2016 TAIWAN TOBACCO CONTROL ANNUAL REPORT

Parties to the WHO FCTC : 180

2016 TAIWAN TOBACCO CONTROL ANNUAL REPORT

Parties to the WHO FCTC : 180

CONTENTS

2016 ANNUAL REPORT
TAIWAN TOBACCO CONTROL

From the Director-General

▶ Reaching the WHO's goal: A 30% relative reduction of smoking rate aged 15+ years by 2025

● "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, amended in 2009, has been in effect for 7 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 17.1% in 2015, with a whopping 760,000 individuals quit smoking within 7 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 that the second hand smoke exposure rate at public areas prohibited from smoking has significantly reduced from 23.7% in 2008 to 7.7% in 2015; and the second hand smoke exposure rate at indoor public areas has also greatly reduced from 27.8% in 2008 to 6.4% in 2015. 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.

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 poll 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.

● Extending smoke-free campuses, protecting youth from second hand smoke

In 2015, the smoking rate of junior high school students dropped from 7.8% in 2008 to 3.5% in 2015; the smoking rate of senior high school students dropped from 14.8% in 2007 to 10.4% in 2015. Smoking is completely prohibited in schools at all levels up to and including high schools from indoor public areas by Tobacco Hazards Prevention Act, however, the outdoor areas around building such as school gates, sidewalks etc., were not involved in policy. According to the Global Youth Tobacco Survey conducted by HPA in 2015, 70% of senior high school students agree to prohibit smoking at outdoor public areas such as, recreation parks, sidewalks, accesses of buildings, parks and beaches. Moreover, in recent years, to protect the health of children and youth, we subsidize county and city

governments and cooperate with local Department of Education, schools, relevant bureaus The number of surroundings of schools including sidewalks, gates, and pick-up areas that prohibited smoking has reached 744 in 2015, announced by 16 county and city governments.

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 356,529 individuals sought services from the second generation smoking cessation program, and helped more than 98,000 smokers quit, with a success rate calculated at 27.5% by the end of 6 months. These accomplishments saved NT$530 million from short-term health insurance alone and provided a gain of NT$41.1 billion from long-term social economic benefits.

A total of 13,851 smokers called the Quit-line in 2015, with a success rate of 40.8% at the end of 6 months. A total of 457 smoking cessation classes were held, which were attended by 5,756 smokers. As many as 8,124 training sessions were held, with 12,830-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 20% compared to the same period last year.

WHO calls on a 30% relative reduction of smoking rate by 2025

Taiwan set up a goal to lower smoking rate from 20% in 2010 to 14% for adults by 2025 in response to the goal of a 30% relative reduction in smoking rate by 2025 set by the WHO for the prevention work on noncommunicable disease (NCD). This Tobacco Control Annual Report for 2016, capitalizing on the MPOWER strategies developed by the WHO FCTC (Framework Convention on Tobacco Control) to highlight some of the success tobacco control stories in Taiwan, including curbing the demand for tobacco, promoting the international exchanges and denormalizing the smoking culture. We hope you find the report enjoyable.

Ying-Wei Wang
MD, Dr. PH
Health Promotion Administration, 2016

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 use 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 760,000 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 17.1% in 2015. 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 3.5% in 2015. Smoking rates of senior high and vocational school students also dropped from 14.8% to 10.4% in 2015.

Tobacco control in Taiwan implemented MPOWER measures recommended by WHO. Taiwan attained the highest scores for a total of 4 items, namely: Monitoring tobacco use and polices, Protecting from tobacco smoke, Offering help to quit tobacco use, and Enforcing bans on advertisements promotion and sponsorship. This performance demonstrated the government's efforts in various tobacco control strategies that include establishing monitoring measures and policies for tobacco hazards, enforcing smokefree 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 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 amendment 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 services payment scheme*" on 1st March, 2012. Smoking cessation services would be provided by outpatient, inpatient, emergency, and community pharmacies. Each medication for smoking cessation was subsidized by Health Promotion Administration (HPA), fees for a maximum copayment of NT$200 greatly reduce 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 356,529 individuals.

Smoking cessation rate within 6 months was nearly 30%, and over 98,000 individuals managed to successfully quit smoking. In 2015, professional supported was provided by a total of 3,400 contracted healthcare institutions, 9,160 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 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 7.7% in 2015 (a 70% decrease), and the second hand smoke protection rate for non-smoking public areas has reached 92.3%.

Taiwan began enforcing laws for the placement of 6 warning labels on tobacco product packaging 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 on August 20, 2013. These warnings were officially implemented on 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 include both the environment and 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. ENSH-Global was established in 1999, and since its establishment, there have been 22 countries (including 22 corporate members and 16 associate members) joining the network. Today, there are 198 hospitals in our nation enrolled in the network, which is the largest of its scale throughout the world. In addition, there are only 27 hospitals worldwide certificated the Gold-Level Awards, and among which 11 hospitals are from Taiwan, making Taiwan the country with the most awarded hospitals in the network. Such achievement leads all other countries worldwide. The tobacco-free hospital initiative 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

Taiwan set up a goal to lower smoking rate in response to the goal of a 30% relative reduction in smoking rate by 2025 set by the WHO for the prevention work on noncommunicable disease (NCD). 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, prevent non-smokers from smoking, and help smokers quit their habits. The most important issue is to prevent the public from being exposed to the hazards of 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 second hand smoke and safeguard everyone's health, the HPA focused on the root of the problem and invested efforts to change public perception about smoking and create smoke-free environments in schools, military institutions, communities, and work places.

● Building a Smoke-free Environment at the Local Level

The *Tobacco Hazards Prevention Act* of Taiwan has been enforced for 7 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. Therefore, general public begun to focus on smoke-free environment at covered walkways, roads, pavements, and other public areas where people would expose to second hand smoke outdoors.

For the areas do not designated as non-smoking areas clearly under the Tobacco Hazards Prevention Act, it allows to be designated as non-smoking areas by competent authorities at all levels according to the regulations prescribed in Subparagraph 13 of Paragraph 1 of Article 15 or Subparagraph 4 of Paragraph 1 of Article 16 of the same Act. To create a smoke-free environment, health departments of all counties and cities are actively assisting the areas of large crowds or bus specialized lanes, bus stops, school sidewalks nearby campuses in their jurisdictions to be announced as non-smoking areas by the county or city governments according to the law. The health departments also assign volunteers for patrols and education purposes. In addition to the expansion of the announcement on non-smoking areas according to local characteristics in order to create smoke-free environments, the law enforcements and guidance for tobacco control are also enhanced, and the aforementioned areas are also listed as the key areas for law enforcements. To prevent non-smokers suffering from the hazards of second hand smoke, the health departments of all counties and cities

● Front plaza of Taipei Children's Amusement Park prohibited from smoking

● Jiayou Bicycle Trail in Chiayi prohibited from smoking

have also performed cross-agency cooperation and established community consensus by selecting appropriate locations for the plan of designated outdoor smoking zones in order to actively promote the smoke-free environment and to protect the general public 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 making 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 target of a smoke-free environment.

● Clean-Mountain Day with Smoke-Free and Say No to Betel Nut Street Events at Fuyuan Mountain Trail

● Environmental Protection and Clean Day with Smoke-Free and Say No to Betel Nut Street Events

● No-Tobacco Day, prohibition and prevention of tobacco, alcohol, betel nut and drugs in Taichung City

● 531 World No-Tobacco Day street parade at Nuannuan District of Keelung City

Reduce Health Inequalities

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 reduce the health inequality, since 2012, HPA has subsided 7 counties and cities (Taitung County, Pingtung Country, Hualien County, Tainan City, Keelung City, Yunlin County and Nantou County) with a high population in smoking, alcohol, betel quid as well as high occurrence rate and death rate associated with lung cancer, esophageal cancer, oral cancer, to implement the medium-range goal of "Tobacco, Alcohol and Betel Quid Prevention Integrated Project" in a 5-year period session and for a 10-year goal.

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.

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 investigation 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

Lotung street event promotion for tobacco hazards prevention of "Fringe Festival" in Yilan County

Tobacco hazards prevention and promotion event in Taichung City

Tobacco hazards health educational promotion in junior high school in New Taipei City

every school. Tobacco and betel nuts 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 school's 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 school's 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 included 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 reduced 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 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 box, 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 120 schools were randomly selected in 2015 to undergo on-site counseling and strengthening of tobacco control.

● National Outstanding Youth Field Tobacco Cessation Education Competition in 2015: Leadership Award – Xizhi Junior High School

● National Outstanding Youth Field Tobacco Cessation Education Competition in 2015: Creativity Award –National Kangshan Agricultural & Industrial Vocational Senior High School

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 from supplying tobacco products to those under the age of 18 years. In addition, according to the regulations of the "Smoking Cessation Education Implementation Guideline" stipulated in accordance with the authorization under the Tobacco Health Prevention Act, schools shall provide smoking cessation education to smoking students under the age of 18 in order to allow such students to accept the assistance in anti-smoking and smoking rejection as well as the guidance on the method for quitting smoking. In addition, the number of hours of such education shall not be less than 3 hours, and for those making repetitive violation within 1 year, the number of hours of the smoking cessation education should be extended.

● Campus tobacco cessation educational seed-teacher – achievement observation tour

● Campus tobacco cessation educational seed-teacher training seminar

According to the 2015 *Global Youth Tobacco Survey*, smoking rate of senior high and vocational school students was 10.4% (15.6% for boys and 4.7% for girls) which would be an improvement when compared to the 2014 smoking rate of 11.5% (16.6% for boys and 6.1% for girls). The smoking rate of junior high school students was 3.5% in 2015 (4.9% for boys and 2.0% for girls) which was a slight improvement compared to 5.0% in 2014 (6.4% for boys and 3.5% 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 courses 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 2015, a total of 279 seed youth smoking cessation 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.

In the future, the HPA will continue to cooperate closely with the Ministry of Education in establishing quantified specific goals, guidance and evaluation guidelines, conducting school tobacco hazards prevention random inspection operation, continuously performing the training for smoking cessation education seed teachers in all county and city schools, expanding school tobacco hazards prevention promotion activities, creating smoke-free environments in the school and implementing smoking cessation educations in order to strength the works for smoke-free campuses.

Health Promoting School international certification project

According to the "School Health Act" and the Tobacco Hazards Prevention Act, schools below the level of senior high school shall implement the prohibition on smoking for both indoor and outdoor areas in the school entirely. The HPA conducted the "Health Promotion School International Certification Program" together with the Ministry of Education in 2015 and incorporated outcomes of important issues of tobacco hazards prevention. into the certification standard.

Tobacco control in colleges and universities

The Tobacco Hazards Prevention Act require complete prohibition of smoking in both all indoor spaces and 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 and faculty*, 6.8% of students smoke. Exposure to second hand smoke in the campus could be up to 48.5%, indicating that there were plenty of improvement opportunities for tobacco control in campuses. Therefore, the "Project for Tobacco Hazards Prevention Work in Youth Group Area" is actively implemented, hoping that, under the principle of respecting the self-governance of colleges and universities, schools can be encouraged to actively enhance the tobacco hazards prevention work in order to establish the knowledge and skills of the college students in tobacco hazards prevention and to autonomously create a healthy and smoke-free campus culture. Through tobacco hazards prevention studies and trainings, knowledge and skills of the students on tobacco hazards can be improved. In addition, based on the current status of the tobacco hazards prevention of each school, specific plan targets and directions are proposed in order to create smoke-free campus educational environments for colleges and universities.

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 declaring their dedication to ensure the proper implementation of campus affairs meetings, increased 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 2015, a total of 75 colleges and universities have been established as smoke-free.

In 2015, there were a total of 31 schools that participated through the methods of subsidy offering and guidance with visits etc., in order to encourage colleges and universities of young group areas to conduct tobacco hazards prevention plans and to combine nearby community resources along with expansion of promotion scope, increasing the knowledge and skills of teachers and students in tobacco hazards prevention, cultivating tobacco hazards prevention seed team, stimulating teachers and students to autonomously enroll in the anti-tobacco and tobacco rejection group and providing tobacco cessation service referral information such that campus tobacco prevention and sustainable operation can be established.

In addition, expert committees have been invited to accompany with the personnel from the health departments of counties and cities to perform guidance visits at all schools, and the execution outcome includes:

1. Campus tobacco hazards public strategy: Most schools have already established penalty rules for smoking, and through the high level management of the school, tobacco hazards prevention committees are established for stipulating public policies related to tobacco hazards and committed to the development of smoke-free campus consensus.
2. Creating supportive environment: In addition to the effective controls on basic setups of the campus slogan setups and propaganda promotion etc. in each school, such as the electronic billboard in campus and electronic marquees can be effectively utilized. Accordingly, 17 schools among 31 schools are smoke-free universities, and the establishments of the supportive environments of the campuses are excellent.
3. Diverse creative marketing: The anti-tobacco activities of schools are diverse and plentiful, and most of the schools have been able to develop various activities in conducting promotions along with the utilization of various media broadcasts, creation of promotion video films based on the characteristics of the school, and a lot of schools have also held a sign-up event to reject tobacco in the campuses; all of the methods are of full of creativities and touching, which clearly demonstrates the importance of tobacco hazards prevention in campus and the outcomes are impressive.
4. Actions for strengthening communities: The activities held by each school together with the communities are diverse, including such as the promotion of smoke-free commercial zones, smoke-free landlords, invitation of business owners and landlords to engage in seminars and signaling agreements, invitation of nearby students to gather business owners to join the smoke-free business owner alliance, distribution of no-smoking stickers at nearby commercial zones, further organization of activities related to tobacco hazards at nearby elementary and junior high schools, providing various services together with community medical institutes and hospitals and the department of health etc. such that the activities are diverse and plentiful.

5. Developing personal health skills: To promote tobacco hazards prevention, all of the schools organize relevant seminars and use all types of health educational resources to provide guidance, showing great efforts in such promotion. For example, the National Taipei University of Business establishes the “Bei-Shang Tobacco Cessation Family” to utilize the peer influences along with method of great care to track, encourage and persuade students in tobacco cessation in order to enhance the tobacco cessation in practice.
6. Re-positioning health services: Most of the schools have been able to establish name list for smoking students through the methods of surveys, implementation of CO examination and freshman physical examination. Some schools are able to further cooperate with the department of health and medical hospitals in conducing tobacco cessation guidance.

According to the interview results and the performance report of schools, election of outstanding performance schools can be made. Based on the evaluation of experts and scholars, 8 schools of the Tajen University, Central Taiwan University of Science and Technology, Yuanpei University of Medical Technology, China Medical University, Cheng Shiu University, Tunghai University, Ching Kuo Institute of Management and Health and National Taiwan University of Science and Technology receive the award for schools with outstanding fields. Among these schools, Tajen University incorporates the issue of tobacco hazards into the course materials, designs the violation report form to actively enforce prohibitions and expands non-smoking areas to the smoke-free sidewalks outside the school; Central Taiwan University of Science and Technology combines the medical care professional department in the school with the clubs, utilizes media tools to incorporate tobacco hazards prevention into the making of creative promotional videos for playing in the campus and nearby communities; Yuanpei University of Medical Technology has committed to the policy of smoke-free campus since the establishment of the school 50 years ago along with the incorporation of the tobacco hazards prevention education by the schools into 6 courses as well as incorporation into educational projects; moreover, China Medical University is of a mature school culture of smoke-free campus, and the school frequently organizes diverse and creative tobacco cessation events (such as: instant photograph event, flash event) close to the living of students and the school also promotes the event of “Quit smoking 1+1, Health greater than 1” , in order to utilize the peer influences in order to attract non-identifying smoking groups and to enhance the willingness in tobacco cessation. Furthermore, on December 9, 2015, “Campus Tobacco Hazards Prevention Outstanding Award Presentation and Result Demonstration Event” was held, and in the event, outstanding awards were presented, spotlights were shared and achievement posters were displayed; in addition, all national colleges and universities as well as health departments of counties and cities were invited to attend the event such that a total of 160 people, representation 93 schools, health departments of 12 counties and cities attended the event.

Outcome of the 2015 *Implementation Program for Campus Tobacco Hazards Prevention*:

Item	Outcome
1	Freshmen smoking population of 2,893 individuals for an average smoking rate of 6.0%. (average freshmen smoking rate was 4.8% for 10 universities and 6.6% for 21 vocational colleges)
2	69 smoking areas were reduced to 47 smoking areas
3	Hosted 136 conferences and seminars, created 51 promotional videos, and jointly established 102 student groups.
4	A total of 103medical 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 25,777 individuals.
5	Smoking cessation results: (1) A total of 36 quit courses were held and attended by a total of 1,062 individuals, of which 75 successfully quit smoking for a success rate of 9.3%. (2) Provided referral services to 880 individuals, of which 181 were successfully referred. Smoking cessation service promotion leaflets were handed out to a total of 31,403 individuals.

● 2015 Young campus premises of tobacco control achievement praise

● 2015 Young campus premises of tobacco control achievement praise award

● 2015 Young campus premises of tobacco control sharing event

● 2015 campus tobacco control outstanding award presentation

● Smoke-free Military

According to the results from the Adult Smoking Behavior Telephone Survey showed a smoking rate of 29.9% for men in 2015, the smoking rate for men between the ages of 18 to 29 years was 22.4%. 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 began working 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 and 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.

The “Integrated Tobacco and Betel Nut Control Program of the Ministry of National Defense” aimed at improving the lifestyles, environment, as well as physical and mental health of military officers and soldiers. Various types of tobacco hazards and betel quid control education and awareness sessions are available to in-service military officers and soldiers, military students and new entry soldiers at the military training centers, to improve tobacco and betel quid control awareness and strengthened the prevention program, while helping them autonomously in building trust and faith to refuse smoking and betel quid. In addition, 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:

Policies and environment:

To implement the regulations of the Tobacco Hazards Prevent Act, the "Regulations on Outdoor Fixed-Spot Smoking Management Operation for Boai Camp of Ministry of National Defense" is announced in order to establish an autonomous management system for outdoor fixed-spot smoking and to create a healthy and comfortable environment. In addition, to enforce the regulations of the Tobacco Hazards Prevention Act, the HPA encourage and help armed forces hospitals to be certificated as the member of tobacco-free hospital. During the period of 2013 to 2015, a total of 7 Armed Force General Hospitals received the golden awards, and 5 hospitals received the silver awards. Furthermore, smoking areas inside military camps are gradually removed. In 2015, a total of 57 smoking areas were removed (reduced by 4.89% from 2014). Strict prohibition on smoking is also vigorously enforced for areas of inflammables and explosibles, such as the ammunition depots etc., in order to protect the safety, health and rights of non-smoking soldiers.

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"! In 2015, a new version of quit and win competition event was launched again along with the utilization of greater awards and diverse competition groups in light of attracting soldiers to continue their participation in the competition and to reduce the smoking rate year after year. The event this time differed from the previous event in that it was implemented in two types of competition groups (the groups of the tobacco cessation for 1-3 months and the tobacco cessation for 13-15 months) in order to encourage soldiers in maintain their tobacco cessation in a long term).

The result of the 2015 competition showed that there are a total of 1,281 smoking soldiers participating the competition, among which a total of 498 participants successfully challenged the tobacco cessation during the period of the event and were awarded to participate in lottery draws.

● 2015 National armed force "Quit & Win" lottery draw ceremony

● 2015Kaohsiung Armed Forces General Hospital World No-Tobacco Day Oath-Taking Assembly

● 2015 National armed force tobacco and betel nut prevention counselor training in Matsu field documentary

Cessation and services:

With the construction of a tobacco cessation family as the core, the tobacco cessation mentors act as the foundation to extend upward to the tobacco cessation doctors in order to form the tobacco cessation family. By adopting the method of one-on-one consultation as much as possible, the motivations of soldiers quitting addictions on tobacco and betel nuts are evaluated, and referrals to medical officers for nicotine patches are made depending upon the needs, followed by referrals to doctors by the medical officers for smoking cessation medications. In 2015, 7 sessions of tobacco cessation and betel nuts cessation mentor seminars were held and a total of 535 mentors completed the training; 2 training courses for tobacco cessation doctors were held and a total of 155 doctors for tobacco cessation were trained.

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. According to the survey on the smoking rate of soldiers under mandatory military service from 2013 to 2014, it showed that the smoking rate for the new recruits in 2013 was 31.6%, and the smoking rate at the time of discharge of the service (2014) was reduced to 30.1%; the smoking rate for the new recruits in 2014 was 31.0%, and the smoking rate at the time of discharge of the service had already reduced to 25.4% (2015).

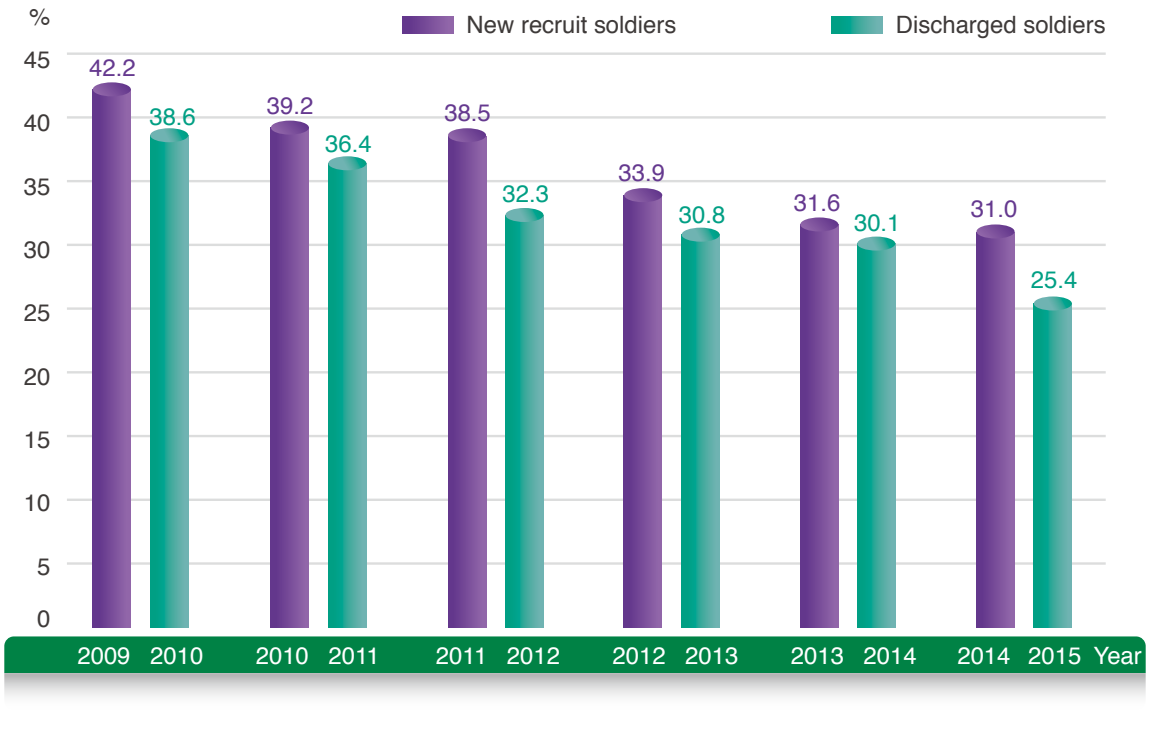


Fig. 1-1 Smoking rate of national soldiers under mandatory military service

Smoke-free Community

Unique and creative *smoke-free community projects* were formulated using the five action principles of the Ottawa Charter for Health Promotion as the project framework. The HPA sought local opinion leaders to establish relevant community pacts and establish a localized support environment and train community volunteers to formulate health promotion strategies and methods as well as to adjust service directives and approaches. A community consensus was thus built from the bottom up. In 2015, support was provided to a total of 19 counties and cities, with 150 "smoke-free community projects" distributed among counties and cities in northern, central, southern, and eastern Taiwan. The results were as follows:

Consultation was provided to 5,946 betel nuts stores or convenience stores selling tobacco products within a 1 km radius from junior-high and elementary schools on the prohibition of selling tobacco products to under-aged individuals in order to create healthy communities. A total of 167 tobacco, alcohol, and betel nuts control parade events or tours were held to promote awareness on tobacco and other hazards. Organized 3,335 health education and promotional programs for "*Smoke-free Families*." Implemented the signing of "*Smoke-free Family*" agreement to ensure the establishment of smoke-free concepts. The HPA is able to have a clear assessment of community resources and public health to integrate resources, establish promotion organizations, and implement strategies that comply with the five action principles for health promotion.

● Jiude Community Development Association tobacco hazards prevention promotion in Wuri District, Taichung City

● 2015 Tobacco cessation for new life creative promotion in Xinyi District, Keelung City

Unique and innovative community-level promotion experiences: Mackay Memorial Hospital Tamshui Branch hosted the tobacco cessation event (June 1 to June 6, 2015) and organized the "mobile tobacco cessation vehicle" startup event, inviting outpatients and relatives as well as the community public to join the event of anti-smoking together, and a total of 117 participated the tobacco cessation event and 66 people participated in the tobacco cessation consultation, 337 completed the singing for supporting smoke-free family. Tao Shin Hospital hosted the "Anti-Tobacco, Alcohol, Betel Nuts Creative Healthy Walks" for a procession in the streets along with local temple festival for a lively and colorful street procession, and health promotion amusement question and answer sessions were also held; the event successfully attracted the public's attention and achieved the educational and entertainment effects; in addition, 14 sessions of singing supports for smoke-free family were held and a total of 786 people signed up for their supports of healthy family starting from you and me: the concept of tobacco cessation for healthy *lung* is rooted deeply in the general public and families. Taichung Tanzi Community Health Creation and Promotion Association combined the Dongbao community, Tanzi district office, Tan-Show Junior High School and other community groups organized 1 session of the Keep Away From Tobacco and Alcohol Creative Costume Party Event, incorporating imaginative and creative costumes in light of creating a living environment without tobacco, alcohol and betel nuts; in addition, 8 sessions of sign-up to support smoke-free family were held and 260 people signed up for their supports, along with teachers and students of the junior high and elementary schools in the jurisdiction also participated in the declaration of rejecting tobacco, alcohol and betel nuts; furthermore, volunteers also actively promoted at the stores and shops nearby schools to not sale tobacco to teenagers under the age of 18, and a total of 3,155 people participated the event.

● Smoke-free temple in Ren'ai District, Keelung City

● Keelung Pai Fu Junior High School teachers and students with Prince Ne Zha Team of Smoke-free temple participated in smoke-free community street 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 contro,l and health promotion. If systematic planning and implementation of smoking cessation can applied in the workplaces, promising results could be achieved, and the benefits can 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 and occupational healthcare service network. In 2006, in addition to promoting tobacco control and expanding the program to include 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 certification system was initiated. In 2008, in order to prepare for the promulgation of new *Tobacco Hazards Prevention Act* regulations, the certification requirement included that indoor workplaces to be designated as non-smoking areas. Workplaces that excelled in promoting health were commended to encourage the establishment of smoke-free workplaces and implement health promoting activities.

The new *Tobacco Hazards Prevention Act* regulations of 2009 stipulated that indoor workplaces occupied by three or more persons must be designated as non-smoking areas. In response, most workplaces have actively planned relevant strategies to create a safe and comfortable smoke-free workplace. Examples of these smoking cessation strategies include classes, inquiries and lectures, breath carbon monoxide tests, poster exhibits, outpatient services of the company's health clinics, pledging support to smoke-free workplaces, and sharing experiences of coworkers who successfully quit smoking. For relevant information on health workplace certification, please visit the Healthy Workplace Information Website (http://health.hpa.gov.tw).

During the period of 2007~2015, there were a total of 14,287 workplaces passed the healthy workplace self-certification (Fig. 1-2). In 2015, professional guidance teams were further involved to actively promote health startup and health promotion mark certification in the field for guiding 166 workplaces, and the number of workplaces passing the certification reached 1,848 workplaces. Furthermore, in 2015, the healthy workplace information website was further renewed to make the website more user friendly and to provide the latest news as well as various promotional items of anti-tobacco and tobacco cessation for free downloads. Moreover, outstanding workplace evaluation was held in 2015, and a total of 31 outstanding workplaces and 4 outstanding promotion personnel were elected.

To understand the effectiveness of promoting smoke-free workplaces, a national healthy workplace environment survey was implemented in 2015 targeting full-time employees 18 years of age)inclusive). Smoking rate among workers was 15.4% (1.2% increase from 2014), with smoking rates being 27.4% for men and 3.0% for women. Meanwhile, 81.7% of indoor workplaces were designated as non-smoking areas (1.4 % reduction from 2014). These statistics indicated that since the new provisions of the *Tobacco Hazards Prevention Act* were enacted, there were still areas where intervention for workplace tobacco control can be further improved 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.

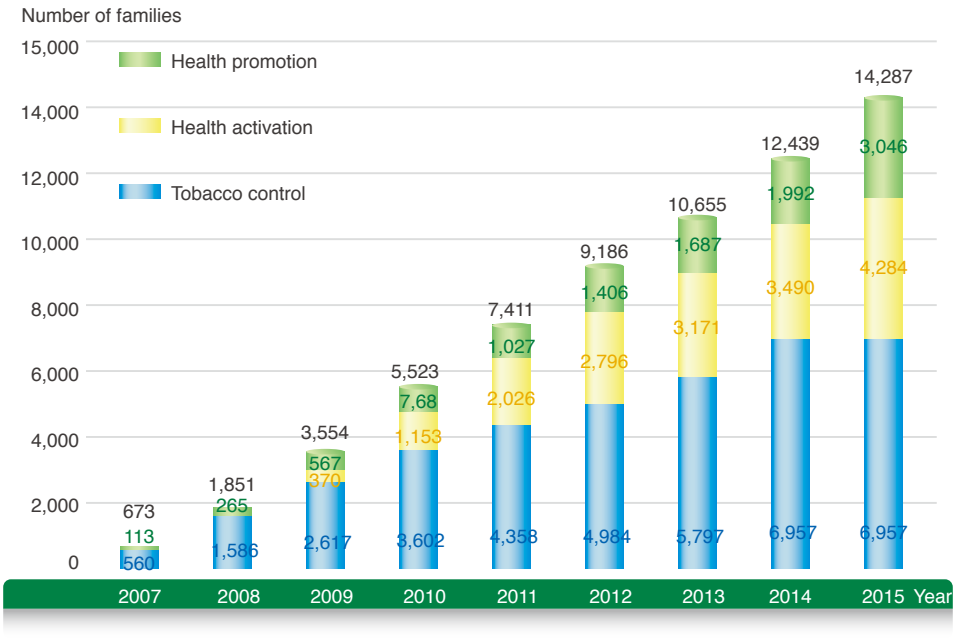


Fig. 1-2 Accumulated number of workplaces passing health workplace self-certification program

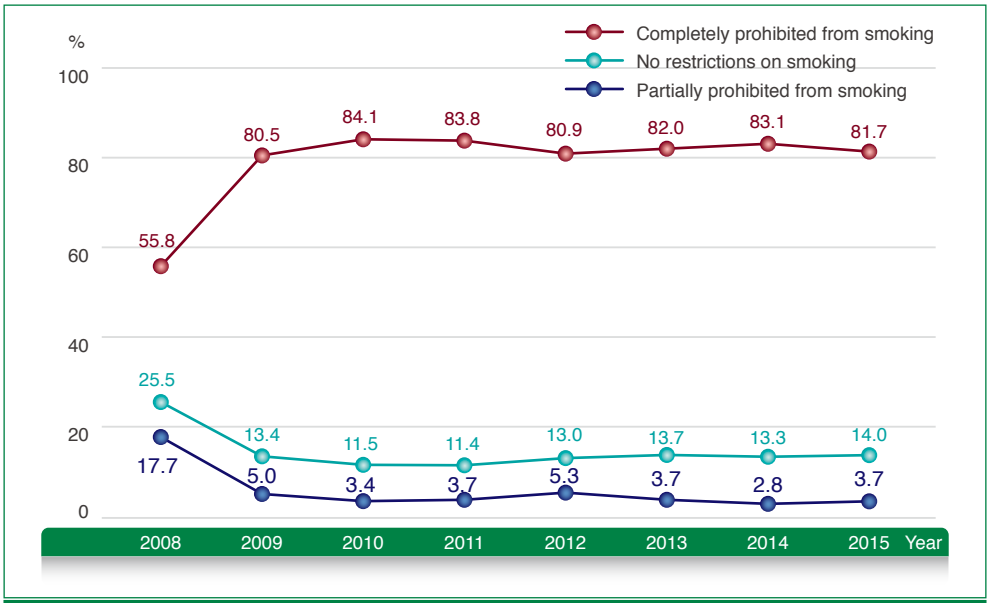


Fig. 1-3 Trend of workplace smoke prohibition policies over the years

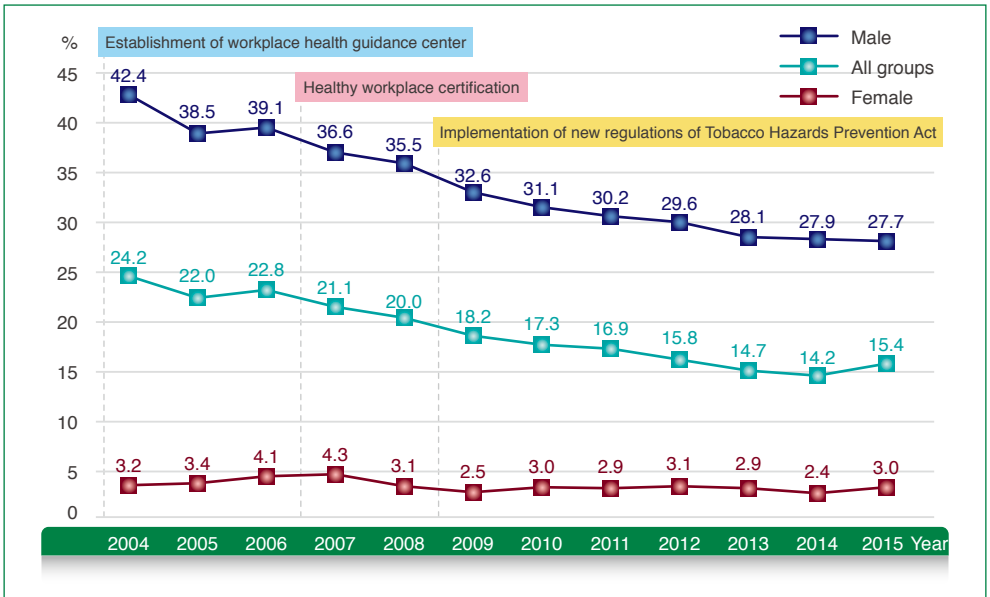


Fig. 1-4 Trend of workplace smoking rate over the years

● Tobacco-free Hospitals

"ENSH-Global Network for Tobacco Free Health Care Services" was established in 1999; currently, 22 countries (including 22 corporate members and 16 associate members) around the globe have already joined the network. Taiwan joined the network in 2011 and became the first network in the Asia Pacific region. With great emphasis and support on health promotion works, hospitals in our nation have swiftly expanded to become the largest network in the Asia Pacific region, and the scale continues to expand such that until 2015, 198 hospitals have joined the network.

