2015 TAIWAN TOBACCO CONTROL ANNUAL REPORT

Parties to the WHO FCTC : 177

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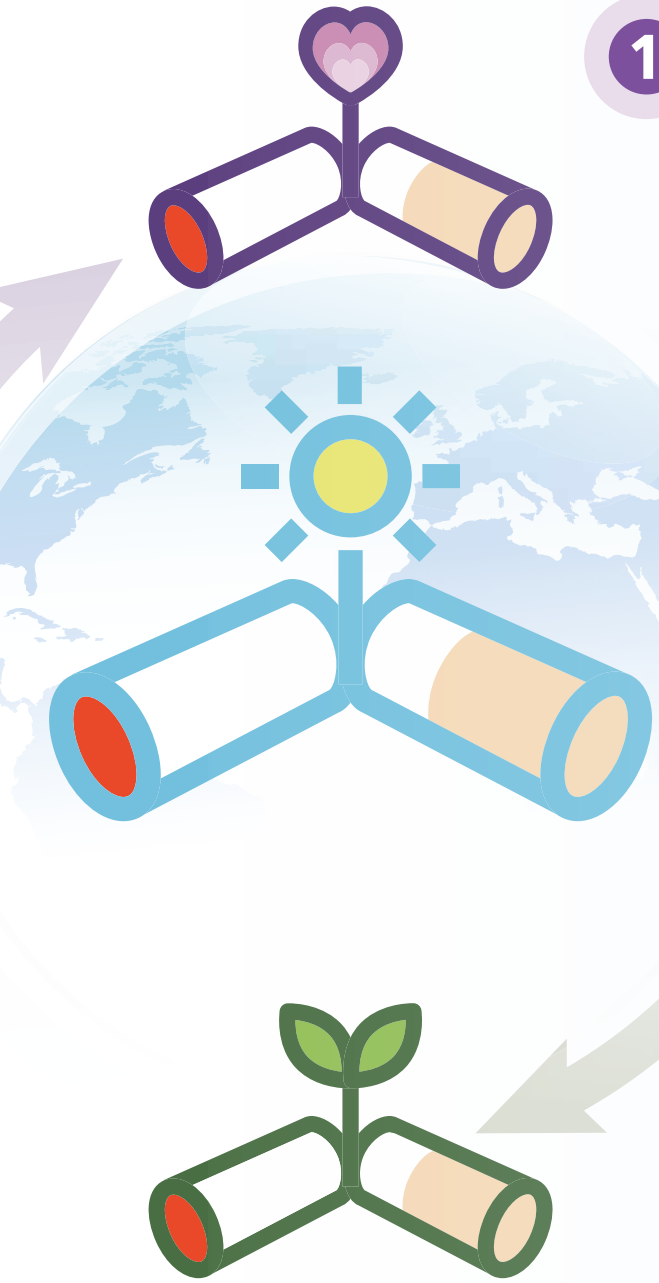

From the Director-General

Creating a smoke-free environment, that Brings health to everyone,every day

“Smoking kills”—Tobacco is the number one killer in Taiwan

Smoking causes cancer, heart attacks, and stroke for the smokers, and fetal deformities for the babies. Second hand smoking and third hand smoking, a new description for the contaminated toxic tobacco residuals lingering on long after smoking, are less well known by the public but equally hazardous to the surrounding individuals. Smoking kills at least 20,000 people every year in Taiwan, wreaking havoc among smokers, their families, and the whole society. The Tobacco Hazards Prevention Act, updated in 2009, has been in effect for 6 years. With concerted efforts extended by local governments like cities or counties and by many departments across central government, the prevalence of smoking rate, aged 18 years and above, has dropped from 21.9% in 2008 to 16.4% in 2014, with a whopping 890,000 individuals quit smoking within 6 years.

Smoke-free Environments

Both active and passive smoking can cause economic and disease burden to every society, and therefore, tobacco control remains a top priority for each country. The goal of tobacco control is, not only to reduce the number of smokers, by preventing smoking among nonsmokers and by helping smokers quit smoking, but also to protect the public from exposure to second hand smoke. To achieve this, the Health Promotion Administration (HPA) of the Ministry of Health and Welfare (MOHW) enforced the laws in eliminating second hand smoke in public areas. The HPA has de-normalized the smoking behavior and transformed the smoking culture in Taiwan, by fostering and maintaining smoke-free environments covering more than 90% of all areas, such as smoke-free schools, military compounds, communities and workplaces.

The Tobacco Hazards Prevention Act in Taiwan has been in effect for 6 years since January 11th, 2009. Not only non-smoking areas were expanded by recognizing smoke-free schools, smoke-free military compounds and smoke-free workplaces, but also instituting pictorial warnings on cigarette packages as of June 1st, 2014, with 8 different versions for rotational purpose. These versions targeted different populations, provided quit-line information and facilitated smoker’s cessation motives, by invoking both cognitive and emotional appeal, and by relating to personal touch from individuals and from family members. The creativity contest in tobacco control for youth, underpinned by “smoke free is fashionable”, promoted the message "Be cool, NO SMOKING!". By way of campus activities, official websites, and social media like Facebook or YouTube, the hazards of smoking and the ability to say no to smoking have been clearly communicated and emphasized.

Promoting tourism with smoke-free Taiwan

Effective April 1, 2014, the ordinances for smoke-free parks and recreational areas were implemented by HPA. They covered “National Parks, National Nature Parks, Scenic Spots, and Forest Parks” scattered in 47 areas with 174 scenic locations and 3,790 parks and greeneries. Smoking is prohibited everywhere except for designated areas. Approval rating for such a unique program by the public was overwhelmingly positive, up to 96% in a recent survey. The smoke-free park program allowed tourists to breathe fresh air and enhanced their health, while actively promoted tourism.

A comprehensive smoking cessation program, accompanied by promotional campaign

Cessation services offered by HPA were proven effective as they were evidence-based. A total of 242,107 individuals sought services from the second generation smoking cessation program, and helped more than 67,000 smokers quit, with a success rate calculated at 27.9% by the end of 6 months. These accomplishments saved NT$ 360 million from short-term health insurance alone and provided a gain of NT$ 28.1 billion from long-term social economic benefits.

A total of 15,387 smokers called the Quit-line in 2014, with a success rate of 38.71% at the end of 6 months. A total of 474 smoking cessation classes were held, which were attended by 6,027 smokers. As many as 8,707 training sessions were held, with14,861-individuals successfully passed the basic and advanced tobacco cessation training programs. Smoking cessation services were offered by more than 3,000 healthcare institutions or community pharmacies. Service volume grew by nearly 30% compared to the same period last year.

In addition, HPA developed "5 tricks to help quit ", emphasizing the role of "Exercise", "Commitment", "Analysis", "Showing off", and "Exploration". The "Quit Bag", specifically designed by world-class designer Mr. Ching-yang Hsiao complemented the attainment of the new smoke-free lifestyle.

Tobacco-free hospitals in Taiwan, another accomplishment winning the most medals in Asia Pacific region

Taiwan established the Asia Pacific Regional Network for the ENSH-Global Network for Tobacco-free hospitals in 2011. Within a period of 4 years, over 179 hospitals joined the ENSH-Global network. The ENSH Global Network started to offer International Gold-Level Medals in 2009, with only 27 hospitals received certifications globally so far. Taiwan started to apply for the International Gold-Level Reward as of 2012, and by 2014, 11 hospitals in Taiwan won such coveted GOLD ENSH medals, making Taiwan with the highest number of Gold-Level certified tobacco-free hospitals in the world.

Cutting smoking rate within this decade

Taiwan set up a goal of lowering smoking rate from 20% to 10% for adults by 2020. Through the policy of cigarette price increase, known as the most effective way for tobacco control, HPA strives to safeguard the health and well-being of people in Taiwan. This Tobacco Control Annual Report for 2015, capitalizing on the MPOWER strategies developed by the WHO FCTC (Framework Convention on Tobacco Control), highlighted some of the success tobacco control stories in Taiwan, including curbing the demand for tobacco, promoting the international exchanges and de-normalizing the smoking culture. We hope you find the report enjoyable.

MD,PhD,MSc
Health Promotion Administration, 2015

Foreword

Taiwan's outstanding performance in global efforts in tobacco control

Excellent results in tobacco control by attaining the 3rd place when compared to European countries

Tobacco-related causes death at least 20,000 people every year in Taiwan, wreaking havoc to individual, families, and the public. Taiwan's smoking population decreased by 890,000 individuals since the new provisions of the *Tobacco Hazards Prevention Act* came into force in 2009. Adult smoking rate dropped from 21.9% in 2008 to 16.4% in 2014. Youth smoking rate reversed its trends and started decreasing as well. As smoking rates of junior high school students was 7.8% before the new provisions came into force but managed to decrease to 5.0% in 2014. Smoking rates of senior high and vocational school students also dropped from 14.8% to 11.5% in 2014.

Tobacco control in Taiwan implemented MPOWER measures recommended by WHO. Taiwan attained the highest scores for a total of 4 items, namely: Monitoring tobacco hazards, Protecting a smoke-free environment, Offering cessation help, and Enforcing bans on advertisements for tobacco products. This performance demonstrated the government's efforts in various tobacco control strategies that include establishing monitoring measures and policies for tobacco hazards, enforcing smoke-free public areas, second generation smoking cessation services, prohibition of advertisements, sales promotion, and sponsorships for tobacco products have reached the highest levels of performance stipulated by the WHO.

Mr. Luk Joossens, a leading European expert on tobacco control evaluation, also used the EU score card to evaluate the Taiwan's performance and current status of tobacco control efforts. Taiwan was given a score of 69 points out of 100, giving us the 3rd place amongst the 34 European countries after the UK and Ireland. Nevertheless, there were still room for improvement in Taiwan such as the size of pictorial warning on tobacco product containers and raising taxes of tobacco.

Multi-pronged approach in minimizing health disparity for tobacco control strategies

The multi-pronged approach for tobacco control was effective. The levying of tobacco surcharges and provision of free smoking cessation services, and achieved better performance when protecting and benefiting the underprivileged. On next stage, we will conduct activities including integrated health education for quitting betel quid and smoking, creating smoke-free environments, legislative reforms to increase tobacco surcharges, increasing the size of warning labels, and encouraging the public to use the second generation smoking cessation services as well as the 0800-636363 free smoking cessation helpline to minimize health disparity of smoking hazards.

To improve the accessibility of smoking cessation services, the Health Promotion Administration (HPA) released the *"second generation smoking cessation service payment scheme"* in March 1, 2012. Smoking cessation services would be provided by outpatient, inpatient, emergency, and pharmaceutical sectors of the healthcare provider. Each prescription of smoking cessation medication was subsidized by health insurance fees for a maximum out-of-pocket payment of NT$ 200, greatly reducing the economic barrier for people trying to quit smoking and making it easier for them to succeed. Since its implementation, the second generation smoking cessation services provided assistance to 242,107 individuals. Smoking-cessation rate within 6 months was nearly 30%, and over 67,000 individuals managed to successfully quit smoking. In 2014, professional supported was

provided by a total of 3,013 contracted medical institutions, 7,054 qualified medical personnel, as well as smoking cessation instructors. Beneficiaries of the service included individuals unable to use cessation medication, pregnant women, as well as youths. Overall satisfaction rate of individuals attempting to quit smoking reached over 90%.

The scope of non-smoking areas in Taiwan was gradually expanded since April 1, 2014 to include designated areas in national parks, public parks and other green areas. In addition to prohibiting smoking in non-smoking areas, health administrative agencies also actively provided consultation and monitoring. Second hand smoke exposure rate in public areas decreased from 23.7% in 2008 to 7.5% in 2014 (a 70% decrease).

Taiwan began enforcing laws for the 6 pictorial warning on tobacco product containers in 2009. Subsequent studies found out that these labels increased intents for quitting smoking by about 5% while avoidance of smoking in front of children also increased from 58% to 73%, demonstrating the effectiveness of the warnings. However, these labels had been used for many years and commissioned studies found that smokers have grown increasingly desensitized. Hence, a total of 8 new health pictorial warning were publicly released in August 20, 2013. These warnings were officially implemented in June 1, 2014 together with a reaffirmation of provisions in the Tobacco Hazards Prevention Act, stipulating the use of warning labels to ensure proper understanding and utilization use by tobacco products manufacturers.

Unparalleled performance in tobacco-free hospitals and tobacco-free campaigns that approach from the environment to individuals

To promote the performance of healthcare organizations in tobacco control and provision of smoking cessation services, the HPA committed its efforts in securing Taiwan's membership in the *"ENSH - Global Network for Tobacco Free Health Care Services"* in 2011. This Global Network was established in 1999 and is now composed of 21 countries (for a total of 34 members). Taiwan's Network included 179 member hospitals, the largest of its scale throughout the world. Additionally, only 27 hospitals throughout the world received the prestigious ENSH's International Gold-Level Award. Hospitals from Taiwan would account for a total of 11 such awards, making Taiwan the ENSH member with the largest number of winning hospitals, a feat that was unparalleled by the rest of the world. The tobacco-free hospital certification program helped hospitals increase the scope of organizational and personnel participation in tobacco-free hospital policies and provision of smoking cessation services. Hospitals would use every opportunity of getting in touch with smokers to provide effective counseling and help them quit smoking for the purpose of creating a tobacco-free healthcare environment and services, establishing Taiwan's unique mutual support network for smoking cessation.

Creating a smoke-free Taiwan for our smoke-free generation

Tobacco control was included as a key administrative topic in Taiwan for the Golden Decade Mega Plan. Our objective would be to reduce adult smoking rate from 20% in 2010 to 10% in 2020, effectively halving smoking rate within a scope of 10 years. In the future, the HPA will continue to learn from experiences of other countries and continue to build a national consensus in order to build a comprehensive tobacco control policy. Examples would include: gradual expansion of non-smoking areas, releasing new health warning labels for tobacco products containers and revising the adequate areas for such warnings, strict prohibition of tobacco product advertisements, adjusting tobacco product health and welfare surcharges, and provision of comprehensive second generation smoking cessation services. We will also be adopting multi-pronged tobacco control strategies to safeguard the health of fellow citizens, create a smoke-free Taiwan, and lead the way towards a smoke-free generation.

1

Reducing Tobacco Demand

Non-price Measures

● Smoke-free Supportive Environments

Both smoking and second hand smoke are extremely detrimental human health hazards that may also impact socio-economic burden. Countries throughout the world are thus aggressively carrying out tobacco control measures. These measures must reduce the smoking rate as well as prevent non-smokers from smoking, and help smokers quit their habits. The most important issue is to prevent the public from the hazards caused by second hand smoke. To achieve this, the Health Promotion Administration (HPA) of the Ministry of Health and Welfare (MOHW) has enacted laws to eliminate second hand smoke from public areas. To protect the public from the threats of second hand smoke and safeguard everyone's health, the HPA also focused on the root of the problem changing public perception about smoking and creating smoke-free environments in schools, military institutions, communities, and work places that will protect the public from the threats caused by second hand smoke and safeguard our health.

Building a Smoke-free Environment at the Local Level

The Tobacco Hazards Prevention Act of Taiwan has been enforced for 6 years since its promulgation in January 2009. By expanding non-smoking areas, enforcing strict controls on advertisements for tobacco products, and carrying out educational awareness programs, the HPA achieved over 90% coverage for general public protection from second hand smoke in non-smoking areas. Fellow citizens have therefore begun to concern smoking at covered walkways, roads, pavements, and other public areas, expose others to second hand smoke when outdoors.

The Tobacco Hazards Prevention Act has yet clearly stipulated areas where smoking is completely prohibited. The legal basis for non-smoking areas is based upon Article 15, Paragraph 1, Subparagraph 13 and Article 16, Paragraph 1, Subparagraph 4 specifying that non-smoking areas shall be designated by the competent authorities at various levels and annouced of the government. In order to create a smoke-free environment, local health departments have extensively advised that crowded areas, or places around schools under their jurisdiction to be designated as non-smoking areas by county and city governments in compliance with the Act. Local health departments have also dispatched volunteers to patrol these areas and advise

● Smoke-free school pavement in Kaohsiung City

● Mobile announcement for the new policy: "with the exception of smoking areas, smoking is prohibited in all parks and green areas" at a kindergarten in Gueiren District, Tainan City

against smoking. With the exception of specific areas due to its characteristics, expanded non-smoking areas and smoke-free environments at bus lanes, bus stops, and pedestrian pavements around campuses were established. Tobacco control audits and consultation have been strengthened as well, with areas described in this section designated as key audit locations. In order to prevent non-smokers from being exposed to hazards caused by second hand smoke in areas where smoking has yet to be prohibited, local health departments also worked with multiple agencies to reach community-level consensus, where a specific outdoor location of an area would be designated as the smoking area, thus establishing a smoke-free environment to protect people from the hazards of second hand smoke.

To create a smoke-free environment, the social environment must be made more conducive for people to refuse the hazards of smoking. The HPA thus utilized advertisements on televisions, radio broadcasts, and magazines as well as social networks and multimedia promotion. Smokers are reminded to quit their smoking habits by raising their awareness on smoking hazards, appealing from family members and friends, and experiences from successful smoking cessation cases. The HPA has also released news on smoking cessation service, and monitoring videos, and images on how they depicted tobacco products, and press conferences to increase public awareness on the hazards of tobacco products to achieve our goal of a smoke-free environment.

● Mobile announcement for the new policy: “with the exception of smoking areas, smoking is prohibited in all parks and green lawns” at a kindergarten in Gueiren District, Tainan City

● Smoke-free bus stop at a bus lane in Taipei City

● Complete prohibition of smoking in the Taichung City BRT station

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Reduce inequalities of health

Studies have revealed that health inequalities exist among different regions and ethnic groups. Tobacco, alcohol, and betel quid are key risk factors that give rise to many forms of associated diseases and death. Preventing tobacco, alcohol, and betel quid hazards and transforming health damaging behaviors among underprivileged people are key intervention measures necessary for reducing health inequality.

To bridge health inequalities, the HPA has started to provide subsidies to 7 counties and cities (Taitung County, Pingtung County, Hualien County, Tainan City, Keelung City, Yunlin County, and Nantou County) where smoking, alcohol consumption, and chewing of betel quid are most prevalent and have the highest incidences and mortality rates contributed to cancer of the lungs, esophagus, and oral cavity. An extended *Integrated Tobacco*, *Alcohol*, *and Betel Quid Control Program* with 5-year milestones and 10-year objectives incorporating educational awareness programs and cessation services has been established as well.

The Ottawa Charter for Health Promotion has stipulated five key action areas strategies, namely (1) build healthy public policy, (2) create supportive environments, (3) strengthen community actions, (4) develop personal skills, and (5) reorient health services to provide integrative education, establish areas free from tobacco, alcohol and betel quid use, incorporate community in local settlements in the program for promoting refusal of tobacco, alcohol and betel quid use and cessation services. Resources from communities, work places, and schools would be integrated in order to bridge the gap of health inequality between towns, counties, and ethnicities.

● "*Refuse Cigarettes, Betel quid, and Alcohol Use*" Ghost Festival parade float in Taitung County used for promotional purposes

● Street parade events for the control of tobacco, alcohol and betel quid in Hsinchu County

● "Refusing Betel quid" skit performance and health education provided in Chiayi County by integrating community and combined disability health screening

Smoke-free campuses

In addition to establishing smoke-free environments in campuses, the HPA has continued to carry out joint surveys with the Ministry of Education (MOE) on smoking behaviors among junior high, senior high, and vocational school students on an annual basis. Results of the surveillance were used to improve the *Campus Tobacco Hazards Prevention Implementation Program* which stipulated actions to be taken by education administration agencies of every level and in every school. Tobacco and betel quid hazards prevention counseling and visits were also jointly carried by the HPA and MOE in order to inspect second hand smoke exposure in junior high,

senior high, and vocational campuses. Routine school management meetings with the school principals and physical and health education supervisors were also held to promote the importance of preventing tobacco hazards. Relevant awards and penalties have also been stipulated to strengthen the schools' commitment to tobacco control in campus premises. Schools were also encouraged to train smoking cessation education seed instructors to achieve the objectives of a smoke-free campus. Finally, the MOE was requested to have local education bureaus (departments) work jointly with health departments in conducting unannounced joint on-campus tobacco control inspections of schools at all levels. Results of these on-campus inspections will also be regarded as part of school performance assessments.

Working with the MOE to carry out tobacco control in junior high, senior high, and vocational schools

The HPA has collaborated with the MOE to formulate action plans for tobacco control in campuses. The MOE has released the *Campus Tobacco Hazards Prevention Implementation Program* in order to reach targets of reducing student smoking rate, staff smoking rate, and student exposure rate to second hand smoke to create a smoke-free environment in the campus.

The HPA worked with the MOE to visit randomly selected junior high, senior high, and vocational schools across multiple counties and cities and assess their progress in promoting tobacco control in their campuses. Experts, academicians, the HPA, the MOE, as well as local health departments(bureaus) were also invited to perform unannounced inspections and review MOE public opinion comment mailbox, strengthen consultation provided for student smoking issues, and implement random audits of junior high, senior high, and vocational schools. The purpose of these inspections was to assess the status of tobacco control in schools and tobacco product vendors around the campus. A total of 56 schools were randomly selected in 2014 to undergo on-site counseling and strengthening tobacco control.

Seed instructor training for smoking cessation programs in junior high, senior high, and vocational schools

The *School Health Act* requires schools at the senior high level or lower to enforce campus-wide prohibition of smoking. The *Tobacco Hazards Prevention Act* also stipulated that persons younger than 18 years of age are not allowed to smoke and prohibits anyone

- 2014 National Awards for Exemplary Smoking Cessation Education in Areas Frequented by Youths: Pioneering Award

- 2014 National Awards for Exemplary Smoking Cessation Education in Areas Frequented by Youths: Innovation Award

from supplying tobacco products to those under the age of 18 years. Additionally, according to the *Regulations for the Implementation of Smoking Cessation Education* stipulates that: Schools shall provide smoking cessation education lasting no less than 3 hours for students under 18 years of age who have been caught smoking. The course shall instruct them to refuse smoking and methods to quit smoking. Repeat offenders caught smoking within 1 year may be required to attend additional classes with extended durations.

● Campus smoking cessation seed instructor training seminar

● Campus smoking cessation seed instructor results exhibit

According to the 2014 *Global Youth Tobacco Survey*, smoking rate of senior high and vocational school students was 11.5% (16.6% for boys and 6.1% for girls) which would be an improvement when compared to the 2013 smoking rate of 11.9% (16.6% for boys and 6.8% for girls). The smoking rate of junior high school students was 5.0% in 2014 (6.4% for boys and 3.5% for girls) which was a slight improvement compared to 5.2% in 2013 (7.5% for boys and 2.6% for girls).

The HPA thus launched the *Seed Instructor Training Plan for Smoking Cessation Education at Youth Premises* in order to train more seed instructors for smoking cessation education conducted in junior high, senior high, and vocational schools. Field work, tracking, counseling, and problem feedback carried out by these seed instructors were based upon the motto of experience sharing. In 2014, a total of 338 seed instructors were trained who then helped to improve student motivation to quit smoking and conduct a diverse range of smoking cessation services in schools to build a smoke-free campus.

Health Promoting School international Accreditation program

Both the *School Health Act* and the *Tobacco Hazards Prevention Act* require schools at the senior high school level and below to implement campus-wide prohibition of smoking in all indoor and outdoor areas. The HPA worked with the MOE in 2014 to carry out the Health Promoting School International Accreditation Program and to subsume results of tobacco control and other key actions for conducting important topics into the accreditation standard. Of the 4 schools that received the prestigious Gold Award, Da Chi Elementary School of Minsyong Township, Chiayi County, and New Taipei Municipal Ji-Sui Junior High School both selected tobacco control as their major projects.

Tobacco control in colleges and universities

The Tobacco Hazards Prevention Act requires complete prohibition of smoking in all indoor spaces as well as all outdoor spaces with the exception of designated outdoor smoking areas in colleges and universities. Smoking is completely prohibited outdoors if non-smoking areas have been designated therein. According to the results of the 2014 *Investigation on smoking behavior of college and university students*, 6.8% of students smoke. Exposure to second hand smoke in the campus could be up to 48.5%, indicating that there were room for improvement. The HPA thus commissioned the *Tobacco Control Program in Youth Premises*, using tobacco control seminars and training to improve student knowledge and skills of tobacco control. Project objectives and directions were also proposed according to the statuses of tobacco control in various campuses for creating a smoke-free campus and educational environment.

HPA worked with the MOE to encourage colleges and universities to voluntarily reduce the number of smoking areas and make plans to achieve a smoke-free campus. Principals and deans shall take lead in vowing to ensure the proper implementation of campus affairs meetings, increasing patrols and inspection of campus areas, promotion of smoking cessation information and referral services, and collaboration with the MOE to stipulate targets required for creating a smoke-free campus. By 2014, a total of 73 colleges and universities have been established as smoke-free campus.

In 2014, subsidies and consultation visits were employed to help 27 schools and institutions review the current state of tobacco control in their campuses and propose feasible program goals and directives to carry out an *Implementation Program for Campus Tobacco Control*. The aim was to help schools refer to the 6 dimensions of *establishing public campus policies for smoke-free campuses, creating a supportive environment, strengthening of community action, developing personal health skills, reorientation of health services, and developing innovative promotional programs* to create a smoke-free campus. The dimensions of *brainstorming of innovative and creative strategies, providing information on smoking cessation education and referral services*, as well as *strengthening of community action* were selected as the key consultation areas.

To improve exchange between different campuses, 2 program categories of *Coalitions and Medical Healthcare* were established. A total of 20 campuses underwent the Coalitions program while 7 campuses underwent the *Medical Healthcare* program. For the Coalitions program, inter-varsity associations and systems were used. A campus was selected as the pilot site to work with partner schools and neighboring community resources to support inter-varsity observations and learning (this would also include resources from healthcare institutions and news media). Medical Healthcare programs were mainly based on medical or public health universities to promote tobacco control via Medical or public health training, consultation groups, or social groups (such as social networks and groups). Also, these programs integrated community resources to conduct the community-level propaganda.

The top *well-performing coalition* was Yuanpei University of Medical Technology (there were 3 other awardees: Chung Yuan Christian University, Chien Hsin University of Science, and Technology, and Minghsin University of Science and Technology). The top *well-performing school* was China Medical University (there were 5 other awardees: National Taiwan University of Science and Technology, Yuanpei University of Medical Technology, Chien Hsin University of Science and Technology, Shu-Te University, and National Kaohsiung University of Applied Sciences). These schools made optimal use of hospital resources to provide professional promotion programs and smoking cessation services. Instructors Resources were shared with and other partnering schools to fulfill their roles as demo schools. The top school for excellence in the Medical Healthcare program was achieved by Tajen University (there were 3 other awardees: National Taipei University of Nursing and Health Sciences, Central Taiwan University of Science and Technology, and Chung Hwa University of Medical Technology). The Chairman gave great support for conducting tobacco control work to make students and teaching staff to participate enthusiastically. Such participation helped create a campus-wide and anti-smoking atmosphere as well as the first smoke-free pedestrian pavement around the university campus.

Expert committees as well as local health departments also conducted consultation visits in various campuses. Key inspection areas included:

1. Public strategies on tobacco hazards in campuses: school management supported and planned inter-departmental integration and established a *Smoke-free Campus Task Force* in order to formulate relevant action plans.
2. Creating a supportive environment: “No smoking” signs were posted at conspicuous locations. Shops in campuses may not sell tobacco products. Each designated smoking area shall be maintained periodically and progressively reduced with each passing year.
3. Diverse and innovative promotion and marketing: student-based innovative marketing (including anti-tobacco posters and quit smoking angels) were provided. Creative short

videos on tobacco control in campuses are made to showcase the schools' efforts and innovativeness in tobacco control.

4. Strengthening community action: encouraging schools to integrate resources for tobacco control from various academic departments and campus societies as well as healthcare, medical institutions, and other social groups from the community to promote the importance of tobacco control, implement the relevant policies, and to integrate and share tobacco control resources.
5. Developing personal health skills: courses, lectures, and workshops were used to improve independent health management skills among students. Students were taught to understand messages being transmitted by tobacco product advertisements so that they will be able to make accurate judgments, identify negative influences caused by tobacco advertising, and be able to refuse tobacco products in actual situations.
6. Redefining health services: carbon monoxide breath tests and questionnaire surveys were carried out in order to correctly assess the number of smoking students, strengthen promotion programs, and provide smoking cessation diagnosis and referral services.

Results of the visits and performance reports submitted from various schools were then reviewed to select the well-performing schools. Schools rated as excellent then shared their innovative strategies during the *Commendation and Results Observation Conference for Tobacco Control in Campuses*. Major tertiary academic institutions throughout Taiwan were invited to visit the conference. A total of 209 attendants from 103 institutions attended the event.

Results of the 2014 *Implementation Program for Campus Tobacco Hazards Prevention*:

Item	Results
1	Freshmen smoking population of 3,531 individuals for an average smoking rate of 6.7%. (average freshmen smoking rate was 4.88% for 9 universities and 6.89% for 18 vocational colleges)
2	Reduced smoking areas in various campuses to 31.
3	Hosted 72 conferences and seminars, created 39 promotional videos, and jointly established 51 student groups.
4	A total of 42 medical institutions and 55 health departments and centers have worked together to implement carbon monoxide breathing tests and smoking cessation education and counseling. CO testing conducted for a total of 20,730 individuals.
5	Smoking cessation results: (1) A total of 24 quit courses were held and attended by a total of 442 individuals, of which 74 successfully quit smoking for a success rate of 16%. (2) Provided referral services for 617 individuals, of which 171 were successfully referred. Smoking cessation service promotion leaflets were handed out to a total of 28,599 individuals

Smoke-free Military

The 2014 Telephone Survey on Adult Smoking Behavior found that male smoking rate was 29.2%. Details revealed that the smoking rate for males between 18 to 29 years of age was 20.1%. These are the age brackets in which young men in Taiwan are serving military conscription. Many advanced countries focus tobacco control measures on armed forces as these institutions tending to be mostly composed of men. Therefore, the HPA has cooperated with the Ministry of National Defense (MND) since 2003 to promote the Tobacco and Betel-quid Control Program of the Ministry of National Defense. The HPA initiated an all-out tobacco hazards and betel quid control program that included four major aspects of policies and environment, health education and promotion, cessation services, and monitoring and research. This program exerted a direct, active, and positive influence upon the armed forces. Benefits of the program would also extend to the entire population, offering a futuristic and positive meaning for health promotion efforts in Taiwan.

● 2014 counseling and visiting gathering

● Collection of tobacco control works by Tajen University

● Poster exhibits for the commendation of exemplary work and efforts of various schools in 2014

● Poster exhibits for the commendation of exemplary work of 2014

The *Tobacco and Betel-quid Control Program of the Ministry of National Defense* aimed at improving the lifestyles, environment, as well as physical and mental health of volunteer military service officers and soldiers. Various types of tobacco hazard and betel quid control education and awareness raising sessions were carried out for volunteer military service officers and soldiers, soldiers under training in recruit training centers, and students in military academies in order to improve their awareness for tobacco and betel quid control and encourage them to actively refuse smoking or chewing betel quid. High ranking officers were given consultation to help them quit so that they may set an example for others. Monitoring and research programs were also carried out to monitor and evaluate tobacco and betel quid control efforts in various organizations. Results would be used as a basis for revising policies and planning future work.

Key work descriptions are provided in the following:

Policy and environment:

To enforce the regulations of the Tobacco Hazards Prevention Act, the HPA provides active consultation to armed forces hospitals to become part of the tobacco-free hospital accreditation program. From 2013 to 2014, a total of 6 armed forces hospitals received gold awards for tobacco-free hospitals, while 5 received silver awards. Smoking areas within military zones were gradually reduced. A total of 182 outdoor smoking areas were reduced in 2013 and 2014 compared to 2012. Complete prohibition of smoking was enforced in ammunition depots and other facilities with flammable or explosive materials in order to ensure the safety and health of the relevant military personnel.

Health education and promotion:

To create a smoke-free environment within the armed forces, the "*Quit and Win*" *for Armed Forces Personnel* Competition was specifically designed for 2014. The program focused upon a "war of attrition" against tobacco addiction with the objective of creating a "Healthy Armed Forces"! The competition was divided into two phases. Both smokers and non-smokers were allowed to join this competition. In Phase I, smokers must abstain from smoking (for 1 month) and have a CO testing value of no more than 6 ppm, which qualified to enter Phase II. In Phase II, the duration of abstinence from smoking was extended to more two months.

The Ministry of National Defense Medical Affairs Bureau organized an ROC Armed *Forces Quit and Win Pledge* on May 15, 2014 which was attended by both the HPA as well as the Medical Affairs Bureau to announce the start of the competition. The Army Band of Light Music was also invited to lead soldiers and members in singing tobacco control songs such as "*I am Quitting*," "*I can stop smoking*," and "*Never together*" to create a smoke-free image for the armed forces.

Results of the 2014 competition are as follows: a total of 1,431 officers (2.58%) with smoking habits joined the competition, of which 362 (25.30% of participants) completed Phase I abstinence from tobacco use while 248 (17.33% of participants) continued to progress to Phase II.

Cessation services:

Construction of somking cessation families is based on cessation counselors and extended upwards to cessation doctors. Efforts were put in place to ensure that the targeted 1:10 ratio of counselors to smoking cessation cases was achieved. One-on-one counseling was provided as far as possible to evaluate the motive to quit smoking or betel quid. If necessary, cases could be referred to medics to prescribe smoking cessation patches. The medics shall then refer the cases to medical officers to prescribe other smoking cessation medication. A total of nine training sessions for counselors for somking and betel quid cessation was held and trained 843 counselors

● "ROC Armed Forces Quit & Win Pledge" held by the Medical Affairs Bureau, Ministry of National Defense, on May 15, 2014

● Deputy Director of the Medical Affairs Bureau, Ministry of National Defense, Major General Li Shiqiang signing an agreement to support a smoke-free environment in the ROC Armed Forces

● Army Band light music group performing a self-composed song on tobacco control

from 2013 to 2014. Cessation doctor training programs also trained a total of 454 smoking cessation doctors. Additionally, individual smoking cessation counseling was provided to 6 general officers, of which 4 successfully quit smoking. Smoking 3-month abstinence rate in 2014 was 16.6%, which was a 56% improvement compared to 7.3% in 2013.

Monitoring and research:

Since 2007, the survey platforms were established for smoking behaviors among cadets in military institutions and training centers. Regular smoking behavior surveys were carried out for mandatory millitary soldiers and volunteer millitary soldiers. Mandatory millitary soldiers and students in military academies assessed with the "*Armed Forces Personnel Health Survey Form*" while volunteer millitary soldiers were assessed with the "*Health Behavior*" electronic questionnaire survey in the Armed Forces Health Data Management System. Results of smoking rate surveys mandatory millitary soldiers from 2013 to 2014 showed: fresh recruits smoking rate in 2013 was 31.6%, which dropped to 30.8% completing millitary services; in 2014, fresh recruits smoking rate was 31.0% and dropped to 30.1% when completing millitary service. Smoking rate of volunteer millitary officers dropped from 34.1% in 2013 to 30.3% in 2014 (for a 3.8% decline).

Smoke-free Community

Unique and creative smoke-free community projects were formulated with the five action areas of the Ottawa Charter for Health Promotion as the project framework. The HPA sought local opinion leaders to establish relevant community pacts, established a local supportive environment, trained community volunteers to formulate health promotion strategies and methods and adjusted service directives and approaches. These offforts aimed to realize a bottom-up community consciousness and empowerment concepts. In 2014, subsidies were provided for a total of 19 counties and cities, with 152 "*smoke-free community projects*" distributed among counties and cities in northern, central, southern, and eastern Taiwan.

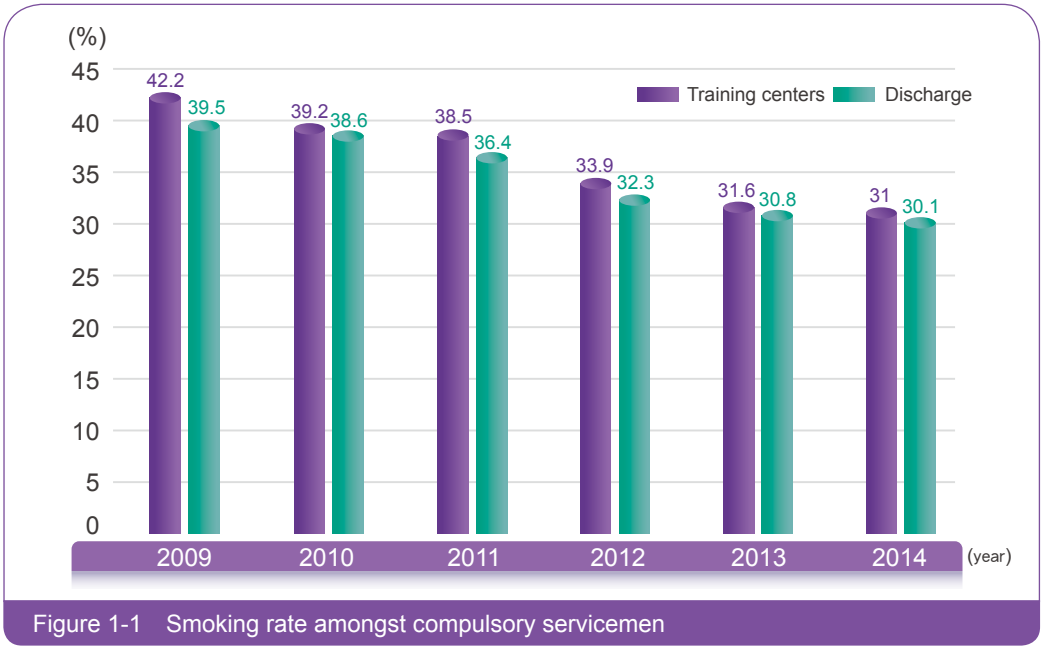

Figure 1-1 Smoking rate amongst compulsory servicemen

Source: Report on the Integrated Program for Tobacco and Betel quid Control in the Armed Forces throughout the years

The results were as follows:

Health promoting communities have approached betel quid vendors and convenience stores within 1 km from elementary or junior-high schools. Counseling was given to a total of 6,904 shops and vendors for the prohibition of sales of tobacco products to minors. A total of 198 tobacco, alcohol, and betel quid control parade events or tours were held to raise awareness of tobacco and alcohol hazards. 1,770 health education and promotional programs for "*Smoke-free Familie's*" wewe organized implemented the signing of "*Smoke-free Family*" agreement ensure the establishment of smoke-free concepts. The HPA is able to predominate community resources and public health to integrate resources, establish promotion organizations, and implement strategies that comply with the five action principles for health promotion.

Unique and innovative community promotion: The Mayor of Pingzhen City as well as community and district chiefs signed "*Convention for Lifestyle with No Smoking and Betel quid Use*" at the Landseed Hospital and Pingzhen City Community Health Center and designated Songwu Park as a smoke-free park. "*Smoke Refusal to Safeguard Your Health - Pray for Peaceful and Great Lifestyles*" promotion event was held at Sanchong Temple to establish a smoke-free temple. A total of three smoke-free walkathons were held, namely the "*Parents and Kids Walking for Smoke-Free and Healthy Lifestyles*," "*Reject Second Hand Smoke in Your Communities - Build a Refreshing and Beautiful family for Everyone*," and "*Refuse Tobacco and Betel quid Use - Health will Tag Along*", with a total of 677 participants.

- Creating a supportive environment: YuanSheng Hospital of Changhua County working with Cunshan Elementary School in the district to sign a "Smoke-free Family" agreement to establish health behaviors at home. ◦

- Creating a supportive environment: YuanSheng Hospital of Changhua County worked with Da-Yeh University to create a Volunteer Team for "Refusing Tobacco, Alcohol and Betel quid" which would be part of a parade event.

Smoke-free Workplaces

Most people spend at least one-third of their days at the workplace, making these locations an important area for tobacco control and health promotion. If systematic planning and implementation of smoking cessation can be applied in the workplaces, better results could be achieved, and the benefits could be expanded to the family and community as well.

In 2003, three workplace health promotion and tobacco control counseling centers were established in northern, central, and southern Taiwan. Workspace requirements were used as the basis for providing counseling and educational training and establishing a workplace tobacco control

● Taoyuan City - Songwu Park a smoke-free park

● Taoyuan City - Sanchonggong Temple a smoke-free temple

and occupational healthcare service network. In 2006, in addition to promoting tobacco control and expanding the program to employee health promotion, three “healthy workplace promotion centers” were established as well to conduct on-site counseling for establishing a healthy work environment as well as providing inquiry services, health education, and training. In 2007, the national healthy workplace accreditation system was initiated. In 2008, in order to prepare for the promulgation of new regulation of Tobacco Hazards Prevention Act, the accreditation requirement included that indoor workplaces were designated as non-smoking areas. Workplaces that excelled in promoting health were commended to encourage the establishment of smoke-free workplaces and health promotion activities.

The new regulation of Tobacco Hazards Prevention Act of 2009 stipulated that indoor workplaces occupied by three or more people must be designated as non-smoking areas. Most workplaces have actively planned relevant strategies to create a safe and comfortable smoke-free workplace. Examples of these strategies include smoking cessation classes, inquiries and lectures, carbon monoxide tests, poster exhibit, outpatient services of the company's health clinics, anti-smoking declaration in offices, and sharing experiences of coworkers who successfully quit smoking. For relevant information on health workplace accreditation, please visit the Health-Promoting Workplace Information Website (http://health.hpa.gov.tw).

In 2007-2012, a total of 12,439 workplaces performed self-accreditation for health-promoting workplaces (Figure 1-2). In 2014, a professional counseling team was organized and carried out on-site counseling on 147 workplaces and 5 professional unions or industries in a dedicated effort to carry out health promotion and tobacco control measures. A total of 1,784 workplaces were successfully accredited. The health-promoting workplace information website was maintained and updated to provide the latest information and free downloads of promotion materials for smoking refusal and cessation, and the website visitor exceeded 700,000. Additionally, a special journal covering outstanding health promoting workplaces in the country in 2014 was released. Of which, 30 workplaces that underwent professional on-site assessments were selected for outstanding health-promoting workplaces in tobacco control and health promotion.

● Site supervisor sharing his experiences in smoking cessation

● Smoking cessation courses at the workplace - breaking the cigarette in the pledge to quit smoking

To understand the effectiveness of promoting smoke-free workplaces, a national healthy workplace environment survey was implemented in 2014 targeting full-time employees 15 years of age (inclusive). Smoking rate among workers was 14.2% (0.5% reduction from 2013), with 27.9% for men and 2.4% for women. Meanwhile, 83.1% of indoor workplaces were designated as non-smoking areas (1.1% increase from 2013). These statistics indicated that since the new regulation of the Tobacco Hazards Prevention Act were enacted, there was still room for improvement to prevent more workers from being exposed to the hazards of second hand smoke, and provide people with a healthier work environment. Results of workplace tobacco hazards survey throughout the years are shown in Figures 1-3 and 1-4.

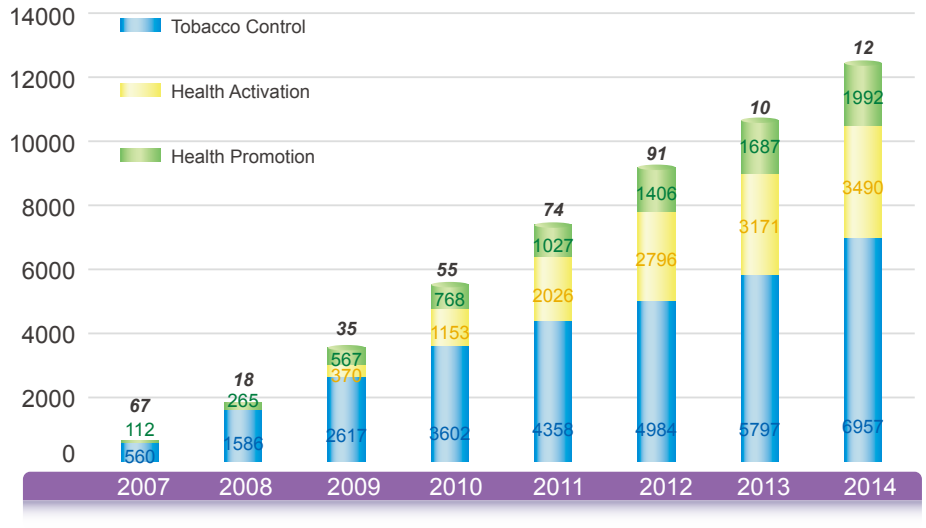

Figure 1-2 Accumulated number of workplaces certified in the Healthy Workplace Self-Accreditation program

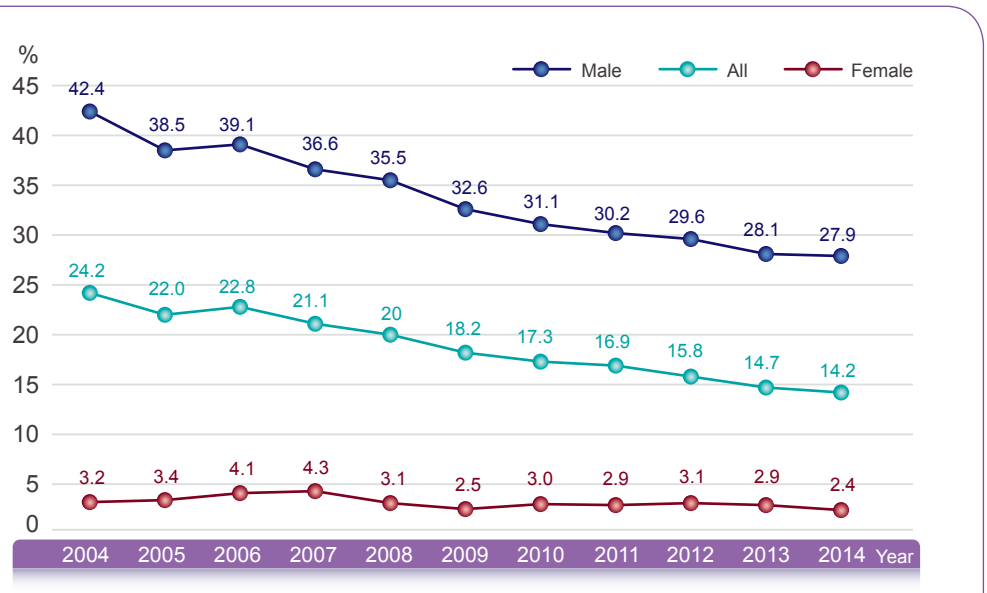

Figure 1-3 Trends in workplace smoking rates throughout the years

Source: 2014 workforce health promotion and tobacco control survey

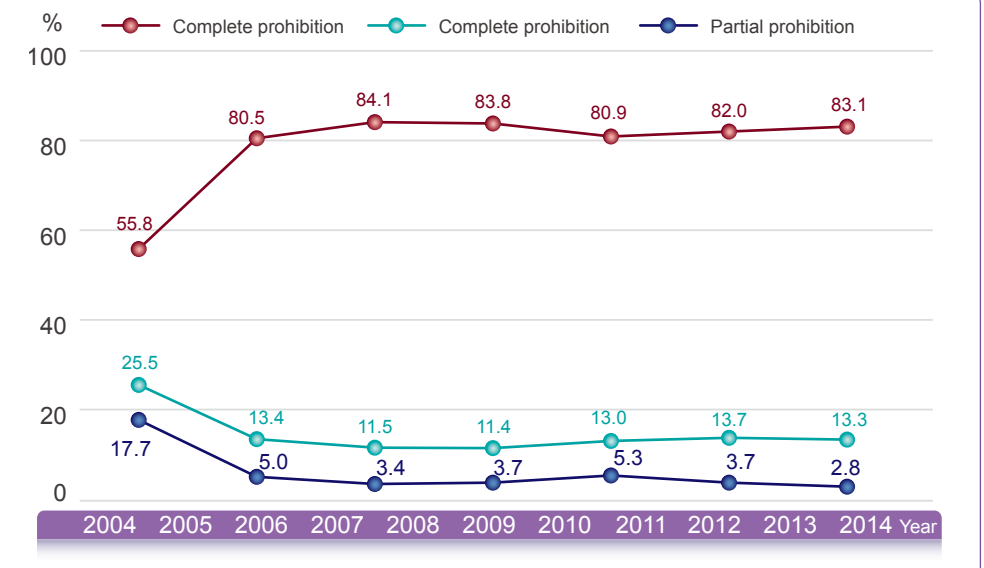

Figure 1-4 Trends in workplace smoking policies throughout the years

Source: 2014 workforce health promotion and tobacco control survey

Tobacco-free Hospitals

The ENSH-Global Network for Tobacco Free Health Care Services was established in 1999 and has 34 members to date (including 21 Corporate members and 13 Associate members). Taiwan joined the ENSH network in 2011, becoming the first network member in the Asia-Pacific Region. Hospitals in Taiwan have placed great importance in health promotion, allowing Taiwan to quickly become the biggest network in the Asia-Pacific Region with continuous growth in scale with a total of 179 hospitals by 2014.

