providing assistance to tobacco farmers and workers of relevant industries. The rules of allocation and the operational agenda dealing with the collected surcharges shall be formulated by the competent authority at the central government level and the Ministry of Finance, and shall be examined and approved by the Legislative Yuen.

The definitions of the area where found shortage of medical supplies and the operation of related medical units and the person who need help due to economic difficulties in the previous paragraph will be stipulated by the central competent authority.

The Health and Welfare Surcharges of tobacco products shall be collected by the collecting agencies of the tobacco and alcohol taxes at the same time those taxes are collected. The taxpayers, the exemptions, the refunds, and the collections and the penalties relating to the above-mentioned surcharges shall be decided and conducted in accordance with the Tobacco and Alcohol Taxes Act.

Article 5 Tobacco products shall not be sold by any of the following methods:

(1) Vending machines, mail orders, on-line shoppings, or any other methods through which the age of the consumers cannot be screened by the vendors;

(2) Methods such as store shelves which are directly accessible by the consumers whose age cannot be screened; or

(3) With the exception of cigars, packaging less than twenty cigarettes per vending unit or the net weight of the content of such unit is less than 15 grams.

Article 6 The tobacco products, their brand names, and the texts and marks printed on tobacco product containers shall not use expressions such as light, low tar, or any other misleading words or marks implicating that smoking has no harmful effects, or only has minor harmful effects, on health.

The tobacco products containers shall, at a conspicuous place on the largest front and back outside surfaces, label in Chinese health warning texts and images describing the harmful effects of tobacco use, as well as relevant information for quitting smoking. The area occupied by such texts and images shall not be less than 35% of each labeling surfaces.

The regulations regarding the contents, sizes and other matters relating to the above-mentioned labeling requirements shall be prescribed by the competent authority at the central government level.

Article 7 The level of nicotine and tar contained in the tobacco products shall be indicated, in Chinese, on the tobacco product containers. This requirement, however, does not apply to tobacco products manufactured exclusively for exports.

The nicotine and tar levels referred to in the preceding paragraph shall not exceed the maximum amounts. The regulations relating to the maximum amounts and their testing measures, the methods in labeling such amounts, as well as other matters need to be observed, shall be prescribed by the competent authority at the central government level.

Article 8 Manufacturers and importers of tobacco products shall disclose and report the following information:

(1) Contents and additives of the tobacco products as well as their relevant toxic information; and

(2) Emissions produced by the tobacco products as well as their relevant toxic information.

The competent authority at the central government level shall periodically and voluntarily disclose to the public the information received in pursuant to the preceding paragraph; and may send personnel to acquire samples for conducting inspections (tests).

The regulations relating to the contents, schedules, procedures and inspections (tests) of the information required to be reported and other relevant matters pursuant to the preceding two paragraphs shall be prescribed by the competent authority at the central government level.

Article 9 The promotion or advertising of tobacco products shall not employ the following methods:

(1) Advertising through radio, television, film, video, electronic signal, internet, newspaper, magazine, billboard, poster, leaflet, notification, announcement, reference manual, sample, posting, display, or through any other written, illustrated form, item or digital recording device.

(2) Using journalist interviews or reports to introduce tobacco products, or using other people's identity without proper authorization to conduct promotion.

(3) Using discount to sell tobacco products, or using other items as gift or prize for such sales.

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

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

(6) Distributing or selling tobacco products in forms of individual sticks, in loose packs or sheathed.

(7) Using merchandises with brand names or trademarks identical or similar to tobacco products in conducting promotion or advertising.

(8) Using tea parties, meal parties, illustration conferences, testing events, concerts, lectures, sports or public interest events, or other similar methods to conduct promotion or advertising.

(9) Any other methods prohibited by competent authority at the central government level through public notice.

Article 10 The places for selling tobacco products shall, at conspicuous locations, post the warning images and texts required by Paragraph 2 of article 6, Paragraph 1 of article 12 and article 13; the display of tobacco products or tobacco product containers shall be limited to the necessary extent in allowing consumers to acquire information on brand names and prices of the tobacco products.

