2017 ANNUAL REPORT

Taiwan TOBACCO CONTROL

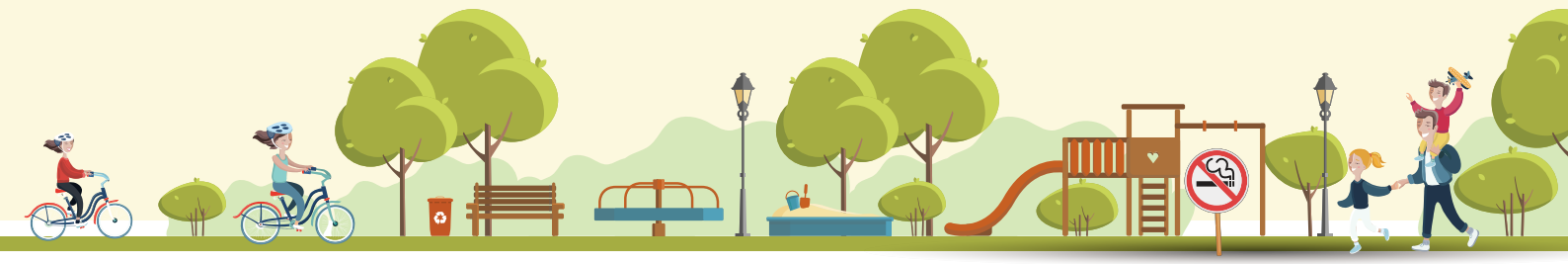
Parties to the WHO FCTC : 180

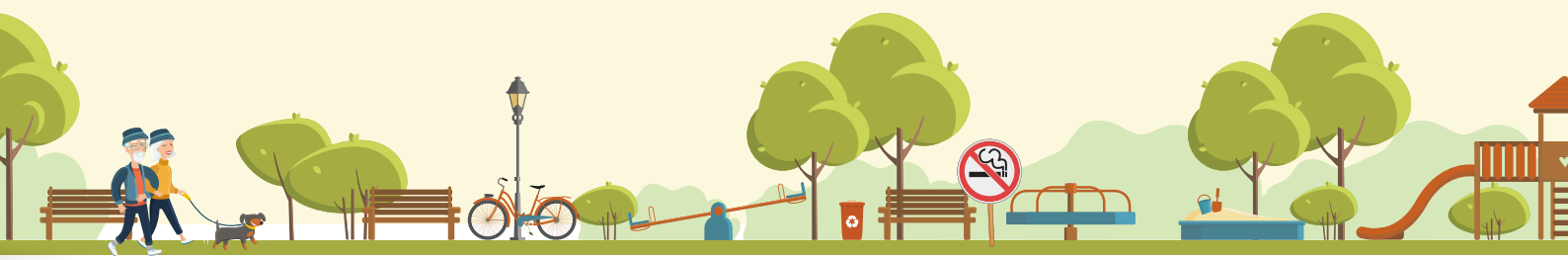
2017 ANNUAL REPORT

Taiwan TOBACCO CONTROL

Parties to the WHO FCTC：180

CONTENTS





From the Director-General

Prevention of tobacco-related Hazards -Toward a smoke-free Taiwan

"Smoking kills" - Tobacco is the number one killer in Taiwan

Smoking causes cancer, heart attacks, and strokes with smokers, and fetal deformities for the babies. Second hand smoke and third hand smoke, a new description for the contaminated toxic tobacco residuals lingering on long after smoking, are less well known by the public but equally hazardsous 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 8 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 15.3% in 2016, roughly reducing 910,000 smokers within 8 years.

Protection of children and teenagers from the Hazards of tobacco

In 2016, the smoking rate of junior high school students dropped from 7.8% in 2008 to 3.7% in 2016. The smoking rate of senior high school students dropped from 14.8% in 2007 to 9.3% in 2016. Tobacco products are usually the first addictive substances used by teenagers. The consumption of small amounts of tobacco products such as one to two cigarettes per week can lead to addiction among teenagers. Developing brain is highly sensitive to nicotine and tobacco product ingredients can negatively affect learning. The earlier smoking starts, the more likely to turn into heavy smokers. Second-hand smoke is much more dangerous for children than adults. Exposure of children to second-hand smoke environments can lead to higher incidence rates of sudden cardiac death, impaired lung functions, respiratory diseases, and middle ear infections. Lung function damage caused by second-hand smoke is identical to smoking 1-10 cigarettes per day, which signals that children start to develop disease and cancer symptoms associated with smoking. E-cigarettes represent an emerging trend in the field of global health issues. However, WHO points out that there is no conclusive evidence for the link between use of e-cigarettes and smoking cessation. Tests conducted by the R.O.C. Food and Drug Administration indicated that almost 80% of all e-cigarettes on the market contain nicotine, which means that they also create addiction and the health Hazards are comparable to cigarettes. Other known Hazards of e-cigarettes include the risk of explosion, carcinogen content, and higher risk of strokes and cardiovascular disease compared to regular cigarettes. The R.O.C. Health Promotion Administration and the health bureaus of local governments jointly implement controls for teenagers in every corner of the country through strengthening of inspections and guidance for sales points, utilization of community health volunteer resources, education on how to refuse the sale of tobacco products to minors at sales locations within a 1km radius of primary and secondary schools, and monitoring and recording of illegal sales practices.

Smoke-free Supportive 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 6.5% in 2016. The second-hand smoke exposure rate at indoor public areas has also greatly reduced from 27.8% in 2008 to 5.3% in 2016. The HPA has de-normalized the smoking behavior and transformed the smoking culture in Taiwan, by fostering and maintaining smoke-free environments covering more than 90% of all areas, such as smoke-free schools, military compounds, communities and workplaces.

The Tobacco Hazards Prevention Act imposes smoking bans at primary and secondary schools both indoor and outdoor campus. However, outdoor areas such as outside school gates and sidewalks have not been included in the bans. If people smoke on sidewalks in the vicinity of schools, the smoke tends to waft into the campus area and thereby endangers the health of students and faculty. Students, faculty, parents, and passers-by are also exposed to second-hand smoke near schools. Several city and county governments cooperate with education departments, schools, communities, and relevant agencies in an effort to turn sidewalks in the vicinity of school campuses into smoke-free areas. Environments surrounding 2000 primary and secondary schools (including sidewalks, school gates, and drop-off and pickup areas for parents) have already been turned into smoke-free areas to reduce exposure to second-hand smoke.