The health care system seeks an excellent culture that have high acceptance to health promotion and disease prevention. Through the principle of tobacco-free hospitals: "*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*" along with the eight standards (Governance and commitment, Communication, Education and training, Identification, diagnosis and tobacco cessation support, Tobacco-free environment, Healthy workplace, Community engagement, Monitoring and evaluation) of the ENSH-Global Concept, it ensures comprehensive improvements to tobacco controls, helps 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 8 standards for international certification

Standard 1 Governance and commitment

The healthcare organization has clear and strong leadership to systematically implement a tobacco-free policy.

Standard 2 Communication

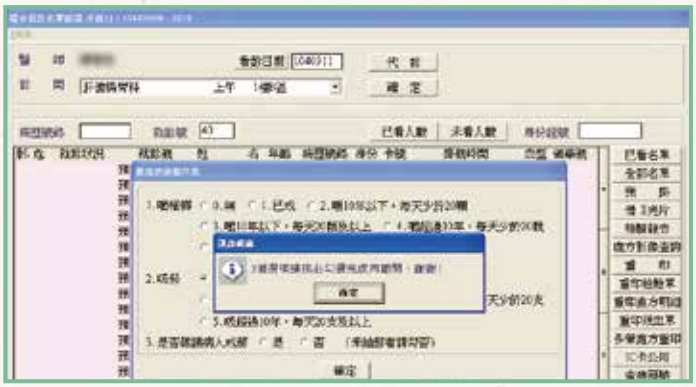
The healthcare organization has a comprehensive communication strategy to support awareness and implementation of the tobacco-free policy and tobacco cessation services.

Standard 3 Education and training

The healthcare organization ensures appropriate education and training for clinical and non-clinical staff.

Standard 4 Identification, diagnosis and tobacco cessation support

The healthcare organization identifies all tobacco users and provides appropriate care in line with international best practice and national standards.



Standard 5 Tobacco-free environment

The healthcare organization has strategies in place to achieve a tobacco-free campus.

Standard 6 Healthy workplace

The healthcare organization has human resource management policies and support systems that protect and promote the health of all who work in the organization.

Standard 7 Community engagement

The healthcare organization contributes to and promotes tobacco control/prevention in the local community according to the WHO FCTC and and/or national public health strategy.

Standard 8 Monitoring and evaluation

The healthcare organization monitors and evaluates the implementation of all the ENSH-Global standards at regular intervals.

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 "ENSH-Global Gold Forum". Countries around the world would submit candidate hospitals that have met gold level award qualification requirements and have unique characteristics for the international assessment. Intensive global competition and evidence-based assessment of tobacco-free hospital best practice were carried out to select hospitals that deserve the Gold-Level Award that could serve as the role model for the learning of 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.

Since Taiwan began recommending tobacco-free hospitals to apply for the International Gold-Level Award in 2012, there have been 11 hospitals receiving the honor, making Taiwan as the member with the greatest number of Gold-Level hospitals.

Integration with second generation cessation services payment scheme for greater performance

The HPA of the Ministry of Health and Welfare launched the "Second Generation Cessation Services Payment Scheme" on March 1st, 2012. Since medical institutions provide more diverse, cost-effective, and convenient smoking cessation service, the tobacco-free hospitals adopt the 8 standards of ENSH-Global, and utilize the established model to initiate effective actions against smoking. For example, in the 4th standard of the ENSH-Global, every patient is inquired on whether being a smoker or not, and active persuades to patients for tobacco cessation are made. There are 70.5% of hospitals in Taiwan providing tobacco cessation services, among these hospitals, 56.1% of them are tobacco-free hospitals, and 43.9% of them are non-tobacco-free hospitals. The data of smoking cessation services shown: in 2015, the cessation service volume of the tobacco-free hospitals (48,150 people) is 16 times greater than that of the non-tobacco-free hospitals (2,937 people), the 6-month cessation rate of the tobacco-free hospitals (29%) is higher than that of the non-tobacco-free hospitals (26%) (The rate is also higher than the foreign cessation rate of 20%), and the estimated number of successful cases of the tobacco-free hospitals (13,964 people) is 18 times greater than that of the non-tobacco-free hospitals (764 people). In particular, the tobacco-free hospitals integrate tobacco cessation resources, work with a team exaction model, and offer consultations to hospitalized smoking patients in proactively, the number of hospitalized patients serviced by the tobacco-free hospitals(13,079 people) is 58 times greater than that of the non-tobacco-free hospitals (224 people). Furthermore, during the 3.5-year period after the initiation of the second generation cessation payment scheme in the tobacco-free hospitals, the number of people serviced is found to growth by 285.3% higher than the number of people serviced during the 3.5-year period before the start of the program, and the rate of growth is far greater than that of the non-tobacco-free hospitals. Public satisfaction

● Taiwan joining "Global Tobacco-Free Hospital Network"

for smoking cessation services in tobacco-free hospitals and non-tobacco-free hospitals were 8.16 and 7.96 respectively, with a respective improvement of 0.64 and 0.52 which had statistical significance. It indicates that under the support of the second generation cessation payment scheme, the tobacco-free hospitals are able to provide effective and practical smoking cessation services, to service greater number of public in successful tobacco cessation, to assist the public to quit addictions on smoking and to increase the satisfaction level of the public. As a result, the development of the tobacco-free hospitals 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 visited tobacco-free hospital in the field and provided guidance

● Experts visited tobacco-free hospital in the field and provided guidance

● 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 worsen respiratory diseases (tympanitis, 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 Centers for Disease Control and Prevention (CDC) pointed out that long-term second hand smoke exposure will increase the risks of cardiovascular disease and stroke by 30-65%. Chances of being affected by lung cancer will also be 20-30% higher than non-exposed. Many people visit parks or the National Parks of Taiwan for recreation for the sole purpose of relaxation, health, and a chance to breathe fresh air free from the hazards of second hand smoke. The "*Monthly Statistics for the Number of Visitors of Major Recreational and Tourist Destinations in Taiwan of 2012*" showed that the average number of visitors to famous landmarks and destinations in Taiwan could reach 10,000 individuals during weekends and public holidays. Such data showed that Taiwan is densely populated and has limited recreational areas. Tourist 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. As of April 1, 2014, the HPA officially announced that: "*With the exemption of smoking areas, all designated areas, parks, and green areas in National Parks, National Nature Parks, designated scenic areas, and forest recreation areas shall be non-smoking areas.*" This makes Taiwan the second country to prohibit smoking in parks and green areas.

It is difficult to provide a comprehensive list of every provision 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 outdoor areas of other leisure entertainment locations open to the general public... 4. Other places and transportation facilities designated and announced by competent authorities at various levels of the government." Hence, the competent authorities have already specified that this Act also applies to "*other leisure entertainment locations open to the general public*." Given the fact that these locations were established for leisurely and entertainment purposes and to support the principle of proportionality (factors such as ventilation properties, number of visitors in the area, and loitering time), Article 16, Paragraph 1, Subparagraph 4 thus specifies that an 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 public announcement meant that "*areas with more visitors*" in National Parks of Taiwan designated by the supervising agencies as well as parks and green areas designated by various county and city governments shall be included as no-smoking areas by public announcement. 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. For designated areas, parks, and green areas in National Parks, National Nature Parks, designated scenic areas, and forest recreation areas, non-smoking areas have been currently established in a total of 47 National parks, 174 destinations, and 3,790 parks and green areas.

Public announcement extended for considerations on legal feasibility and comprehensiveness of legal procedures

To ensure comprehensiveness and extensiveness, 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 academicians to a discussion meeting held on May 31, 2013. Recommendations from attending experts were referenced to clarify the enforcement of the new provisions by determining the promulgation of Article 16, Paragraph 1, Subparagraph 4 of this Act and the starting date from which the new provisions will enter into force.

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 requesting data from local competent authorities of this Act that included the type and number of target individuals entering and leaving the designated areas, length of stay, and space confinements, and ventilation. The purpose was to have these local authorities provide actual tourist 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 thorough reviews and discussions with the MOI, MOTC, COA, and competent authorities of local county and city governments to ensure comprehensiveness and stringency of the laws enforced.

After releasing the new procedures, local health departments were requested to work with the relevant agencies and setup no-smoking signs in the non-smoking areas designated by the released measures. Fixed smoking areas shall be instead established in suitable locations (where other visitors need not pass through) to suitably segregate smoking areas from non-smoking areas. Such measures allow smokers to have clear rules to follow and places to smoke while protecting 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 of April 2014 to Include Parts of Outdoor Leisure Entertainment Areas as Non-Smoking Areas*." Computer-assisted telephone surveys targeting Taiwanese residents aged 15 years or more were targeted. A total of 1,071 individuals were sampled. Results showed that 95.1% of the surveyed individuals (73.4% strongly agreed and 21.7% 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 provision fulfilled the expectations of the majority.

Achieving good performance through proper planning, implementation of package policies, 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 of land. Since the public announcement of December 1, 2013, smoking is prohibited throughout the park except for designated smoking areas. Prior to establishing smoking areas and enforcing park-wide prohibition of smoking, the administrators prepared large no-smoking signs, planned accessible smoking areas, implemented park-wide promotion for the new provisions, and delivered an official notice to the MOTC to remind travel agencies on the need to communicate these measures with the tourists. The Chiayi County Health Bureau and Forestry Bureau also joined forces with relevant personnel to enforce these regulations. Visitors also demonstrated good compliance with such laws. Results showed that prohibition of smoking would not necessarily become more difficult when no-smoking areas become excessively large. The key to successful prohibition of smoking would be proper implementation of package measures as well as dedicated 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 thorough planning and proper package measures which were then extensively enforced by the health departments and relevant personnel. The following provides the package measures for this public 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) on the need to comply with these regulations.
2. Setting up clear and conspicuous no-smoking signs and establishing smoking areas with accessible and reasonable movement lines. Smoking areas shall also be clearly marked upon maps so that smokers have a place to satisfy their smoking urges.

3. Clearly state no smoking rules and the location of smoking areas in the entrance tickets or brochures introducing the park. Alternatively, no smoking leaflets can also be provided to the tourists during ticket purchases.
4. Use mass media, news announcements, theme-based marketing, distribution of promotional items, or other means to intensively improve awareness of no smoking rules.
5 Canvass and visit all shops and residences within areas under the jurisdiction of the national parks to improve awareness of no-smoking rules, and to request shops to help distribute promotional leaflets to the public.
6. Provide 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 members of the public mistakenly believed that the National Parks of Taiwan are prohibiting smoking for the entire park premises. However, this is an overly simplistic understanding of the new provisions. The HPA explained that the National Parks of Taiwan were not prohibiting smoking throughout 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 public announcement was to provide clear regulations, effective segregation, and public guidelines. The aforementioned no-smoking areas were provided with the proper signs and labels for no-smoking areas and smoking areas accordingly. 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 abroad to enjoy fresh, clean air, and phytoncides when visiting the National Parks and achieve total relaxation and an improved touring experience and quality.

● No-smoking sign in the park

● No-smoking sign in the park

● No-smoking sign in the park

In response to this public 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 provisions. Visitors need not remember the areas where smoking is prohibited. They need only follow the signs or ask a staff member to know where no-smoking areas are located as well as the directions to smoking areas.

The HPA also kept statistics since the promulgation of the following provision on April 1, 2014: "*With the exemption of smoking areas, all designated areas, parks, and green areas in National Parks, National Nature Parks, designated scenic areas, and forest recreation areas shall be non-smoking areas*." As of December 31, 2015, a total of 21,804 checks were carried out by various counties and cities. A total of 829 fines were levied which amounted to NT$1,345,000. 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 to satisfy their urge to smoke so that they may be segregated from other visitors or tourists during the visit. Smokers were also reminded to pay attention to these regulations to avoid fines.

The new provisions 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 public respondents supported the establishment of no-smoking areas and segregated 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 areas with the exception of designated smoking areas and helping provide visitors to these parks and natural scenic areas with the right of enjoying fresh, clean air.

▶ Pictorial Health Warnings on Tobacco Packages

Printed designs on tobacco product containers are one of the methods for advertising tobacco products. Article 11 of the WHO Framework Convention on Tobacco Control mandated that signatories 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 tobacco product containers as of 2015. Such restrictions therefore apply 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 container. Regular replacement of the warning images and texts is also necessary in maintaining the warning effects. Various countries have defined different frequencies. Chile established the highest frequency for warning 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 amended 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 faces 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 public on 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 revised provisions were officially promulgated on June 1, 2014.

● Pictorial health warning on tobacco packages

The 8 new health warning labels underwent years of preparations via the new images and text health warnings development project which solicited various 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.

In 2014, the result of the entrusted research of the "Study on Influence of New Version of Tobacco Product Health Warning Labels on Smoking Behavior of General Public" indicated that, with regard to the attitude of the smokers on the effectiveness of the warning labels on tobacco packages, tracking and investigation revealed that during the month of the revision and three-month after the new version, the attitude scores were significantly lower than those before the revision, showing that after the new version of the warning labels on the tobacco packages, the effective level of agreement of the smokers on the warning labels of the tobacco packages was lower than that before the new version, and the effect of the warning label was lower than the expectation. Nevertheless, the Ministry of Finance expressed that the new version of health warning labels were helpful in identifying whether the tobacco products were smuggled products during the anti-smuggling operations.

In 2015, the competition event of "Warning Sign PK" received a total of 619 works of art submitted to participate the event. After numerous evaluations by excerpts and scholars, 1 gold medalist, 2 silver medalists and 2 bronze medalists were elected along with 10 pieces of outstanding creations. In addition, 3 expert seminars were held and more than 30 experts and scholars were invited to discussions, suggesting that for the future warning label design, it would be most optimal to express with strong and direct presentations. In the 3 sessions of group seminars, comments on the development of warning labels were also proposed, and the result of eye-movement instrumental tests showed that images expressing high levels of fear could indeed obtain greater attention. It is expected to develop labels with warning effect in order to generate warning effects on the smoking public as well as providing health knowledge such that the smoking amount of smokers can be reduced or actions for quitting smoke can be aroused.

Since September 2002, the EU has started to publish tobacco product warning labels and texts for the uses of all member countries. In May, 2011, former Director General (Minister at the time), Wen-Da Chou, contacted the Directorate-General for Health and Consumers (known as DG SANCO) in the World Health Assembly period and the EU representative conference, and in September of same year, EU agreed to license our nation to use the tobacco product health warning labels; in addition, on May 24, 2012, the "Tobacco Package Image License Agreement" were signed by both parties, making our nation to become the 10th country in singing the tobacco package warning image license with the EU. This agreement is also the first official agreement signed by our nation with the EU in the field of health.

For penalizing violations of the new provisions of the *Tobacco Hazards Prevention Act*, a total of 200,570 inspections of tobacco product containers were jointly conducted with local health departments in 2015. Local health departments also carried out a total of 97,759 joint-audits of signs and displays placed at locations selling tobacco products. A total of 26 citations were issued with a total of fine amounting to NT$410,000.

● 2015 pictorial health warning design competition awards

▶ Promotion and Training

● Promotion and Effectiveness of Tobacco Control

In 2015, with the smoke-free supportive environment promotion, tobacco cessation service and tobacco hazards education as the core, through the methods of demands by family relatives, celebrity testimonies with tobacco cessation experience sharing etc., warnings to different types of smokers for early quitting of smokes are provided. In addition, with the utilization of the medias of television, broadcasting, newspaper and magazines, network events and advertisements, outdoor television walls, commercial areas advertisements, transportations etc., and relevant exposures at events, enhanced promotion methods blended into the living of the general public are adopted in order to increase the understanding of the general public on tobacco hazards and to urge the general public to pay attention to the tobacco hazards of second hand smoke and third hand smoke.

● Tobacco Control at the County and City Level

In order to promote public support and awareness for tobacco control, strengthen the stance against smoking, ensure continued public compliance with the *Tobacco Hazards Prevention Act*, maintain a tobacco-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 a selection of relevant promotional educational courses, lectures, and activities for tobacco control (a total of 8,124 such events were held in 2015). In addition to key topics based on different themes and periods, the HPA released press reports on tobacco control.

● No-Smoke Elf Event in Changhua County

● “Beauty without smoke ~ Just quit smoking!” press conference in Taipei City

● Taoyuan City Shennong School for kids health knowledge and creativity competition

● Lienchiang County tobacco hazards prevention propaganda outdoor large signboard

These reports were also released through a diverse selection of 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 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 size of the smoking population in the country.

● Tobacco Hazards Prevention Act and Complaints Hotline

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

New provisions of the *Tobacco Hazards Prevention Act* were enacted on January 11th, 2009. The HPA expected many calls and inquiries regarding the new provisions and 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 to and handled promptly. Any valid case of public complaint was forwarded to local health departments for subsequent inspection and action. Since 2009, the 0800-531-531 inquiry helpline received a total of 41,206 calls and a total of 8,950 complaints (Table 1-1).

Table 1-1 Statistics of 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
2015	3,737	2,100	276	276	678

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 2,416 calls were made to the Tobacco Hazards Inquiry and Complaints Helpline in 2015, which included 312 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 measures and higher health and welfare surcharges for tobacco products, demonstrating their concern for the implementation of new *Tobacco Hazards Prevention Act* regulations and increased tobacco products surcharge.

Training for Enforcement Personnel for the Tobacco Hazards Prevention Act

Enforcement of the new provisions 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 provisions 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 provisions 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 provisions, secondary provisions, and enforcement methods of the *Tobacco Hazards Prevention Act* so that local enforcement personnel have an accurate understanding of the Act, the ability to comply with legal administrative procedures and 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 provisions in the Act and other associated laws, the *Administrative Procedure Act*, *Administrative Penalty Act*, the composition of administrative penalties and appeals against them, 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 2015, 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 subsequent practice of 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 provisions 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 and prohibitions, monitoring the trends of various indicators, smoking cessation therapy as well as strengthening the implementation of specific areas such as objectives for the number of people receiving the second generation cessation program which would be allocated in accordance to the smoking population of each county and city. Scoring is implemented according to the situation and additional points would be provided to reward and encourage special achievements or overcoming of difficult situations.

For 2015, the tobacco control program assessment items included five major aspects: (1) enforcement performance, (2) inspection and auditing, (3) achievement of program objectives, (4) administrative processing time, and (5) smoking cessation therapy. 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 those under 18 years of age, on-site inspection results from the "*Assessment for the Enforcement Performance of the Tobacco Hazards Prevention Act*" conducted by the Consumers' Foundation as commissioned by the HPA as well as audit performances for the aforementioned provisions in various counties were used as assessment items.In addition, to reduce the accessibility of tobacco products by teenagers, since 2014, Article 13 is newly added and specifying that tobacco products shall not be sold to those under 18 years of age as part of the auditing of performance evaluation in order to strength the protection on the health of teenagers.

For the evaluation item of "investigation and monitoring", in addition to the "smoking rate of general public above 18 years of age" and "public area second hand smoke exposure rate" of each county and city have been listed in the evaluation since 2012, starting in 2013, to further reduce the second hand smoke hazards at campuses and workplaces, the "campus second hand exposure rate" and "workplace second hand smoke exposure rate" are newly added as part of the evaluation content. Furthermore, since 2014, the evaluation item of "teenager smoking rate" is newly added in order to strengthen the promotion of relevant policies in reducing the smoking condition of teenagers. Moreover, to improve the health knowledge and skills of the general public, since 2015, the index of "tobacco hazards prevention awareness condition" is newly added as the evaluation item. To promote the medical related personnel in each county and city to accept tobacco cessation trainings and to provide tobacco cessation services in practice as well as to urge the general public to use the tobacco cessation service resources, the "status of medical related personnel accepting tobacco cessation training and after tobacco cessation training, providing tobacco cessation health education or consultation in practice", "medical related personnel persuading cessation of tobacco percentage", "tobacco cessation service utilization status" are all listed as the evaluation items of the "tobacco cessation service". In addition, since 2013, for the evaluation indices of less challenges, such as "project target number achievement status", are adjusted to have lower percentage weights.

For the performance or progress level of each county and city in performing tobacco hazards prevention audits that is sufficient to be the role-model of other counties and cities, or cooperation status for handling special annual policies of the Administration such that there are specific and special performances, higher scores of evaluation are provided. The Administration will flexibly adjust the evaluation indices, annual project review and project onsite visits and management according to the needs of the policies in order to effectively enhance the completeness of the system.

● County and City Tobacco Control 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, thereby strengthening the consensus between the central and local governments in driving the program.

To improve the problem analysis skills of the working staff of the health departments counties and cities in tobacco hazards prevention, to enhance relevant knowledge and skills in practice and plan stipulation as well as providing communication and learning platforms among counties and cities, in 2015, 1 session of "County and City Tobacco Control Exchange Workshops" was held at the northern region and the Penghu region respectively, and a total of 182 people attended the workshops. In addition to the demonstration of the tobacco hazards prevention results of each county and city, the course content for the northern region included the "annual tobacco hazards prevention key business description", "practical exchange for the Tobacco Hazards Prevention Act", "smoke-free class for children – small pioneers for children tobacco hazards prevention", "million number of smoke-free family integrated marking and promotion plan", "utilization of new media, zero distance between you and me", "creative thinking and marketing", and counties and cities were also invited to share practical exchanges and problem discussion on the "law enforcements of Tobacco Hazards Prevention Act", "youth group and creative tobacco hazards prevention", "second generation tobacco cessation service strategy" etc. The course content in the Penghu region included the courses of the "tobacco hazards

prevention goal and work plan", "tobacco hazards inspection case studies", "description and review on cross counties and cities in joint inspection projects according to the Tobacco Hazards Prevention Act", "county and city tobacco hazards law enforcement achievement", "case study and discussion on special penalty cases of tobacco product promotions or tobacco product advertisements", "smoke-free environment creation and outdoor no-smoking area promotion strategy", "description on current status of teenager tobacco hazards prevention plan" and "electronic cigarette managing current status and challenge" etc.

All sessions received great discussion feedbacks, achieving the objectives of experience sharing and exchange with each other thoroughly. In addition, surveys on evaluation by the trainees were conducted, and the result indicated that for the course arrangement and self-assessments, most of the staff of the department of health expressed that the courses were helpful to official business with the level of satisfaction reaching above 90%, most hoped that such courses can be continued.

● 1st echelon workshop of the Administration interacting with counties and cities

● 1st echelon workshop healthy exercise time

● Group photograph of 2nd echelon workshop organized in Penghu

● Photographs of classes of 2nd echelon workshop

▶ 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 that 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 article 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 promote 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 interests and health, local health departments must act in accordance to the law and check for illegal tobacco advertisements and promotions. From 2009 to 2015, a total of 2,399,764 inspections were carried out throughout Taiwan with a total of 66 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 (44/66, 66.7%). Item 3: Using discounting to sell tobacco products, or using other items or gifts for such sales (6/66, 9.1%). Item 4: Using tobacco products as a gift or prize for the sale of other products or for promotion of other events (9/66, 13.6%). 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 (6/66, 9.1). Item 6: Distributing or selling tobacco products in forms of individual sticks, loose packs, or sheathed (1/66, 1.5%). Based on further analysis of the health departments of counties and cities, in view of the conditions of penalties for violated tobacco advertisements and promotions issued in the last 7 years, the number of penalty cases of 19 (28.8%) in Taichung is of the highest percentage, next is Taipei City of the number of 16 cases, Kaohsiung City of the number of 8 cases, 4 cases for New Taipei City and Tainan City respectively, 3 cases for Miaoli County and Nantou County respectively, 2 cases for Keelung City, Yilan County and Kinmen County respectively, 1 case for Taoyuan County, Changhua county and Pingtung County respectively (Table 1-2).

According to Article 9 of the “Tobacco Hazards Prevention Act”, tobacco products shall not be used as advertising or sponsorships. Upon the active evidence collection by the health departments of counties and cities, during the period of 2009-2015, for the penalized violation of tobacco product advertised and sponsorship cases, the major cases included the tobacco promotion events in nightclubs, tobacco package advertisement for tobacco promotion and sponsorship in Taipei City for the penalty fine of NT$36,005,000, tobacco package advertisement for tobacco promotion in Miaoli County for penalty fine of NT$17,800,000, tobacco package advertisement for tobacco promotion in Taichung City for a penalty fine of NT$11,700,000, tobacco products with gifts of image cards and sponsorship in Kaohsiung City for a penalty fine of NT$10,830,000, tobacco package advertisement for tobacco promotion in Yilan County for a penalty fine of NT$10,000,000, tobacco-free orally disintegrating cigarette tablets using flyers in articles for introduction of product penalized for a fine of NT$5,100,000 by the health department of Keelung City and the tobacco package advertisement for tobacco promotion in Changhua County for a penalty fine of NT$5,000,000 etc., total of amount of the penalty fines was NT$97,788,500 for 9 cases of violations.

Table 1-2 Tobacco advertisement and promotion violations and penalties issued in Taiwan from 2009 to 2015

County / City	Citations	Fine (NT$)
Department of Health, Taipei City Government	16	36,005,000
Keelung City Health Department	2	5,100,000
Public Health Department, New Taipei City Government	4	333,500
Public Health Department, Yilan County	2	10,000,000
Public Health Department, Taoyuan County	1	100,000
Public Health Department, Miaoli County Government	3	17,800,000
Health Department, Taichung City Government	19	11,700,000
Changhua County Public Health Department	1	5,000,000
Health Department, Nantou County Government	3	270,000
Department of Health, Tainan City Government	4	400,000
Department of Health, Kaohsiung City Government	8	10,830,000
Public Health Department, Pingtung County Government	1	100,000
Public Health Department, Kinmen County	2	150,000
Total	66	97,788,500

● 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's 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 revised provisions 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 4,388 inspections in 2013, 2,604 inspections in 2014 and 1,335 inspections in 2015. 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 2015, a total of 635,609 site inspections with 4,279,204 assessment items were carried out throughout the country. A total of 8,791 citations were issued. Case comparisons showed that the top 3 violations were (1) smoking with 4,261 cases (48%), (2) under-aged smoking by minors under 18 years of age with 3,799 cases (43.2%), and (3) failure to display no smoking signs and providing smoking-related objects in non-smoking areas with 656 cases (7.5%) (Tables 1-3, 1-4, and 1-5). Taipei City showed the highest number of penalties, and Kaohsiung City was ranked the second highest. For the penalties issued to smokers under the age of 18, New Taipei City had the greatest number of penalties, and Hsinchu City was ranked second. For the penalties on smokers at non-smoking areas, Kaohsiung City and the greatest number of penalties, and Tainan city was ranked second. For the penalties on the installation of visible no-smoking signs at all entrances and exits and the penalties for supplying relevant articles related to smoking, Tainan City had the greatest number of penalties, and Kaohsiung City and New Taipei City were ranked second and third respectively. Further analysis indicates that for the violator penalized in 2015, the top three places for smokers under age of 18 are places not listed as non-smoking areas, schools below the level of senior high schools (inclusive) and others (Table 1-6). The top three places where violators above the age of 18 penalized at the non-smoking areas are the schools under the level of senior high schools (inclusive), internet cafes, electronic game arcades.