The scopes, contents and methods of the posting and the displaying required by the preceding paragraph, as well as other matters need to be observed, shall be prescribed by the competent authority at the central government level.

Article 11 No business premises shall provide customers with free tobacco products for the purpose of promoting or profit-making.

Chapter 3 The Prohibition Of Smoking By Children, Minors And Pregnant Women

Article 12 Persons under the age of eighteen shall not smoke.

Pregnant women shall not smoke.

The parents, guardians or other people actually in charge of the care of persons under the age of eighteen shall forbid the said persons to smoke.

Article 13 No person shall provide tobacco products to persons under the age of eighteen.

No person shall force, induce or use other means to cause the pregnant woman to smoke.

Article 14 No person shall manufacture, import or sell candies, snacks, toys or any other objects in form of tobacco products.

Chapter 4 Places Where Tobacco Use Are Restricted

Article 15 Smoking is completely prohibited in the following places:

(1) schools at all levels up to and including high schools, children and youth welfare institutions and other places the main purposes of which are for educations or activities of children and youth;

(2) indoor areas of universalities and colleges, libraries, museums, art galleries, and other places where the culture or social education institutions are located;

(3) the places where medical institutions, nursing homes, other medical care institutions, and other social welfare organizations are located, with the exception of separate indoor smoking partitions equipped with independent air-conditioning or ventilation systems or outdoor areas of the welfare institutions for the elderly;

(4) indoor areas of the government agencies and state-owned enterprises;
(5) public transportation vehicles, taxis, sightseeing buses, rapid transit systems, stations or passenger rooms;
(6) places for the manufacturing, storage or sale of flammable and explosive items;
(7) the business areas of banks, post offices and offices of telecommunication businesses;
(8) places for indoor sports, exercises or body-tuildings;
(9) classrooms, reading rooms, laboratories, performance halls, auditoriums, exhibition rooms, conference halls (rooms) and the interior of elevators;
(10)indoor areas of opera houses, cinemas, audio-visual businesses, computer entertainment businesses, or other leisure entertainment locations open to the general public;
(11)indoor areas of hotels, shopping malls, restaurants or other business locations for public consumption, with the exceptions of those locations equipped with separate smoking partitions with independent air-conditioning systems, semi-outdoor restaurants, cigar houses, bars and audio-visual businesses which are only open after 9:00 pm and exclusively to persons beyond 18 years of age;
(12)indoor workplaces jointly used by three or more persons; and
(13)other indoor public places, as well as the places and transportation facilities designated and announced by the competent authorities at various levels of the government.

The places mentioned in the preceding paragraph shall have conspicuous non-smoking signs at all of their entrances, and shall not supply smoking-related objects.

Article 16 Smoking in the following places is prohibited except in the designated smoking areas, and smoking is completely prohibited therein if no such smoking area is designated:
(1) outdoor areas of universalities and colleges, libraries, museums, art galleries, and other places where the culture or social education institutions are located;
(2) outdoor stadiums, swimming pools and other leisure entertainment locations open to the general public;
(3) outdoor areas of the welfare institutions for the elderly; and
(4) other places and transportation facilities designated and announced by the competent authorities at various levels of the government.

The places mentioned in the preceding paragraph shall have conspicuous signs at all of their entrances and other appropriate locations indicating non-smoking or smoking is prohibited outside the smoking area, and shall not supply smoking-related objects except within of the smoking area.

The designation of smoking area pursuant to Paragraph 1 shall observe the following regulations:
(1) the designated smoking area shall have conspicuous signs and marks;
(2) the designated smoking area shall not occupy more than one-half of the indoor and/or outdoor areas of its respective places, and the indoor smoking room shall not be located at the necessary passageway.

Article 17 Although not listed in either Paragraph 1 of article 15 or Paragraph 1 of the preceding article, smoking is prohibited at the place where it is designated by the owners or persons in charge of such place to be non-smoking.

Smoking is prohibited in the indoor areas where pregnant women or children younger than three years of age are present.