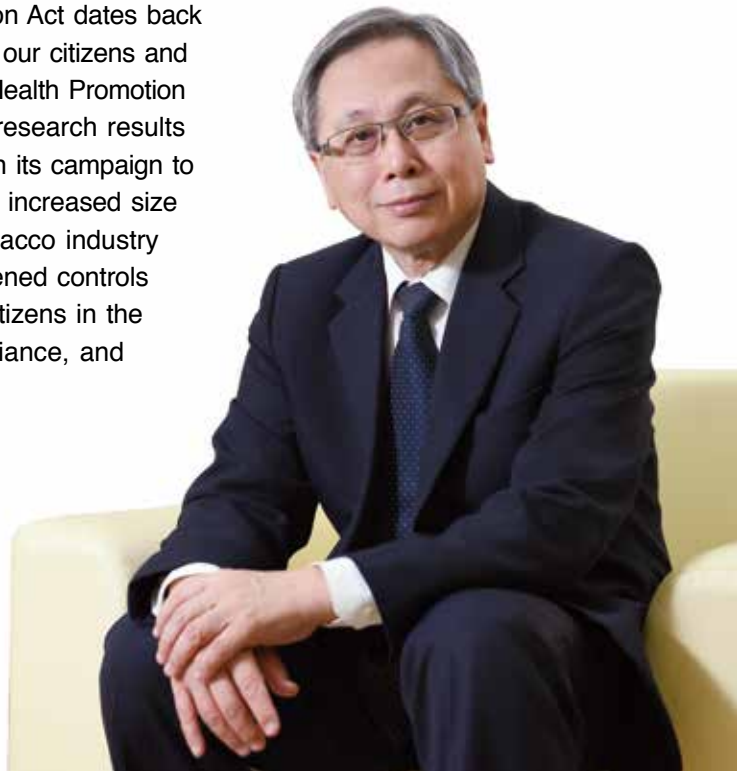
A comprehensive smoking cessation program, accompanied by promotional campaign

Cessation services offered by the HPA were proven effective as that were evidence-based. The expense of cessation is lower than purchasing cigarettes. Mobile services are available in remote area to achieve the goal of 100% coverage rate. Up to 2016, the Health Promotion Administration provided assistance and relevant services a total of 565,495 times for 154,834 individuals. Six-month point success rate is 26.3%, successfully helped more 40,000 than smokers quit. These accomplishments saved NT$ 210 million from short-term health insurance alone and provided a gain of NT$ 16.8 billion from long-term social economic benefits.

In 2016, smokers' helpline (0800-636363) subsidized by the administration has served 13,185 smokers with a success rate of 40.4% at the end of 6 months. A total of 468 smoking cessation classes were held, which were attended by 8,045 smokers. A total of 7,743 diversified workshops and educational activities on tobacco hazards prevention have been organized by county/municipal health bureaus in cooperation with cross-ministerial units through utilization of educational, medical, and community resources in accordance with local characteristics, with 7,410-individuals successfully passed the basic and advanced smoking cessation training programs. Smoking cessation services were offered by more than 3,600 healthcare institutions or community pharmacies. The service amount was increased by 15.1% over the same period of the previous year in an effort to join citizens who are determined to quit smoking in their fight against the addiction.

Amendment of the Tobacco Hazards Prevention Act

The last amendment of the Tobacco Hazards Prevention Act dates back to 2007, over ten years ago. The protection of the health of our citizens and creation of smoke-free environments brooks no delay. The Health Promotion Administration incorporates international experiences and research results as well as opinions of political parties, NGOs, and experts in its campaign to amend the Tobacco Hazards Prevention Act encompassing increased size of warning signs, bans on scented cigarettes, bans on tobacco industry sponsorship, expansion of smoke-free areas, and strengthened controls of e-cigarettes. The goal is to promote joint efforts by all citizens in the prevention of tobacco hazards, create an anti-smoking alliance, and promote health for all.



Director Genneral
Ying-Wei Wang
Health Promotion Administration, 2017

Foreword

• Toward a smoke-free, healthy new era

Smoking poses a serious health hazards for minors

Tobacco smoke contains over 7000 different chemical substances. Ninety-three of them are carcinogens and harmful substances, and 15 of the latter have been listed as Group 1 Carcinogens by the International Agency for Research on Cancer World Health Organization. Tobacco products kill about 10,000 lives worldwide every year. One of every two smokers dies of smoking-related diseases. Furthermore, use of tobacco products can condemn families to poverty and harm national economies.

In Taiwan, smoking kills 27,000 people annually. On average one die from smoking-related diseases every 20 minutes. Cancer is the leading cause of death among smokers followed by cardiovascular diseases and respiratory diseases, accounting for 47.5%, 28%, and 24.5%, respectively. Smoking therefore exacts a huge toll on individuals, families, and society. Six of the top ten leading causes of death (malignant tumors, heart disease, cerebrovascular disease, diabetes, pneumonia, chronic lower respiratory disease) are directly related to smoking, while the remaining four causes (nephritis, nephrotic syndrome and nephrosis, chronic liver disease, cirrhosis and liver cancer, accident injuries, and suicide) are indirectly related to smoking. The economic cost of smoking amounts to NT$ 185.8 billion (direct national health expenditures of NT$ 65 billion and indirect loss of productivity of NT$ 120.9 billion), accounting for 1.15% of the GDP. A report titled “Inheriting a sustainable world: Atlas on children's health and the environment” released by WHO on March 6, 2017 indicates that respiratory infections caused by air pollution and second-hand smoke are the top leading cause of child deaths under the age of 5, killing 570,000 young children worldwide annually. Smoking slowly and imperceptibly destroys national health.

Continued promotion of Tobacco Hazards Prevention Act to eliminate tobacco-related threats

The promotion of Tobacco Hazards Prevention Act helps break the vicious cycle of poverty and starvation and stimulates sustainable growth of agriculture and the economy. It also helps combat global warming, strengthens the implementation of the Framework Convention on Tobacco Control, reduces the consumption of tobacco products, and is thereby conducive to the achievement of UN sustainable development goals. The Health Promotion Administration actively relies on the support of the inter governments, NGOs, businesses, and citizens in the promotion of smoke-free sidewalks in the vicinity of schools, bans on tobacco advertising, and education on Tobacco Hazards Prevention Act. Diversified smoking cessation services provided via a toll-free hotline 0800-636363 and smoking cessation therapies aim to decrease the number of smokers, increase the number of non-smokers, and prevent the hazards of second-hand smoke.

E-cigarettes and scented cigarettes are gateways to smoking and pose risks that should not be underestimated

In light of the fact that children and teenagers are less vigilant against addictive substances, it is highly concerning that the results of tests conducted by the Food and Drug Administration of the Ministry of Health and Welfare for 5,627 e-cigarettes between 2013 and 2016 reveal that 74% contain the addictive substance nicotine. Scented cigarette smoke is said smoother, more refreshing, and easier to inhale than regular cigarettes. Teenagers often try these products out of curiosity and continue to consume them based on the erroneous belief that scented cigarettes with different flavors are less harmful. This leads to worsening addictions, severely affects lung functions, and can be fatal. We should not allow scented cigarettes to make children's and teenagers' lives stale and flavorless.

On the other hand, e-cigarettes not only contain addictive nicotine but also carcinogens such as formaldehyde and acetaldehyde and other harmful substances. They also pose a danger of exploding and endanger the health of users. The results of the teen smoking behavior survey conducted by the Health Promotion Administration of the Ministry of Health and Welfare shows that e-cigarette consumption among junior and senior high school students has rapidly increased by almost 100% from 2.0% / 2.1% in 2014 to 3.0% / 4.1% in 2015 and 3.7% / 4.8% in 2016. This clearly indicates that the growing popularity of e-cigarettes endangers the health of children and teenagers. According to a cohort study published in the journal “Pediatrics” in 2016, teenagers are 6 times more likely to try regular cigarettes if they have consumed e-cigarettes within the past two years. E-cigarettes are a gateway to smoking and controls of such products should be strengthened from a health protection standpoint.