To implement the new regulations of the “Tobacco Hazards Prevention Act”, the health departments of all counties and cities in the nation are committed to the promotion and law enforcement works. Nevertheless, there are still some people and public figures challenging the authorities and smoke in the cabinets of trains, airplanes or internet cafes, or event playing videos of providing tobaccos to children on websites. Such actions have not only violated the regulations on prohibition of smoking at non-smoking areas specified in the “Tobacco Hazards Prevention Act” and the regulation on the prohibition of supply of tobacco to those under the age of 18 specified in “The Protection of Children and Youths Welfare and Rights Act”, for any actions involving the abuse of children, in addition to the investigation and prosecution by the relevant competent authorities according to the law, strict condemn to guardians are made to warn any opportunists to stop challenging the laws, all fields are urged to pay attention on the issue of tobacco hazards to 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 2015

Category / Year / County / City	Inspection of smokers													
	Audited population							Citations						
	2009	2010	2011	2012	2013	2014	2015	2009	2010	2011	2012	2013	2014	2015
Taipei City	33,450	45,532	42,881	140,115	87,431	86,977	65,605	88	328	514	554	277	322	262
Kaohsiung City	124,677	36,017	52,625	129,765	48,373	40,365	41,228	633	712	1,819	1,473	1,460	1,323	953
New Taipei City	13,290	18,225	22,154	162,420	84,362	87,820	66,559	341	371	450	224	225	284	420
Yilan County	24,036	14,471	23,441	29,342	21,082	18,899	20,952	45	47	73	97	54	86	53
Taoyuan County	27,756	20,846	24,831	54,190	60,184	67,011	47,159	635	292	251	198	107	303	97
Hsinchu County	10,825	10,898	14,147	30,424	20,159	18,563	15,185	141	177	26	12	19	24	11
Miaoli County	35,853	6,561	6,345	22,498	16,126	16,552	14,515	85	50	25	140	167	332	241
Changhua County	23,183	19,885	12,595	37,198	32,152	35,207	38,432	35	78	58	33	44	22	46
Nantou County	20,848	5,622	17,614	36,689	28,735	25,568	33,560	32	27	25	30	40	47	41
Yunlin County	9,855	9,771	10,612	18,475	22,160	22,631	23,292	88	156	104	120	70	52	33
Chiayi County	9,346	6,060	12,428	28,097	16,812	15,397	15,039	38	71	68	65	66	22	30
Pingtung County	25,039	15,610	17,075	39,208	47,478	48,401	49,860	113	191	257	164	187	273	212
Taitung County	7,728	4,400	5,373	6,893	7,675	8,836	9,247	14	19	6	5	52	48	24
Hualien County	13,124	8,473	10,386	15,870	13,670	14,492	13,982	58	97	126	47	184	132	210
Penghu County	2,274	2,637	3,131	7,219	4,107	4,309	4,207	1	2	1	0	1	4	0
Keelung City	80,228	15,053	17,274	13,083	12,864	13,846	14,409	90	163	235	102	124	94	149
Hsinchu City	8,727	5,369	5,890	27,447	12,539	9,757	11,117	245	326	191	227	72	52	57
Taichung City	70,952	138,268	85,464	167,265	116,184	121,125	97,616	528	933	822	834	695	274	194
Chiayi City	34,541	22,358	3,772	14,982	14,593	18,229	12,312	21	49	35	37	88	52	32
Tainan City	68,649	33,216	29,631	71,580	79,012	53,258	46,771	406	508	511	377	342	482	464
Kinmen County	1,748	941	3,065	2,608	1,601	1,587	1,169	1	8	3	18	40	33	20
Lienchiang County	2,798	399	428	478	387	395	357	11	1	0	2	7	0	0
Total	648,501	440,612	421,162	1,055,846	747,686	729,225	642,573	3,649	4,606	5,600	4,759	4,321	4,261	3,549

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 2015

Category / Year / County / City	Inspection of smokers under 18 years of age													
	Audited population							Citations						
	2009	2010	2011	2012	2013	2014	2015	2009	2010	2011	2012	2013	2014	2015
Taipei City	11,941	23,391	22,123	31,572	27,132	30,303	27,657	597	408	196	207	262	201	133
Kaohsiung City	57,186	29,880	43,510	59,811	41,418	28,045	29,742	242	111	225	461	191	230	299
New Taipei City	8,929	7,906	17,640	42,636	55,435	23,872	18,169	4,721	1,542	945	570	642	384	1,259
Yilan County	21,807	14,064	23,081	28,966	20,737	18,585	20,706	94	27	7	46	13	43	55
Taoyuan County	15,328	13,609	17,614	43,225	46,235	46,854	35,942	507	116	124	279	112	278	306
Hsinchu County	4,172	10,288	13,878	29,961	19,860	17,956	14,789	195	174	119	85	118	114	81
Miaoli County	25,338	5,139	5,532	20,957	15,166	16,482	14,431	143	12	37	220	88	326	196
Changhua County	11,861	18,285	12,315	37,033	31,960	34,787	38,219	270	72	11	11	8	1	67
Nantou County	4,580	1,807	7,228	10,677	9,816	10,125	10,659	396	292	315	329	217	236	183
Yunlin County	8,559	8,645	10,047	17,810	20,944	20,258	20,242	64	12	13	11	8	13	40
Chiayi County	5,180	4,568	10,151	17,856	14,227	12,885	12,142	86	66	32	28	19	45	45
Pingtung County	7,729	5,092	5,039	10,322	9,331	8,835	7,932	81	87	98	43	27	187	103
Taitung County	3,619	3,035	4,068	3,812	4,274	4,581	5,002	35	32	80	59	38	76	38
Hualien County	5,100	5,393	6,066	8,072	7,600	13,627	13,234	51	45	47	23	49	21	68
Penghu County	578	812	662	1,418	980	1,163	1,395	52	64	60	59	78	50	79
Keelung City	78,256	14,797	17,052	12,910	12,620	12,851	13,927	256	89	67	32	31	34	49
Hsinchu City	7,385	4,932	5,853	17,955	12,432	9,851	11,360	64	228	251	183	235	390	329
Taichung City	34,098	77,279	49,051	51,373	56,220	49,273	28,081	834	439	219	273	186	153	168
Chiayi City	30,746	21,101	3,608	14,646	13,956	17,817	12,179	1	9	2	10	44	53	59
Tainan City	50,244	28,192	27,232	69,649	77,768	51,425	44,886	264	75	136	183	208	220	231
Kinmen County	1,592	772	2,650	2,280	1,493	1,335	1,145	2	1	2	11	16	17	15
Lienchiang County	394	392	315	476	378	224	238	0	0	0	0	0	0	0
Total	394,622	299,379	304,715	533,418	499,982	431,134	382,077	8,955	3,901	2,985	3123	2,590	3,072	3,803

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 2015

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	2015	2009	2010	2011	2012	2013	2014	2015
Taipei City	42,829	45,141	41,630	139,809	85,185	88,036	66,890	37	100	224	133	69	42	45
Kaohsiung City	155,287	35,398	49,735	130,655	46,579	38,759	39,209	12	11	9	72	81	113	104
New Taipei City	17,895	17,838	20,705	158,359	84,087	87,518	66,123	146	104	157	90	79	58	60
Yilan County	22,486	14,423	23,303	29,253	21,009	18,740	20,860	1	7	12	24	39	8	8
Taoyuan County	26,308	20,508	24,802	54,099	60,539	65,310	40,003	13	7	1	4	15	27	23
Hsinchu County	10,112	10,733	14,134	30,414	20,138	18,540	15,169	18	7	1	1	3	4	2
Miaoli County	33,855	6,304	6,300	22,297	15,757	16,124	14,283	7	10	9	12	6	10	10
Changhua County	26,682	19,828	12,547	37,165	32,091	35,170	38,385	0	0	6	1	2	2	0
Nantou County	27,655	5,484	17,513	36,407	28,676	25,448	32,726	3	5	7	6	1	6	5
Yunlin County	8,514	8,756	10,259	18,077	21,564	21,687	20,987	30	44	46	30	47	17	19
Chiayi County	9,249	5,823	12,232	28,171	16,637	15,316	15,227	3	0	0	0	1	2	0
Pingtung County	26,456	15,302	16,608	38,993	46,799	48,075	48,691	12	15	12	9	17	16	7
Taitung County	7,184	4,250	5,416	6,364	7,548	8,276	8,605	1	0	0	0	0	0	4
Hualien County	13,171	8,453	10,076	15,768	13,496	14,467	13,622	20	1	1	0	0	21	26
Penghu County	2,043	2,579	3,018	6,876	4,072	4,282	4,214	0	0	0	2	0	4	0
Keelung City	79,271	14,812	17,036	12,979	12,717	12,937	14,256	4	15	6	7	3	14	24
Hsinchu City	8,386	5,034	5,699	27,499	12,457	9,593	11,057	0	0	0	2	0	0	0
Taichung City	62,316	137,898	84,455	170,259	115,483	120,794	97,306	44	118	212	108	92	76	44
Chiayi City	32,715	22,322	3,759	14,900	14,366	18,152	12,275	0	7	9	5	11	5	21
Tainan City	66,491	33,789	29,424	71,348	78,799	52,761	46,501	6	18	65	29	35	116	258
Kinmen County	1,575	938	3,060	2,589	1,531	1,577	1,146	0	1	1	0	5	1	3
Lienchiang County	2,803	397	446	467	376	383	361	0	0	0	0	0	0	0
Total	683,283	436,010	412,157	1,052,748	739,906	721,945	627,896	357	470	778	535	506	542	663

Table 1-6 Analysis of the areas for Tobacco Hazards Prevention Act penalties for smokers under 18 years of age from 2009 to 2015

Year / Common site of violations	2009	2010	2011	2012	2013	2014	2015
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%)	2,456(64.6%)
Internet cafes	418(4.7%)	327(8.4%)	190(6.4%)	236(7.6%)	119(4.6%)	142(4.6%)	103(2.7%)
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%)	994(26.2%)
Bus stations	77(0.9%)	21(0.5%)	8(0.3%)	14(0.4%)	3(0.1%)	16(0.5%)	11(0.3%)
Hospitals	4(0.0%)	1(0.0%)	3(0.1%)	0(0.0%)	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%)	85(2.2%)
Others	464 (5.2%)	108(2.9%)	108(3.6%)	294(9.3%)	95(3.7%)	102(3.3%)	150(3.9%)
Total	8,955(100%)	3,899(100%)	2,985(100%)	3,123(100%)	2,590(100%)	3,072(100%)	3,799(100%)

Table 1-7 Comparison of scores for the implementation of Tobacco Hazards Prevention Act inspection and penalties by various local health departments in 2015

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	nspection article / NT$10,000 subsidy
	Audited population	Citations	Audited population	Citations		
Taipei City	15,598	35	63,525	257	261,772	178
Kaohsiung City	29,402	55	40,124	931	286,405	108
New Taipei City	16,962	182	65,992	293	249,497	135
Yilan County	20,663	14	20,735	53	219,315	237
Taoyuan County	35,684	74	42,146	97	396,106	314
Hsinchu County	14,719	20	14,837	11	137,119	219
Miaoli County	14,104	10	14,333	241	131,573	179
Changhua County	38,159	7	38,190	38	373,640	268
Nantou County	10,576	5	32,979	40	183,001	164
Yunlin County	20,213	2	20,073	30	225,053	250
Chiayi County	12,122	6	14,084	29	132,297	146
Pingtung County	7,629	18	40,243	177	188,754	183
Taitung County	4,747	9	6,785	23	59,544	78
Hualien County	5,526	10	13,823	209	88,613	97
Penghu County	1,295	0	3,412	0	21,402	37
Keelung City	13,883	19	14,027	145	128,995	177
Hsinchu City	11,036	9	11,075	44	95,080	113
Taichung City	27,953	41	96,115	187	589,485	381
Chiayi City	12,130	12	12,155	29	105,015	206
Tainan City	44,690	39	45,566	444	397,632	231
Kinmen County	154	1	1,082	20	5,521	15
Lienchiang County	163	0	356	0	3,385	9

▶ Smoking Cessation Services

Since 2009, smoking has been prohibited in the entirety of indoor public areas and workplaces. Refusing smoking hazards have gradually become a norm. To encourage smokers to quit smoking as early as possible, activities for the "*Quit Smoking Movement Year*" of 2010 as well as "*Comprehensive Smoking Cessation Services*" were continued in 2015. In addition to professional support provided by the second generation cessation services payment scheme and Taiwan Smokers' Helpline (TSH), other activities such as Quit & Win campaigns, quit smoking courses, and community inquiry services provided by local health departments, and quality improvement programs for tobacco-free hospital services were carried out. Various personnel were trained with smoking cessation knowledge. Professional staff in the community, campuses, work places, military institutions, and healthcare services were mobilized to provide a diverse selection of smoking cessation services.

● Comprehensive Smoking Cessation Services

To protect the health and rights of the general public, and to achieve the goal set for the non-communicable diseases by the WHO, hoping a 30% relative reduction of nationwide smoking rate by 2025, since the year of "*Quit Smoking Movement Year*" in 2010, the HPA has launched the "*Comprehensive Smoking Cessation Services*". The Comprehensive Smoking Cessation Services were 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.

According to the statistical data of the HPA, in 2015, Taiwan Smokers' Helpline (TSH) serviced a total of 13,851 people, and the 6-month success rate reached 40.8%; a total of 457 smoking cessation classes were held and serviced 5,756 people; 8,124 relevant promotion and educational events for tobacco hazards prevention were organized; the total number of people participating the beginner and intermediate smoking cessation health educational training with qualification was 12,830 people, and more than 3,000 healthcare institutions or community pharmacies provided smoking cessation therapy or health education services. The amount of service grew by 20% over the same period of previous year.

Through the smoking cessation services provided by the comprehensive smoking cessation services, not only the foundation for community smoking cessation service can be established, but also encouraging smokers to choose the smoking cessation services based on the accessibility, convenience and professionalism of their own needs in order to allow all people to have healthier smoke-free environments.

● 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.

● November 25, 2015, United Daily News – Quit smoking for love, Fortune for millions

● Poster to quit smoking and save money

"*Smoking*" is a problem and behavior that can be eliminated, yet it still claims over 20,000 lives a year in Taiwan, making it the most murderous challenge to national health. Taiwan has been levying health and welfare surcharges of tobacco products for smoking cessation therapy since 2002. Nicotine addicts above 18 years of age (those scoring at least 4 points on the new Fagerström test or smokes 10 or more cigarettes a day) were provided with 2 treatment sessions every year, with each treatment providing up to 8 weeks of medication, and short-term inquiry services. Smokers also enjoyed subsidies for smoking cessation medication and doctor's services, though only fixed subsidies were provided, with NT$250 per week for smoking cessation medication. Smokers may still have to pay NT$550-1250 of expenses which may be too high for those with low income those years. Hence, a key topic for eradicating health inequality would be identifying measures that reduce economic barriers preventing people from accessing smoking cessation treatments.

To help more smokers quit smoking, the second generation cessation services payment scheme was launched on 1st March, 2012. Payment subsidies derived from the health and welfare surcharge include smoking cessation treatment fees, case tracking fees, 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 with a maximum copayment of NT$200. 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 treatments were also expanded from outpatients to inpatients, emergency room patients. In September 2012, community pharmacies began to offer medication provision as well as smoking cessation education and case management. In addition to providing improved convenience, professional services by the pharmacists, and flexibility of service time, smokers were also given personalized inquiries and support. Such measures were designed to improve smoking cessation for community residents. One-on-one as well as face-to-face services were carried out by smoking cessation instructors during quit courses and case management. Resources within the resources were also integrated, allowing the HPA to actively promote smoking cessation within work places, campuses, and other institutions to provide smoking cessation healthcare education, inquiries, and training. Once more smokers take the initiative to utilize smoking cessation therapy, the number of cases that successfully quit smoking would increase as well, giving positive contributions to the reduction of adult smoking population. The HPA successfully added dentists and assistants pharmacists as part of the smoking cessation service team sinec 1st May, 2014. Dentists are often able to discover injuries 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 and to provide a more extensive and effective cessation service. With consideration on the current status of the health with disadvantages of the aboriginals, to reduce the health inequality, since 1st November, 2015, aboriginals accepting the smoking cessation services at non-mountainous areas and offshore areas can be exempted from the medication copayment.

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 subsidies may be offered up to the limits specified in 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

  Organize teams to 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 therapy

Item	2002	2003-2004	2005	2006	2012.3	2012.9	2014.5	2015.11
Physician	Family / internal medicine	Family / internal medicine Psychiatry	Specialists			Specialists Pharmacists Cessation instructors	Specialists Dentists Pharmacy staff Cessation instructors	
Treatment sessions	1 treatment (8 week course) every year				1 treatment (8 week course) every year			
Venue	Outpatient services				Outpatient services / Inpatient / emergency care	Outpatient / inpatient / emergency care / pharmacy		
Diagnostic fee subsidy	NT$250 / session	NT$350 / session			NT$250 / session			
Medication fee subsidy	NT$250 / week	NT$400 / week		NT$250 / week	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 deficient medical resources; completely free for low income families and residents in aborigine settlements and offshore islands)			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 deficient medical resources; completely free for aborigines, low income families, and residents in aborigine settlements and offshore islands)
	-	Low income families: NT$500 / month						
Referral fees for pregnant women	-	NT$100 / pregnancy						
Cessation instruction fees	-				NT$100 / visit			
Case management fees	-				NT$50 / visit			

Comprehensive initiation of smoking cessation treatment

- smoking cessation services now offered for inpatient and emergency care patients: Services no longer restricted to outpatients only.
- Team-based smoking cessation education and mutual care network: In addition to medication, 16 smoking cessation instruction, care, and case management sessions were offered as well.
- Case management and tracking: Case management for 3-month of 6-month periods.
- Doubling the effort: fee for service + pay for performance
  - — Fee for service: 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 shall be commended.

Since 2002, the number of cessation services provided has changed due to the implementation of new policies or subsidy adjustments. The revised provisions of the *Tobacco Hazards Prevention Act* were enacted on 11th January, 2009, prohibiting smoking in indoor public areas as well as indoor working areas with more than three individuals. The number of clinical visits initially increased in the first 6 months but then started to decrease with every season from the second quarter of 2009 and stabilized by the second season of 2010. After initiating the Second Generation Cessation Services Payment Scheme on 1st March, 2012, the number of clinical visits and patients using clinical visits rose also increased. By 2015, the total number of contracted medical institutions offering smoking cessation therapy was 3,400, distributed across 366 townships and cities (for a coverage rate of 99.4%. Mobile services will further increase coverage to 100%). Since the enactment of new Tobacco Hazards Prevention Act provisions in 2009 and increase in tobacco surcharges, the total number of individual cases accepting smoking cessation therapy reached 472,269 (excluding returning cases) by December 2015 (Figure 1-5).

Physicians, pharmacists, and health instructors must undergo smoking cessation therapy courses, training and receive official certification before being able to establish a medical institution contracted to offer cessation services. Medical fees shall be paid for by the National Health Insurance system, while medical institutions offering cessation services must accept and support smoking cessation therapy quality assessments, service satisfaction investigations, monitoring of smoking cessation success rates, and cost-benefit analysis.

To understand the effectiveness of outpatient medication treatment services for smoking cessation, telephone interviews were used to track the 6-month success rate of individual cases after going through smoking cessation therapy (where success is defined as cases that refrained from smoking for 7 days within the period of 6 months after initiation of treatment). From January 2009 to November 2015, 6-month success rate after going through smoking cessation therapy (shown in Figure 1-6) showed that among medical institutions of every level, medical centers achieved the highest rate of success at 32.3%, while basic clinics had the highest number of successful cases due to their prevalence, convenience, and larger number of cases treated (Table 1-9).

Table 1-9 Effectiveness of cessation services conducted by healthcare institutions of different levels, 2002~2015

Level	Patients	Courses carried out	6-month point success rate	Number of success cases
Medical centers	34,151	13,112	32.3%	4,241
Regional hospitals	61,513	24,632	29.4%	7,251
Community hospitals	35,690	14,343	27.1%	3,890
Clinics	140,848	47,440	26.0%	12,318
Public health center	48,726	31,409	21.5%	6,755
Dental clinics	2,773	1,357	26.5%	359
Community pharmacies	144,221	24,656	27.4%	6,764
Total	467,922	2,826,038	26.5%	4,241

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

Since 1st March, 2012, the HPA launched the second generation of tobacco cessation service and announced the measures for performing the "*Quality Improvement Measures for Smoking Cessation Services*" to assist all contracted healthcare institutions to introduce and implement the smoking cessation individual case tracking and management system in order to increase the 3-month and 6-month smoking cessation success rates such that a quality-oriented payment system can be further established. On 14th July, 2015, outstanding healthcare institutions (as shown in the Table below) in "*Quality Improvement Measures for Smoking Cessation Services*" were publicly announced, and the outstanding healthcare institutions were invited to share experience and achievements in the handling of the second generation smoking cessation services. With such learning and experience sharing platform, communication among healthcare institutions can be enhanced. With the communication and discussion this time, it is hoped to guide the healthcare institutions to properly utilize the MPOWER strategy and diverse smoking cessation services in order to assist smokers in smoking cessation and to be away from the tobacco hazards as well as to achieve the goal of reducting the smoking rate.

Table 1-10 Exemplary medical institutions commended in the 2015 "*Quality Improvement Measures for Smoking Cessation Services*"

Level	Name
Medical center	Kaohsiung Medical University Chung-Ho Memorial Hospital
	Mackay Memorial Hospital
	Kaohsiung Veterans General Hospital
	National Cheng Kung University Hospital
	Changhua Christian Hospital
	Shin Kong Wu Ho-Su Memorial Hospital

Level	Name
Community hospital	Yung Chuan Hosptial
	Puzi Hospital, Ministry of Health and Welfare
	Lukang Christian Hospital
	Kaohsiung Municipal Gangshan Hospital
	Taichung Veterans General Hospital
	National Cheng Kung University Hosptial Dou-Liou Branch
	Yuan Sheng Hospital
	Hsinchu Cathay General Hospital
	Kang-Ning General Hospital
	Cheng ching hospital

Level	Name
Regional hospital	Jianan Psychiatric Center, Ministry of Health and Welfare
	Buddhist Tzu Chi Medical Foundation
	Lo-Hsu Foundation, Inc., Luodong Poh-Ai Hospital
	Taiwan Adventist Hospital
	New Taipei City Hospital
	Mennonite Christian Hospital
	Taoyuan Psychiatric Center, Ministry of Health and Welfare
	Tainan Municipal Hospital
	Pingtung Hospital, Ministry of Health and Welfare
	Yuan's General Hospital
	Buddhist Tzu Chi General Hospital
	Show Chwan Memorial Hospital
	Ditmanson Medical Foundation Chia-Yi Christian Hospital
	Lin Shin Medical Corporation Lin Shin Hospital
	National Taiwan University Hospital Hsin-Chu Branch
	Tungs' Taichung MetroHarbor Hosptial
	Chang Hua Hosptial, Ministry of Health and Welfare
	Sijhih Cathay General Hospital
	Hsinchu MacKay Memorial Hospital
	Cheng Hsin Hospital
	St. Martin De Porres Hospital
	National Taiwan University Hospital Yunlin Branch
Clinic	Yonghe Otolaryngology Clinic
	Xiao-Tai-Yang Pediatric Clinic
	Defu Clinic
	Shin Hai Otolaryngology Clinic
	Cheng Tai Otolaryngology Clinic
	Liou Zhou Xian Me Psychiatry Clinic
	Lin Cheng Xing Clinic
	He Yi Ching Clinic
	Jiu Ru Collective Clinic

Level	Name
Clinic	Guang Quan Family Medicine Clinic
	Zhong Xin Clinic
	De Shin Clinic
	Lin Hei Chao Pediatric Clinic
	Hsu Jin Xian Otolaryngology Clinic
	Rei Long Clinic
	An Shin Clinic
	Qin Qin Clinic
	Hsieh Zong Zhe Otolaryngology Clinic
	Shin Long Shi Family Medicine Clinic
	Hong Sen Clinic
	Bo An Family Medicine Clinic
	Kang De Clinic
	Hui Kang Clinic
	Cun De Pediatric Clinic
	Hong An Clinic
	Huang Zhi Wei Otolaryngology Clinic
	Li Ren Otolaryngology Clinic
	Dong Jin Shan Clinic
	Tainan Municipal Hospital An-Nan Clinic
	Huang Yao Ming Clinic
	Ou Ci De Medical Clinic
	Lin Gang Ye Pediatric Clinic
	Zhen Shan-Mei Clinic
	Wang Shi Hong Pediatric Clinic
	Ji Feng Otolaryngology Clinic
	Lin Shin Yo Clinic
	Jia Xiang Clinic
	Hong Yuan Yu Pediatric Clinic
	Yi Shin Clinic
	Jin An Clinic
	Huang Tien Yi Otolaryngology Clinic
	Yeh Zheng Jia Family Medicine Clinic

Level	Name
Clinic	Sin Yue Clinic
	YuanShan Veterans Hospital VAC Outpatient Clinic
	Chen Chang Fu Clinic
	Jian Chia Yi Clinic
	Lin Yi Hong Clinic
	Xinzhung Hsu Otolaryngology Clinic
	Shi Jin Nan Clinic
	Yong An Clinic
	Hong Yo Cheng Pediatric Clinic
	Kuai An Clinic
	Chen Hong Lin Clinic
	Da Hua Clinic
	Quan Xin Clinic
	De Chang Clinic
	Xing Ci Clinic
Public health center	Sanchong District Public Health Center, New Taipei City
	Yilan City Public Health Center, Yilan County
	Sanzhi District Public Health Center, New Taipei City
	Linbian Township Public Health Center, Pingtung County
	Dongshan Township Public Health Center, Yilan County
Pharmacy	Jian Kang Pharmacy
	Sin Hua Xin Qing Qi Pharmacy
	Jian Ming Pharmacy
	Feng Jia He Pharmacy
	Tai Zi Pharmacy


戒菸找專業 熄菸保康健

- May 23, 2015, Liberty Times – Tobacco cessation with experts Quit smoking for health

- 2015 Quit smoking! Be a real hero! Press conference – Mr. Qing-Tai Lin sharing his personal experience to persuade public to keep away from tobacco

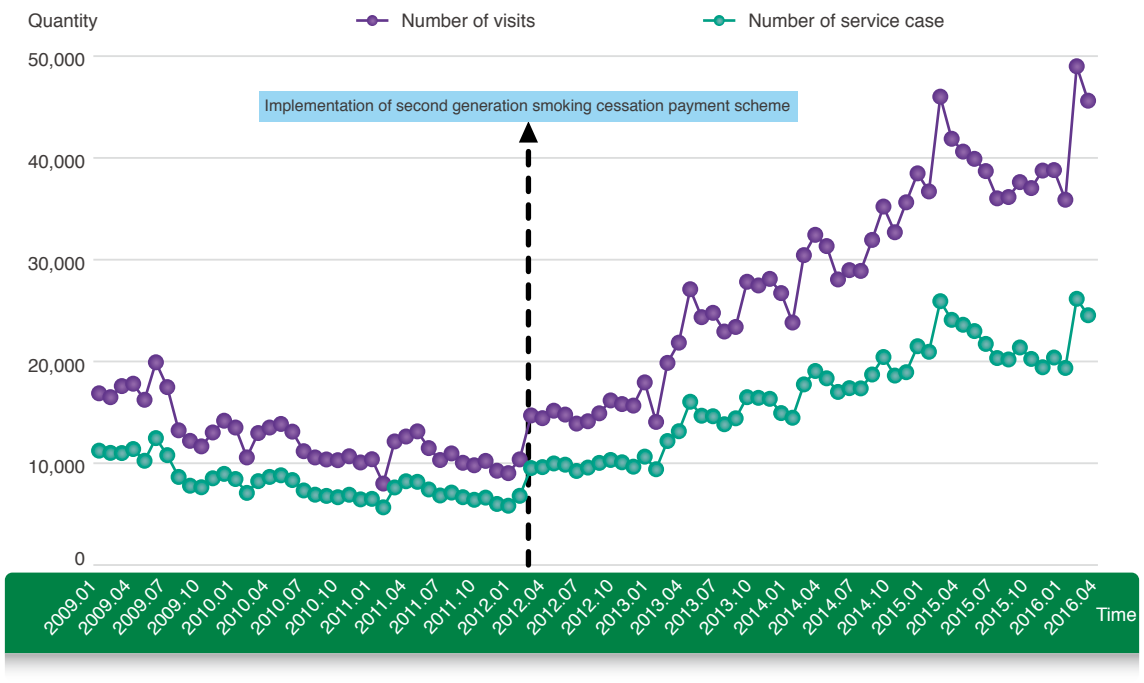


Fig. 1-5 Trend of change of smoking cessation service quantity

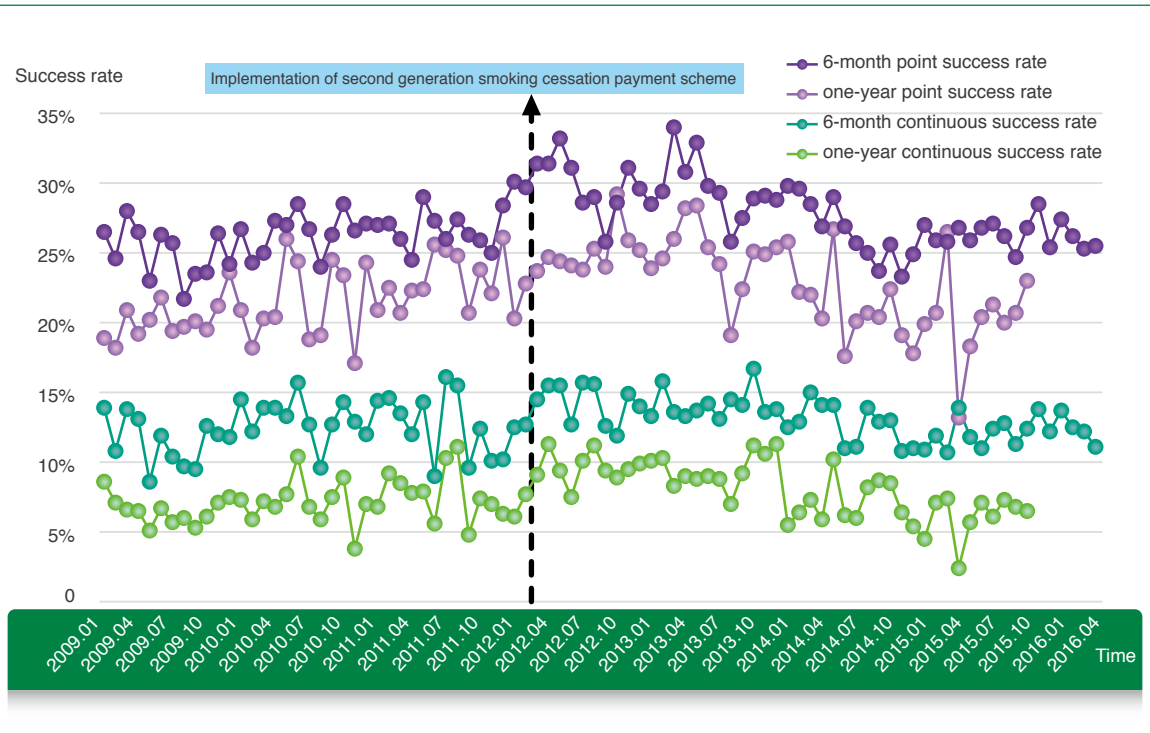


Fig. 1-6 Success rates of smoking cessation service between 2009-2016

Note: Repetitive treatments are subtracted from the total amount; therefore, the additions of the number of people and sample quantity are not equivalent to the total amount.

Training Programs 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 medical staff will increase smoking cessation success rates by 2-3 cases per 100 persons. A person who successfully quit smoking will provide a social benefit of NT$420,000 in the following 11 to 15 years. Clinicians who meet 100 smokers every day and give 100 words of advice, motivating 2-3 smokers to quit will thus help the entire society save NT$840,000 to 1,260,000. One smoker who quits could save about NT$10,000. The entire country will benefit from massive savings if every medical staff asks patients about tobacco use and gives strong and concerned advice to smokers. Every word of these medical staff is literally “lined with gold.”

In 2015, “Training Program for Smoking Cessation Physicians”, “Training Program for Smoking Cessation Pharmacists”, “Training Program for Smoking Cessation Instructors” and “Training Program for Dentist Participation in Smoking Cessation Services” were continued to be promoted, and each training program is described in the following:

Training Program for Smoking Cessation Physicians

Empirical studies demonstrated that the effects of physician advices for smoking cessation were correlated with the effort. Hence, the HPA has started commissioned the Taiwan Association of Family Medicine since 2002 to organize and hold “*smoking cessation physicians*” training program. The program included (1) Monitoring smoking cessation services offered by physicians; (2) editing standardized clinical smoking cessation materials; (3) holding teacher’s training of smoking cessation; (4) training courses of the smoking cessation physicians; (5) evaluating the effectiveness of the program; (6) setting up and maintaining the database of certified physicians.

To give knowledge about smoking cessation treatment and ensure the quality of services, the training courses included: Nicotine Addiction and Withdrawal Symptoms, Hazards of Tobacco Products and Benefits of Smoking Cessation, Clinical Techniques for Treating Dependence on Tobacco Products, Medication for Smoking Cessation, Case Studies, as well as Strategies and Practices to Tobacco Control. In 2015, a total of 8 such courses were held (6 courses held regularly, and 2 additional courses held for requirement form counties and cities). A total of 518 physicians were trained (Table 1-11 shows the number of doctors trained every year). From 2002 to 2015, a total of 12,586 physicians were trained, accounting for 28.3% of the total population of practicing physicians. Family physician was the leading group, followed by general practitioners, internal medicine, pediatrics, psychiatry, otorhinolaryngology, surgery, obstetrics/gynecology, and neurology (as shown in Figure 1-7).

To update certification of smoking cessation physicians, the Taiwan Association of Family Medicine not only organized face-to-face continuing education to increase the knowledge and skills of physicians about smoking cessation services but also invited experts to draw monograph in the web courses (website: https://quitsmoking.hpa.gov.tw) and the "Smoking Cessation Service Communication Report" published by the Smoking Cessation Treatment Management Center via mails or internet. In 2015, Chih-Hsueh Lin, a physician at Family Medicine Department of China Medical University Hospital was invited to draw the monograph, "Tobacco Control in Workplaces".

Surveys assessing "self-efficacy" showed that the physicians were more confident 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 "b*ehavioral therapy for smoking cessation*." These results demonstrated that the courses not only improved the trainees' knowledge in smoking cessation, but also benefited their ability to provide cessation services (shown in Table 1-12).

Based on the adult smoking behavior survey, the smoking rate of adults aged between 30 and 49 is higher than other age groups, and people in this age group spend approximately 1/3 of a day at workplaces. To promote the importance of the smoking cessation physicians, on November 10, 2015, the HPA joined with the Taiwan Association of Family Medicine, Taiwan Society of Internal Medicine, Taiwanese society of Psychiatry and Taiwan Medical Alliance for the Control of Tobacco to hold the press conference of "Quit Smoking Together with Physicians". In addition to demonstrate the "Achievement of Smoking Cessation Physician in Cessation Services", smoking cessation at workplaces was as an example by inviting 1 worker (successful case) to share experience about cessation. Kuang-Chieh Hsueh, a physician, and Jlie-Jyun Huai, a registered nurse at Kaohsiung Veterans General Hospital, were also invited to share the experience on how to provide professional assistance for smokers during cessation. Finally, it further emphasized that "smokers could make use of the second generation smoking cessation services greatly to seek assistance from professional physicians".

[Successful case of smoking cessation: Mr. Cho, aged 37, smoked for 20 years, 15 cigarettes/day, Kaohsiung City]

I started to smoke since I was a teenager who was influenced by peers. Until now, I had smoked for 20 years. I had tried to quit smoking with my willpower because my first grade daughter often coughed and had to receive treatment at clinics. The physician told me that my daughter has asthma. When inhaling the dirty air, she would cough. For the health of my daughter and family, I determined to quit smoking but always failed due to the addiction.

Recently, my company promoted smoking cessation. To increase the accessibility, the company invited the smoking cessation team of Dr. Kuang-Chieh Hsueh at Kaohsiung Veterans General Hospital, to hold cessation outpatients with nurses at company. Under the arrangement of the nurse at workplace, I was able to receive cessation services and health education directly during the free time in the company; therefore, I set up my mind to quit smoking completely.