The health care system seeks an excellent culture that have high acceptance to health promotion and prevention. Through the following objective: "*Tobacco-free hospitals not only must adhere to tobacco restriction laws and regulations, but also are obligated to reduce tobacco use and thereby lower tobacco hazards*." Such efforts were supported by the 10 standards for tobacco-free health care (commitment, communication, education & training, identification & cessation support, tobacco control, environment, healthy workplace, health promotion, compliance monitoring, and policy implementation). These standards ensure comprehensive improvements to tobacco controls, help hospitals establish self-monitoring systems of non-smoking environments in the hospital, and identify tobacco use status of patients (as well as second hand smoke exposure of family members), allowing health care providers to actively urge cessation and offer assistance and create a tobacco-free action plan that covers every element from the hospital environment to its people.

The HPA and local health departments assist tobacco-free hospitals in achieving the following 10 standards for international certification

1 Commitment

Hospital supervisors lead hospital staff in pledging a commitment to a policy towards the implementation of tobacco-free hospital

2 Communication

Formulate an employee commitment manual. All staff, patients/residents, and the community shall be informed of the tobacco-free policy.

3 Educational training

Education and training is provided. Staff are trained the best methods for approaching smokers and supporting smoking cessation.

4 Identification & cessation support

A computerized reminding system is used to identify and document the smoking status of all patients.

5 Tobacco control

No smoking signs are posted inside and outside the hospital. Frequent dissemination of tobacco-free information keeps the interior and exterior of the hospital maintaining tobacco-free status.

6 Environment

The hospital displays clear tobacco free signage in appropriate place to inform the general.

7 Healthy workplace

The hostipal establishes the employee management polices to understand the smoking status of staff and has an awards/penalty system to build a healthy workplace.

8 Health promotion

The hostipal works with community members to maintain a smoke-free environment and hold tobacco-free activities.

9 Compliance monitoring

Regular meetings and continued monitoring of a tobacco-free task force convene and compliance with the 10 standards is upheld.

10 Policy implementation

All hospital staff members pledge their commitment to promote tobacco control strategy and implement the tobacco free policy

ENSH-Global Gold Forum Awards for Tobacco-Free Health Care Services. Taiwan is the country with the highest number of Gold-Level hospitals.

The ENSH-Global Network for Tobacco Free Health Care Services aims to act as an international platform for sharing, learning, and promoting the concepts of tobacco-free hospitals and thus organizes the annual ENSH-Global Gold Forum. Countries around the world would submit candidate hospitals that have met gold level award qualification requirements for the international assessment. Intensive global competition and evidence-based assessment of tobacco-free hospital activities were carried out to select hospitals that deserve the Gold Level Award that could serve as a benchmark for others. Since the ENSH-Global started to offer the International Gold-Level Awards in 2009, only 27 hospitals throughout the world managed to acquire this prestigious certification. Taiwan began recommending tobacco-free hospitals to apply for the International Gold Level Award in 2012, with a total of 11 hospitals winning the award by 2014. Taiwan is the member with the most number of Gold Level hospitals. In 2014, the 2 winning hospitals of Kaohsiung Medical University Chung-

Ho Memorial Hospital and Cardinal Tien Hospital were invited to attend the 2014 ENSH-Global Gold Forum Event held on April 23 in Spain. The 2 hospitals shared Taiwan's efforts and results through integrated seminars in the creation of smoke-free environments, employee education and training, provision of cessation services. The honors given to Taiwanese institutions and participation serve as a testament to Taiwan's dedicated tobacco control program as well as prove that our medical and healthcare policies were in line with international standards. The publicizing of Taiwan's achievements in preventive medicine and health-promoting hospitals on the global stage was extremely significant as well.


獲無菸醫院金獎 台灣做視全球

● "*2014 International Gold Level Award Forum*" held on April 23, 2014. Kaoshiung Medical Univeristy Hospital and Yonghe Cardinal Tien Hospital receiving the tobacco-free hospital international gold level award.

Integrating second generation cessation services payment scheme for improved performance

The HPA of MOHW launched the Second Generation Cessation Services Payment Scheme on March 1st, 2012. As medical institutions provide more diverse, cost-effective, and convenient smoking cessation service, more hospitals adopt the spirit of the 10 standards of tobacco-free hospital accreditation, and utilize the established model was utilized to initiate effective actions against smoking. For example, in the 4th standard of the tobacco-free hospital accreditation, hospital staff would ask each patient about their smoking habits and actively counsel smokers to quit. After initiating the second generation cessation services payment scheme, the number of individuals provided with such services grew by 212.2% in tobacco-free hospitals compared to 2.5 years ago. This figure was also much higher

● Taiwan joining the ENSH-Global Network for Tobacco-free Health Care Services

than the 59.7% achieved in non-tobacco-free hospitals. Public satisfaction for smoking cessation services in tobacco-free hospitals and non- tobacco -free hospitals were 8.16 and 7.97 respectively, with a respective improvement of 0.64 and 0.44 which had statistical significance. This showed that support provided by the second generation cessation services payment scheme allowed tobacco-free hospitals to provide more smokers with smoking cessation services and achieve high levels of satisfaction. Expanding the tobacco-free hospital program would thus allow hospitals to make use of every opportunity of getting in touch with smokers to provide effective counseling, helping them to quit smoking, and establishing tobacco-free healthcare environments and services.

● Experts at tobacco-free hospitals for on-site visits and counseling

● Experts at tobacco-free hospitals for on-site visits and counseling

Smoke-free Parks and Green Lawns

Expanded Smoke-Free Environments to Safeguard the Health of Fellow Citizens

Second hand smoke is the passive or involuntary inhalation of tobacco smoke in the environment and is classified by the International Agency for Research on Cancer (IARC) of the WHO as a group 1 carcinogen. Other detrimental effects of second hand smoke include initiating the onset of heart diseases and stroke. second hand smoke exposure will cause respiratory diseases (otits media, asthma, bronchitis, and pulmonary emphysema) amongst children as well as leukemia, lymphoma, and diseases in the brain and central nervous system, as well as various cancers such as hepatoblastoma. Research from the American Center of Disease Control (CDC) pointed out that long-term second hand smoke exposure will increase the risks of cardiovascular disease and stroke by 30-65%, and increase risk of developing lung cancer by 20-30% higher than non-smokers. Many people visit parks or the National Parks for recreation for the purpose of relaxation, health, breathing fresh air free from the hazards of second hand smoke. The "*Monthly Statistics of Visitors to the Principal Scenic Spots in Taiwan of 2012*" showed that the average number of visitors to famous landmarks and sightseeing destinations in Taiwan could reach 10,000 individuals during weekends and public holidays. Such data showed that Taiwan is densely populated and has limited recreation areas. Sightseeing destinations will be extremely crowded during weekends. Ineffective control of second hand smoke hazards will seriously affect the health of fellow citizens as well as the quality of the trip. Hence, the government must initiate measures to expand the scope of smoke-free environments to safeguard the health of its people. On April 1, 2014, the HPA officially announced that: "With the exception of smoking areas, all designated areas of parks and green lawns by local governments will be non-smoking area" This makes Taiwan the second country to prohibit smoking in parks and green lawns.

It is difficult to provide a comprehensive list of every regulation in the Tobacco Hazards Prevention Act (hereinafter referred to as "this Act") on the measures used to prohibit smoking in public areas and transport. Article 16, Paragraph 1 of this Act specifies that: "*Smoking in the following places is prohibited except in designated smoking areas, and smoking is completely prohibited therein if no such smoking area is designated*: 2. Outdoor stadiums, swimming pools, and other

leisure entertainment locations open to the general public... 4. Other places and transportation facilities designated and announced by the competent authorities at various levels of the government." Hence, the competent authorities have already specified and applied to "*other leisure entertainment locations open to the general public*." according to the Act. Given the fact that these locations were established for leisurely and entertainment purposes and to support the principle of proportionality (factors such as ventilation, number of visitors in the area, and loitering time), Article 16, Paragraph 1, Subparagraph 4 thus specifies. Official announcement shall be used to define the scope of non-smoking areas in leisure entertainment locations open to the general public in order to safeguard public health and improve the recreational quality of both fellow citizens and visitors.

This bulletin meant that "areas with high volume of visitors" in National Parks designated by the supervising agencies as well as parks and green lawns designated by various county and city governments shall be included as no-smoking areas. With the exception of smoking areas, the entirety of the designated areas shall be considered non-smoking zones. Violators may be subject to a fine of more than NT$2,000 but less than NT$10,000. Non-smoking areas have been currently established in a total of 47 National parks, 174 destinations, and 3,790 parks and green lawns, in the designated areas of parks, and green lawns , National Parks, National Nature Parks, designated scenic areas, and forest creation areas.

The bulletin extended for considerations on legal feasibility and comprehensiveness of legal procedures

To ensure comprehensiveness and adequacy, before the scheduled release of the draft for preview on November 6, 2013, the HPA first invited the Ministry of the Interior (MOI), Ministry of Transportation and Communications (MOTC), Council of Agriculture (COA) of the Executive Yuan, local health departments, as well as experts and scholars to hold a discussion meeting on May 31, 2013. Recommendations from attending experts were referred to clarify the enforcement of the new regulation by Article 16, Paragraph 1, Subparagraph 4 of this Act and specify the effective date of the new regulation.

To ensure that the enforcement of public authority is feasible and complies with the principles of proportionality, the HPA delivered official letters to the relevant agencies on July 9, 2013 and negotiated with local competent authorities of this Act to provide specific sightseeing destinations according to the type and number of target entering and leaving the designated areas, length of stay, and space confinements, and ventilation. The purpose was to make these local authorities provide specific sightseeing destinations that could be designated to protect non-smokers from second hand smoke hazards. The public draft of non-smoking areas released on November 6, 2013, was a result of reviews and discussions with the MOI, MOTC, COA, and competent authorities of local county and city governments to ensure comprehensiveness and adequacy.

After releasing the new regulation, local health departments were requested to work with the relevant agencies and setup no-smoking signs in the designated non-smoking areas by the released measures. Designated smoking areas shall be established in suitable locations (where other visitors need not pass through) to effectively separate smoking areas from non-smoking ones. Such measures allow smokers to have clear rules to follow and places to smoke and protect non-smokers from exposure to second hand smoke to achieve mutual respect.

Up to 95% of the general public supported this smoke-free area policy prior to its implementation.

The HPA also assessed public opinion on the "Decision in April 2014 Including Parts of Outdoor Leisure Entertainment Areas as Non-Smoking Areas." Taiwanese residents aged 15 years or more were targeted in a Computer-assisted telephone surveys. A total of 1,071 samples was interviewed. Survey showed that 95.1% (73.4% strongly agreed and 21.7% agreed) agreed with this smoke-free environment policy. Nearly 80% of the smokers also agreed with the new policy (43% strong agreed and 36% agreed). These results demonstrated that this new regulation fulfilled the expectations of the majority.

● non-smoking signs in parks

● non-smoking signs in parks

● non-smoking signs in parks

Achieving good performance through proper planning, implementation of suporting measures, and active promotion

National Parks, designated scenic areas, and forest recreation areas are large, spacious zones. The "*Alishan Forest Recreation Area*" of Chiayi County was a leading example with no-smoking areas covering up to 1,350 hectares. Since December 1, 2013, smoking is prohibited throughout the park except for designated smoking areas. Prior to enforcing park-wide prohibition of smoking, the administrators prepared large no-smoking signs, planned accessible smoking areas, implemented park-wide promotion for the new regulation, and delivered an official notice to the MOTC to remind travel agencies to communicate with the tourists necessarily. The Chiayi County Health Bureau and Forestry Bureau also joined with relevant personnel to enforce regulation. Visitors all compiled with such regulation well. It showed that prohibition of smoking would not necessarily become difficult when the scope of no-smoking areas become excessively large. The key to successful prohibition of smoking would be proper implementation of supporting measures as well as strict enforcement by the administrators and competent authorities.

To protect the general public against the hazards of second hand smoke and safeguard public health, the HPA implemented planning and proper supporting measures which were then strictly enforced by the health departments and relevant personnel. The following is the supporting measures for this announcement:

1. Sending official letters to the Tourism Bureau, MOTC, requesting all travel agencies, tour leaders, and tour guides to actively provide support and pre-travel reminders to tourists (including domestic and foreign tourists) to comply with these regulations.
2. Setting up clear and conspicuous no-smoking signs and establishing smoking areas with accessible and reasonable routes. Smoking areas shall also be clearly marked upon maps so that smokers have a place to smoke.

3. Clearly stating no-smoking rules and the location of smoking areas in the entrance tickets or park tourist guide. Alternatively, no-smoking leaflets can also be provided to the tourists when buying tickets.
4. Using mass media, news announcements, event marketing, distribution of promotional items, or other methods to intensively improve awareness of no smoking rules.
5. Canvassing and visiting all shops and residences within areas under the jurisdiction of the national parks improve awareness of no-smoking rules, and to request shops to help distribute promotional leaflets to the public.
6. Providing additional training to the personnel or volunteers to help patrol the specified areas or carry sign boards to improve visitor awareness.

Visitors need only pay attention to signs or ask personnel in the parks

Many people mistakenly believed that the National Parks are prohibited smoking for the entire park premises. However, this is an overly simplistic understanding of the new regulation. The HPA explained that the National Parks of Taiwan were not prohibited smoking the entire park. Instead, park management were requested to identify areas with more visitors and designate them as no-smoking areas where smoking will be prohibited with the exception of "*smoking areas*" that lie outside the scope of the no-smoking areas. Smokers are still allowed to smoke in smoking areas.

The purpose of this announcement was to provide clear regulations, effective separation , and public guidelines. The aforementioned no-smoking areas were labeled with the proper signs. Smokers can head to areas outside the no-smoking zones or head off to designated smoking zones established within the park facilities. This allows them to smoke while being segregated from other tourists and visitors so that they may satisfy their urge to smoke without facing criticisms or rejection from others. Such measures also allow visitors from Taiwan and foreigners to enjoy fresh, clean air, and phytoncides achieve total relaxation and improve touring experience and quality, when visiting the National Parks .

In response to this announcement, administration units from various county and city governments as well as National Parks have finished establishing the no smoking signs as well as smoking areas with proper access. Measures have also been properly communicated and promoted amongst the public. The Tourism Bureau also requested traveling agencies to help promote tourist awareness for these new regulations. Visitors don't need to remember the areas where smoking is prohibited. They only follow the signs or ask a staff member in the park to know the locations of no-smoking areas and smoking areas, to know to smoking areas.

The HPA also kept statistics since the announcement of the new regulation on April 1, 2014: "*With the exception of smoking areas, all designated areas of parks and green lawns by local governments will be non-smoking area*". As of December 31, 2014, a total of 15,635 checks were carried out by various counties and cities. A total of 347 fines were levied which amounted to NT$634,000. The HPA also reminded the public that smokers could smoke in areas outside the designated no-smoking areas or in smoking areas established within park premises so that they may be separated from other visitors or tourists. Smokers were also reminded to pay attention to these regulations to avoid penality.

The new regulation achieved 96% support from the general public after implementation

Results of the National Parks Public Opinion Survey carried out by the HPA in 2014 showed that up to 96% of the respondents supported the establishment of no-smoking areas and designated smoking areas as the measure allowed mutual respect for smokers and non-smokers. These results showed that the measure has successfully met public expectations. The HPA hereby expresses its gratitude for everyone's support for the new policy of prohibiting smoking in parks and green lawns with the exception of designated smoking areas. Helping to provide visitors to these parks and natural scenic areas have the right to enjoy resh, clean air.

Picture and text warnings on tobacco containers

Printed designs on the tobacco product containers are one of the methods for advertising tobacco products. Article 11 of the WHO Framework Convention on Tobacco Control mandated that parties shall display health hazard warnings on tobacco product containers. These warnings shall cover at least 30% of the container area (50% is the recommended limit). A total of 77 countries around the world established requirements for printing warning labels on the tobacco product containers as of 2014. Such restrictions applying to 49% of the world's population. Up to 60 countries in the world also required these warning labels to cover at least 50% of the containers. Regular replacement of the warning images and texts is also necessary in maintaining the effect of warning. Various countries have defined different frequencies. Chile established the highest frequency for warning labels replacement at one revision every year, meaning that warnings have been revised for a total of 7 times since 2006. Australia, New Zealand, and Belgium, on the other hand, adopted a set of 2-3 images and texts which would be rotated once every 12 months.

The Tobacco Hazards Prevention Act promulgated in Taiwan in 1997 only required tobacco product containers to display health hazard warning text which failed to achieve the desired warning effects upon smokers. In 2007, the MOHW successfully amendmented the *Tobacco Hazards Prevention Act* and stipulated in Article 6 that warning signs must cover at least 35% of the area of the front and back sides of the tobacco product containers. In addition to texts, the required warning must also display pictures and relevant information on smoking cessation.

However, many smokers would ignore these health warning labels on tobacco products once they grow accustomed to them. This would lead to a significant drop on warning effects. To ensure that the health warning labels are able to effectively remind the general public about the hazards of smoking, the HPA thus revised Articles 12, Articles 13, as well as attachment pictures for Article 2 of the *Regulations for the Testing of Yields of Nicotine and Tar Contained in Tobacco Products and the Labeling of Cigarette Containers* on August 20, 2013. These new regulation were officially promulgated on June 1, 2014.

The 8 new health warning labels ongoing mamy years to prepared by soliciting the new images and text health warning labels development project design entries. A total of 1000 entries were subject to various assessment processes such as focus group interviews, eye tracking tests, and questionnaire investigations to select 12 warning pictures. At the same time, the HPA reviewed the 37 warning labels authorized by the European Union for selection as well. Expert discussion meetings were then convened to discuss, revise, and generate the final 8 health warning images. These 8 health warnings target different demographics and include both emotional and rational aspects, appealing to the smoker through emotive elements of the individual to the family. Information on the Taiwan Smokers' Helpline (TSH) was provided to integrate the desire, motivation, and drive to quit smoking.

● Health warning labels on tobacco products

Design contents of the eight warning labels include:

(1)"*Smoking causes skin aging*": using a shriveled apple to illustrate how smoking accelerates skin aging. This targets women who care about their appearance.

(2)"*Addiction to nicotine traps you for life*": the picture was taken from the European Union and personally selected by Director General Chiou. The texts were also personally written by the Director General as well. This picture of a prison composed of cigarettes illustrates the difficulty of escaping from nicotine addiction and expresses the greatest pain and helplessness of smokers due to their inability to overcome their own addiction and free themselves from the prison of smoking even if they feel sorry for their spouses, children and families. This picture aims to resonate with all smokers who wish to achieve valuable "*freedom*."

(3)"*Smoking leads to reproductive disabilities*": the picture of drooping cigarette ash is used as to illustrate erectile dysfunction. For men in their prime who care about their sexual capabilities.

(4)"S*moking leads to fetal deformities and premature birth*": using the image of a fetus to display the hazards caused by smoking. This encourages men and women between 25-40 years of age which would be the demographics with the highest smoking rate, as well as grandparents.

(5)"*Quit smoking and you'll own more*": the burning cigarette represents the loss of money, health, work, relationships, family, and life. Targeting men between 25-40 years of age who are also the demographic with the highest smoking rate, appealing them to think again when buying cigarettes and encouraging them to save the money for themselves and their family.

(6)"*Second hand smoke leads to pneumonia, otitis media, and cancer among children*": the picture of a child in gas mask is used to display the hazards caused by second hand smoke on children's health. This picture encourages men and women between 25-40 years of age who happen to be the demographic with the highest smoking rate, as well as grandparents.

(7)"*Smoking affects oral hygiene*": with a woman showing yellowed teeth and the effects of smoking on oral health. Targeting women who care about their appearance.

(8)"*Smoking causes you and your family to suffer strokes and heart disease*": strokes that middle-aged people are most afraid of. However, very few smokers know that their smoking habits will increase the risk of a stroke for themselves and their spouse. Hence, an image of a middle-aged man with a cane symbolizes the hazards caused by smoking to the smoker himself as well as his spouse. This picture targets smokers above 40 years of age.

Tobacco Product Container Warning Picture Authorization Agreement with the EU

In September 2002, the EU begun releasing tobacco product warning labels to its member states. Former Minister Chiu (then Minister of the DOH) contacted with the EU Directorate-General for Health and Consumers (DG SANCO) during a discussion with EU representatives in a WHO conference. By September 2011, the EU agreed to authorize Taiwan in using these health warning images for tobacco products. The "*Tobacco Product Container Warning Picture Authorization Agreement*" jointly signed by Taiwan and the EU on May 24, 2012. It officially made Taiwan the 10th country to use the tobacco product container warning pictures and text. This is also the first official healthcare agreement signed between Taiwan and the EU.

● Former Minister Wen-ta Chiu at the EU headquarters with Director General Paula Testori Coggi of DG SANCO jointly singing the *Tobacco Product Container Warning Picture Authorization Agreement,* Ms Juan-juan Ruan (then Director of the International Collaboration Section of the Department of Health, Taiwan) as the witness of the event.

For penalizing violations of the new regulation of the Tobacco Hazards Prevention Act, a total of 244,415 inspections of tobacco product containers were jointly conducted by local health departments in 2014. Local health departments also carried out a total of 121,914 joint-audits of signs and displays placed at locations selling tobacco products. A total of 25 citations were issued with a total of fine, which amounting to NT$365,000.

Promotion and Training

Promotion and Effectiveness of Tobacco Control

In 2013, the main focus was increasing awareness smoke-free supportive environments, smoking cessation therapy, and education on smoking hazards. Television advertisements, radio broadcasts, soft approach of family concern and celebrity testimonies through multimedia promotion and other different types of reminders were used in order to convince smokers to start quitting, and to encourage the public to place greater importance on second hand smoke hazards. Additionally, the HPA has specifically arranged various media and exposure events such as awareness programs for smoking workers, anti-smoking artwork competitions for the youths, promoting inter-campus anti-smoking activities, comic strip submissions, televisions, radio broadcasts, newspaper and magazine articles, Internet events and advertisements, outdoor television walls, commercial district advertisements, and transportation. The aim is to ensure that the promotion becomes part of everyone's daily lives, improve public awareness for smoking hazards, discourage smoking, and encourage smokers to quit smoking. Additionally, 500,000 copies of the "*Smoking Cessation Training and Battle Manual*" were printed and disseminated to smokers through local health departments and the Taiwan Smokers' Helpline.

Youth Participation in Anti-smoking Activities

In order to improve awareness for smoking hazards and improve abilities to refuse smoking, the HPA recently mobilized various media and campus resources to encourage students to partake in anti-smoking and smoking refusal activities. These include the "*Anti-Smoking Video and Media Competition for Colleges and Universities,*" "*2004 Throw Your Cigarette Away Creative Video Competition,*" "*2005 Creative Educational Competition for Tobacco Hazards Prevention,*" "*2006 Throw that Cigarette Away*" anti-smoking creative competition, and the "*Program for Youth Participation in Anti-Smoking Activities*." Communication elements commonly used by youths were used to fully unleash the creativity of youth subculture and peer influence when carrying out relevant theme-based campus promotion events. This would encourage more youths to distance themselves from tobacco products and join the anti-smoking crowd.

In 2014, the HPA commissioned Shih Hsin University to organize the "*2014 Smoke-Free Lifestyle Design Awards*," calling for submissions and organizing various inter-varsity activities. Youth creativity was tapped into to create "*graphic designs/posters*," "*creative shorts*," and "*innovative proposals for smoke-free lifestyles*" with the theme of "*anti-smoking and refusing smoking*." An additional "*creative slogan*" category was introduced so that more youths can join the competition and strengthen their awareness for tobacco control.

The 2014 Smoke-Free Lifestyle Design Awards was promoted using inter-varsity events between Taiwanese colleges, official websites, Facebook, YouTube, and other social networks. A "*BCT Campus Seed Team*" was established using the "*Be Cool, NO SMOKING*" concept. A "Tobacco Hazard Take Down" game was designed using popular APP features amongst the youths. Players would understand the severity of health injuries inflicted by smoking as the gameplay help them gain awareness of tobacco hazards. Defeating the Tobacco Hazard Boss would symbolize the youth's ability to overcome tobacco hazards. Victory will represent the players' determination to achieve a smoke-free lifestyle.

● Snippets of the "*Fun at Attacking Tobacco Hazards*" event

After dedicated promotion through inter-varsity activities throughout Taiwan, a total of 2,755 submissions from various colleges, universities, senior high and vocational schools were received. Of which, 1,417 submissions were "*graphic designs / posters*," 109 were "*creative stickers*," 430 were "*creative Stickers for smoke-free lifestyles*," and 799 were "*creative slogans*." The large number of submissions and quality of student work astounded the panel of judges. These submissions demonstrated the passion and extensiveness of youth participation as well as their concern for smoking hazards increasely.

After a two-stage judging process, the following awards were provided:

Category	Award	Submission name
Graphic design / poster	Gold Award	Thumbs Up for This
	Silver Award	One more Cigarette, will be order!
	Bronze Award	YOUR LIFE
	Honorable Mention	What's your size?
	Honorable Mention	Your pet never say
Creative Shorts	Gold Award	Poor Smoker, diseased lottery
	Silver Award	Cooking Time
	Bronze Award	Eliminating Life
	Honorable Mention	Creating the Perfect Home
	Honorable Mention	Who's the Murderer
Creative Sticker Award	Gold Award	Anti-Smoking Nurse
	Silver Award	Lessons from Smoke-Free Boy
	Bronze Award	Gangsta's Fiery Quitting Club
	Honorable Mention	Quit Man
	Honorable Mention	Animal's Triple Refusal
Creative Slogans	Honorable Mention	Quit Smoking Now for Health Upgrades
	Honorable Mention	Keep Away from Tobacco for Your Future
	Honorable Mention	A Moment of Happiness - A Day Taken Away
	Honorable Mention	Keep Your Heart on Your Loved Ones, not on the Cigarette
	Honorable Mention	Cigarettes for Winter - Spring Will Never Come

In order to encourage youth participation in the competition as well as to share and exhibit the winning entries and convert the creative ideas of "*Anti-Smoking, Refuse Smoking, and Smoking-Free*" lifestyle into a youth movement, HPA organized the *2013 Smoke-Free Lifestyle Design Awards* ceremony and exhibit on November 19th, 2014, at the 1st Floor of the northern Tobacco Factory of the Songshan Cultural and Creative Park, an important center of Taiwanese creative culture. A "*Cloud Gallery*" was also established on the website to offer a virtual tour as well.


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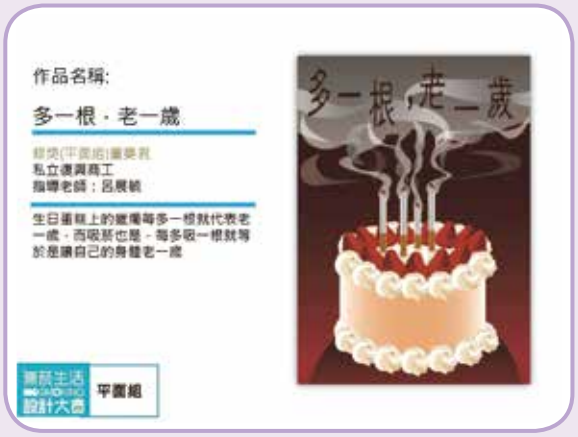
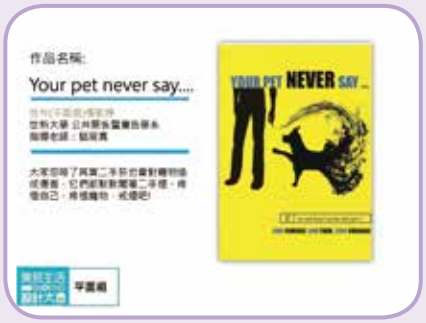
Winning submissions of the Graphic Design Poster category

- Gold award winner in the Graphics Design category: *Thumbs Up for This*



- Silver award winner in the Graphics Design category: *One more Cigarette,will be order*

- Bronze award winner in the Graphics Design category: *YOUR LIFE*



- Honorable mention award winner in the Graphics Design category: *Your pet never say*

- Honorable mention award winner in the Graphics Design category: *What's your size*

Winning submissions of the Creative Shorts category

● Gold award winner in the Video category: *Poor Smoker diseased lottery*
https://youtu.be/S99J8A_B0Uw

● Silver award winner in the Video category: *Cooking Time*
https://youtu.be/Tym6jpIVjpg

● Bronze award in the Video category: *Eliminating Life*
http://youtu.be/XWlRwb-6vQo

● Honorable mention winner in the Video category: *Who's the Murderer?*
http://youtu.be/fBKVf781UJU

● Honorable mention award in the Video category: *Creating a Complete Home*
http://youtu.be/x7va0l69RpI

Winning submissions of the stickers Shorts award

- Gold award winner in the Creative Sticker category: *Anti-Smoking Nurse*

- Silver award winner in the Creative Sticker category: *Lessons from Smoke-Free Boy*

- Bronze award winner in the Creative Sticker category: *Gangsta's Fiery Quitting Club*

- Honorable mention award in the Creative Sticker category: *Quit Man*

- Honorable mention award in the Creative Sticker category: *Animal's Triple Refusal*

Winning submissions of the Creative Slogan category	
Honorable Mention	Quit Smoking Now for Health Upgrades
Honorable Mention	Keep Away from Tobacco for Your Future
Honorable Mention	A Moment of Happiness - A Day Taken Away
Honorable Mention	Keep Your Heart on Your Loved Ones, not on the Cigarette
Honorable Mention	Cigarettes for Winter - Spring Will Never Come
Judges' feedback	Good slogans must immediately invoke relevant ideas amongst the target to achieve the desired effects. The winning works of this year are commended for being able to immediately express the message of quitting and refusing smoking as well as building a smoke-free lifestyles. "Keep Away from Tobacco for Your Future" directly appeals to the physical injuries that may result from smoking hazards. The target not only includes the smoker, but also his or her future generations. This slogan was distinguished from others.

A Bagful of 5 Smoking Cessation Kit

To mitigate the withdrawal discomfort experienced during the smoking cessation process and to ensure success in smoking cessation, the HPA released "*5 Tricks of Smoking Cessation"* and *"Smoking Cessation Bag*" to help smokers get off tobacco products and embrace a smoke-free lifestyle. The Smoking Cessation Bag was designed according to the successful experience and academic research carried out by the National Health Service of the UK. Through focus interviews and quantitative research, HPA managed to design a Smoking Cessation Bag for Taiwan's "Smoking Culture." A total of 3 featured innovations, namely "*without prescription drugs, use of addiction replacement therapy and social support, and integration of the Taiwan Smokers' Helpline and Support Groups*" as well as the five simple steps of MOVE, THINK, COUNT, SHOW, and FIND described in the "*5 Tricks of Smoking Cessation*."

1. MOVE: Habitual smokers trying to quit are often affected by anxiety and restlessness. The step counting "*March to Health Meter*" and "*Joyful Elastic Band*" provided in the Smoking Cessation Bag will help develop positive athletic habits that could be employed to overcome the addiction.
2. THINK: Research carried out in other countries pointed out that those who successfully abstain from cigarette use for 28 days with a 5-fold higher success in smoking cessation. The "*Joyful GO Interactive Calendar*" allows smokers to record their emotions while providing them with supporting slogans to give encouragement and boosts in their confidence.
3. COUNT: Use the "*Coins Memo Sticker*" provided in the Smoking Cessation Bag to remind yourself to save money while safeguarding your health.
4. SHOW: Take the first and brave step by strapping on the "*Bravely Say NO Wristband*." The band serves as a symbol representing your determination in achieving smoking cessation to avoid peer pressure or embarrassment when being invited to "*smoking socials*."
5. FIND: Smokers are in dire need of support and encouragement during the tough battle of smoking cessation. In addition to dialing the 0800-636363 Taiwan Smokers' Helpline (TSH) for professional inquiries and services, "*Postcards Showing My Support for Your Smoking Cessation Efforts*" can be sent to your friends and family members to recruit support. No battle should ever be fought alone.

Xiao Qingyang, known as the Ang Lee of the international cultural design world and 4-time nominee for the Grammy Awards, provided the designs of the Smoking Cessation Bag pro bono. The Smoking Cessation Bag design concepts were: "A broken cigarette where positive images emerge from the breaking point." The words "*I Quit*," a common slogan for the smoking cessation movement, was displayed at the bottom of the cigarette to symbolize the new life after successful cessation. A total of three different totemic images were provided. These images were "Sunshine - I Quit so I am Healthier!" that represented a healthier, happier, and more positive and active lifestyle. "Budding Shoots - I don't Smoke, so the Air is Fresher!" serves as a symbol for fresh clean air as well as a blooming and active lifestyle achieved after smoking cessation. "Hearts - I don't Smoke, so People Love Me More!" represents the warmth and mutual care between people.

Ensure success through the Smoking Cessation Bag:

MOVE: "*March to Health Meter*" and "*Joyful Elastic Band*"

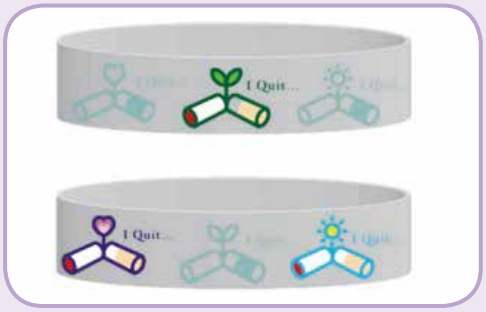
- March to Health Meter: *Everyday is a good day to quit.*

- *Joyful Elastic Band*: Move about and enjoy new exciting sports to overcome physiological withdrawal symptoms

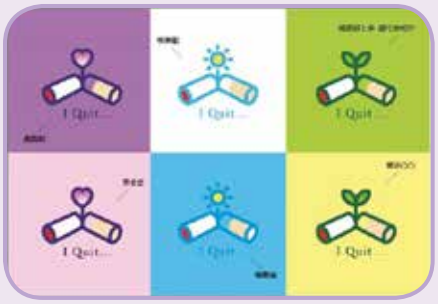
THINK: "*Joyful GO Interactive Calendar*"

THINK: "*Joyful GO Interactive Calendar*"

SHOW: "*Bravely Say NO Wristband*"



FIND: "*Postcards Showing My Support for Your Smoking Cessation Efforts*"



Campaign for Promoting Good and Healthy Reading

To establish correct health concepts amongst the general public, the HPA initiated a program recommending good healthy reading in 2002 so that the public is provided with an easy access of "*good books for healthier lifestyles*." After years of efforts, a strong foundation as well as positive feedback from the entire society was easily achieved.

The year of 2014 is the sixth campaign for recommending good, healthy reading. Books were divided into the four major themes of "Cancer Prevention & Control," "Maternal, Infant and Reproductive Health," "Community Health," and "Aging and Chronic Disease Control." The additional category of multimedia were also added to meet current expectations to improve the scope of good, healthy readings. With the help of dedicated support from various publishers, a total of 724 entries were submitted. The topics and themes of these entries included preventive healthcare, nutritive health, sports and exercises, and mental and spiritual therapies. For multimedia entries, videos were made for diseases that the general public still have misconceptions about, such as rare diseases and dementia. Story-based packages will help the general public gain a better understanding on the causes of these diseases, healthcare methods, and therapeutic methods. Dozens of experts and academicians were invited as judges to review these entries one by one in an open, fair, professional, stringent, and objective manner. Preliminary reviews, second reviews, and final reviews were conducted to create a final list of 100 good and healthy readings for the general public.

For the category of cancer prevention and control, the selected readings covered a wide selection of areas such as diagnostics, treatment, post-therapy healthcare, and domestic care. Clinical dietitians with many experiences introduce correct dietary concepts for cancer patients. The formation and prevention of cancer were explored from various aspects such as cell biology, spirituality, yoga, and mental status. For example, the book titled "Xiaohua's Miso Soup: 8 Lessons for Life in the Yasutake Family" introduced a touching story about a lady with metastasized breast cancer with her husband and her five-year-old daughter. Through husband's narratives and blog entries from the cancer-stricken lady, the reader could appreciate the tight-knit relations of this family of three. Although the lady finally succumbed to her cancer, the disease could not deprived of the memories of her family members about love. This is a spiritual reading recommended for cancer patients, category.

Selected readings for maternal, infant and reproductive health category included obstetrics, child-care knowledge, women's physical and mental health, as well as mother-child relationships. The aim of these readings is to help the public gain better understanding of various health topics and improve the physical and mental health of women and their children. For example, "A Young Daddy's Boy" is a book written in the form of youth literature describing family stories about children with ADHD often seen in schools. The author's comical and interesting style make it perfect as a reading material for classes with ADHD students to improve understanding and acceptance of classmates. This book was designed to help promote sympathy amongst children and teach them about the ways to interact with friends unlike themselves. This is also an excellent reading between children and parents.

The community health category was established to help share healthy lifestyles with the readers and include a wide selection of topics such as community psychology, physiological health, and health promotion. These topics include healthcare and health promotion for senior citizens and methods for of shortening the distance between healthcare practitioners and the general

● Digital displays promoting tobacco control information in Yunlin County

public or patients. There were also readings that anxiety and difficulties faced by people living in the modern. The book titled "*Amortality - The Pleasures and Perils of Living Agelessly*" describes the global trends of people living youthful-style lives regardless of age. This group was referred to as the "*Amortals*." Regardless, life is a one-way trip. Health and vitality are keys of an enjoyable and happy lifestyle. This book is a worthy reading with plenty of lessons to be learned.

Readings from aging and chronic disease control category focus on health protection with the goal of helping readers manage their lifestyles, initiate preventive measures that focus on early control of senile dysfunction, and implement proper healthcare. In addition to focusing on diseases and patients, other readings focused on hidden public health issues within health problems as well as long-term lifestyle and healthcare problems that may lead to loss of body functions. For example, the "*Grandma! You're Losing It! Animated Video on the 10 Warning Signs for Senile Dementia*" is an engaging animation that depicts an important health topic of dementia.

To help the public gain a better understanding of these excellent readings, the selected titles were compiled into a "*Recommended Manual*" which were promoted through e-bookstores, libraries, and other channels by carrying out book expos, seminars, "*Read about Health to Gain Health*," "*Buy Health and Join the Raffles*," and "Physical Health Indicator Survey" and other promotional events. These events allowed to interact with public. It hopes that habitual reading will slowly influence them towards a better understanding of health and take a healthier lifestyle.

Health is not just disease prevention. Instead, it is a form of positive lifestyle and attitude. By promoting good, and healthy readings, the HPA hopes to improve health knowledge amongst the general public and establish and "healthy" concepts and attitudes. People would be able to learn how to transform health into the paces and goals of their lives to help build a healthier, happier, and more enjoyable lifestyle paces.

Tobacco Control at the County and City Level

In order to promote public support and awareness for tobacco control, strengthen the consciousness against smoking, ensure public to compy with the *Tobacco Hazards Prevention Act*, maintain a smoke-free environment, reduce smoking rate, and reduce exposure to the hazards of second hand smoke, local health departments have integrated various educational, healthcare, and community resources to carry out various promotional educational courses, lectures, and activities for tobacco control (a total of 8,707 such events were held in 2014). In addition to key topics based on different themes and periods, the HPA released press reports on tobacco control. These reports were also released through diverse public broadcasts and media channels such as televisions, radio, advertisement trucks, outdoor billboards, and LED walls at major traffic intersections. The purpose is to improve public understanding of various educational concepts and promote awareness

● Fringe Festival held in Yilan County with Luodong Township Office promoting information on tobacco hazards

● DM for the Smoke-free Campus Reporter Summer Camp, Hsinchu County

● Digital displays promoting tobacco control information in Yunlin County

● Bus advertisements promoting information on the smoke-free environment in Pingtung County

for the importance of tobacco control so as to build a public consensus and support for tobacco control. People would then be able to work together and establish a smoke-free environment, eliminate smoking hazards from their lives, and reduce the smoking population in the country.

Tobacco Hazards Prevention Act and Complaints Hotline

More and more people became aware of the hazards of second hand smoke and were thus more eager to defend their rights. Hence, the HPA established the Tobacco Hazards Complaints Hotline in 2003 that provided the public with a channel for complaint.

New regulations of the *Tobacco Hazards Prevention Act* were enacted on January 11th, 2009. The HPA expected calls and inquiries regarding the new regulations could be more and more, thus greatly expanded service capacities for the 0800-531-531, Tobacco Hazards Inquiry and Helpline, to ensure that all complaints about second hand smoke could be responded immediately. Any valid case of public complaint was forwarded to local health departments for subsequent inspection and response. Since 2009, the 0800-531-531 inquiry helpline received a total of 34,275 calls and a total of 6,213 complaints (Table 1-1).

Table 1-1 Hotline Number of calls made to the Tobacco Hazards Prevention Inquiry and Complaints Service Helpline forwarded to the local health departments

Complaints received during the period Cases transferred to the health departments closed cases Null cases

Period	Calls	Complaints	Cases forwarded to health departments	Closed cases	Dismissed
2008	-	465	465	339	72
2009 *	20,509	3,223	3,223	2,757	347
2010	3,559	947	947	848	81
2011	3,119	816	816	785	22
2012	2,646	661	661	613	28
2013	4,442	566	566	542	22
2014	4,515	2,425	414	414	1,182

Source: "*Manual of the Training Program for Service and Enforcement Personnel of the Tobacco Hazards Prevention Act,*" Health Promotion Administration.

* New provisions of the Tobacco Hazards Prevention Act became effective

Additionally, as people became more familiar with the *Tobacco Hazards Prevention Act*, a total of 4,515 calls were made to the Tobacco Hazards Inquiry and Complaints Helpline in 2014, which included 414 cases of public complaints and grievances for tobacco hazards that were uploaded into the reporting system. Statistics revealed that most calls were inquiries about the purpose of the helpline, contents of the *Tobacco Hazards Prevention Act*, grievances on domestic tobacco hazards, and other recommendations for tobacco control. The public also recommended the HPA to establish more stringent tobacco control regulations and raise health and welfare surcharges for tobacco products, demonstrating their concern for the implementation of new Tobacco Hazards Prevention Act and increasing tobacco products surcharge.

Training for Enforcement Personnel for the Tobacco Hazards Prevention Act

Enforcement of the new regulations of the *Tobacco Hazards Prevention Act* in 2009 represented a major advancement in safeguarding the public from smoking hazards. Enforcement personnel shall be familiar with the regulations of the Act in order to ensure the integrity of law enforcement, achievement of the Act's objectives, preventing legal contradictions when interpreting the law, and preventing the issuance of erroneous administrative penalties that may result in unnecessary conflict. Hence, legal systems, interpretations of individual cases, references to legislation in other countries, and training of enforcement personnel shall be implemented to ensure the integrity of *Tobacco Hazards Prevention Act* enforcement. "*Basic Enforcement Personnel Training Program*" and "Advanced Enforcement Personnel Training Program" were therefore organized to improve the understanding of the amended regulations in the Act and strengthen inspection capabilities of enforcement personnel from local health departments. The "*Basic Enforcement Personnel Training Program*" focused on courses on the amended regulations, its derivative laws, and enforcement methods of the *Tobacco Hazards Prevention Act* so that local enforcement personnel have accurate understanding of the Act, the ability to comply with legal administrative procedures, evidence collection, issue effective administrative penalties, and transfer the results to other enforcement personnel of local competent authorities. The "*Advanced Enforcement Personnel Training Program*" courses focused on improving understanding about the amended regulations in the Act and other associated laws, the *Administrative Procedure Act*, Administrative Penalty Act, administrative decision notice preparation and appeal, and practical legal enforcement techniques. The advanced course aimed to ensure the competency of local competent authorities in conducting practical research on legal problems for effective implementation and enforcement of the *Tobacco Hazards Prevention Act*.

In 2014, a total of four "*Basic Enforcement Personnel Training Program*" courses and one "*Advanced Enforcement Personnel Training*" course were held, with 210 and 53 attendants respectively. Additionally, in order to understand the course benefits and training effectiveness and determine whether the trainees were able to apply knowledge acquired from the courses in tobacco control enforcement, the HPA monitored each trainee in terms of levels of understanding of relevant provisions and laws for tobacco control and differences between the amended and original provisions, professionalism in tobacco control, confidence in legal enforcement, and course contents. Results of the training assessments indicated that most students were satisfied and greatly appreciated the contents of various courses on tobacco control laws.

Training results also demonstrated that systematic training could help enforcement personnel acquire robust understanding and practical skills of tobacco control provisions, and improve their knowledge of the amended regulations of the Tobacco Hazards Prevention Act and other associated laws. These knowledge improved the trainees' confidence and ability in law enforcement and provided practical assistance and support in their legal duties.

Evaluating tobacco controls in various counties and cities

The HPA has stipulated the provision of support to local governments for establishing assessment items on their tobacco control programs and providing guidelines on assessment

measures to local health departments. Examples of assessment measures include enforcement inspections, monitoring the trends of various indicators, smoking cessation services as well as strengthening the implementation of specific item, namely objectives for the number of people receiving the second generation cessation program which would be allocated in accordance with the smoking population of each county and city. Scoring is implemented according to the situation and additional points provided to reward and encourage special achievements or overcoming difficult situations.

In 2014, the tobacco control program assessment items included five major aspects: (1) enforcement performance, (2) investigation and monitoring, (3) achievement of program objectives, (4) administrative processing time, and (5) smoking cessation service. For the item of enforcement performance, in order to improve the compliance of Article 10 for vending locations of tobacco products, Article 15 for areas where smoking is completely prohibited, Article 16 for designated smoking areas, and Article 13 for prohibition of sales of tobacco products to minor, on-site inspection results from the "*Assessment for the Enforcement Performance of the Tobacco Hazards Prevention Act*" was conducted by the Consumers' Foundation commissioned by the HPA. Auditing performances for the aforementioned provisions in various counties and cities were used as assessment items

For the item of investigation and monitoring, in addition to "s*moking rate of individuals over 18 years of age*" and "second hand smoke exposure rate in public areas" first introduced in 2012, new assessment items of "*second hand smoke exposure rate in campuses*" and "*second hand smoke exposure rate in work places*" were included as of 2013 to reduce second hand smoke hazards at campuses and workplaces. To encourage medical personnel of various counties and cities to train and provide services for smoking cessation, and to promote public utilization of such resources and services, "*Health Professionals actually provide smoking cessation health education and inquiry services after training," "smoking cessation counseling success rate of medical personnel,*" and "*utilization rate of smoking cessation therapy*" were thus included for assessing smoking cessation services. Furthermore, starting from 2013, the proporation of less challenging assessment indicators such as "*achievement of program objectives*" was reduced.

For the performance or progress in the implementation of tobacco control inspections by various counties and cities, exemplary actions or unique performance when complying with special HPA yearly policies (such as the new regulation promulgated on April 1, 2014 where: "*With the exception of smoking areas, all designated areas, parks, and green lawns in National Parks, National Nature Parks, designated scenic areas, and forest recreation areas shall be non-smoking areas; where smoking areas were not designated, the entire site shall be regarded as non-smoking areas*") were rewarded with bonus points. The HPA would dynamically adjust assessment indicators, annual program audits, on-site inspection and management in order to achieve effective improvements for the assessment system.

County and City Tobacco Control Exchange Workshops

The HPA has continued to organize the annual "*County and City Tobacco Control Exchange Workshop*" to improve the consensus between various local policies in the enforcement of tobacco control. The purpose of the workshop is to improve the effectiveness of the national tobacco control program by functioning as a learning and exchange platform for local governments, and strengthen the consensus between the central and local governments in driving the program.

These workshops serve as an exchange and learning platform between counties and cities for improving problem analysis, practical skills, and project planning abilities of fellow colleagues in local health departments engaged in tobacco control programs. In 2014, "*County and City Tobacco Control Exchange Workshop*" sessions were held in southern and northern Taiwan respectively. A total of about 183 individuals attended these workshops. In addition to showcasing the results of tobacco control efforts of various counties and cities, workshop in southern Taiwan included "*key operations for annual tobacco hazards prevention programs*," "*results and expectations for implementing second*

generation cessation services," "*discussions on the practical aspects of tobacco control laws*," "*program for youth participation in anti-smoking activities*," "i*mplementing regulations on prohibiting smoking in train stations*," "*creative ideas*," and "*user instructions and reminders for the Taiwan Smokers' Helpline*." Various counties and cities were invited to share practical experiences and problems encountered during "*inspection and prohibition stipulated in tobacco hazards prevention laws*," "*youth demographics and creative tobacco hazards prevention methods*," and "*strategies for second generation cessation services*." Workshop in northern Taiwan included "*objectives and plans for tobacco hazards prevention*," "*legal effects of violating administrative procedures*," "*vaccine against tobacco addiction - improving self-image and interpersonal relationship techniques amongst youths*," "*strategies and techniques for implementing smoking cessation amongst youths*," "*experience sharing by healthcare institutions with excellent quality improvement measures for smoking cessation services*," "*experience sharing for successful cases of smoking cessation*" by physicians / pharmacists / health education instructors, "*effectiveness of county and city level enforcements*," and "*exchanging practical experiences with health departments*." The workshop also held award ceremonies for the "*healthcare institutions with excellence in quality improvement measures for smoking cessation services in 2013*" and "*essay competition for successful cases of smoking cessation in 2014*."

Active discussion in each session helped achieve the targets for the effective sharing and exchange of experiences. Personnel from the health departments responsible for tobacco control attending the workshop were also given questionnaire surveys. For the aspects of course arrangements and self-assessments, the respondents felt that the workshop was helpful to their tasks and hoped that the workshop would be organized in the future. Average satisfaction exceeded 90%.

● Workshop instructor interacting with staff members of local health departments in the 1st Ladder workshop in the Southern District

● Group photograph of the 2nd Ladder workshop in the Northern District

● Healthy workout session of the 2nd Ladder workshop

● Award ceremonies for the "*healthcare institutions with excellence in quality improvement measures for smoking cessation services*" as well as "*essay competition for successful cases of smoking cessation of 2014*."