Implementation of Tobacco Hazards Prevention Act to achieve UN sustainable development goals

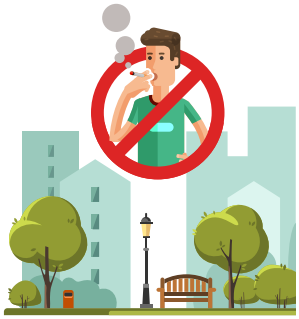
The UN has listed the implementation of Tobacco Hazards Prevention Act through adoption of the Framework Convention on Tobacco Control as a sub-goal (Item 3.a) of its 2030 Agenda for Sustainable Development. The strengthening of Tobacco Hazards Prevention Act is therefore a pressing task worldwide. The draft amendment to the Tobacco Hazards Prevention Act proposed by the Health Promotion Administration aims to strengthen Tobacco Hazards Prevention Act strategies, respond to hazards posed by innovative products, protect national health, and help achieve multiple goals associated with global sustainable development.

At the same time, the Health Promotion Administration has formulated the goal of reducing the smoking rate of adults over 18 years of age to 14% by the year 2025 with the goal of decreasing the number of smokers and minimizing the impact of tobacco hazards on national health in line with the relative reduction rate by 30% in 2025 compared to 2010 stipulated by WHO in the context of its chronic disease prevention goals.

1 Reducing the Demand for Tobacco

- Smoke-free Supportive Environments
- Pictorial Health Warnings on Tobacco Packages
- Promotion and Training
- Ban on Tobacco Advertising, Promotions, and Sponsorships
- Smoking Cessation Services
- Assessing the Increase of Tobacco Health and Welfare Surcharges
- Tobacco Health and Welfare Surcharges allocation and income

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 burdens. 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 its efforts into changing public perception about smoking and create smoke-free environments in schools, military institutions, communities, and workplaces.

Building a Smoke-free Environment at the Local Level

The Tobacco Hazards Prevention Act of Taiwan has been enforced for 8 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 has begun to focus on smoke-free environment at covered walkways, roads, pavements, and other public areas where people would be exposed to second-hand smoke outdoors.

For the areas that are 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 bureaus of all counties and cities are actively assisting the areas of large crowds or bus specialized lanes, bus stops, school sidewalks nearby school campuses in their jurisdictions to be announced as non-smoking areas by the county or city governments according to the law. The health bureaus 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. The aforementioned areas are also listed as the key areas for law enforcement. To prevent non-smokers from suffering the hazards of second-hand smoke, the health bureaus of all counties and cities have also performed cross- agency cooperation and established community consensus by selecting appropriate locations for the plan of centralized outdoor fixed spot smoking zones in order to actively promote the smoke-free environment and to protect the general public form the Hazards of second-hand smoke.

Yilan County volunteer canvassing activity

Pingtung County Tobacco-Free Hospital Press Conference

Smokers are urged to quit smoking through education on the dangers of tobacco products, emotional appeals, and sharing of smoking cessation experiences via TV commercials, broadcasts, magazine ads, social media, and multimedia education with the ultimate goal of promoting an anti-smoking climate and creating a smoke-free environment. Public awareness of the Hazards of tobacco products is raised through news releases regarding smoking cessation services and press conferences featuring educational videos on tobacco hazards. In addition, the Health Promotion Administration and the health bureaus of every city and county continue to reinforce the implementation, inspections, and education of the Tobacco Hazards Prevention Act. Bans have been imposed on tobacco advertising to restrict the exposure of teenagers to tobacco products. Other effective strategies include the creation of smoke-free public areas and workplaces, utilization of community resources, and organization of education programs in schools. Controls of tobacco hazards and e-cigarettes have been implemented and effective persuasion and assistance for smokers in smoking cessation is ensured through smoke-free hospitals, workplaces, campuses, and communities. Smokers are also encouraged to utilize community smoke cessation education and counseling services and the smoke cessation hotline (0800-636363). The ultimate goal of all these measures is to realize the vision of smoke-free families and a smoke-free environment.

By 2016, a total of 4.11 million Tobacco Hazards Prevention Act inspections had been carried out in 675,000 locations all over the country. There have been 8,651 disciplinary citations issued and fines totaling over NT$ 65.11 million had been imposed. In addition, 468 smoke cessation classes with 8,045 participants and 7.743 educational activities on Tobacco Hazards Prevention Act had been organized. 210,571 individuals received smoke cessation education and counseling services provided by communities and pharmacies. There were 110 smoke cessation training courses with 7,410 participants organized for medical and paramedical personnel.

Kaohsiung City World No-Tobacco Day Activity – All citizens and medical institutions join hands to say no to cigarettes

Hualien County street event promotion to stop smoking and betel nut chewing on campuses

Public announcement of the smoking ban for Chianti Avenue Plaza in the Xinyi District, Taipei City

Reducing 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.

Lotung street event promotion for tobacco hazards prevention in Yilan County

To reduce the health inequality, since 2012, HPA has subsidized 7 counties and cities (Taitung County, Pingtung Country, Hualien County, Tainan City, Keelung City, Yunlin County and Nantou County) with a high prevalence that smoke as well as consume alcohol, betel quid associated with high incidence and mortalty of 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. Adult smoking rates have dropped significantly in subsidized cities and counties (in Hualien and Taitung County, decreased from 22.9% in 2011 to 15.8% in 2016 and 15.4% in 2011 to 14.2% in 2016, respectively). In 2016, 99 smoke, alcohol, and betel nut-free areas were created and 811 educational activities on smoke, alcohol, and betel nut prevention with 65,563 participants have been organized. Sixty-four educational training courses with 3,314 participants were offered for high-risk groups and 25 courses with 540 participants were organized to raise awareness of dangers associated with smoking, alcohol, and betel nuts and train health education volunteers. Seventy-six classes with 1,778 participants on smoking/alcohol/betel nut cessation or case management were also offered. These activities have been combined with oral mucosal screening services and referral of 1,445 compassionate stores that refuse the sale of tobacco products, alcohol, and betel nuts to minors as well as creation of databases for media campaigns and questionnaire surveys.

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, workplaces, and schools would be integrated in order to bridge the gap of health inequality between towns, counties, and ethnicities.

Education on tobacco hazards in kindergartens in Pingtung County

“Say No to Alcohol, Tobacco, and Betel Nuts on Hualien Campuses” Creativity Competition

"Bye Bye Smoke" performance in Hualien County

Press Conference on the Taichung City Smoke-Free Campus Interactive Knowledge Network

Taoyuan City "Farming God Academy" Health Knowledge and Creativity Competition

Chiayi Mayor tells the story of "How the King Quit Smoking" as a next-door grandpa

Smoke-free Campuses

In 2016, smoking was prohibited in environments surrounding 50% of all primary and secondary schools in Taiwan (around 2000 schools). In addition to establishing smoke-free environments on 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 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 schools. 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 work jointly with health bureaus 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 reducing student smoking rate, staff smoking rate, and student exposure rate to second-hand smoke to create a smoke-free environment on campus.