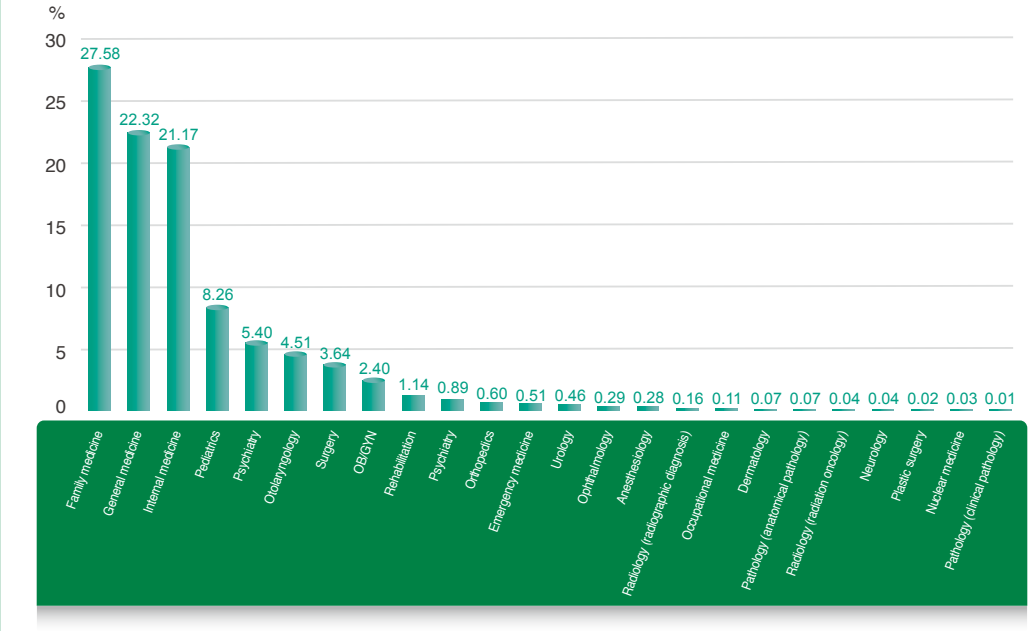


Fig. 1-7 Distribution of training certificates for all physicians in all specialties during 2002-2015

Table 1-11wNumber of smoking cessation physicians trained throughout the year

Year	Physician
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
2015	518
Total	12,586

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	3.39±0.99	562	-0.97±0.93	<0.001***
After training	4.36±0.52	562		
Do you have confidence about "evaluating a smoker's dependence on nicotine"?				
Before training	3.07±1.04	562	-1.26±1.01	<0.001***
After training	4.33±0.54	562		
Do you have confidence about "prescribing smoking cessation medication"?				
Before training	2.81±1.08	562	-1.43±1.00	<0.001***
After training	4.24±0.58	562		
Do you have confidence about "behavioral therapies for smoking cessation"?				
Before training	2.96±1.04	562	-1.21±0.97	<0.001***
After training	4.17±0.61	562		
Do you have confidence about "*evaluating withdrawal syndrome of the person attempting to quit smoking*"?				
Before training	2.98±1.02	562	-1.30±0.95	<0.001***
After training	4.28±0.55	562		

***: P< 0.001 Source: Taiwan Association of Family Medicine

● 2015 Tobacco cessation press conference of Tobacco Cessation with physician's help

● Photograph of tobacco cessation treatment physician in class

Training program for smoking cessation pharmacists

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

The HPA specifically planned a 49-hour training program for smoking cessation pharmacists (that includes basic, intermediate, and advanced levels) to facilitate their professional to help smokers quit smoking. Course contents included counseling services management, information about smoking cessation, 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

49 hours	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 2015, 9 advanced training courses were held and a total of 670 pharmacists were trained (the number of trainees across the years are as shown in Table 1-14 below). In conclusion, every trainee scored higher in the post-test than the pre-test after training program, and more than 90% of the students were satisfied with the courses. In addition, smoking cessation case management system was established, manual and guidelines for smoking cessation consultation skills was developed and provided as health education materials for pharmacists. Moreover, in order to formulate projects to improve the performance of counseling and case management of smoking cessation pharmacists in the future, the current status and obstacles of trained and qualified pharmacists participating in smoking cessation services were investigated.

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

Year	Pharmacists	Assistant pharmacists	Total
2012	358	1	359
2013	322	46	368
2014	672	34	706
2015	641	29	670
Total	1993	110	2103

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

● Pharmacist tobacco cessation health teacher – photograph of students in class

● Pharmacist tobacco cessation health teacher – photograph of students in class

Training program for smoking cessation instructors

Nursing staff, social workers, psychiatrists, and other professionals have contact with smokers frequently. Their professional also gives them advantages in supporting smoking cessation and make them extremely qualified candidates for smoking cessation instructors. Personnel with extensive knowledge and skills on tobacco control and smoking cessation commit them to communities, schools, and workplaces, which could promote and improve cessation services. The HPA thus established the program that focus on training professionals dedicated to tobacco control and smoking cessation.

In 2015, local health bureau were charged with providing basic- and intermediate-level training courses. The Taiwan Nurses Association was also commissioned to implement the training program that included: (1) providing advanced-level and teacher training for smoking cessation instructors; (2) maintaining the "*Taiwan Tobacco Control Instructor Alliance*" website to maximize its functions and performance; (3) creating smoking cessation instructor training materials; (4) investigating the performance of smoking cessation services; (5) establishing counseling models for smoking cessation instructors.

Courses included: a 26-hour core training that covered tobacco control policies, evidence-based smoking cessation, medication issues for smoking cessation, techniques for behavioral changes, and creating a supportive environment. They also included a 10-hour group work session that covered practical discussions, exercises, and reports; a 15-hour extra-curricular practical training session that covered smoking cessation helpline, smoking cessation courses, and practical training workshop at clinics. Through training program, trainees could put theory into practice and understand to coordinate with various smoking cessation resources (as shown in Table 1-15).

Table 1-15 Training program for smoking cessation instructors

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 in promoting tobacco control policies in Taiwan and around the world (1 hour) 3. Health lifestyles, habits, and smoking cessation (1 hour) 4. Smoking refusal, smoking cessation resources, 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 techniques and case studies (1 hour) 2. How to help cases persevere and prevent from recurrences (1 hour) 3. Successful planning of smoking cessation courses and materials (1 hour) 4. Organization and implementation of tobacco control promoting activities (1 hour) 5. Inducing the motivation to quit smoking (1 hour)	1. Second generation smoking cessation service payment scheme and tobacco control (1 hour) 2. Empirical studies and guidelines for cessation intervention (2 hours) 3. Smoking cessation medication: common issues and solutions (1 hour) 4. Self-image (1 hour) 5. Stress management and interpersonal relationship (1 hour) 6. How to use life skills in smoking cessation (1 hour) 7. Cessation courses for youth (1 hour) 8. Smoking cessation helpline and counseling skills (1 hour) 9. Introduction to HPA smoking cessation service subsidy program – VPN system and notes(1 hour) 10. Roles and practices of cessation management professionals (1 hour) 11. Practical techniques of smoking cessation course materials (1 hour) 12. Common problems and solutions for smoking cessation courses (1 hour)
Group work 10 hours		1. Group discussion: Helping patients persevere (1 hour) 2. Group report: Helping patients persevere (1 hour)	1. Role of health instructors in cessation medication (2 hours) 2. Cessation for youth (1 hour) 3. How to use life skills in smoking cessation (1 hour) 4. Common problems and solutions for smoking cessation courses (2 hours) 5. How to implement tobacco control – content, framework and problem solving (hospitals, workplaces, communities, schools) (2 hours)
Extra-curricular practical training 15 hours			1. Smoking cessation helpline (3 hours) 2. Smoking cessation courses (6 hours) 3. Smoking cessation clinic (3 hours) 4. Case tracking reports for 2 individuals (3 hours)

In 2015, 8 sessions of advanced-level training were held along with 7 sessions of additional advanced-level trainings in response to the needs from counties and cities. A total of 1,334 students participated in the training (the number of smoking cessation instructors trained across the years is as shown in Table 1-16), and more than 80% of the trainees were satisfied with the courses. In the part of the effectiveness of the training courses, comparisons of pre- and post-test scores showed that trainees achieved higher scores in tobacco control knowledge after training.

The website, "*Taiwan Tobacco Control Instructor Alliance*", which provided a platform to consult and communicate with each other for those who had already received tobacco control training programs or engaged in tobacco control. It also allowed the trainees to download information about training materials and smoking cessation in order to facilitate the effectiveness of training courses. The website also provided the questionnaire to track and investigate the effectiveness of training courses and materials as self-learning resources for trainees. The "simple practical leaflet for smoking cessation assessment and referral" with three versions (hospitalization, clinic, community) have been developed. The leaflet mainly derived from 2A+R (Ask, Advise and Refer). Despite that the nursing staff have not received any tobacco control training program, he or she could still perform onsite assessment and simple referral to medical institutions or personnel with such leaflet. It could be widely used in hospitals, communities and other health care fields to fully promote smoking screening and enhance the participation of nursing staff in smoking cessation services and tobacco control.

● Tobacco cessation health education personnel training - photograph of students in class

● Tobacco cessation health education personnel training - photograph of students in class

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

Year	Nursing Personnel	Medical analysts	Nutritionists	Radiation technologist	Social worker	Psychologist	Pharmacists	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
2015	1257	29	9	8	4	2	0	13	8	3	1	0	0	1334
Total	3953	63	34	23	15	12	10	21	13	7	5	13	34	4203

Note 1: Nursing staff includes registered nurses and nurses.

Note 2: Others include research assistants and administrative staff in hospitals as well as administrative staff and accounting staff in private enterprises.

Note 3: The number of trainees shown in this Table refers to those who have completed all 3 course levels, and does not include trainees who have not completed the practical courses

Training program for dentists participating in smoking cessation services

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 line to discover injuries to the oral cavity resulting from tobacco use. Hence, dentists would have an excellent position for offering cessation advices or health education for smokers to quit smoking successfully and providing more comprehensive and effective smoking cessation services.

Based on promoting public health in tobacco control and complying with health regulations to maintain patient safety and healthcare quality, dentists could undergo professional training program about tobacco control to provide cessation advice, health education, referral, and continued treatment after referral or prescription. Dentists have the obligation to take care in common manners when providing cessation services. There are currently 14,800 practicing dentists and over 6,000 dental clinics in Taiwan. About 300 dentists involved in medical care market every year. The HPA thus has commissioned the Taiwan Dental Association to implement the "*Training Program for Dentists Participating in the Smoking Cessation Services*" since October 2013 to provide training courses for dentists. Such that dentists could participate in smoking cessation services and further expands the locations and service volumes of cessation services, improves convenience, accessibility and effectiveness of cessation services, and raise smoking-cessation rate. Since May 1, 2014, the HPA has announced that dentists formally are part of the smoking cessation service team.

Training program was divided into 2 levels, namely "*Basic - Cessation Treatment*" and "*Advanced - Cessation Education.*" The basic-level course with 9 hours covered: 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 efforts, second generation cessation services and tobacco control, and details on subsidy programs for smoking cessation services offered by healthcare institutions. The advanced-level course with 15-hours included: empirical studies and guidelines for smoking cessation, practical counseling for smoking cessation, social support for smoking cessation, procedure and stages for behavioral change, communication techniques for smoking cessation counseling, helpline counseling techniques for smoking cessation, extra-curricular practical training for the Taiwan Smokers' Helpline (TSH), psychological issues and social reliance - stress and interpersonal relationships, preventing from recurrences, practical training for smoking cessation clinics and Taiwan Smokers' Helpline. In 2015, a total of 8 basic-level and 6 advanced-level training were provided. Of which, a total of 412 trainees completed basic-level training while 206 trainees completed advanced-level training. Overall, more than 80% of the trainees were satisfied with the training courses.

To provide theoretical and practical course materials, the HPA specifically developed 3 manuals, "*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 target of "User Manual for Smoking Cessation Medical Professionals in Dental Outpatient Services" and "Manual on the Techniques of Smoking Cessation Counseling" were dentists. The contents of these manuals included 5A, 5R, clinical smoking cessation counseling 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 information about cessation services.

● Photograph of dentist tobacco cessation training course in class

● Dentist outpatient tobacco cessation physician user manual

● Tobacco cessation counselling techniques manual

● Practice case self-assistance manual

Smoking Cessation Helpline

Taiwan commissioned a private organization to establish "Taiwan Smokers' Helpline" (TSH) in 2003, the first smoking cessation helpline center in Asia. The helpline is based upon California's smoking cessation helpline model and established to provide accessible and effective cessation services. Telephones,with its have the advantages of convenience and privacy, and were 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 9PM The service is provided in Mandarin, Taiwanese, Hakka, and English. Referrals, counseling, promotional, information, and other services are provided according to the caller's request. Computerized management has been adopted to implement preliminary smoking status evaluation for smokers are willing to accept cessation services. Where necessary, brief counseling could be provided. Those who subsequently enter multiple case management services, the cessation counselor would formulate a smoking cessation program with the smoker jointly and provide him or her 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 to 8 weeks. Upon completion of the case management services , the smoking cessation status of the cases would be subject to continuous 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 2015, telephone counseling received 1,007,548calls for a total of 248,020 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).

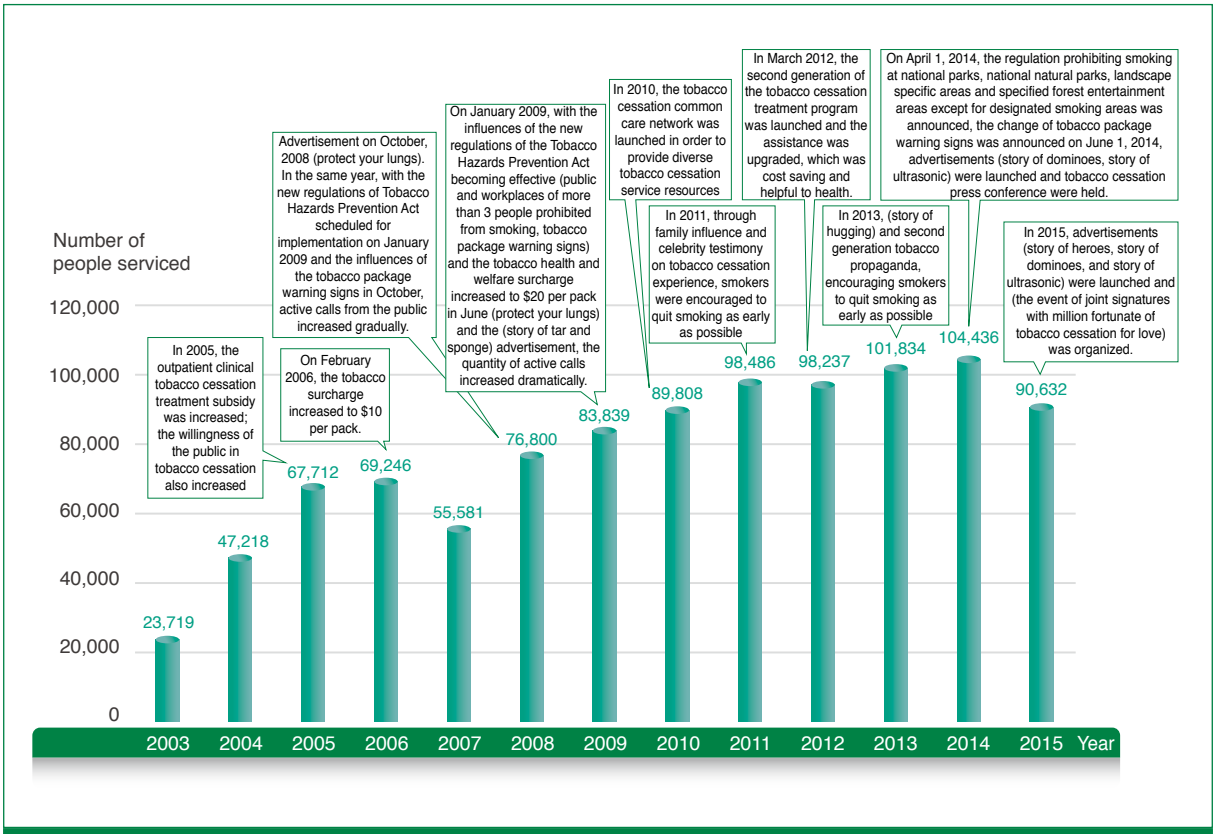


Fig. 1-8 Tobacco cessation helpline service volume for period between 2003 to 2015

New provisions of the Tobacco Hazards Prevention Act were enacted on 11th January, 2009. In addition to improve promotion by local governments and medical institutions, media advertisements on tobacco health hazards (such as those depicting lung alveoli and tar), warning texts, and pictures on tobacco product containers and increased tobacco product health surcharge enacted in on June of the same year has gradually created an atmosphere more conducive to smoking cessation. The number of calls received in November 2009 would mark the peak from 2008 to 2012. In order to provide a supportive environment and help smokers quit, the 2010 “Quit Smoking Movement Year” began mobilizing medical professionals in every field to partake in the “Battle to Save Lives” and create a “Chapter on Professional Smoking Cessation” promotion clip that was aired from October to November 2010 in order to promote the importance of having 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 service representatives found during the Conversation that the callers acknowledged the introduction of smoking cessation resources mentioned in the advertisement and provide support in helping achieve further understanding and utilization of professional support for smoking cessation. In 2011, multimedia advertisements based on appeals to emotions with as the “The Bride” and “Smoking Cessation Fighter” with celebrity testimony on 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 Plan was initiated to greatly reduce the economic burdens of smoking cessation servies and provide immediate health benefits. The plan provided substantial savings for smokers trying to quit and improved their motivation to quit by collaborating with media promotions titled “The Bride” and “Soliloquy of Hsu Feng” the cancer warrior, smokers and addicts to tobacco products are reminded once again to not dismiss the health hazards caused by smoking and to become part of the smoking cessation program for their friends and families. The 2013 media advertisements included “Hugs,” second generation cessation promotional materials that include “Grandchildren,” “Care for the Kids,” and “Care for Your Wallet and Family” which focused upon health impacts to family members as a result of smoking so that smokers become aware of the hazards posed by 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 park areas, and press conference for the Smoking Cessation Bag. These efforts were supported by media advertisements such as “Faces,” “Dominoes,” and “Ultrasonography” which exposed to the general public the multiple health hazards caused by smoking (Figure 1-9).

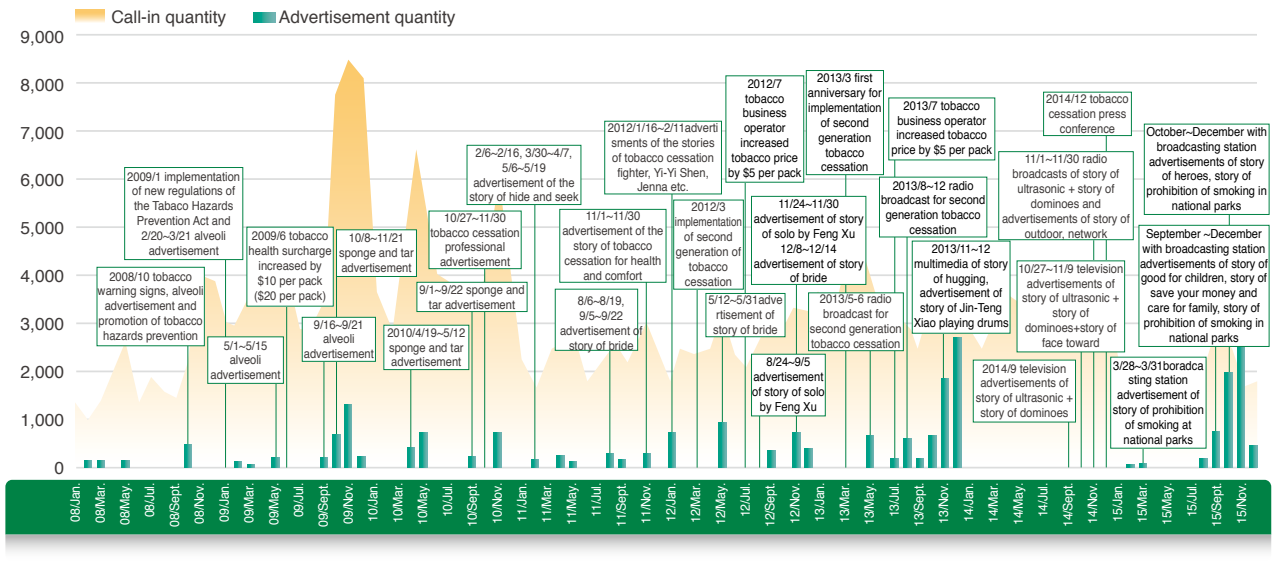


Fig. 1-9 Number of monthly active calls over the years

Changing times and transformation of public communication media meant that 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 the prevalence of mobile phone usage and the large number of incoming calls, helping to improve the convenience of public calls to the smoking cessation helpline, 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 enactment of new provisions of the *Tobacco Hazards Prevention Act* on January 11th 2009 to remake the "*New Rules - Quit Now*" advertisements. External resources such as government agencies, medical institutions, work places, campuses, and communities were combined for focus marketing.

Of callers to the TSH, 99.99% received immediate counseling upon request in 2015, which was higher than the 50% requirement recommended by the US Center of Disease Control (as shown in Table 1-17).

Table 1-17 Recommended indicators of the US Centers for Disease Control and prevention and the current performance of the TSH

Service indicator	CDC recommended level	TSH performance in 2015
Call completion rate	90%-95%	95.12%
Call completion rate within 30 seconds	95%	97.11% (call completion rate within 20 seconds)
Returning calls within 24 hours	100%	100%
Delivery of pamphlets and relevant information within 48 hours	100%	100%
Providing immediate counseling services upon caller request	50%	99.9%

Source: Taiwan Smokers' Helpline (TSH), commissioned by the Health Promotion Administration

The tobacco cessation helpline of the Administration was established in 2003 and was the first consultation helpline created for smoke quitters in the region of Asia. The helpline is serviced by professional personnel with counseling and tobacco cessation consultation skills. Until the year of 2015, the helpline has helped nearly 1 million people calling for consultation on tobacco cessation. It has also helped more than 120 thousand people in setting the tobacco cessation date. Based on the calculation of the successful rate for tobacco cessation of 40% (40.81%), the helpline has successfully helped 48,000 people in quitting smoke successfully.

In 2015, news were specially announced on the Mother's Day, World No Tobacco Day and Father's Day to educate the general public to perform deep breath, exercising, organizing home environment, cleaning house or beds to shift the attention from tobacco as well as thoughts on the improvement of tobacco cessation on the living quality, such as healthy body, clean hair and clothes, fresh air and money saving etc. Examination on the reasons and benefits of quitting smoke on one's self at any time, tips on tobacco cessation for strengthening the driving force for tobacco cessation, and education on tobacco hazards as well as encouragement to the smoking population on the use of tobacco cessation helpline as much as possible in order to keep away from the tobacco addiction. In the future, diverse promotion channels will be utilized continuously in order to increase the utilization by the smoking population and to continuously maintain the service quality and to control indices according to quality management, providing quality feedback, thereby tobacco cessation helpline service can be continuously provided to smokers with quality and effectiveness.

To further allow the smoking population to receive more convenient tobacco cessation treatments, in March 2012, the HPA launched the "second generation tobacco cessation service" in order to not only allow the general public to acquire medication for tobacco cessation at lower price, tobacco cessation health instructors were widely provided such that professional medical personnel were able to provide consultation services to the general public for tobacco cessation and to allow smoke quitters to have greater diversity of helps. Under the promotion of the policies in recent years and relevant tobacco cessation treatment programs, the greater environment has been transformed significantly. In addition, under the influence of the social encouragement on tobacco cessation, the tobacco cessation helpline service center has become an important part of the tobacco cessation service system in Taiwan.

● Tobacco cessation helpline participated in 2015 Asia Pacific tobacco cessation helpline workshop, visited Shanghai 12320 health hotline

● Tobacco cessation helpline arranged instructors to organize tobacco cessation seminar in Motech International Corporation in Tainan

● Tobacco cessation helpline arranged instructors to organize tobacco hazards prevention promotion seminar in Kaohsiung Municipal Cianjhen Junior High School

● Smoking Cessation Courses

In order to encourage smokers to quit smoking, local health departments provided a number of 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, civil groups, and local communities were integrated to promote public awareness for smoking cessation services amongst. Medical institutions were integrated to implement various smoking cessation courses and to use various activities and social care to motivate smokers to quit. Upon completing the cessation course, the

● Health departments of counties and cities organizing tobacco cessation class for youth

medical institutions were charged with tracking the progress of smoking cessation 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 wish to quit smoking.

● Photograph of tobacco cessation class at Drug Abuser Treatment Center

● Quit & Win Campaign Tracking and Investigation

Since the first event of "Quit & Win" event organized by the Department of Health in Finland in 1994, various countries worldwide have enrolled and participated in such event, and it is an international adult tobacco cessation competition participated by all countries in the world. Participants from various regions of the world are enrolled in the tobacco cessation event for a consecutive period of four weeks at the same time, and during the period of the competition, participants without any smokes completely have the opportunity to win international prize. Such competition event has received public support and recognition by the WHO since 2000.

Our nation has publicly invited the civil organization to host the "Quit & Win" event since 2002, and until 2014, seven events have attracted more than 170 thousands of smokers in total to experience tobacco cessation. According to the statistics, each annual event has demonstrated approximately 35.0% of annual tobacco cessation successful rate.

To understand the tobacco cessation successful rate of the participants of the "Quit & Win" events, the complete benefits of the tobacco cessation events are evaluated in order to be used as a reference for government departments in promoting other tobacco cessation events in the future. According to the international regulations, tracking and evaluation investigations were all conducted in the following one year after each annual competition. For the "2014 Quit & Win Competition", two investigation methods were used, in which the first method referred to the telephone interview method in order to conduct investigation and analysis on topics related to tobacco cessation motivation and expectation of participants, tobacco cessation status during the competition period and till the present day after the competition, interference and supporting factors during the tobacco cessation period, benefits of the event, satisfaction etc in 2015. Following the telephone interview investigation topics, a second investigation method of "focus seminar method" was used in order to analyze the "smoking experience", "tobacco cessation experience" of participants as well as the experience and thoughts on 'participating the "2014 Quit & Win Competition"'.

The 2015 result indicated that the tobacco cessation successful rate during the month of the competition was 79.5%, the successful tobacco cessation rate after one year was 38.7%, and 95% of participants provided their supports on future continuous organization of Quit & Win events. Moreover, 92.8% of the case handlers of the local government health departments were of the opinion that the "2014 Quit & Win Competition" was of the level of "extremely helpful" and "helpful" to the smokers trying to quit smoke. Furthermore, for the part of the focus interview, the interviewees affirmed the incentive on the prize and also recommended those successfully quit smoking to share experience in tobacco cessation and to host similar family tobacco cessation events in order to allow the driving force for tobacco cessation to continue and to be helpful in successful tobacco cessation.

The execution strategy of "Quit & Win Competition" in Taiwan established the social atmosphere of "national tobacco cessation carnival" by successfully encouraging smoking population to have the willingness to try to quit smoking during the competition period, and helping the establishment of 170 thousands of smoke-free families. In addition, from the above result, the tobacco cessation successful rate of participants can be understood and the benefits of the event of "2014 Quit & Win Competition" can be completely evaluated in order to be used as a reference for the government in promoting other tobacco cessation events in the future.

Price Measures

▶ Assessing the Increase of 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 as this was regarded as the most effective strategy of tobacco control.

Pursuant to the regulation prescribed in Paragraph 1 of Article 4 of the Tobacco Hazards Prevention Act: "The Health and Welfare Surcharge shall be imposed on tobacco products, the amount of which shall be as follows: (1) Cigarettes: NTD 1,000 every one thousand sticks. (2) Cut tobacco: NTD 1,000 every kilogram. (3) Cigars: NTD 1,000 every kilogram. (4) Other tobacco products: NTD 1,000 every kilogram." Pursuant to the regulation prescribed in Paragraph 2 of Article 4 of the same Act: "The competent authority at the central government level and the Ministry of Finance shall, for once every two years, invite and assembly scholars and experts specialized in finance, economic, public health and relevant fields to conduct reviews of the amounts of the aforementioned Health and Welfare Surcharge based on the following factors: (1) The various types of diseases attributable to the smoking activities, the morbidity and mortality of such diseases, as well as the medical costs thereby incur upon the National Health Insurance; (2) Total amount of consumption on tobacco products and smoking rate; (3) Ratio of tobacco levies to average retail prices of the tobacco products; (4) National income and consumer price index; and (5) Other relevant factors affecting the prices of the tobacco products and the preventions of the tobacco hazards." Furthermore, Pursuant to the regulation prescribed in Paragraph 3 of Article 4 of the same Act: "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."

According to the recommendation of the WHO, the tobacco surcharge shall be at least 70% of the tobacco price, but currently, it is only 47.6% of the tobacco price in our nation; if the minimum limit is to be satisfied, the tobacco price shall be increased to at least NT$59.9. According to the aforementioned regulations, the Administration invited scholars and experts as well as the Ministry of Finance to complete the "Tobacco health and welfare surcharge evaluation meeting". According to the conclusion of the meeting, based on the current status of the international tobacco price and the objective of tobacco hazards prevention, the tobacco price in our nation is too low and the percentage of the tobacco surcharge over the tobacco price is also too low such that there is indeed a need for a significant increase of the tobacco surcharge. The Ministry of Finance has amended the 'regulation of Article 7 of the "Tobacco and Alcohol Tax Act"' to increase the tobacco tax for the first time, and it is expected that the tobacco tax for each pack of cigarettes will be increased by NT$5 such that tax is increased from NT$11.8 to NT$16.8 per pack. These two amendment drafts have passed the reviews by the Executive Yuan on May 9, 2013 and have been submitted to the Legislative Yuan for deliberation, which has also passed the first reading on May 17, 2013.

▶ Necessity for Revising the Laws and Increasing Tobacco Health and Welfare 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) Adult smoking rate increased for the first time, and teenager smoking rate is still high: when the tobacco tax was increased by NT$10 in 2009, the adult smoking rate immediately dropped from 21.9% in 2008 to 20.0% in 2009, and the reduction percentage was 10% with outstanding performance. However, the subsequent decrease was slow, and it was reduced to 16.4% in 2014. The amount reduction in 6 years reached 1/4; however, the smoking rate in 2015 increased slightly to 17.1% (male 29.9%, female 4.2%). Though the teenager smoking rate decreases year after year, nonetheless, the smoking rate of junior high school students is 3.5% (male 4.9%, female 2.0%), and the smoking rate of senior high school students is 10.4% (male 15.6%, female 4.7%), showing that the teenager smoking rate is still high.

(2) Children, teenagers and female family second hand smoke exposures are severe; however, since families are not within the jurisdiction of the tobacco prohibition law, they have become the blind spots of tobacco hazards prevention:

1. According to the “teenager student smoking behavior investigation”, it shows that during the period of 2010~2015, the family second hand smoke exposure of junior high school students reduces from 44.2% to 33.7%, the family second hand smoke exposure of senior high school students during 2011~2015 reduces from 41.2% to 33.0%. The result indicates some trend of slight decrease; however, there are still more than 30% of junior and senior high school student families exposed under the second hand tobacco hazards.
2. According to the “adult smoking behavior investigation”, it shows that urging the period of 2009~2015, the female family second hand smoke exposure increases from 17.8% to 26.2% while the female smoking rate is maintained at 3 to 4%. The data indicates that the tobacco hazards to female come from the second hand smoke exposure far greater than the self-smoking of female.
3. Smoking can cause health inequality, and disadvantaged groups suffered the most from the tobacco hazards: According to the adult smoking behavior surveys during 2008-2012, the smoking rate of male between the age of 25~39 reduces from 47.6% to 40.3%; however, there is a significant difference in the smoking rates of groups of different education levels in such a way that smoking rate is higher for those with lower level of education. In 2012, for males between the age of 25~39 and with the educational level of college or above, the smoking rate is 27.9%; however, the smoking rate for those with the educational level of senior high school is 48.1%, and the smoking rate for those with education level of junior high school and below reaches 50.3%! The smoking rate for the disadvantaged young adult groups is the highest. The poor smokes and suffers from sickness due to smoking, sickness then leads to poverty, and the next generation thereof follows the smoking again, which further creates social inequality and tends to carry on to the next generation.
4. The average price for one pack of tobacco in our nation is NT$80. However, according to the global tobacco map of 2015, this is far cheaper than the NT$114 in Malaysia, NT$127 in Japan and NT$133 in Korea. The tobacco price in Taiwan is too low such that even teenagers have the capacity to make tobacco purchases, which creates hazards to the next generation.

2. The many 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 flexibility 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 people-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, helping to create a more active and comprehensive positive feedback cycle to the entire population long subject to 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 if 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 described 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. Upon hearing the details, the proportion of interviewees who agreed with the increased surcharge rose to 78.4%. Results showed that the public supported the increase of tobacco surcharges and their use for health and welfare purposes.

▶ Implementation Method for Revising the Laws and Increasing Tobacco Health and Welfare 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 that 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, implement work 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 said 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 activists, 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 atmosphere for discussion to compile opinions on the tobacco surcharges from various groups and stakeholders.

(4) On April 16th, 2013, agencies inside the MOHW which budgeting 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 activists, 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 past tobacco surcharges, 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 effected in 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. In 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 result include reducing the size of the smoking population by 740,000 for a 20.8% decrease.

To cope with the rule specifying that no overdue reviews to continue in the next session in the Legislative Yuan, the Administration follow the "Principle for Executive Yuan Re-submitting a Bill to the Legislative Yuan for Deliberation" and issued the Yuan-Tai-Wei-Tzi No. 1050153613 Letter dated on February 3, 2016 by the Executive Yuan to the Legislative Yuan for deliberation. To implement the policy of the Executive Yuan after the cabinet restructuring and the political opinions of President Tsai, the Executive Yuan passed the resolution in the 3503rd meeting on June 23, 2016, and issued a letter to the Legislative Yuan on the same date for agreement on withdrawal thereof. After the Legislative Yuan agreed on the withdrawal in the resolution of the 20th meeting of the first session of the 9th meeting of the Legislative Yuan, and a response letter to the Executive Yuan was made on July 22, 2016.

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 articles 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*."

In 2015, news of "explanations on tobacco surcharge subsidizing civil organization and prevention on tobacco smuggling", "tobacco surcharges are handled according to the law, all industries are requested to stop spreading of erroneous information, stigmatizing the purpose of tobacco surcharges", "requesting the tobacco right group announcement and organizer and budgets to clarify the its interest relationship with the tobacco business operators; and emphasizing: the increase of tobacco surcharge and usage thereof are performed according to the principle of administration by law", "explanations to questions on social welfare tobacco surcharges", "tobacco price increase is irrelevant to tobacco surcharges", "tobacco surcharges is used in health and medical benefits, and its direction of use is clear and transparent", "price increase and usage thereof are made according to the principle of administration by law" etc., related to tobacco health welfare surcharges were announced.