Article 18 The person in charge of a place where smoking is prohibited or restricted, as well as the employees thereof, shall stop those who smoke in the non-smoking places listed in Articles 15 and 16, or those who under the age of eighteen to enter the smoking areas.

Other on-site persons may dissuade those who smoke in non-smoking places.

Article 19 The competent authorities of the cities with provincial status and at the county (city) level shall periodically send personnel to inspect the places listed in Articles 15 and 16, as well as the matters relating to the establishments and administrations of the smoking areas.

Chapter 5 Education And Publicizing Campaign Against Tobacco Hazards

Article 20 Government agencies and schools shall actively engage in educations and publicizing campaign against tobacco hazards.

Article 21 Medical institutions, mental health counseling institutions and public interest groups may provide services on quit-smoking.

The regulations for subsidizing and rewarding the services pursuant to the preceding paragraph shall be prescribed by the competent authorities at the various levels of the government.

Article 22 The images of smoking shall not be particularly emphasized in television programs, drama or theatrical performances, audio-visual singing and professional sports events.

Chapter 6 Penal Provisions

Article 23 Any person in violation of the provisions set forth in article 5 or Paragraph 1 of article 10 shall be punished by a fine in an amount of no less than NTD 10,000 but no more than NTD 50,000. Repeated violators may be fined continuously and independently for each violation.

Article 24 Manufacturers or importers in violation of Paragraphs 1 and 2 of article 6 or Paragraph 1 of article 7 shall be punished by a fine in an amount of no less than NTD 1,000,000 but no more than NTD 5,000,000, and shall be ordered to recall such tobacco products within a specified period of time. Those who failed to recall within the specified period of time shall be fined continuously and independently for each violation. The tobacco products found to be in violation shall be confiscated and destroyed.

Any person who sells tobacco products as in violation of Paragraphs 1 or 2 of article 6 or Paragraph 1 of article 7 shall be punished by a fine in an amount of no less than NTD 10,000 but no more than NTD 50,000.

Article 25 Any person in violation of Paragraph 1 of article 8 shall be punished by a fine at an amount of no less than NTD 100,000 but no more than NTD 500,000, and shall be order to report within a specified period of time. Those who failed to report within the specified perod of time shall be fined repeatedly and continuously for each failure to comply.

Any person who evades, obstructs or refuses the sampling and investigating (testing) by the competent authority at the central government level pursuant to Paragraph 2 of article 8 shall be punished by a fine at an amount of no less than NTD 100,000 but no more than NTD 500,000.

Article 26 Manufacturers or importers in violation of any subparagraphs of article 9 shall be punished by a fine at an amount of no less than NTD 5,000,000 but no more than NTD 25,000,000, and shall be fined repeatedly and continuously for every single violations.

Any person in the business of advertising or mass communication which produce advertisements for tobacco products or accept them for broadcasting, dissemination or printing in violation of the subparagraphs listed in article 9 shall be punished by a fine at an amount of no less than NTD 200,000 but no more than NTD 1,000,000, and shall be fined for each violations.

Any person in violation of the subparagraphs listed in article 9, unless otherwise provided for by the preceding two paragraphs, shall be punished by a fine at an amount of no less than NTD 100,000 but no more than NTD 500,000, and shall be fined repeatedly and continuously for each violations.

Article 27 Any person in violation of article 11 shall be punished by a fine at an amount of no less that NTD 2,000 but no more than NTD 10,000.

Article 28 Any person in violation of Paragraph 1 of article 12 shall receive quit-smoking education. For violators who are under the age of eighteen and unmarried, their parents or guardians shall be held responsible to have the violators to attend the educational programs.

Any person who, after being duly notified, fails to attend the educational program without justifiable cause shall be punished by a fine at an amount of no less than NTD 2,000 but no more than NTD 10,000, and shall be fined repeatedly and continuously for each failure to attend. For violators under the age of eighteen and unmarried, the punishment shall be imposed upon their parents or guardians.