The HPA worked with the MOE to visit randomly selected junior high, senior high, and vocational schools across multiple counties and cities and assess their progress in promoting tobacco control in their campuses. Experts, academicians, the HPA, the MOE, as well as local health 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 100 schools were randomly selected in 2016 to undergo on-site counseling and strengthening of tobacco control.

National Outstanding Youth Field Smoking cessation Education Competition in 2016: Leadership Award –Muzha Vocational High School

National Outstanding Youth Field Smoking cessation Education Competition in 2016: Creativity Award in the Lesson Plan category– Dah-Chin Commercial & Industrial Vocational High School

National Outstanding Youth Field Smoking cessation Education Competition in 2016: Creativity Award in the Lesson Plan category – Special Education School affiliated with National Taitung University

National Outstanding Youth Field Smoking cessation Education Competition in 2016: Creativity Award in the Lesson Plan category – Niaoyu Junior High School, Penghu County

National Outstanding Youth Field Smoking cessation Education Competition in 2016: Creativity Award in the Lesson Plan category – Dade High School of Commerce and Industry, Changhua County

National Outstanding Youth Field Smoking cessation Education Competition in 2016: Creativity Award in the Lesson Plan category – Guofeng Junior High School, Hualien County

National Outstanding Youth Field Smoking cessation Education Competition in 2016: Creativity Award in the Micro media category– Wenxing Private Catholic High School

National Outstanding Youth Field Smoking cessation Education Competition in 2016: Creativity Award in the Micro media category – Taipei Municipal Zhong Shan Girls High School

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

The School Health Act requires schools below the level of senior high 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 Hazards Prevention Act, schools shall provide smoking cessation education to students that smoke under the age of 18 in order to allow such students to accept the assistance in anti-smoking and smoking rejection skills 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 smoking cessation educational seed-teacher – achievement observation tour

Campus smoking cessation educational seed-teacher training seminar

According to the 2016 Global Youth Tobacco Survey, smoking rate of senior high and vocational school students was 9.3% (13.1% for boys and 5.2% for girls) which would be an improvement when compared to the 2015 smoking rate of 10.4% (15.6% for boys and 4.7% for girls). The smoking rate of junior high school students was 3.7% in 2016 (5.1% for boys and 2.1% for girls) which was a slight increase compared to 3.5% in 2015 (4.9% for boys and 2.0% 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 issue feedback carried out by these seed instructors were based upon the motto of experience sharing. In 2016, a total of 182 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 Act random inspection operation, continuously performing the training for smoking cessation education seed teachers in all county and city schools, expanding school Tobacco Hazards Prevention Act promotion activities, creating smoke-free environments in the school and implementing smoking cessation educations in order to strengthen 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 prohibitions 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 2016 and incorporated outcomes of important issues of Tobacco Hazards Prevention Act into the school certification standard.

Tobacco control in colleges and universities

The Tobacco Hazards Prevention Act requires a complete prohibition of smoking in 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 smoked. Exposure to second-hand smoke in the campus could be up to 48.5%, indicating that there were plenty of opportunities for improvement for tobacco control in school 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 Act work in order to establish the knowledge and skills of the college students in Tobacco Hazards Prevention Act and to autonomously create a healthy and smoke-free campus culture. Through Tobacco Hazards Prevention Act studies and training, the knowledge and skills of the students on tobacco hazards can be improved. In addition, based on the current status of the Tobacco Hazards Prevention Act of each school, specific plan goals 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 designated smoking areas and make plans to achieve a completely smoke-free campus. Principals and deans shall take lead in declaring their dedication to ensure the proper implementation of campus affairs meetings, increasing patrols and inspection of campus areas, promotion of smoking cessation information and referral services, and collaboration with the MOE to stipulate targets required for creating a smoke-free campus. By 2016, a total of 79 colleges and universities have been established as smoke-free.

In 2016, there were a total of 35 schools that participated through the methods of subsidy offering and guided visits etc., in order to encourage colleges and universities of young group areas to conduct Tobacco Hazards Prevention Act plans and to combine nearby community resources along with expansion of promotion scope. It increased the knowledge and skills of teachers and students in Tobacco Hazards Prevention Act, cultivating Tobacco Hazards Prevention Act seed team, stimulating teachers and students to autonomously enroll in the anti-tobacco and tobacco rejection group and providing smoking cessation service referral information such that campus tobacco prevention and sustainable operation can be established.

In addition, grass-roots guidance is provided by invited experts and committee members. Oral reports on implementation results and encountered difficulties in different schools are delivered by the Northern and Southern group and suggestions for improvement are submitted. 12 schools with outstanding performance are selected. Implementation results in various schools are as follows:

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 Act 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, 21 schools among 35 schools are smoke-free universities, and the establishment of supportive environments of the campuses are excellent.
3. Diverse and 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 many schools have also held a sign-up campaign to reject tobacco in the campuses. The joint fan page of four schools is utilized to provide education on tobacco and e-cigarette hazards, share results and resources, and increase the number of affected individuals. All of the methods are full of creativity and are quite touching, which clearly demonstrates the importance of Tobacco Hazards Prevention Act in campus and the outcomes are impressive.

4. Actions for strengthening communities: The activities held by each school together with the communities are diverse and include organizations of friendly community activities and the enlistment of stores in the vicinity of schools for anti-smoking campaigns. 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 Act, 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 instance, Cheng Shiu University organized a public hearing on a smoke-free campus. The initiative was supported by 76% of all students and faculty after a process of democratic exchange of opinions. The goal of a smoke-free campus was therefore achieved two years earlier than originally projected on September 1, 2016. The president leads freshmen in their vow to reject smoking and prevent tobacco hazards. A smoking cessation group named “Let's Quit Smoking Together”. A climate of mutual support and encouragement increases the willingness to quit smoking.
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 the CO examination and freshman physical examination. Some schools are able to further cooperate with the health bureaus and medical hospitals in conducting smoking cessation counseling.

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, 9 schools including the Yuanpei University of Technology, Hungkuang University of Science and Technology, Chung Yuan Christian University, China University of Technology, National Taiwan University of Science and Technology, Chang Jung Christian University, Cheng Shiu University, Tajen University, National Penghu University of Science and Technology received the award for schools with outstanding performance in various fields. Yuanpei University of Technology has incorporated Tobacco Hazards Prevention Act related issues into 6 courses and utilizes “Smoking Cessation Angels” to show concern for students who quit smoking via the communication app LINE to increase success rates. Hungkuang University of Science and Technology has established patrol squads in charge of Tobacco Hazards Prevention Act inspections in various departments and institutes. In addition, a smoke-free campus LOGO competition was organized by students of the Department of Cultural and Creative Industries to enhance educational effects. Chung Yuan Christian University has been a smoke-free campus since its inception 60 years ago. Students of the indigenous program have been enlisted to form a team of “Smoking Cessation Angels” who assist and participate in smoking cessation classes and Tobacco Hazards Prevention Activities. These students will turn into anti-smoking advocates in their tribal communities in the future. China University of Technology cooperated with its students in the design of professional smoking cessation promotional materials and creation of a smoke-free environment by utilizing the unique elements of the school. National Taiwan University of Science and Technology has organized an alternative smoking cessation class to assist student in kicking their smoking habits and provides psychological analysis for students enrolled in this class. Chang Jung Christian University attracts the attention of its students through the highly popular FB check-in feature and health-related challenge activities. Tajen University encourages students to leave loving, anti-smoking messages stating students' determination to stay away from the hazards of first-, second-, and third-hand smoke. National Penghu University of Science and Technology has accelerated the promotion of a smoke-free campus and aims to turn the university into a smoke-free zone by December 2016. It has also turned abolished smoking areas into recreational zones for its students.