4. Media promotion for the benefits of the tobacco surcharges usage

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

(1) Implementing tobacco controls, creating a smoke-free environment, and preventing tobacco use amongst youths: Adult smoking rate dropped from 21.9% in 2008 to 17.1% in 2015. Smoking rates of junior high school students dropped from 7.8% in 2008 to 3.5% in 2015; smoking rates of senior high and vocational school students dropped from 14.8% in 2009 to 10.4% in 2015. From these figures, it was estimated that the number of smokers dropped by 760,000 individuals across a 7 year period. Second hand smoke exposure in legally stipulated non-smoking areas continued to drop from 23.7% in 2008 to 7.7% in 2015, while enforcement coverage of non-smoking areas reached over 90%.

(2) For the children health aspect, the coverage rate of all regular vaccinations for children under the age of 3 was maintained to be above 95.8% in order to ensure the group immunity. In addition, the Pneumococcal 13-Velent Conjugate Vaccine was incorporated into the regular vaccination items in order to significantly reduce the streptococcus pneumoniae infections and percentage of occurrence thereof, and the beneficial population was approximately 780 thousands of people. 1.15 million elementary school schools were offered with free fluorine mouthwash and anti-caries services. 46 centers for children development joint assessment were guided and a total of 23,662 children suspected to have slow development were accepted for diagnosis, in which 68.6% were diagnosed to have slow development. For the children health education guidance and service subsidy solution, the average utilization rate was 65% for 7 times in 2015.

(3) With regard to the maternal and child health aspect, for the first trimester and second trimester of the pregnancy, 2 times of prenatal health education assessment and guidance were provided, including: the maternal-fetal safety maintenance guidance, gender equality, pregnancy mental adaptation, pregnancy preparation plan, breastfeeding etc., and a total of 321,972 people were serviced in 2015. The total number of qualified personnel of the physicians and birth attendants providing pregnancy checks was 1,599 people, and the service coverage reached 90.1%.

(4) For the adult health aspect, tobacco surcharges are used to promote the cancer screening, and 225 medical hospitals were entrusted to conduct the "hospital cancer screening/diagnosis quality improvement program" in order to request hospitals to set up clinic screening notification system, to establish single window for positive individual cases referral, to cooperate with the department of health in performing community screening and handling of in-house health education and betel nut cessation courses etc. as well as to utilize the "health promotion hospital" model developed by WHO in order to guide the hospital to promote in-house cancer screening and to change the condition of the traditional method of focusing on treatment with less resources in disease prevention adopted by hospitals; thereby, stimulating the revolution of the medical culture and operation model of the hospitals. In 2015, the participated hospitals completed four cancer screening for a total number of 5.06 million people, in which 48 thousand cases of precancerous lesions and 11 thousands cases of cancer were found.

(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 nuts control, preventing chronic diseases related with the three-highs, creating a city friendly to senior citizens, healthy city, healthy work places, health promoting schools, health

(6) The tobacco surcharges were also used in subsidizing the health and care works of counties and cities, which accounted for 10%~98% of the health and care businesses of counties and cities (15 counties and cities reached above 50%). In addition, 19 medical centers provided supports to the human resources of physicians of emergency and relevant severe illness at 18 hospitals of insufficient resources, such that a total of 72 specialized physicians were able to provide services for severe illness in order to assist the offshore and areas of insufficient medical resources to effectively increase the medical quality and remote area care.

(7) For social welfare, the tobacco surcharges supported the operations of all public shelters (a total of 13). By the end of 2015, a total of 2,940 individuals were sheltered, providing suitable and continuing care for elderly, children, and the disabled without support.

(8) In 2015, 295 thousand medium and low income households and those with economic difficulties were subsidized for the health insurance coverage. In addition, more than NT$20 billion were provided for the health insurance annually in order to cover the portion of the loss of the health insurance due to smoking.

(9) Strengthened prevention and arresting of tobacco smuggling. In 2015, more than 27.74 million packs of smuggled inferior tobacco products were seized, equivalent to the market value exceeding NT$485.09 million. Strengthening the tobacco hazards prevention, reducing tobacco smuggling and improving the security of society and trading order.

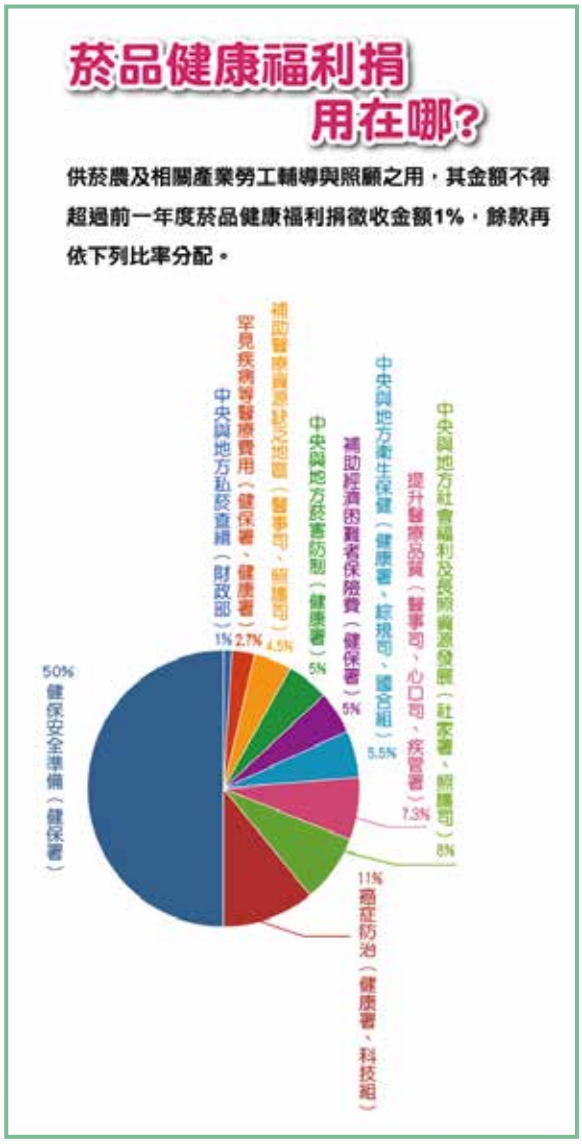
5. Tobacco health and welfare surcharge survey

According to the result of the telephone survey of "tobacco health and welfare surcharge survey" conducted by the HPA in March 2015, 78.4% of the public agreed on the increase of the tobacco surcharge to subsidize the economic disadvantaged people; 78.7% of the public agreed on the increase of the tobacco price or tobacco surcharge to prevent teenagers from smoking; 72.6% of the public agreed on the increase of the tobacco price or tobacco surcharge to promote the tobacco cessation of smokers; 70.1% of the public knew that the tobacco surcharge was delivered to the government for the purpose of tobacco hazards prevention uses; and there were 59.1% and 58.9% of the public respectively agreed on the increase of the original tobacco surcharge of NT$20 and believed that the tobacco surcharge should be increased to NT$180-190, indicating that the current social atmosphere is in agreement with the increase of the tobacco surcharge. In addition, nearly 30% of the smoking population will reduce smoking due to the increase of the tobacco price, and this is of greater impacts on the young group; therefore, the increase of the tobacco surcharge shall be able to effectively reduce the demands of the young group on tobaccos.

6. Tobacco health and welfare surcharge allocation, utilization and information disclosure

To effective allocate the percentage of the tobacco surcharges, to make the tobacco surcharge utilization open and transparent and to reduce the doubts of the external, the "Guideline for Tobacco Health and Welfare Surcharge Allocation and Operation" was amended on September 1, 2015, and in Article 5, it specified that the utilization of the allocated fund by the receiving institute shall clearly label or with other methods to indicate that the source of such fund is the tobacco surcharge; the receiving institute shall disclose relevant information of the execution status of the annual budget, performance, amount, subsidization (donation) matters and the name of the unit receiving the subsidy (donation) as well as the amount thereof etc., on the website in order to establish a complete management system.

The establishment of the website for tobacco surcharge performance shall be completed, and each receiving institute website shall update the tobacco surcharge information on the website thereof such that when the general public clicks the tobacco surcharge performance website, it shall then link to each unit receiving the allocated amount in order to provide the disclosure of relevant information of performance. Methods of accessing relevant websites: HPA front page/hot topics-Tobacco health and welfare surcharge zone/allocation percentage of each receiving institute, and its content includes introduction on tobacco health and welfare surcharges, allocation, relevant laws and regulations, utilization performance, relevant teaching materials and budget execution rate etc.



● Allocation ratio graph on the front page of tobacco health and welfare surcharge zone

2 Reducing Tobacco Supply

▶ Assessment for the Enforcement Performance of the Tobacco Hazards Prevention Act

After years of advocating tobacco control measures via the *Tobacco Hazards Prevention Act*, the public became more aware and supportive 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 venues and environments.

Since 2004, an impartial third party (Consumers' Foundation, Chinese Taipei) was entrusted to invite public health, medical education and legal experts and scholars to form a work team in order to adjust and establish evaluation standards and execution methods based on the actual conditions of the law enforcements in counties and cities. in 2014, to further thoroughly understand the outcome and problems on the implementation of provisions and to comply with the regulation prescribed in Subparagraph 4 of Paragraph 1 of Article 16 of the Tobacco Hazards Prevention Act under which the Ministry of Health and Welfare announced that the regulation of "national parks, national natural parks, landscape specific areas and specified zones of forest entertainment areas, parks and greens shall be prohibited from smoking except in the designated smoking areas" was to be implemented on April 1, 2014, and such regulation newly added the places of parks and greens etc. Various location types were randomly selected to provide a more comprehensive reference. This year, a total of 649 locations across 44 villages, townships and cities were visited, and 672 stores selling tobacco were tested for their understanding of the prohibition on selling tobacco to teenagers; in addition, the observation and investigation on the conditions of non-smoking areas of irregular spots without predefined schedules were performed according to Article 15 of the Tobacco Hazards Prevention Act, and a total 6,600 samples were completed. Based on the above, the status of the implementations performed according to the regulations prescribed in Article 5, Article 6, Article 7, Article 9, Article 10, Article 11, Article 13, Article 15 and Article 16 of the "Tobacco Hazards Prevention Act" were understood.

● 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 2015 on-site surveys across 22 counties and cities found that overall compliance rate to the said articles was 88.8%. 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 2015 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	100
Article 7: Indicating the level of nicotine and tar for cigarettes and cigars	100
Article 9: Prohibiting the promotion or advertising for tobacco products	100
Article 10: Restrictions on the display of tobacco products on racks	98.9
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	51.8
Article 15: Places where smoking is completely prohibited	96.5
Article 15: Places where smoking is completely prohibited (unannounced and random surveys)	97.4
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	98.0

Overall results revealed that no smoking signs were placed in almost all non-smoking areas. Pictorial health warnings and message were also posted in areas selling tobacco products. Most violations involve the display of tobacco products on sales racks and the sales of tobacco products to underage youths. Improved awareness campaigns and inspections shall be continued in the future. (Figure 2-1)

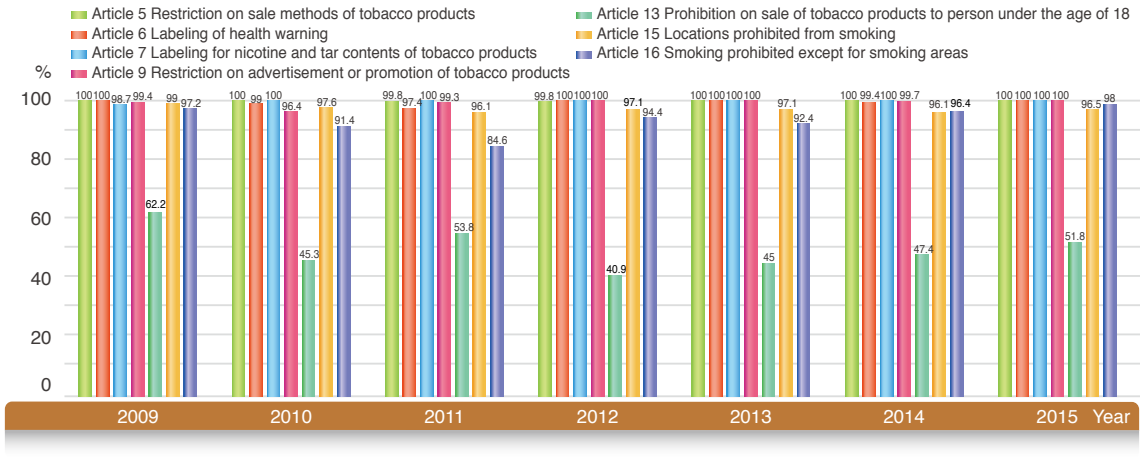


Fig. 2-1 Comparison of average compliance of provisions of Tobacco Hazards Prevention Act for years 2009-2015

Prohibiting the sales and purchases of tobacco products amongst underage youths

Results of the Global Youth Tobacco Survey (GYTS) of 2015 showed that 27.0% of junior high school students and 15.9% of senior high and vocational school students who smoke did so before they were 10 years of age. On-site survey methods for evaluating the effectiveness of enforcing the *Tobacco Hazards Prevention Act* involved disguising individuals above 18 years of age as minors by wearing senior high school and junior high school uniforms. Results showed that 48.5% 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 672 tobacco product vendors across 22 counties and cities from April to September of 2015. Results showed that 48.5% of all four major convenience store franchises, supermarkets, malls, betel nut vendors, and traditional grocery stores surveyed violated the law and sold products to minors under 18 years of age. Violation rates for major convenience store franchises was 23% but reached as high as 54.9% and 66.4% for betel nut 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 2015 showed a qualifying rate of 81%、74%、59.1%、48.9%、37.4%、54.1%、45.2%、59.3% 、55.0%、52.2%, and 48.5% respectively. (Figure 2-2)

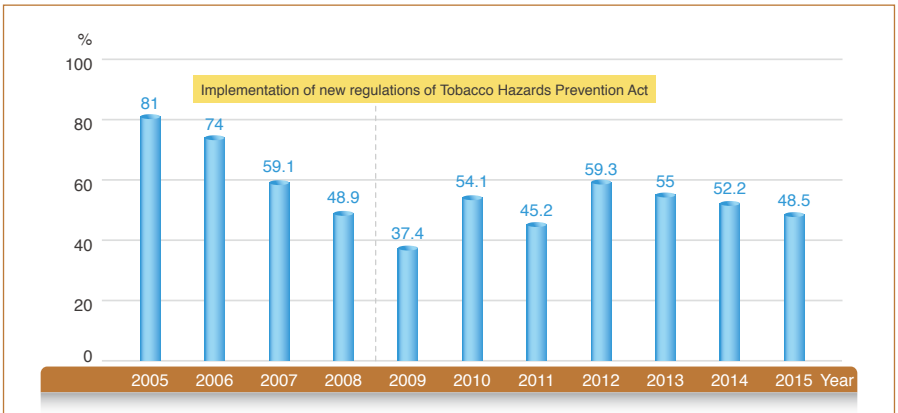


Fig. 2-2 Investigation on violation percentage of tobacco sellers on the prohibition of selling tobacco to teenagers for years of 2005-2015

The comparison result between the years of 2014 and 2015 indicates that the violation percentage for the prohibition of selling tobacco to teenagers decreases from 52.2% to 48.5%. For the four major convenient stores, only 23% of the stores sell tobacco to teenagers in 2015 and such violation percentage comparing to 38.8% in 2014 is 15.8% lower. The analysis of the four major convenient stores shows that the tobacco selling violation percentage of 27.7% for the 7-Eleven in 2015 is the highest, the subsequent rankings are 27.3% for the OK Mart, 17.6% for Hi-Life and 11.1% for FamilyMart. The results of the violation percentage of the four major chain convenient stores this year all show the decreasing trend (Figure 2-3) in comparison to the test result in 2014. For the betel nut booths, the violation percentage in 2014 and 2015 are 68.9% and 54.9% respectively, and the violation percentage drops by nearly 15%; nevertheless, the violation percentage is still high. For the traditional stores, the violation percentage slightly increases from 59.3% in 2014 to 66.4% in 2015. The rest results of the four major supermarkets and superstores indicate that the violation percentage slightly increase from 35.3% in 2014 to 38.9% in 2015, a slight increase of 4.4% (Figure 2-4). In conclusion, the chain convenient stores had the best performance with the lowest violation percentage of 23%, and traditional stores had the worst performance with the violation percentage of 66.4% and with the qualification percentage of only 33.6%. The comparison between the violation percentages of 2015 and 2014 indicates that the violation percentage has dropped to below 50% (Figure 2-5); nevertheless, there are still room for improvement.

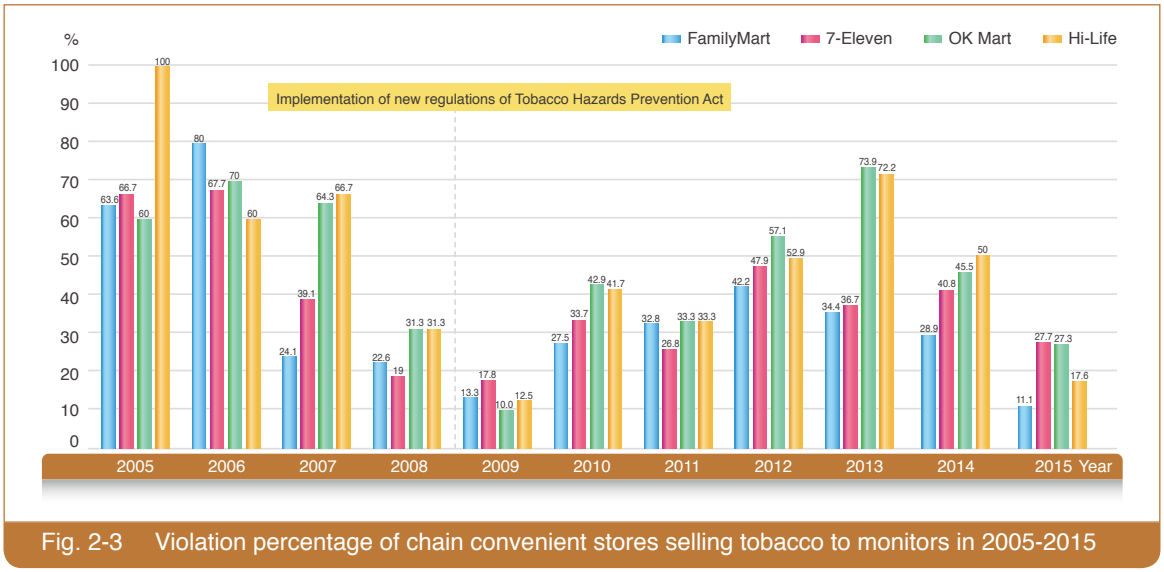


Fig. 2-3 Violation percentage of chain convenient stores selling tobacco to monitors in 2005-2015

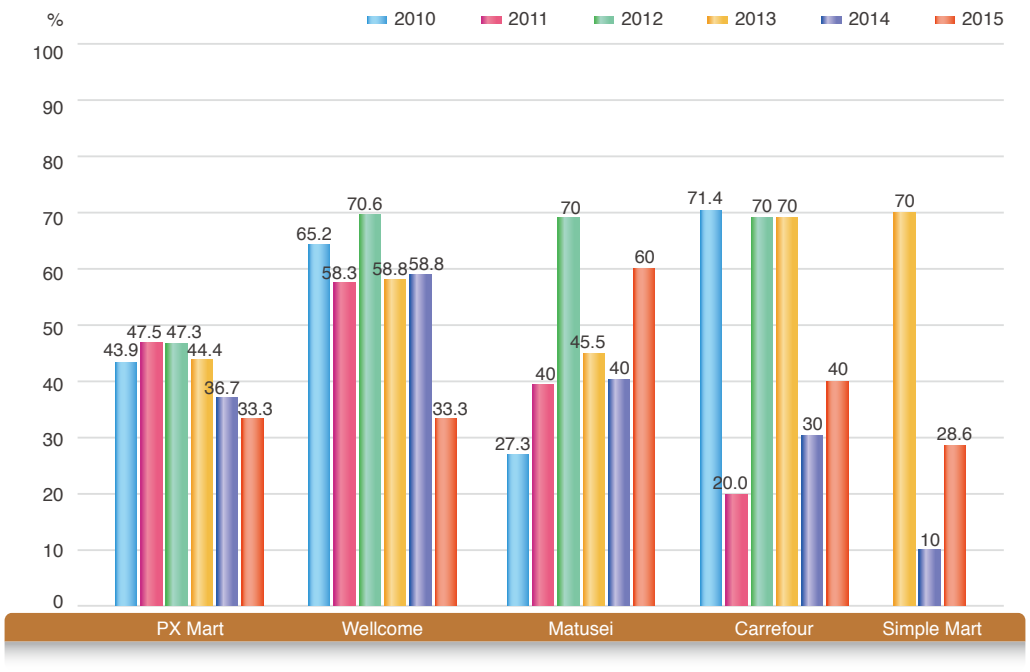


Fig. 2-4 Violation percentage of chain supermarkets and superstores selling tobacco to monitors in 2010-2015

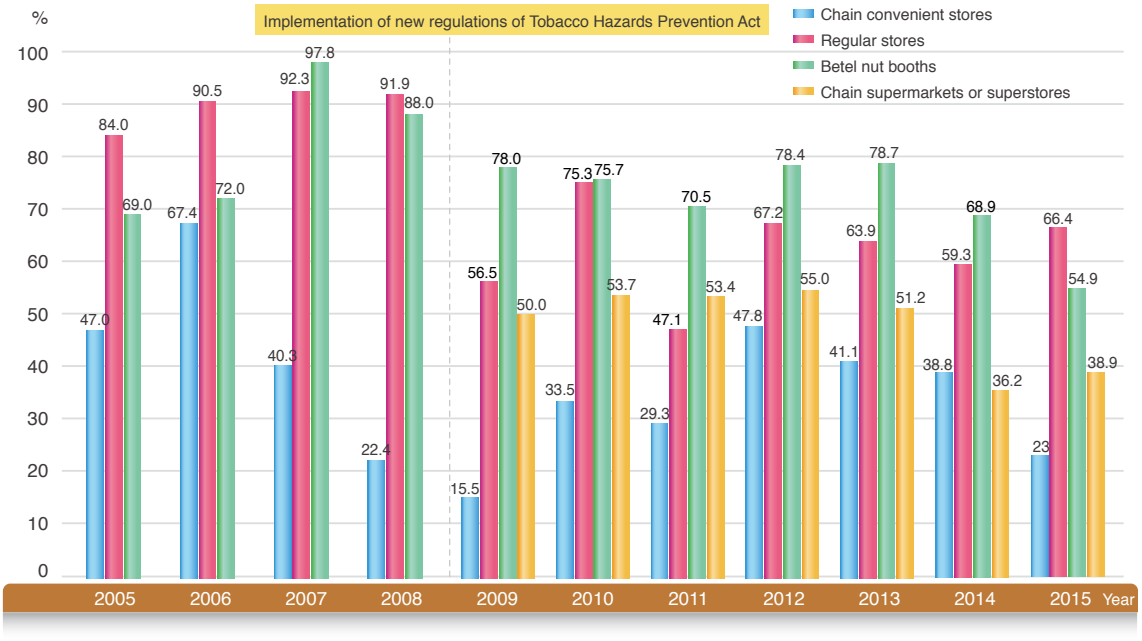


Fig. 2-5 Violation percentages of various types of tobacco selling locations in 2005-2015

Sharing of photographs of tobacco hazards

- Creative no-smoking stand sign

- Visible indication of the scope of smoking area

- No-smoking signs integrated with local culture

Photographs of common violations

- Relevant devices provided for cigarette butts at no-smoking areas

- Damages to Chinese warning signs

▶ Prohibiting the Illicit Trade of Tobacco Products

Article 15 of the *WHO Framework Convention on Tobacco Control* required signatories 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 must 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 and the trend of free trade as well as increasingly complex and devious means of smuggling contraband or counterfeit tobacco products meant that the exposure and seizure of illegal products would be dependent upon the accessibility and collection of relevant intelligence.

According to the *Regulations governing 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 acts 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 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 10,551,700 packs of smuggled tobacco products were found and seized by various municipalities, county and city governments, and customs offices in 2015. Table 2-2 shows the quantities of smuggled tobacco products seized from 2002 to 2015.

Table 2-2. Quantities of contraband or counterfeit tobacco products seized from 2002 to 2015.

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
2015	784.02	74.30	20.54	25.70	1,055.17
Total	9,356.17	44.94	10,371.75	55.06	20,819.39

Data source: National Treasury Administration, Ministry of Finance

3 Research, Monitoring, and International Exchange

▶ Research and Monitoring

● Adult Smoking Behavior Survey

The HPA regularly implements smoking behavior monitoring surveys for the entire population or targeted age groups required for promoting relevant measures or generate references for the policies. When compared against interview surveys, telephone surveys allowed the HPA to quickly acquire preliminary and summary referential information within the shortest time possible. Data collected from the telephone interviews could also be used to investigated changes and trends to 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 "*Citizen Smoking Behavior Survey*". This Survey would regularly monitor smoking behaviors of fellow citizens 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. It was expected to complete the interviews of 26,000 people nationwide. Since 2013, the number of samples in counties and cities had expanded to more than 1,068 people (except for Lienchiang County), and the number of interviews completed in 2015 was 26,052, in which the number of samples of adults above the age of 18 was 25,029 people.

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 and Fujian provinces, 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 distribution 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 implementation of the new regulations of the Tobacco Hazards Prevention Action in 2009, the smoking rate of adults above the age of 18 has reduced from 21.9% in 2008 to 16.4% in 2014, showing a 1/4 amount of reduction. However, the tobacco health and welfare surcharge has not been increased for 7 years, and the tobacco price is too low, such factors may indirectly cause the smoking rates of the young and disadvantaged people to increase again. In 2015, the smoking rate slighting increased to 17.1% (male 29.9%, female 4.2%); despite that such increase is not sufficient to be considered as a significant difference, nonetheless, this is the first increase for the past 7 years.

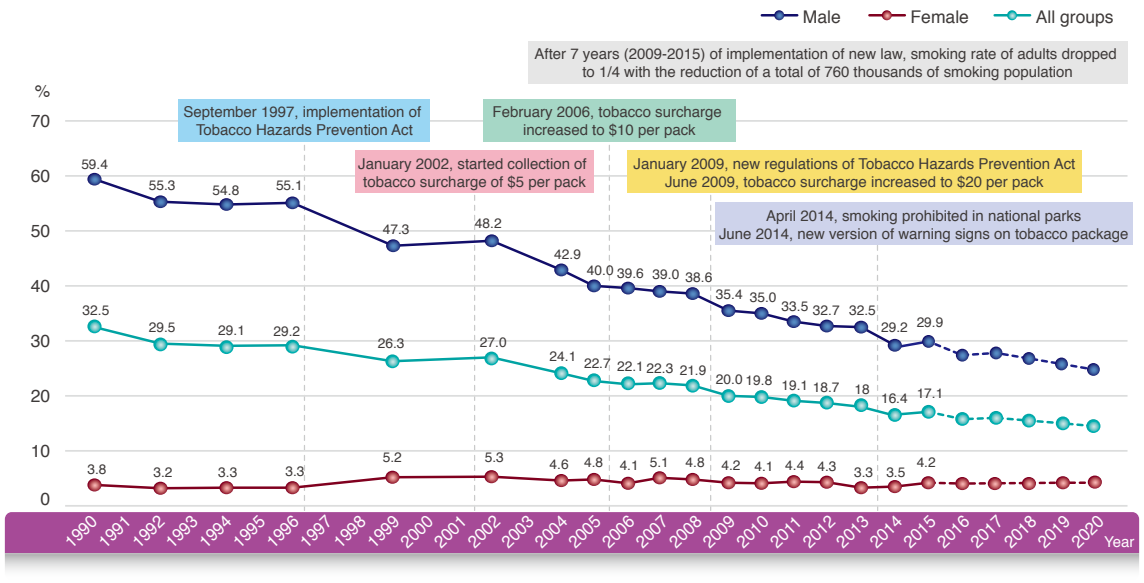


Fig. 3-1 Smoking rate of adults above the age of 18 over the years and future goal in Taiwan

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 Dr. 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 Survey on Knowledge, Attitude, and Practice of Health Promotion for the Taiwan Region*".
   d. Data from 2004 to 2015 was based upon smoking-related information of the general public collected via telephone interviews conducted by the HPA for the "*Citizen Smoking Behavior Survey*".
   e. From 1999 to 2015, 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 2015 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 smoked before (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 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.
   e. Questionnaire item from 2005 to 2015: "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 2015 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.

The comparison between two genders indicates that the percentages for males are of a noticeable decreasing trend, and the percentages for females are relatively the same. Nevertheless, it must be noted that the smoking rates for young males increase for the groups with ages greater than 18 in each year, and the age group of 41-45 is of the highest percentage such that approximately 1 out of 2 males is a smoker. For the smoking rates for females, the percentages also increase for the groups with ages greater than 18 in each year, and the age group of 31-35 if of the highest percentage such that approximately 1 out of 10 females is a smoker. Accordingly, such data shows that during the growth of young males and females, the problem of fast development of smoking habit shall be treated seriously. (as shown in Figure 3-2)

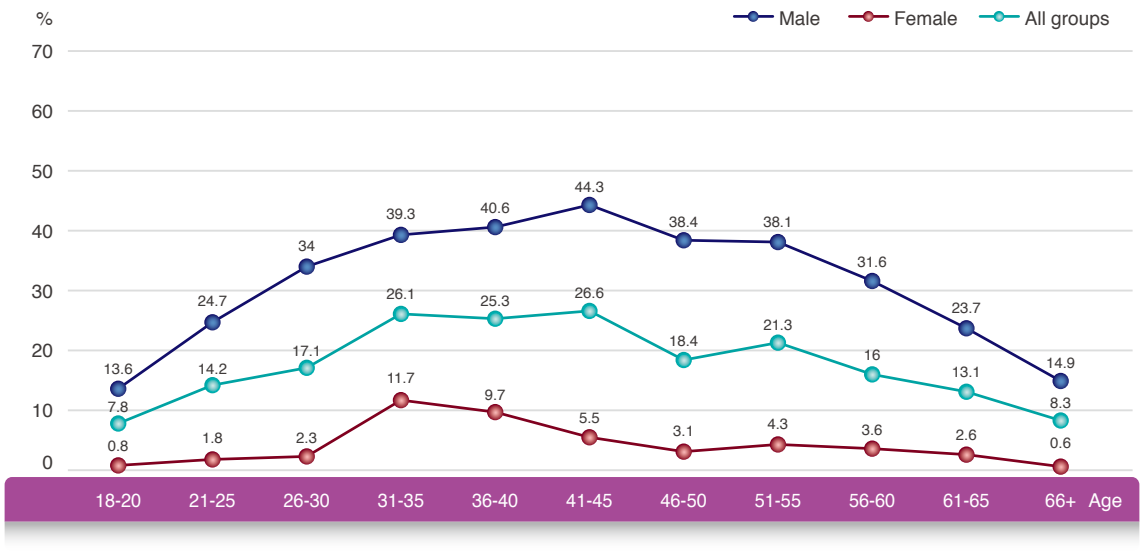


Fig. 3-2 Distribution of smoking rate of different age groups of males and females above the age of 18 in 2015

Note:

1. Data source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA in 2015 for the "*Citizen Smoking Behavior Telephone Survey*". The target of the survey were citizens above 18 years of age.
2. Definition of a smoker refers to a person who has smoked in excess 100 cigarettes (5 packs) from the past to the present and has used tobacco in the last 30 days.

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 was to undergo weighted analysis, then the yearly smoking rates of citizens above 18 years of age from 2007 to 2015 were 21.1%, 21.2%, 17.9%, 16.9%, 16.4%, 15.9%, 14.4%, 14.1%, and 13.1%.