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

Article 29 Any person in violation of article 13 shall be punished by a fine at an amount of no less than NTD 10,000 but no more than NTD 50,000.

Article 30 Manufacturers or importers in violation of article 14 shall be punished by a fine at an amount of no less than NTD 10,000 but no more than NTD 50,000, and shall be ordered to recall such tobacco products within a specified period of time. Those who failed to recall within the specified period of time shall be fined repeatedly and continuously for each failure to recall.

Any person who sells tobacco products as a business is in violation of article 14 shall be punished by a fine at an amount of no less than NTD 1,000 but no more than NTD 3,000.article 31

Any person in violation of Paragraph 1 of article 15 or Paragraph 1 of article 16 shall be punished by a fine at an amount of no less than NTD 2,000 but no more than NTD 10,000.

Any person in violation of Paragraph 2 of article 15 or Paragraphs 2 or 3 of article 16 shall be punished by a fine at an amount of no less than NTD 10,000 but no more than NTD 50,000, and shall be ordered to correct within a specified period of time. Those who failed to correct within the specified period of time may be fined repeatedly and continuously for each failure to correct.

Article 31 Any person in violation of Paragraph 1 of article 15 or Paragraph 1 of article 16 shall be punished by a fine at an amount of no less than NTD 2,000 but no more than NTD 10,000.

Any person in violation of Paragraph 2 of article 15 or Paragraphs 2 or 3 of article 16 shall be punished by a fine at an amount of no less than NTD 10,000 but no more than NTD 50,000, and shall be ordered to correct within a specified period of time. Those who failed to correct within the specified period of time may be fined repeatedly and continuously for each failure to correct.

Article 32 Any person who violates this Act and is punished pursuant to the regulations prescribed in article 23 to the preceding article, his or her personal identity and the manner of violation could at the same time be publicized.

Article 33 The penalties prescribed by this Act, except for article 25 which shall be enforced by the competent authority at the central government level, shall be enforced respectively by the competent authorities of the cities with provincial status and at the county (city) level.

Chapter 7 Supplementary Provisions

Article 34 The Health and Welfare Surcharges collected in pursuant to article 4 which are allocated to central or local governments for tobacco control and public health shall be used by the competent authority at the central government level to set up a foundation in handling the relevant affairs of tobacco control and public health.

The regulations regarding the collections, expenditures, managements and uses of the foundation mentioned in the preceding paragraph shall be prescribed by the Executive Yuan.

Article 35 This Act shall come into force six months from the date of promulgation. Except the effective date for article 4 shall be otherwise prescribed by the Executive Yuan, all provisions amended on June 15, 2007 shall take effect eighteen months after the promulgation of this Act.

Related Regulations

(http://health99.doh.gov.tw/documents/ 菸害防制法 .pdf)

- Regulation of the Tobacco Health and Welfare Surcharge Distribution and Utilization,(2009.12.30)
- Regulations Governing Smoking Cessation Education (2008.02.22)
- Regulation for Subsidizing and Rewarding Smoking Cessation Services (2008.02.22)
- Regulations for the Testing of Yields of Nicotine and Tar Contained in Tobacco Products and the Labeling of Cigarette Containers (2008.03.27)
- The Regulations for Establishment of Indoor Smoking Rooms (2008.05.29)
- Regulations for the Administration of the Display and the Labeling of Tobacco Products at Tobacco-Selling Premises (2008.06.23)
- Regulations for the Administration of Income and Expenditures Related to Tobacco Hazards Prevention and Health Protection Funds (2008.08.21)
- Regulations Governing Reporting of Tobacco Product Information (2008.12.04)