Furthermore, on December 21, 2016, “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 bureaus of counties and cities were invited to attend the event such that a total of 268 people attended the event.

Results of the 2016 Implementation Program for School Campus Tobacco Hazards Prevention ACT:

Item	Results
1	Smoking rate: Freshmen smoking population of 11,505 individuals for an average smoking rate of 5.9%. (average freshmen smoking rate was 5.1% for 8 universities and 5.26% for 27 vocational colleges)
2	Designated smoking areas: 61 areas were reduced to 43 areas.
3	Tobacco hazards prevention initiatives: Tobacco hazards prevention education activities have been organized and 117 short educational videos have been shot in cooperation with 279 student clubs. There have been 308 Tobacco Hazards Prevention Act initiatives and educational activities with 103,658 participants organized. A total of 192 educational activities on the hazards of e-cigarettes drew 92,067 participants.
4	Inventory of on-and off-campus smoking cessation resources: A total of 693 on- and off-campus resources have been identified and 51 smoking cessation classes with 631 participants have been organized in cooperation with 139 medical institutions (health bureaus and health centers). There have been 96 smokers that have successfully kicked their habit, representing a success rate of 15.2%. Smoking cessation referrals were made for 346 individuals.

2016 campus tobacco hazards prevention outstanding award presentation achievement observation tour

2016 campus tobacco hazards prevention outstanding award presentation achievement observation tour

2016 Young group field tobacco hazards prevention work plan semester-end achievement

2016 Young group field tobacco hazards prevention work plan semester-end achievement observation tour

Smoke-free Military

2016 National armed force "Quit & Win" lottery draw ceremony

According to the results from the Adult Smoking Behavior Telephone Survey, the smoking rate for men was 28.6% in 2016, the smoking rate for men between the ages of 18 to 29 years was 21.2%. 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 tend 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 to autonomously build trust and faith to refuse smoking and betel quid. In addition, high ranking officers were given consultations to help them quit so that they may set an example for others. Monitoring and research programs were also carried out in order 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.

2016 Naval Combat System Facility Smoking Cessation Class

2016 National armed force tobacco and betel nut prevention counselor training in Kaohsiung field

Key work descriptions are described below:

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" was 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 2012 to 2016, a total of 8 Armed Force General Hospitals received golden awards, and 7 hospitals received the silver awards. Furthermore, smoking areas inside military camps are gradually removed. From 2015 to 2016, a total of 69 smoking areas were removed. Strict prohibition on smoking is also vigorously enforced for areas of inflammables and explosives, such as the ammunition depots etc., in order to protect the safety, health and rights of non-smoking soldiers.

Health education and promotion:

In 2015, in order to create a smoke-free environment within the armed forces, a new version of the “Quit and Win”campaign was launched again along with better awards and more 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 in 2016 differed from previous events in that it was implemented in two types of competition groups (the groups of the smoking cessation for 3 months and the smoking cessation for 14 months) in order to encourage soldiers in maintain their smoking cessation in a long term.

The result of the 2016 competition showed that there are a total of 2,525 smoking soldiers participating the competition, among which a total of 729 participants successfully challenged the smoking cessation during the period of the event and were awarded to participate in lottery draws.

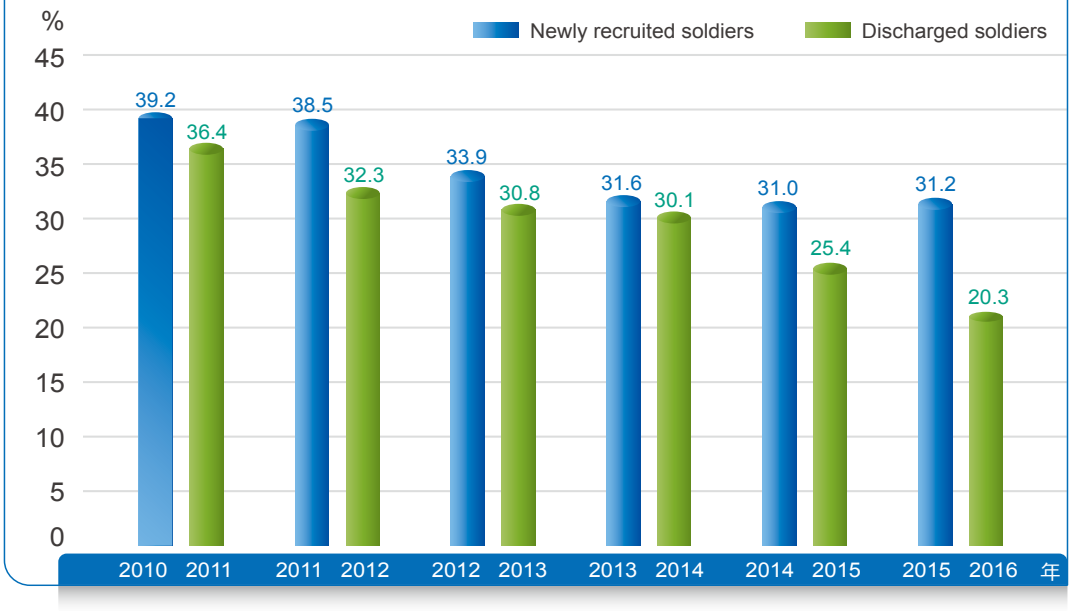
Cessation and services:

With the construction of a smoking cessation family as the core, the smoking cessation mentors act as the foundation to extend upward to the smoking cessation doctors in order to form the smoking cessation family. By adopting the method of one-on-one consultations 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 2016, 5 sessions of smoking cessation and betel nuts cessation mentor seminars were held and a total of 469 mentors completed the training. Two training courses for smoking cessation doctors were held and a total of 154 doctors for smoking 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 military soldiers and volunteer military soldiers. Mandatory military soldiers and students in military academies assessed with the “Armed Forces Personnel Health Survey Form” while volunteer military 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, the smoking rate of soldiers and officers of the recruit training centers was 39.2% in 2010, which represents a decrease by 31.2% compared to 2015. The smoking rate of retired soldiers and officers dropped from 36.4% in 2011 to 20.3% in 2016, which clearly indicates a trend of decreasing smoking rates.

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 2016, support was provided to a total of 19 counties and cities, with 113 “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 4,000 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 120 parade events or tours on controlling tobacco, alcohol, and betel nuts consumption were held to promote awareness on tobacco and alcohol hazards. Organized 1,245 health educational 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.