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 14.7% in 2015. 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 (OECD) countries states of the Organization for Economic Co-operation and Development (OECD). However, smoking rates among men was still very high, placing Taiwan at the 16th place for lowest smoking rates and higher than many developed countries. These data showed that tobacco controls can still be improved in Taiwan. (as shown in Figure 3-3)

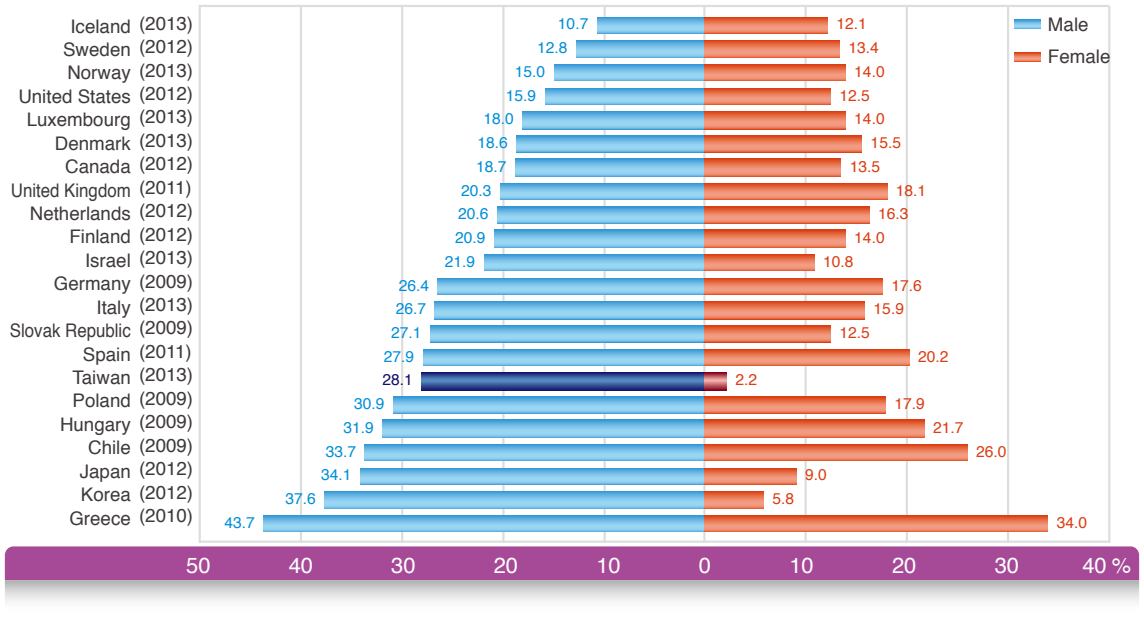


Fig. 3-3 Distribution of daily smoking percentages in different countries

Note:

1. Data source of different countries is the WHO Report on The Global Tobacco Epidemic 2015, and the calculation method of the smoking rate is based on the daily smoking rate of people above the age of 15.
2. Information for Taiwan:
   a. 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 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. In 2013, the daily smoking rate of people above the age of 15 was 15.2% (male 28.1%, female 2.2%); in 2014, the daily smoking rate of people above the age of 15 was 13.9% (male 24.9%, female 3.2%); in 2015, the daily smoking rate of people above the age of 15 was 14.7% (male 25.7%, female 3.6%).

Public area second hand smoke exposure rate

In view of the expansion of scope of non-smoking areas in our nation year after year and the regulation of prohibiting smoking except at designated smoking areas in specified regions and parks and greens implemented on April 1, 2014, the second hand smoke exposure rate of public areas prohibiting indoor and outdoor smoking has already significantly reduced from 23.7% in 2008 to 7.7% in 2015. In addition, the indoor public place second hand smoke exposure rate has also significantly reduced from 27.8% in 2008 to 6.4% in 2015.

However, as the public starts to move to outdoor permitted smoking areas for smoking, the outdoor public place second hand smoke exposure rate has significantly increased from 36.2% in 2008 to 55.0% in 2015. Further analysis and researches indicate that the indoor and outdoor public places where smokers smoke in front of others as expressed by people exposed to second hand smoke are "outdoor access locations of roads, streets, arcades etc." (36.8%), "outside of restaurants, open-air restaurants, outdoor wedding ceremonies and funerals" (9.3%), "parks and landscape site" (9.3%) and "night markets, street vendors, open-air markets" (6.3%) in sequence. (as shown in Figure 3-4)

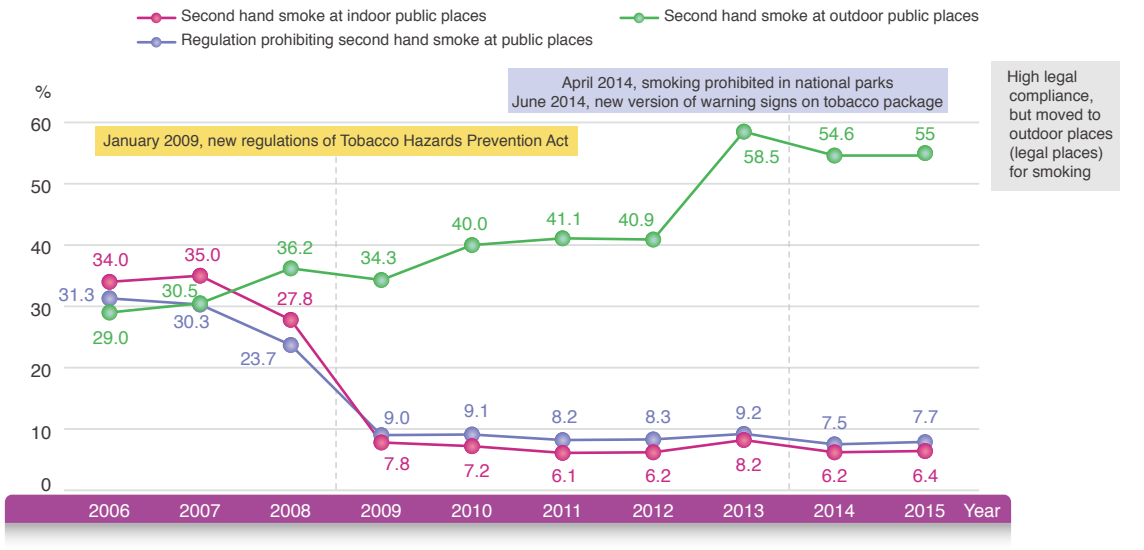


Fig. 3-4 Trend of public area second hand smoke exposure of adults

Note:

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.
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 2015: "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.

Home second hand smoke exposure rate

In 2009, the home second hand smoke exposure rate in the nation reduced significantly from 35.2% in 2005 to 20.8%. However, the rate increased again to reach 27.6% in 2014, following which it then reduced to 24.9% in 2015. Since “home” is not part of the area specified in the regulations of the Tobacco Hazards Prevention Act, it becomes a place where legal protection cannot be exerted and a private area for second hand smoke. Therefore, it still requires the common effort of the general public to reduce the opportunity of the exposure to second hand smokes of the family members (including women and children). (as shown in Figure 3-5)

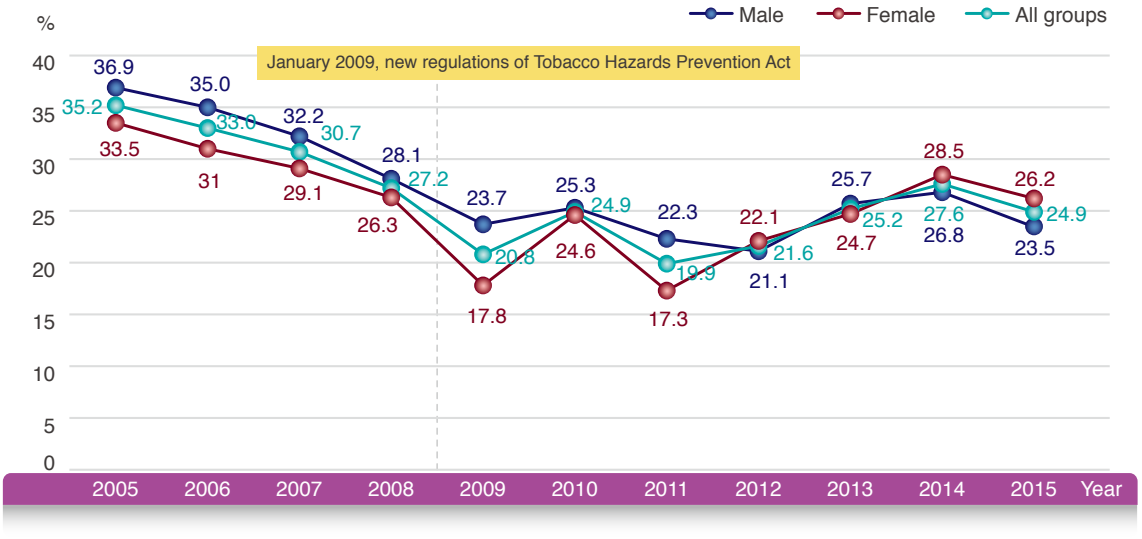


Fig. 3-5 Trend of home second hand smoke exposure rate of adults

Note:

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.
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 2015: “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.

Workplace second hand smoke exposure rate

Second hand smoke exposure at workplaces dropped from 30.1% in 2004 to 16.5% in 2015, which was still higher than that of 2009 (14%). These figures showed that policies for complete prohibition of smoking at workplaces can still be increased. Nation-wide workplace health promotion plans must be enhanced in order to provide counseling and reduce second hand smoke hazards in workplaces.(as shown in Figure 3-6)

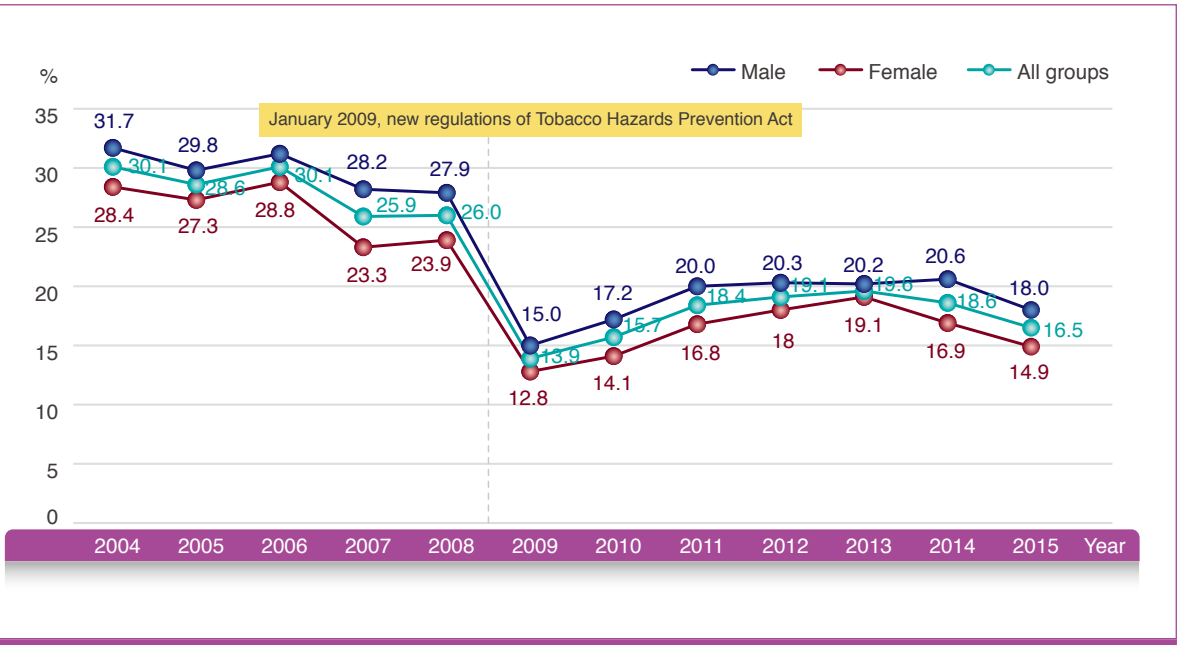


Fig. 3-6 Trend second hand smoke exposure rate at workplace

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

Since the tobacco price increases year after year, a lot of smokers have tried to quit smoking. According to the investigation in 2015, 36% of smokers no longer smoke now (overall 35.7%, male 35.5%, female 36.9%), and the most important reasons of quitting smoke is the health concern (46.0%) for improving health, fear of illness, aging, pregnancy etc., and the subsequent concerns are family and peers (12.2%, and the concern on the overly high price of tobacco (10.4%).

Nevertheless, there are still 36.6% of current smokers express that attempts on quitting smoke have been made in the past one year but have failed to quit smoking (male 37.5%, female 30.4%)[1], among which 70.7% of interviewees have expressed that the duration of tobacco cessation maintained is less than 1 month.

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 was adults above 18 years of age.

   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

For the awareness and utilization of the general public on the resources of tobacco cessation, under the condition where no tips are given, less than 40% of the current smokers are aware of the tobacco cessation services, including outpatient clinics for tobacco cessation, tobacco cessation courses and tobacco cessation helpline etc., provided by the health agencies (38.7%) [2]. For those who failed in their attempt to quit smoking, if further questions are asked on what tobacco cessation method they have adopted in the past 12 months, in general, only 20% (21.4%) have used the outpatient clinic tobacco cessation service, 5.4% have purchased tobacco cessation medication from pharmacies; in addition, only 51.7% express that they have relied on their own determination, and 15.2% express that they have not used any tobacco cessation methods.

Accordingly, for those 40% smokers trying to quit smoking in the next 12 months but failing to overcome the tobacco addiction and continuing to smoke (39.5%), the possible reason can be that they have not adequately used the tobacco cessation resources in society. Particularly, those heavy smokers require greater professional assistance in tobacco cessation, and HPA will continue to use diverse marketing methods, including not only the channels of television, broadcasting, printed media, internet media etc. to perform the promotion of tobacco cessation service but also cooperate with the local governments, civic organizations and hospitals in actively promoting the tobacco cessation services along with relevant events of press conferences, newspaper announcement, seminars, competitions etc. for public participation in order to increase the awareness of the public on the tobacco cessation services and seeking of professional tobacco cessation resources.

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 was adults above 18 years of age.

   Questionnaire item: "A12. Do you know what services are provided by the health and medical units? (no tips provided, interviewers are requested to continue the question, and maximum for 3 multiple selections)." If the respondents gives the answer of "refused to answer", such question shall 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.

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 American Centers for Disease Control and Prevention (CDC), smokers were 2 to 6 times more likely to die from cardiovascular diseases compared to non-smokers. Survey results from 2015 showed that 87.9% of the respondents were capable of naming diseases caused by smoking without any prompting. However, this means that 10.9% of the respondents were not aware of the diseases caused by smoking. Results also showed that 1.2% of the respondents mistakenly believe that smoking would not lead to any diseases[3].

3. 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.

   Questionnaire item: "What do you think are the diseases that 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.

In addition to second hand smoke hazards, family members living with smokers are also threatened by the hazards posed by "*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. According to the investigation result in 2015, 86.0% of the general public agreed with the statement that "it is also harmful to stay or work in a room where someone has smoked before"; however, 8.7% of the general public disagreed with such statement, and 5.3% of the general public were not sure or had no idea on whether such statement was true or false [4].

4. 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.

   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 entered into force and greatly reduced the number of smokers, smoking rates for adult men remained rather high at 29.4%. 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 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.

Our goal is to support the goal of reduction of smoking rate by 30% before 2025 set by the WHO. Accordingly, to reduce the consumption of relevant resources due to tobacco hazards, we will continue to promote tobacco hazards prevention related policies, continue to promote integrated health educations for betel nuts and tobacco cessations, to create smoke-free environments, to promote amendment of laws and to increase the warning signs on tobacco packages along with the second generation tobacco cessation services and tobacco cessation toll-free helpline in order to continuously reduce the inequalities among groups caused by tobacco hazards. We will also achieve the goal of a smoke-free Taiwan with our best efforts.

● Global Youth Tobacco Survey

To generate results comparable to international standards, the HPA began to work together with the American Centers for Disease Control and Prevention (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 monitoring surveys for junior high, senior high, and vocational school students every other 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 changes to second hand smoke exposure. 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 2015 sampled 50,958 students (24,046 junior high students and 26,912 senior high and vocational school students). Questionnaire surveys were completed anonymously. A total of 46,229 completed surveys were collected (22,192 from junior high schools and 24,037 from senior high and vocational schools) for a completion rate of 90.7% (92.3% for junior high schools and 89.3% for senior high and vocational schools).

Youth smoking rate

The smoking rate of junior high school students had decreased from 7.8% in 2008 (male 10.3%, female 4.9%) to 3.5% in 2015 (male 4.9%, female 2.0%) with a reduction rate greater than half thereof (54.9%) (Figure 3-7). In addition, the smoking rate of senior high school students also decreased from 14.8% in 2007 (male 19.3%, female 9.1%) to 10.4% in 2015 (male 15.6%, female 4.7%) with a reduction rate of nearly 1/3 thereof (30.1%) (Figure 3-8). In conclusion, the smoking rates of junior high school and senior high school students has been brought under control; however, the smoking rate of senior high school students is still higher than the rate for junior high school students, and continuous efforts from the health and education related units are required.

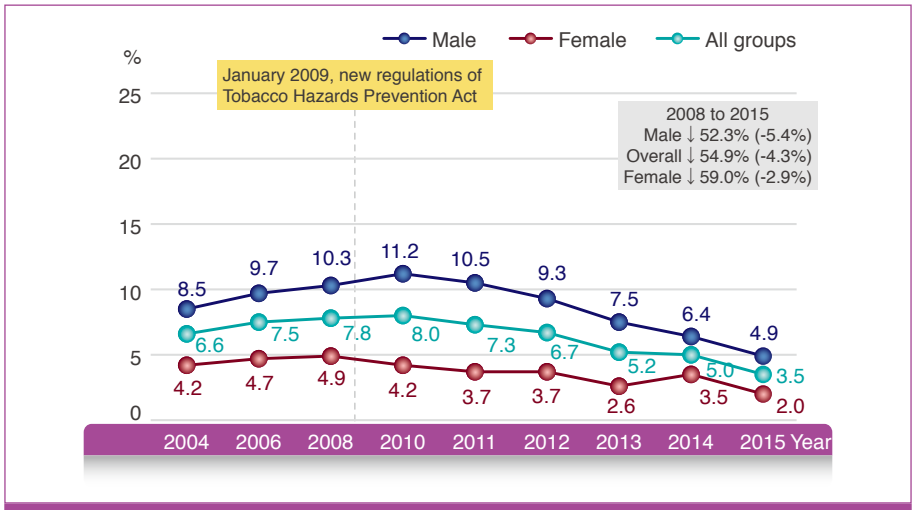


Fig. 3-7 Present smoking rate of junior high school students over the past years

Note:

1. Data source: "Teenager smoking behavior investigation" by HPA; class testing method was used to collect relevant data of teenager smoking; the subjects of analysis were junior high school students.
2. Definition of present smoking rate: attempting to smoke in the last 30 days, and any amount of smoking is counted.
3. Survey question: How many days did you smoke in the past 30 days (one month)?
4. For the surveys conducted in 2004 to 2010, the method of iteration for every year was adopted for students of "junior high school" and "grades 1 to 3 of senior high school, vocational high school and five-year junior college".

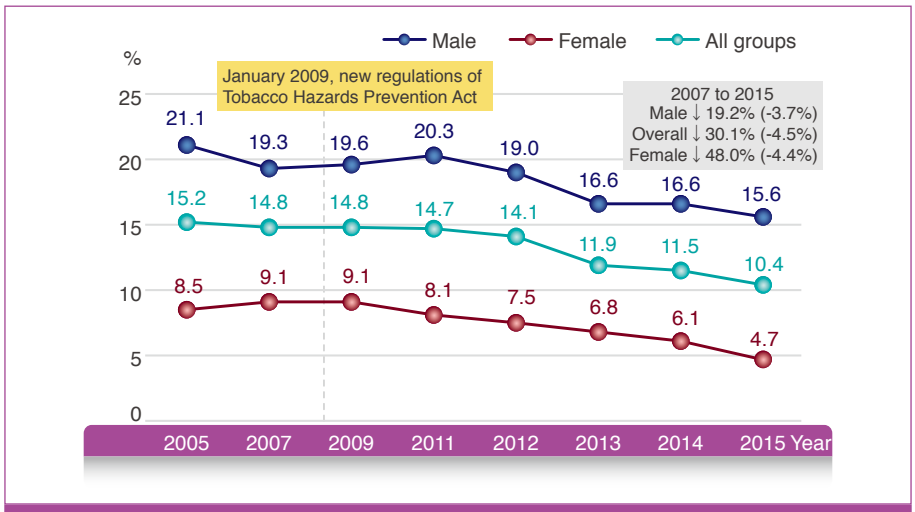


Fig. 3-8 Present smoking rate of senior high school students over the past years

Note:

1. Data source: "Teenager smoking behavior investigation" by HPA; class testing method was used to collect relevant data of teenager smoking; the subjects of analysis were senior and vocational high school students.
2. Definition of present smoking rate: attempting to smoke in the last 30 days, and any amount of smoking is counted.
3. Definition of senior and vocational high school students: students of grades 1 to 3 of senior high schools, vocational high schools and five-year junior colleges (including evening schools).
4. Survey question: How many days did you smoke in the past 30 days (one month)?
5. For the surveys conducted in 2005 to 2010, the method of iteration for every year was adopted for students of "junior high school" and "grades 1 to 3 of senior high school, vocational high school and five-year junior college".

The result of further analysis of the senior and vocational high school students indicate that the present smoking rate for the students of senior high schools, vocational high schools, comprehensive schools and evening schools are 2.3%, 11.8%, 10.2%, and 37.6% respectively (as shown in Figure 3-9). The present smoking rate of the students of the evening schools shows a decreasing trend over the past years; however, it is still of a relatively high percentage.

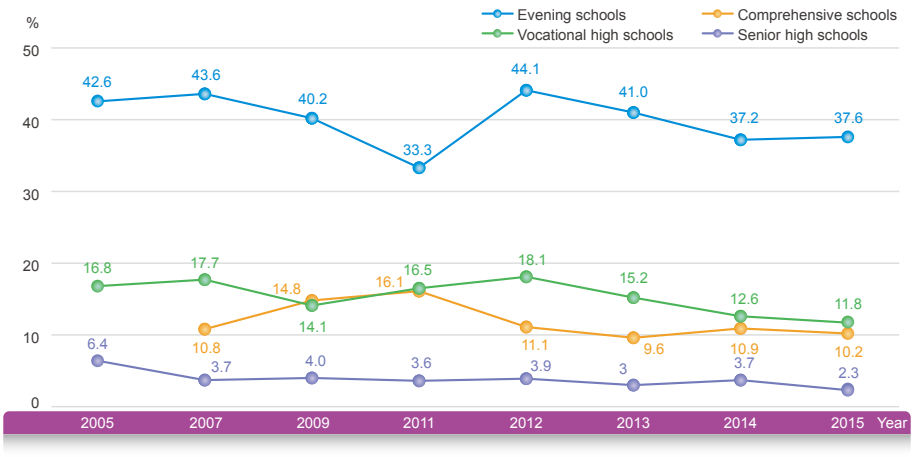


Fig. 3-9 Smoking rates of students among different school types of senior and vocational high schools over the past years

Note:

1. Data source: "Teenager smoking behavior investigation" by HPA; class testing method was used to collect relevant data of teenager smoking; the subjects of analysis were senior and vocational high school students.
2. Definition of senior high schools: students of regular departments of day schools.
3. Definition of vocational high schools: students of occupational study departments of day schools.
4. Definition of comprehensive high schools: schools with students in both regular departments and occupational study departments of day schools.
5. Definition of evening schools: students attend classes in the evening, including students of regular departments and occupational study departments
6. For the surveys conducted in 2005 to 2010, the method of iteration for every year was adopted for students of "junior high school" and "grades 1 to 3 of senior high school, vocational high school and five-year junior college".

From the comparison between the data of the smoking rates of students of different grades of junior high schools and senior and vocational high schools, the result indicates that the smoking rates of the students of junior high school and senior and vocational high school students have an increasing trend over the past years; the smoking rates for students of grades 1 to 3 of junior high school are 1.9%, 3.5% and 5.2% respectively, and the smoking rates for students of grades 1 to 3 of junior high school are 9.1%, 10.9% and 11.0% respectively (as shown in Figure 3-10).

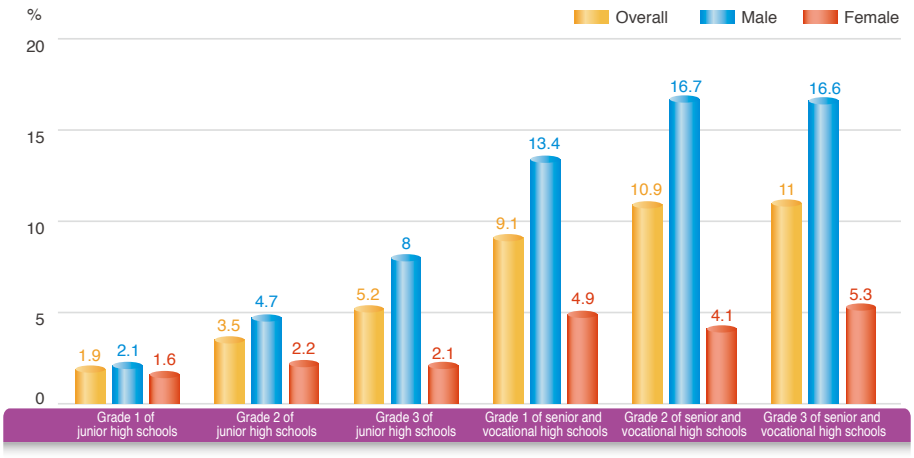


Fig. 3-10 Smoking rates of different grades of junior high schools and senior and vocational high schools in 2015

Note:

1. Data source: "Teenager smoking behavior investigation" by HPA in 2015; class testing method was used to collect relevant data of teenager smoking; the subjects of analysis were all groups.
2. Definition of senior and vocational high school students: students of grades 1 to 3 of senior high schools, vocational high schools and five-year junior colleges (including evening schools).

Based on further analysis of the changes of the smoking rates of students from grade 3 of junior high schools to grade 1 of senior and vocational high schools, the results from different years indicate that the smoking rate of students of grade 3 of junior high schools in 2008 increases from 9.2% to 14.8% of the students at grade 1 of senior high schools in 2009 with an increase of 60.9%; the smoking rate of students of grade 3 of junior high schools in 2010 increases from 9.1% to 14.4% of the students at grade 1 of senior high schools in 2011 with an increase of 58.2%; the smoking rate of students of grade 3 of junior high schools in 2012 increases from 7.7% to 11.2% of the students at grade 1 of senior high schools in 2013 with an increase of 45.5% (as shown in Figure 3-11); the smoking rate of students of grade 3 of junior high schools in 2013 increases from 6.5% to 9.0% of the students at grade 1 of senior high schools in 2014 with an increase of 38.5%; the smoking rate of students of grade 3 of junior high schools in 2014 increases from 6.1% to 9.1% of the students at grade 1 of senior high schools in 2015 with an increase of 51.1%. Despite that this survey is not designed for long-term tracking studies, nevertheless, it can be generally observed that the changes of the smoking rates of students moving from junior high schools to senior and vocational high schools are worth noting.

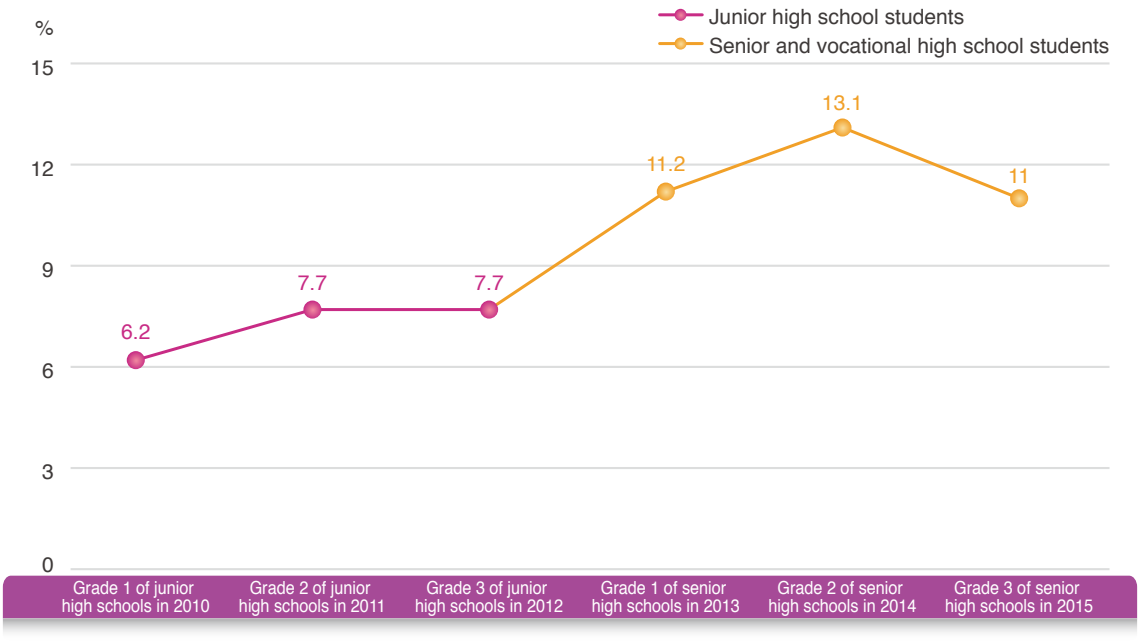


Fig. 3-11 Smoking rates of students of junior high schools and senior and vocational high school students over the past 6 years

Note:

1. Data source: "Teenager smoking behavior investigation" by HPA; class testing method was used to collect relevant data of teenager smoking; the subjects of analysis were all groups.
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 previous year (Figure 3-12, Figure 3-13). About 50% of junior high school students and 60% of senior high and vocational school students expressed a willingness to quit smoking (Figure 3-14, Figure 3-15).

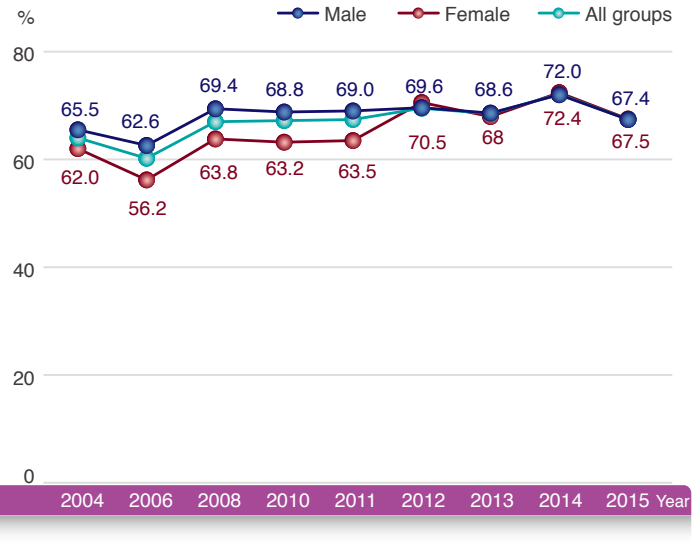


Fig. 3-12 Percentage of tobacco cessation experience of smoking students of junior high schools

Note:

1. Data source: "Teenager smoking behavior investigation" by HPA; class testing method was used to collect relevant data of teenager smoking; the subjects of analysis were junior high school students.
2. Definition of tobacco cessation experience: smoker has tried quitting smoke in the past year.
3. Survey question: In the past 12 months, have you tried to quit smoking?
4. For the surveys conducted in 2004 to 2010, the method of iteration for every year was adopted for students of "junior high school" and "grades 1 to 3 of senior high school, vocational high school and five-year junior college".

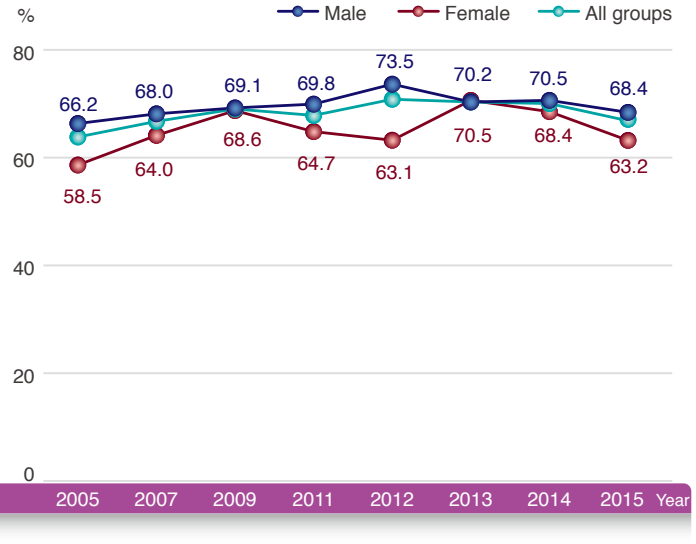


Fig. 3-13 Percentage of tobacco cessation experience of smoking students of senior high schools

Note:

1. Data source: "Teenager smoking behavior investigation" by HPA; class testing method was used to collect relevant data of teenager smoking; the subjects of analysis were senior and vocational high school students.
2. Definition of tobacco cessation experience: smoker has tried quitting smoke in the past year.
3. Survey question: In the past 12 months, have you tried to quit smoking?
4. For the surveys conducted in 2005 to 2010, the method of iteration for every year was adopted for students of "junior high school" and "grades 1 to 3 of senior high school, vocational high school and five-year junior college".