Ban on Tobacco Advertising, Promotions, and Sponsorships

Experiences from around the world showed that tobacco companies would often act under the guise of public welfare and charity and secretly expose people to their messages and products. Thus, many countries have policies to prohibit the use of tobacco advertisements and promotions.

Inspection of Violating Law on Tobacco Advertising and Promotions

Article 9 of Taiwan's Tobacco Hazards Prevention Act prohibits the promotion or advertising of tobacco products through the following methods such as: radio broadcasts, television, film, recordings, electrical signals, computer networks, newspapers, magazines, billboards, posters, leaflets, notifications, manuals, samples, postings, displays, or through any other written, illustrations, items, or digital recording devices, or journalist interviews, reports introducing tobacco products, or use of other people's identities or products with names or marks identical or similar to that of tobacco product brands, or using discounts to sell tobacco products or using tobacco products for promotions or gifts for sales events. Additionally, the Act prohibits the packaging of tobacco products with other products for sale, and prohibits the distributing or selling of tobacco in the forms of individual sticks, loose packs or sheathed, or promoting tobacco products in tea parties, meal parties, illustration conferences, testing events, concerts, lectures, sports, or public interest events.

However, tobacco companies will still advertise and promote tobacco products in order to expand their market. In order to safeguard public health, local health departments must act in accordance to the law and check for illegal tobacco advertisements and promotions. From 2009 to 2014, a total of 2,061,089 inspections were carried out throughout Taiwan with a total of 54 citations issued. The top violations listed in Article 9 were: Item 1: Advertising through radio broadcasts, television, film, video, electronic signal, Internet, newspaper, magazine, billboard, poster, leaflet, notification, announcement, reference manual, sample, posting, display, or through any other text, picture, item or digital recording device (72.2%). Item 3: Using discounting to sell tobacco products, or using other items or gifts for such sales (9.3%). Item 4: Using tobacco products as a gift or prize for the sale of other products or for promotion of other events (9.3%). Item 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 (7.4%). Item 6: Distributing or selling tobacco products in forms of individual sticks, loose packs, or sheathed (1.9%). Further analysis was carried out in each county- or city-level health departments to review violations of tobacco advertisements or sales promotion during this 6-year period. Taipei City had the highest number of violations with 14 cases (25.9%) followed by Taichung City with 13 cases, Kaohsiung City with 6, New Taipei City and Tainan City with 4 each, Miaoli County with 3, Keelung City, Yilan County, and Kinmen County with 2 each, and Taoyuan County, Changhua County, Nantou County, and Pingtung County with 1 each (Table 1-2).

Article 9 of the Tobacco Hazards Prevention Act prohibits promotion and sponsorship of tobacco products. After extensive evidences have been gathered by local health departments, major citations include: a case in Miaoli County for tobacco product advertising on tobacco packaging with a fine of NT$17.8 million, a case in Taipei City for tobacco product promotional activities and advertising on tobacco packaging in night clubs with a fine of NT$35.0 million, a case in Kaohsiung City for giving out complementary brochure with tobacco product with a fine of NT$10.2 million, a case in Taichung City for tobacco product advertising on tobacco packaging with a fine of NT$5 million, a case in Changhua County for tobacco product advertising on tobacco packaging with a fine of NT$5 million, a case in Yilan County for tobacco product advertisements and promotion with a fine of NT$10 million, and a citation issued by Keelung City Health Bureau where smokeless tobacco oral tablets were introduced using a centerfold with a fine of NT$5 million. Total penalties issued for violating Article 9 amounted to NT$91,668,500。

Table 1-2 Tobacco advertisement and promotion violations and penalties (in NTD) issued in Taiwan from 2009 to 2014

County / City	Citations	Fine
Department of Health, Taipei City Government	14	35,805,000
Keelung City Health Bureau	2	5,100,000
Public Health Department, New Taipei City Government	4	333,500
Public Health Bureau, Yilan County	2	10,000,000
Public Health Bureau, Taoyuan County	1	100,000
Public Health Bureau, Miaoli County Government	3	17,800,000
Health Bureau, Taichung City Government	13	6,200,000
Changhua County Public Health Bureau	1	5,000,000
Health Bureau, Nantou County Government	1	50,000
Department of Health, Tainan City Government	4	400,000
Department of Health, Kaohsiung City Government	6	10,630,000
Pingtung County Government Health Bureau	1	100,000
Public Health Bureau, Kinmen County	2	150,000
Total	54	91,668,500

Inspection and Penalties for the Tobacco Hazards Prevention Act

The "*Tobacco Hazards Prevention Act - Inspection and Penalty Reporting and Case Management Information System*" was established in January 2004 in order to improve the efficiency of Tobacco Hazards Prevention Act inspections, ensure effective use of data, and provide prompt notification for central and local health authorities on the status of the Act enforcement for the purpose of formulating response strategies. System updates were completed and released for operations on May 16th 2009 to accommodate the enactment of amendment of the Act. The updated system provided instant notification of inspection results, violations, and penalties. Users were also able to inspect the status of fine payments, smoking cessation education, and monitor the enforcement and penalties issued to each case.

To further simplify, expedite, and digitalize inspection processes, a portable hand-held on-site inspection system was designed in August 24th 2012, providing 10-inch tablet computers with GPS that could be used to plan a route to the inspection site. This system was used to conduct 1,400 inspections in 2012, followed by 4,385 inspections in 2013, and 2,606 inspections in 2014. The system also allows instantaneous registration of case information while combining camera and signature functions on the tablet. Data would be transmitted electronically to the system to reduce paperwork and shorten processing time, thereby improving work efficiency. Counties and cities could also use the system for data exchange and case transfers, reducing the amount of paperwork while improving the promptness of case handling.

In 2014, a total of 536,793 site inspections with 4,916,853 assessment items were carried out throughout the country. A total of 8,299 citations were issued. Case comparisons showed that the

top 3 violations were (1) smoking with 4,261 cases (51%), (2) under-aged smoking by minors under 18 years of age with 3,072 cases (37.0%), and (3) failure to display no smoking signs and providing smoking-related objects in non-smoking areas with 542 cases (6.5%) (Tables 1-3, 1-4, and 1-5). Taipei City had the highest fines, followed by Kaohsiung City. However, Hsinchu City had the highest number of citations for under-aged smokers below 18 years of age, followed by New Taipei City. Kaohsiung City had the highest number of citations for smoking violations in non-smoking areas, followed by Tainan City. Kaohsiung City had the highest number of citations for failure to display no smoking signs at conspicuous areas at the entrance and providing smoking-related objects in non-smoking areas, followed by Tainan City and Taichung City. Further analysis revealed that the three areas with the highest number of smoking violators below 18 years of age were non-smoking areas, senior high and vocational schools (and below), and Internet cafes (Table 1-6). The three areas with the highest number of smoking violators above 18 years of age were campuses, Internet cafes, and game arcades.

Local health departments throughout the country were committed to the promotion and enforcement of new provisions of *the Tobacco Hazards Prevention Act*. However, many people and even public figures have challenged public authority by smoking in train cars, airplanes, and Internet cafes, and even uploaded video about giving tobacco products to children. These behaviors have not only violated the prohibition of smoking in non-smoking areas provided in the *Tobacco Hazards Prevention Act*, they also violated *The Protection of Children and Youths Welfare and Rights Act* that prohibit the supply of tobacco products to individuals under 18 years of age as well as actions that involve child abuse. The HPA expressed stern disapproval of such actions and requested the competent authorities to investigate and penalize these actions according to law. The HPA also warned guardians to not take the chance and called upon society to place greater importance on the issue of tobacco hazards among children.

Table 1-3 Tobacco Hazards Prevention Act inspection and penalties for smokers over 18 years of age implemented by local health departments from 2009 to 2014

Category / year / County/ City	Inspection of smokers											
	Audited population						Citations					
	2009	2010	2011	2012	2013	2014	2009	2010	2011	2012	2013	2014
Taipei City	33,450	45,532	42,881	140,115	87,431	86,977	88	328	514	554	277	322
Kaohsiung City	124,677	36,017	52,625	129,765	48,373	40,365	633	712	1,819	1,473	1,460	1,323
New Taipei City	13,290	18,225	22,154	162,420	84,362	87,820	341	371	450	224	225	284
Yilan County	24,036	14,471	23,441	29,342	21,082	18,899	45	47	73	97	54	86
Taoyuan County	27,756	20,846	24,831	54,190	60,184	67,011	635	292	251	198	107	303
Hsinchu County	10,825	10,898	14,147	30,424	20,159	18,563	141	177	26	12	19	24
Miaoli County	35,853	6,561	6,345	22,498	16,126	16,552	85	50	25	140	167	332
Changhua County	23,183	19,885	12,595	37,198	32,152	35,207	35	78	58	33	44	22
Nantou County	20,848	5,622	17,614	36,689	28,735	25,568	32	27	25	30	40	47
Yunlin County	9,855	9,771	10,612	18,475	22,160	22,631	88	156	104	120	70	52
Chiayi County	9,346	6,060	12,428	28,097	16,812	15,397	38	71	68	65	66	22
Pingtung County	25,039	15,610	17,075	39,208	47,478	48,401	113	191	257	164	187	273
Taitung County	7,728	4,400	5,373	6,893	7,675	8,836	14	19	6	5	52	48
Hualien County	13,124	8,473	10,386	15,870	13,670	14,492	58	97	126	47	184	132
Penghu County	2,274	2,637	3,131	7,219	4,107	4,309	1	2	1	0	1	4
Keelung City	80,228	15,053	17,274	13,083	12,864	13,846	90	163	235	102	124	94
Hsinchu City	8,727	5,369	5,890	27,447	12,539	9,757	245	326	191	227	72	52
Taichung City	70,952	138,268	85,464	167,265	116,184	121,125	528	933	822	834	695	274

Category / year / County/ City	Inspection of smokers											
	Audited population						Citations					
	2009	2010	2011	2012	2013	2014	2009	2010	2011	2012	2013	2014
Chiayi City	34,541	22,358	3,772	14,982	14,593	18,229	21	49	35	37	88	52
Tainan City	68,649	33,216	29,631	71,580	79,012	53,258	406	508	511	377	342	482
Kinmen County	1,748	941	3,065	2,608	1,601	1,587	1	8	3	18	40	33
Lienchiang County	2,798	399	428	478	387	395	11	1	0	2	7	0
Total	648,501	440,612	421,162	1,055,846	747,686	729,225	3,649	4,606	5,600	4,759	4,321	4,261

Table 1-4 Tobacco Hazards Prevention Act inspection and penalties for smokers under 18 years of age implemented by local health departments from 2009 to 2014

Category / year / County/ City	IInspection of smokers under 18 years of age											
	Audited population						Citations					
	2009	2010	2011	2012	2013	2014	2009	2010	2011	2012	2013	2014
Taipei City	11,941	23,391	22,123	31,572	27,132	30,303	597	408	196	207	262	201
Kaohsiung City	57,186	29,880	43,510	59,811	41,418	28,045	242	111	225	461	191	230
New Taipei City	8,929	7,906	17,640	42,636	55,435	23,872	4,721	1,542	945	570	642	384
Yilan County	21,807	14,064	23,081	28,966	20,737	18,585	94	27	7	46	13	43
Taoyuan County	15,328	13,609	17,614	43,225	46,235	46,854	507	116	124	279	112	278
Hsinchu County	4,172	10,288	13,878	29,961	19,860	17,956	195	174	119	85	118	114
Miaoli County	25,338	5,139	5,532	20,957	15,166	16,482	143	12	37	220	88	326
Changhua County	11,861	18,285	12,315	37,033	31,960	34,787	270	72	11	11	8	1
Nantou County	4,580	1,807	7,228	10,677	9,816	10,125	396	292	315	329	217	236
Yunlin County	8,559	8,645	10,047	17,810	20,944	20,258	64	12	13	11	8	13
Chiayi County	5,180	4,568	10,151	17,856	14,227	12,885	86	66	32	28	19	45
Pingtung County	7,729	5,092	5,039	10,322	9,331	8,835	81	87	98	43	27	187
Taitung County	3,619	3,035	4,068	3,812	4,274	4,581	35	32	80	59	38	76
Hualien County	5,100	5,393	6,066	8,072	7,600	13,627	51	45	47	23	49	21
Penghu County	578	812	662	1,418	980	1,163	52	64	60	59	78	50
Keelung City	78,256	14,797	17,052	12,910	12,620	12,851	256	89	67	32	31	34
Hsinchu City	7,385	4,932	5,853	17,955	12,432	9,851	64	228	251	183	235	390
Taichung City	34,098	77,279	49,051	51,373	56,220	49,273	834	439	219	273	186	153
Chiayi City	30,746	21,101	3,608	14,646	13,956	17,817	1	9	2	10	44	53
Tainan City	50,244	28,192	27,232	69,649	77,768	51,425	264	75	136	183	208	220
Kinmen County	1,592	772	2,650	2,280	1,493	1,335	2	1	2	11	16	17
Lienchiang County	394	392	315	476	378	224	0	0	0	0	0	0
Total	394,622	299,379	304,715	533,418	499,982	431,134	8,955	3,901	2,985	3123	2,590	3,072

Table 1-5 Tobacco Hazards Prevention Act inspection and penalties for non-smoking areas that failed to display no smoking signs and supplied smoking-related objects implemented by local health departments from 2009 to 2014

Category / year / County/ City	Failure to display no smoking signs and supplying smoking-related objects in non-smoking areas											
	Audited population						Citations					
	2009	2010	2011	2012	2013	2014	2009	2010	2011	2012	2013	2014
Taipei City	42,829	45,141	41,630	139,809	85,185	88,036	37	100	224	133	69	42
Kaohsiung City	155,287	35,398	49,735	130,655	46,579	38,759	12	11	9	72	81	113
New Taipei City	17,895	17,838	20,705	158,359	84,087	87,518	146	104	157	90	79	58
Yilan County	22,486	14,423	23,303	29,253	21,009	18,740	1	7	12	24	39	8
Taoyuan County	26,308	20,508	24,802	54,099	60,539	65,310	13	7	1	4	15	27
Hsinchu County	10,112	10,733	14,134	30,414	20,138	18,540	18	7	1	1	3	4
Miaoli County	33,855	6,304	6,300	22,297	15,757	16,124	7	10	9	12	6	10
Changhua County	26,682	19,828	12,547	37,165	32,091	35,170	0	0	6	1	2	2
Nantou County	27,655	5,484	17,513	36,407	28,676	25,448	3	5	7	6	1	6
Yunlin County	8,514	8,756	10,259	18,077	21,564	21,687	30	44	46	30	47	17
Chiayi County	9,249	5,823	12,232	28,171	16,637	15,316	3	0	0	0	1	2
Pingtung County	26,456	15,302	16,608	38,993	46,799	48,075	12	15	12	9	17	16
Taitung County	7,184	4,250	5,416	6,364	7,548	8,276	1	0	0	0	0	0
Hualien County	13,171	8,453	10,076	15,768	13,496	14,467	20	1	1	0	0	21
Penghu County	2,043	2,579	3,018	6,876	4,072	4,282	0	0	0	2	0	4
Keelung City	79,271	14,812	17,036	12,979	12,717	12,937	4	15	6	7	3	14
Hsinchu City	8,386	5,034	5,699	27,499	12,457	9,593	0	0	0	2	0	0
Taichung City	62,316	137,898	84,455	170,259	115,483	120,794	44	118	212	108	92	76
Chiayi City	32,715	22,322	3,759	14,900	14,366	18,152	0	7	9	5	11	5
Tainan City	66,491	33,789	29,424	71,348	78,799	52,761	6	18	65	29	35	116
Kinmen County	1,575	938	3,060	2,589	1,531	1,577	0	1	1	0	5	1
Lienchiang County	2,803	397	446	467	376	383	0	0	0	0	0	0
Total	683,283	436,010	412,157	1,052,748	739,906	721,945	357	470	778	535	506	542

Table 1-6 Analysis of the areas for Tobacco Hazards Prevention Act penalties for smokers under 18 years of age from 2009 to 2014

Year / Common site of violation	2009	2010	2011	2012	2013	2014
Smoking areas	7,661(85.5%)	3,147(80.7%)	2,171(72.8%)	1,838(58.9%)	1,675(64.7%)	1,737(56.5%)
Internet cafes	418(4.7%)	327(8.4%)	190(6.4%)	236(7.6%)	119(4.6%)	142(4.6%)
Elementary, junior high, and senior high schools	329(3.7%)	291(7.5%)	504(16.9%)	739(23.7%)	670(25.9%)	852(27.7%)
Bus stations	77(0.9%)	21(0.5%)	8(0.3%)	14(0.4%)	3(0.1%)	16(0.5%)
Hospitals	4(0.0%)	1(0.0%)	3(0.1%)	0(0.0%)	0(0.0%)	0(0.0%)
Colleges and universities	2(0.0%)	4(0.0%)	1(0.0%)	2(0.1%)	28(1.1%)	223(7.3%)
Others	464 (5.2%)	108(2.9%)	108(3.6%)	294(9.3%)	95(3.7%)	102(3.3%)
Total	8,955(100%)	3,899(100%)	2,985(100%)	3,123(100%)	2,590(100%)	3,072(100%)

Table 1-7 Comparison of scores for the implementation of Tobacco Hazards Prevention Act inspection and penalties by various local health departments in 2014

Item / County / City	Supplying tobacco products to those under 18 years of age		Smoking in non-smoking areas		Total inspections for the Tobacco Hazards Prevention Act	Number of Inspection / NT$10,000 subsidy
	Audited population	Citations	Audited population	Citations		
Taipei City	19,342	18	82,318	311	336,831	178
Kaohsiung City	27,682	22	39,079	1,289	273,778	108
New Taipei City	23,385	27	86,655	238	341,745	135
Yilan County	18,531	3	18,663	86	190,051	237
Taoyuan County	45,015	54	44,567	302	481,703	314
Hsinchu County	17,861	20	17,874	24	171,635	219
Miaoli County	15,941	9	16,272	332	143,042	179
Changhua County	34,793	7	34,806	22	342,646	268
Nantou County	9,911	10	24,430	47	157,626	164
Yunlin County	20,662	2	20,641	51	233,238	250
Chiayi County	12,655	10	14,263	22	133,772	146
Pingtung County	8,454	15	44,832	243	200,354	183
Taitung County	4,296	12	5,573	48	53,768	78
Hualien County	5,187	10	14,117	123	86,846	97
Penghu County	1,091	1	3,570	4	19,954	37
Keelung City	12,820	16	13,167	92	122,384	177
Hsinchu City	9,460	13	9,505	42	82,543	113
Taichung City	49,160	38	111,203	253	933,439	381
Chiayi City	17,776	9	18,004	47	152,138	206
Tainan City	51,178	34	51,729	404	448,789	231
Kinmen County	196	1	1,290	25	7,171	15
Lienchiang County	152	0	393	0	3,400	9

Smoking cessation services

Since 2009, smoking has been prohibited in the entirety of indoor public areas and workplaces. Refusing smoking hazards has gradually become a social norm for life. In order to encourage smokers to quit smoking early, activities for *the* " *Quit Smoking Movement Year*" of 2010 as well as Collaborative" *Mutual Care Network for Smoking Cessation*" were continued in 2014. In addition to the second generation cessation services payment scheme, other smoking cessation services such as helplines and professional support, prizes awards for those that successfully quit smoking, courses and community inquiry services provided by local health departments, and quality improvement programs for tobacco-free hospital services were carried out. Intensive training on smoking cessation knowledge were provided to various personnel. Professional staff in the community, campuses, work places, military institutions and healthcare services were mobilized to provide a diverse selection of smoking cessation services.

Collaborative Care Network for Smoking Cessation

After enacting the new provisions for the Tobacco Hazards Prevention Act in 2010, non-smoking areas were greatly expanded and tobacco product surcharges raised. The Collaborative Care Network for Smoking Cessation was established in 2010 to offer various smoking cessation measures such as outpatient treatment and services, helplines, courses in counties and cities, inquiry services and community pharmacies, prize events and the Smoking Cessation Training and Battle Manual. It is hoped that these smoking cessation services will provide sufficient options for the public to select resources that best suit their needs, giving those who intend to quit smoking the opportunity to acquire the treatment and help.

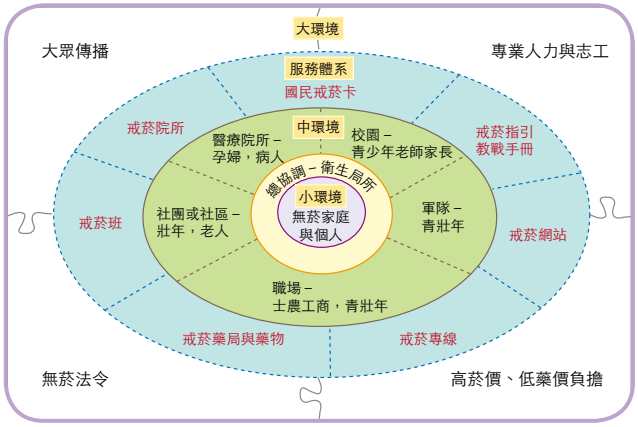
HPA statistics showed that the Taiwan Smokers' Helpline (TSH) served a total of 15,387 individuals 2014 with a 6-month abstinence rate of 38.71%. A total of 474 smoking cessation courses (treatment courses) were held for a total of 6,027 attendants. A total of 8,707 tobacco control related education and training events were held. A total of 14,861 individuals also passed the basic and advanced tobacco cessation health and education training programs. Smoking cessation treatment or health education services were provided in over 3,000 healthcare institutions or community pharmacies. Service volume also grew by nearly 30% compared to the same period in the previous year.

The diverse selection of smoking cessation services offered by the Collaborative Care Network for Smoking Cessation provided a firm foundation for community-level smoking cessation services and actively encouraged smokers to choose an accessible, convenience, and professional smoking cessation service that meets their personal requirements. These measures will help build a smoke-free environment in Taiwan.

Second generation cessation services payment scheme

Article 14 of the WHO Framework Convention on Tobacco Control stipulated that a national smoking cessation services system should be planned and implemented. The WHO also formally passed the smoking cessation guideline in 2010, pointing out that: the national smoking cessation services program shall be based on actual evidence and provide comprehensive coverage, including: systematically identifying smokers to provide smoking cessation advice, providing a smoking cessation helpline, offering face-to-face behavior support and assistance by trained personnel, improving accessibility of medication that shall be provided at free or affordable prices, and systematically implementing of smoking cessation support procedures. Cessation services shall be available in various venues and service providers within and without the medical healthcare system.

Smoking is a problem and disease that can be eliminated, and kills over 20,000 lives a year in Taiwan, making it the top killer of national health. Since 2002, Taiwan has applied health and welfare surcharges of tobacco products for smoking cessation services. Nicotine addicts above 18 years of age (those scoring at least 4 points on the new Fagerström test or who smoke 10 or more cigarettes a day) will be provided with 2 treatment courses every year, with each treatment providing up to 8 weeks of medication, short-term inquiry services, and subsidies in smoking cessation medication and doctor's services. Only fixed subsidies were provided, with NT$ 250 per week for smoking cessation medication. However, smokers may still have to pay NT$ 550-1250 each week which would be considered too high for low income people. Measures for reducing economic barriers to smoking cessation services and providing affordable treatment for afflicted people will be a key topic in eradicating health inequality.



● Sources of information for the “Mutual Care Network for Smoking Cessation”: Mutual Care Network for Smoking Cessation presentation given by Director General Shu-Ti Chiou on January 12, 2010

● *Avoid tobacco, improve health, and save money* poster, August 14, 2013

To help more smokers quit smoking, the second generation cessation services payment scheme launched on 1st March, 2012. Payments using the toboco health and welfare surcharge include smoking cessation service fees, follow-up fees, and health education and case management fees. Medication fees would be subsidized in accordance with official announcements on general medication for the National Health Insurance program, where a maximum co-payment of NT$ 200 would be required. The HPA further announced that another 20% discount would be offered for those in areas deficient in medical resources and free medication for low income families, aborigines, and those living in offshore islands. Cessation treatment could also be included for hospitalized and emergency patients. In September 2012, medication as well as smoking cessation education and case management was offered through community pharmacies. In addition to additional convenience, professionalism of the pharmacists, and flexibility of service time, smokers would also be given personalized inquiries and support in the community. Furthermore, professional smoking cessation education personnel would be trained to teach courses and manage cases through one-on-one and face-to-face measures. Local resources and teams would also be integrated and organized to offer smoking cessation instruction, inquiry, and education in workplaces, schools, and other places. Once more smokers take the initiative to utilize smoking cessation services, the number of cases that successfully quit smoking would increase as well, giving positive contributions to reduce the smoking population. On May 1, 2014, the HPA successfully added dentists and assistant pharmacists as part of the smoking cessation service team. Dentists are often able to discover damages of the oral cavity resulting from tobacco use, and therefore have a strong position in providing the smoker with smoking cessation treatment or education to ensure successful cessation.

Comprehensive services for smoking cessation

- **Emphasize health education and provide the public with professional smoking cessation support and services**
  Increase training for professional smoking cessation instructors for providing face-to-face education and case management

- **Proper use of smoking cessation medication for reducing withdrawal symptoms and discomforts.**
  Medication shall be subsidized according to official notice. The length (in weeks) of prescription shall be professionally determined by contracted doctors, with up to a maximum of 4 weeks of medication for any case.

- **Total concern and team development**
  Developing comprehensive service teams Organize teams that will provide smoking cessation instructions, inquiries, and education in work places, schools, military institutions, and corrective facilities.

Table 1-8 History and timeline of smoking cessation services

<table>
<tr><th>Item</th><th>2002</th><th>2003-2004</th><th>2005</th><th>2006</th><th>2012.3</th><th>2012.9</th><th>2014.5</th></tr>
<tr><td>Physician</td><td>Family / internal medicine</td><td>Family / internal medicine
Psychiatry</td><td colspan="3">Specialists</td><td>Specialists
Pharmacists
Cessation instructors</td><td>Specialists Dentists
Pharmaceutical Personnel
Cessation instructors</td></tr>
<tr><td>Treatment sessions</td><td colspan="4">1 treatment (8 week course) every year</td><td colspan="3">2 treatments (8 week course each) every year</td></tr>
<tr><td>Venue</td><td colspan="4">Outpatient services</td><td>Outpatient services / Inpatient / emergency care</td><td colspan="2">Outpatient / inpatient / emergency care / pharmacy</td></tr>
<tr><td>Treatment fee</td><td colspan="2">NT$250 / visit</td><td colspan="2">NT$350 / visit</td><td colspan="3">NT$250 / visit</td></tr>
<tr><td rowspan="2">Medication fee</td><td colspan="2">NT$250 / week</td><td>NT$400 / week</td><td>NT$250 / week</td><td colspan="3" rowspan="2">Refer to official notice for amount of subsidy provided
Partial subsidy in accordance to general National Health Insurance medication payouts (additional 20% subsidy for residents in areas with disadvantage medical resources; completely free for low income families and residents in aborigine settlements and offshore islands)</td></tr>
<tr><td colspan="2">–</td><td colspan="2">Low income families: NT$500 / month</td></tr>
<tr><td>Referral fees for pregnant women</td><td colspan="2">–</td><td colspan="5">NT$100 / pregnancy</td></tr>
<tr><td>Cessation instruction fees</td><td colspan="4">–</td><td colspan="3">NT$100 / visit</td></tr>
<tr><td>Case management fees</td><td colspan="4">–</td><td colspan="3">NT$50 / visit</td></tr>
</table>

Comprehensive initiation of smoking cessation services

- **smoking cessation services now offered for inpatient and emergency care patients: Services no longer restricted to outpatients only. Take advantage of this opportunity.**
- **Team-based smoking cessation education and collaborative care network: in addition to medication, 16 smoking cessation instruction, care, and case management sessions are offered as well.**
- **Case management and tracking: case management for 3-month of 6-month periods.**
- **Double the effort - fee for service + pay for performance**
  - —Fee for service: added quality improvement measures for smoking cessation services that could be applied for by all contracted medical institutions. Approved applications would waive the limit for the number of smoking cessation services case applications.
  - —Pay for performance: service performance would be assessed according several indicators that include number of cases serviced in the year, data collection rate for smoking cessation cases, success rates, and expenses incurred for smoking cessation success. Medical institutions with exemplary performance will be commended.

Since 2002, the volume of subsidized cessation services has changed with the implementation of new policies and adjustments to the subsidies. The amendment of the Tobacco Hazards Prevention Act were enacted in January 11 2009, prohibiting smoking in indoor public areas as well as indoor workplaces with more than three individuals. The number of clinical cases initially increased in the first 6 months but then started to decrease with every following season from the second quarter of 2009 and stabilized by the second quarter of 2010. After initiation of the Second Generation Cessation Payment Scheme on 1st March 2012, the volume and number of clinical cases were both increased. By 2014, the total number of contracted medical institutions offering smoking cessation services was 3,013, distributed across 365 townships and cities (for a coverage rate of 99.1%. Mobile services will further increase coverage to 100%). Since 2009, because of the enactment of new Tobacco Hazards Prevention Act and increases in tobacco product surcharges to the end of 2014, the total number of individual cases accepting smoking cessation services reached 364,714 (excluding returning cases) (Figure 1-5).

Physicians, pharmacists, and health instructors must undergo smoking cessation services courses, training, and receive official certification before being a medical institution contracted to offer cessation services. Medical fees shall be subsidized by HPA through the National Health Insurance system, while medical institutions offering cessation services must accept and assist quality assessments, service satisfaction investigations, cessation success rate tracking, and cost-benefit analysis.

To understand the effectiveness of outpatient services and medication for smoking cessation services, telephone interviews were used to track the rate of success of individual cases after undergoing smoking cessation services for 6 months (where success is defined as cases that refrained from smoking for 7 days within the period of 6 months after initiation of cessation service). From the period of January 2009 to December 2014, 6-month abstinence rate (shown in Figure 1-6) showed that among medical institutions of every level, community pharmacies achieved the highest rate of success at 33.3%, while basic clinics had the highest number of successful cases due to their prevalence, convenience, and quantity of cases treated (Table 1-9).

Table 1-9 Cessation service effectiveness for medical institutions of a different level, 2002~2014

Level	Patients	Courses carried out	6-month point abstinence rate	Number of success cases
Medical centers	39,711	100,369	33.3%	13,220
Regional hospitals	79,090	206,627	30.0%	23,762
Community hospitals	73,612	198,389	26.6%	19,583
Clinics	409,219	1,480,719	23.3%	95,418
Health departments	98,879	263,327	27.0%	26,724
Dental clinics	738	1,550	24.0%	177
Community pharmacies	18,057	107,216	27.1%	4,895
Total	657,827	2,358,197	25.8%	169,503

Source: Office for Smoking Cessation Service (OSCS), Health Promotion Administration

The Second Generation Cessation Program Demonstration Plan was first implemented in 2012. In order to encourage medical institutions to actively participate in the second generation cessation program, improve service accessibility and options, and help more people receive cessation services, the HPA announced and commended top achievers for "*Quality Improvement Measures for Smoking Cessation Services*" on September 24, 2014 (Table 1-10). The HPA also invited medical institutions with exemplary performance to share their experiences and results in the implementation of second generation cessation services. It was hoped that this learning and experience sharing platform will encourage exchange between medical institutions.

Table 1-10 Medical institutions with exemplary performance in the provision of second generation cessation services payment scheme, 2014

Level	Name
Medical center	Kaohsiung Veteran's General Hospital
	Kaohsiung Medical University Chung-Ho Memorial Hospital
	MacKay Memorial Hospital
	Chung Shan Medical University Hospital
	Changhua Christian Hospital
	Linkou Chang Gung Memorial Hospital
	Shin Kong Wu Ho-Su Memorial Hospital
	Cathay General Hospital
Regional hospitals	Jianan Psychiatric Center, MOHW
	Luodong Bo-ai Hospital
	Taiwan Adventist Hospital
	Taichung Tzu Chi Hospital
	Lin Shin Medical Corporation Lin Shin Hospital
	New Taipei City Hospital
	Show Chwan Memorial Hospital
	Shuang Ho Hospital, MOHW (management and operations commissioned to Taipei Medical University)
	Tainan Municipal Hospital
	Min-Sheng General Hospital
	Dalin Tzu Chi Hospital
	Kaohsiung Municipal United Hospital
	Ditmanson Medical Foundation Chia-Yi Christian Hospital
	Pingtung Hospital, MOHW
	En Chu Kong Hospital
	Kaohsiung Municipal Kai-Syuan Psychiatric Hospital
	Tung's Taichung MetroHarbor Hospital
	Sijhih Cathay General Hospital
	St. Joseph's Hospital
	Puli Christian Hospital
	Zuoying Branch of Kaohsiung Armed Forces General Hospital - Public Treatment Service Center
	Chang-Hua Hospital, MOHW
	Cheng Hsin Hospital
	Taoyuan General Hospital, Ministry of Health and Welfare
Community hospitals	Yung Chuan Hospital
	Lukang Christian Hospital
	Kaohsiung Municipal Gangshan Hospital (management commissioned to Show Chwan)
	Ten-Chen Hospital
	Yang-Ming Hospital
	National Cheng Kung University Hospital Dou-Liou Branch
	Hsinchu Cathay General Hospital
	YuanSheng Hospital
	Taipei Veterans General Hospital, Hsinchu Branch
	Taichung Veterans General Hospital, Wanciao Branch

Level	Name
Clinics	Yonghe Otorhinolaryngology Clinic
	Tianliang Otorhinolaryngology Clinic
	Xiaotaiyang Pediatric Clinic
	Lianhe Clinic
	Guanqiang Internal Medicine Clinic
	Lin Chengxing Clinic
	Defu Clinic
	Chen Jianda Clinic
	Liu Zhaoxian Psychiatric Clinic
	Chengtai Otorhinolaryngology Clinic
	Tainan Municipal Hospital Annanmen Clinic
	Guangquan Family Medicine Clinic
	Lin Heichao Pediatric Clinic
	Huang Zhiwei Otorhinolaryngology Clinic
	Huqian Clinic
Clinics	Lin Guangye Pediatric Clinic
	Jiuru United Clinic
	Xinrongshi Family Medicine Clinic
	Kangde Clinic
	Chen Jianliang Clinic
	Huikang Clinic
	Ruilong Clinic
	Guoqing Clinic
	He Yijing Clinic
	Qinqin Family Clinic
	Kangtian Otorhinolaryngology Clinic
	Qinyi Clinic
	Xu Jinxian Otorhinolaryngology Clinic
	Xie Zhezong Otorhinolaryngology Clinic
	Lin Huiyi Clinic
	Cunde Pediatric Clinic
	Lin Xinyou Clinic
	Zhenshanmei Clinic
	Sun Dejin Pediatric Clinic
	Donghan Clinic
	Huang Yaoming Clinic
	Jian'an Clinic
	Jiaxiang Clinic
	Anshen Clinic
	Zhenshanmei Clinic

Level	Name
Clinics	Wu Zhangzong Clinic
	Hong's Otorhinolaryngology Clinic
	Xinhe Pediatric Clinic
	Ou Cide Internal Medicine Clinic
	Renwu Haoxin Clinic
	Xintian Clinic
	Xinyue Clinic
	Bo'an Family Medicine Clinic
	Weikang Otorhinolaryngology Clinic
	Wang Hongyu Clinic
	Xinyi Otorhinolaryngology Clinic
	Quanxing Clinic
	Kuai'an Clinic
	Ye Zhengjie Family Medicine Clinic
	Mingying Otorhinolaryngology Clinic
	Hong Youcheng Pediatric Clinic
	Chen Senfeng Clinic
	Jifeng Otorhinolaryngology Clinic
	Ke's Clinic
	Hongsen Clinic
	Yeong-An Clinic
	Hong Wenwu Clinic
	Dayuan Clinic
	MOHW National Health Insurance Administration Taipei Integrated Outpatient Center
	Ding Qingxiong Otorhinolaryngology Clinic
Clinics	Hong'an Clinic
	Li Huanchang Otorhinolaryngology Clinic
	Meidexin Clinic
	Hou Jiaxiu Internal Medicine Clinic
	Liu's Otorhinolaryngology Clinic
	Hong Ruixi Clinic
	Huang Zhaowen Clinic
	Yuren Clinic
Public health centers	New Taipei City Luzhou District Health Center
	Yilan County Yilan City Health Center
	Hualian County Xiulin Township Health Center
	New Taipei City Yonghe District Health Center
	Pingtung County Linbian Township Health Center
Pharmacies	Haishan Pharmacy
	Zao'an Pharmacy
	Huaxing Pharmacy
	Gaopingtang Pharmacy
	Yangsheng Pharmacy
	Kangjian Pharmacy
	Shuhui Pharmacy

- Commendation award for exemplary healthcare institutions for "*Quality Improvement Measures for Smoking Cessation Services*" on September 24, 2014

- China Times, November 11, 2014

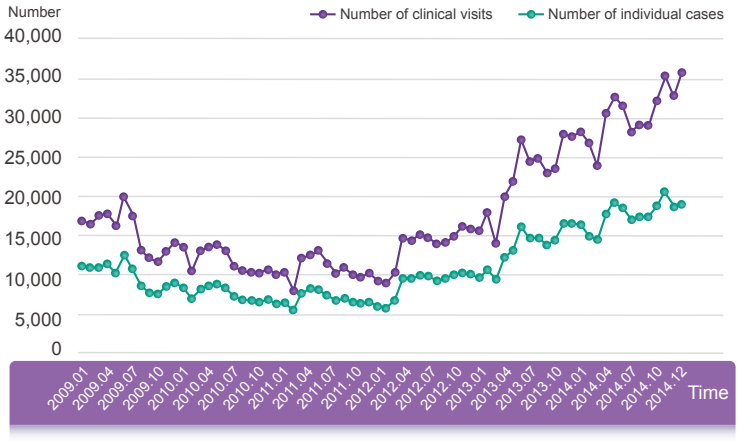


Figure 1-5 Trends in the provision of smoking cessation services

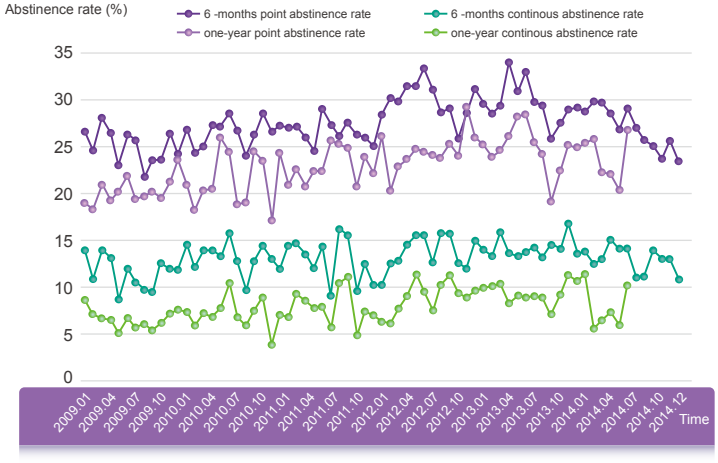


Figure 1-6 Abstinence rate through smoking cessation services, 2009-2014

Training for cessation treatment personnel

In 2008, the US Centers for Disease Control (CDC) referred to practical guidelines in smoking cessation activities to recommend the following: patients advised to quit were more likely to quit than those that weren't; doctors' advice works better than advises from non-doctors; group advise works better than individual advise; actively providing cessation services will result in better patient satisfaction; satisfaction also increases with the availability of more services. In 2009, the US Preventive Services Task Force recommended clinicians ask all adult about tobacco use and provide tobacco cessation interventions for those who use tobacco products.

Research pointed out that relying on willpower alone and without professional support only result in 3-5% success rate for smoking cessation. This is because the nicotine content in tobacco is a powerful addictive substance. Willpower alone will only provide a slim chance of success. Cessation support, medication control, and psychological counseling from professional medical staff are required. Hence, medical staff play key roles in cessation services. They have plenty of opportunities for getting in touch with smokers. The medical profession, public imagery, credibility, and influence of medical staff also make them the best choice for offering smoking cessation services.

A single line of advice from doctors will increase smoking cessation success rates by 2-3 cases per 100 individuals. A person who successfully quit smoking will provide NT$420,000 medical cost saving in the coming 11 to 15 years. Doctors who encounter 100 smokers in a day and give 100 lines of advice which leads to successfully motivate 2-3 individuals to quit smoking, and this will thus help the entire society save NT$840,000 to 1,260,000. The value of each line of advice is thus averaged out to about NT$10,000. The entire country will benefit from massive savings if every medical staff asks about the patient's smoking habits and gives strong and concerned words of advice to every smoker. Every line of these medical staff is literally "lined with gold."

In 2014, in addition to implementing training programs for "smoking cessation physicians," "smoking cessation pharmacists," and "smoking cessation instructors," the HPA also promoted the "dentist participation in smoking cessation services" training program. On May 1, dentists and assistant pharmacists were formally inducted into the smoking cessation team. "*Medical Friends and Methods to Help You Quit*" training programs are described below**:**

Cessation treatment training for physicians

Studies in evidence-based medicine show that the effects of physician advices for smoking cessation were correlated with the amount of effort invested. Hence, the HPA has started to commission the Taiwan Association of Family Medicine in 2002 to organize and hold "*smoking cessation physicians*" training program. The details of the program included (1) Investigating smoking cessation services by the physicians; (2) generation of standardized clinical smoking cessation materials; (3) training for seed instructor courses; (4) implementing education and training; (5) evaluating the results of the project; (6) setting up and maintaining a database of trainees and instructors for the smoking cessation training program for clinical physicians. Evidence-based medicine also proved that smoking will increase the risks of cardiovascular diseases. The HPA thus worked with the Taiwan Society of Cardiology and the Taiwan Stroke Association to jointly organize the program "*Course Training and Promotion by Using Evidence-based Preventive Medicine: A Case Study of Smoking Cessation Treatment*."

To provide smoking cessation treatment knowledge and abilities and ensure the quality of the services, contents of the training courses include: nicotine addiction and withdrawal symptoms, hazards of tobacco products and benefits of smoking cessation, clinical techniques for treating dependence on tobacco products, drug therapies for smoking cessation, case studies, as well as strategies and practical approaches to tobacco control etc. In 2014, a total of 15 such courses were held (5 courses to be held on a regular basis, and 10 additional courses held for various counties and cities). A total of 788 doctors were trained (Table 1-11 shows the number of doctors trained every year). From 2002 to December 2014, a total of 12,068 physicians were trained which accounted

for 27.9% of the entire population of practicing physicians. Family physician was the primary group, followed by general practitioners, internal medicine, pediatrics, psychiatry, otorhinolaryngology, surgery, gynecology and obstetrics, and neurology (as shown in Figure 1-7).

For physicians already providing smoking cessation services, family medicine associations provided continuing education courses to ensure contionous improvement of the physicians' knowledge and techniques. Physicians were also encouraged to use online training courses (website: https://quitsmoking.hpa.gov.tw) where essays and articles written by experts were posted. These were mailed or emailed together with the "Smoking Cessation Service News Report" published by the Office for Smoking Cessation Service to notify physicians to undergo continuing training or replace expired certification. In 2014, Dr. Ya-mei Pai of the Department of Psychiatry, Taipei Veterans General Hospital, was invited to write an essay "Smoking Cessation Treatment for Psychiatric Patients."

Surveys assessing "*self-efficacy*" showed that the physicians gained significantly more confidence in offering smoking cessation services after training, especially in the areas of professional competences such as "*evaluating the smokers' nicotine dependence," "prescribing smoking cessation medication*," and "behavioral therapy for smoking cessation." The results of the survey demonstrated that the course contents not only improved the trainees' knowledge in smoking cessation, but also benefited their ability to provide smoking cessation services (shown in Table 1-12).

To promote importance of smoking cessation to health and to build importance of smoking cessation services supported from physicians, the HPA worked with the Taiwan Association of Family Medicine, Taiwan Society of Internal Medicine, Taiwanese Society of Psychiatry, and Taiwan Medical Alliance for the Tobacco Control to jointly hold "*Alliance of Doctors for the Second Generation Cessation Program - Finding the Right Methods to Quit Smoking*" press conference on July 4, 2014. In addition to presenting "*results of smoking cessation services provided by smoking cessation physicians*", we further invited 2 successful cases to share their experiences in quitting smoking and 2 physicians to share how to offer the cases with professional support for cases. Finally, the participants in press conference jointly called upon "*smokers can use the second generation cessation services and seek aid for professional physicians*."

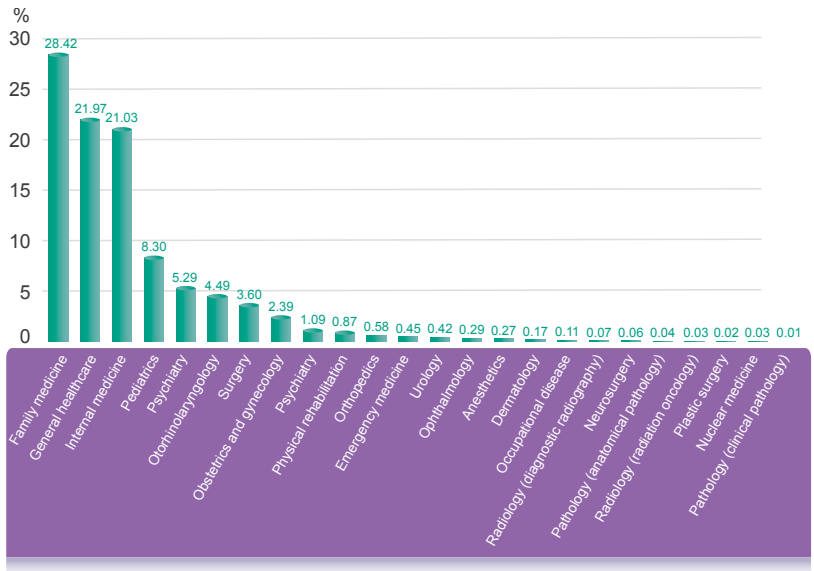


Figure 1-7 Number of certified smoking cessation physicians trained amongst diplomates in various specializations, 2002-2014

Table 1-11 Number of smoking cessation physicians trained throughout the year 2002-2014

Year	Physicians
2002	2,187
2003	747
2004	509
2005	2,133
2006	711
2007	808
2008	665
2009	715
2010	1,048
2011	516
2012	760
2013	481
2014	788
Total	12,068

Note: Physicians repeated training were deducted from the figures

Table 1-12 Differences in the confidence of physicians in providing smoking cessation services before and after training

	Mean	n	Paired Differences of Mean	p
Do you have confidence about “explaining the health benefits of smoking cessation to your patients”?				
Before training	3.60±0.97	615	-0.83±0.93	<0.001*
After training	4.43±0.53	615		
Do you have confidence about “evaluating a smoker’s dependence on nicotine”?				
Before training	3.25±1.05	615	-1.13±1.02	<0.001*
After training	4.38±0.57	615		
Do you have confidence about “prescribing smoking cessation medication”?				
Before training	3.05±1.14	615	-1.31±1.06	<0.001*
After training	4.36±0.57	615		
Do you have confidence about “behavioral therapies for smoking cessation”?				
Before training	3.19±1.07	614	-1.08±1.02	<0.001*
After training	4.27±0.62	614		
Do you have confidence about “evaluating withdrawal syndrome of the person attempting to quit smoking”?				
Before training	3.30±1.05	613	-1.05±0.99	<0.001*
After training	4.35±0.58	613		

*: P< 0.05

Source: Taiwan Association of Family Medicine

● "*Alliance of Doctors for the Second Generation Cessation Program - Finding the Right Methods to Quit Smoking*" 2014 press conference

● Smoking cessation physicians in class

Training for smoking cessation instructors and pharmacists

Community pharmacies are widely distributed across Taiwan and can be found in every township and community. Pharmacies have the advantages of being convenient, accessible, and professional, and frequently contacting with smokers in the community. In order to expand the depth and scope of smoking cessation support, the HPA has begun offering smoking cessation instructor training to pharmacists since May 2010. The Taiwan Pharmacist Association was officially commissioned to implement a training program for pharmacists to improve their professional smoking cessation knowledge as well as competences needed to provide prompt cessation services in the communities.

The HPA has specifically planned a 48-hour smoking cessation instructor training program for pharmacists (that includes basic, intermediate, and advanced levels) to have leverage their professional support with smokers to improve smoking cessation success rate. Course contents include managing the provision of inquiry services, smoking cessation related information, and understanding the key points of smoking cessation services (as shown in Table 1-13 below).