Unique and innovative community-level promotion experiences: The Keelung Renai District is a mixed commercial and residential district with numerous cram schools and daycare centers. Stores and vendors selling tobacco products, alcohol, and betel nuts in the vicinity of local schools are a common sight in this

Tanzi Community Development Association tobacco hazards prevention promotion, Taichung City

Keelung Community Center and Mingde Junior High jointly participated in smoke-free community street event

area. Students and parents frequent this district. The Renai District Public Health Center relies on school fairs and stores in the vicinity of campuses to conduct educational and sign-up activities to promote non-smoking and non-alcohol home environments. The main focus of educational efforts lies in the banning of tobacco, alcohol, and betel nut sales to minors and sharing of information on health risks associated with such products with these local businesses. Shops and vendors expressed their support for this campaign. Due to the Chinese Ghost Festival, the stores were crowded with customers who also were full of praise for the educational efforts. The message of smoke-, betel nut-, and alcohol-free environments was thereby conveyed to the public. A total of 8 smoke-free family activities drew 954 participants.

Mackay Memorial Hospital, Tamsui Branch organized a "Smoke Cessation Week" from May 30 to June 4, 2016 in the Danshui District, New Taipei City. A cute "Dr. Mackay" smoking cessation vehicle was created for this activity. Health education services were provided by smoke cessation educators and smokers who have kicked their habit. 93 individuals participated in the smoke cessation activities and 317 signed up for the smoke-free family program. The President and Dean of Student Affairs of the Mackay Medical College provided personal guidance for students participating in the smoking cessation action drama performance. This event aimed to enlist outpatient patients, their relatives, and community residents for the anti-smoking campaign and thereby realize smoke-free communities.

The Chest Hospital of the Ministry of Health and Welfare organized a tobacco, betel nut, and alcohol control education activities on occasion of the 2016 Guiren Custard Apple Festival in the Guijen District of Tainan City. The hospital utilized this grand occasion to promote public health. Work personnel and local citizens jointly participated in these educational efforts. The event even featured “Spiderman” performers who captured the attention of the public. It was also covered in local news and on the Internet. Education on how to stay away from tobacco, betel nuts, and alcohol was provided in coordination with the soaring dreams activity on occasion of Children's Day organized by the Guiren Cultural Center. The event also featured role plays by children wearing medical uniforms and thereby attracted children and parents to participate in health promotion, of which 329 smoke-free families signed up and 5,763 individuals participated.

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

Tobacco hazards promotional performance planned by Jian Elementary School, Hualien County

Smoke-free Workplaces

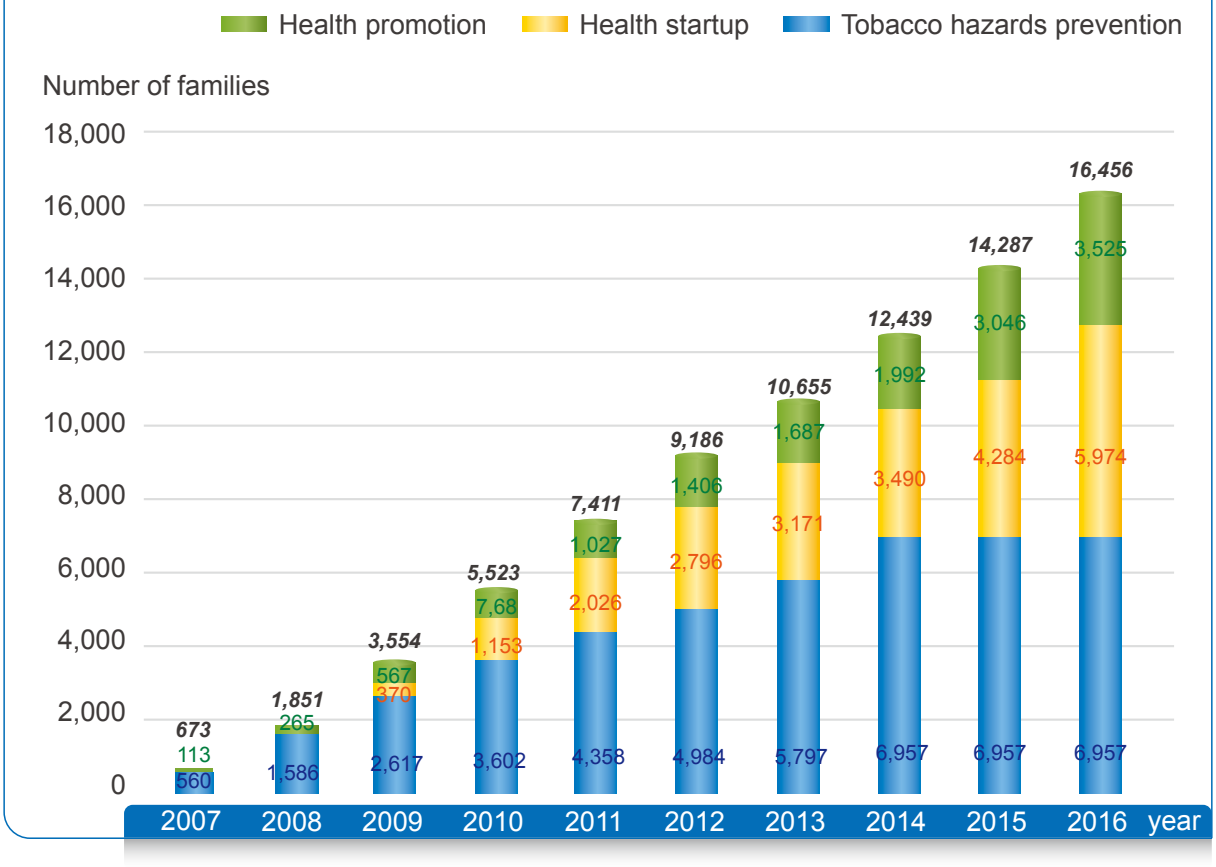
Most people spend at least one-third of their days at the workplace, making these locations an important area for tobacco control and health promotion. Data released by the US Centers for Disease Control and Prevention (CDC) shows that medical expenses for smoking employees are 6,000USD higher than those for non-smoking employees. They also report sick more often and are less productive. There are 30% more fires and related accidents in workplaces where smoking is allowed than in non-smoking workplaces. Rigorous promotion of non-smoking workplaces is therefore extremely cost effective. The area of second-hand smoke exposure for adults is their workplace. Non-smokers who are exposed to second-hand smoke over long periods are 20-30% more likely to contract lung cancer, 30% more likely to suffer from heart disease, and 65% more likely to suffer a stroke. 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, counselling and lectures, breathing 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 2007~2016, there were a total of 116,456 workplaces passed the healthy workplace self-certification (Fig. 1-2). In 2016, professional guidance teams were further involved to actively promote health startup and health promotion mark certification in the field for guiding 157 workplaces, and the number of workplaces passing the certification reached 1,848 workplaces. Furthermore, in 2016, 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 smoking 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.