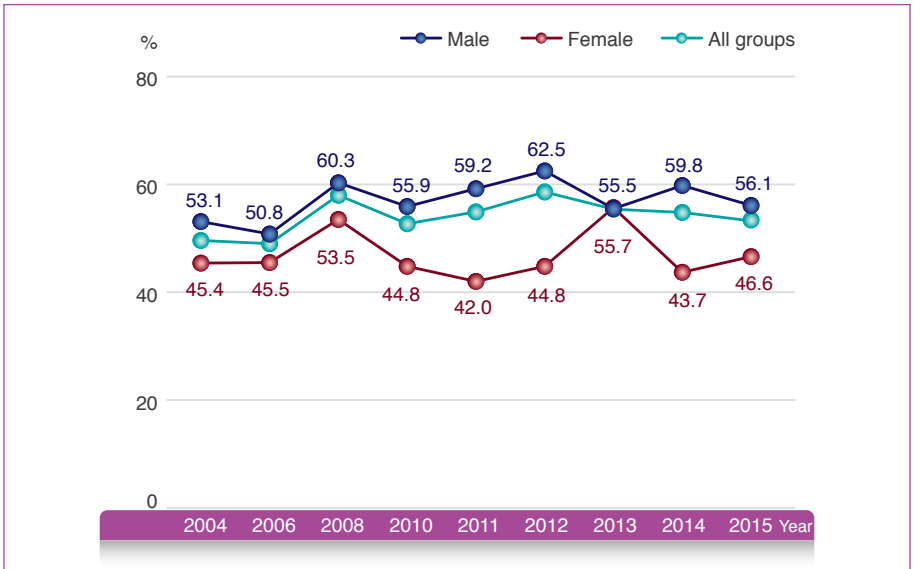


Fig. 3-14 Percentage of tobacco cessation intention of smoking students of junior high schools

Note:

1. Data source: "Teenager smoking behavior investigation" by HPA; class testing method was used to collect relevant data of teenager smoking; the subjects of analysis were junior high school students.
2. Definition of tobacco cessation intention: present smoker wishes to quit smoking now.
3. Survey question: Do you want to quit smoking now?
4. For the surveys conducted in 2004 to 2010, the method of iteration for every year was adopted for students of "junior high school" and "grades 1 to 3 of senior high school, vocational high school and five-year junior college".

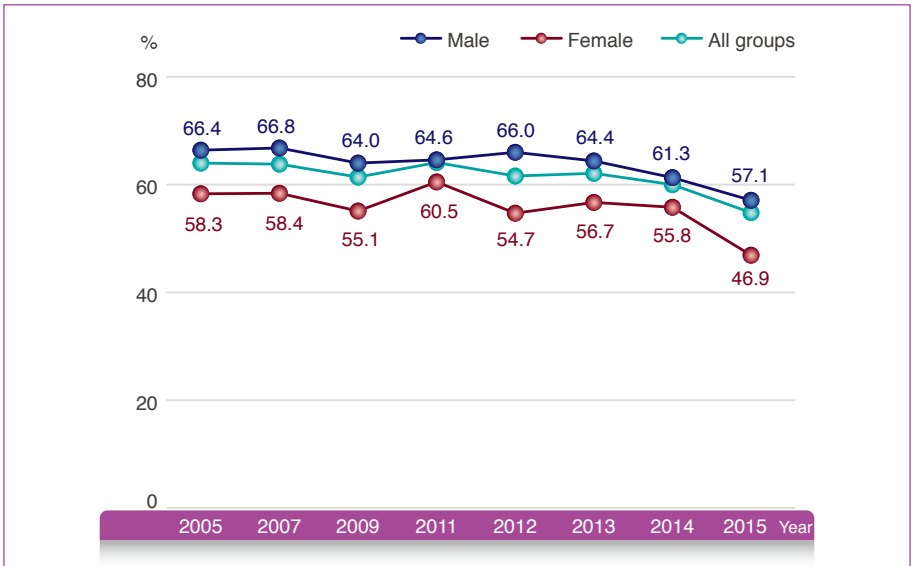


Fig. 3-15 Percentage of tobacco cessation intention of smoking students of senior and vocational high schools

Note:

1. Data source: "Teenager smoking behavior investigation" by HPA; class testing method was used to collect relevant data of teenager smoking; the subjects of analysis were senior and vocational high school students.
2. Definition of tobacco cessation intention: present smoker wishes to quit smoking now.
3. Survey question: Do you want to quit smoking now?
4. For the surveys conducted in 2005 to 2010, the method of iteration for every year was adopted for students of "junior high school" and "grades 1 to 3 of senior high school, vocational high school and five-year junior college".

Second hand smoke exposure rates inside and outside of campuses

The second hand smoke exposure rate on campus has been improved over the past years. The second hand smoke exposure rate for junior high school students in schools dropped from 21.0% in 2008 to 7.5% in 2015 (Figure 31-16), and the rate for senior and vocational high school students in schools dropped from 35.2% in 2007 to 16.3% in 2015 (Figure 31-17); however, the second hand smoke exposure rate in schools slightly increased for the first time in 7 years in 2014 and slightly decreased in 2015 again. Further analysis showed that for either the junior high schools or senior and vocational high schools, the primary source of second hand smoke in schools comes from the smoking students (junior high school 40.8%, senior and vocational high school 63.3%), the second source is the other people from outside schools (junior high school 39.9%, senior and vocational high school 19.5%) and the third source is the administrate personnel inside schools (junior high school 19.3%, senior and vocational high school 17.2%) (Figure 31-18). According to the regulations of Tobacco Hazards Prevention Act, schools under the level of senior and vocational high schools shall be prohibited from smoking completely in schools; therefore, despite that the condition of the second hand smoke exposure in campus has been improved, nonetheless, there is still room for improvement for all level of schools.

Although the second hand smoke exposure rate of teenagers on campus has been improved significantly, nonetheless, in the past year, the second hand smoke exposure rate of teenagers at public place increases. In 2015, the second hand exposure rate of junior high school students at public place outside campus was 60.4% (male 57.7%, female 63.3%), which was higher than 57.3% in 2014 (male 55.4%, female 59.4%). In 2015, the second hand exposure rate of senior and vocational high school students at public place outside campus was 68.5% (male 67.8%, female 69.2%), which was also higher than 65.6% in 2014 (male 64.2%, female 67.1%) (as shown in Figure 31-19). If further questions were conducted on the number of days of exposure to second hand smoke of teenagers, nearly 20% of teenagers were exposed to the second hand smoke at public place outside campus every day (junior high school 11.9%, senior and vocational high school 19.0%) (as shown in Figure 3-19). Therefore, the protection of teenagers from second hand smoke exposure at public places is an important task ought to be done immediately.

The Tobacco Hazards Prevention Act has regulated that schools below the level of senior high schools and most of indoor public places shall be prohibited from smoking completely; however, the outdoor areas of the school gates, sidewalks etc., are not yet under the regulation for non-smoking areas. Consequently, in the event where someone smokes at the sidewalk nearby the school, the tobacco smoke is likely to flow into the campus, endangering the health of the teachers and students; in addition, teachers, students, parents and people walking nearby the school may also suffer from the hazards of second hand smoke. According to the investigation on the teenager smoking behavior in 2015, the result showed that 65.0% of junior high school students and 70.2% of senior and vocational high school students agreed on prohibition of smoking at public places outside schools, such as entertainment parks, sidewalks, entrances and exits of buildings, parks or beaches etc.

Second hand smoke exposure in homes

For most of non-smoking teenagers, they may be in the risk of second hand smoke (SHS) exposure due to smoking elders at home. In 2015, the second hand smoke exposure rate of senior and vocational high school students at homes was 33.0% (male 32.4%, female 33.5%) (as shown in Figure 3-20), and the rate for junior high school students at home was 33.7% (male 33.7%, female 33.6%) (as shown in Figure 3-21). In comparison to the survey results of previous years, the second hand smoke exposure rate of teenagers at homes has been improved; nonetheless, the second hand smoke exposure of teenagers at homes is still high (as shown in Figure 3-19)

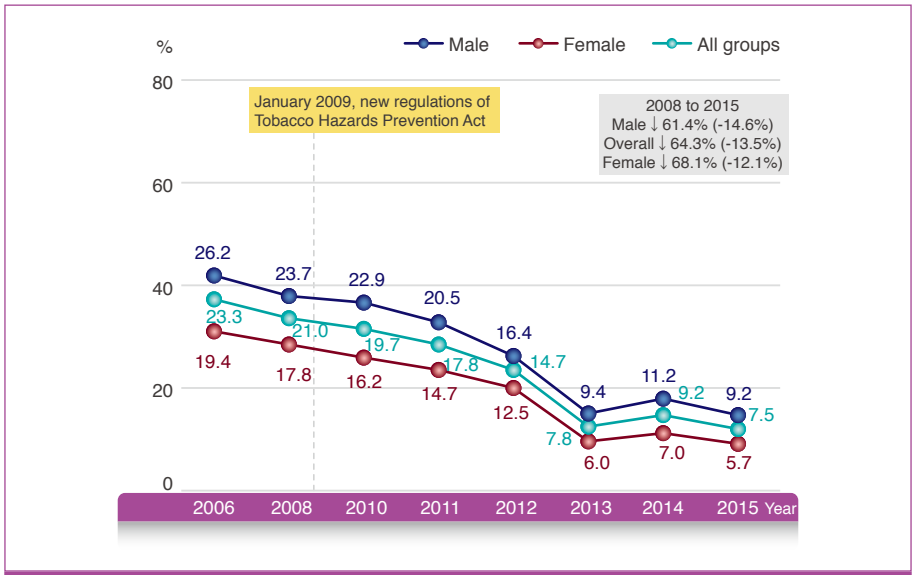


Fig. 3-16 Second hand smoke exposure rate of junior high school students in campus

Note:

1. Data source: "Teenager smoking behavior investigation" by HPA; class testing method was used to collect relevant data of teenager smoking; the subjects of analysis were junior high school students.
2. Definition of second hand smoke exposure in campus: refers to that someone has smoked in front of the interviewee in the campus within the past one week.
3. Survey question: In the past 7 days, how many days did you see someone smoke in front of you while you were at school?
4. No data for second hand smoke exposure in campus for years of 2004 and 2005.
5. For the surveys conducted in 2006 to 2010, the method of iteration for every year was adopted for students of "junior high school" and "grades 1 to 3 of senior high school, vocational high school and five-year junior college".

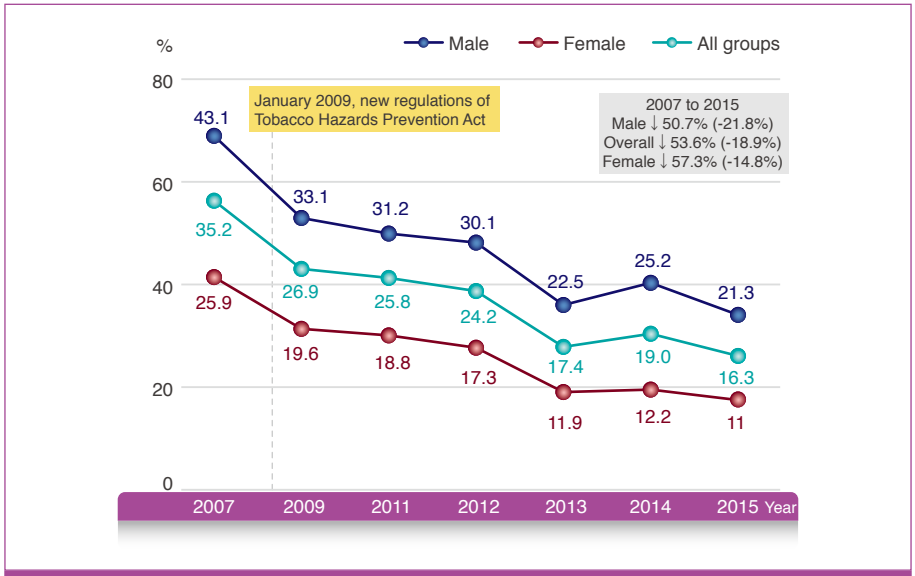


Fig. 3-17 Second hand smoke exposure rate of senior and vocational high school students in campus

Note:

1. Data source: "Teenager smoking behavior investigation" by HPA; class testing method was used to collect relevant data of teenager smoking; the subjects of analysis were senior and vocational high school students.
2. Definition of second hand smoke exposure in campus: refers to that someone has smoked in front of the interviewee in the campus within the past one week.
3. Survey question: In the past 7 days, how many days did you see someone smoke in front of you while you were at school?
4. No data for second hand smoke exposure in campus for years of 2004 and 2005.
5. For the surveys conducted in 2007 to 2010, the method of iteration for every year was adopted for students of "junior high school" and "grades 1 to 3 of senior high school, vocational high school and five-year junior college".

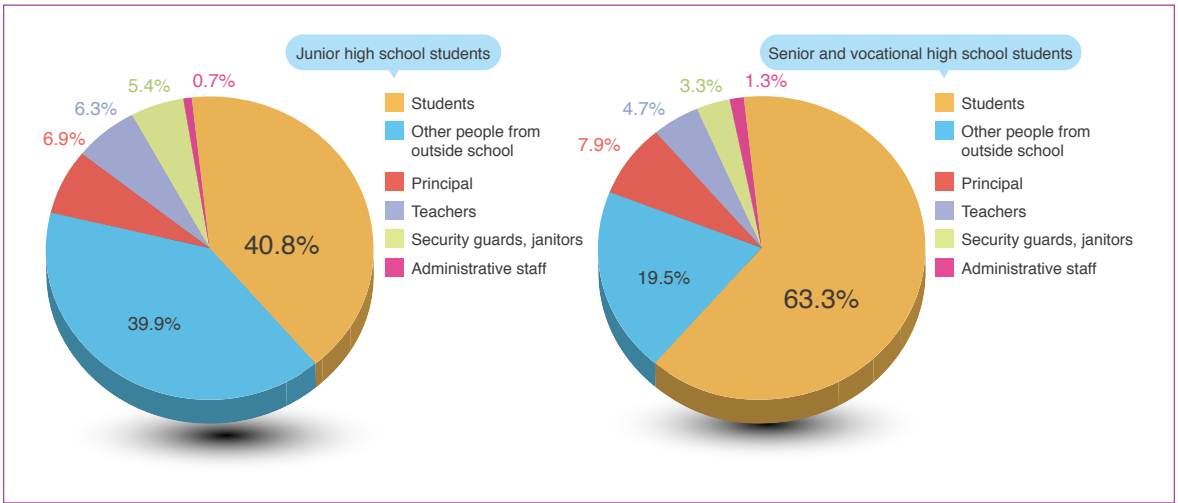


Fig. 3-18 Primary source of second hand smoke for students in junior high schools and senior and vocational high schools

Note:

1. Data source: "Teenager smoking behavior investigation" by HPA in 2015.
2. Definition of primary source of second hand smoke in school: refers to that in the past 7 days, the type of person most frequently smoking in front of the interviewee in school.
3. Survey question: In the past 7 days, who were the people most frequently smoking in front of you while you were at school?

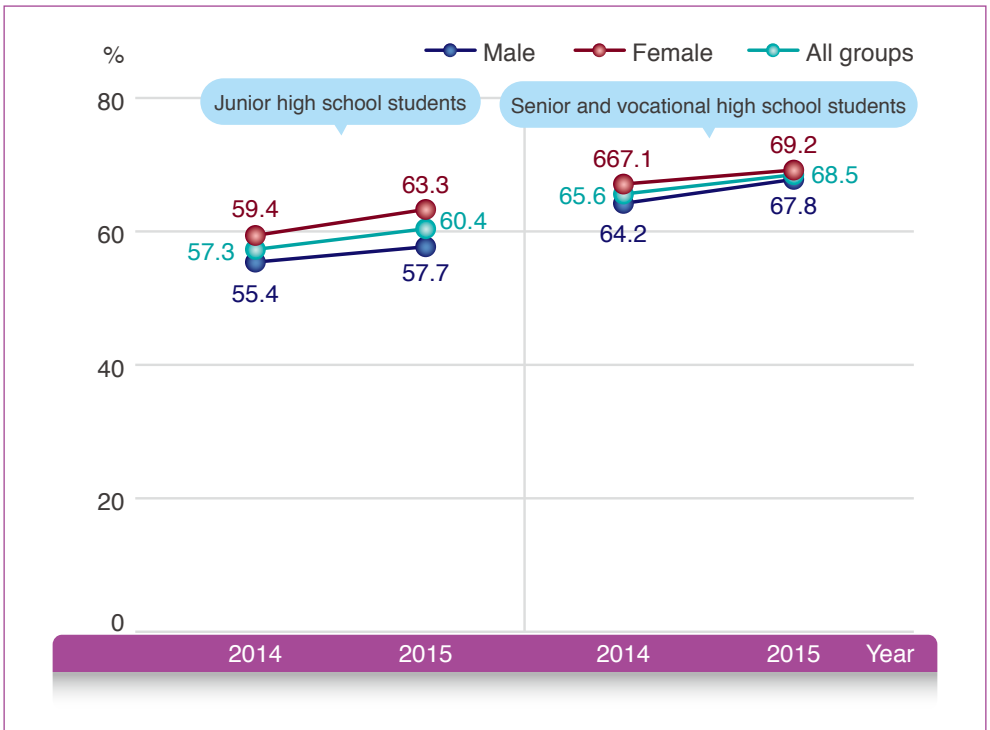


Fig. 3-19 Second hand smoke exposure rate of teenage students at public place outside campus

Note:

1. Data source: "Teenager smoking behavior investigation" by HPA.
2. Definition of second hand smoke exposure at public place outside campus: in the past 7 days, someone smoked in front of the interviewee while being in an outdoor public place (such as: entertainment parks, sidewalks, entrances and exits of buildings, parks or beaches).
3. Survey question: In the past 7 days, how many days did you see someone smoke in front of you while you were at outdoor public places (such as: entertainment parks, sidewalks, entrances and exits of buildings, parks or beaches)?

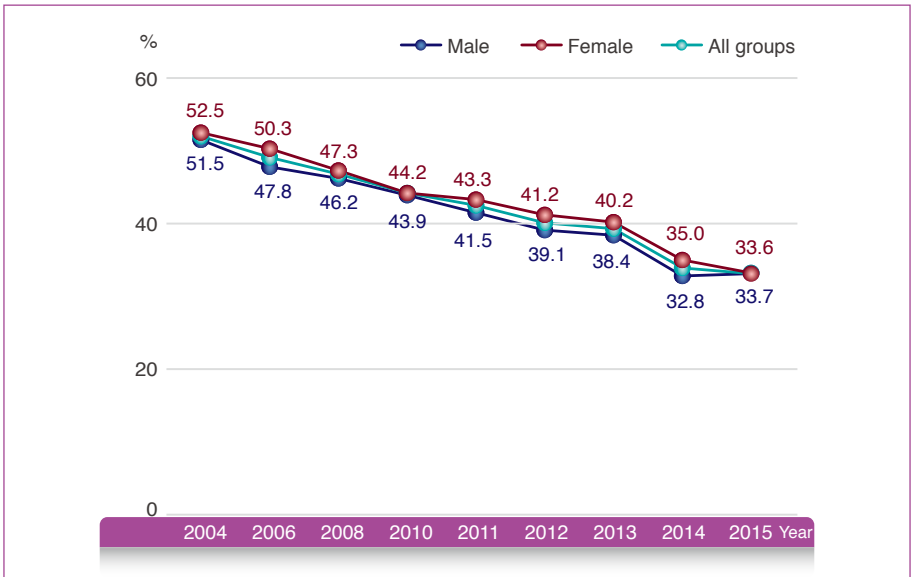


Fig. 3-20 Distribution of SHS exposure rate of junior high school students at home

Note:

1. Data source: "Teenager smoking behavior investigation" by HPA; class testing method was used to collect relevant data of teenager smoking; the subjects of analysis were junior high school students.
2. Definition of second hand smoke exposure in campus: refers to that someone has smoked in front of the interviewee at home within the past one week.
3. Survey question: In the past 7 days, how many days did you see someone smoke in front of you while you were at home?
4. For the surveys conducted in 2004 to 2010, the method of iteration for every year was adopted for students of "junior high school" and "grades 1 to 3 of senior high school, vocational high school and five-year junior college".

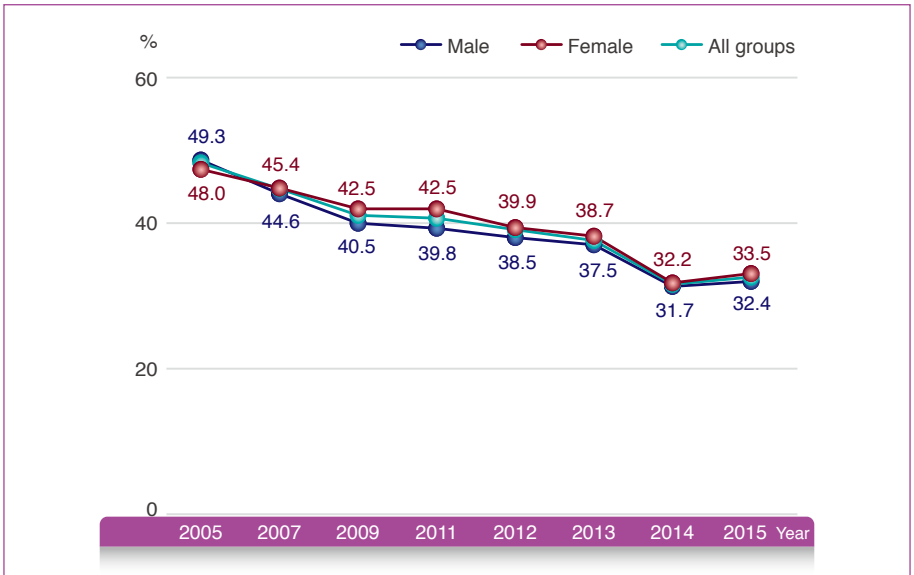


Fig. 3-21 Distribution of SHS exposure rate of senior and vocational high school students at home

Note:

1. Data source: "Teenager smoking behavior investigation" by HPA; class testing method was used to collect relevant data of teenager smoking; the subjects of analysis were senior and vocational high school students.
2. Definition of second hand smoke exposure in campus: refers to that someone has smoked in front of the interviewee at home within the past one week.
3. Survey question: In the past 7 days, how many days did you see someone smoke in front of you while you were at home?
4. For the surveys conducted in 2004 to 2010, the method of iteration for every year was adopted for students of "junior high school" and "grades 1 to 3 of senior high school, vocational high school and five-year junior college".

Relevant factors affecting the smoking behavior of teenagers

The smoking rates of junior high school and senior high school students having at least one of the parents smoking at home are 5.4% and 14.0% respectively, which are approximately 2 to 3 times (junior high school students 2.9 times higher, senior and vocational school students 2.0 times higher) higher than the smoking rates of students having none of the parents smoking (junior high school 1.8%, senior and vocational high school students 7.0%). In addition, for those exposed to second hand smoke at home, their past smoking rate, present smoking rate and possible smoking rate are both higher than those not exposed to second hand smoke. Such result indicates that to teenagers, family member smoking may indirectly encourage smoking behavior. Therefore, a smoke-free family shall be particularly emphasized to urge parents to quit smoking immediately in order to establish role-models such that teenagers can be prevented from losing competitiveness due to smoking.

The surveys also indicate that teenagers with a greater number of friends, their present smoking rate are also higher. For example, the smoking rate of junior high school and senior and vocational high school students having lots of friends is nearly 40% (junior high school 34.6%, senior and vocational high school 50.0%), which is 8 times (junior high school students 15.1 times higher, senior and vocational high school students 8.6 times higher) higher than the smoking rate of students having no or few friends (junior high school 2.3%, senior and vocational high school 5.8%). For non-smoking students, the surveys indicate that 9.7% of junior high school students and 10.0% of senior and vocational high school students express that they will smoke when friends offer cigarettes in the next one year. In other words, a lot of teenage students are deeply influenced by the attitude of smoking of friends. Parents should care about the lives of their children, spending of pocket money, academic performance, conditions of friends made etc. regularly and shall also talk to children about how to keep away from those offering smokes such that when there is any abnormal people, time, place, object and method, immediate understanding and handling shall be made in order to help children to keep away from those hazardous factors of smoking and to successfully quit smoking.

● Tobacco Depictions and Imagery Monitoring

New provisions of the Tobacco Hazards Prevention Act enacted in 2009 stipulated strict prohibitions on the promotion and advertisements 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), 444 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 247 news shows for a total of 14,820 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 of 2015 was 18.44, an increase when compared to the averages observed in past years (2008 to 2014) (refer to Table 3-1). In addition, during the years of 2011 to 2013, the number of incidence of tobacco depictions in Chinese films over the past 3 years was maintained 10~14 times on average in each film; however, for the years of 2014 to 2015, the number of tobacco depictions slightly increased to 17~23 times (as shown in Table 3-2). In 2015, in the popular film of “The Return of Chen Zhen” (occurred 163 times) was the film with the greatest number of incidence of tobacco depictions among the 100 movies monitored in 2015, which was also the film with the greatest number of incidents of tobacco depictions for Chinese films.

Table 3-1 Tobacco depictions in films: comparison of data from 2008 to 2015

Item	2008	2009	2010	2011	2012	2013	2014	2015
Appearance of tobacco depictions Number of films (and percentage)	47 (58.8%)	63 (60.5%)	31 (30.4%)	35 (34.0%)	47 (47.0%)	39 (39.0%)	27 (27.0%)	43 (43.0%)
Films monitored	80	104	102	103	100	100	100	100
Average incidence of tobacco depictions	21.3	26.8	27.8	14.1	12.28	11.95	16.96	18.44

Table 3-2 Comparison of tobacco depiction between Chinese language films and foreign language films from 2008 to 2015

Item		2008	2009	2010	2011	2012	2013	2014	2015
Chinese	Tobacco depiction observed (films) / sampled size (films)	15/17	13/14	7/17	11/20	15/31	18/31	13/32	16/26
	Incidences of tobacco depictions	512	511	239	163	151	171	226	363
	Average incidence of tobacco depictions per movie	34	39	34	14	10	10	17	23
Foreign	Number of movies with tobacco depictions / Total number sampled	32/63	50/90	24/85	24/83	32/69	21/69	14/68	27/74
	Incidences of tobacco depictions	491	1,174	623	332	426	356	321	536
	Average incidence of tobacco depictions per movie	15	24	26	14	13	17	23	20

Table 3-3 A list of top movies of 2015 vs. tobacco product depictions

Movie name	Numberf of Incidences of tobacco depictions	Rating	Language
The Return of Chen Zhen	163	Parents Strongly Cautioned	Chinese
Swordfish	111	Parents Strongly Cautioned	English
In Hell	75	Parents Strongly Cautioned	English
The Hobbit: An Unexpected Journey	67	Parental Guidance Suggested	English
Goodbye Mr. Cool	57	Parents Strongly Cautioned	Chinese
The Island of Greed	42	Parents Strongly Cautioned	Chinese
The Shawshank Redemption	36	Parents Strongly Cautioned	English
Police Story III - Super Cop	28	Parental Guidance Suggested	Chinese
Focus	16	Parents Strongly Cautioned	English
Rise of the Legend	16	Parents Strongly Cautioned	Chinese

Note: This table only lists movies with over 15 incidences of tobacco depictions

The result of the 5 types of television programs (drama, cartoon, variety show, recreation/music and sports etc.) shows that cartoons are still the type with the greatest number of incidence of tobacco depictions among the five main television program types, and the programs of creation type, variety shows and sports also have incidences of tobacco depictions. Form the research as shown in Table 3-4, it can be found that the long series of “One Piece” has the incidence of tobacco depiction of 6.14~9.33 times in each episode; the second highest in number is “Detective Conan”, and the tobacco depiction monitoring conducted this year also shows that each episode has 2.00 incidences of tobacco depictions on average.

Table 3-4 Television program episodes vs. incidence of tobacco depictions

Television program	Number of episodes randomly selected	Incidence of tobacco depictions	Average incidence of tobacco depictions per episode
One Piece Chapter Island Fish (TTV, cartoon)	3	28	9.33
One Piece (TTV, cartoon)	14	86	6.14
Detective Conan (CTS, cartoon)	5	10	2.00
Doraemon (CTS, cartoon)	11	8	0.73
Delight (SET Taiwan, recreation)	5	3	0.60
Explore China (CTV, recreation)	12	4	0.33
Show King (CTV, variety show)	6	11	1.83
FTV Sports News (FTV news, sports)	9	1	0.11
Variety Get Together (FTV, variety show)	12	1	0.08

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 restricted.(Delete 115)

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 suit with 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 in 2014 (2008: 2.6%, 2009: 16.3%, 2010: 27.8%, 2011: 8.4%, 2012: 36.9%, 2013: 17.8%, 2014: 16.9%, 2015: 12.1%).

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 temporarily. 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.


香菸 OUT！ 迪士尼旗下影業將不再出現吸菸畫面

ETtoday > 影劇 > 影劇 2015 年 03 月 29 日 12:33

Walt Disney film industry will completely prohibit pictures of smoking for movies rated PG-13 and below.

Warning shown “during television program” in well-known long series of cartoon tobacco pictures

Tobacco Consumption Monitoring

Global tobacco consumption grew every year with the invention and mass production of paper-rolled cigarettes in 1881. Although global smoking rates experienced little change or exhibited signs of 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 medium-to-low income countries 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. Globally speaking, growths of tobacco consumption in medium-to-low income countries were more than enough to make up for losses of tobacco consumption in high income countries.

With the implementation of the tobacco health and welfare surcharge in Taiwan, the tobacco hazards prevention work was able to be executed thoroughly, and the smoking rate of adult male dropped from 48.2% in 2002 to 29.9% in 2015 while the smoking rate of adult female also dropped to around 3%~4%. The daily smoking amount per day of smokers above the age of 18 decreased from 19 cigarettes in 2008 to 17.5 cigarettes in 2015. Except for the slight increase in 2013 and 2015, the rates all showed decreasing trends; the estimated number of cigarettes per year of adults above the age of 18 dropped from 1,502.67 in 2008 to 975.4 cigarettes in 2014. The daily smoking amount per day of smokers above the age of 15 decreased from 19.3 cigarettes in 2013 to 17.7 cigarettes in 2015; the estimated number of cigarettes per year of citizens above the age of 15 dropped from 1,222 in 2013 to 1080 cigarettes in 2015. However, since the data of the past smoking amount of the ex-smokers and present smokers are unavailable, the quantity may have been underestimated.

In addition, according to the "Domestic and Imported Cigarette Type Total Volume Table", the total amount of the domestic cigarettes (including export amount) and the total importation amount 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, 1.87 billion packs in 2012, but slightly increased to 1.92 billion and 1.97 billion packs in 2013 and 2014, and slightly decreased to 1.85 billion packs in 2015. If the export quantity is subtracted, then the total amount of cigarettes dropped from 2.08 billion packs in 2008 to 1.71 billion packs in 2009, 1.76 billion packs in 2010, 1.69 billion packs in 2011, but slightly increased to 1.75 billion packs in both 2012 and 2014, and dropped to 1.66 billion packs in 2014 and 2015.

Moreover, according to the calculation method of Per Capita Cigarette Consumption of the WHO, the annual average tobacco consumption amount by each citizen above the age of 15 in our nation also shows a decreasing trend over the past years such that the amount dropped from 2,318 cigarettes in 2008 to 1,970 cigarettes in 2009, 1,939 cigarettes in 2010, 1,892 cigarettes in 2011, 1,875 cigarettes in 2012, and with slight increase to 1,920 cigarettes and 1954 cigarettes in 2013 and 2014 respectively, but slightly decreased again to 1,824 cigarettes in 2015 (as shown in Figure 3-22). After subtracting the export amount, the average amount in our nation dropped from 2,177 cigarettes in 2008 to 1,828 cigarettes in 2009, 1,802 cigarettes in 2010, 1,710 cigarettes in 2011, and with slight increase to 1,754 cigarettes and 1,747 cigarettes in 2013 respectively, but dropped again to 1,648 cigarettes and 1,638 cigarettes in 2014 and 2015 respectively (as shown in Fig 3-22). The relationship between the consumption amount of cigarettes and the smoking amount of adults above the age of 18 also show decreasing trends (as shown in Figure 3-23).

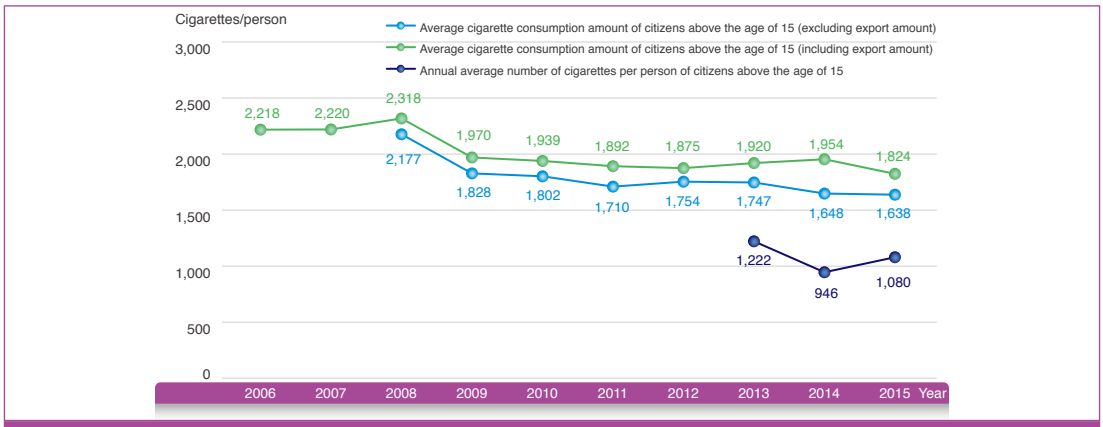


Fig. 3-22 Cigarettes consumption rate and numbers of cigarette sticks among ageing above 15

Note:

1. Average cigarette consumption amount of citizen (excluding the export amount of) (cigarette/person): cigarette amount (excluding the export amount / number of population of citizens above the age of 15 at the end of year
2. Average cigarette consumption amount of citizen (including the export amount of) (cigarette/person): cigarette amount (including the export amount / number of population of citizens above the age of 15 at the end of year
   (1) Definition of cigarette amount (excluding the export amount): the amount of domestic tobacco after tax and the cigarette importation amount of imported tobacco.
   (2) Definition of cigarette amount (including the export amount): the amount of domestic tobacco (including the export amount) and the cigarette importation amount of imported tobacco (including the importation amount of free trade ports), in which the export amount in 2015 is 190 million packs, accounting for 10.2%.
   (3) Data source of cigarette amount: data provided by the Fiscal Information Agency, Customs Administration of the Ministry of Finance; the domestic and imported cigarette amount available at http://www.nta.gov.tw//web/AnnA/uptAnnA.aspx?c0=121&p0=3941
   (4) Data source of export amount: export and import goods quantity provided by the Customs Administration of the Ministry of Finance; https://portal.sw.nat.gov.tw/APGA/GA03 (code number of 11 codes for cigarettes containing tobacco is 2402200006).
   (5) The international calculation method for average cigarette consumption amount per person of citizens is: dividing the tobacco consumption total amount by the number of population of citizens above the age of 15. Data source: 2013 The Tobacco Atlas 4th Edition from the World Lung Foundation http://www.tobaccoatlas.org/
3. Annual average number of cigarettes per person of citizens: annual total number of cigarettes per person of citizens above the age of 15 = (number of smoking days per month) x (number of cigarettes during the smoking days) x 12 months
   (1) The data source is the Adult Smoking Behavior Surveillance System (ASBS) of HPA; since 2013, the survey subjects have been expanded to include citizens of the age above 15; the data before 2012 is unavailable.
   (2) The estimated annual smoking amount is obtained based on the smoking amount of the present smoker within the latest month, and estimating the annual average total number of cigarettes per person of citizens above the age of 15. Since the number of cigarettes of ex-smokers and the past smoking conditions of the present smokers are unavailable, the amount may be underestimated.