Table 1-13 Cessation instructor training program for pharmacists

	Basic training 8 hours	Intermediate training 7 hours	Advanced training 34 hours
Core courses 25 hours	1. Understanding smoking hazards and the correlation between smoking and disease (1 hour) 2. Current status of tobacco control policies in Taiwan and other countries (1 hour) 3. Healthy lifestyles, habits, and smoking cessation (1 hour) 4. Resources for smoking refusal, cessation, and referrals (1 hour) 5. The role of smoking cessation instructors in case management (1 hour) 6. Pharmacology of nicotine and use of smoking cessation medication (1 hour) 7. Behavioral change models and strategies for smoking cessation (1 hour) 8. Instructions for administering breath CO tests (1 hour)	1. Actual evidences and guidelines to basic smoking cessation intervention (1 hour) 2. How to generate the motivation to quit smoking and provide assistance (1 hour) 3. Cessation counseling techniques and case studies (1 hour) 4. How to help cases persevere and prevent recurrences (1 hour)	1. Smoking cessation medication and managing smoking cessation withdrawals (2 hour) 2. Healthy diets and weight control (1 hour) 3. Managing self-images and pressure (1 hour) 4. Smoking cessation helpline counceling and communication techniques (1 hour) 5. Second generation cessation services payment scheme and tobacco control (1 hour) 6. Applying smoking cessation self-care materials and standard workflows for smoking cessation counseling in community pharmacies (1 hour) 7. Planning for smoking cessation and implementing instruction and training events (1 hour) 8. Explaination for smoking cessation subsidy projects (1 hour) 9. Rehearsals for second generation cessation services in community pharmacies (1.5 hours) 10. Sharing of smoking cessation case studies (30 min) 11. Introducing the smoking cessation helpline service (1 hour) 12. Organization, implementing and evaluation of smoking cessation programs (1 hour)
Group work 9 hours		Practical operations in motivating the intent for smoking cessation (3 hours)	1. How to help cases persevere (3 hours) 2. The role of smoking cessation instructors in medication (3 hours)
case study externship 15 hours			1. Cessation helpline (3 hours) 2. Cessation courses (6 hours) 3. Outpatient / workshops / pharmacies (3 hours) 4. Case tracking reports for 2 individuals, with at least 3 counseling for each case (3 hours)

In 2014, a total of 10 advanced level training courses were completed, training a total of 615 pharmacists. The HPA also held an additional 2 advanced level training for another 91 pharmacists to meet the needs of the Nantou County Government Health Bureau and Kaohsiung City Government Health Bureau (Table 1-14 shows the number of trainees over the years). Overall, every trainee scored higher in the post-test compared to the pre-test after undergoing the training program. Over 90% of the students satisfied with the course. A Smoking Cessation Case Management System was established,induding relevant smoking cessation instruction materials such as a manual for smoking cessation inquiry technique for pharmacists and cessation service guidelines. In order to formulate plans to improve in the performance of inquiries and case management services of smoking cessation instructors in the future, we further investigated the current status and obstacles of trained and qualified personnel who provide smoking cessation services.

The "*Second Generation Smoking Cessation Improve Health - Community Pharmacies is Your Best Neighbor and Partner to Quit Smoking*" press conference was held on September 23, 2014. In addition to presenting the "results of smoking cessation services provided by smoking cessation pharmacists," we further invited one successful case to share experiences in quitting smoking and 2 pharmacists to share how to offer professional support for cases. The purpose of this press conference was to demonstrate that the pharmacists not only provided patients with suitable nicotine-replacement medication and proper instructions on medication, they also provided cases with smoking cessation education as well as inquiry services to improve smoking cessation success rates. The press conference encouraged smokers with busy lifestyles to make use of cessation medication as well as health education services offered by community pharmacists in the second generation cessation program for the health of individuals and families.

Table 1-14 Number of trainees who underwent the smoking cessation pharmacist training program across the years

● "*Second Generation Smoking Cessation Improve Health - Community Pharmacies as Your Best Neighbor and Partner to Quit Smoking*" press conference of September 23, 2014

● Smoking cessation instructor training for pharmacists - trainees in class

Year	Pharmacists	Assistant pharmacists	Total
2012	358	1	359
2013	322	46	368
2014	672	34	706
Total	1352	81	1433

Note: The number of trainees shown in this Table refers to those who have completed all three course levels, and not include trainees who haven't completed the practical courses

Training of smoking cessation instructors

Given that nursing staff, social workers, psychologists, and other professionals have frequent contact with smokers, and that the nature of their profession gives them advantages in supporting smoking cessation, and they are thus regarded as qualified candidates for smoking cessation instructors. If personnel with extensive knowledge and skills on tobacco control and smoking cessation fully committed to communities, schools, and work places will promote and improve the popularity of smoking cessation programs. The HPA thus establishes a program that focus on training professionals to promote tobacco control and smoking cessation .

In 2014, local health departments were charged of providing basic- and intermediate-level training courses. The Taiwan Nurses Association has been commissioned to implement a training program that includes: (1) providing advanced-level and seed instructor training for smoking cessation instructors; (2) maintaining the "Taiwan Tobacco Control Educator Alliance" website to maximize its functions and performance; (3) creating smoking cessation instructor training materials; (4) investigating the performance and results of smoking cessation services; (5) establishing counseling models for smoking cessation instructors.

Course contents include a 26-hour core training that covered tobacco control policies, evidence-based smoking cessation, medication for smoking cessation, techniques for behavioral changes, and creating a supportive environment; a 10-hour group work that covered practical discussions, exercises, and reports and a 15-hour extra-curricular and on-site training that covered smoking cessation helpline, smoking cessation courses, and practical training workshop at an actual smoking cessation clinics. Trainees would learn to put theory to use and receive practical training to coordinate with various smoking cessation resources (as shown in Table 1-15).

Table 1-15 Cessation instructor training course

51 hours	Basic training 8 hours	Intermediate training 7 hours	Advanced training 36 hours
Core courses 26 hours	1. Understanding smoking hazards and the correlation between smoking and disease (1 hour) 2. Current status of tobacco control policies in Taiwan and other countries (1 hour) 3. Healthy lifestyles, habits, and smoking cessation (1 hour) 4. Resources for smoking refusal, cessation, and referrals (1 hour) 5. The role of smoking cessation instructors in case management (1 hour) 6. Pharmacology of nicotine and use of smoking cessation medication (1 hour) 7.Behavioral change models and strategies for smoking cessation (1 hour) 8.Instructions for administering breath CO tests (1 hour)	1. Cessation counseling and communication techniques explained using case studies (1 hour) 2. How to help cases persevere and prevent recurrences (1 hour) 3. Successful planning of smoking cessation courses and materials (1 hour) 4. Organizing and implemention of tobacco control promotion events (1 hour) 5. Inducing the motivation to quit smoking (1 hour)	1. Tobacco control and smoking cessation services policy (1 hour) 2. Empirical basis for cessation intervention and guidance (2 hours) 3. Self-image (1 hour) 4. Stress management and interpersonal relationships (1 hour) 5. Cessation pharmaco service: common issues and solutions (1 hour) 6. HPA smoking cessation service subsidy program - VPN system and notes for declaration (1 hour) 7. Roles and actual practice of cessation management professionals (1 hour) 8. Applying Life Skills in smoking cessation (1 hour) 9. Cessation courses for youths (1 hour) 10. Smoking cessation helpline and counseling techniques (1 hour) 11. Practical techniques in the use of smoking cessation course materials (1 hour) 12. Common questions and solutions for teaching smoking cessation courses (1 hour)
Group work 10 hours		Group discussion: Helping patients persevere (2 hour)	1. Group discussion: Cessation for youths (1 hour) 2. Group discussion: Role of the instructor in advising smoking cessation medication for patients (2 hours) 3. Group discussion: Implementing tobacco control - establishing the contents and framework as well as solutions (2 hours) 4. Group discussion: Common questions and solutions for teaching smoking cessation courses (2 hour) 5. Group discussion: Applying Life Skills in smoking cessation (1 hour)
Case study externship 15 hours			1. Smoking cessation helpline (3 hours) 2. Smoking cessation courses (6 hours) 3. Smoking cessation clinics (3 hours) 4. Case tracking reports for 2 individuals (3 hours)

In 2014, a total of 8 advanced-level training courses were provided. An additional 16 training courses and 2 seed instructor training courses were also held in response to the needs from various county and city governments. A total of 2,164 trainees underwent advanced-level training (Table 1-16 shows the number of trainees for each year), with over 80% of the trainees expressing satisfaction for the course. A total of 108 trainees underwent seed instructor training, with over 90% of the trainees expressing satisfaction for the course. For evaluating course performance, comparisons of pre- and post-test score showed that advanced-level trainees achieved significantly higher scores in tobacco control knowledge after the course.

"*Taiwan Tobacco Control Educator Alliance*" website provides a counseling and exchange platform on smoking cessation issues for tobacco control organizers who have undergone relevant training. The platform offers course materials and smoking cessation information for downloads in order to facilitate learning. Additional materials such as questionnaire tracking and course materials from various instructors are also provided as self-learning materials to facilitate continuous training for the students. Three versions (in-patient, outpatient, and community) of the "*Leaflet on the Practical Operation of Basic Smoking Cessation Evaluation and Referral Services*" were completed. The contents of these leaflets focuses on 2A + R (Ask, Advise, and Refer). Even if nursing staff without formal tobacco control training would be able to follow the leaflet and perform basic evaluation and referral the patient to the relevant departments. This leaflet has been widely used in hospitals, communities, and healthcare institutions to screan somkers basically and strengthen nursing staff participation in smoking cessation and tobacco control services.

To demonstrate one-on-one, face-to-face, and long time services provided by smoking cessation instructors, patients, outpatient, emergency, inpatient, and community were urged to quit smoking for love. The "*Quit Smoking for Health and Love - Health Instructors to Help You Quit*" press conference was held on December 19, 2014. Cases who successfully quit smoking after receiving health education services as well as health instructors who helped others successfully quit smoking were invited to highlight the roles and functions of the health instructors.

● "*Quit Smoking for Health and Love - Health Instructors to Help You Quit*" press conference of Decmber 19, 2014

● Smoking cessation instructor training - trainees in class

Table 1-16 Number of smoking cessation instructors trained across the years

Year	Nursing Personnel	Medical analyst	Nutritionist	Radiation technologist	Social worker	Psychologist	Pharmacist	Physician	Respiratory therapist	Physiotherapist	Occupational therapist	Teacher	Others	Total
2012	259	0	4	0	2	2	0	0	1	0	1	0	20	289
2013	368	6	6	1	1	2	5	2	0	0	0	13	12	416
2014	2069	28	15	14	8	6	5	6	4	4	3	0	2	2164
Total	2696	34	25	15	11	10	10	8	5	4	4	13	34	2869

Note 1: Nursing staff includes Registered Nurses and nurses.
Note 2: Others include research assistants and administrative staff of hospitals as well as administrative staff and accounting staff of private enterprises.
Note 3: The number of trainees shown in this Table refers to those who have completed all 3 course levels, and not include trainees who haven't completed the practical courses

Dentist participation in the smoking cessation service training program

The Tobacco or Oral Health - An advocacy guide for oral health professionals report published by the WHO pointed out that dentists are often the first to discover damage to the oral cavity resulting from tobacco use. Hence, dentists would have an excellent position for offering cessation advices or health education to the public to help successfully smoking cessation and provide more comprehensive and effective smoking cessation services.

Hence, under the basis of promoting public health efforts in tobacco control complied with relevant medical regulations, and maintaining patient safety and healthcare quality, dentists may undergo professional training for tobacco control. Trained dentists may then provide cessation advice, health education, referral, continued treatment for transferees, or prescribe smoking cessation medication. Dentists have to fulfill their duties when they provide smoking cessation services. There are currently 14,800 practicing dentists and over 6,000 dental clinics in Taiwan. About 300 dentists aquire licenses to offer medical services every year. The HPA thus has commissioned the Taiwan Dental Association to implement the "*Training Program for Dentists Participating in the Smoking Cessation Services*" in October 2013 in order to help dentists complete relevant training and be part of the smoking cessation service team, expand the locations and service volume for smoking cessation services, improve public convenience, accessibility, and effectiveness of smoking cessation services, and raise smoking-cessation rate. On May 1, 2014, a public announcement was released that dentists participated in the smoking cessation service team formally.

Training courses were divided into 2 levels, namely "*Basic - Cessation Treatment*" and "*Advanced - Cessation Education and Training*." The basic-level course included 9 hours of coursework, which covere nicotine addiction and withdrawal symptoms, hazards of tobacco products and benefits of smoking cessation, clinical techniques for treating dependence on tobacco products, drug therapies for smoking cessation, case studies, smoking and oral health, dentist participation and support in smoking cessation , second generation cessation services payment scheme and tobacco control, and details about subsidy programs for smoking cessation services offered by HPA. The advanced-level course included 15 hours of coursework, covering empirical basis for cessation intervention and guidance, practical inquiries for smoking cessation, social support for smoking cessation, procedure and phases for behavioral change, communication techniques for smoking cessation counseling, smoking cessation helpline and counseling techniques and practical training for case-study , psychological issues and social resilience-pressure and interpersonal relationships, preventing smoking recurrences, practical training for smoking cessation outpatient services, and practical training for smoking cessation helpline. In 2014, a total of 7 basic-level and 6 advanced-level training were provided. Of which, a total of 661 trainees completed basic-level training while 263 trainees completed advanced-level training. Overall, 80 to 90% of the trainees satisfied with the basic- and advanced-level courses.

● User Manual for Smoking Cessation Medical Professionals in Dental Outpatient Services

To offer course materials that coverd both the theoretical and practical aspects, the HPA specifically composed 3 manuals, titled: "*User Manual for Smoking Cessation Medical Professionals in Dental Outpatient Services*," "Manual on the Techniques of Smoking Cessation Counseling," and "*Self-Help Manual on Practical Case Studies*." Of which, the targeted readers of "User Manual for Smoking Cessation Medical Professionals in Dental Outpatient Services" and "Manual on the Techniques of Smoking Cessation Inquiries" were dentists. The contents of these manuals provided information, including 5A, 5R, clinical smoking cessation inquiry techniques, introduction to smoking cessation medication and use, and clinical case studies. "*Self-Help Manual on Practical Case Studies*" mainly targeted smokers who intend to quit smoking. The contents include personal smoking cessation plans, benefits of smoking cessation, tactics for smoking cessation, and relevant smoking To offer course materials that cover both the theoretical and practical aspects, the HPA specifically composed 3 manuals, titled: "User Manual for Smoking Cessation Medical Professionals in Dental Outpatient Services," "Manual on the Techniques of Smoking Cessation Counseling," and "Self-Help Manual on Practical Case Studies." Of which, the targeted readers of "User Manual for Smoking Cessation Medical Professionals in Dental Outpatient Services" and "Manual on the Techniques of Smoking Cessation Inquiries" were dentists. The contents of these manuals provided information, including 5A, 5R, clinical smoking cessation inquiry techniques, introduction to smoking cessation medication and use, and clinical case studies. "Self-Help Manual on Practical Case Studies" mainly targeted smokers who intend to quit smoking. The contents included personal smoking cessation plans, benefits of smoking cessation, tactics for smoking cessation, and relevant smoking cessation services.

● Manual on the Techniques of Smoking Cessation Inquiries

● Self-Help Manual on Practical Case Studies

● Smoking cessation training course for dentists - class in session

Smoking Cessation Helpline

Taiwan commissioned a private organization establish "*Taiwan Smokers' Helpline*" (TSH), the first smoking cessation helpline center in Asia. The helpline was based upon California's smoking cessation helpline model and was established to provide accessible and effective cessation services. Telephones,with its advantages of convenience and privacy, could integrated with professional counseling in the provision of a toll-free helpline service (0800-63-63-63).

The helpline service is available Monday through Saturday from 9AM. to 9 PM. The service is provided in Mandarin, Taiwanese, Hakka, and English. Referrals, counseling, information, and other services are provided according to the callers' request. Computerized management has been adopted to implement preliminary smoking status evaluation for smokers' willingness to accept cessation services. If necessary, brief counseling can be provided. Those who subsequently enter multiple sessions for case management services, the cessation counselor would then jointly formulate a smoking cessation program with the smoker and provide them with relevant smoking cessation information. In general, 1 session of case management services would be arranged every week, with each session lasting 20 - 30 minutes. The entire counseling process would be completed within 5 - 8 weeks. Upon completion of the case management services, the smoking cessation status of the case would be subject to continuously tracking. Telephone inquiries will be made at 1 month, 3 months, and 6 months after the treatment to track and investigate the success rate of smoking cessation. From 2003 to 2014, telephone counseling received 916,916 calls for a total of 219,536 individuals cases. Overall satisfaction for cases that accept case management services exceeded 85% throughout the years, with over a 39% success rate for cases that received multiple counseling sessions (Figure 1-8).

New regulation of the Tobacco Hazards Prevention Act were enacted in 11th January 2009. In addition to promotion by local governments and medical institutions, media advertisements on tobacco health hazards (such as those depicting lung alveoli and tar), texts and pictures warning on tobacco product containers and increasing tobacco product health surcharge implemented in

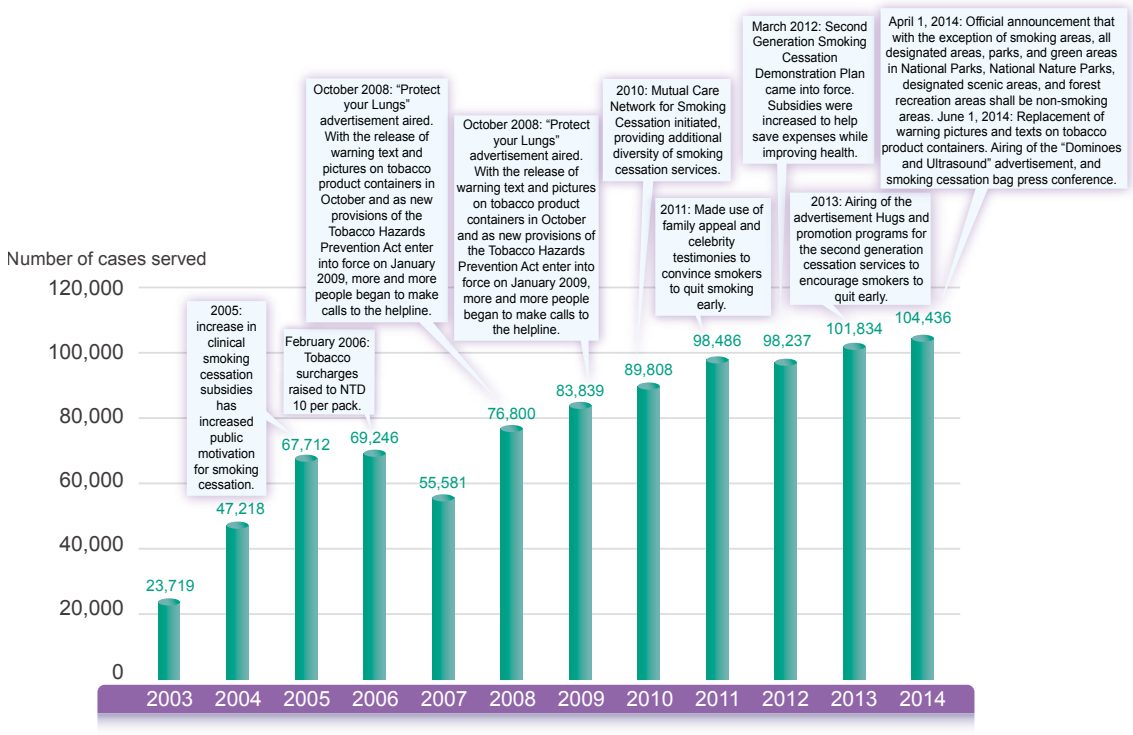


Figure 1-8 Smokers' Helpline service volume throughout the years

June of the same year have gradually created an atmosphere to smoking cessation. The number of calls received in November 2009 would mark the peak between 2008 to 2012. In order to provide a supportive environment and help smokers quit, the 2010 "*Quit Smoking Movement Year*" mobilized medical professionals in every field to partake in the "*Battle to Save Lives*" and created a "*Chapter on Professional Smoking Cessation*" promotion clip that was aired from October to November 2010 to promote the importance of professional support for smoking cessation. During this period, the number of calls received at TSH increased by 1.5 times in November when compared to that of October. Helpline representatives found during the conversation that the callers acknowledged the introduction of smoking cessation resources mentioned in the advertisement and provide support in helping them to further understand and utiliz smoking cessation. In 2011, multimedia advertisements based on appeals to family such as "*The Bride*" and "*Smoking Cessation Fighter*" with on celebrity testimony for smoking cessation were aired to remind smokers to quit early and warned people about the dangers of smoking and second hand smoke. In March 2012, the Second Generation Cessation payment scheme was initiated to greatly reduce the economic burdens of smoking cessation servies and provide immediate health benefits. The plan provided substantial savings money for smokers trying to quit and improved their motivation for quitting by collaborating with media promotions titled "The Bride" and "Soliloquy of Xu Feng" the cancer warrior, Smokers and addicts to tobacco products are reminded once again to not ignore the health hazards caused by smoking and to participate in the smoking cessation program for their friends and families . The 2013 media advertisements included "Hugs," "*Grandchildren*," "*Care for the Kids*," and "*Care for Your Wallet and Family*" for second generation cessation promotional materials, which focused upon health impacts on family members as a result of smoking. Calling on smokers become aware of the hazards of second hand smoke. In 2014, major efforts included Quit & Win campaigns, replacement of new warning images and texts on tobacco product containers, new policy prohibiting smoking in parks and green lawns, and press conference for the Smoking Cessation Bag. These efforts were supported by media advertisements such as "*Faces*," "*Dominoes*," and "*Ultrasonography*" which reveal the multiple health hazards caused by smoking to the general public (Figure 1-9).

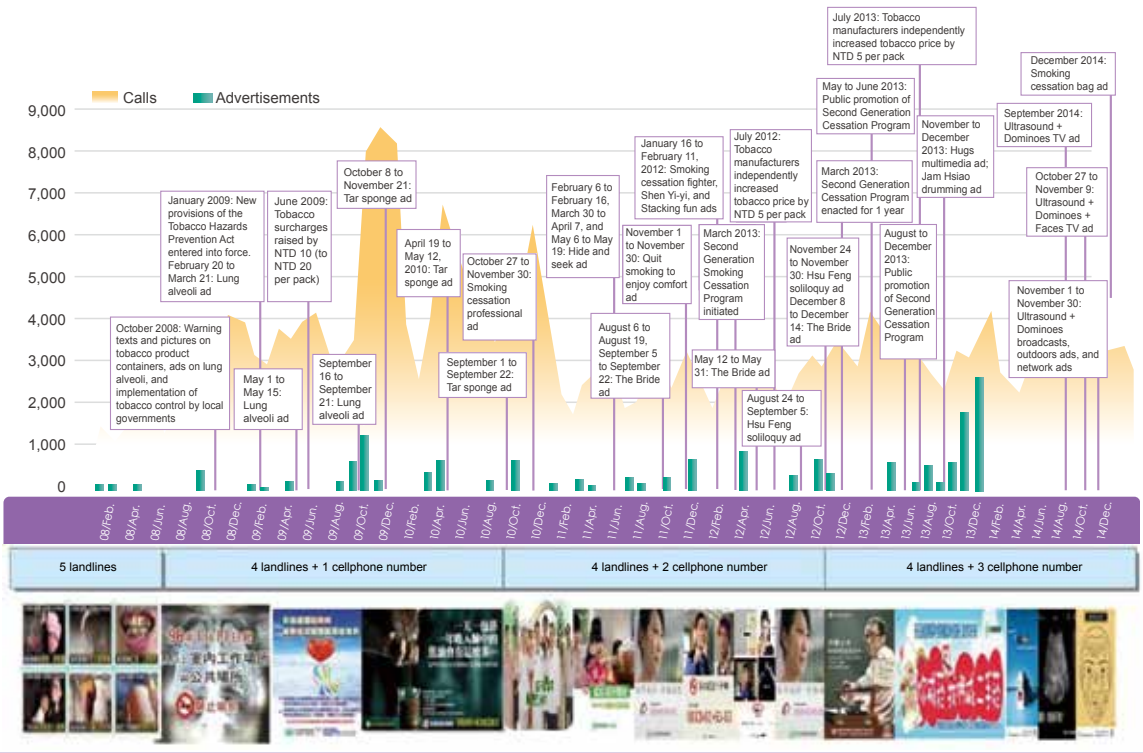


Figure 1-9 Monthly calls made to the Helpline over the years

As hanging trends of times and evolution of communication media and traditional landlines are no longer the only means of communication. Hence, calls from mobile phones, text messages, and online services have been included within the scope of the toll-free TSH. Starting from June 2008, mobile phone calls and texting services were included in TSH. Mobile phone lines were added in 2010 in response to widespread use of mobile phone and the massive incoming calls, helping to improve the convenience of smoking cessation helpline to the public, add new social support channels, facilitate smoking cessation processes and encourage smokers to utilize the TSH. Additionally, the HPA obtained broadcasting rights to Australia's cessation helpline advertisements, integrating the contents with the amendment of the *Tobacco Hazards Prevention Act* on 11th January 2009 to remake the "*New Rules - Quit Now*" advertisements. External resources such as government agencies, medical institutions, workplaces, campuses, and communities were consolidated and target audiance marketing was employed.

99.99% of callers to the TSH, received immediate counseling in 2014, which was higher than the 50% requirement recommended by the US Center of Disease Control (Table 1-17).

Table 1-17 Recommended indicators of the US Center of Disease Control and the current performance of the TSH

Service indicator	CDC recommended level	TSH performance in 2014
Call completion rate	90%-95%	95.26%
Call completion rate within 30 seconds	100%	96.38% (call completion rate within 20 seconds)
Returning calls within 24 hours	100%	100%
Delivery of pamphlets and relevant information within 48 hours	Within 48 hours	Within 48 hours
Providing immediate counseling services upon caller request	50%	99.99%

Source: Office for Smoking Cessation Service(OSCS), commissioned by the Health Promotion Administration

Since its establishment in 2003, the TSH has provided smoking cessation counseling to nearly 920,000 individuals by 2014. The TSH also helped over 116,000 individuels to smoking cessation schedules. Given its result of near 40% success rate in smoking cessation (38.71%), the support provided by TSH allowed over 45,000 individuals to quit smoking. This amounted to total short-term savings on health insurance expenses of about NT$246 million and a long-term social benefit of up to NT$18.9 billion.

As continuing of collaborative care Network for smoking cessation concepts of the 2010 "*Quit Smoking Movement Year*," medical and healthcare institutions and other smoking cessation treatment resources within the country have been integrated. In 2011, the strategy of network connections has been adopted to encourage more smokers to use different channels for understanding and utilizing smoking cessation service resources provided by the government, to start to quit smoking and achieve a healthier lifestyle. In the "*Collaborative Care Network for Smoking Cessation*" project, the TSH served as a integration platform for resources. People from anywhere in Taiwan can use the toll-free helpline of 0800-636-363 to undergo cessation counseling and acquire information about smoking cessation. Additionally, nurses and public health personnel in medical or healthcare institutions can also provide referral services to callers who are willing to attempt to quit smoking cessation, They could take advantage of the resources TSH to increase the chances for success. in 2013,The "*Press Conference for Successful Smoking Cessation Cases Going Home and Celebrating 10 Years of Success for the Cessation Helpline*" event was held. In the future, the HPA shall continue to provide a diverse promotion channels and promote their utilization by smokers. The HPA will continue to maintain service quality, complying with quality control indicators and offer quality feedback to provide smokers helpline services with high quality and effectiveness.

In order to further improve the convenience of smoking cessation services for smokers, the HPA initiated the "*Second Generation Cessation Services Payment Scheme*" in March 2012. The plan not only provided the public with more affordable cessation medication, smoking cessation instructors also have been were assigned in many areas. Professional medical staff shall provide counseling services and support during smoking cessation services. New policies and relevant cessation services projects implemented recent years have resulted in transforming in the social environment. Because of encourageing smoking cessation, the TSH shall play a key role in the smoking cessation system in Taiwan.

● Taiwan Smokers' Helpline (TSH) participating in the 7th Exchange and Discussion Meeting on Tobacco Hazards Prevention for China, Taiwan, Hong Kong and Macao. Visiting the Tung Tau Correctional Institution at Stanley, Hong Kong.

● TSH participating in the South Taiwan Biotechnology Expo with a stall to promote and provide smoking cessation counseling services

● TSH setting up a stall promoting smoking cessation counseling services at the "*Medication Safety Channels - Healthcare by Pharmacists*" event.

Smoking Cessation Courses

In order to encourage smokers to quit smoking, local health departments provided various accessible smoking cessation resources and services. In addition to promoting continuous provision of smoking cessation treatment and instruction services at medical institutions or pharmacies, resources from the pharmacies, health departments, society groups, and local communities were integrated to promote public awareness for smoking cessation services. Medical institutions were integrated to implement various smoking cessation courses and to take various activities and social care to motivate smokers to quit. Upon completing the cessation course, the medical institutions were charged to tracking the progress of smoking cessation

● Smoking cessation courses for youths organized by local health departments

of individual cases for a period of several weeks, several months or up to a year. Local health departments also organized and implemented youth smoking cessation courses to help youths quit smoking. Peer support for strengthening the motive and personal performance for smoking cessation were used to help youths who want to quit smoking.

● Trainees in smoking cessation courses in an abuser treatment center

2014 "Quit & Win" Campaign Results

Quit & Win Event

Quit & Win events were international smoking cessation competitions organized by the WHO. The first event was held by the public health department of Finland in 1994. Since then, over 80 countries have participated in this event.

The Quit & Win Campaign in Taiwan was thus held in tandem with the biennial international event. In 2014, the John Tung Foundation was commissioned to invite rebellious former smokers who started the habit at the age of 10, Jam Hsiao, a famous pop singer who quit smoking on January 1, 2008, to be a volunteer worker. Jam's popularity and positive image were utilized to promote smoking cessation. Bedecked in a cool Kendo outfit, Jam display his Kendo skills and determination in defeating the tobacco demon, emphasizing "*honor in courage*" to encourage smokers to open their minds and try to quit smoking. Jam Hsiao's father, a heavy smoker, smoked 5 packs of cigarettes a day but managed to successfully quit smoking, was also invited to be the volunteer worker to help other smokers quit. It were designed to encourage smokers to quit smoking for themselves, their friends, and their families.

To extend the visibility and accessibility of the competition, the HPA worked with the Ministry of Justice (MOJ). Minister of Justice Luo Ying-shay and Director Wu Hsien-chang of the Agency of Corrections jointly allowed the relevant promotional materials into the 39 corrective facilities in Taiwan. Every fellow inmate was provided with a registration form and actively encouraged to quit smoking. Smokers who successfully quit were rewarded as well. The HPA also actively contacted the Ministry of National Defense and acquired support from Minister Yen Ming of the Ministry of National Defense (MND) so that promotional materials were distributed to the 6 major departments of the MND to disseminate information of the Quit & Win competitions within the Armed Forces. HPA also made contact with the 700 volunteer millitary officers and soldiers of the 21st Artillery Command to acquire support from the Armed Forces. It was posted in the Youth Daily News so that more Armed Forces units became aware of this competition.

The HPA actively expanded and created various promotional channels. In addition to the 22 local health departments and 875 health centers and hospitals through Taiwan that always supported in every session of the Quit & Win event, the HPA also worked with the 5 major taxi associations of Taiwan Taxi, Da-Ai Taxi, Fuxie Taxi, Fanya Taxi, and City Taxi. A total of 15,000 taxi drivers sweared to be volunteers workers in the Quit & Win competition. Their efforts eventually led to over 200,000 taxi drivers participating in the Quit Smoking and helping others to quit bravely. During the promotional period to the actual competition, these taxi companies freely offered onboard TV commercials and vehicle frames to advertise the event and continuously remind fellow competitors to quit smoking. Full support provided by over 5,000 physical channels throughout Taiwan and various media companies ensured that the 2014 Quit & Win competition was successfully disseminated and promoted smokers to partake in the competition and try to quit smoking. A total of 27,427 teams qualified for the competition and registered before the official deadlines.

2014 Quit & Win Campaign - National Award stories

Award	Competitor and witness	Quitting Tales
First Prize NT$300,000	Contestant: Mr. Hsieh, 48 years old. Started smoking at the age of 17 and had been smoking for 31 years. Mr. Hsieh smoked at least 15 cigarettes a day and his highest daily defintion was 40 sticks. Witness: Ms. Hsieh, 17 years old, non-smoker. Relations: Father and daughter From Hsinchu City	Mr. Hsieh from Hsinchu works at a company manufacturing parts for trucks. The wife of the company owner encouraged the employees to sign up for the event. Mr. Hsieh signed up with the rest of the crew and even went home to ask his wife (also a smoker) to participate as well. Mrs. Hsieh refused: "I'll not quit until you do." Mrs. Hsieh later remarked: "I never thought he could make it, and even acquired the first prize. Seems that fate has decided that I should quit smoking as well!" The company where Mr. Hsieh worked in included 7 employees. With the exception of the owner's wife, 6 of these employees (including the company owner) were smokers, while 5 signed up for the Quit & Win competition. In this 1-month challenge, only the boss failed to maintain abstinence. All the other 4 successfully made it and rid themselves of the habit. The smoking population, now reduced to 2 individuals, has now become a minority in the entire company. Mr. Hsieh remarked: "I was pretty sure that I was going to fail. Seventy percent of the people I meet at work smoke. I was constantly worried about losing it. It worked out for me thanks to the lady boss and every fellow colleague who worked hard with us." Ms. Hsieh, a grade 11 student and witness to her father's success in smoking cessation, presented him with a gift that she has been planning all this while. Ms. Hsieh said: "My Dad really liked this pair of canvas shoes when he went out shopping 2 months ago. He did not want to buy it because of its price. So I saved up some pocket money and decided to buy him those shoes if he managed to give up smoking..." Ms. Hsieh also added: "At the end of May, people from the Hsinchu health bureau came to the school to verify whether I was the witness of the Quit & Win competition. These people were stopped by the military instructor at school because he thought they were scammers... it turned out that we really did win!"
2nd Prize 60,000	Contestant: Mr. Hung, 50 years old. Started smoking at the age of 18 and had been smoking for 32 years. Mr. Hung smoked at least 20 cigarettes a day and his highest daily defintion was 40 sticks. Witness: Ms. Hung, 27 years old, non-smoker. Relations: Father and daughter From Changhua County	Mr. Hung worked as an asparagus harvester in Changhua and had been smoking for 32 years since the age of 18. He liked to smoke when talking and sipping tea with friends, sessions which often cost him 2 packs of cigarettes. Mr. Hung had attempted to quit smoking over a dozen times to no avail. He finally dialed the TSH 0800-636363 where a TSH representative provided patient counseling. This re-ignited his desires to quit smoking once more. It was near the end of April when Mr. Hung was talking on the phone while smoking on bed. Suddenly his hand went limp and he accidentally burnt himself on the lips. Mr. Hung had previously experienced chest tightness and pains on several occasions and noticed his shortness of breath. He thus made up his mind to join the Quit & Win competition and was determined to win. Mr. Hung said that the first 3 days were the worst and how he borrowed my friend's cellphone to play games in order to distract himself. His daughter pestered him and interrogated him if he sneaked a cigarette or two. His mother, who lived with the family, also provided constant encouragement during the entire process. It was this final attempt that achieved success. After quitting, Mr. Hung felt significantly healthier. He also started to actively encourage his family members and friends to quit smoking as well. Mr. Hung was also extremely thankful for the support provided by TSH.
2nd Prize 60,000	Contestant: Mr. Chen, 45 years old. Started smoking at the age of 13 and had been smoking for 32 years. Mr. Chen smoked at least 20 cigarettes a day and his highest daily cigarette consumption was 40 sticks. Witness: Ms. Chen, 38 years old, non-smoker. Relations: Friends From Taichung City	While he was a junior high student, Mr. Chen stole a cigarette from his elders out of curiosity and tried a puff. This started his 32 year career in cigarette smoking. Mr. Chen also attempted to quit smoking many times, but these efforts rarely lasted more than a few days before he succumbed to the temptations of smoking. Mr. Chen expressed: "My friend was a physiotherapist in Changhua Christian Hospital whose work was to provide regular therapy for children with developmental delays. These were lovely children but modern technology was unable to identify the cause of their problems. This may be caused by unknown toxins present in their environment. If I could give up smoking successfully, I may be able to prevent myself, my family, and my friends from exposure to environmental toxins. This is a good thing." Mr. Chen also made a bet with his friend. If he successfully quit smoking, the friend would donate NT$20,000 for the children. If he fails, Mr. Chen would donate the NT$20,000 to the children instead. Mr. Chen said: "During the early phases of smoking cessation, I always felt the need to have something in my mouth. I went for the mintiest chewing gum or sipped on drinks... My appetite also improved. I even gained 4 kg. My sleep quality also improved after giving up cigarettes. I could fall asleep right after hitting the bed and I would wake up at daybreak. I never thought that these 30 days could pass so quickly with success. I've became healthier and even won the 2nd prize. I shall pledge all my winnings to my friend to help these children."
2nd Prize 60,000	Contestant: Mr. Chen-Chang, 56 years old. Started smoking at the age of 23 and had been smoking for 33 years. Mr. Chen-Chang smoked at least 10 cigarettes a day and his highest daily defintion was 10 sticks. Witness: Mdm. Hsu, 60 years old, non-smoker. Relations: Husband and wife From Taitung County	Mr. Chen-Chang is a carpenter from Taitung. With his 60th birthday approaching and his health faltering, Mr. Chen-Chang was worried about his health and his habit which may lead to accidents in the workplace or even injuries... One day, Mr. Chen-Chang heard about the Quit & Win competition from the newspaper and TV. Interested in giving up his smoking habits, Mr. Chen-Chang thus hoped to quit smoking from the Qingming Festival. While accompanying his wife for a routine health checkup at Kuanshan Tzu Chi Hospital, Mr. Chen-Chang saw banners and posters for the 2014 Quit & Win competition and thought: "If I quit smoking, I could regain my health, save some money, and even have a chance in winning a prize..." Mr. Chen-Chang then signed up online to participate in the competition. His efforts allowed to successfully quit both smoking and betel quid at the same time! Mr. Chen-Chang expressed: "During the earliest stages of smoking cessation, I would try to avoid my colleagues at the construction yard when they got together to smoke. If a friend offered me a cigarette, I told him that I'm trying to quit. What's really touching was that some of my colleagues who were smokers and they also started to quit smoking when they saw that I had abstained for more than a month... It turned out that smoking cessation was infectious as well. That made me really happy."
2nd Prize 60,000	Contestant: Mdm. Shen, 56 years old. Started smoking at the age of 18 and had been smoking for 38 years. Mdm. Shen smoked at least 10 cigarettes a day and his highest daily defintion was 10 sticks. Witness: Ms. Wu, 20 years old, non-smoker. Relations: Mother and daughter From Chiayi City	Mdm. Shen had a problem with her overly-sensitive nose. One of her elders told her that smoking may improve nasal allergies, so she tried a puff that started her 38-year smoking habit. Recently, however, Mdm. Shen felt the effects of aging and decided to quit smoking to set a good example for her child. Mdm. Shen currently works in the food services industry and had attempted to quit smoking five times without much success. Fewer smoking areas are available, and smokers can no longer smoke in workplaces. Smokers were also considered "annoying" by others, so she said: "I'm giving up on this." Mdm. Shen thus relied on her willpower and a lot of gum to give up her habit. Ms. Wu, who lived with her mother, was very touched and said: "What my mother did was really wonderful! She didn't take medication and relied on determination alone! That was so awesome. I am really proud of her." To encourage her mother, Ms. Wu often took her mother out and accompanied her for walks. After giving up her smoking habits, Mdm. Shen's best experience was: "The air just got a lot fresher!" She no longer needed to find places to satisfy her need for a puff and could be herself without fear.
2nd Prize 60,000	Contestant: Mr. Wang, 25 years old. Started smoking at the age of 16 and had been smoking for 9 years. Mr. Wang smoked at least 30 cigarettes a day and his highest daily defintion was 60 sticks. Witness: Mdm. Chang, 63 years old, non-smoker. Relations: Mother and son From Kaohsiung City	Mr. Wang is a 3rd year graduate student of National Taitung University. He picked up his smoking habits at the age of 16 after seeing his family members smoke cigarettes and bought a pack of cigarettes himself to follow suit. Mr. Wang also enjoyed smoking while playing online games, and could smoke up to 3 packs at a go without noticing it. Mr. Wang said that he went to smoking cessation outpatient services and tried the smoking cessation medication once. He felt really sick after using them and gave up. However, this time Mr. Wang was determined to see this attempt through. He saw a lot of information about tobacco hazards on the Internet and all those disgusting images placed on cigarette boxes. A lot of his classmates also mailed information about Quit & Win to him as he was a well-known chain smoker. He thought to himself: "Nothing good came out of smoking, really..." He kept thinking about this and relied on his willpower to quit. During the smoking cessation process, Mr. Wang's smoking friends also intentionally tempted him by lighting up cigarettes before his eyes and taunted him: "You'll never succeed!" Mr. Wang just smiled about it and gave no explanations. Instead, he simply told himself: "I was a smoker. But now I am giving up this habit!" Although it was extremely uncomfortable during the first few days of smoking cessation, Mr. Wang kept going by eating chocolates to soothe the withdrawal symptoms. In addition to thanking his mother for her support, Mr. Wang was most happy about "not having to lose money to that habit again!"

To keep encouraging the people to give up smoking, the HPA hosted the "Encourage Fathers to Quit Smoking on Fathers' Day" event on Facebook on the eve of Fathers' Day. HPA also actively posted news to remind the public to encourage their fathers to give up smoking and also established a Fathers' Day area in the E-Quit Mandarin website for the event. Other areas such as "*Smoking Cessation Menu*" and "*Quit & Win APP*" were provided to emphasize the diverse smoking cessation programs and encourage the public to use outpatient services, TSH and other smoking cessation services. On the eve of Mid-autumn Festival, the HPA released telephone messages remind to the public that family gatherings for Mid-autumn would be the perfect time to convince people to quit smoking, encouraging everyone to make use of the "*Quit & Win APP*," "*Smoking Cessation Menu*," the smoking cessation outpatient services, and TSH.

Pricing measures

● Assessing the increase to the tobacco health and welfare surcharges

Smoking and second-hand smoke are leading causes for many diseases and deaths. The WHO pointed out that 6 million people die every year from smoking-related hazards. In other words, one person would die from smoking-related causes every 5 seconds. The WHO also recommended increasing tobacco product surcharges to raise their prices which was the most effective strategy on tobacco control.

Article 4, Paragraph 1 of the *Tobacco Hazards Prevention Act* states: "*The health and welfare surcharge shall be imposed on tobacco products, the amount of which shall be as follows: 1. Cigarettes: NT$1000 every one thousand sticks; 2. Cut tobacco: NT$1000 every kilogram; 3. Cigars: NT$1000 every kilogram; 4. Other tobacco products: NT$1000 every kilogram*." Article 4, Paragraph 2 of the same act states: "*The competent authority at the central government level and the Ministry of Finance shall, for once every two years, invite and assemble 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 disease attributable to smoking activities, the morbidity and mortality of such diseases, as well as the medical costs thereby incurred 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 prevention of the tobacco hazards." Article 4, Paragraph 3 of the same act states: "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 WHO recommended that the tobacco surcharge should at least account for 70% of the tobacco price. Currently, the surcharge accounts only for 54% of tobacco price in Taiwan. Prices must be increased by at least NT$36.7 in order to reach the minimum expectations. The HPA has followed the regulations described above and assembled experts and the Ministry of Finance in the "*Evaluation of the health and welfare surcharge of tobacco products meeting*." It concluded that according to current tobacco product prices throughout the world as well as the objectives of tobacco control, Taiwan's tobacco product prices were considered too low. The proportion of the surcharge was inadequate as well. It would therefore be necessary to drastically increase the tobacco surcharge. Currently, Articles 4 and 35 of the *Tobacco Hazards Prevention Act* were being revised to increase the tobacco products health and welfare surcharge from the current NT$20 per pack to NT$40 per pack. Meanwhile, the Ministry of Finance also revised Article 7 of the *Tobacco and Alcohol Tax Act* to increase tobacco taxes for the first time in history. An increase of NT$5 was expected, raising tobacco tax from NT$11.8 per pack to NT$16.8 per pack. These two draft revisions were examined and approved by the Executive Yuan on May 9th, 2013 and submitted to the Legislative Yuan for examination, passing the first reading on May 17th, 2013.

The necessity to revise the laws and increase tobacco surcharges

1. Public benefits from tobacco surcharge adjustments

Hazards caused by tobacco products: Tobacco products are a leading killer and a hazard upon human health, with 20,000 deaths attributed to smoking in Taiwan every year, with cancer being the biggest cause of death with 50% (57% being lung cancer, and 22% being oral and pharyngeal cancer), followed by cardiovascular diseases for 28%, and respiratory diseases for 22%. Economic costs attributed to smoking related diseases for individuals above 35 years of age totaled to about NT$141.4 billion, which included a direct cost of NT$50.7 billion incurred upon the National Health Insurance (inclusive of the NT$30 billion insurance payments) and indirect cost of NT$90.7 billion caused by loss in productivity. Total economic impact attributable to smoking hazards was equivalent to 1.04% of national GDP. The following describes the reasons for increasing tobacco surcharges in Taiwan:

(1) Slowing decrease in adult smoking rate, while youth smoking rate is remained high: In 2009, tobacco surcharges were increased by NT$10 which resulted in an immediate decline of nearly 10% in adult smoking rate from 21.9% in 2008 to 20.0% in 2009, providing obvious and significant benefits. However, the rate of decrease began to slow down afterwards, with smoking rates dropping to 19.8% in 2010, 19.1% in 2011, 18.7% in 2012 and 18.0% in 2013. The surcharge failed to produce a noticeable reduction in the youth smoking rate which is remained high

(2) Severe exposure of children, youths, and women to second hand smoke could not be adequately resolved by tobacco control. Families and homes are not under the control of the to laws:

1. The "*Global Youth Tobacco Survey*" indicated that exposure rates of junior high students to second-hand smoke at home have reduced from 44.2% to 33.9% from 2010 to 2014. Despite this slight decline, up to 30% of junior high school students remained exposed to second-hand smoke at home.

2. The "*Adult Smoking Behavior Survey*" indicated that exposure rate of women to second hand smoke in the family rose from 26.3% to 28.5%, while the smoking rate for women dropped from 4.8% to 3.5% from 2008 to 2014. Information showed that second hand smoke exposure was far more severe amongst women than their own smoking habits.

3. Smoking has caused health inequalities and inflicted more severe hazards upon the underprivileged: According to the Adult Smoking Behavior Survey of 2008 to 2012, although the smoking rate amongst men 25-39 years of age dropped from 47.6% to 40.3%, smoking rates between individuals of different educational backgrounds still exhibited significant differences. Smoking rates were higher for those with lower education backgrounds. In 2012, smoking rate for adult men between 25-39 years of age was 27.9% for those with college education, 48.1% for those with vocational high school education, and was an astonishing 50.3% for those with junior high education or below. Underprivileged youths exhibited the highest smoking rates. The poor would smoke, fall ill, and suffer both physically enconomically, then their children were more likely to follow suit and acquire their smoking habits as well, perpetuating social inequality over the generations.

4. Tobacco prices in Taiwan were very cheap and were lower than that of Thailand and Malaysia and on par of those in Mainland China. If purchasing power parity (PPP) was considered, tobacco prices in Norway, New Zealand, and Singapore was 1.61 times, 1.62 times, and 2.2 times higher than those in Taiwan. The low costs of tobacco products have led to a high smoking rate in Taiwan.

2. Multiple benefits of levying tobacco surcharges

(1) Increasing tobacco surcharges may accelerate further decreases in smoking rates: The HPA commissioned a study in 2007 to investigate price elasticity and tobacco control monitoring results across the years: Increasing tobacco prices by NT$25 may result in a 20.8% reduction in smoking rate, 19.3% reduction in the consumption of tobacco products and lower the smoking population by 740,000 individuals. In 2009, the tobacco surcharge was increased by NT$10. Adult smoking rate dropped from 21.9% to 20.0% for an 8.7% reduction. Sales of cigarettes dropped by 15.1% from 2.08 billion packs to 1.77 billion packs.

(2) Improving non-price-based tobacco control measures. Tobacco surcharges collected may be used to conduct smoking prohibition audits, youth prevention programs, cessation services, and inspection and seizing of smuggled tobacco. In other words, the aim was to achieve "total" tobacco control to achieve improved performance. While increasing tobacco prices, collected surcharges could also be used in cessation services that relieve smokers of their tobacco addiction. Both measures would complement each other for a more friendly and beneficial result.

(3) Providing a safety reserve fund for the National Health Insurance (NHI) and cover NHI losses incurred by the entire population due to the smokers' burden (over NT$50 billion of costs were incurred upon the NHI every year, with various social costs amounting to over NT$140 billion).

(4) Surcharges may be used for disease prevention and control for the entire population. Besides making up for the NHI losses, the collected surcharges may be used to actively promote health as well, help to create a more active and comprehensive positive feedback cycle to the entire population. It can be used to compensated for the additional health insurance costs caused by the smokers.

(5) Providing a source of funding for supporting the underprivileged. In other words, surcharges collected from products hazardous to our health may be turned into charity or funds for supporting the poorest people in our society.

3. Acquiring public recognition and support

In order to understand public perspective on the topic of impending tobacco surcharge increases, a total of 1,068 adults over 18 years of age from 22 counties and cities were randomly sampled in a public poll carried out in March 2015. The first question directly asked whether the interviewee agrees with increasing the current tobacco product health and welfare surcharge of NT$20, and 59.1% of the interviewees agreed. The interview then explained the uses of the tobacco product health and welfare surcharge as NHI payment subsidies for the underprivileged, supporting smoking cessation, and improving medical health care quality for cancer treatments and patients in remote areas. The proportion of interviewees who agreed with the increased surcharge rose to 78.4%. Results showed that the public supported to increase of tobacco surcharges and their usage.