Appendix

Tobacco Hazards Prevention Act Timeline

Date	Content
2007.06.15	The amendment to the Tobacco Hazards Prevention Act passes its third reading in the Legislature
2007.07.11	The president promulgates the amendment to the Tobacco Hazards Prevention Act. The legal source for levying the tobacco health and welfare surcharge is changed from Article 22 of the Tobacco and Alcohol Tax Act to Article 4 of the Tobacco Hazards Prevention Act
2007.10.11	Article 4, Item 4 of the Tobacco Hazards Prevention Act gives competent authorities the right to formulate changes to the Regulation of the Tobacco Health and Welfare Surcharge Distribution and Utilization, to announce these changes and to send them on to the Legislature for deliberation
2008.02.02	The Regulation for Subsidizing and Rewarding Smoking Cessation Services and the Regulations Governing Smoking Cessation Education are announced
2008.03.27	The Regulations for the Testing of Yields of Nicotine and Tar Contained in Tobacco Products and the Labeling of Cigarette Containers are announced
2008.05.29	The Regulations for Establishment of Indoor Smoking Rooms are announced
2008.05.30	A news conference is held for the premiere of the video "Smoke-free Public Places, an All-out Effort by Taiwan's 25 Cities and Counties." The video features the administrative chiefs of the 25 cities and counties and makes a statement that Taiwan will work from the central to the local levels to carry out the ban on smoking in certain public places
2008.06.23	Regulations for the Administration of the Display and the Labeling of Tobacco Products at Tobacco-Selling Premises are announced
2008.07	An investigation is carried out to gauge public knowledge of the new amendment to the Tobacco Hazards Act before both implementation and the media spreading word on the changes
2008.08	The Tobacco Hazards Prevention Act Promotional Effectiveness Restaurant Owner Survey helps gauge awareness of new regulations in the restaurant industry
2008.08.21	The Executive Yuan announces the Regulations for the Administration of Income and Expenditures Related to Tobacco Hazards Prevention and Health Protection Funds
2008.11.10	The Bureau of Health Promotion establishes the Tobacco Hazards Prevention Response Center to serve as an inter-bureau, cross-department task force that meets weekly
2008.11.14	The Executive Yuan drafts revisions to Articles 4 and 35 of the Tobacco Hazards Prevention Act and sends them on to the Legislature
2008.11.28	The first of four meetings for chiefs of city and county health departments is held. The reason for the meeting is to discuss announcement strategies and enforcement of the new regulations to the Tobacco Hazards Prevention Act
2008.12	An investigation is carried out to gauge public knowledge of the new amendment to the Tobacco Hazards Act before implementation but after the media has spread word on the changes. The results are used to enhance announcement strategies

2008.12.01	1. Begin carrying out on-site spot checks in the 25 cities and counties (total of five times) 2. The Department of Health establishes a Tobacco Hazards Prevention Response Center that holds regular meetings
2008.12.04	The Regulations Governing Reporting of Tobacco Product Information are announced
2008.12.10	During the second session of the seventh Legislative Yuan, the Social Welfare and Environmental Hygiene Committee deliberates the draft revisions to Articles 4 and 35 of the Tobacco Hazards Prevention Act during its 22nd plenary committee meeting
2008.12.26	The National Health Command Center, under the Centers for Disease Control, carries out a response mechanism exercise to anticipate issues that may come up when implementing the new amendment to the Tobacco Hazards Prevention Act
2009.01.05	Health Minister Yeh Ching-chuan leads a team in carrying out simulated inspections
2009.01.11	New Tobacco Hazards Prevention Act regulations take effect and the Centers for Disease Control National Health Command Center releases results of the 25 county and city inspection surveys
2009.01.12	1. Revisions to Articles 4 and 35 of the Tobacco Hazards Prevention Act pass their third reading in the Legislature 2. Tobacco control results from 25 counties and cities are analyzed and compared
2009.01.23	The president promulgates revisions to Articles 4 and 35 of the Tobacco Hazards Prevention Act
2009.04.10	News reports are released to announce that the tobacco health and welfare surcharge will increase to NT$20 per pack on June 1, 2009. To protect consumer's rights and prevent vendors from earning illicit profits by stockpiling cigarettes, a labeling system is launched so people can distinguish between old packs and the new ones with a surcharge of NT$20
2009.04.17	1. Announcements are made to let consumers know that the packs of cigarettes with a NT$20 surcharge will be labeled 2. The Department of Health and the Ministry of Finance draft changes to Articles 4 and 5 of the Regulation of the Tobacco Health and Welfare Surcharge Distribution and Utilization and send the changes on to the Legislature for deliberation
2009.05.14	The Printing Plant, Ministry of Finance prints the first batch of 15 million labels to be used in conjunction with raising the tobacco health and welfare surcharge. The next day the labels are inspected and collected. (Also, the plant finishes printing the second batch of 10 million labels on the 19th, and the next day they are inspected and collected)
2009.05.20-22	Inspection personnel are gathered from all health agencies to take part in one of the Tobacco Label Checking Explanatory Meetings, held in Taichung, Kaohsiung and Taipei. Topics discussed at the meetings include measures to protect consumers after the increase in the tobacco surcharge and steps being taken to guard against counterfeit labels
2009.05.26	The Printing Plant, Ministry of Finance holds an explanatory meeting on the allotment locations and process for the labels
2009.06.01	The tobacco health and welfare surcharge is raised from NT$10 to NT$20 per pack
2009.06.02	Tobacco importers collect the tobacco health and welfare surcharge labels at five different locations around the country. By Nov. 15, 2009, a total of 8,954,792 labels have been collected
2009.06.04	For the first time, tobacco manufacturers and importers report information on tobacco product ingredients using the Regulations Governing Reporting of Tobacco Product Information
2009.07	An investigation following the Tobacco Hazards Prevention Act Promotional Effectiveness Restaurant Owner Survey is conducted to gauge awareness of new regulations in the restaurant industry
2009.12.30	The Department of Health and the Ministry of Finance draft changes to Articles 4, 5 and 8 of the Regulation of the Tobacco Health and Welfare Surcharge Distribution and Utilization and send the changes on to the Legislature for deliberation