Fig. 1-2 Accumulated number of workplaces passing health workplace self-certification over the years



Distribution of smoke prohibition measures taken at indoor workplaces

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

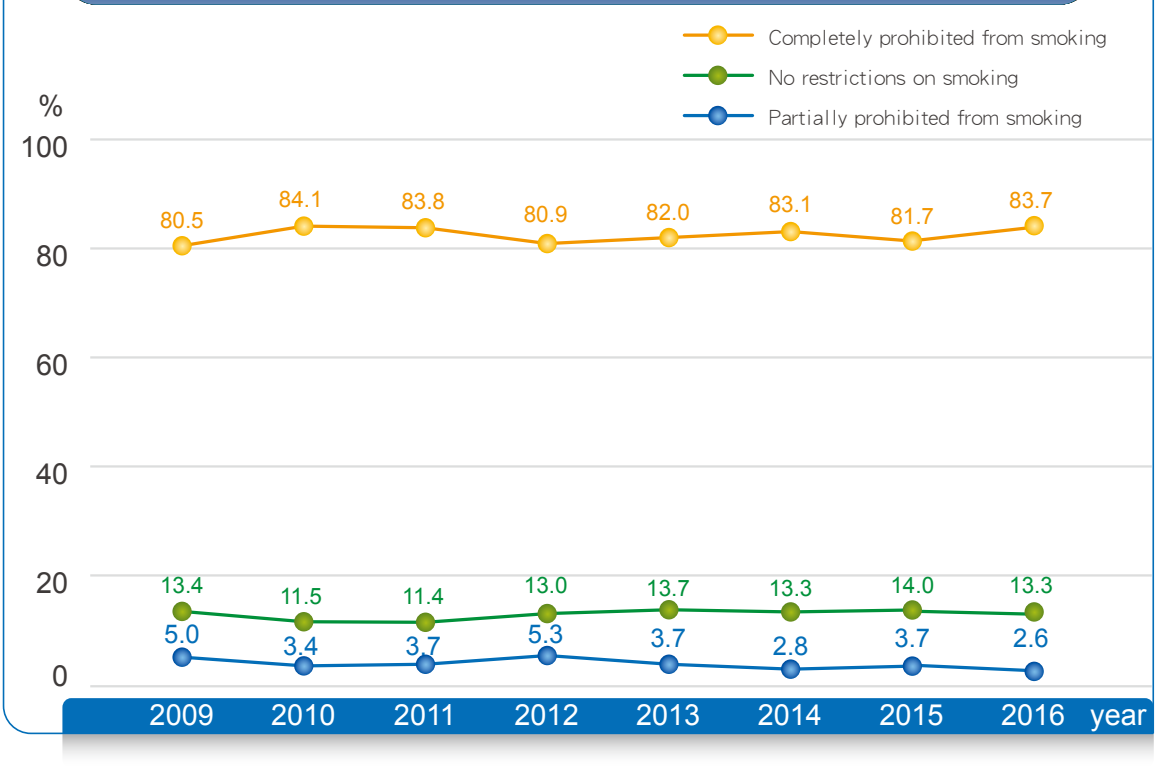
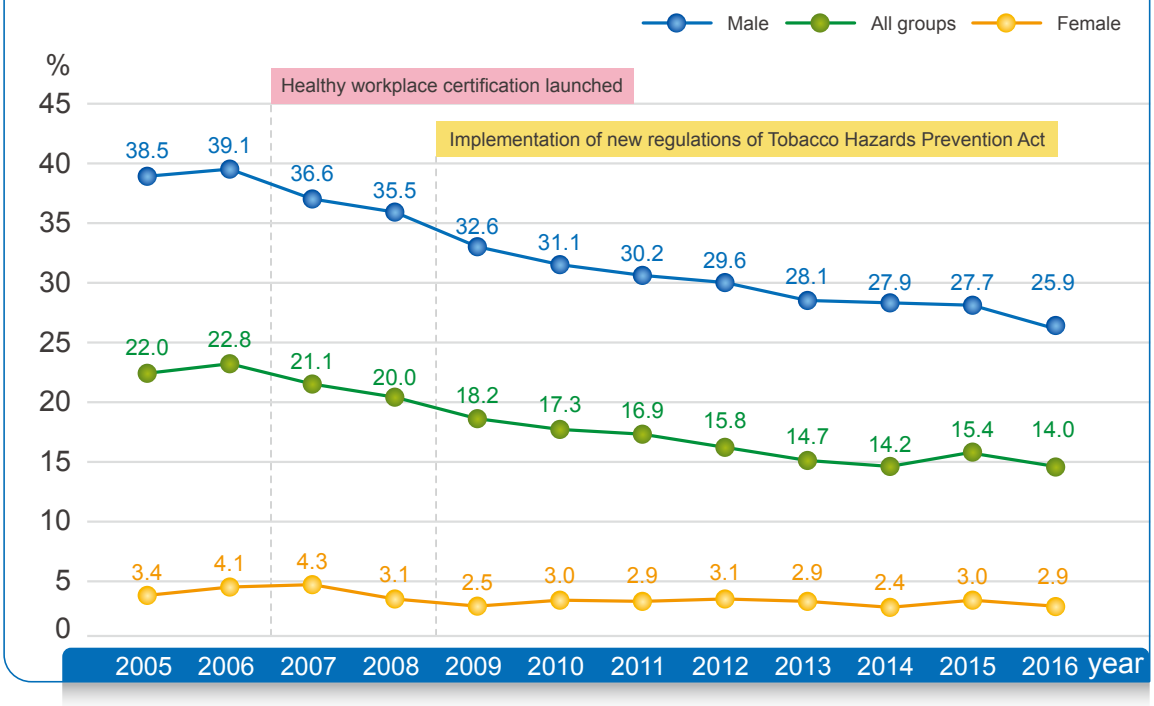


Fig. 1-4 Trend of change of workplace smoking rate over the years



Tobacco-free Hospitals

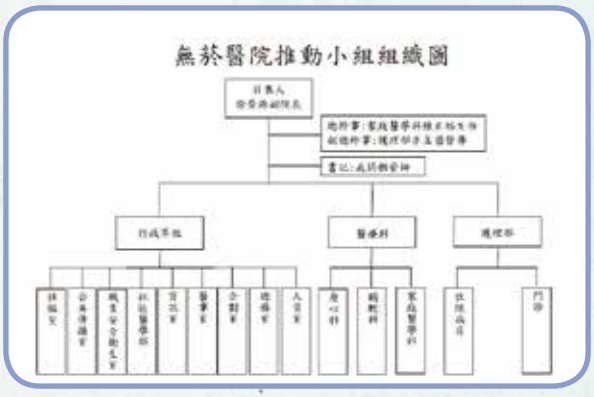
Nineteen countries (including 36 registered members and 3 associate members) around the globe have already joined the Global Network for Tobacco Free Healthcare Services (GNTH) since its establishment in 1999. Taiwan joined the network in 2011 and became the first network in the Asia Pacific region. With greater emphasis and support on health promotion works, hospitals in Taiwan have swiftly expanded to the largest network in the Asia Pacific region, and the scale continues to expand such that as of 2017, 209 hospitals have joined the network.