● Actual methods for increasing the tobacco surcharges

1. Convening a cross-departmental and professional consultation meeting

(1) On September 6th, 2012, the Ministry of Finance and experts in finances, economics, public health and other departments were invited to the "*Evaluation meeting of the health and welfare surcharge of tobacco products*." Conclusions are listed as the following:

1. According to international tobacco product price standards and the objectives in tobacco control, tobacco prices as well as the proportion of tobacco surcharges in Taiwan were too low which necessitated drastic increases in tobacco surcharge. However, surcharge increases cannot be achieved overnight and must be carried out in separate phases. The recommended price increase for this session should be at least NT$20.

2. To maximize health and welfare benefits it could be achieved from the tobacco surcharge. The recommended areas of priority for using the income from the increased surcharge should be tobacco control amongst youths, promoting the awareness of smoking hazards, implementing in smoking cessation and other tobacco controls. The funds should then be employed for strengthen preventive healthcare measures to improve public health and reduce the burden of the National Health Insurance program. These preventive measures include: preventive healthcare and care for women and children, prevention of cancer and chronic diseases, promoting community health, and other public health projects that may reduce the burden of NHI payments for the economically underprivileged. Proposed measures shall be further examined and discussed by the HPA.

3. Relevant factors on Article 4, Paragraph 2 of the Tobacco Hazards Prevention Act have been carefully examined and evaluated by the Ministry of Finance and relevant experts. The conclusion was affirmation of a need to increase tobacco surcharges. Hence, the tobacco product health and welfare surcharge stipulated in Article 4, Paragraph 1 of the Act shall be increased to NT$2000 for every 1000 sticks (or every kilo) (a value equivalent to NT$40 per pack).

(2) On September 11, 2012, agencies that will be provided with tobacco product health and welfare surcharges were invited to attend the "*Meeting for the distribution and tracking of utilization benefits of the health and welfare surcharge*" in order to evaluate the implementation of tobacco surcharges across the years, actual performance of various measures, and future requirements.

(3) On February 22, 2013, over 70 groups that include anti-smoking civil society organizations, medical circles, patient groups, and tobacco manufacturer associations and guilds were invited to the "*Seminar on the adjustment of tobacco product health and welfare surcharge*" that created an open, fair, and transparent discussion to compile opinions on the tobacco surcharges from various groups and stakeholders.

(4) On April 16th, 2013, agencies within the MOHW receiving the tobacco surcharges were invited to attend the "*Review meeting on the use of tobacco product health and welfare surcharge*" in order to assess the existing benefits, need for improvements, and utilization of tobacco surcharges to ensure the comprehensiveness of plans for allocating the increased tobacco surcharges.

(5) On April 19th, 2013, a total of 15 groups that include anti-smoking civil social organizations, medical circles, patient groups, and tobacco manufacturer associations and guilds were invited to the "*Seminar on tobacco hazards prevention*" in order to understand the achievements of non-government organizations (NGOs) in tobacco control and recommendations for future control measures. Results of the seminar were used as a reference for subsequent revisions of the Tobacco Hazards Prevention Act and possible increases of the tobacco surcharge.

(6) On May 17th, 2013, the "*Meeting on the effectiveness and future plans for the tobacco surcharges and future plans*" was convened to evaluate the effectiveness of tobacco surcharges in the past, key issues for using the tobacco surcharges, and quotation records.

(7) On March 31, 2014, the Finance Committee of the Legislative Yuan convened the 5th Meeting of the Committees to report the "*effective measures for curbing smuggling of tobacco products, effects of reasonable adjustments of tobacco tax and tobacco product health and welfare surcharge and the results of the said adjustments on national finance and health*."

2. Revising the laws to increase tobacco surcharges

According to the Article 4 of the Tobacco Hazards Prevention Act, tobacco surcharges shall be evaluated once every 2 years. The last adjustment to the tobacco surcharge was in effect 2009. After performing the relevant assessments in compliant to the relevant laws, the adjustments were submitted by the HPA to the necessary levels of the government and Executive Yuan for review. On May 9, 2013, resolution of the 3346th meeting of the Executive Yuan proposed a draft for increasing tobacco surcharges by NT$20 and tobacco tax by NT$5 which was then submitted to the Legislative Yuan for review. The first reading was completed by the Legislative Yuan on May 17, 2013. If the motion for increasing tobacco surcharges by NT$25 were passed, the estimated results include reducing the smoking population by 740,000 for a 20.8% decrease.

3. Press releases of the tobacco surcharges

In 2013, a number of press articles regarding the tobacco product health and welfare surcharges have been released, namely "*The HPA to convene a tobacco surcharge discussion to collect opinions from various groups*"; "*Tobacco prices in Taiwan lower than that of Southeast Asia! HPA is concerned of the ineffectiveness of tobacco control. If tobacco surcharge is increased by NT$20, smoking population will be reduced by 600,000, far better than building a pagoda with 101 layers!*" ; "*Tobacco product health and welfare surcharge adjustment processes will be reviewed by the Legislative Yuan, Surcharges from smoking to be used for health!*" "*Increasing surcharges by NT$25 will reduce smoking population by 740,000!*"; "*Use of tobacco product health and welfare surcharge shall follow budget acts and be allocated for National Health Insurance*," *medical treatment development, prevention, tobacco control, health promotion, and social welfare, and would not be treated as any agency's piggy bank*"; "*Tobacco surcharges to be used only in areas that matter! HPA giving serious clarification against multiple accusations against tobacco surcharges!*"; "*Increasing tobacco surcharges is the most effective strategy to reduce youth smoking rate, surcharges shall be only used according to legally stipulated purposes.*"

In 2014, published news related to the tobacco product health and welfare surcharge include: "*WHO Evaluation Report: Tobacco Prices Remain as the Most Effective Strategy for Reducing Smoking Rates*," "*Increasing Tobacco Surcharges is the Most Effective Strategy for Lowering Youth Smoking Rate*," and "*HPA to Explain the Progress on Adjustments to the Tobacco Surcharge*."

4. Media promotion for the benefits of the tobacco surcharges

Multimedia promotion was used to advertise the benefits of implementing the tobacco surcharge:

(1) Implementing tobacco control, creating a smoke-free environment, and preventing tobacco use amongst youths: Adult smoking rate dropped from 21.9% in 2008 to 16.4% in 2014. Smoking rates of junior high school students dropped from 7.8% in 2008 to 5.0% in 2014; smoking rates of senior high and vocational school students dropped from 14.8% in 2009 to 11.5% in 2014. From these figures, it was estimated that the number of smokers dropped by 890,000 individuals across 6 years. Second hand smoke exposure in legal non-smoking areas continued to drop from 23.7% in 2008 to 7.5% in 2014, while enforcement coverage of non-smoking areas reached over 90%.

(2) For women and children services, tobacco surcharges helped vaccinate 1.2 million children and provided 1.52 million elementary school children with oral healthcare services.

(3) Number of people benefiting from the public programs for women's and children's health: for total health promotion of pregnant women - congenital deformity screening support program, 1 ultrasonogram check was performed at 20th week of the pregnancy and provided to about 200,000 individuals; subsidies for prenatal diagnosis and heritable genetic disorders provided to about 51,000 cases; subsidies for newborn babies for congenital metabolic diseases provided to about 210,000 cases; improved tracking services for children born from high risk pregnancies provided to about 30,000 individuals; provided 2 sessions prenatal health education assessment and instruction services to about 400,000 individuals; provided 7 sessions of children's health education services to about 1.10 million individuals; screening for strabismus and amblyopia and vision test for pre-school children 4 and 5 years old provided to about 350,000 individuals.

(4) For adult health, tobacco surcharges were utilized to implement cancer screening. A total of 225 hospitals and clinics were commissioned to implement the "*quality improvement program for cancer screening / treatment in hospitals*." Hospitals were required to establish outpatient screening reminder systems, single-counter services for test positive case of cancer, work with community-based screening of local health departments, and carry out health education and betel quid cessation courses in the hospital. The "*Health Promoting Hospital*" model developed

by the WHO were to provide hospitals with consultation for implementing cancer screening measures. Such efforts were designed to change the focus of hospitals, treatment-oriented institutions that tend to neglect preventive measures and bring about revolutionary changes to hospital culture and operating models. In 2014, participating hospitals completed a total of 4 cancer screenings and checked a total of 2.641 million individuals which was 50.5% of the total number of individuals screened throughout the country and 2 fold increase compared to the screening volume carried out over the same period in 2009. A total of 38,000 cases of precancerous symptoms and cancers were identified.

(5) For the aging society, the tobacco surcharges were also used to improve the health of our senior citizens as well as prevention and treatment of chronic diseases. These measures include: obesity prevention, betel quid control, preventing chronic diseases related with the three-highs, creating age-friendly city, healthy city, healthy workplaces, health-promoting schools, health -promoting hospitals, and the implementation of other more effective prevention measures.

(6) Tobacco surcharges were also used for subsidizing healthcare efforts in various counties and cities, with about 10-98% of healthcare operations in various local governments (15 counties and cities reported more than 50% supported by the funds). The surcharge also supported the establishment of 24 emergencyies and critical care centers in 17 hospitals located in remote areas which effectively improved the treatment quality and healthcare in these areas.

(7) For social welfare, the tobacco surcharges supported the operations of all public shelters (a total of 13). By the end of 2014, a total of 2,984 individuals were sheltered, providing suitable and continuing care for elderly, children, and the disabled without support.

(8) Subsidized the National Health Insurance fees for 281,000 individuals from medium to low income families as well as those facing economic difficulties. The surcharges also provided the NHI with at least NT$20 billion every year to partially recoup NHI losses caused by tobacco smoking.

(9) Strengthened the checks and inspections of tobacco smuggling, seizing a total of 16.90 million packs of contraband and poor quality tobacco products worth NT$914.64 million on the market. The surcharge thus improved tobacco control, reduced the smuggling of tobacco products, and enhanced public order and security as well as trade.

5. Various agencies supporting the increase in tobacco surcharges

The WHO expressed that increasing tobacco prices is the most effective way to reduce smoking rates, particularly significant amongst the underprivileged and youths. Currently, Taiwanese tobacco products have an average sales price of NT$70 which was considered low compared to the rest of the world. The price was close to that of Mainland China (NT$68) and even lower than those of Malaysia (at NT$99) and Thailand (NT$77). Additionally, tobacco surcharges only make up 54% of the sales price. WHO recommended the surcharges to make up at least 70% of the sales price. In other words, tobacco surcharges in Taiwan must be increased by at least NT$36.7 to meet the WHO recommendations. Furthermore, research and investigations conducted in Taiwan showed that raising tobacco surcharges by NT$20 could reduce the smoking population by 600,000 individuals. Over 80% of the general public supports this increase. Most supporters, however, tend to be silent. Hence, civil social organization that promote health of children, women, and public openly voiced their support for increasing the tobacco surcharges and became the main power behind the policy. A joint petition as then submitted by a total of 125 medical circles, associations, healthcare groups, and religious organizations.

2

Reducing Tobacco Supply

Evaluating the effectiveness of enforcing the *Tobacco Hazards Prevention Act*

After years of advocating tobacco control measures via the *Tobacco Hazards Prevention Act*, the public became more aware of a smoke-free environment. Most are able to comply with relevant regulations, but a small number of people involved in the management of non-smoking areas and retailers of tobacco products have continued to challenge gray areas in the law, which prevents Taiwan from achieving the ideal results of creating smoke-free public places.

Since 2004, the HPA has commissioned a third-party civic organization (Consumers' Foundation, Chinese Taipei) to invite public health, medical education, and legal experts to form a task force, which would refer to the existing status of local law enforcement to adjust and formulate evaluation standards and the methods by which the Act was to be enforced. To comprehensively assess the outcomes of law enforcement and the challenges encountered, the HPA began sampling various sites and places in 2014. Schools in various counties, cities, and townships often encouraged development in the surrounding areas, which often included a wide variety of economic and cultural places. Also, in response to Article 16, Paragraph 1, Subparagraph 4 of the *Tobacco Hazards Prevention Act* promulgated by the Ministry of Health and Welfare (MOHW) which stipulated that: "*with the exception of smoking areas,all designated areas of parks and green lawns by local governments will be non-somking area*", the HPA started increasing parks and green lawns as non-smoking areas since April 1, 2014. In 2014, a total of 634 households across 44 townships, counties, and cities were surveyed. A total of 660 tobacco product vendors were assessed on their legal awareness on the ban of selling tobacco products to youths. Additionally, a total of 6,600 location were subject to random and unannounced inspections for compliance to Article 15 of the *Tobacco Hazards Prevention Act* on areas where tobacco use is prohibited. These evaluations would help to assess the compliance and implementation of Articles 5, 6, 7, 9, 10, 11, 13, 15, and 16 of the *Tobacco Hazards Prevention Act*.

On-Site Surveys of 22 Counties and Cities

Given the wide geographical scope of the surveyed sites as well as limitations in human resource and budget, the survey was conducted using a non-random sampling study design. A 3-level sampling framework was employed to select the samples and acquire relative standards to assess the implementation of relevant policies. A total of 9 Articles (Article 5, 6, 7, 9, 10, 11, 13, 15, and 16) of the Tobacco Hazards Prevention Act were assessed in the on-site surveys. The 2014 on-site surveys across 22 counties and cities found that overall compliance rate to the regulations was 87.1%. The following list provides details on the compliance rate to each individual Article:

Table 2-1. Compliance with each article of the Tobacco Hazards Prevention Act for counties and cities evaluated during the 2014 on-site survey

Tobacco Hazards Prevention Act	Compliance (%)
Article 5: Methods of sales of tobacco products	100
Article 6: Displaying health warning texts and images	99.4
Article 7: Indicating the level of nicotine and tar for cigarettes and cigars	100
Article 9: Prohibiting the promotion or advertising for tobacco products	99.7
Article 10: Restrictions on the display of tobacco products on racks	97.3
Article 11: Prohibiting the provision of free tobacco products	100
Article 13: Prohibiting the sales of tobacco products to those under 18 years of age	47.4
Article 15: Places where smoking is completely prohibited	96.1
Article 15: Places where smoking is completely prohibited (unannounced and random surveys)	95.8
Article 16: Places where smoking is completely prohibited except in the designated smoking areas, and completely prohibited in all areas if no such smoking area is designated	96.3

Overall results revealed that no smoking signs were placed in almost all non-smoking areas. Chinese warning label were also posted in areas selling tobacco products. Most violations involved in the display of tobacco products on sales racks and the sales of tobacco products to minors. Improved awareness campaigns and inspections shall be continued in the future. (Figure 2-1)

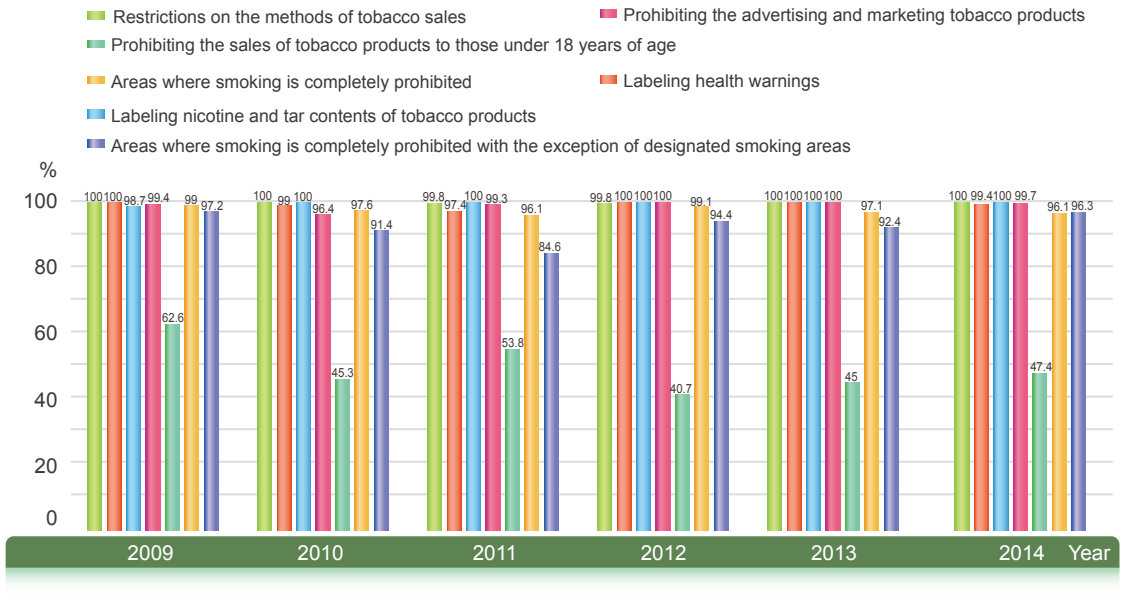


Figure 2-1 Average compliance to various articles of the Tobacco Hazards Prevention Act, 2009-2014

Prohibiting the sales and purchases of tobacco products amongst minors

Results of the Global Youth Tobacco Survey (GYTS) of 2014 showed that 27.3% of junior high school students and 16.5% of senior high and vocational school students who smoked before they were 10 years of age. On-site survey methods for evaluating the effectiveness of enforcing the Tobacco Hazards Prevention Act involved in disguising individuals above 18 years of age as minors by wearing senior high school and junior high school uniforms. Results showed that 52.6% of the vendors failed the test and violated the law by selling tobacco products to the disguised person. Hence, the purchase of tobacco products by minors became a major area of concern for tobacco control.

To determine the compliance of convenience store franchise operators to the law prohibiting the sales of tobacco products to minors, the disguised-minor testing method was applied to 660 tobacco product vendors across 22 counties and cities from April to September of 2014. Results showed that 52.6% of all four major convenience store franchises, supermarkets, malls, betel quid vendors, and traditional grocery stores violated the law and sold products to minors. Violation rates for major convenience store franchises was 38.8% but reached as high as 69.1% and 59.3% for betel quid vendors and traditional grocery stores respectively. In conclusion, a worryingly large proportion of tobacco product vendors violated the law. Annual results of the surveys carried out from 2005 to 2014 showed a qualifying rate of 19%, 25.2%, 40.1%, 52.3%, 62.6%, 45.3%, 53.8%, 40.7%, 45.0%, and 47.4% respectively. (Figure 2-2)

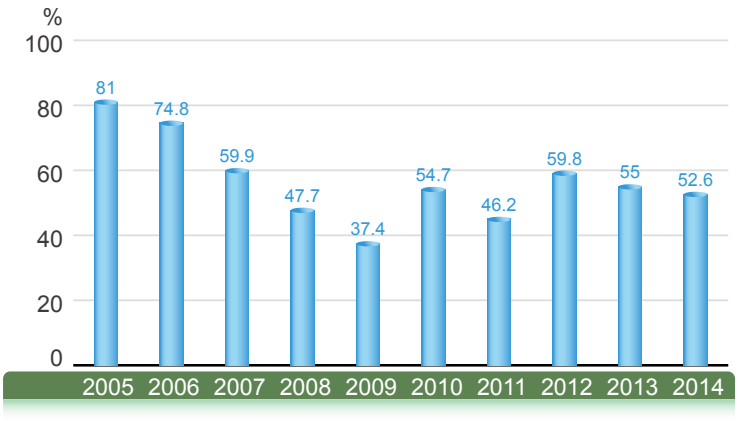


Figure 2-2 A survey of tobacco product vendors violating the law prohibiting the sales of tobacco products to minors, 2005-2014

Survey results from 2013 and 2014 were compared. The proportion of surveyed locations that violated the law prohibiting the sales of tobacco products to minors decreased from 55% in 2013 to 52.6% in 2014. For the 4 major convenience store franchises, overall violation rate decreased by 2.3% from 41.1% in 2013 to 38.8% to 2014. Of which, Hi-Life showed the highest violation rate of 50.0%, followed by OK mart at 45.5%, President Chain Store at 40.8% and FamilyMart at 28.9%. Violation rates for each of the 4 major convenience store franchises in 2014 were compared to those of 2013. All franchises reduced their violation rates, with the exception of President Chain Store, which showed a slight increase. (Figure 2-3). For betel quid vendors, violation rates dropped by almost 10% from 78.7% in 2013 to 69.1% in 2014. However, the violation rate of 2014 was still very high. For traditional grocery stores, violation rates dropped from 63.9% in 2013 to 59.3% in 2014. For the four major supermarket franchises and malls, violation rates dropped significantly by 15% from 51.2% in 2013 to 36.2% in 2014 (Figure 2-4). Overall results showed that supermarket franchises and malls gave the best performance with the lowest violation rate of 36.2%, while betel quid vendors exhibited the highest violation rate of 69.1%, meaning that only 30.9% of betel quid vendors passed the survey. Although violation rates in 2014 dropped slightly compared to those in 2013, they remained above 50% in many locations (Figure 2-5) and showed that there was still plenty of room for improvement.

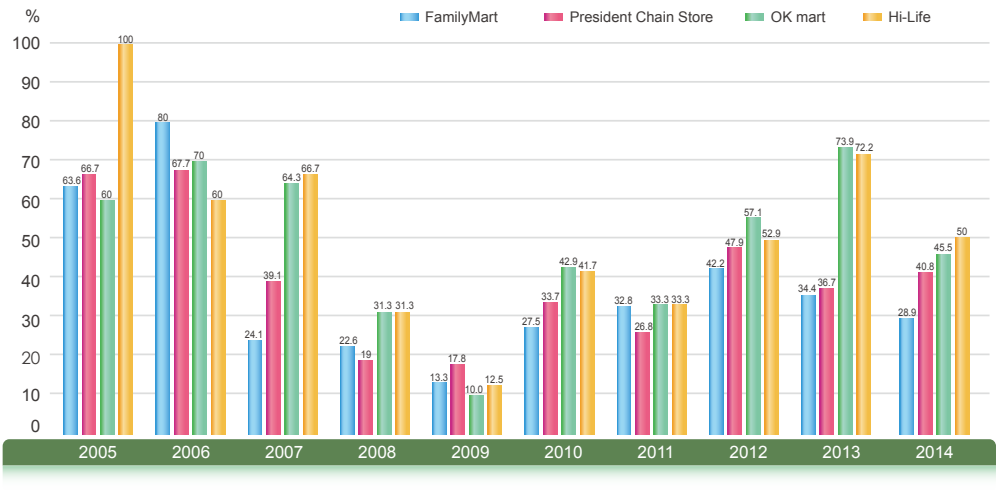


Figure 2-3 Violation rates of convenience store franchises selling tobacco products to a disguised tester, 2005-2014

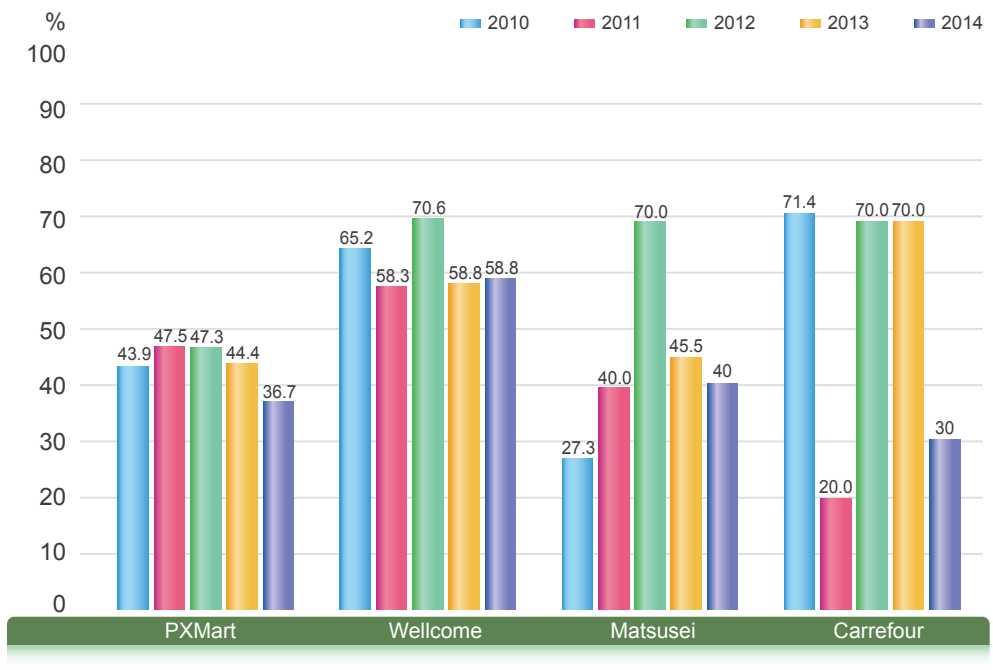


Figure 2-4 Violation rates of supermarket franchises and hypermarkets in selling tobacco products to a disguised tester, 2010-2014

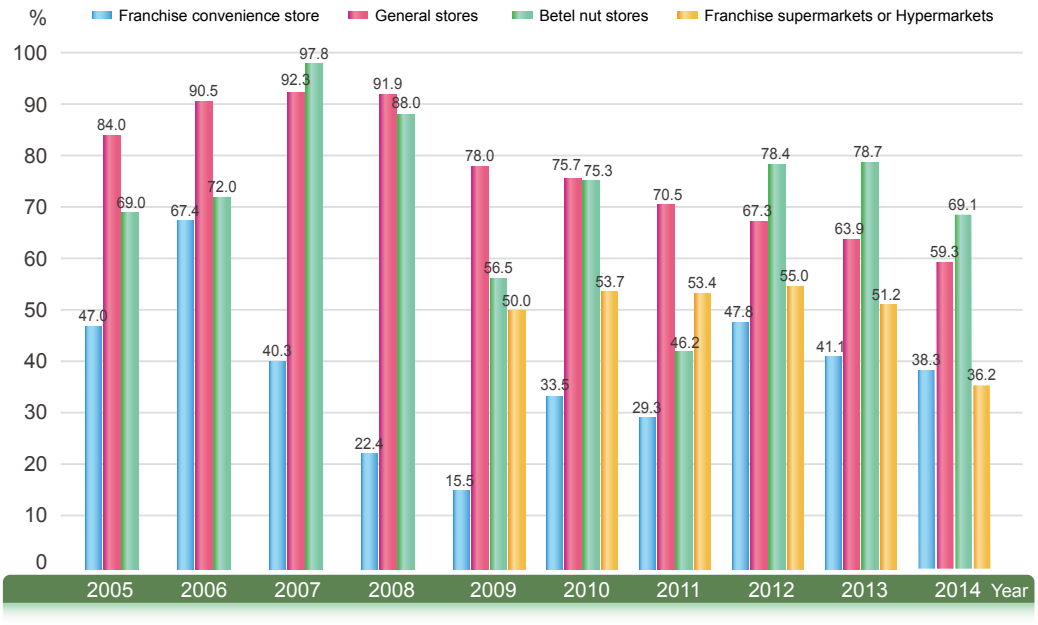


Figure 2-5 Violation rates of various tobacco product vendors in selling tobacco products to a disguised tester, 2005-2014

Photos of tobacco hazards

- Complete prohibition of smoking in indoor and outdoor environments within hospital premises

- Complete prohibition of smoking in indoor and outdoor environments within hospital premises

- Complete prohibition of smoking in indoor and outdoor environments within campus premises

Common violations

- Peeled no smoking signs regarded as being unclear or not conspicuous enough

- Blocked no smoking signs. This will be regarded as unclear or not conspicuous enough

Prohibiting the illicit Trade of Tobacco Products

Article 15 of the *WHO Framework Convention on Tobacco Control* required signatories parties to work together in cross-national collaboration programs to curtail the smuggling of tobacco products, and utilize administrative management and supervision of tobacco sales to prevent contraband or counterfeit tobacco products from entering the consumer market. International experience indicated that smuggling is closely associated with law enforcement. In order to eradicate the smuggling of tobacco products, governments focus on strict inspection and seizure of illicit tobacco products instead of adopting policies that lower tobacco costs.

To strengthen inspection procedures and reduce the circulation of contraband and counterfeit tobacco products, the Ministry of Finance has established a comprehensive management model according to *The Tobacco and Alcohol Administration Act*. Multi-departmental collaborative systems where the central and local governments as well as investigative agencies utilized legally stipulated public authority to actively inspect and seize illegal goods while promoting public awareness against tobacco smuggling. Tobacco manufacturers were also required to establish self-management measures, using information exchange to support the inspection and seizure of illicit tobacco products and to safeguard the order of the legal market. Additionally, personnel involved in the inspection process were provided training for identifying contraband or counterfeit tobacco products in order to improve their actual practice of inspection processes. Monitoring and performance assessment systems were also established to improve investigation performances.

Globalization and liberalization of trade as well as increasingly complex and devious methods for smuggling contraband or counterfeit tobacco products meant that the exposure and seizure of illegal products would be dependent upon the accessibility and collection of intelligence.

According to the *Regulations on the allocation and use of health and welfare surcharge of tobacco products*, 1% of the tobacco product health and welfare surcharges collected shall be allocated to central and local agencies responsible for investigating and seizing illicit tobacco products and prevent evasion of tobacco product health and welfare surcharges. Additionally, according to the *Guidelines for the usage of funds derived from the tobacco product health and welfare surcharge to carry out seizures of contraband or counterfeit tobacco products and preventing tax evasion*, 90% of the allocated (1%) tobacco surcharge shall be used as the operational budget of investigating and seizing illicit tobacco products, while 10% shall be used for preventing the evasion of the tobacco product health and welfare surcharge.

A cross-departmental *Central Supervisory Agency for the Investigation and Seizure of Illicit Tobacco and Alcohol Products* was established in order to integrate and coordinate supervision and handling of major smuggling cases of tobacco products. Members include the Ministry of Finance, Ministry of the Interior, Ministry of Health and Welfare, Ministry of Justice, Coast Guard Administration, and Consumer Protection Committee. Agencies responsible for carrying out the actual inspection and suppression of illegal events include integrated inspection task forces composed of financial, environmental protection, health, industry and commerce, news, and police units of the local governments. These agencies shall jointly carry out investigations for dealing with various illegal trade activities according to their relevant responsibilities. Joint efforts from central and local investigative agencies as well as proper deployment of necessary manpower needed to continuously review and revise investigation plans and actual practices and helped optimize work specializations and collaborative synergy. Investigative agencies were thus able to devise strategic plans and various practices to help enhance overall performance of investigative efforts.

Allocated funds were put to good use and provided great results. A total of 1,690,350,000 packs of smuggled tobacco products were found and seized by various municipalities, county and city governments, and customs offices in 2014. Table 2-2 shows the quantities of smuggled tobacco products seized from 2002 to 2014.

Table 2-2. Quantities of contraband or counterfeit tobacco products seized from 2002 to 2014.

Year	Local Government		Customs Administration		Total
	10,000 packs	Proportion %	10,000 packs	Proportion %	10,000 packs
2002	351.29	13.26	2,298.88	86.74	2,650.17
2003	201.11	7.66	2,424.50	92.34	2,625.61
2004	763.60	34.67	1,439.01	65.33	2,202.61
2005	403.88	32.36	844.23	67.64	1,248.11
2006	366.03	55.37	295.01	44.63	661.04
2007	676.52	62.07	413.34	37.93	1,089.86
2008	322.51	72.31	123.47	27.69	445.98
2009	579.2	56.35	448.61	43.65	1,027.81
2010	763.94	49.58	776.87	50.42	1,540.82
2011	772.28	69.66	336.37	30.34	1,108.65
2012	963.81	71.73	379.89	28.27	1,343.69
2013	1569.07	73.68	560.46	26.32	2,129.53
2014	838.90	49.63	10.58	50.37	1,690.35
Total	8,572.15	43.37	10,351.21	56.63	19,764.23

3

Research, Monitoring, and International Exchange

Research and monitoring

Adult Smoking Behavior Survey

The HPA regularly conducts smoking behavior surveys for the entire population or targeted age groups required for promoting relevant measures or generating references for the policies. When compared with interview surveys, telephone surveys allowed the HPA to quickly acquire preliminary and summary referential information within the shortest time. Data collected from the telephone survey could also be used to investigated changes and trends of health-related issues and quickly assess smoking behaviors and awareness of tobacco controls of the general public.

In order to understand the current state and changes to smoking behaviors amongst the public throughout Taiwan and in every county and city and acquire data for monitoring and evaluating the performance of tobacco control measures by government health bureaus, the HPA began monitoring smoking behaviors of individuals aged 18 years or more via representative sampling in various counties and cities in 2004. To ensure that the collected data could be compared against global standards, the HPA expanded the scope of the survey to include Taiwanese people aged 15 years or above in 2013. The project title was also changed to "*Adult Smoking Behavior Survey*". This Survey would regularly monitor smoking behaviors of adults on an annual basis and conduct statistical analysis by counties and cities throughout Taiwan.

This Survey is conducted using stratified random sampling. The region of Taiwan was first divided into 25 sub-populations according to the county and city divisions. Each county and city was then further divided into the relevant administrative districts (townships and city districts) accordingly. Sampling size in each administrative district (townships and city districts) within the counties and cities shall then be based upon the proportion of the population above 15 years of age within the target district of the total population above 15 years of age of the county / city. Resident phone books were then used to generate a sampling list. To ensure that unregistered telephone numbers may be sampled as well, the last 4 digits of the sampled number would be replaced by a random set of numbers. Once the phone call has been picked up, household sampling would be used to interview a person within the family to conduct the telephone interview. Nation-wide sampling size would be between 16,000 to 26,000 individuals. Since 2013, the sampling size of each county and city was expanded to be at least 1,068 individuals (with the exception of Lienchiang County). A total of 26,145 individuals were interviewed in 2014.

Collected data would then be checked and cleaned to remove any errors and undergo logical verification. To ensure that the data is capable of reflecting population characteristics and to provide a clear understanding of long-term trends of smoking prevalence in Taiwan. Population statistics at the end of 2000 provided by the Directorate-General of Budget, Accounting, and Statistics (DGBAS) were used to conduct weighted analysis of the statistics against the population. Data on gender, age, education background, and county and city administrative districts were then subject to multivariate repeated weighted ranking methods to conduct weighted adjustments. This process was repeated until significant differences no longer exist between the sample and population distribution. The adjusted sample data of gender, age, education background, as well as county and city distribution should not exhibit any significant differences with those of the population.

The primary items for this investigation survey included smoking behavior, smoking cessation behavior, frequency of exposure to second hand smoke, and awareness of smoking cessation services offered by healthcare and medical agencies of the general public. Hence, in addition to monitoring changes to smoking behaviors in Taiwan, the HPA also carried out cross-over analysis of demographic variables and socio-economic standing of the survey respondents. Results could then be provided to the government as a reference for establishing future policies.

Current smoking rate

Since the new provisions of the Tobacco Hazards Prevention Act was into force in January 11, 2009, the smoking population in Taiwan has reduced by 890,000 individuals within a 6-year period. Adult smoking

rate (18 years and above) dropped by nearly a quarter (25.1%) from 21.9% in 2008 to 16.4% in 2014 for with an average of 0.9% drop per year. The rate of decrease was also higher compared to the period before the new provisions came into effect. Decrease in smoking rates was more significant for the men (average decrease of 1.6% per year) and compared to the women (average decrease of 0.2% per year).(per Figure 3-1)

However, statistics of smoking rates amongst men revealed social inequalities. Adult men with lower education background exhibited higher smoking rates. For men between the ages of 18 to 29 years, smoking rate was 35.8% for those with junior high education or less, which was 3 times higher compared to those with college or higher levels of education (11.9%). For men between the ages of 30 to 49 years, smoking rate was 50.0% for those with junior high education or less, which was 1.9 times higher compared to those with college or higher levels of education (27.0%).(per Figure 3-2、3-3)

Fortunately, when the new provisions of the *Tobacco Hazards Prevention Act* was into force, significant drops of smoking rate was achieved. Smoking rate decreased the most for men between the ages of 18 to 29 years or 65 years or more as well as men with junior high education or less. The average rates of decrease per year were: 1.8% per year for men between 18 to 29 years of age; 2.3% per year for men above 65 years of age; 5.5% per year for men between 18 to 29 years of age with junior high education or less; 2.4% per year for men between 50-64 years of age with junior high education or less; and 2.5% per year for men above 65 years of age with junior high education or less. Implementing the new provisions of the Tobacco Hazards Prevention Act for 6 years, the HPA achieved significant improvements on health inequality of the underprivileged peoples.(per Figure 3-2、3-3、3-4、3-5)

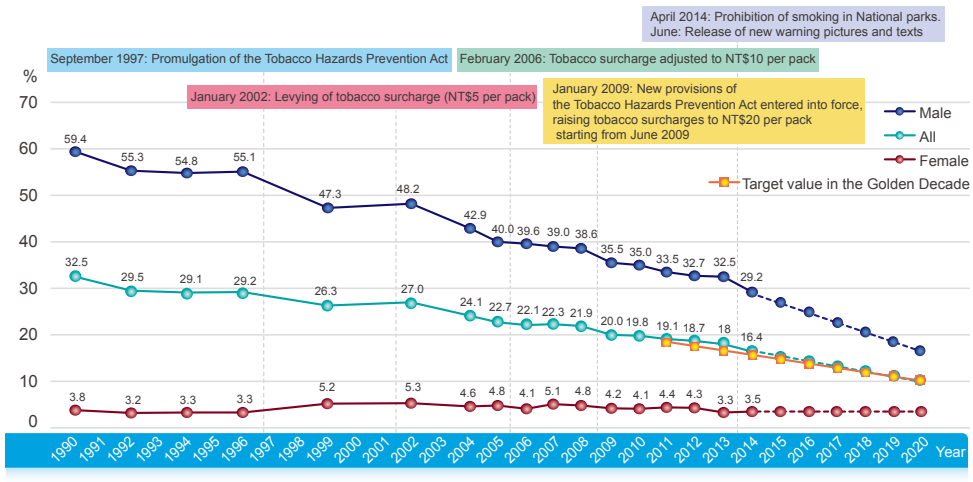


Figure 3-1 Adult (individuals over 18 years of age) smoking rates over the years in Taiwan and future objective

Note:

1. Source:
   a. Data from 1990 to 1996 were derived from household interviews conducted by the Taiwan Tobacco & Liquor Corporation
   b. Data for 1999 was based on the information of the "*Survey of Adult and Youth Smoking Rate and Smoking Behaviors of 1999*" carried out by Prof. Li Lan who used telephone interviews to collect smoking-related information from the general public.
   c. Data for 2002 was based upon health-related information collected using household interviews conducted by the HPA for the "*2002 National Health Interview Survey (NHIS)*".
   d. Data from 2004 to 2014 was based upon smoking-related information of the general public collected via telephone interviews conducted by the HPA for the "*Adult Smoking Behavior Survey*".
   e. From 1999 to 2014, the definition for smokers refer to anyone who had smoked more than 100 sticks (5 packs) of cigarettes, and had smoked in the last 30 days.
   f. Annual averages from 2004 to 2014 were based upon the Taiwan region household census of 2000 carried out by the Directorate-General of Budget, Accounting, and Statistics (DGBAS). Weight adjustments and normalization were carried out according to gender, age, education background, and characteristics of the area of residence.
2. Questionnaire contents:
   a. Questionnaire contents from 1990 to 1996:
   "1 Do you smoke? (1) I smoke (an average of 3 sticks of cigarettes or more); (2) I've quit this year; (3) I don't smoke (including those who've quit smoking last year)."
   b. Questionnaire item in 1999: "Have you even smoked (even 1 cigarette would be regarded as a "Yes")", "Have you smoked more than 100 cigarettes?", and "For the last 30 days, did you smoke on a daily basis, occasionally, or none at all?" If the answer to the above question was "I don't know" or "refused to answer", the answer shall be considered void.
   c. Questionnaire item of 2002: "Have you ever smoked cigarettes before in your life?", "Have you smoked at least 100 cigarettes (or 5 packs of cigarettes with 20 cigarettes each) so far in your life?", "Do you smoke every day, occasionally, or have you quit smoking and no longer smoked?" If the answer to the above question was "I don't know" or "refused to answer", the answer shall be considered void.
   d. Questionnaire item for 2004: "Have you ever smoked ?", "Have you smoked more than 5 packs of cigarettes (about 100 sticks) so far?", "Do you still smoke every day, occasionally, or none at all?" If the answer to the above question was "I don't know" or "refused to answer", the answer shall be considered void.
   e. Questionnaire item from 2005 to 2014: "Have you smoked more than 5 packs of cigarettes (about 100 sticks) by this time?", "Do you still smoke every day, occasionally, or none at all?" If the respondents gave the answer of "I don't know/ not sure", "others", or "refused to answer", these questions will be omitted.
3. Annual averages from 2004 to 2014 were based upon the Taiwan region household census of 2000 carried out by the Directorate-General of Budget, Accounting, and Statistics (DGBAS). Weight adjustments and normalization were carried out according to gender, age, education background, and characteristics of the area of residence.

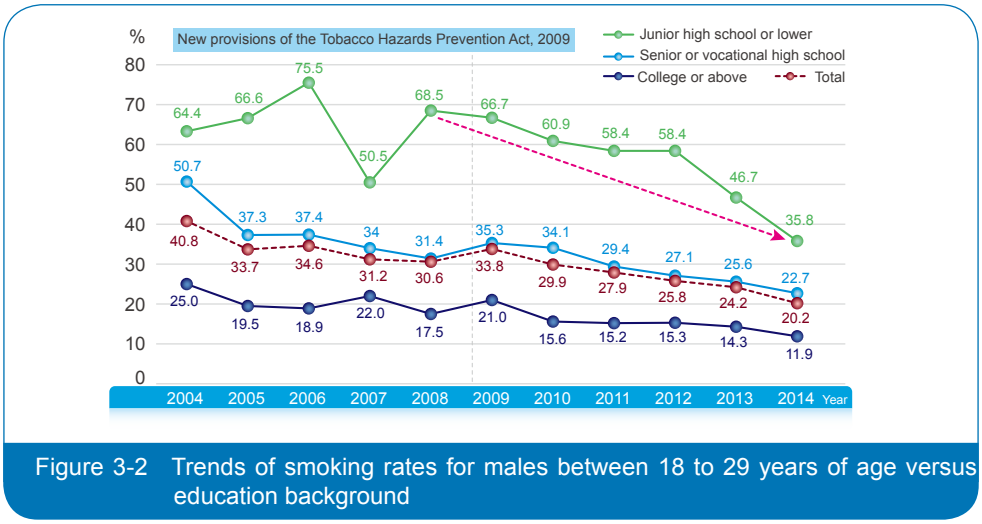


Figure 3-2 Trends of smoking rates for males between 18 to 29 years of age versus education background

Note:

1. Source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA for the "*Adult Smoking Behavior Survey*".
2. Smokers: Anyone who had smoked more than 100 sticks (5 packs) of cigarettes, and had smoked in the last 30 days.
3. Questionnaire contents:
   a. Questionnaire item for 2004: "Have you ever smoked before?", "Have you smoked more than 5 packs of cigarettes (about 100 sticks) so far?", "Do you still smoke every day, occasionally, or none at all?" If the answer to the above question was "I don't know" or "refused to answer", the answer shall be considered void.
   b. Questionnaire item from 2005 to 2014: "Have you smoked more than 5 packs of cigarettes (about 100 sticks) by this time?", "Do you still smoke every day, occasionally, or none at all?" If the respondents gave the answer of "I don't know/ not sure" or "refused to answer", these questions will be omitted.
4. Values were based upon the Taiwan region household census of 2000 carried out by the Directorate-General of Budget, Accounting, and Statistics (DGBAS). Weight adjustments and normalization were carried out according to gender, age, education background, and characteristics of the area of residence

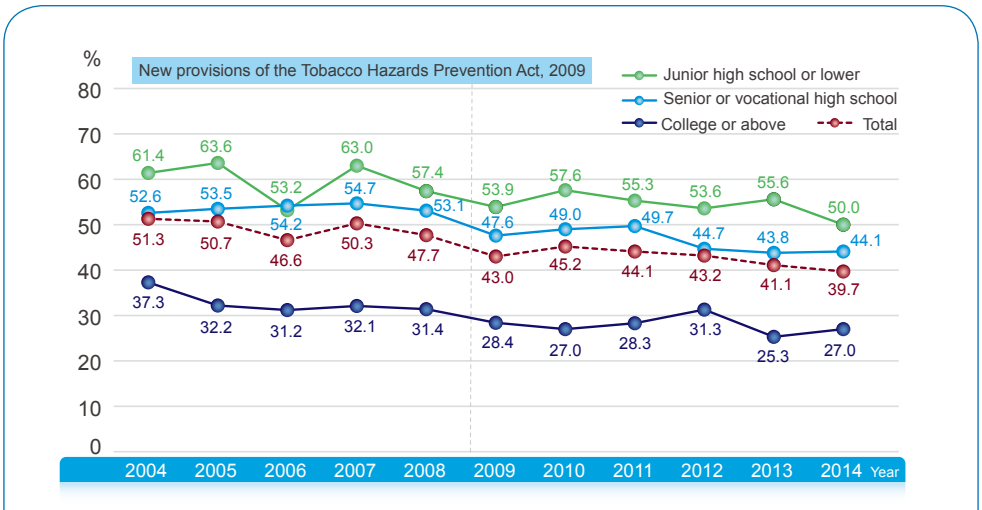


Figure 3-3 Trends of smoking rates for males between 30 to 49 years of age versus education background

Note:

1. Source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA for the "*Adult Smoking Behavior Survey*".
2. Smokers: Anyone who had smoked more than 100 sticks (5 packs) of cigarettes, and had smoked in the last 30 days.
3. Questionnaire contents:
   a. Questionnaire item for 2004: "Have you ever smoked before?", "Have you smoked more than 5 packs of cigarettes (about 100 sticks) so far?", "Do you still smoke every day, occasionally, or none at all?" If the answer to the above question was "I don't know" or "refused to answer", the answer shall be considered void.
   b. Questionnaire item from 2005 to 2014: "Have you smoked more than 5 packs of cigarettes (about 100 sticks) by this time?", "Do you still smoke every day, occasionally, or none at all?" If the respondents gave the answer of "I don't know/ not sure", "others", or "refused to answer", these questions will be omitted.
4. Average values were based upon the Taiwan region household census of 2000 carried out by the Directorate-General of Budget, Accounting, and Statistics (DGBAS). Weight adjustments and normalization were carried out according to gender, age, education background, and characteristics of the area of residence.

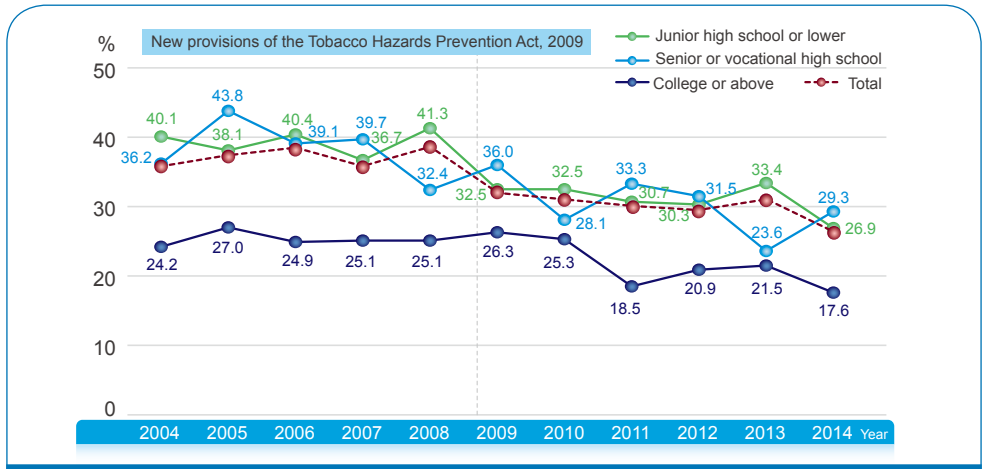


Figure 3-4 Trends of smoking rates for males between 50 to 64 years of age versus education background

Note:

1. Source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA for the "*Adult Smoking Behavior Survey*".
2. Smokers: Anyone who had smoked more than 100 sticks (5 packs) of cigarettes, and had smoked in the last 30 days.
3. Questionnaire contents:
   a. Questionnaire item for 2004: "Have you ever smoked before?", "Have you smoked more than 5 packs of cigarettes (about 100 sticks) so far?", "Do you still smoke every day, occasionally, or none at all?" If the answer to the above question was "I don't know" or "refused to answer", the answer shall be considered void.
   b. Questionnaire item from 2005 to 2014: "Have you smoked more than 5 packs of cigarettes (about 100 sticks) by this time?", "Do you still smoke every day, occasionally, or none at all?" If the respondents gave the answer of "I don't know/ not sure" or "refused to answer", these questions will be omitted.
4. Average values were based upon the Taiwan region household census of 2000 carried out by the Directorate-General of Budget, Accounting, and Statistics (DGBAS). Weight adjustments and normalization were carried out according to gender, age, education background, and characteristics of the area of residence.