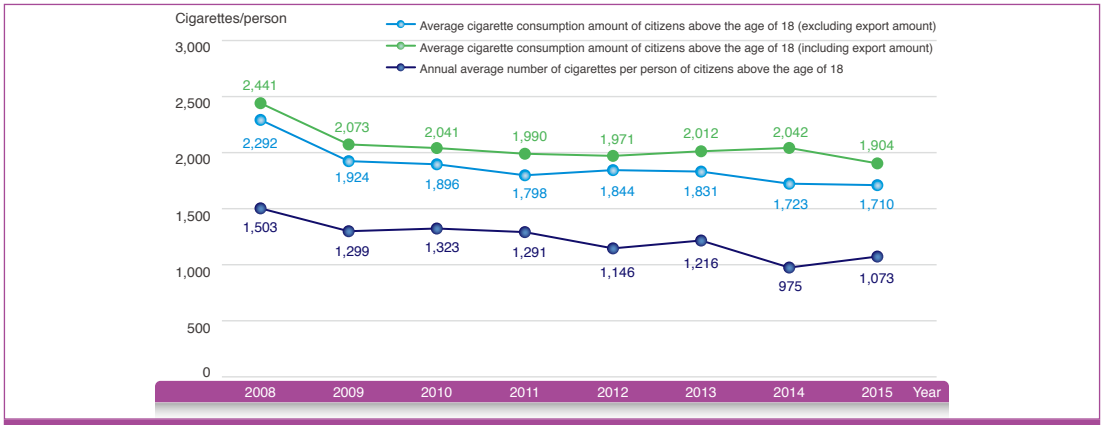


Fig. 3-23 Cigarettes consumption rate and numbers of cigarette sticks among ageing above 18

Note:

1. Average cigarette consumption amount of citizen (excluding the export amount of) (cigarette/person): cigarette amount (excluding the export amount / number of population of citizens above the age of 18 at the end of year
2. Average cigarette consumption amount of citizen (including the export amount of) (cigarette/person): cigarette amount (including the export amount / number of population of citizens above the age of 18 at the end of year.
   (1) Definition of cigarette amount (excluding the export amount): the amount of domestic tobacco after tax and the cigarette importation amount of imported tobacco.
   (2) Definition of cigarette amount (including the export amount): the amount of domestic tobacco (including the export amount) and the cigarette importation amount of imported tobacco (including the importation amount of free trade ports), in which the export amount in 2015 is 190 million packs, accounting for 10.2%.
   (3) Data source of cigarette amount: data provided by the Fiscal Information Agency, Customs Administration of the Ministry of Finance; the domestic and imported cigarette amount available at http://www.nta.gov.tw//web/AnnA/uptAnnA.aspx?c0=121&p0=3941
   (4) Data source of export amount: export and import goods quantity provided by the Customs Administration of the Ministry of Finance; https://portal.sw.nat.gov.tw/APGA/GA03 (code number of 11 codes for cigarettes containing tobacco is 24022000006).
   (5) The international calculation method for average cigarette consumption amount per person of citizens is: dividing the tobacco consumption total amount by the number of population of citizens above the age of 15. Data source: 2013 The Tobacco Atlas 4th Edition from the World Lung Foundation http://www.tobaccoatlas.org/
3. Annual average number of cigarettes per person of citizens: annual total number of cigarettes per person of citizens above the age of 18 = (number of smoking days per month) x (number of cigarettes during the smoking days) x 12 months
   (1) The data source is the Adult Smoking Behavior Surveillance System (ASBS) of HPA
   (2) The estimated annual smoking amount is obtained based on the smoking amount of the present smoker within the latest month, and estimating the annual average total number of cigarettes per person of citizens above the age of 18. Since the number of cigarettes of ex-smokers and the past smoking conditions of the present smokers are unavailable, the amount may be underestimated.

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 medium-to-low 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%. This figure may be increased to up to 16% reduction on tobacco consumption have been reported in a number of countries. In America, 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 tobacco 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 to retailers was limited as smuggling was 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 and demonstrated the effectiveness of multi-pronged tobacco control strategies. Since the new provisions of the Tobacco Hazards Prevention Act entered into force on January 11, 2009, various measures such as gradual expansion of non-smoking areas, release of new health warning label for tobacco products, prohibition of tobacco advertisements, increase of tobacco surcharges, and promotion of a wide variety of second generation cessation services have all helped to reduce tobacco consumption. However, in recent years, the annual average total number of cigarettes per person increases, which can be resulted from the fact that the tobacco surcharge has not been increased for a long period of time. Due to the overly low price of tobacco, it is likely to indirectly cause the smoking rates of the youth and disadvantaged groups to increase again, and the low price of tobacco can also discourage the motivation for quitting smoke, in particular, those heavy smokers may have no intention in quitting smoking such that their smoking amount may be kept the same or even increased.

According to the research of Cancer Journal for Clinicians published by Hughes et al. in 2000, it shows that the successful rate of quitting smoking after one year relying on merely one's own will is approximately 5%; for those with the use of tobacco cessation services for quitting smoke, the successful rate of quitting smoke after one year is approximately 25%. The result shows that the successful rate associated with the professional assistance personnel and the use of tobacco cessation medication for quitting smoke is 5 times higher than the successful rate of quitting smoke relying on one's own will. Accordingly, the Administration will continue to promote the second generation tobacco cessation, tobacco cessation helpline, diverse tobacco cessation services of tobacco cessation classes held by county and city health departments etc., in order to create smoke-free environments, to promote amendment of law to increase tobacco cessation, to increase area of warning signs on tobacco packages and to prohibit the display of tobacco products in light of protecting the health of citizens together.

● E-cigarettes Monitoring and Management

Electronic cigarettes are new products, which uses an electric power driven atomizer and a heated smoke liquid (container) containing liquid of smoke, the smoke is mixed with nicotine, propylene glycol and other fragrances etc. as a new device provided for smoking by users. Since nicotine is of the properties of "addictive substance" and "ingredient of tobacco cessation adjuvant drug" and since "electronic cigarettes" most contain the ingredient nicotine, electronic cigarettes have been listed under the drug management since March 2009 in our nation. Electronic cigarette is a new issue of health hazards in the world, and particularly, during the era of convenient internet shopping, it is extremely hard for countries to control such product. The WHO urges all nations to adopt strict controls on electronic cigarettes in order to protect the youth from the hazards of electronic cigarettes and tobacco. Currently, electronic cigarettes are targeted at teenagers, and teenagers are more likely to be influenced by adults. Electronic cigarettes can also become a new entry to drugs for teenagers; therefore, prevention of teenagers in accessing electronic cigarettes and leading to illegal drugs shall be made in order to prevent further crimes of teenagers.

To protect the citizens and to control the electronic cigarettes, the government has launched cross-department preventions on June 22, 2015 and March 3, 2016 to invite units of the Ministry of Justice, Ministry of the Interior, Ministry of Finance, Coast Guard Administration of Executive Yuan, Ministry of National Defense, Ministry of Transpiration and Communications, Ministry of Education and the Ministry to convene the "Cross-Department Meeting for Electronic Cigarette Control" to enhance the work allocations of all departments, including the works of border seizure and inspection, source tracking, channel inspection, monitoring and management, education broadcasting and cessation guidance etc., in order to completely prevent the hazards of electronic cigarettes.

(1) Border seizure and inspection:

1. On December 2, 2013, the Food and Drug Administration issued a letter to request the Customs Administration of Ministry of Finance to forward the information to all of its agencies and units for enhancing the border inspection on electronic cigarettes and to provide the "Overview table of electronic cigarette product name containing nicotine content inspected" to the Customs Administration of Ministry of Finance in order to enhance the control on the importation of electronic cigarette products. To prohibit the importation of illegal electronic cigarettes, the Ministry will continue to cooperate with the Customs Administration of Ministry of Finance in order to prevent the importation of electronic cigarette through illegal channels into the nation and to enhance the border management together.
2. In 2015, the total number of cases of the seizure of electronic cigarettes and relevant items by the customs under the Customs Administration of Ministry of Finance at the trading ports was 895 cases, in which 15,866 units of electronic cigarettes, 50,275 smoke oil refill packs and other 2,115 related items were seized. The Coast Guard Administration of Executive Yuan seized 3 cases of electronic cigarette smoke oils with a total of 32.9 liters.

(2) Source tracking and channel inspection:

1. Since March 17, 2014, the Food and Drug Administration issued letters to request the health departments of local governments to enhance the inspection on electronic cigarettes.
2. Since 2011, the Food and Drug Administration has started to accept the inspection of electronic smoke products. Since 2014, seizure on electronic cigarettes has been enforced vigorously, and in 2015, through the cross-department cooperation system, the inspection quantity submitted by all units increased dramatically. According to the statistics, the number of inspection cases reached 2,134 cases in 2015, in which 1,428 cases were found to contain nicotine, and the nicotine inspection rate was 66.9%.
3. In the event where the shape of the electronic cigarette resembles the form of an actual tobacco, then it is in violation of the regulation prescribed in Article 14 of the Tobacco Hazards Prevention Act specifying that no person shall manufacture, import or sell candies, snacks, toys or any other objects in form of tobacco products. For any violators, manufacturers or importers, a y fine of an amount above NT$10,000 and below NT$50,000 shall be penalized, and the seller of such products shall be penalized for a fine above NT$1,000 and below NT$3,000. For the month of December during the years of 2009~2015, the health departments of all counties and cities performed a total of 1,241,331 inspections, in which 240 cases were penalized with a total amount of fine of NT$642,500. Among the cases of violation, 166 cases of electronic cigarette products were inspected and 99 cases thereof were penalized with a total amount of fine of NT$221,500.
4. The Food and Drug Administration lists the electronic cigarette into the item for joint seizure team of each ministry in executing the illegal drug inspection project for electronic cigarette seizure and continues to supervise the health departments of all counties and cities, as well as publishing information for electronic cigarette seizure and inspection statistic data at any time, in order to remind citizens to be aware of the impacts of the ingredients contained in electronic cigarettes on health.
5. The Taipei Military Police Squad under the Military Police Command of Ministry of National Device found 1 illegal case for possessing electronic cigarette containing drugs, which has been handled by the New Taipei City District Prosecutors Office.
6. On December 7, 2015, the Ministry of Education issued letters to request all colleges and universities to assist in tracking the source of electronic cigarettes in campuses in order to prevent students in campuses from the hazards of electronic cigarettes.

(3) Monitoring management:

1. The Food and Drug Administration continues to monitor the domestic Chinese entrance website transmitted via internet network or illegal advertisements listed on online shopping websites such that in case of any violation is found, it shall be transferred to the health department of local government for further penalty and handling. In 2015, for suspected illegal advertisements related to electronic cigarettes monitored, based on the monitoring of more than 2,501 websites via internet network, there were a total of 309 cases of suspected illegal advertisements, in which 26 cases were penalized according to the Tobacco Hazards Prevention Act with a total amount of fine of NT$26,000, and 20 cases were transferred to judiciary agencies for investigation and handling according to the Pharmaceutical Affairs Act, one case was penalized according to the Pharmaceutical Affairs Law, and the penalized fine was NT$20,000; among which 117 cases were investigated to involve no violations, 12 cases were concluded with administrative guidance, 94 cases were suspected to involve faulty information such that no further investigation could be conducted and were unlisted from the website at the end, and 39 cases were still pending for further handling.
2. Through the use of "investigation on smoking behavior of teenagers" and "investigation on smoking behavior of citizens", the condition of the use of electronic cigarettes can be understood. According to the latest survey conducted by the Administration, the result shows that despite the significant decrease in the smoking rate of teenagers, nonetheless, the electronic cigarette smoking rate of teenagers over the past 2 years has been increased. In 2015, the electronic cigarette smoking rate of junior high school students was 3.0%, which increased nearly half (49.5%) of the 2.0% in 2014; the electronic cigarette smoking rate of senior high school students was 4.1%, which increased nearly double (95.9%) of the 2.1% in 2014. In addition, the electronic cigarette smoking rate of adults above the age of 18 in 2015 was 0.9%.

(4) Education broadcasting and cessation guidance: Through the utilization of various medias, radio broadcast, television, newspaper and journals, internet, official website and social websites such as Facebook, increasing the education guidance on the serious harms caused by electronic cigarettes to ourselves and the people around us, urging the general public to keep away from the electronic cigarettes and to increase the understanding on the hazards of electronic cigarettes.

Ministry of Health and Welfare:

1. The Food and Drug Administration published the newspaper article of "Revealing the Secretes of Electronic Cigarettes" on March 23, 2015, to provide explanations on the result of the inspection of electronic cigarette products conducted in 2014 and to illustrate the hazards of electronic cigarettes to the general public in order to warn the general public from any use of such device. In addition, in April 2015, the consumer zone/noncompliance product zone on the official website of Food and Drug Administration has started to periodically publish information of noncompliance electronic cigarette products on a monthly basis in order to warn the consumers to not use such products.
2. HPA publishes news via the media and hosts press conferences irregularly to educate the general public that electronic cigarettes are not legal drugs or tobacco products in such a way that they contain not only nicotine but also other harmful substances, including amphetamines, cannabis, formaldehyde, acetaldehyde etc., that have been found often by domestic and foreign government agencies, which can cause serious harms to ourselves and the people around us, and the general public is urged to not use any of such products. Business operators selling such products are clearly in violation of the law, and the health departments of all local governments are requested to strengthen the inspections while the business operators are urged to not violate the law. In addition, for people wish to quit smoking, effective tobacco cessation channels shall be sought in order to prevent misbelieves in wrong methods causing failure in tobacco cessation. Please call the toll- free tobacco cessation helpline at 0800-63-63-63, or contact contracted hospitals and clinics, community pharmacies or tobacco cessation classes held by health departments of all local governments in order to seek helps of professional personnel in tobacco cessation.
3. From 2015 to the present day, the Admiration has provided the educational training course materials for knowledge and skills in electronic cigarette prevention to the National Police Agency of Ministry of Interior, Ministry of Education, Ministry of Transportation and Communications, Ministry of Justice in order to perform the educational promotion on knowledge and skills for electronic cigarette prevention.
4. Planning and utilization of the platforms of advertisement broadcasts, internet banner, social network etc. to promote "electronic cigarettes are illegal and harmful to health".

Ministry of Education:

1. Organizing educational training or seminar courses of school personnel to enhance their knowledge and skills in electronic cigarette prevention.
2. Incorporating into the promotion of prevention of drug abuse in campus and educational promotion on tobacco hazards prevention.
3. Recommending schools to incorporate into the school regulations and rules for control purposes in order to prohibit teaching staff and students to bring and smoke electronic cigarettes.
4. In the event where students are found to smoke or bring electronic cigarettes, relevant units are requested to track the source of the electronic cigarettes in campus and shall provide assistance in the consultation, guidance on the cessation of electronic cigarettes; if its content contains nicotine, it shall be referred to the medical unit to conduct the service of second generation tobacco cessation treatment; if it contains the drugs, then it shall be handled according to the "Process of Three-Level Prevention Guidance Operation for Preventing Students from Drug Abuse".

▶ Tobacco Ingredients Disclosure 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 limits 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 said Regulations, 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 being sold in the public and identify 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*.

● Detection of substance harmful to health in tobacco products through smoking machine and gas chromatograph-mass spectrometer

Establishing testing and monitoring data

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 testing conditions and laboratory testing procedures stipulated in the relevant international standard organization (ISO) specifications.

In 2015, a total of 40 types of main tobacco items including 6 types of domestic cigarettes, 27 types of imported cigarettes and 7 types of imported cigarettes from China sold in the market were selected for inspection on the contents of nicotine, tar and carbon monoxide, and the result of the inspection indicated that 1 tobacco product among all of the inspection values of tobacco products selected had the content of tart exceeding the maximum content specified under the “Tobacco Hazards Prevention Act”, and according to the regulation prescribed in Article 7 of the “Tobacco and Alcohol Administration Act”, disqualified tobacco product shall be penalized for a fine of NT$300,000.

Testing results for nicotine and tar contents in cigarettes sold on the market from 1995 to 2015 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 injure physical health.

● Reporting of Tobacco Products Information

Given that tobacco ingredients, additives, and emissions given off when burnt are addictive and toxic, there would be a need to 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 openly publicize these data for public agencies and the people in order to prevent health hazards caused by these tobacco products.

According to the regulation of Article 8 of the "Tobacco Hazards Prevention Act" amended and announced on July 11, 2007, tobacco operators shall declare relevant information of tobacco products. The "Regulations Governing Reporting of Tobacco Product Information" was established and announced on December 4, 2008 in our nation, and Articles 6, 9 and 10 were amended in 2012, which specified that the ingredients, additives, emissions and known toxicity data of tobacco products shall be declared by the manufacturer and importer, as well as the inspection of declared items, method of declaration and time etc. required.

● Tobacco ingredient information website (http://tobacco-information.hpa.gov.tw/)

In 2015, a total of 70 companies declared tobacco product information for a total of 4,044 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 that 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 to comply. In 2015, a total of 2 violations were punished for a total fine of NTD 200,000.

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 confidential 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. Since the opening of the website in April 2010 to 2015, the total number of visitor is 179,677, and the number of visitors in 2015 alone is 9,358.

▶ 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 signatories. 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 and to improve the international visibility of Taiwan's achievement in tobacco control.

The "Workshop on International Collaborative Research on Tobacco Control Polices" was a 3-year period project conducted consecutively during the years of 2011-2013. The research execution unit formed the Taiwan tobacco control policy analysis academic team together with a lot of international tobacco hazards prevention experts including the worldwide well-known Professor De-Wei Hu, Economist in tobacco hazards prevention in the University of California, Berkeley, Professor Frank J. Chaloupka in the University of Illinois at Chicago and Professor Kenneth E. Warner in University of Michigan etc. to establish the international academic collaboration model in order to form a tobacco hazards prevention policy academic network for consultation and assistance. The domestic foreign teams exchange closely through the methods of periodic participations in seminars, video conferences, joint participations in international meetings, data analysis etc. in order to establish academic cooperation and exchange models.

A total of 7 academic journals 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 it 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 for future tobacco control policies.

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.

Table 3-5 Academic papers published

S/N	Year	Title	Journal title	Author
1	2012	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	2013	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	2014	Impact of the 2009 Taiwan Tobacco Hazards Prevention Act on Smoking Cessation	Addiction	Chang FC, Sung HY, Zhu SH, Chiou ST.
4	2014	The costs of smoking and secondhand smoke exposure in Taiwan：a prevalence-based annual cost approach	BMJ Open	Sung HY, Chang LC, Wen YW, Tsai YW.
5	2014	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	2014	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	2014	The Impact of Smoke-free Legislation on Reducing Exposure to Secondhand Smoke：Differences across Gender and Socioeconomic Groups	Tobacco Control	Tsai YW, Chang LC, Sung HY, Hu TW, Chiou ST.

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, investigate 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 health insurance resources resulting from the provision of outpatient smoking cessation treatments and successful smoking cessation; (2) preliminary investigations on the new services provided by the second generation cessation services; (3) investigate patients who smoke at hospitals of various levels as well as their smoking cessation health education and counseling service requirements and analyze gaps in the current state.

● 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 2015, a total of 180 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 stop tobacco hazards. Conference of Parties (COP) were held in different regions of the WHO. By the end of 2015, the FCTC had held a total of 6 COPs. (COP 1: Geneva, Switzerland, February 6 to 17, 2006; COP 2: Bangkok, Thailand, June 30 to July 6, 2007; COP 3: Durban, South Africa, November 17 to 22, 2008; COP 4: Punta del Este, Uruguay, November 15 to 20, 2010; COP 5: Seoul, South Korea, November 12 to 17, 2012; COP 6: Moscow, Russia, October 13 to 18, 2014).

After signing a membership application for the FCTC on March 30, 2005 by presidential decree, Taiwan referenced 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 Taiwan's determination in fulfilling the FCTC terms. Although Taiwan is not an FCTC signatory, international collaboration for tobacco control was encouraged to ensure that Taiwan's public health and medical laws were constantly updated and aligned to international standards. Where 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 passed the "*Protocol to Eliminate Illicit Trade in Tobacco Products*" in November 2012 during the COP 5. This Protocol was a new milestone for global efforts against illegal 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 tracing and investigation system while supporting it with certification and permit systems, designate relevant responsibilities, share relevant information, and provide legal support. As of the end of December 2015, only 13 signatories had formally signed the Protocol, which prevented the Protocol from becoming effective (a total of 40 signatories were required to enact the Protocol). To strengthen 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.

The 6th session of the Conference of the Parties (COP 6) was held on October 13 to 18, 2014 in Moscow, Russia. Topics discussed during this conference include: control and preventive measures for smoke-free tobacco products, electronic cigarettes, and hookah, current state and challenges in various countries when enforcing Article 5.3 of the FCTC that stipulate protection against the interference by the tobacco industry, partial guidelines for implementation of Articles 9 and 10 of the WHO FCTC (Regulation of the contents of tobacco products and regulation of tobacco product disclosures), economically sustainable alternatives to tobacco growing, and passing the guideline for Article 6 of the WHO FCTC: the Price and tax measures to reduce the demand for tobacco.

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 groups, and academia to reduce smoking rates, safeguard national health, and make Taiwan as a global model for healthcare services.

● International Conference on Tobacco Control

2015 ENSH-Global annual meeting and tobacco-free symposia

"ENSH-Global Network for Tobacco Free Health Care Services" was established in 1999; Currently, 22 countries (including 22 corporate members and 16 associate members) around the globe have already joined the network. Taiwan joined the network in 2011 and became the first network in the Asia Pacific region. With great emphasis and support on health promotion works, hospitals in our nation have swiftly expanded to become the largest network in the Asia Pacific region, and the scale continues to expand such that until 2015, 198 hospitals have joined the network, in which 11 hospitals has been awarded with the international Gold-Level Award, making Taiwan as the member with the greatest number of Gold-Level hospitals in the world. The 2015 annual meeting and tobacco free symposia of "ENSH-Global Network for Tobacco Free Health Care Services" was held in Oslo, Norway. This year, the network board was re-elected, and the division director of Health Education and Tobacco Control Division, Shu-Ying Lo, referred by the Director-General of HPA, Shu-Ti Chiou, representing the Taiwan network, was honorably elected to be the board member. Such honor and substantive participation of the network are of exceptional meanings and further demonstrate that the achievements of tobacco control and tobacco-free hospital in our nation have received recognitions worldwide, making the world sees Taiwan. In the symposia, Dr. Hsein-Lin Wu from the Taiwan Adventist Hospital represented Taiwan to share the achievements of smoking cessation electronic referral system in Taiwan, which received great feedbacks in the symposia; particularly, the process flow of the system used during the medication process by the medical personnel and the outcome of the smoking cessation service received great recognitions from all of the international participants in the symposia. With the utilization of modern technologies, Taiwan has successfully integrated the smoking cessation service with various medical services in order to provide people-oriented smoking cessation services.

● 2015 member assembly for council election of Global Tobacco-Free Health Care Service Network

● Dr. Xian-Lin Wu represented Taiwan at the Global Tobacco-Free Health Care Service Network member assembly to share the achievements of Taiwan tobacco cessation electronic referral system

Organizing "2015 International conference on Framework Convention on Tobacco Control"

On October 26-27, 2015, the Administration organized the "2015 international conference on framework convention on tobacco control (FCTC)" at the National Taiwan University and invited 17 domestic and foreign experts from New Zealand, U.S., Switzerland, Indonesia etc. for speeches, exchanging and sharing of experience in tobacco hazards prevention law enforcement and legal policies. The topics of the forum this time includes "Tobacco litigation, liability of tobacco companies and legal practice", "Preventing tobacco industries' interference with tobacco control", "Public Participation and Human Rights in the implementation of FCTC", "Electronic cigarette and regulatory regimes" and "Tobacco Control, Dispute Settlement and Inter-regime Issue" etc. With the consideration that the topics this time involved cross-department affairs, on October 27, for sessions of the two topics of "Electronic cigarette and regulatory regimes" and "Tobacco Control, Dispute Settlement and Inter-regime Issue", the Food and Drug Control Administration and the National Treasury Administration of Ministry of Finance were requested to assign personnel for the attendees of the topics. Through topic speeches and discussions, the participants were able to understand the latest topics on the current tobacco hazards control worldwide along with the exchange and sharing on the current status of the law enforcement and polices in different countries. All of the participating guests expressed that the forum was beneficial and recognized the achievements of our nation in tobacco hazards prevention.

Moreover, after the conference, HPA also organized dialogue meeting with Dr. Bullen from the Public Health Department of University of Auckland, New Zealand, on topics related to electronic cigarette management system and to share the current status of the two nations on relevant law enforcement and management of electronic cigarettes. Dr. Bullen stated that while facing such type of new product with uncertain risks, flexibility should be maintained during the establishment of policies and the policy strategies needed to timely cooperate with the latest development of the scientific researches. The results of this conference and the dialogue meeting can be used as important references and basis for correcting tobacco hazards prevention in our nation. This year, the call for papers was launched for the first time in light of inviting greater number of young scholars to participate in the tobacco hazards prevention research field, and a total of 5 papers were received from U.S., Switzerland, Indonesia and domestic scholars. Finally, Dr. Katayoun Hosseinnejad from the Graduate Institute of International and Development Studies, Geneva, Switzerland was elected for his outstanding paper such that in addition to invitation to provide speeches and exchange in Taiwan, a certificate of merit for outstanding paper was presented as rewards.

● Group photograph of 2015 Framework Convention on Tobacco Control International Forum on October 26, 2015

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 29.9% and 4.2% respectively in 2015, while the smoking rates among junior high and vocational high school students dropped to 3.5% and 10.4% 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.

Taiwan set up a goal to lower smoking rate in response to the goal of reduction in smoking rate by 30% before 2025 set by the WHO for the prevention work on noncommunicable disease (NCD). 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.

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.

Article 4 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.
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 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.

Article 16 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.

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 guidelines

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

- Regulations governing allocation and use of health and welfare surcharge of tobacco products (2015.10.15)
- Regulations on implementation of tobacco cessation education (2008.2.22)
- Regulations on subsidy and reward for tobacco cessation service【2008.2.22】
- Regulations for the Testing of Yields of Nicotine and Tar Contained in Tobacco Products and the Labeling of Cigarette Containers (2013.8.20)
- Regulations on installation of indoor smoking room (2008.5.29)
- Regulations on management of labeling and display of tobacco selling locations (2008.6.23)
- Regulations governing management and utilization of tobacco hazards prevention and health care fund (2011.9.8)
- Regulations governing reporting of tobacco product information (2012.8.8)

▶ Domestic and International Tobacco Control Relevant Websites

- Health 99 website of HPA of the Ministry of Health and Welfare http://health99.hpa.gov.tw/
- Tobacco hazards prevention information website of HPA of the Ministry of Health and Welfare http://tobacco.hpa.gov.tw/
- Relevant regulations for tobacco hazards prevention http://tobacco.hpa.gov.tw/ContentList.aspx?MenuId=551
- Tobacco ingredient information website http://tobacco-information.hpa.gov.tw/
- Tobacco and alcohol control information website of the Ministry of Finance http://www.nta.gov.tw/Subject.aspx?t0=73
- Health number 123 plus of national health index interactive search website https://olap.hpa.gov.tw/
- Tobacco cessation outpatient treatment management center of HPA http://ttc.hpa.gov.tw/quit/
- Tobacco cessation helpline service center http://www.tsh.org.tw/
- Healthy workplace information website http://health.hpa.gov.tw/
- Health Promoting School http://hpshome.giee.ntnu.edu.tw
- Huawen tobacco cessation website of Dong's foundation 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 Tobacco Hazards Prevention Act Amendment

Date	Content
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 Tobacco 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.

Date	Content
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)
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).

Date	Content
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.
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 Tobacco 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
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.

Date	Content
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 theTobacco 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.
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

Date	Content
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.
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.
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.

Date	Content
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.
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.

Date	Content
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.
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”.

Date	Content
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".
January 16, 2015	18 legislators of Yao Yang et al. proposed amendment on Article 4 of the Tobacco Hazards Prevention Act, and the Legislative Yuan passed the first reading thereof and submitted to the Social Welfare and Environmental Hygiene Committee for review.
March 10, 2015	Convened "Tobacco Hazards Prevention Act promotion team second meeting"
April 17, 2015	Taiwan Solidarity Union Party proposed amendments on Article 3, Article 15, Article 17, Article 31 and Article 35 of the Tobacco Hazards Prevention Act, and the Legislative Yuan passed the first reading thereof and submitted to the Social Welfare and Environmental Hygiene Committee for review.
June 12, 2015	16 legislators of Jun-Yi Lee et al. proposed amendment on Article 31 of the Tobacco Hazards Prevention Act, and the Legislative Yuan passed the first reading thereof and submitted to the Social Welfare and Environmental Hygiene Committee for review.
June 22, 2015	Convened "Cross-department meeting for electronic cigarette control".
June 23, 2015	Convened "Review meeting on use of tobacco health and welfare surcharge".
July 28, 2015	Convened "2nd review meeting on use of tobacco health and welfare surcharge".
October 15, 2015	Amended and announced "Regulations governing allocation and use of health and welfare surcharge of tobacco products" including the newly listed use for long-period care development, adjustment on the allocation percentage and newly added the tobacco surcharge control system.
October 26, 2015 to October 27, 2015	Organized "2015 International Conference on Framework Convention on Tobacco Control (FCTC)"
November 1, 2015	Aboriginals at non-mountain and offshore areas eligible to tobacco cessation services.
November 11, 2015	The joint review by the two committees of the Social Welfare and Environmental Hygiene Committee and Finance Committee of Legislative Yuan to pass the amendment on the "Regulations governing allocation and use of health and welfare surcharge of tobacco products"
Decembr 15, 2015	Organized "tobacco-free hospital and hospital tobacco cessation service achievement announcement"
December 16, 2015	17 legislators of Jun-Yi Lee et al. proposed amendments on Article 4, Article 15 and Article 16 of the Tobacco Hazards Prevention Act, and the Legislative Yuan passed the first reading thereof and submitted to the Social Welfare and Environmental Hygiene Committee for review.

2016 TAIWAN TOBACCO CONTROL ANNUAL REPORT

Editor	Health Promotion Administration, Ministry of Health and Welfare R.O.C.(Taiwan)
Publisher	Health Promotion Administration, Ministry of Health and Welfare R.O.C.(Taiwan)
Address	No.36,Tar-Cheng St. Taipei, Taiwan
Website	http://www.hpa.gov.tw
Telephone	886-2-2522-0888
Facsimile	886-2-2522-0621
Publication Date	March 2017
First Report Published	Feberary 2003
Frequency	Annual
Other Publications	This report also appears on the HPA website, http://tobacco.hpa.gov.tw
Designed by	GROWING UP DESIGN CO., LTD.
Price	NT$200
Sales	
Taipei	Government Publications Bookstore
Address	1F, No.209, Sung Chiang Rd., Taipei, Taiwan
Telephone	886-2-2518-0207
Taichung	WU-NAN CULTURE ENTERPRISE
Address	No.6, Zhongshan Rd., Taichung, Taiwan
Telephone	886-4-2226-0330
GPN	2009601376
ISSN	1994711-9

The Taiwan Tobacco Control Annual Report is sponsored by Tobacco Health and Welfare Surcharge.

2016 TAIWAN TOBACCO CONTROL ANNUAL REPORT

守護健康
衛生福利部
國民健康署

Health Promotion Administration,
Ministry of Health and Welfare R.O.C (Taiwan)
The Taiwan Tobacco Control Annual Report is sponsored by Tobacco Health and Welfare Surcharge.

ISSN 1994711-9

GPN : 2009601376
Price : NT$ 200