Appendix

Local and International Tobacco Control-related Websites

- Tobacco Hazards Prevention Online Information, Bureau of Health Promotion, Department of Health, Executive Yuan http://tobacco.bhp.doh.gov.tw/
- Legislation Related to Tobacco Hazards Prevention http://tobacco.bhp.doh.gov.tw/
- Tobacco and Alcohol Tax Act and Tobacco and Alcohol Administration Act http://tobacco.bhp.doh.gov.tw/
- Health Indicator 123plus – Interactive Health Data Querying System http://olap.bhp.doh.gov.tw/
- Office for Smoking Cessation Services, Bureau of Health Promotion http://ttc.bhp.doh.gov.tw/quit/
- Taiwan Smokers' Helpline http://www.tsh.org.tw/
- Non Smoking Paradise http://ttc.bhp.doh.gov.tw/nonsmokingparadise/
- Healthy Workplace Online Information http://www.health.url.tw/
- Tobacco and Betel Nut Control Program, Ministry of National Defense http://mab.mnd.gov.tw/tobacco/index.asp
- Health 99 Education Resource, Bureau of Health Promotion, Department of Health, Executive Yuan http://www.health99.doh.gov.tw/
- Taiwan Health Promoting School http://www.hps.pro.edu.tw/
- John Tung Foundation Tobacco Control Zone http://www.jtf.org.tw/JTF03/03-01.asp
- WHO-Tobacco http://www.who.int/topics/tobacco/en/
- WHO Framework Convention on Tobacco Control http://www.who.int/fctc/en/index.html
- USA CDC-Smoking & Tobacco Use http://www.cdc.gov/tobacco/
- U.S. Department of Health and Human Services-Smoking and Tobacco Widgets http://www.hhs.gov/web/library/smoketobacco.html
- Global tobacco control http://www.globalink.org
- NSW Health http://www.health.nsw.gov.au/public-health/health-promotion/tobacco/index.html
- Hong Kong Council on Smoking & Health http://smokefree.hk/tc/content/home.do
- Quit Victoria http://www.quit.org.au/
- Arizona Smokers' Helpline http://www.ashline.org/index.html
- California Smokers' Helpline http://www.californiasmokershelpline.org/
- European Network of Quitlines http://www.enqonline.org/

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