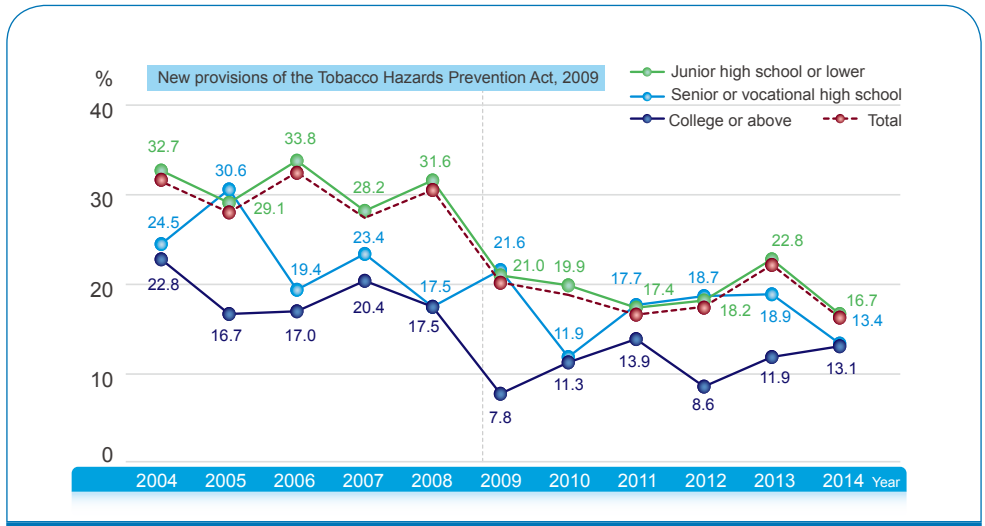


Figure 3-5 Trends of smoking rates for males above 65 years of age versus education background

Note:

1. Source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA for the "*Adult Smoking Behavior Survey*".
2. Smokers: Anyone who had smoked more than 100 sticks (5 packs) of cigarettes, and had smoked in the last 30 days.
3. Questionnaire contents:
   a. Questionnaire item for 2004: "Have you ever smoked before?", "Have you smoked more than 5 packs of cigarettes (about 100 sticks) so far?", "Do you still smoke every day, occasionally, or none at all?" If the answer to the above question was "I don't know" or "refused to answer", the answer shall be considered void.
   b. Questionnaire item from 2005 to 2014: "Have you smoked more than 5 packs of cigarettes (about 100 sticks) by this time?", "Do you still smoke every day, occasionally, or none at all?" If the respondents gave the answer of "I don't know/ not sure", "others", or "refused to answer", these questions will be omitted.
4. Average values were based upon the Taiwan region household census of 2000 carried out by the Directorate-General of Budget, Accounting, and Statistics (DGBAS). Weight adjustments and normalization were carried out according to gender, age, education background, and characteristics of the area of residence.

To understand the actual status of the given year, population statistics for the previous year released by the DGBAS were used for weighted analysis of the population. Data on gender, age, education background, and administrative district in the county / city were collected and then adjusted using post-stratification weights. For example, if the demographic structure of the previous year underwent weighted analysis, then the yearly smoking rates of Adults above 18 years of age from 2007 to 2014 were 21.1%, 21.2%, 17.9%, 16.9%, 16.4%, 15.9%, 14.4%, and 14.1%.

Daily smoking rate

With respect to the proportion of people aged 18 years or more using tobacco on a daily basis, daily smoking rate dropped from 18.9% in 2008 to 14.2% in 2014. This was a near 33% decrease compared to the rate of 2004 (20.8%). Daily smoking rate is highest (19.9%) for those from 30 to 39 years of age. When compared to the data of 2013, the greatest decreases were observed for those from 18 to 29 years of age which dropped from 11.8% to 9.9% (16.2%) and those above 65 years of age which dropped from 9.6% to 8.2% (14.5% decrease).

After compiling smoking behavior results throughout Taiwan, daily smoking rates for individuals 15 years of age or more in Taiwan (15.2%) in 2013 improved to the 4th place when compared to the results of 22 member states of the Organisation for Economic Co-operation and Development (OECD). However, smoking rates among men was still very high, placing Taiwan at the 16th place for lower rank and higher than many developed countries. These data showed that tobacco control can still be improved in Taiwan.(per Figure 3-6)

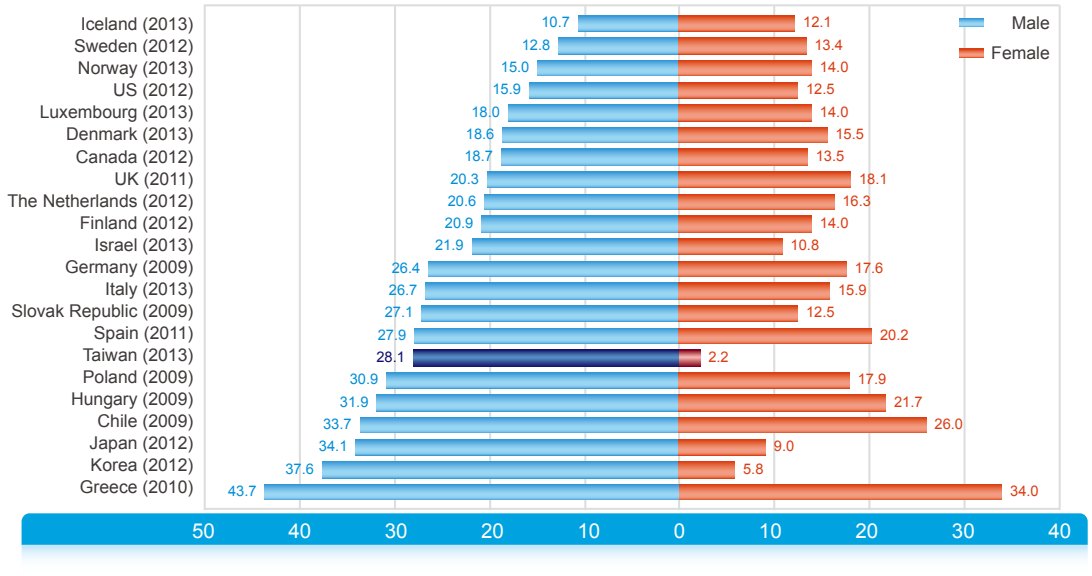


Figure 3-6 Gender distribution of smoking rates in various countries

Note:

1. Data for various countries were based upon the OECD statistics of 2014. Smoking rates were based upon daily smoking rate of individuals above 15 years of age.
2. Information for Taiwan:
   a. Source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA for the "*Adult Smoking Behavior Telephone Survey*". The target of the survey were Adults above 15 years of age.
   b. Questionnaire item: "Have you smoked more than 5 packs of cigarettes (about 100 sticks) by this time?", "Do you still smoke every day, occasionally, or none at all?" If the respondents gave the answer of "I don't know/ not sure", "others", or "refused to answer", these questions will be omitted.
   c. Values were based upon the Taiwan region household census of 2000 carried out by the Directorate-General of Budget, Accounting, and Statistics (DGBAS). Weight adjustments and normalization were carried out according to gender, age, education background, and characteristics of the area of residence.
   d. Daily smoking rate for individuals 15 years old or more was 15.2% in 2013 and 13.9% in 2014.

Second hand smoke exposure rate

For second hand smoke exposure rate in public areas, second hand smoke exposure rate in indoor public areas dropped significantly from 34.0% in 2006 to 6.2% in 2014. Since smoking was not prohibited in outdoor public areas, second hand smoke exposure rates outdoors increased greatly from 29.0% in 2006 to 54.6% in 2014. Second hand smoke exposure rate in public areas where smoking was prohibited dropped from 31.3% in 2006 to 7.5% in 2014. The primary reasons for such drastic decrease in second hand smoke exposure rate in public areas were the gradual expansion of non-smoking areas in Taiwan. Since April 1, 2014, the HPA implemented new provisions where, with the exception of smoking areas, smoking shall be prohibited in designated areas of National Parks of Taiwan as well as parks and green lawns. Active counseling and auditing conducted by local health departments also contributed to this decrease as well.(per Figure 3-7)

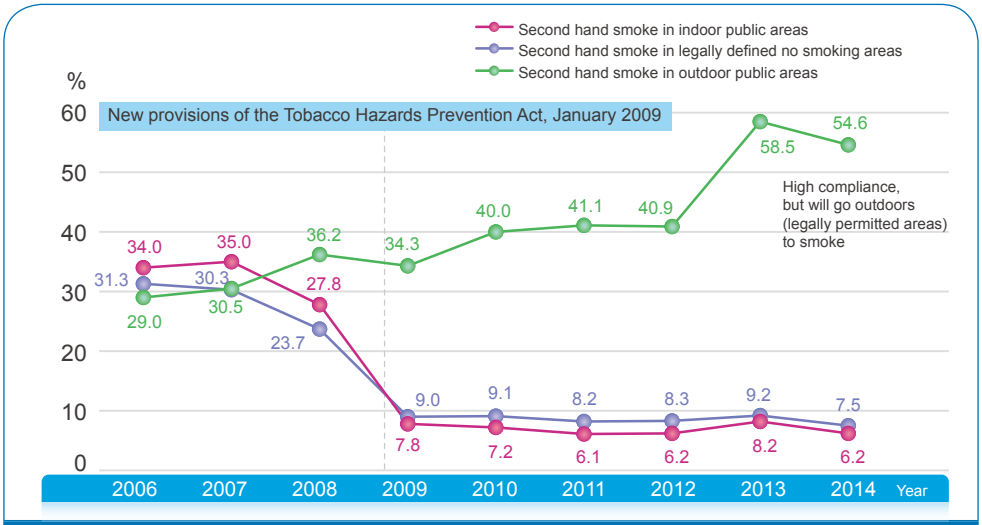


Figure 3-7 Trends of second hand smoke exposure rate in public areas amongst adults

Note:

1. Source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA for the "*Adult Smoking Behavior Telephone Survey*". The target of the survey were adults above 18 years of age.
2. Definitions:
   a. Definitions for second hand smoke exposure in indoor public areas: Anytime within last week where an individual sees a person smoking near them in indoor public areas not including their own residences or workplaces.
   b. Definitions for second hand smoke exposure in outdoor public areas: Anytime within last week where an individual sees a person smoking near them in outdoor public areas not including their own residences or workplaces.
   c. Definitions for second hand smoke exposure in public areas where smoking is prohibited: Anytime within last week where an individual sees a person smoking near them in outdoor public areas not including their own residences or workplaces.
3. Questionnaire contents:
   a. Questionnaire item from 2006 to 2007: "In the last week, have you encountered anyone smoking near you in public areas not including your residence or workplaces?"; "Which places do you most often encounter people smoking near you? (Multiple choices possible, no prompts should be provided; the interviewer should repeat the question; choose up to 3 places) (The places should not include your residence or workplaces)." After describing the question, "if the respondent said that he / she experienced second hand smoke exposure in public areas but failed to provide the location" and "if the respondent did not provide an answer about second hand smoke exposure in public areas and did not provide the location", and if the answer was "I don't know" or "refuse to answer", the answer shall be regarded as void.
   b. Questionnaire item from 2008 to 2014: "In the last week, do you recall anyone smoking near you in public areas other than your residence or your workplaces? (Smelling cigarette smoke will count as a "Yes") (public areas: places opened to the public for the purchase or sales or food, apparel, accommodations, commute, education, and entertainment)"; "In addition to smoking rooms, which public areas do you most often encounter people smoking near you? (Multiple choices possible, no prompts should be provided; the interviewer should repeat the question; choose up to 3 places) (Does not include your residence or workplaces)". After describing the question, "if the respondent said that he / she experienced second hand smoke exposure in public areas but failed to provide the location" and "if the respondent did not provide an answer about second hand smoke exposure in public areas and did not provide the location", and if the answer was "I don't know / not sure" or "refuse to answer", the answer shall be regarded as void.
4. Values were based upon the Taiwan region household census of 2000 carried out by the Directorate-General of Budget, Accounting, and Statistics (DGBAS). Weight adjustments and normalization were carried out according to gender, age, education background, and characteristics of the area of residence.

Second hand smoke exposure at home in Taiwan dropped drastically from 35.2% in 2005 to 20.8% in 2009. However, this figure again rose to 27.6% in 2014. As the scope of the *Tobacco Hazards Prevention Act* does not cover "*home*", such areas are not under legal protection. Public support and collaboration must be mobilized to deter second hand smoke in private areas in order to reduce second hand smoke exposure for family members (including women and children).(per Figure 3-8)

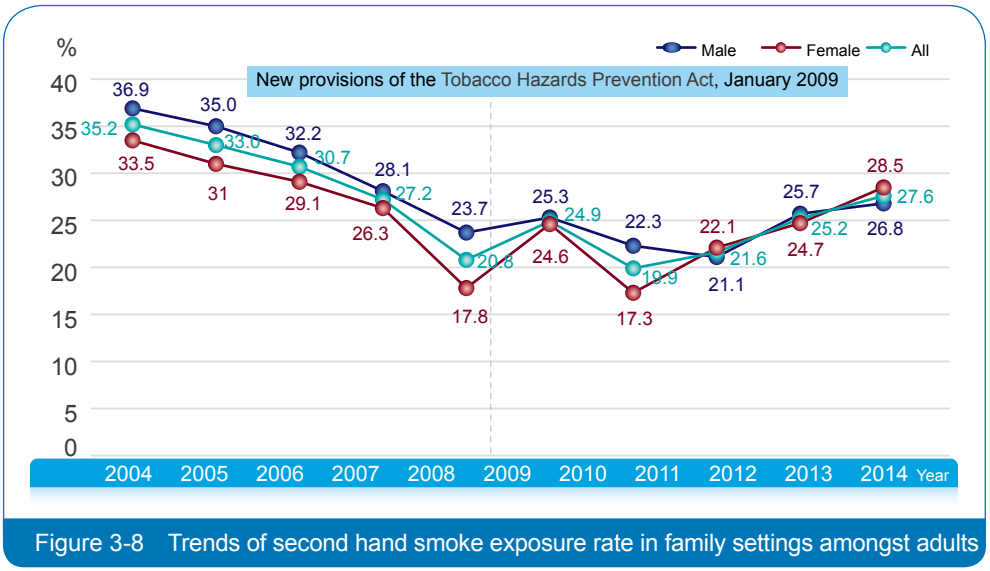


Figure 3-8 Trends of second hand smoke exposure rate in family settings amongst adults

Note:

1. Source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA for the "*Adult Smoking Behavior Telephone Survey*". The target of the survey were adults above 18 years of age.
2. Definitions for second hand smoke exposure at homes: The respondent has encountered someone smoking near them in their homes during the past week
3. Questionnaire contents:
   a. Questionnaire item from 2005 to 2008: "In the last week, do you recall anyone smoking near you when you were at your home?" If the answer to the above question was "I don't know" or "refused to answer", the answer shall be considered void.
   b. Questionnaire item from 2009 to 2014: "In the last week, do you recall anyone smoking near you when you were at your home? (If you smell cigarette smoke, the answer will be a "Yes")." If the respondents gave the answer of "I don't know/ not sure", "others", or "refused to answer", the answer will be considered void.
4. Values were based upon the Taiwan region household census of 2000 carried out by the Directorate-General of Budget, Accounting, and Statistics (DGBAS). Weight adjustments and normalization were carried out according to gender, age, education background, and characteristics of the area of residence.

Second hand smoke exposure at workplaces dropped from 30.1% in 2004 to 18.6% in 2014, which was still higher than that of 2009 (14%). These figures showed that policies for complete prohibition of smoking at workplaces can still be improved. Nation-wide health-promoting workplace plans must be enhanced in order to provide counseling and reduce second hand smoke hazards in workplaces.(per Figure 3-9)

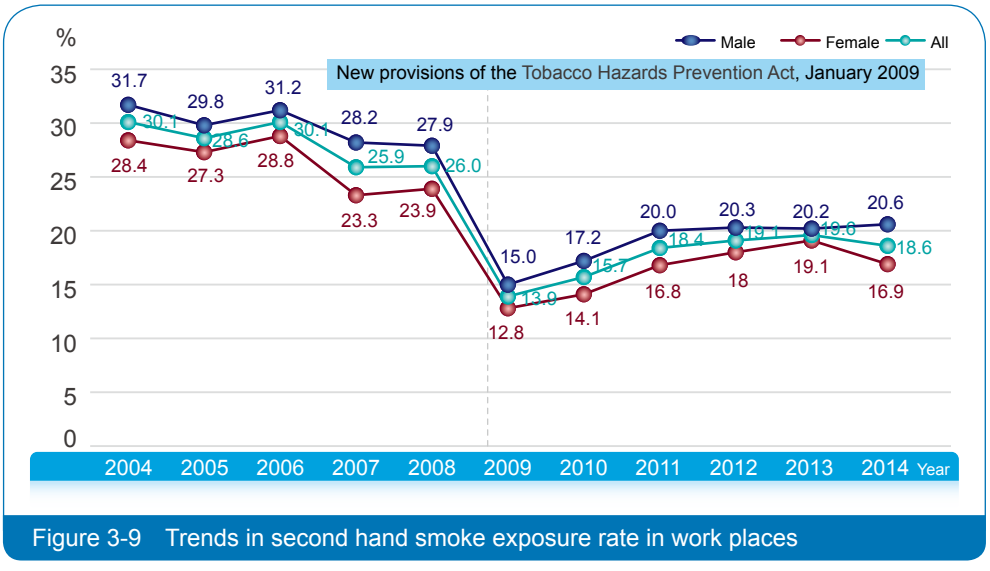


Figure 3-9 Trends in second hand smoke exposure rate in work places

Note:

1. Source: The HPA conducted a "national workplace health promotion and tobacco control survey" using telephone interviews to collect information from the general public. Targets of the interview included individuals above 15 years of age who are actively employed.
2. Questionnaire contents:
   "7. Do people smoke in indoor areas (within buildings or modes of transport with a driver) at your company or workplace (if you smell cigarette smoke, the answer will be "Yes")?"; "How often do you smell cigarette smoke at your company or workplace?"
3. Second hand smoke exposure at workplaces = (number of people who often smell cigarette smoke + number of people who sometimes smell cigarette smoke) / total sampling size.

Smoking cessation behavior

37.7% of current smokers have attempted to quit smoking within last year[1], of which, 65.8% expressed that the period of abstinence failed to reach 1 month. Respondents expressed that the leading reasons for failing to quit smoking were the need to have a cigarette in their hands or mouth (24.1%), followed by influence from family members, friends, or other people who also smoke (17.7%), ease in acquiring tobacco products, lack of concentration or inspiration that affected work performance, cigarettes being offered by other people, impact from interpersonal relationships, intermittent smoking for special occasions, and other environmental reasons (15.7%), stress, economic stress, and work stress that needed to be relieved through smoking (15.0%). Additionally, 8.4% of current smokers decided to quit within 1 month, while 13.6% have decided to quit within 1 year. However, up to 37.5% of current smokers expressed that they did not intend to give up smoking in the future.

A total of 37.4% of ex-smokers expressed that they have not been smoking in the last month. Respondents expressed that the leading reasons for their decision to give up smoking were to improve their health, deter diseases or aging, pregnancies, and other health reasons (51.4%), followed by family and peer factors (15.0%), increased prices of tobacco products (8.3%), and no particular reasons (8.2%). Over 80% of people who succeeded in giving up smoking expressed that the primary or most effective means of smoking cessation was their own willpower (such as: refrain from smoking, buying, going out with friends who smoke, or avoiding areas where smoking is allowed) (86.5%) followed by the use of cessation medication (6.7%).

1. Source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA for the "*Citizen Smoking Behavior Telephone Survey*". The target of the survey were adults above 18 years of age who currently smoke.

Questionnaire item: "Have you smoked more than 5 packs of cigarettes (about 100 sticks) by this time?", "Do you still smoke every day, occasionally, or none at all?", "Did you attempt to quit smoking in the last 12 months? (Quit smoking means complete abstinence from smoking)". If the respondents gave the answer of "I don't have smoking habits", "have given up smoking for more than 1 year", or "I don't know / not sure", "others", or "refused to answer", these questions will be omitted.

Values were based upon the Taiwan region household census of 2000 carried out by the Directorate-General of Budget, Accounting, and Statistics (DGBAS). Weight adjustments and normalization were carried out according to gender, age, education background, and characteristics of the area of residence.

Smoking cessation services

Responds from smokers who had come in contact with medical personnel in the last 12 months demonstrated the rate of active counseling for smoking-cessation provided by medical personnel was 59.2%. For public awareness and utilization of smoking cessation resources without any prompting, only 20.0% of the interviewees expressed that they were aware of smoking cessation services[2] provided by government. Although most interviewees were not aware of the actual smoking cessation services, an increasing number of people have actively made the call to the toll-free Taiwan Smokers' Helpline (TSH) 0800-63-63-63. Increasing trends were also observed for the number of people utilizing the second generation cessation services.

2 Source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA for the "*Citizen Smoking Behavior Telephone Survey*". The target of the survey were citizens above 18 years of age.

Questionnaire item: "Are you aware of the types of smoking cessation services offered to you by healthcare and medical institutions? (Do not prompt; interviewer should repeat the question to obtain up to 3 answers)." If the answer to the above question was "refused to answer", the answer shall be considered void.

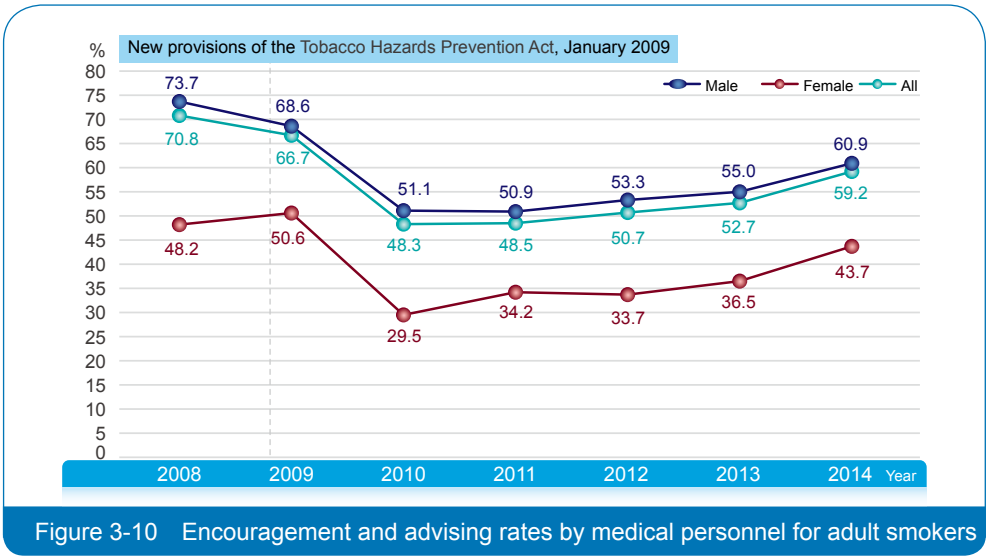


Figure 3-10 Encouragement and advising rates by medical personnel for adult smokers

Note:

1. Source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA for the"*Adult Smoking Behavior Telephone Survey*". The target of the survey were adults above 18 years of age who currently smoke.
2. Counseling rate by medical personnel: Current smokers who have come in contact with medical personnel within the last 12 months and the proportion of the said medical personnel who gave an advice to give up smoking.
3. Questionnaire contents:
   a. Questionnaire item of 2008:"In the last 12 months, did any doctor, nurse, pharmacist, or technologist advise you to give up smoking?";"Did you not meet with any doctor, nurse, pharmacist, or technologist, or did they not advise you to give up smoking?"If the respondents gave the answer of"I don't know/ not sure"or"refused to answer", the answer will be considered void.
   b. Questionnaire item of 2009:"In the last 12 months, did any doctor, nurse, or pharmacist advise you to give up smoking?";"Did you not meet with any doctor, nurse, or pharmacist, or did they not advise you to give up smoking?"If the answer to the above question was "I don't know"or"refused to answer", the answer shall be considered void.
   c. Questionnaire item from 2010 to 2014:"In the last 12 months, did you come in contact with any medical personnel such as doctors, dentists, nurses, or pharmacists?";"Did the medical personnel you came in contact with advise you to quit smoking?"If the respondents gave the answer of "I don't know/ not sure"or "refused to answer", the answer will be considered void.
4. Since the sequence of the survey questions were changed from 2010 onwards, results were thus not compared against those acquired from surveys conducted from 2008 to 2009.
5. Values were based upon the Taiwan region household census of 2000 carried out by the Directorate-General of Budget, Accounting, and Statistics (DGBAS). Weight adjustments and normalization were carried out according to gender, age, education background, and characteristics of the area of residence.

Awareness of tobacco hazards

The top 10 leading causes of death of people in Taiwan are all related to tobacco use. These causes include cancer, heart diseases, stroke, and chronic lung diseases. At least 20,000 people die from tobacco hazards every year, which is equivalent to an average death of 1 person every 25 minutes from tobacco hazards. In a report on tobacco hazards published by the Us Centers for Disease Control (CDC), smokers were 2 to 6 times more likely to die from cardiovascular diseases compared to non-smokers. Survey resulted from 2014 showed that 86.1% of the respondents were capable to speak out any diseases caused by smoking without any prompting. However, this means that 13.8% of the respondents were not aware of the diseases caused by smoking. Results also showed that 0.2% of the respondents mistakenly believe that smoking would not lead to any diseases[3].

In addition to second hand smoke hazards, family members living with smokers are also threatened by the hazards of "*third hand smoke*". Researches have proved that even though smokers may not smoke near children, third hand smoke residues on clothing, cars, and houses may also lead to leukemia. Survey results of 2014 showed that 90.9% of the public agreed that "carrying out activities in places where people had smoked before is hazardous to health" (58.0% of the respondents strongly agreed while 32.8% of the respondents agreed).

3. Source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA for the "*Adult Smoking Behavior Telephone Survey*". The target of the survey were adults above 18 years of age.
   Questionnaire item: "What do you think the diseases are may be caused by smoking? (Do not prompt; interviewer should repeat the question to obtain up to 3 answers). If the answer to the question was "refused to answer", the answer shall be considered as void.
   Values were based upon the Taiwan region household census of 2000 carried out by the Directorate-General of Budget, Accounting, and Statistics (DGBAS). Weight adjustments and normalization were carried out according to gender, age, education background, and characteristics of the area of residence.
4. Source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA for the "*Adult Smoking Behavior Telephone Survey*". The target of the survey were adults above 18 years of age.
   Questionnaire item: "Carrying out activities in rooms where people had smoked before is also hazardous to health. Do you agree or disagree with this statement?" If the answer to the above question was "refused to answer", the answer shall be considered void.
   Values were based upon the Taiwan region household census of 2000 carried out by the Directorate-General of Budget, Accounting, and Statistics (DGBAS). Weight adjustments and normalization were carried out according to gender, age, education background, and characteristics of the area of residence.

Although the new provisions of the Tobacco Hazards Prevention Act was into force and greatly reduced the number of smokers, smoking rates for adult men remained rather high at 29.2%. Smoking rate was the highest amongst able-bodied men from underprivileged backgrounds and this must be improved upon through concerted efforts from multiple dimensions.

Taiwan's experience was similar to those of other developed countries, where multi-pronged tobacco control strategies proved was the most effective. Significant results were also achieved by measures that protect and benefit the underprivileged which include levying the tobacco surcharge and provision of free smoking cessation services.

The goal of the HPA was to reduce smoking rate by half within 10 years (from 20% in 2010 to 10% in 2020). In order to reduce the exhaustion of resources for dealing with tobacco hazards, the HPA shall continue to drive policies related to tobacco control. These policies include integrated health education for betel quid and smoking cessation measures, creating a smoke-free environment, implementing legal revisions to raise the tobacco surcharge, expanding the area of warning label, second generation cessation services and free Taiwan Smokers' Helpline, and reducing social inequality of tobacco hazards. The purpose of these measures was to realize the dream of a smoke-free Taiwan.

Global Youth Tobacco Survey

To generate results comparable to international standards, the HPA began to work together with the Us Center's for Disease Control (CDC) in 2004 and adopted the *Global Youth Tobacco Survey* (GYTS) developed by the World Health Organization (WHO). The final Survey form was developed according to local requirements, and were used to implement regular smoking behavior surveys for junior high, senior high, and vocational school students every year. Current policies required annual data from junior high, senior high, and vocational high schools. Hence, since 2011, annual smoking rate surveys were carried out for junior high, senior high, and vocational high school students. The surveys also assessed their knowledge and attitudes on smoking hazards and identified second hand smoke exposure rate. Survey results would provide healthcare and educational agencies with a reference for planning and evaluating tobacco hazards prevention in campuses.

The students sampled for this survey must be capable of representing students in junior highs, senior highs, senior vocational schools, as well as the 1st to 3rd years of 5-year junior colleges. Systematic random sampling was employed to select the sampled schools followed by selecting the "*sampled classes*". The target of the survey will then be every single student within the sampled class. The survey conducted in 2014 sampled 50,105 students (23,354 junior high students and 26,751 senior high and vocational school students). Questionnaire surveys were completed anonymously. A total of 45,867 samples were collected (21,757 from junior high schools and 24,110 from senior high and vocational schools) for a completion rate of 91.54% (93.16% for junior high schools and 90.13% for senior high and vocational schools).

Smoking rate

In 2014, smoking rate for senior high and vocational school students was 11.5% (16.6% for boys and 6.1% for girls). Historical data were 14.8% in the 2007 survey (19.3% for boys and 9.1% for girls), 14.8% in 2009 (19.6% for boys and 9.1% for girls), 14.7% in 2011 (20.3% for boys and 8.1% for girls), 14.1% in 2012 (19.0% for boys and 7.5% for girls), and 11.9% in 2013 (16.6% for boys and 6.8% for girls). In 2014, smoking rate for junior high school students was 5.0% (6.4% for boys and 3.5% for girls). Historical data were 7.8% in the 2008 survey (10.3% for boys and 4.9% for girls), 8.0% in 2010 (11.2% for boys and 4.2% for girls), 7.3% in 2011 (10.5% for boys and 3.7% for girls), 6.7% in 2012 (9.3% for boys and 3.7% for girls), and 5.2% in 2013 (7.5% for boys and 2.6% for girls). Overall results showed that smoking rates for junior high, senior high and vocational school students were under control. However, smoking rates for senior high and vocational school students were still higher than those of junior high school students. Health and education related agencies should therefore continue to improve. (Figure 3-11).

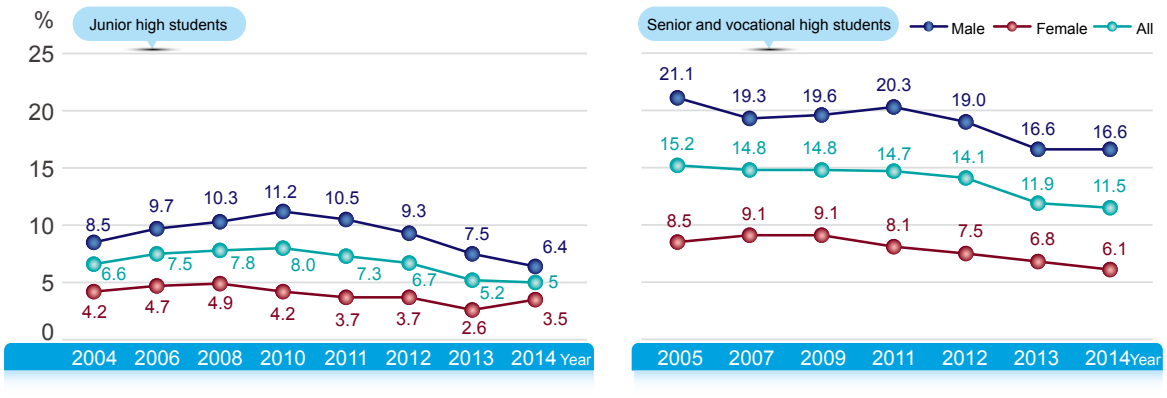


Figure 3-11 Current trends in smoking rates amongst junior high and senior high and vocational school students

1. Source: *Global Youth Tobacco Survey* of the HPA.
2. Current smoking rate: Attempts to smoke in the last 30 days, even if was limited to 1 or 2 puffs.
3. Senior high and vocational schools: Senior highs, vocational highs, and 1st to 3rd year students of 5-year junior colleges (including evening classes)

Survey results for senior high and vocational school students showed that the smoking rates for students in senior highs, vocational highs, integrated schools, and evening classes were 3.7%, 12.6%, 10.9%, and 37.2% respective (as shown in Figure 3-12).

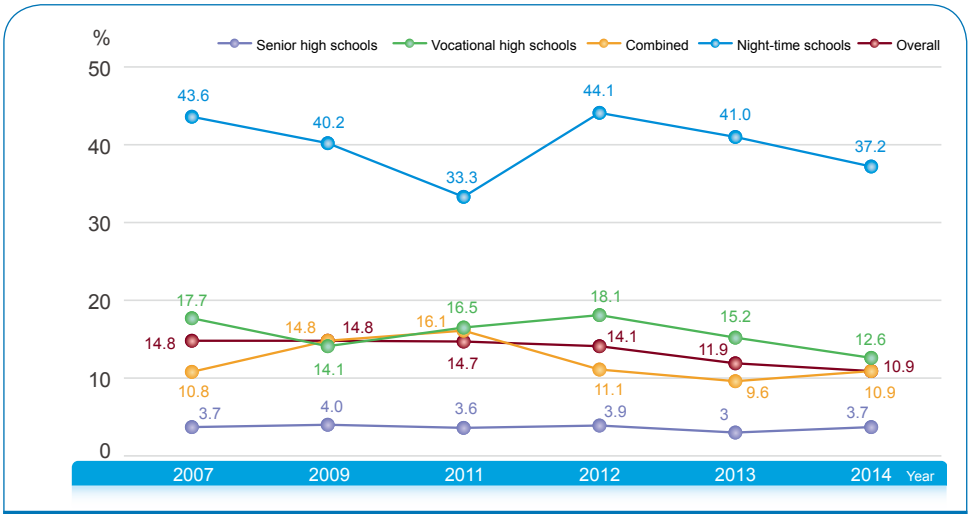


Figure 3-12 Smoking rates according to school categories amongst senior high and vocational school students

1. Source: *Global Youth Tobacco Survey* of the HPA.
2. Senior high school students: Students undergoing daytime courses for general subjects.
3. Vocational high school students: Students undergoing daytime vocational courses
4. Integrated high schools: Schools that include daytime courses for general subjects as well as vocational courses
5. Evening school students: Students taking evening classes for both general subjects and vocational courses.

Smoking rates of junior high, senior high and vocational school students of different grades demonstrated an increasing trend of smoking rates as students in advance level. Smoking rates of 1st to 3rd year junior high school students were 3.4%, 5.6% and 6.1% respectively, while smoking rates of 1st to 3rd year senior high and vocational school students were 9.0%, 13.1%, and 12.6% respectively (as shown in Figure 3-13).

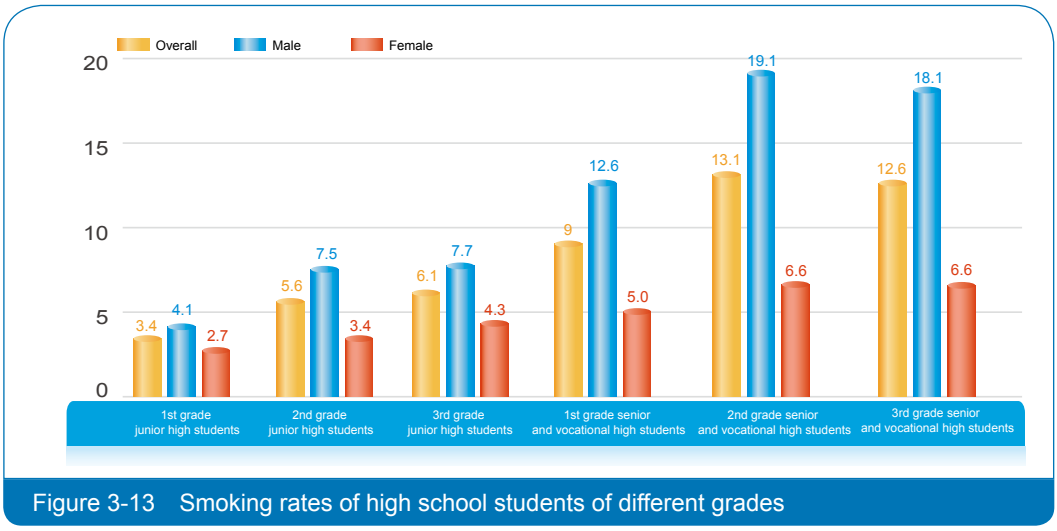


Figure 3-13 Smoking rates of high school students of different grades

1. Source: *2014 Global Youth Tobacco Survey* of the HPA.
2. Senior high and vocational schools: Senior highs, vocational highs, and 1st to 3rd year students of 5-year junior colleges, including evening classes

Changes to smoking rates of 3rd year junior high school students graduating to 1st year senior high and vocational school students were also examined. Results from different years were listed in the following: Smoking rate for 3rd year junior high school students in 2008 was 9.2% which then rose to 14.8% (for a 60.9% increase) in 2009 after their graduation to become 1st year senior high and vocational school students in 2009; smoking rate for 3rd year junior high school students in 2010 was 9.1% which then rose to 14.4% (for a 58.2% increase) in 2011 after their graduation to become 1st year senior high and vocational school students; smoking rate for 3rd year junior high school students in 2012 was 7.7% which then rose to 11.2% (for a 45.5% increase) in 2013 after their graduation to become 1st year senior high and vocational school students; smoking rate for 3rd year junior high school students in 2013 was 6.5% which then rose to 9.0% (for a 38.5% increase) in 2014 after their graduation to become 1st year senior high and vocational school students (as shown in Figure 3-14). Although this survey was not based upon a longitudinal study design, the results allowed a preliminary review of changes to smoking rates as students graduate from junior high schools to senior high and vocational schools.

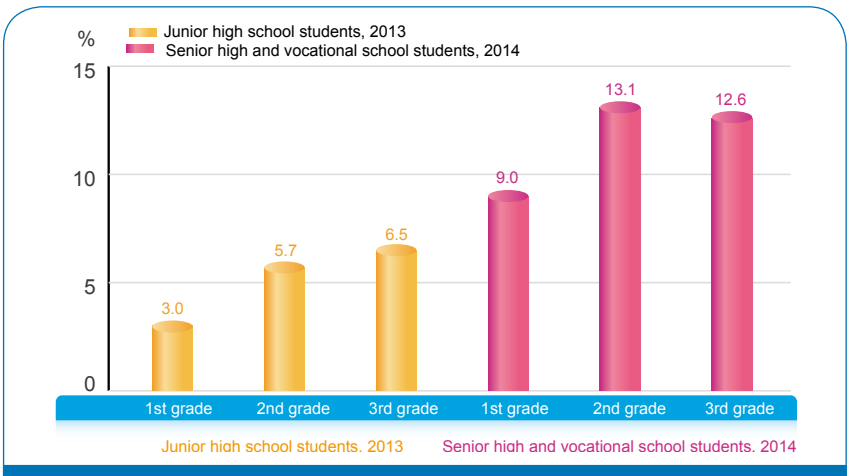


Figure 3-14 Smoking rates amongst teenage students by grade, 2013-2014

1. Source: *Global Youth Tobacco Surveys* conducted by the HPA in 2013 and 2014.
2. Senior high and vocational schools: Senior highs, vocational highs, and 1st to 3rd year students of 5-year junior colleges (including evening classes)

Smoking cessation experience and willingness

As the proportion of the smoking population slowly shrinks, more and more current smokers expressed an increasing willingness to quit smoking. About 70% of student smokers in junior high schools and senior high and vocational schools also responded that they had experiences in smoking cessation in the last year (Figure 3-15). About 50% of junior high school students and 60% of senior high and vocational school students expressed a willingness to quit smoking (Figure 3-16).

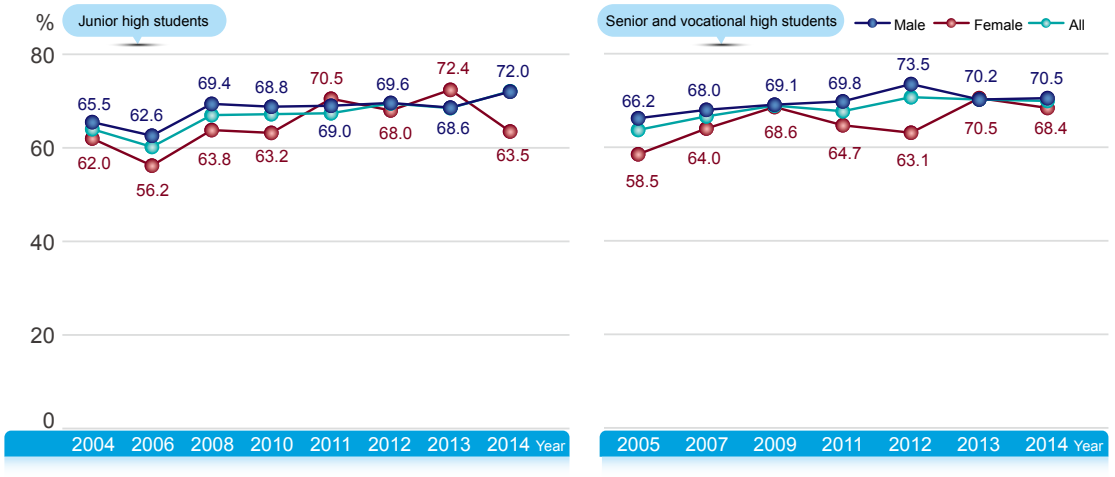


Figure 3-15 Experiences and trends in smoking cessation amongst junior high, senior high and vocational school students

1. Source: *Global Youth Tobacco Survey* of the HPA.
2. Experiences in smoking cessation: The smoker attempted to quit smoking in the last year

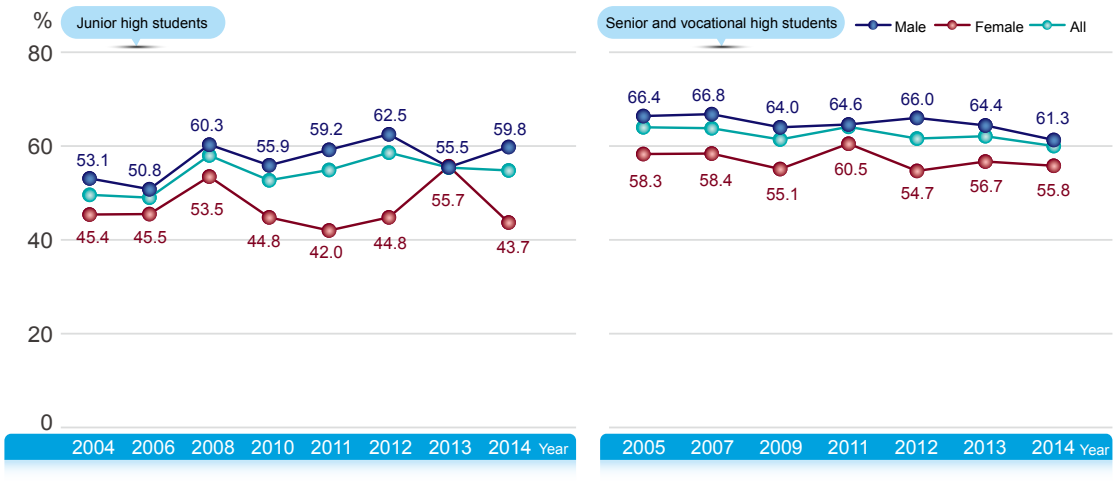


Figure 3-16 Trends in the willingness to quit smoking amongst junior high, senior high and vocational school students

1. Source: *Global Youth Tobacco Survey* of the HPA.
2. Intention to quit smoking: Current smokers who intends to quit at this point in time

Second hand smoke exposure rate in campuses

In 2014, second hand smoke exposure of junior high school students was 9.2% (11.2% for boys and 7.0% for girls), which was comparatively lower than the exposure rate of 7.8% in 2013 (9.4% for boys and 6.0% for girls), 14.7% in 2012 (16.4% for boys and 12.5% for girls), 17.8% in 2011 (20.5% for boys and 14.7% for girls), 19.7% in 2010 (22.9% for boys and 16.2% for girls), and 21.0% in 2008 (23.7% for boys and 17.8% for girls). Additionally, second hand smoke exposure of senior high and vocational school students was 19.0% in 2014 (25.2% for boys and 12.2% for girls), which was also an improvement compared to the exposure rate of 17.4% in 2013 (22.5% for boys and 11.9% for girls), 24.2% in 2012 (30.1% for boys and 17.3% for girls), 25.8% in 2011 (31.2% for boys and 18.8% for girls), 26.9% in 2009 (33.1% for boys and 19.6% for girls), and 35.2% in 2007 (43.1% for boys and 25.9% for girls). Generally speaking, although second hand smoke exposure in schools had decreased and showed signs of improvement, provisions of the "Tobacco Hazards Prevention Act" specified that smoking shall be completely prohibited in senior high and vocational schools and below with zero exposure. These figures, therefore, indicated that significant opportunities for improvement still exist for various schools (as shown in Figure 3-17).

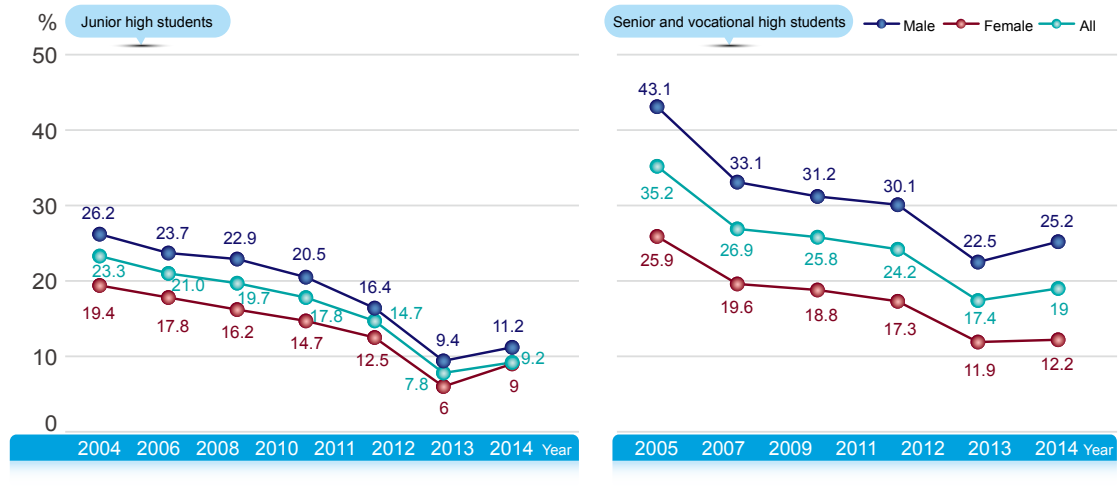


Figure 3-17 Second hand smoke exposure rates in schools amongst junior high, senior high and vocational school students throughout the years

1. Source: *Global Youth Tobacco Survey* of the HPA.
2. Second hand smoke exposure in schools: Where the respondent expressed that a person smoked near him / her in school in the last 7 days.
3. Second hand smoke exposure survey data was not available for the years of 2004 and 2005.

Additionally, the main sources of second hand smoke in schools were fellow classmates who smoke (45.4% for junior high and 64.4% for senior high and vocational schools) followed by people from out of campus (33.9% for junior high and 17.2% for senior high and vocational schools), administrative personnel in the schools (20.7% for junior high and 18.4% for senior high and vocational schools), teachers (8.4% for junior high and 5.1% for senior high and vocational schools), security guards or janitors (5.3% for junior high and 3.1% for senior high and vocational schools), principals (6.4% for junior high and 8.9% for senior high and vocational schools), and administrative staff (0.6% for junior high and 1.3% for senior high and vocational schools) as shown in Figure 3-18.

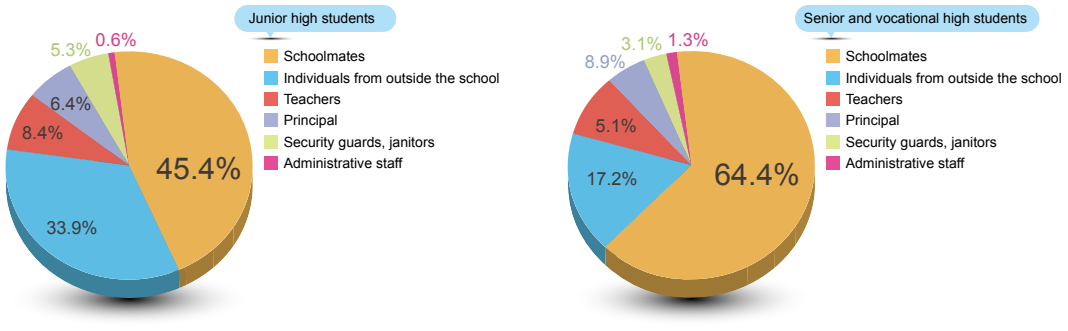


Figure 3-18 Major sources of second hand smoke in schools for junior high, senior high and vocational school students

1. Source: 2013 Global Youth Tobacco Survey of the HPA.
2. Primary sources of second hand smoke in schools: Where the respondent expressed that a person smoked near him / her in school in the last 7 days, the identity of the said smoker most commonly seen.

Second hand smoke exposure in homes

Even though most youths do not smoke, they were still exposed to the hazards of second hand smoke as their elders may smoke in their homes. In 2014, second hand smoke exposure in homes was 33.9% for junior high school students (32.8% for boys and 35.0% for girls), which was a continuation of a gradually decreasing trend compared to an exposure rate of 39.3% in 2013 (38.4% for boys and 40.2% for girls), 40.1% in 2012 (39.1% for boys and 41.2% for girls), 42.5% in 2011 (41.5% for boys and 43.3% for girls), 44.2% in 2010 (43.9% for boys and 44.2% for girls), and 46.8% in 2008 (46.2% for boys and 47.3% for girls). Meanwhile, second hand smoke exposure of senior high and vocational school students was 32.0% in 2014 (31.7% for boys and 32.2% for girls), which was also an improvement compared to the exposure rate of 38.1% in 2013 (37.5% for boys and 38.7% for girls), 39.6% in 2012 (38.5% for boys and 39.9% for girls), 41.2% in 2011 (39.8% for boys and 42.5% for girls), 41.6% in 2009 (40.5% for boys and 42.5% for girls), and 45.3% in 2007 (44.6% for boys and 45.4% for girls). However, second hand smoke exposure at home remained rather high for youths in Taiwan (as shown in Figure 3-19).

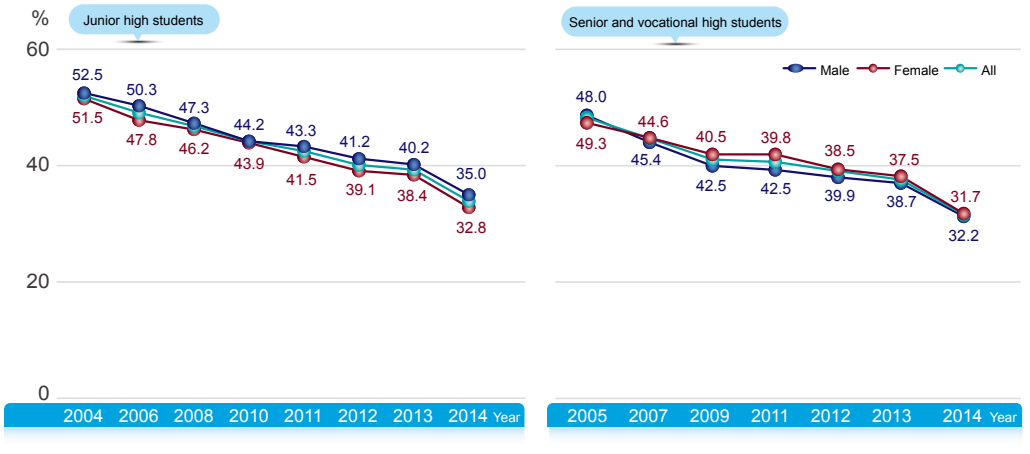


Figure 3-19 Second hand smoke exposure rates in family settings amongst junior high, senior high and vocational school students throughout the years

1. Source: *Global Youth Tobacco Survey* of the HPA.
2. Second hand smoke exposure in homes: Where the respondent expressed that a person smoked near him / her at home in the last 7 days.

Second hand smoke exposure in homes

Home was the leading location in which junior high school students first attempted smoking (37.5%) followed by public areas (26.0%), schools (12.9%), friends' residences (6.7%) and social venues (4.0%). For senior high and vocational school students, the leading location where they first attempted smoking was public areas (29.8%) followed by their homes (27.4%), schools (17.7%), social venues (6.0%), friends' residences (6.5%) (As shown in Figure 3-20).

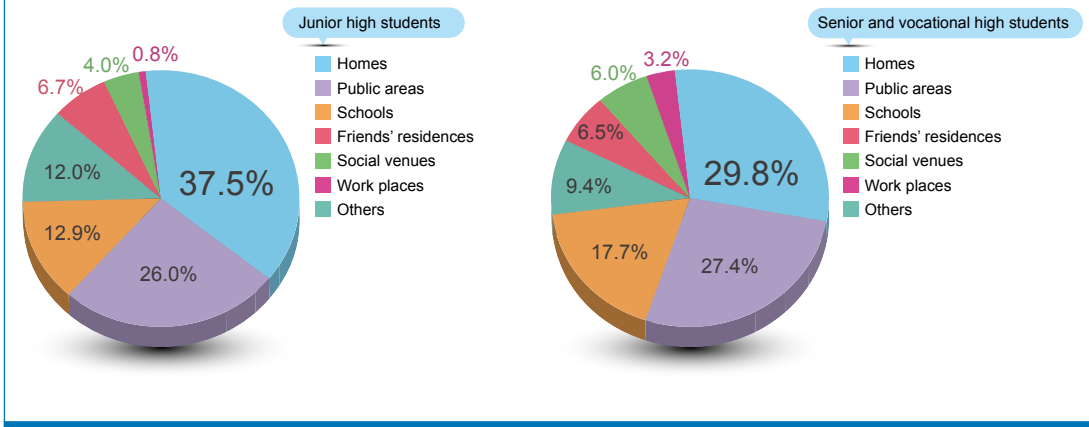


Figure 3-20 Places where junior high, senior high and vocational school students first attempted smoking

1. Source: *2014 Global Youth Tobacco Survey* of the HPA.
2. Social venues: Gatherings of friends, wedding banquet with friends or relatives, and other event venues
3. Public areas: Internet cafes, parks, malls, streets, and other locations

Youths whose parents smoke were 2.5 times (2.9 times for junior high students and 2.0 times for senior and vocational high school students) more likely to smoke (7.6% for junior high students and 15.6% for senior high and vocational school students) compared to youths whose parents are non-smokers (2.6% for junior high students and 7.9% for senior high and vocational school students). These figures demonstrated that parents may be factors influencing youth smoking behaviors as youths were likely to follow their parents' actions.

Additionally, results of the "*Children's Healthcare Requirement Survey*" commissioned by the HPA showed that up to 60.7% of pregnant women was exposed to second hand smoke at any time during her pregnancy. For infants and young children, exposure to second hand smoke was 55.3%, 58.9%, 54.3%, and 52.6% for 18-month-old, 3-year-old, 5-year-old, and 8-year-old children respectively. The results of this study indicated that despite achieving significant improvements in prohibiting smoking in public areas, smoking hazards have infiltrated many families to silently smother the health of the younger generation.

Definition: Proportion of second hand smoke exposure of Taiwanese children of different ages as well as mothers during and after pregnancies, including:

1. Exposure to second hand smoke of mothers during their pregnancy
2. Exposure to second hand smoke of mothers during a period of 6 months after giving birth
3. Exposure to second hand smoke of 18-month-old babies after birth
4. Exposure to second hand smoke of 3-year-old children after birth
5. Exposure rate to second hand smoke of 5-year-old children at home or other indoor and outdoor environments (with the exception of nurseries or babysitters' homes).
6. Exposure rate to second hand smoke of 8-year-old children at home or other indoor and outdoor environments (with the exception of schools or after school classes).

Questionnaire contents:

1. 2005: Did you (mother) encounter anyone smoking before you or within your active area (second hand smoke exposure) during pregnancy and after birth to this point in time?
2. 2006 and 2008: Is your baby often, occasionally, or completely not exposed to second hand smoke? (01) Everyday (02) Often (03) Occasionally (04) Not exposed.
3. 2010: With the exception of kindergartens / nurseries / children daycare / agencies offering special therapy or babysitters' homes, is your child exposed to second hand smoke on a regular basis, including at home or other indoor and outdoor environments? [If YES]: Does this exposure to second hand smoke occur occasionally, often, or on a daily basis? (01) Never (02) Occasional (03) Often (04) Everyday.
4. 2013 and 2014: With the exception of schools, after school classes, or artistic classes, is your child exposed to second hand smoke on a regular basis, including at home or other indoor and outdoor environments? [If YES]: Does this exposure to second hand smoke occur occasionally, often, or on a daily basis? (01) Never (02) Occasional (03) Often (04) Everyday.

Monitoring Tobacco Depictions and Imagery

New provisions of the Tobacco Hazards Prevention Act enacted in 2009 stipulated strict prohibitions on the promotion and advertising of tobacco products. Businesses have been subject to the new regulations. However, scenes depicting smoking behaviors could not be effectively eliminated from cartoons and films. Tobacco product placement and depictions were transformed from direct, superficial sales advertisements into subliminal messaging and marketing motifs, which are still common at this point in time.

In 2014, the HPA commissioned a panel of experts and academicians to monitor tobacco depictions in television shows and films over a 6-month period (from May to October 2014). A total of 100 movies (including Chinese and foreign language movies in online theaters, DVD, and movie channels), 296 television shows (including the top 5 shows from the 5 major categories of dramas, cartoons, variety, recreational / music and sports at the 1st week of every month as rated by the AGB Nielsen Audience Measurement) and 236 news shows for a total of 14,160 minutes of television news contents (including 19 to 20 hours of evening news from 9 radio and cable TV channels).

Monitoring results showed that average incidence of tobacco depictions in every movie in 2014 was 16.96, an increase when compared to the averages observed in past years (2008 to 2013) (refer to Table 3-1). Chinese language movies released in the last 3 years (2011 to 2013) had an average incidence of tobacco depiction of 10 to 14 times. However, this average incidence rose to 17 times in 2014 (refer to Table 3-2). Triad, a popular movie of 2014, had the highest incidence of tobacco depictions of the 100 movies monitored in 2014 (101 incidences) and the highest number of tobacco depictions for any Chinese language films.

Table 3-1 Tobacco depictions in films: comparison of data from 2008 to 2014

Item	2008	2009	2010	2011	2012	2013	2014
Appearance of tobacco depictions Number of films (%)	47(58.8%)	63(60.5%)	31(30.4%)	35(34.0%)	47(47.0%)	39(39.0%)	27(27.0%)
Films monitored	80	104	102	103	100	100	100
Average incidence of tobacco depictions ※	21.3	26.8	27.8	14.1	12.28	11.95	16.96

※ : Average incidence of tobacco depictions = Total incidences / Number of movies with tobacco depictions

Table 3-2 Comparison of tobacco depiction between Chinese language films and foreign language films from 2008 to 2014

Item		2008	2009	2010	2011	2012	2013	2014
Chinese	Tobacco depiction observed (films) / sampled size (films)	15/17	13/14	7/17	11/20	15/31	18/31	13/32
	Incidences of tobacco depictions	512	511	239	163	151	171	226
	Average incidence of tobacco depictions per movie	34	39	34	14	10	10	17
Foreign	Number of movies with tobacco depictions / Total number sampled	32/63	50/90	24/85	24/83	32/69	21/69	14/68
	Incidences of tobacco depictions	491	1,174	623	332	426	356	321
	Average incidence of tobacco depictions per movie	15	24	26	14	13	17	23

Table 3-3 A list of top movies of 2014 vs. tobacco product depictions

Movie title	Incidences of tobacco depictions	Rating	Language
Triad	101	Restricted	Chinese
The Thieves	82	Parental guidance	Foreign
The Monuments Men	61	Protected	Foreign
Golden Chicken S	33	Protected	Chinese
Brick Mansions	19	Parental guidance	Foreign
Mission: Impossible - Ghost Protocol	13	Protected	Foreign
The Lost Empire	13	General audiences	Foreign
The Fault in Our Stars	11	General audiences	Foreign
The Butler	11	Parental guidance	Foreign
X-Men: Days of Future Past	10	Parental guidance	Foreign

Note: this table only lists movies with over 10 incidences of tobacco depictions

After monitoring the shows sampled in the 5 major television show categories (sports, drama, recreation and entertainment, variety, and cartoons), it was found that the incidence for tobacco depiction was the highest in cartoons. Drama shows also exhibited a high incidence of tobacco depictions. Research findings in Table 3-4 showed that average incidence of tobacco depiction in the drama show *Oshin* was 1.83 to 9.00 times per episode. The long-running cartoon series *One Piece*, which had the highest incidence of tobacco depictions in previous monitoring surveys, still gave an average of 4.25 to 7.00 tobacco depictions per episode from the results of the survey conducted this year. This incidence translated to about 1 depiction at about every 5 minutes. Tobacco related depictions were not shown in other television show categories such as variety, recreation / music, and sports.

Table 3-4 Number of episodes of television shows sampled vs. incidence of tobacco depictions

Television show	Episodes sampled	Appearance of tobacco depictions Quantity	Average tobacco depictions per episode
Oshin (FTV, drama)	1	9	9.00
One Piece - Marineford Arc (TTV, cartoon)	1	7	7.00
One Piece (TTV, cartoon)	8	34	4.25
One Piece (STAR Chinese Channel, cartoon)	3	9	3.00
Dragon Dance (FTV, drama)	5	13	2.60
Atashin'chi (TTV, cartoon)	1	2	2.00
Oshin (FTV, drama)	6	11	1.83

The following lists the recommended measures for dealing with tobacco depictions in the white paper for the “Smoke-free movies: from evidence to action” report released by the WHO in 2009:

(1) If the film contains depiction of tobacco products or acts of smoking, the relevant producer and personnel must declare that they have not received any form of endorsement from tobacco companies before these depictions may be shown;

(2) no recognizable brands of tobacco products can be shown in the film;

(3) a strong, anti-tobacco message must be shown at the beginning of every film that contains depictions of tobacco products or smoking;

(4) any film that contains depictions of tobacco products or smoking must be rated as Category 5.

● Walt Disney Studios shall completely prohibit any tobacco depiction for films rated PG-13 and below.

The American company of Walt Disney Studios announced that its subordinate Marvel, Pixar, and Lucas studios will completely eliminate depictions of smoking from PG-13 films (which means that the film is not suitable for those below the age of 13, or can only be watched with the parents’ company). A number of American film companies also considered following Disney’s decision.

Medical studies show that long-term exposure to imageries of smoking when youths and children grow up will exert significant influences on their subsequent smoking habits. In 2009, the HPA worked together with the National Communications Commission (NCC) to stipulate the Principles for Producing, Airing, and Processing of Smoking Images Appearing in Radio and TV Programs and communicated with media companies on showing warning texts that remind young audiences of tobacco depictions in the show in order to mitigate the negative mental and physical effects caused by these exposures. For anti-tobacco messages, the proportion of anti-tobacco messages shown in television and news steadily decreased (2008: 2.6% ; 2009: 16.3% , 2010: 27.8% , 2011: 8.4% , 2012: 36.9% , 2013: 17.8% ; 2014; 16.9%).

● Warning signs “*during a show*” for tobacco depictions in a renowned long-running cartoon.

Additionally, in 2011, the White Paper on the Policy of Children's Rights in Communication and Broadcasting promulgated by the NCC also proposed to continue provide courses for improving public media literacy, establish a more detailed rating category system for television shows, and introduce a system requiring the labeling of particular scenes. In this system, any improper scene depicting substance abuse must be appropriately rated with warning texts depicted for that particular scene. The warning shall also be displayed several seconds before the scene is played so that parents could remind their children to stop watching immediately. Improvements have been achieved over the years. The HPA shall continue to work with the NCC to consider the use of rating categories (where movies containing any scene of smoking would not be rated as general audiences). Considerations have also been made for converting warning texts into pictures to improve the warning effects. Parents are also encouraged to pay attention to their children and reduce their exposure to tobacco depictions in order to create a healthier media environment.

Tobacco consumption monitoring

Global tobacco consumption grew every year with the invention and mass production of paper-rolled cigarettes since 1881. Although global smoking rates experienced little change or exhibited decrease in recent years, the growth of the human population meant that the total number of smokers has continued to grow. According to the 2014 Tobacco Atlas, about 20% of the world's adults are smokers. In 2009, the value of tobacco products reached nearly NTD 5.9 trillion for a 10-year growth of 13%. In the past, tobacco consumption was highest for countries with high income. However, target sales, higher social acceptance, continued economic development, and population growth meant that tobacco consumption in low and middle-income countries (LMIC) will be rising as well. From 1990 to 2009, tobacco consumption in western European countries decreased by 26%. However, tobacco consumption in Middle East and Africa grew by 57%. This change was due to increasing awareness of tobacco hazards of people living in high-income countries. Their governments have also continued to implement tobacco control policies and laws. General speaking, growth of tobacco consumption in low- and middle-income countries were enough to make up for losses of tobacco consumption in high-income countries.

With the levying of the tobacco product health and welfare surcharge, agencies in Taiwan became more capable of implementing tobacco control measures. Smoking rate of adult men dropped from 48.2% in 2002 to 29.2% in 2014, while smoking rate of adult women dropped to about 3%. The amount of tobacco consumption per smoker above 18 years of age dropped from 19 sticks in 2008 to 16.5 sticks in 2014 and exhibited a decreasing trend with the exception of 2013. Estimates showed that annual tobacco consumption per smoker above 18 years of age dropped from 1,502.67 sticks in 2008 to 975.4 sticks in 2014. As for smokers above 15 years of age, the amount of daily tobacco consumption per person dropped from 19.3 sticks in 2013 to 16.5 sticks in 2014. It was estimated that annual tobacco consumption per person above 15 years of age dropped from 1,221.85 sticks in 2013 to 945.90 sticks in 2014. It was impossible to investigate the amount of tobacco consumption of ex-smokers and current smokers. Therefore, these figures would be underestimates of actual consumption.

Cigarette sales was based upon the "*total quantities of cigarettes produced in Taiwan and imported from other countries*" released by the Ministry of Finance. Cigarettes produced in Taiwan (including those destined for export) and imported from other countries dropped from 2.22 billion packs in 2008 to 1.9 billion packs in 2009, 1.89 billion packs in 2010, 1.87 billion packs in 2011, and 1.87 billion packs in 2012 before increasing to 1.92 billion and 1.97 billion packs in 2013 and 2014 respectively. If the quantity exported were removed from these figures, then total quantity of cigarettes would decrease from 2.08 billion packs in 2008 to 1.7 billion packs in 2009, 1.76 billion packs in 2010, and 1.69 billion packs in 2011 before rising slightly to 1.75 billion packs for both 2012 and 2013. In 2014, total quantity decreased slightly to 1.66 billion packs.

Calculation methods used by the WHO to determine the annual per capita defintion were then employed to determine the average annual per capita defintion for individuals above 15 years of age in Taiwan. Results showed that this figure was decreasing every year from 2,318 sticks in 2008 to 1,970 sticks in 2009, 1,939 sticks in 2010, 1,892 sticks in 2011, and 1,875 sticks in 2012. This figure slightly rebounded in 2013 and 2014 to 1,920 and 1,954 sticks respectively. When export quantities were to be removed, annual per capita defintion dropped from 2,177 sticks in 2008 to 1,828 sticks in 2009, 1,802 sticks in 2010, and 1,710 sticks in 2011 before rebounding slightly in 2012 and 2013 to 1,754 and 1,747 sticks respectively. Consumption then decreased again in 2014 to 1,648 sticks.(per.Figure 3-21)

Social factors that influence defintion in 2013 and 2014 included:

(1) Seizure of contraband tobacco products that amounted to 12.454 million packs in 2012, 21.2953 million packs in 2013, and 16.9035 million packs in 2014. These seizures were effective in preventing smuggled tobacco from entering the market which helped to eliminate the sales of illegal trade in tobacco products.

(2) Implementation of the increased tobacco surcharges by the HPA. When increasing tobacco surcharges by NTD 20 and tobacco taxes by NTD 5 were passed by the 1st reading of the Legislative Yuan on May 17, 2013, many tobacco companies and people began to stockpile larger quantity of cigarettes.

(3) Data from the “changes to the number incoming and outgoing visitors of Taiwan in the last 10 years” showed that tourists from Mainland China grew from over 2.58 million people in 2012 to over 2.87 million in 2013 and 2.95 million in 2014 (Mainland China has a smoking rate of about 28.1% in 2012).

In 2014, the WHO pointed out that increasing tobacco prices by 10% will reduce tobacco consumption by about 4% in high-income countries. This effect will be even more significant in low- and middle-income countries. Data also suggested that complete prohibition of tobacco product advertisements and sales promotion alone, without intervention measures on tobacco products, will reduce tobacco consumption by about 7%. It may be up to 16% reduction on tobacco consumption have been reported in a number of countries. In Us, states that imposed universal smoking prohibition laws achieved a 5% to 20% less annual tobacco consumption per capita. Reports from health agencies under the Australian government showed that after prohibiting tobacco depictions in 2011 and implementing plain packaging in 2012, tobacco sales decreased by 3.4% in 2013 which was also accompanied by the largest decrease in smoking rates in recent years. Impact on retailers was limited as smuggling did not increased. The second largest pharmacy franchise in the United States, CVS Caremark, declared on September 3, 2014, that it would no longer sell tobacco products from its 7,700 CVS storefronts. CVS was the first large pharmacy franchise to set the example, and this decision won great support from the American public. IMEI Foods in Taiwan also announced on April 2, 2015 that they will be taking down tobacco products from 88 storefronts throughout Taiwan, making them the first franchise not selling tobacco products in Taiwan.

Results and evidences in Taiwan were similar to those of other advanced countries which demonstrated the effectiveness of multi-pronged tobacco control strategies. Since the new provisions of the Tobacco Hazards Prevention Act was into force on January 11, 2009, various measures such as gradual expansion of non-smoking areas, releasing new health warning label for tobacco products, prohibition of tobacco advertisements,increasing tobacco surcharges, and promotion of a wide variety of second generation cessation services all helped to reduce tobacco consumption. Future measures to safeguard public health include providing integrated health education for betel quid and smoking cessation, establishing smoke-free environments, revising laws to raise tobacco surcharges, increasing the size of warning label, and prohibiting tobacco depictions.

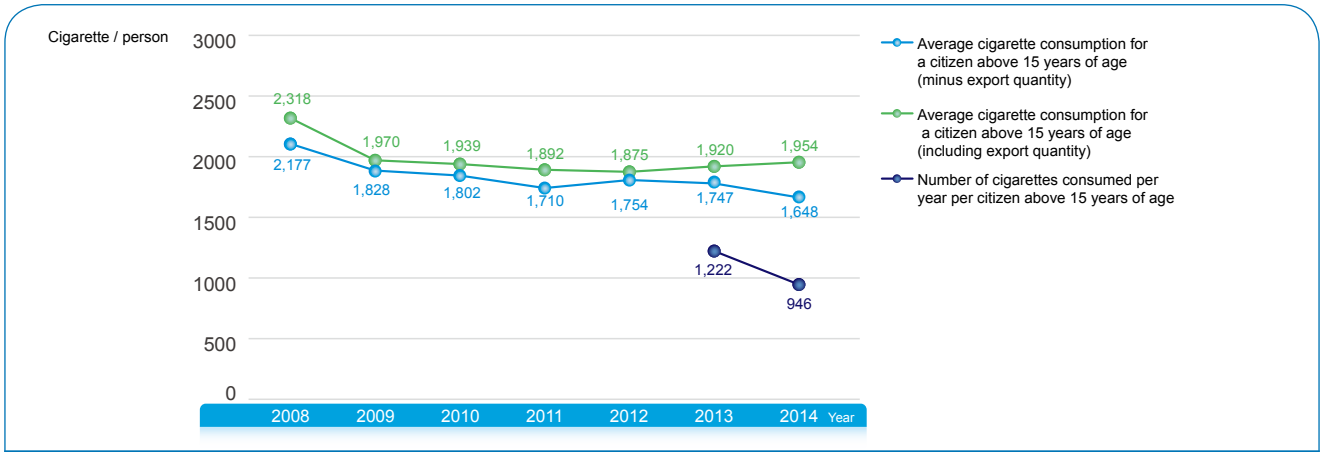


Figure 3-21 Relationship between consumption of cigarettes and number of smokers amongst citizens above 15 years of age

Note：

1. Average defintion per capita (minus quantity exported) (sticks / person): Total cigarette quantities (minus quantity exported) / Number of people above 15years of age.
2. Average defintion per capita (including quantity exported) (sticks / person): Total cigarette quantities (including quantity exported) / Number of people above 15 years of age.
   (1) Quantity of cigarettes (minus quantity exported): Tobacco products produced locally in Taiwan (minus those destined for exports) and imported from other countries (including those imported through free harbor areas) minus quantity of cigarettes that were exported or re-exported.
   (2) Quantity of cigarettes (including quantity exported): Tobacco products produced locally in Taiwan (including those destined for exports) and imported from other countries (including those imported through free harbor areas). In 2014, total quantity exported was 310 million packs (for 15.6%).
   (3) Data on the quantity of cigarette products was derived from the Fiscal Information Agency and Customs Administration of the Ministry of Finance: Table on the quantities of cigarette products produced in Taiwan and imported from overseas
   http://www.nta.gov.tw//web/AnnA/uptAnnA.aspx?c0=121&p0=3941
   (4) The internationally accepted calculation method for defintion per capita would be: Total defintion divided by total population above 15 years of age. Source: 2013 The Tobacco Atlas 4th Edition from the World Lung Foundation http://www.tobaccoatlas.org/
3. Quantity of annual defintion per capita: Average annual defintion per citizen above 15 years of age = (Number of days where cigarettes were consumed in a month) x (number of cigarettes smoked in smoking days) x 12 months
   (1) Source was based upon the Adult Smoking Behavior Survey (ASBS) of the HPA. However, data from 2012 or previous years could not be obtained as the target of the survey was expanded to include citizens above 15 years of age starting 2013.
   (2) Annual tobacco consumption was based upon the amount of tobacco consumed in the previous month of existing smokers. This data is then used to calculate annual tobacco consumption per capita for citizens above 15 years of age. Since this data could not determine the number of cigarettes consumed by ex-smokers or current smokers in the past, this statistic would thus be considered an underestimate.

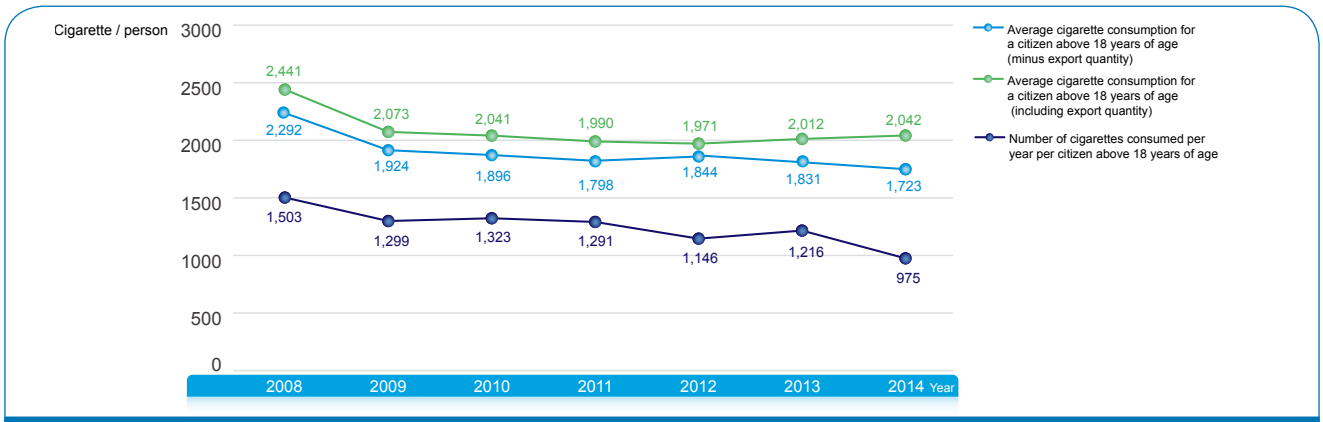


Figure 3-22 Relationship between consumption of cigarettes and number of smokers amongst adults above 18 years of age

Note：

1. Average defintion per capita (minus quantity exported) (sticks / person): Total cigarette quantities (minus quantity exported) / Number of people above 18 years of age.
2. Average defintion per capita (including quantity exported) (sticks / person): Total cigarette quantities (including quantity exported) / Number of people above 18 years of age.
   (1) Quantity of cigarettes (minus quantity exported): Tobacco products produced locally in Taiwan (minus those destined for exports) and imported from other countries (including those imported through free harbor areas) minus quantity of cigarettes that were exported or re-exported.
   (2) Quantity of cigarettes (including quantity exported): Tobacco products produced locally in Taiwan (including those destined for exports) and imported from other countries (including those imported through free harbor areas). In 2014, total quantity exported was 310 million packs (for 15.6%).
   (3) Data on the quantity of cigarette products was derived from the Fiscal Information Agency and Customs Administration of the Ministry of Finance: Table on the quantities of cigarette products produced in Taiwan and imported from overseas
   http://www.nta.gov.tw//web/AnnA/uptAnnA.aspx?c0=121&p0=3941
   (4) The internationally accepted estimating for defintion per adult would be: Total defintion divided by total population above 15 years of age. Source: 2013 The Tobacco Atlas 4th Edition from the World Lung Foundation http://www.tobaccoatlas.org/
3. Quantity of annual defintion per capita: Average annual defintion per capita above 18 years of age = (Number of days where cigarettes were consumed in a month) x (number of cigarettes smoked in smoking days) x 12 months
   (1) Source: Adult Smoking Behavior Survey (ASBS) conducted by the HPA.
   (2) Annual tobacco consumption was based upon the amount of tobacco consumed in the previous month of existing smokers. This data is then used to calculate annual tobacco consumption per capita for adult above 18 years of age. Since this data could not determine the number of cigarettes consumed by ex-smokers or current smokers in the past, this statistic would thus be considered an underestimate.

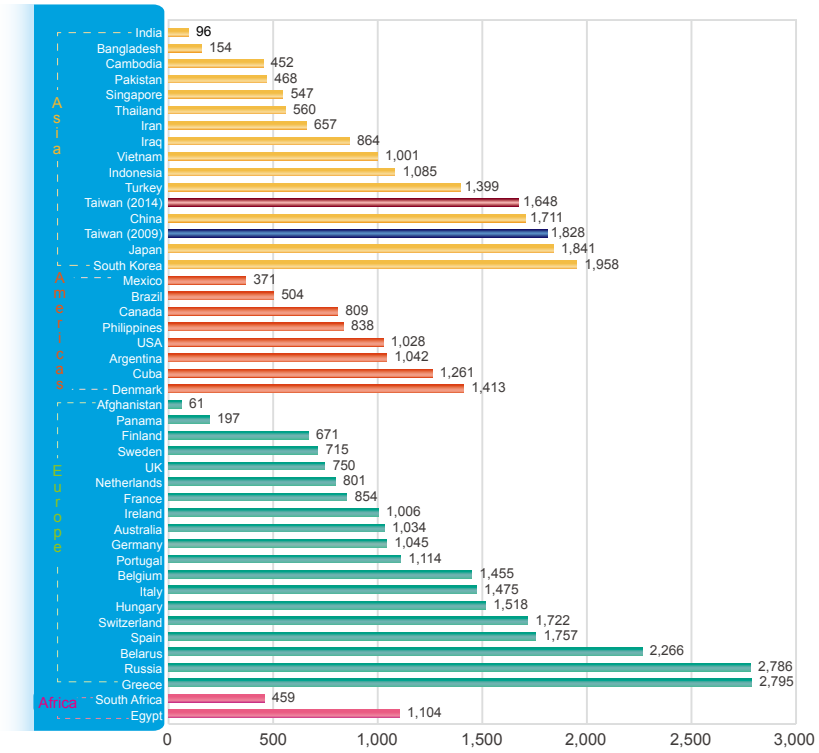


Figure 3-23 Average defintion per capita in various countries around the world

Note：

1. The internationally accepted definition for defintion per citizen would be: Total defintion divided by total population above 15 years of age. Total defintion was calculated by summing defintion with cigarette imports and then deducting quantity of cigarette exports.

   Source: 2013 The Tobacco Atlas 4th Edition from the World Lung Foundation http://www.tobaccoatlas.org/

2. Per capita consumption (2009 from the Tobacco Atlas). For Taiwan, defintion for pomlation above 15 years of age were shown for the years 2009 and 2014 (minus quantity exported).

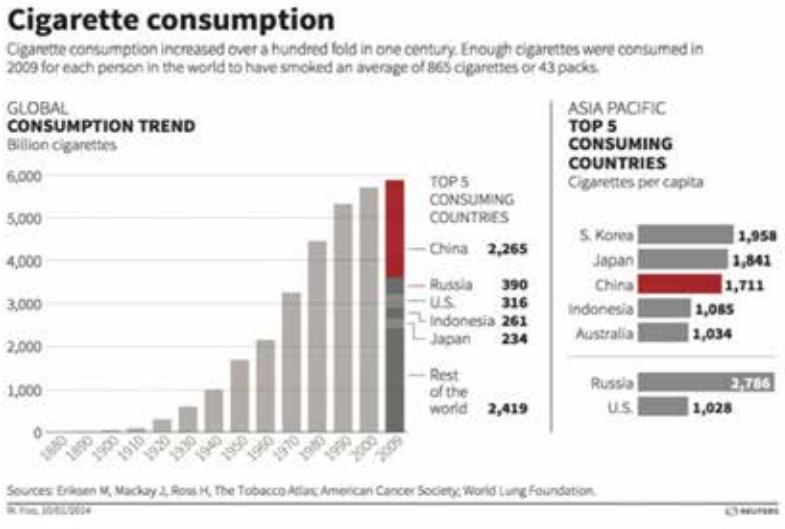


Figure 3-23 Global per capita defintion count

Note：

The internationally accepted defintion for cigarette consumption per citzen would be: Total defintion divided by total population above 15 years of age. Source: 2013 The Tobacco Atlas 4th Edition from the World Lung Foundation http://www.tobaccoatlas.org/

Tobacco ingredients control and regulations

Developments in the testing and research of tobacco products

Tobacco product emission standards

Hazardous materials such as nicotine, tar, and carbon monoxide are released with the burning of tobacco products. Hence, Taiwan officially announced the maximum contents of nicotine (1.5 mg / stick) and tar (15 mg / stick) within cigarettes on October 16, 1997, and these reguiations shall be in effect from July 1, 2001 to June 30, 2007.

Starting from July 1, 2007, maximum limits for nicotine and tar was further lowered to 1.2 mg / stick to 12 mg / stick respectively. On March 27, 2009, the "*Regulations for the Testing of Yields of Nicotine and Tar Contained in Tobacco Products and the Labeling of Cigarette Containers*" was promulgated as authorized by the provisions in Article 8 of the *Tobacco Hazards Prevention Act*. According to Article 7 of the Act, the maximum limit of nicotine and tar content was re-adjusted to 1 mg / stick and 10 mg / stick respectively starting from April 1, 2009.

Research into tobacco testing techniques

Testing and monitoring techniques were gradually developed for evaluating the quantities of nicotine, tar, and carbon dioxide contents of cigarettes sold in the public and identifing any trends. Content testing and assay techniques for primary carcinogenic substances including nitrosamine (N-nitrosonornicotine, or NNN), 4-methylnitrosamino-1-3-pyridyl-1-butanone (WNK), N-nitrosoanatabine (NAT), and N-nitrosoanabasine (NAB) as well as heavy metals (arsenic, cadmium, chromium, lead, mercury, nitrosamine, and selenium) within cigarettes and tobacco leaves. In addition to compiling information on developments of tobacco product technologies from around the world, the HPA also collected information on control measures, technical research, and means of monitoring hazardous substances within tobacco products such as nicotine and tar in order to establish a basis for testing and identifying disqualified tobacco products mentioned in Article 7 of *The Tobacco and Alcohol Administration Act*.

● Using a smoking machine and gas chromatography mass spectrometry (GC-MS) to detect substances that are hazardous to health

Research into tobacco testing techniques

From July 2001, sampling tests were carried out for nicotine and tar contents in cigarettes sold in the market. Carbon monoxide was also added as a test item from 2006. The testing of nicotine and tar contents would follow relevant laboratory testing procedures stipulated in the relevant international standard organization (ISO) specifications.

A total of 54 cigarette brands (11 from Taiwan, 32 from other countries, and 11 from Mainland China) sold on the market were sampled to undergo testing for nicotine, tar, and carbon monoxide contents in the mainstream smoke. Test results showed that all sampled tobacco products were compliant to the regulations provided in the *Tobacco Hazards Prevention Act*.

Testing results for nicotine and tar contents in cigarettes sold on the market from 1995 to 2014 showed that most cigarettes sold on the market were compliant to nicotine and tar content limits imposed by health authorities. However, there are over 7,000 different kinds of chemicals in tobacco smoke, and over 90 of these chemicals are carcinogenic or toxic substances that could seriously harm health.

Reporting of tobacco products information

Given that tobacco ingredients, additives, and emissions when burnt are addictive and toxic, there must make such information open and transparent to the public. Hence, Articles 9 and 10 of the WHO Framework Convention on Tobacco Control (FCTC) have stipulated that tobacco manufacturers and importers must submit data on tobacco ingredients, toxic substances and potential emissions to the government. Signatory parties to the FCTC must also implement control and testing of tobacco ingredients and disclose to offical agencies and the public in order to prevent health hazards caused by these tobacco products.

The revised Article 8 of the *Tobacco Hazards Prevention* Act was promulgated on July 11, 2007. The revised provisions stipulated that tobacco companies must declare tobacco-related information. The "*Regulations Governing Reporting of Tobacco Product Information*" was promulgated in Taiwan on December 4, 2008. These Regulations stipulated that tobacco manufacturers and importers must declare tobacco ingredients, additives, emissions as well as known toxicological information of substances in tobacco product. Other provisions within these Regulations include methods of testing for the declared items as well as way and time for declaration.

● Tobacco Ingredients Information Website
(http://tobacco-information.hpa.gov.tw/)

In 2014, a total of 78 companies declared tobacco product information for a total of 2,692 tobacco products. The HPA referred to the monthly tobacco product import information provided by the Customs Administration of the Ministry of Finance to verify the compliance of tobacco companies on the declaration of tobacco product information. Article 25 of the Tobacco Hazards Prevention Act stipulated that declarations failed to comply with the relevant regulations or contain omissions will be punished by a fine of no less than NTD 100,000 but no more than NTD 500,000 and shall be ordered to report within a specified period of time. Those who failed to report within the specified period of time shall be fined repeatedly and continuously for each failure. In 2014, a total of 7 violations were punished for a total fine of NTD 700,000.

In 2009, in order to facilitate the management of declared information, the HPA began commissioning a project to setup a Tobacco Ingredients Information Website and a closed database system for storing and importing declared but classified information submitted by tobacco manufacturers and importers. Declared information to be publicly disclosed shall be placed on the Tobacco Ingredients Information Website for public access and perusal and to disclose tobacco ingredients, additives, and emissions as well as their toxicological information. In order to provide the public with faster and more immediate inquiries, the HPA released the new *Tobacco Information Declaration System* on November 16, 2014. The System will allow tobacco manufacturers and importers to independently upload information that may be disclosed to the public. By December 31, 2014, a total of 4,615 visitors (making 8,721 visits) came to the website after it was opened to the public on April 2010.

International collaboration

International Cooperation in Tobacco Control Policy Research

Article 20 to 22 of the WHO Framework Convention on Tobacco Control (FCTC) proposed research, monitoring, and information exchange on a regional and global level for all parties. Science, technical, legal collaboration as well as competences in relevant professional areas were to be achieved and provided through relevant international agencies to ensure the proper implementation of the Convention. Hence, local and cross-national studies were carried out in line with FCTC requirements and global trends. A research team composed of local and foreign experts in tobacco control was created to plan and initiate a collaboration program to improve the international visibility of Taiwan's achievement in tobacco control.

This was a 3-year research Program that was carried out from 2011 to 2013. The research division established a team analyzing tobacco control policies in Taiwan. Tobacco control experts and academicians from many countries, such as the leading economist on tobacco control Dr. Teh-wei Hu from University of California Berkeley, Dr. Frank J. Chaloupka from the University of Illinois Chicago, and Dr. Kenneth E. Warner from the University of Michigan, came together to establish an international academic collaboration model that served as an academic network offering consultation support for tobacco control policies. Local and international teams routinely carried out visits, seminars, and video conferences as well as participating in international meetings, data sharing and analysis to establish a model for academic collaboration and exchange.

A total of 7 academic articles were published on SCI and SSCI journals through this research program. The following research tasks were completed during the course of this research:

Core sub-projects evaluated tobacco control policies established in Taiwan by comparing with the WHO global framework. Analyzed the organizational framework of Taiwan's tobacco control system. Established an academic cooperative network for global tobacco control efforts. Organized international academic conferences for publishing the outcomes of the research. Compile research outcomes of the sub-projects and propose recommendations and plans tobacco control policies in the future.

The first sub-project included 4 research topics on health and economic analysis of tobacco products: (1) Investigate tobacco control policies and economic burden resulting from tobacco hazards; (2) impact of tobacco health surcharges on the tobacco market as well as consumer behaviors; (3) effectiveness of reducing second hand smoke exposure to non-smokers after

implementing the revised provisions of the *Tobacco Hazards Prevention Act*; (4) impact of multiple tobacco control policies on smokers' behaviors.

A total of 4 research topics were completed for the second sub-project: (1) An academic research paper on pocket money and tobacco consumption and smoking behaviors amongst youths; (2) impact to the prevalence of smoking amongst youths in junior high schools after implementing the revised *Tobacco Hazards Prevention Act* of 2009 and (3) impact to smoking behaviors of senior high and vocational school students; (4) qualitative research on youth smoking behaviors, investigating the reasons leading to youth smoking behaviors as well as factors that may influence youths in attempting to quit smoking.

The 3 research topics completed in the third sub-project were: (1) investigate the effects on the consumption of national health insurance resources resulting from the provision of outpatient smoking cessation treatments and the success of smoking cessation; (2) preliminary investigations on the new services provided by the second generation cessation services payment scheme ; (3) investigate smokers in hospitals of various levels as well as their requirement for smoking cessation and counseling service and analyzing the supply and demands.

Table 3-5. Academic papers published

S/N	Year	Title	Journal title	Author
1	101	Disposable income with tobacco smoking among young adolescents in Taiwan. A multilevel analysis	Journal of Adolescent Health	Chen CY, Lin IF, Huang SL, Tsai TI, Chen YY.
2	102	Impact of tobacco control policies on adolescent smoking: findings from Global Youth Tobacco Survey in Taiwan	Addiction	Huang SL, Lin IF, Chen CY, Tsai TI.
3	103	Impact of the 2009 Taiwan Tobacco Hazards Prevention Act on Smoking Cessation	Addiction	Chang FC, Sung HY, Zhu SH, Chiou ST.
4	103	The costs of smoking and second hand smoke exposure in Taiwan: a prevalence-based annual cost approach	BMJ Open	Sung HY, Chang LC, Wen YW, Tsai YW.
5	103	Clinical Benefits of Smoking Cessation in Reducing All-cause and Disease-Specific Mortality among Older People in Taiwan: A 10-Year Nationwide Retrospective Cohort Study	European Geriatric Medicine	Chang LC, Loh EW, Tsai YW, Chiou ST, Chen LK.
6	103	Facilitators and Barriers to Effective Smoking Cessation: Counselling Services for Inpatients from Nurse-Counsellors' Perspectives – A Qualitative Study	International Journal of Environmental Research and Public Health	Li IC, Lee SY D., Chen CY, Jeng YQ, Chen YC.
7	104	The Impact of Smoke-free Legislation on Reducing Exposure to Second hand smoke: Differences across Gender and Socioeconomic Groups	Tobacco Control	Tsai YW, Chang LC, Sung HY, Hu TW, Chiou ST.

Participation in the WHO Framework Convention on Tobacco Control

The WHO Framework Convention on Tobacco Control (FCTC) was formally established on February 17, 2005 and was the world's first public health Convention. By 2014, a total of 179 countries were approved to become FCTC parties, making it the health Convention with the largest number of parties. FCTC requires all parties to use relevant local legislation, actions, administrative rules, or other measures in addition to international cooperation to comply with the various provisions of the FCTC and halt tobacco hazards. Conferences of Parties (COP) were held in different regions of the WHO. By the end of 2014, the FCTC had held a total of 6 Conference of Parties. (1st Conference: Geneva, Switzerland, February 6 to 17, 2006; 2nd: Bangkok, Thailand, June 30 to July 6, 2007; 3rd : Durban, South Africa, November 17 to 22, 2008; 4th: Punta del Este, Uruguay, November 15 to 20, 2010; 5th: Seoul, South Korea, November 12 to 17, 2012; 6th: Moscow, Russia, October 13 to 18, 2014).

After signing a party application for the FCTC on March 30, 2005 by president, Taiwan followed the spirit of the Convention to revise the Tobacco Hazards Prevention Act in 2007 with the new revisions coming into force on January 11, 2009. Another set of revisions was passed on January 23 of the same year to raise the tobacco product health and welfare surcharge from NTD 10 per pack of cigarette to NTD 20 per pack. This revision also came into force on June 1 of the same year, demonstrating the determination in fulfilling the FCTC terms in Taiwan. Although Taiwan is not an FCTC party, international collaboration for tobacco control was encouraged to ensure that public health and related regulations were constantly updated and aligned to international standards in Taiwan. If necessary, various feasible measures were used to acquire and assess various FCTC protocols and standards.

To eliminate the illicit trade in tobacco products, the FCTC COP5 passed the "*Protocol to Eliminate Illicit Trade in Tobacco Products*" in November 2012. This Protocol was a new milestone for global efforts against illicit trade of tobacco products and was the first protocol that was passed by the WHO FCTC. Members shall comply with the details of the Protocol and establish a global tobacco product tracking and investigation system, set up certification and permit systems, designate relevant responsibilities, share relevant information, and provide legal support. As of the end of December 2014, only 8 parties had formally signed the Protocol, which prevented the Protocol from becoming effective (a total of 40 parties were required to enact the Protocol). To elimnate illicit trade in tobacco products, the theme of the WHO World No Tobacco Day 2015 was "*Stop Illicit Trade of Tobacco Products*". The WHO emphasized that the most effective actions to stop illicit trade of tobacco products were to setup a tracking system, create a system of tobacco sales permits, and strengthen international cooperation.

FCTC COP6 was held on October 13 to 18, 2014 in Moscow, Russia. Topics discussed during COP6 include: control and preventive measures for smokeless tobacco, electronic cigarettes, and hookah, current state and challenges in various countries when enforcing Article 5.3 of the FCTC that stipulate protection against interferenec by the tobacco industry, standards related to the control and disclosure of the contents of tobacco products economicely viable, alternative crops to tobacco, and passing guideline for implementation of Article 6 of the WHO FCTC regulaing prices and taxes measures to reduce the demand for tabcco.

In the future, the HPA shall continue to participate in global health events and activities for promoting national health. The HPA shall also adjust Taiwan's tobacco control policies in line with FCTC regulations and continue to work with other government agencies, civil social organization, and academia to reduce tobacco use, safeguard national health, and make Taiwan as a global model for healthcare services.

International Forums on Tobacco Control

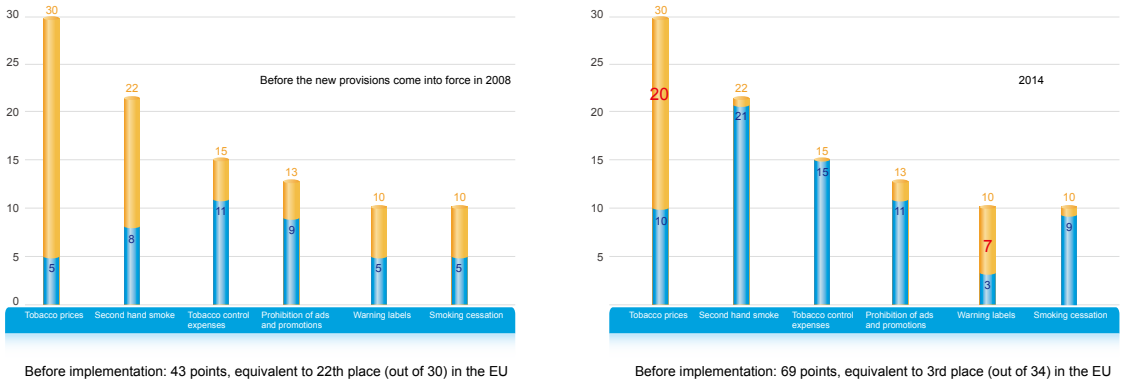
2014 ENSH Gold Forum

The *ENSH-Global Network for Tobacco Free Health Care Services* was established in 1999. By the end of 2014, the ENSH-Global Network included 34 members throughout the world (including 21 network members and 13 associate members) from 21 countries. Taiwan entered the ENSH-Global Network in 2011 as the first network member of the Asia Pacific region. Hospitals throughout Taiwan placed great importance on health promotion and provided great support, allowing Taiwan to quickly grow and become the biggest network in the Asia Pacific region. Taiwan's network continued to grow and included a total of 179 hospital members. In order to provide a channel for international exchange and learning and to promote the concept of tobacco-free hospitals, the ENSH-Global Network also held the "*ENSH Gold Level Award Forum*" every year where members would submit qualifying and unique hospitals to contest for the highly coveted Gold Level Award. Stringent evaluation for the best actual performance for the establishment of a tobacoo-free hospital was carried out in order to identify hospitals that deserve the ENSH Gold Level Award and able to serve as a benchmark for other hospitals to learn from. Taiwan has been recommending its hospitals to participate in the ENSH Gold Level Award competition since 2012. To date, a total of 11 hospitals from Taiwan had won the coveted Gold Level Award, making Taiwan with the highest number of award winning hospitals. In 2014, the HPA and the winning hospitals of Kaohsiung Medical University Chung-Ho Memorial Hospital and Cardinal Tien Hospital were invited to participate in the ENSH Gold Forum held on Spain on April 23 for the award ceremony and international forum. HPA and the winning hospitals shared Taiwan's experiences and outcomes in implementing actual measures to create a smoke-free environment in the hospital, employee education and training, and provision of smoking cessation services during the integrated conference. In addition to prestige and actual participation, attendance in this Forum was extremely meaningful as well as it helped align tobacco control measures and healthcare policies with international standards while promoting preventive medicine and outcomes of health promotion efforts in hospitals in Taiwan on the global stage.

Hosting the 2014 *International Conference on Tobacco Control: Current Status and Future Prospect*

The HPA held the 2014 *International Conference on Tobacco Control: Current Status and Future Prospect* at the Chang Yung-Fa Foundation Evergreen International Convention Center from October 23 to 24, 2014. A total of 10 internationally renowned experts and scholars from Japan, Australia, the United States, Germany, Belgium, and Spain were invited to give talks in Taiwan and jointly investigated the lastest developments in the strategies for international tobacco control with leading Taiwanese experts and academicians in tobacco control. The Conference was organized into talks based on the 3 main topics: newest developments and topics on the WHO *Framework Convention on Tobacco Control* (FCTC), using the EU Scorecard to evaluate tobacco control policies and investigating illicit trade in tobacco products in various countries, and innovation and challenges on the establishment of tobacco-free hospitals.

Mr. Luk Joossens, a member of a WHO tobacco control and health consultation team, designed a tobacco control policy scorecard to review the current status of tobacco control in 34 European countries in 2013 and identify the most effective tobacco control strategies being currently employed. Mr. Luk Joossens believed that Taiwan could obtain 69 out of a total of 100 points according to this scorecard. When compared to the other 34 European countries reviewed, Taiwan would be ranked at the 3rd position after the UK and Ireland. The second generation cessation policy of the HPA integrated social resources that included physicians, dentists, pharmacists, and health instructors to provide relevant support to help smokers give up smoking. Such multi-pronged approach allowed Taiwan to achieve a score of 9 out of 10 in this area. Tobacco prices, however, was only given a score of 10 points (out of a maximum possible of 30), while tobacco product warning label attained only 3 points (out of 10). These results showed that there is still room for improvement for these 2 areas in Taiwan.



Before implementation: 43 points, equivalent to 22th place (out of 30) in the EU

Before implementation: 69 points, equivalent to 3rd place (out of 34) in the EU

Figure 3-25 Scores obtained using the tobacco control policy evaluation before and after enforcing the new provisions of the Tobacco Hazards Prevention Act

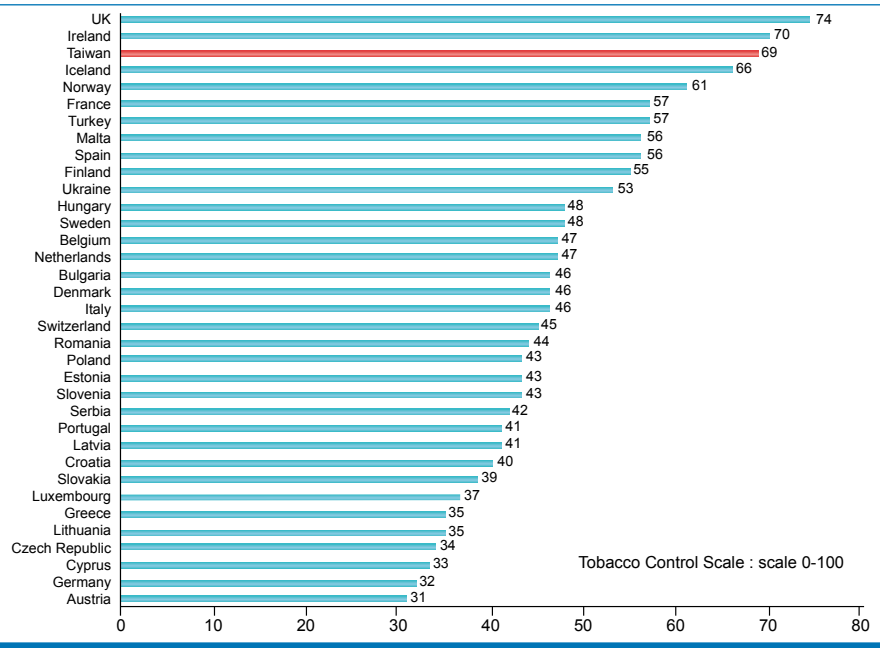


Figure 3-26 Evaluation results for the tobacco control policies of 2014 when compared to 34 European countries

Reference: Luk Joossens & Martin Raw “The Tobacco Control Scale 2013 in Europe” / Press conference presentation provided by Director General Chiou, January 9, 2015.

The HPA held an "Award Ceremony for Excellent Performance in the Tobacco-Free Hospital Program" during the Conference and invited Secretary General Lin Szu-Hai of the Ministry of Health and Welfare (MOHW) to give the opening address. A total of 43 hospitals that demonstrated great performance during the 2014 tobacco-free hospital assessments were awarded in order to commend their efforts in promoting smoke-free areas and active counseling to help smokers to quit smoking were commended as well.

After the Conference, the HPA invited experts and hospital representatives from Taiwan as well as foreign professionals on tobacco-free hospitals to discuss Taiwan's recommendations for revising ENSH standards. The HPA also arranged for the foreign professionals on tobacco-free hospitals to visit Mackay Memorial Hospital and Taipei Veterans General Hospital Taoyuan Branch which were Gold Level hospitals under Taiwan's rating scheme. These foreign visitors praised and expressed much appreciation for the smoker screening measures, referral systems, as well as integrated cross-departmental smoking cessation services offered by Taiwan's tobacco-free hospitals.

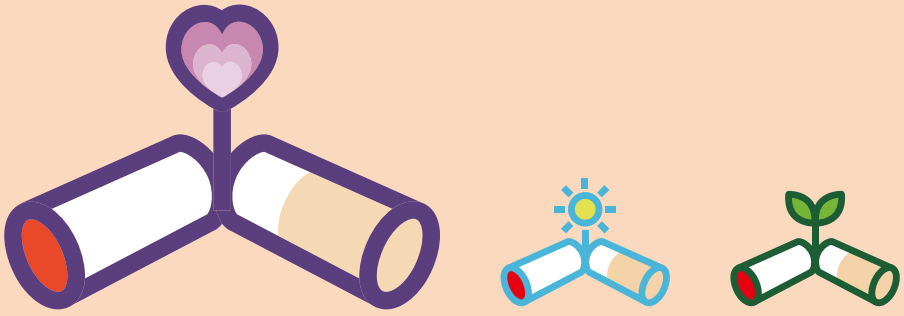
- Group photograph with Secretary General Lin Szu-Hai of the MOHW, foreign experts on tobacco control, and representatives from hospitals rated as excellent in the tobacco-free hospital assessments in 2014 during the "*2014 International Conference on Tobacco Control: Current Status and Future Prospect*", October 23, 2014.

- April 23, 2014: Director General Chiou awarding hospitals that attaining the Gold Level Award in the *2014 ENSH-Gold Level Forum.*

4 Conclusions

Since the promulgation of the *Tobacco Hazards Prevention Act* in 1997 and the implementation of its subsequent amendment in January 2009, the smoking rate of adult men and women in Taiwan dropped to 29.2% and 3.5% respectively in 2014, while the smoking rates among junior high and vocational high school students dropped to 5.0% and 11.5% respectively. Despite this achievement, many young adults started picking up smoking habits once they reach 18 years of age. Although the new regulations have been in force for several years and that refusing the use of tobacco products is gradually becoming the social norm, long-term commitment is still required to create a smoke-free environment. Although improvements were achieved in terms of public knowledge and awareness for tobacco hazards as well as the level of tobacco hazards in the environment, there remained many opportunities for improvement to tackle smoking among young adults or teenagers, smoking in Internet cafes and indoor work environments, and the illegal sales of tobacco products to individuals below 18 years of age.

The WHO clearly recommended that smoking cessation is a key component of tobacco control policies. In order to protect our people from the hazards caused by first and second hand smoke, the only effective solution is to help smokers quit smoking. Future endeavors of the HPA would be to encourage management in non-smoking areas and tobacco product dealers to act responsibly and comply with the relevant regulations. The HPA also requests various health departments to strengthen consultation and auditing of key areas and continue to expand the mutual support network for smoking cessation. Existing systems and resources shall be utilized in a way to maximize the services rendered. Besides existing outpatient and hotline services for smoking cessation, the HPA began implementing the second generation cessation program that featured "*total coverage, total aspect, and total personalization aspects*" in 2013. Smoking cessation treatment services were incorporated in emergency and hospitalization services. The HPA also strengthened smoking cessation programs in campuses, military institutions, workplaces, and health care agencies. Healthcare personnel in pharmacies, campuses, workplaces, and healthcare institutions participating in the smoking cessation program were provided with training as well. The HPA welcomes everyone in supporting and contributing towards smoking cessation efforts so that smokers may give up their habits and receive the healthy lifestyle they deserved.



5 Appendix

Tobacco Hazards Prevention Act

January 23rd, 2009, Hua-Tsung (1) Yi-Zi No.09800016541 Amendment

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 is substitute as a raw material which is manufactured to be used for smoking, chewing, sucking, snuffing or other methods of consuming.
2. "Smoking" refers to the act of smoking, chewing or holding burning tobacco products.
3. "Tobacco product containers" refer to all packaging boxes, cans, or other containers used for selling the tobacco products to the consumers.
4. "Tobacco product advertisements" refers 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 surcharges 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 at 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: NT$ 1,000 for every one thousand sticks.
2. Cut tobacco: NT$ 1,000 for every kilogram.
3. Cigars: NT$ 1,000 for every kilogram.
4. Other tobacco products: NT$ 1,000 for every kilogram.

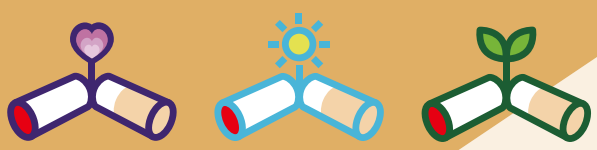
The competent authority at the central government level and the Ministry of Finance shall, once every two years, invite and assemble scholars and experts specialized in finances, economics, public health, and relevant fields to conduct a review of the aforementioned health and welfare surcharge based on the following factors:

1. The various types of diseases attributable to smoking activities, the morbidity and mortality of such diseases, as well as the medical costs thereby incurred 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 tobacco products.
4. National income and consumer price index.
5. Other relevant factors affecting the prices of the tobacco products and the prevention of tobacco hazards.

The collected surcharges shall be used exclusively as National Health Insurance reserves, cancer prevention and control, medical care quality improvements, and subsidies for areas with shortages of medical supplies, medical expenses for rare disorders or otherwise, and insurance fees for those with economic difficulties, and national and provincial level tobacco hazard preventive measures, healthcare, social welfare, investigation of inferior or smuggled tobacco products, prevent tax evasion of tobacco products, and assistance and consultation for tobacco farmers and workers of relevant industries. The rules of allocation and operational agenda dealing with the collected surcharges shall be formulated by the competent agency at the central government level and the Ministry of Finance, and shall be examined and approved by the Legislative Yuan.

The definitions for areas with shortages of medical supplies and individuals with economic difficulties in the previous paragraph shall be stipulated by the central competent agency.

The health and welfare surcharges of tobacco products shall be collected by the collecting agencies of the tobacco and alcohol taxes. The taxpayers, exemptions, refunds, collection, and penalties relating to the above-mentioned surcharges shall be decided and conducted in accordance with the Tobacco and Alcohol Tax Act.



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

1. Vending machines, mail orders, on-line shopping, 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 readily screened.
3. Packaging less than 20 (twenty) cigarettes per vending unit or the net weight of the content of such unit is less than 15 (fifteen) grams. Cigars are exempt from this rule.

Article 6 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. Such rules shall not apply to the brand names of tobacco products used prior to the amendment to this Act.

The tobacco product 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% (thirty-five percent) 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 central competent agency.

Article 7 The level of nicotine and tar contained in 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 previous paragraph shall not exceed the maximum amounts. The regulations relating to the maximum amounts and their testing methods, the methods in labeling such amounts, as well as other matters that need to be observed, shall be prescribed by the central competent agency.

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

The central competent agency shall periodically and voluntarily disclose to the public the information received in pursuant to the previous paragraph. Where necessary, personnel may be dispatched 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 central competent agency.

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

1. Advertising through radio broadcasts, television, film, video, electronic signal, Internet, newspaper, magazine, billboard, poster, leaflet, notification, announcement, reference manual, sample, posting, display, or through any other text, picture, 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 discounting to sell tobacco products, or using other items or gifts for such sales.
4. Using tobacco products as a gift or prize for the sale of other products or for promotion of other events.

Article 9

5. Packaging tobacco products with other products for sale.
6. Distributing or selling tobacco products in forms of individual sticks, loose packs, or sheathed.
7. Using merchandise 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 the central competent agency through public notice.

Article 10 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 scope, contents, and methods of the posting and the displaying required by the preceding paragraph, as well as other matters, need to be observed, and shall be prescribed by the central competent agency.

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 18 (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 18 (eighteen) shall forbid said person to smoke.

Article 13 No person shall provide tobacco products to persons under the age of 18 (eighteen).

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

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

Chapter 4 Places where Tobacco Use is Prohibited

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 where the main purposes are for children or youth education or activities.
2. Indoor areas of universities, libraries, museums, art galleries, and other places where cultural or social education institutions are located.
3. 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 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. Business areas of banks, post offices, and telecommunications businesses.
8. Places for indoor sports, exercises or body-building.
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. However, locations in these venues 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 nine PM (21:00) and exclusively to persons beyond 18 (eighteen) years of age are exempt.
12. Indoor workplaces jointly used by three or more persons.
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.

Article 15 The places mentioned in the preceding paragraph shall have conspicuous non-smoking signs at all of their entrances and exits, and shall not supply smoking-related objects.

Regulations regarding the area, facilities, and layout of indoor smoking rooms described in subparagraphs 3 and 11 in the first paragraph shall be prescribed by the central competent agency.

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 universities and colleges, libraries, museums, art galleries and other places where cultural and social education institutions are located.
2. Outdoor stadiums, swimming pools and outdoor areas of other leisure entertainment locations open to the general public.
3. Outdoor areas of welfare institutions for the elderly.
4. Other places and transportation facilities designated and announced by 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 the smoking area.

Article 16 The designation of smoking areas 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 necessary passageways.

Article 17 Areas not listed in Paragraph 1 of Article 15 and Paragraph 1 of Article 16 may be designated by the owners, person in charge or management of the place and non-smoking areas, and smoking shall be prohibited in such designated areas.

Smoking is prohibited in indoor areas where pregnant women or children under the age of 3 (three) are present.

Article 18 In the event that people start to smoke in non-smoking places listed in Articles 15 and 16 or when those under the age of 18 (eighteen) enter smoking areas, the person in charge of the place as well as the employees shall stop these violators.

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

Article 19 The competent authorities of municipalities, county (city) levels shall periodically send personnel to inspect the places listed in Articles 15 and 16 as well as the establishment and administration of the smoking areas.

Chapter 5 Education and Publicizing Campaign Against Tobacco Hazards

Article 20 Government agencies and schools shall actively organize and provide educational courses and publicizing campaigns against tobacco hazards.

Article 21 Medical institutions, mental health counseling institutions and public interest groups may provide services for smoking cessation.

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

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

Chapter 6 Penal Provisions

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

Article 24 Manufacturers or importers violating the provisions set forth in 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 NT$ 1,000,000 but no more than NT$ 5,000,000, and shall be ordered to recall tobacco products within a specified period of time. Those who fail to recall the products within the specified period of time shall be fined continuously and independently for each violation. Tobacco products found to be violating said provisions shall be confiscated and destroyed. Any person who sells tobacco products in violation to Paragraphs 1 and 2 of Article 6 or Paragraph 1 of Article 7 shall be punished by a fine for an amount of no less than NT$ 10,000 but no more than NT$ 50,000.

Article 25 Any person violating Paragraph 1 of Article 8 shall be punished by a fine for an amount of no less than NT$ 100,000 but no more than NT$ 500,000 and shall be ordered to report the relevant information within a specified period of time. Those who fail to report the relevant information within the specified period of time shall be fined continuously and independently for each violation.

Any person who evades, obstructs or refuses the sampling and investigating (testing) by the central competent agency pursuant to Paragraph 2 of Article 8 shall be punished by a fine for an amount of no less than NT$ 100,000 but no more than NT$ 500,000.

Article 26 Manufacturers or importers violating any subparagraph listed in Article 9 shall be punished by a fine for an amount of no less than NT$ 5,000,000 but no more than NT$ 25,000,000 and shall be fined repeatedly and continuously for every single violation.

Any advertising or mass communication business violating any subparagraph listed in Article 9 by producing advertisements for tobacco products or accepting them for broadcasting, dissemination or printing shall be punished by a fine for an amount of no less than NT$ 200,000 but no more than NT$ 1,000,000 and shall be fined for each violation.

Any person violating any subparagraph listed in Article 9, unless otherwise provided for by the preceding two paragraphs, shall be punished by a fine for an amount of no less than NT$ 100,000 but no more than NT$ 500,000 and shall be fined repeatedly and continuously for each violation.

Article 27 Any person in violation of Article 11 shall be punished by a fine for an amount of no less than NT$ 2,000 but no more than NT$ 10,000.

Article 28 Any persons violating Paragraph 1 of Article 12 shall receive smoking cessation education. For violators who are under the age of 18 (eighteen) and unmarried, their parents or guardians shall be held responsible to have the violators 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 for an amount of no less than NT$ 2,000 but no more than NT$ 10,000 and shall be fined repeatedly and continuously for each unwarranted absence. For violators under the age of 18 (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 central competent agency.

Article 29 Any person violating Article 13 shall be punished by a fine for an amount of no less than NT$ 10,000 but no more than NT$ 50,000

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

Businesses selling tobacco products violating Article 14 shall be punished by a fine in an amount of no less than NT$ 1,000 but no more than NT$ 3,000.

Article 31 Any person violating Paragraph 1 of Article 15 and Paragraph1 of Article 16 shall be punished by a fine in an amount of no less than NT$ 2,000 but no more than NT$ 10,000.

Any person violating Paragraph 2 of Article 15 or Paragraphs 2 or 3 of Article 16 shall be punished by a fine for an amount of no less than NT$ 10,000 but no more than NT$ 50,000 and shall be ordered to implement the necessary corrections within a specified period of time. Those that fail to make the corrections within the specified period of time shall be fined repeatedly and continuously for each instance of failure.

Article 32 Any person violating this Act and is punished in pursuant to the regulations prescribed from Article 23 to the preceding article may be subject to the publicizing of his or her personal identity as well as the manner of his or her violation at the same time.

Article 33 The penalties described by this Act, except for Article 25 which shall be enforced by the central competent agency, shall be enforced respectively by the competent authorities at the municipal level, 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 central competent agency to establish a foundation in handling the relevant affairs of tobacco control and public health.

The regulations regarding the collections, expenditures, safekeeping, and use shall be prescribed by the Executive Yuan.

Article 35 This Act shall become effective 6 (six) months from the date of promulgation.

All provisions amended in this Act on June 15th, 2007, with the exception of Article 4 whose effective date shall be otherwise prescribed by the Executive Yuan, shall take effect 18 (eighteen) months after the promulgation of this Act.

The provisions of Article 4 of this Act has been amended on January 12th, 2009, and the effective date for the amendment shall be prescribed by the Executive Yuan.

Relevant Acts

【http://health99.hpa.gov.tw/documents/%E8%8F%B8%E5%AE%B3%E9%98%B2%E5%88%B6%E6%B3%95.pdf】

- Regulations on the allocation and use of health and welfare surcharge of tobacco products (2009, December 30th)
- Regulations for the implementation of smoking cessation education (2008, February 22nd)
- Regulations for the subsidies and awards of smoking cessation services (2008, February 22nd)
- Regulations for the Testing of Yields of Nicotine and Tar Contained in Tobacco Products and the Labeling of Cigarette Containers (2008, March 27th)
- The Regulations for Establishment of Indoor Smoking Rooms (2008, May 29th)
- Regulations for the Markings and Displays of Venues Selling Tobacco Products (2008, June 23rd)
- Regulations for the Management and Utilization for Tobacco Control and Public Healthcare Foundation (2008, August 21st)
- Regulations Governing Reporting of Tobacco Product Information (2012, August 8th)

Domestic and foreign websites on tobacco hazard prevention

- Health 99 of the Health Promotion Administration, Ministry of Health and Welfare: http://health99.hpa.gov.tw/
- Tobacco control information site, Health Promotion Administration, Ministry of Health and Welfare: http://tobacco.hpa.gov.tw/
- Relevant regulations on tobacco control: http://tobacco.hpa.gov.tw/ContentList.aspx?MenuId=551
- Tobacco product contents information website: http://tobacco-information.hpa.gov.tw/
- Tobacco and alcohol management website, Ministry of Finance: http://www.nta.gov.tw/Subject.aspx?t0=73
- National health indicator 123plus, an interactive inquiry website: https://olap.hpa.gov.tw/
- Smoking cessation outpatient treatment control center, Health Promotion Administration: http://ttc.hpa.gov.tw/quit/
- Smoking cessation hotline service center: http://www.tsh.org.tw/
- Health work place information website: http://health.hpa.gov.tw/
- Taiwan health promoting school: http://hpshome.giee.ntnu.edu.tw
- John Tung Foundation Smoking Cessation Website (Chinese): http://www.e-quit.org/index.aspx
- WHO-Tobacco http://www.who.int/topics/tobacco/en/
- WHO Framework Convention on Tobacco Control http://www.who.int/fctc/en/
- 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/services/library/smoketobacco.html
- Global tobacco control http://www.globaltobaccocontrol.org/
- NSW Health http://www.health.nsw.gov.au/tobacco/pages/default.aspx
- Hong Kong Council on Smoking & Health http://smokefree.hk/tc/content/home.do
- Quit Victoria http://www.quit.org.au/
- ASHLine-Arizona Smokers' Helpline http://ashline.ning.com/
- California Smokers' Helpline http://www.californiasmokershelpline.org/
- European Network of Quitlines http://www.enqonline.org/

Timeline of the Amendments to the Tobacco Hazards Prevention Act

Date	Contents
March 19th, 1997	Presidential promulgation of the Tobacco Hazards Prevention Act. The Act came into effect on September 19th of the same year.
September 17th, 1997	Promulgated the *Enforcement Rules of the Tobacco Hazards Prevention Act*
February 18th, 1998	Promulgated the *Regulations for the implementation of smoking cessation education*
February 10th, 1999	Promulgated the *Regulations for awarding institutions offering smoking cessation inquiry and services*
October 27th, 1999	Amended the *Enforcement Rules of the Tobacco Hazards Prevention Act*
January 19th, 2000	Presidential promulgation of the amendments to the Tobacco Hazards Prevention Act (amended Articles 3 and 30 in response to functional and organizational adjustments of the administration in the province of Taiwan)
April 19th, 2000	Presidential promulgation of the *Tobacco and Alcohol Tax Act* (the original legal basis for the tobacco health and welfare surcharges of tobacco products) and The Tobacco and Alcohol Administration Act.
May 23rd, 2000	The amendment draft of the *Tobacco Hazards Prevention Act* submitted to the Legislative Yuan failed to pass (4th session)
October 26th, 2000	Legislative Yuan public hearing session of the amendment draft of the T*obacco Hazards Prevention Act*
December 29th, 2000	The Ministry of Finance has released the *Regulations on the allocation and use of tobacco health and welfare surcharge* and submitted it to the Legislative Yuan for review.
January 1st, 2002	The *Tobacco and Alcohol Tax Act* and *The Tobacco and Alcohol Administration Act* came into effect
May 31st, 2002	*The amendment draft of the Tobacco Hazards Prevention Act* submitted to the Legislative Yuan has failed to pass (5th session)
May 2003	*The WHO Framework Convention on Tobacco Control* (FCTC), the first international public health convention, has been passed on the 56th World Health Assembly.
May 2004	*The amendment draft of the Tobacco Hazards Prevention Act* has been passed by the 4th Department of Health (DOH) Regulatory Committee Meeting (165th to 168th meetings)
December 24th, 2004	The Department of Health has passed the motion to move Article 22 of the *Tobacco and Alcohol Tax Act* defining tobacco health and welfare surcharge to the amendment draft of Article 4 Paragraph 1 of the *Tobacco Hazards Prevention Act.*
February 24th, 2005	The Executive Yuan has implemented the first reading for the amendment of Paragraph 1 Article 4 and Article 30 of the Tobacco Hazards Prevention Act. The section on tobacco health and welfare surcharge was passed by the Executive Yuan and submitted to the Legislative Yuan for review on March 2nd, 2005.
February 27th, 2005	The WHO FCTC came into effect
March 7th, 2005	The Executive Yuan has submitted the *amendment draft to the Tobacco Hazards Prevention Act* (surcharge portion) to the Legislative Yuan for review (6th session)

Date	Contents
March 14th, 2005	Business representatives, civil society, scholars, and relevant departments have been invited to a *Public Hearing for the Amendment Draft of the Tobacco Hazards Prevention Act.*
March 30th, 2005	The President has ratified and signed the WHO FCTC, and documented its articles
April 8th, 2005	The Executive Yuan has implemented a second reading of Articles 1 through 27 of the *amendment draft of the Tobacco Hazards Prevention Act*
April 18th, 2005	The Executive Yuan has implemented a third reading of the contents after Article 27 of the *Tobacco Hazards Prevention Act* and passed the amendment draft on April 27th, 2005, during the Executive Yuan meeting.
April 27th, 2005	The *Tobacco Hazards Prevention Act* amendment draft (complete version) was submitted to the Legislative Yuan for review (6th session)
May 23rd, 2005	The Bureau of Health Promotion of the Department of Health has invited committees that have proposed each revision of the Act to a meeting in order to discuss the four major topics of tobacco surcharges, advertisements, no smoking areas, and fetal and children protection.
May 26th, 2005	The Finance Committee of the Legislative Yuan has reviewed the *Amendment Draft to a Portion of the Tobacco and Alcohol Tax Act*. The preliminary draft passed the portion where tobacco health and welfare surcharge was increased from NT$ 5 per pack (of 20 sticks) to NT$ 10.
September 27th, 2005	The Legislative Yuan has repealed the *amendment draft of the Tobacco and Alcohol Tax Act* (of the tobacco surcharges) and left it for open discussion by both the incumbent and opposition parties.
October 6th, 2005	The Department of Health has convened a *Discussion Meeting on Amending the Tobacco Hazards Prevention Act,* where *health warning pictures and Text of tobacco product containers* were reduced to 50%, and that the prohibition of texts such as mild, light, or other misleading words *shall not apply to product brand names already in use prior to the amendment* of this Act.
November 9th, 2005	The Social Welfare and Environmental Hygiene Committee has completed preliminary review of the *Tobacco Hazards Prevention Act Amendment Draft* and submitted it for a second reading instead of releasing it for open discussion by both the incumbent and opposition parties.
December 23rd, 2005	The Legislative Yuan has included second and third readings *Motion on the Amendment Draft of the Tobacco Hazards Prevention Act* into their schedules. However, discussion was not carried out as the meeting was adjourned before scheduled closure.
December 30th, 2005	The motion was rescheduled and released to open discussion between the incumbent and opposition parties due to committee petition.
January 3rd, 2006	The Legislative Yuan has thrice reviewed the amendment to Article 22 of the *Tobacco and Alcohol Tax Act.*
January 18th, 2006	The amendment to the *Tobacco and Alcohol Tax Act* was announced through Presidential decree (tobacco surcharge to be increased from NT$ 5 per packet to NT$ 10 per packet).
February 16th, 2006	Stipulated *Regulations on the allocation and use of health and welfare surcharge of tobacco products* following legal authorization by the amendment of Article 22 of the *Tobacco and Alcohol Tax Act.*
November 15th, 2006	4th open discussion between the incumbent and opposition parties in the Legislative Yuan. *Complete prohibition of smoking in indoor areas of public places and indoor smoking partitions equipped with independent air-conditioning or ventilation systems in restaurants, hotels, and other places open to the public for consumption and leisurely purposes* have been passed and submitted to the Legislative Yuan for approval.

Date	Contents
January 16th, 2007	The Legislative Yuan has implemented and completed a second reading of all 35 articles to the *Tobacco Hazards Prevention Act*, with the exception of Article 10 (tobacco products may not be displayed or shown on store racks accessible to the consumers) and Article 15 (portions related to areas where smoking is completely prohibited) which shall remain unchanged.
June 15th, 2007	The *Tobacco Hazards Prevention Act* amendment was passed after the third reading.
July 11th, 2007	The *Tobacco Hazards Prevention Act* amendment was released by Presidential Decree. The legal basis for the collection of tobacco products health and welfare surcharge was moved from Article 22 of the *Tobacco and Alcohol Tax Act* to Article 4 of the *Tobacco Hazards Prevention Act*.
October 11th, 2007	*Regulations on the allocation and use of health and welfare surcharge of tobacco products*, stipulated following authorization by Paragraph 4 of Article 4 of the *Tobacco Hazards Prevention Act,* was released and submitted to the Legislative Yuan for review and approval.
January 8th, 2008	The heaith and welfare surcharge of tobacco product, assessment policies, and other relevant issues of Articles 4 and 35 amendments of the Tobacco Hazards Prevention Act were reviewed and approved by the Regulatory Committee of the Department of Health.
January 15th, 2008	The finalized amendment to Articles 4 and 35 of the *Tobacco Hazards Prevention Act* was submitted by writ to the Executive Yuan.
February 1st, 2008	The Executive Yuan has convened a meeting for *reviewing the amendment draft to Articles 4 and 35 of the Tobacco Hazards Prevention Act and amendment draft to Article 22 of the Tobacco and Alcohol Tax Act*.
February 22nd, 2008	The amended *Regulations for the subsidies and awards of smoking cessation services and Regulations for the implementation of smoking cessation education* have been released.
March 27th, 2008	Promulgation of the *Regulations for the Testing of Yields of Nicotine and Tar Contained in Tobacco Products and the Labeling of Cigarette Containers*
May 29th, 2008	Promulgation of *The Regulations for Establishment of Indoor Smoking Rooms*
May 30th, 2008	Mayors from 25 counties and cities have participated in the first screening of a promotion film entitled *Total Dedication of 25 Counties and Cities for Smoke-Free Public* Areas and attended the subsequent press conference, and announced their determination to prohibit smoking in public areas at the central and local government levels.
June 23rd, 2008	Promulgation of the *Regulations for the Markings and Displays of Venues Selling Tobacco Products*
July 2008	Carried out an investigation on the degree of public awareness before carrying out preliminary media promotion for the implementation of new T*obacco Hazards Prevention Act regulations.*
July 17th, 2008	Amendment draft to Articles 4 and 35 of the *Tobacco Hazards Prevention Act* and implementation date of Article 4 were submitted to the Executive Yuan.
August 2008	Implemented an Investigation on the *Results of Promoting New Tobacco Hazards Prevention Act Regulations to Restaurant* Owners to assess the degree of understanding among restaurant businesses.
August 21st, 2008	Promulgation of the *Regulations for the Management and Utilization for Tobacco Control and Public Healthcare Foundation* by the Executive Yuan

Date	Contents
September 2nd, 2008	The Executive Yuan convened a meeting for *reviewing the draft amendments to Articles 4 and 35 of the Tobacco Hazards Prevention Act, implementation date of Article 4 as well as draft amendments to Article 22 of the Tobacco and Alcohol Tax Act.*
September 10th, 2008	The Executive Yuan convened a second meeting for *reviewing the draft amendments to Articles 4 and 35 of the Tobacco Hazards Prevention Act, implementation date of Article 4 as well as draft amendments to Article 22 of the Tobacco and Alcohol Tax Act.*
October 23rd, 2008	The Executive Yuan convened a third meeting for *reviewing the amendment draft to Articles 4 and 35 of the Tobacco Hazards Prevention Act, implementation date of Article 4 as well as amendment draft to Article 22 of the Tobacco and Alcohol Tax Act.*
October 30th, 2008	The Executive Yuan has passed the amendment draft of Articles 4 and 35 of the *Tobacco Hazards Prevention Act* in Meeting 3116 and submitted the approved amendments to the Legislative Yuan on November 4th, 2008.
November 10th, 2008	A cross-department Tobacco Control Response Center of the Bureau of Health Promotion was established. The Center shall hold periodic meetings every week before Jan 11, 2009.
November 14th, 2008	The Executive Yuan has passed the amendment draft of Articles 4 and 35 of the *Tobacco Hazards Prevention Act* and submitted the approved amendments to the Legislative Yuan.
November 28th, 2008	The first (of four) City and County Health Bureau Director Meetings was convened. Promotion strategies and current status of enforcement for the new tobacco hazards prevention regulations were discussed with city and county health bureau directors.
December 2008	Carried out an investigation after media promotion prior to the implementation of the new *Tobacco Hazards Prevention Act* regulations in order to assess public understanding. Results shall be used as a basis to improve promotion strategies.
December 1st, 2008	1. Began on-site visit of the 25 counties and cities (a total of 5 samples were carried out) 2. Established the Department of Health Tobacco Hazards Prevention Response Center which shall hold periodic meetings.
December 4th, 2008	Promulgation of the *Regulations Governing Reporting of Tobacco Product Information.*
December 10th, 2008	The 22nd general committee review for the amendment draft of Articles 4 and 35 of the *Tobacco Hazards Prevention Act* was held during the 2nd Social Welfare and Environmental Hygiene Committee meeting of the 7th Legislative Yuan session.
December 26th, 2008	The National Health Command Center of the Center of Disease Control (CDC) has performed a response systems and handling exercise for the implementation of the *Tobacco Hazards Prevention Act.*
January 5th, 2009	Minister Jin-chuan Ye led a team to simulate the process of an on-site audit.
January 11th, 2009	The new *Tobacco Hazards Prevention Act* regulations are in effect and established in the National Health Command Center of the CDC. First day audit results from the 25 counties and cities were then released.

Date	Contents
January 12th, 2009	The amendment draft of Articles 4 and 35 of the *Tobacco Hazards Prevention Act* have been approved by the Legislative Yuan after three readings. The health and welfare surcharge for tobacco products shall be increased from NT$ 10 per pack to NT$ 20 per pack.
January 23rd, 2009	The amendment draft of Articles 4 and 35 of the *Tobacco Hazards Prevention Act* on the increase of health and welfare surcharge of tobacco products from NT$ 10 per pack to NT$ 20 per pack were promulgated by Presidential Decree, and shall come into effect on June 1st of the same year.
March 18th, 2009	Promulgation of the *Principles for the Periodic and Voluntary Publication of Reported Information on Tobacco Products by the Department of Health of the Executive Yuan.* Promulgation of the reporting method and format for the *Regulations Governing Reporting of Tobacco Product Information*
April 10th, 2009	Publicized news announcing that the health and welfare surcharge for tobacco products will be increased to NT$ 20 on June 1st, 2009. In order to protect consumer rights and to prevent unlawful profiteering through hoarding of tobacco products by the business owners, tobacco products that require the NT$ 20 surcharge payment will be identified through labeling.
April 17th, 2009	1. Announced the provision of identifiable marking for consumers and other relevant regulations and measures on tobacco products that require the NT$ 20 surcharge payment. 2. The Department of Health and Ministry of Finance jointly amended and released Articles 4 and 5 of the Regulations on the allocation and use of health and welfare surcharge of tobacco products and submitted it to the Legislative Yuan for review.
May 14th, 2009	The Printing Plant of the Ministry of Finance has completed the first batch of 15 million identification labels for the health and welfare surcharge of tobacco products.
May 19th, 2009	The Printing Plant of the Ministry of Finance has completed the second batch of 10 million identification labels for the health and welfare surcharge of tobacco products.
May 20-22nd, 2009	All health agency auditors were convened to organize and host *Explanation Meetings for the Inspection and Verification of Tobacco Product Identification Labels* at Taichung, Kaohsiung, and Taipei in order to explain consumer protection provisions and means of identifying counterfeit labels on tobacco products.
May 26th, 2009	The Printing Plant of the Ministry of Finance has convened an explanation meeting on the locations and processes for distributing tobacco product identification labels
June 1st, 2009	Health and welfare surcharge of tobacco products has been increased from NT$ 10 per pack to NT$ 20 per pack.
June 2nd, 2009	Tobacco product importers have collected identification labels for health and welfare surcharge of tobacco products from 5 distribution locations in Taiwan. By November 15th, 2009, a total of 8,954,792 labels have been distributed.
June 4th, 2009	Tobacco product manufacturers and importers have complied with the *Regulations Governing Reporting of Tobacco Product Information* and submitted their first tobacco product information reports.
July 2009	Implemented a post-test investigation for the *Results of Promoting New Tobacco Hazards Prevention Act Regulations for Restaurant Owners* to assess the degree of understanding among restaurant owners.

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September 18th, 2009	Stipulated the *Principles for the Reporting and Review of Tobacco Product Information by the Bureau of Health Promotion of Department of Health.*
December 30th, 2009	The Department of Health and Ministry of Finance has jointly amended and released Articles 4, 5, and 8 of the *Regulations on the allocation and use of health and welfare surcharge of tobacco products* and submitted the amended articles to the Legislative Yuan for review.
July 23rd, 2010	Convened the *Specialist Assessment Meeting for the Increment of Tobacco Product Surcharges.*
September 17th, 2010	Convened the *Conference on National Tobacco Control Strategies.*
October 4th, 2010	The Department of Health has promulgated the *Illegal Methods for Marketing or Advertising of Tobacco Products* via Department of Health national document Shu-Shou-Guo-Zi No. 0990700968.
November 4th, 2010	Re-announced the submission method and format for the *Regulations Governing Reporting of Tobacco Product Information.*
November 29th, 2010	The national authorization order Shu-Shou-Guo-Zi No. 0990701200 of the Department of Health has approved the interpretation that pedestrian underpasses shall be regarded as *other indoor areas opened to the general public* described in subparagraph 13 of paragraph 1 of Article 15 of the *Tobacco Hazards Prevention Act*, and therefore smoking shall be prohibited in such areas.
December 2010	Tobacco product manufacturers and importers have complied with the Regulations Governing Reporting of Tobacco Product Information and submitted their first updates on tobacco product information reports.
April 6th, 2011	Convened an *Evaluation Meeting for the Operational Performance and Allocation of Health and Welfare Surcharge of Tobacco Products.*
April 22nd, 2011	Convened a meeting for discussing amendments to the *Tobacco Hazards Prevention Act*
May 6th, 2011	Amended and released Articles 10 and 13 of the Regulations for the *Testing of Yields of Nicotine and Tar Contained in Tobacco Products and the Labeling of Cigarette Containers.*
May 19th, 2011	General question and answer session in the joint review of the *amendment draft on part of the Tobacco Hazards Prevention Act* and five other major Acts by the Social Welfare and Environmental Hygiene Committee of the Legislative Yuan.
May 20th, 2011	Confederation of Trade Unions of Taiwan Tobacco & Liquor Company (CTUTTLC) issued a joint petition to the office of Legislative Yuan council member Wei-gang Pan on the amendment of the Tobacco Hazards Prevention Act.
May 26th, 2011	Taiwan Chain Stores and Franchise Association (TCFA) has submitted their opinions on the amendment of the Tobacco Hazards Prevention Act to the Secretariat's Office of the Executive Yuan.
June 2nd, 2011	Various associations from the United States have submitted official letters voicing their opinions on the amendment of the *Tobacco Hazards Prevention Act* to the Ministry of Foreign Affairs.
June 22nd, 2011	The preparatory office of the Republic of China Cigars and Cigarette Association has submitted a letter on their opinions to the amendment draft of the Tobacco Hazards Prevention Act to the Secretariat of the Executive Yuan.
August 24th, 2011	Convened a *professional convention on the evaluation of the health and welfare surcharge of tobacco products.*
September 5th, 2011	The Executive Yuan and Ministry of Finance have jointly amended and released Articles 4 and 8 of the *Regulations on the allocation and use of the health and welfare surcharge on tobacco products.*

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September 5-6th, 2011	The John Tung Foundation has been engaged to host an *Exchange and Discussion Meeting on Tobacco Hazards Prevention for China, Taiwan, Hong Kong and Macao. The Taiwan Acacia Human Rights Promotion Association* protested outside the venue and petitioned mutual respect between smokers and non-smokers as well as their opposition to discriminatory laws.
September 07, 2011	Convened a conference on the amendment draft of the *Tobacco Hazards Prevention Act*
September 08, 2011	The Executive Yuan has amended and released the *Regulations for the Management and Utilization for Tobacco Control and Public Healthcare Foundation.*
August 08, 2012	Amended and released Articles 6, 9, and 10 of the *Regulations Governing Reporting of Tobacco Product Information.*
September 06, 2012	Convened the *2012 evaluation meeting of the health and welfare surcharge of tobacco products*.
September 11, 2012	Convened a *meeting on implementation effectiveness and tracking of the health and welfare surcharge of tobacco products.*
October 26, 2012	Guo-dong Liaw and 21 other legislators have proposed to amend a number of articles in the *Tobacco Hazards Prevention Act*. The proposal was submitted for committee review after passing the first reading.
November 09, 2012	Taiwan Solidarity Union Legislative Yuan caucus Wen-ling Huang has proposed amendments to Articles 10 and 35 of the Tobacco Hazards Prevention Act. The proposal has was submitted for committee review after passing the first reading.
November 16, 2012	Yu-min Wang and 21 other legislators have proposed to amend Articles 2 and 10 of the *Tobacco Hazards Prevention Act.* The proposal was submitted for committee review after passing the first reading.
November 30, 2012	Wei-zhe Huang and 19 other legislators have proposed to amend Articles 13 and 29 of the *Tobacco Hazards Prevention Act*. The proposal was submitted for committee review after passing the first reading.
December 25, 2012	The 2012 annual meeting of the *Tobacco Hazards Prevention Policy and Promotion Committee of the Department of Health, Executive Yuan has been convened* by the Department of Health, Executive Yuan.
December 29, 2012	The Labor Committee of the Executive Yuan has convened a *2012 Policy Conference of the Labor Committee, Executive Yuan* and gave a response on the motion proposed by the Taiwan Tobacco & Liquor Corporation Federation Union to not increase the tobacco health and welfare surcharge.
February 22, 2013	Invited supporting and opposing stakeholders to attend a *conference for the assessment of tobacco health and welfare surcharge.*
March 22, 2013	Yu-min Wang and 25 other legislators have proposed to amend Article 5 of the *Tobacco Hazards Prevention Act*. The proposal was submitted for committee review after passing the first reading by the Legislative Yuan.
March 22, 2013	Qi-chen Jiang and 21 other legislators have proposed to amend Article 29 of the *Tobacco Hazards Prevention Act*. The proposal was submitted for committee review after passing the first reading by the Legislative Yuan.
April 02, 2013	The amendment draft to Article 4 of the *Tobacco Hazards Prevention Act* was submitted to the Legislative Yuan for priority review.
April 09, 2013	Shu-lei Luo and 21 other legislators have proposed to amend Articles 13, 23, 28 and 29 of the *Tobacco Hazards Prevention Act*. The proposal was submitted for committee review after passing the first reading by the Legislative Yuan.
April 12, 2013	Xin-chun He, Ting-fei Chen, Li-jun Deng, and 15 other legislators have proposed to amend Article 5 of the *Tobacco Hazards Prevention Act.* The proposal was submitted for committee review after passing the first reading.

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April 16, 2013	Convened a presentation and discussion meeting for Article 4 amendment draft of the Tobacco Hazards Prevention Act.
April 19, 2013	Convened a conference on tobacco hazards prevention.
April 19, 2013	The amendment draft to Articles 4 and 35 of the *Tobacco Hazards Prevention Act* was submitted to the Legislative Yuan for priority review.
May 01, 2013	The Executive Yuan has convened a review meeting for amendment draft of Article 7 of the Tobacco and Alcohol Tax Act. A preliminary meeting was held on the same day at political commissar Xue's office.
May 03, 2013	The Executive Yuan has convened a review meeting for the *amendment draft of Articles 4 and 35 of the Tobacco Hazards Prevention Act.*
May 09, 2013	The Executive Yuan has passed the amendment draft of Articles 4 and 35 of the Tobacco Hazards Prevention Act, and has increased the health and welfare surcharge of tobacco products to NT$ 2000 per thousand sticks (or for every kilogram) in accordance to Paragraph 1 Article 4 of the Tobacco Hazards Prevention Act. Paragraph 3 Article 35 was amended as well.
May 17, 2013	The Legislative Yuan has completed the first reading of the *amendment draft of Articles 4 and 35 of the Tobacco Hazards Prevention Act* and submitted it to the Social Welfare and Environmental Hygiene Committee and Finance Committee who then jointly convened a general committee review meeting.
May 17, 2013	Convened a *meeting on the effectiveness and future planning of the tobacco surcharge.*
May 31, 2013	Ou-bo Chen, Zhi-wei Qiu and 17 other legislators have proposed to amend Articles 4 and 6 of the *Tobacco Hazards Prevention Act*. The proposal was submitted for committee review after passing the first reading by the Legislative Yuan.
May 31, 2013	Tian-cai Xu, Zhi-wei Qiu and 17 other legislators have proposed to amend Article 4 of the *Tobacco Hazards Prevention Act*. The proposal was submitted for committee review after passing the first reading by the Legislative Yuan.
May 31, 2013	Yao Yang, Ou-bo Chen and 17 other legislators have proposed to amend Articles 4 and 6 of the *Tobacco Hazards Prevention Act.* The proposal was submitted for committee review after passing the first reading by the Legislative Yuan.
May 31, 2013	Convened a meeting to discuss *Subparagraph 2 Paragraph 1 Article 16 of the Tobacco Hazards Prevention Act on measures for other outdoor areas open to the general public for leisure and entertainment purposes.*
June 18, 2013	Released predicted amendments to Articles 12 and 13, updates to the attached figures and texts of Article 2 with changes to the 8 warning diagrams on tobacco product containers for the *Regulations for the Testing of Yields of Nicotine and Tar Contained in Tobacco Products and the Labeling of Cigarette Containers*. The amendments were publicly announced during the period of June 19-25th, 2013.
June 21, 2013	Convened a *progress meeting for amending regulations regarding health and welfare surcharge of tobacco products.*
August 20, 2013	Amendí
September 16, 2013	Jun-yi Li and 17 other council members have proposed to amend Article 29 of the *Tobacco Hazards Prevention Act.* The proposal was submitted for committee review after passing the first reading by the Legislative Yuan.
October 04, 2013	Shi-bao Lai, Qing-quan Su, Shou-zhong Ding and 26 other legislators have proposed to amend Articles 13 and 29 of the *Tobacco Hazards Prevention Act*. The proposal was submitted for committee review after passing the first reading by the Legislative Yuan.

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November 06, 2013	Publicized predicted changes that *smoking shall be prohibited in areas and greenery not designated as smoking areas in National Parks of Taiwan, Nature Parks of Taiwan, Natural Reserves, recreational areas in forests, and natural educational areas, and that smoking is completely prohibited therein if no such smoking area is designated*. The change shall be effective on April 1st, 2014.
November 29, 2013	Hui-zhen Jiang and 19 other legislators have proposed to amend Article 3 of the *Tobacco Hazards Prevention Act.* The proposal was submitted for committee review after passing the first reading by the Legislative Yuan.
December 11, 2013	Tong-hao Li and 26 other legislators have proposed to amend Article 3 of the *Tobacco Hazards Prevention Act.* The proposal was submitted for committee review after passing the first reading by the Legislative Yuan.
December 24, 2013	Convened the 102nd annual committee member meeting of the *Tobacco Hazards Prevention Strategy and Promotion Committee of the Ministry of Health and Welfare.*
January 3, 2014	The "*amendment draft to Articles 4 and 35 of the Tobacco Hazards Prevention Act*" was presented during the Party Policy Platform Meeting
February 10, 2014	Convened the "*Expert Consultation on the Feasibility and Legitimacy on Prohibiting Smoking at Road Intersections as well as Entrances and Exits of Buildings*" meeting
March 7, 2014	Convened a communication meeting for "Article 16 Paragraph 1 Subparagraph 4 of the Tobacco Hazards Prevention Act where: *With the exception of areas designated as smoking areas, smoking shall be prohibited in areas and greenery in National Parks of Taiwan, Nature Parks of Taiwan, Natural Reserves, forest recreation areas, and natural educational areas; smoking is completely prohibited therein if no such smoking area is designated*."
April 1, 2014	Enforcing the regulation where "*With the exception of smoking areas, smoking shall be prohibited in all designated areas, parks, and green areas in National Parks, National Nature Parks, designated scenic areas, and forest recreation areas*."
March 31, 2014	The Finance Committee of the Legislative Yuan convened the 5th Meeting of the Committees to report the "*effective measures for curbing smuggling of tobacco products, effects of reasonable adjustments of tobacco tax and tobacco product health and welfare surcharge and the results of the said adjustments on national finance and health*".
April 18, 2014	Legislator Chu-Wei Tseng and 17 other legislators proposed amendments to Article 4 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after being approved in the 1st reading by the Legislative Yuan.
May 9, 2014	Legislator Kuo-Liang Hsieh and 17 other legislators proposed amendments to Articles 4, 8, 17 and 31 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after being approved in the 1st reading by the Legislative Yuan.
May 30, 2014	Legislator Yu-Min Wang and 21 other legislators proposed amendments to Article 4 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after being approved in the 1st reading by the Legislative Yuan.
June 4, 2014	Convened a discussion for "Most Suitable Proportion for Tobacco Tax and Tobacco Surcharges and Allocation of the Collected Money by the Council of Agriculture, Executive Yuan, for Tobacco Farmer Consultation and Support Funds, and Feasibility of Using the Remaining Funds for Converting Land No Longer Used for Growing Betel Palms".
August 22, 2014	Convened a "*Review Meeting on the use of Tobacco Product Health and Welfare Surcharge*".
October 3, 2014	Legislator Yu-min Wang and 21 other legislators proposed amendments to Articles 7-1 and 24 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after being approved in the 1st reading by the Legislative Yuan.
December 25, 2014	Convened the 103rd annual committee member meeting on the "*Tobacco Hazards Prevention Strategy and Promotion Committee of the Ministry of Health and Welfare*".

2015 TAIWAN TOBACCO CONTROL

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