The ROC health care system always pursues excellence. Most hospitals tend to accept health promotion and disease prevention. Through the principles of tobacco-free hospitals: “Tobacco-free hospitals not only must adhere to tobacco restriction laws and regulations, but are also obligated to reduce tobacco use and thereby lower tobacco hazards” along with the eight major standards (Governance and commitment, Communication, Education and training, Identification, diagnosis and smoking cessation support, Tobacco-free environment, Healthy workplace, Community engagement, Monitoring and evaluation) of the GNTH Concept, it ensures comprehensive improvements to tobacco controls, helps hospitals establish self-monitoring systems of non-smoking environments in the hospital, and identifies the 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 bureaus 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 smoking 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 smoking 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/or national public health strategy.

Standard 8 Monitoring and evaluation

The healthcare organization monitors and evaluates the implementation of all the GNTH standards at regular intervals

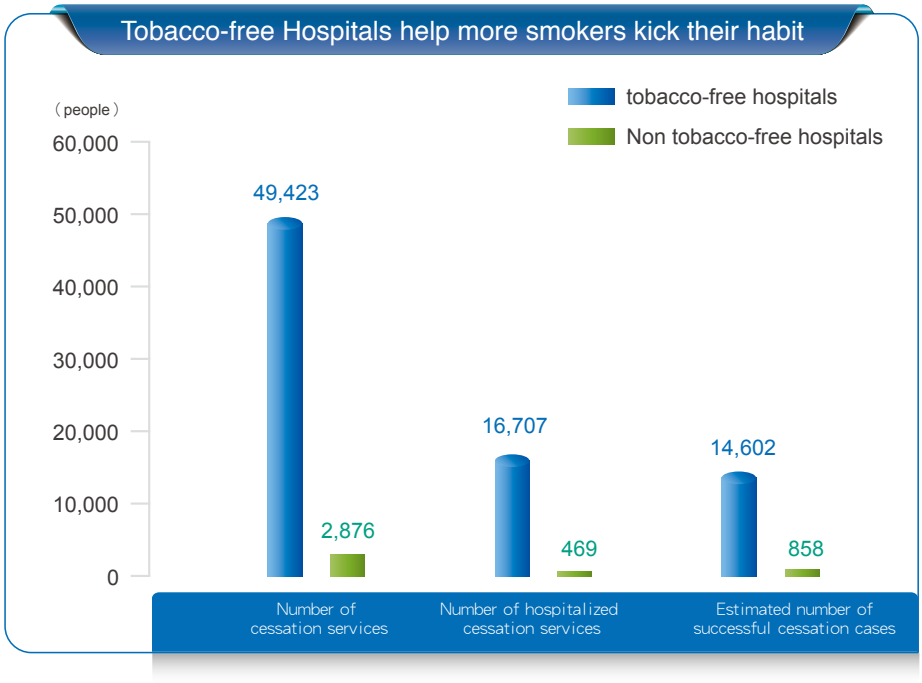
GNTH Gold Forum Awards for Tobacco-Free Health Care Services. Taiwan is the country with the highest number of Gold-Level hospitals.

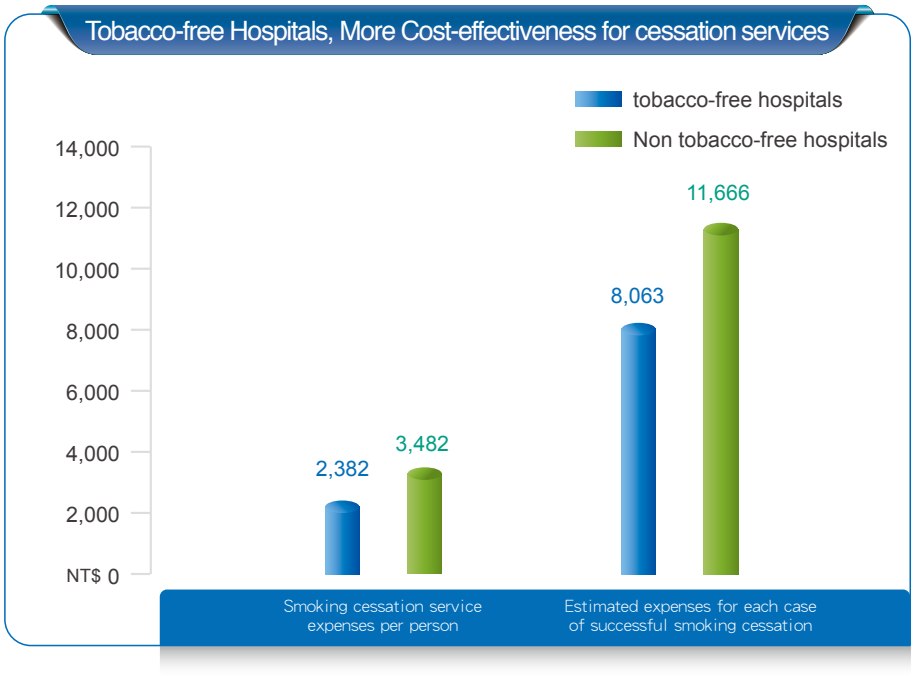
The GNTH Network for Tobacco Free Health Care Services aims to act as an international platform for sharing, learning, and promoting the concepts of tobacco-free hospitals and thus organizes the “GNTH Gold Forum”. Countries around the world would submit candidate hospitals that have met gold level award 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 GNTH started to offer the International Gold-Level Awards in 2009, only 39 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 15 hospitals receiving the honor, making Taiwan the member with the greatest number of Gold-Level hospitals in 2017.

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 GNTH, and utilize the established model to initiate effective actions against smoking. For example, in the 4th standard of the GNTH, every patient is asked whether they are a smoker or not, and smokers are persuaded to cease tobacco use. Seventy percent of hospitals in Taiwan providing smoking cessation services, among these hospitals, 60% of them are “tobacco-free hospitals” , and 40% of them are “non-tobacco-free hospitals” . The data of smoking cessation services shown: in 2016, the cessation service volume of the tobacco-free hospitals (49,423 people) is 17 times greater than that of the non-tobacco-free hospitals (2,876 people), Almost 36 times more hospitalized patients (16,707) in tobacco-free hospitals receive smoking cessation services than that in non-tobacco-free hospitals (469). Successful cases of smoking cessation in tobacco-free hospitals are also far

more common (14,602 patients) than those in “non-tobacco-free hospitals” (858 patients). Average expenses for successful smoking cessation in tobacco-free hospitals are significantly lower (8,063 NTD) than that in non-tobacco-free hospitals (11,666 NTD).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 for serving greater number of public in successful smoking 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 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.





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 I 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 Center of Disease Control (CDC) pointed out that long-term second-hand smoke exposure will increase the risks of cardiovascular disease and stroke by 30-65%. Chances of being affected by lung cancer will also be 20-30% higher than that of non-exposure. Many people visit parks or the National Parks of Taiwan for recreation for the purpose of relaxation, health, and a 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 or 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 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 exception 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, 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.

The new provisions achieved 96% support from the general public.

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.

The HPA also kept statistics since the promulgation of the following provision on April 1, 2014: “With the exception 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, 2016, a total of 26,275 checks were carried out by various counties and cities. A total of 1102 fines were levied which amounted to NT$1,750,000. 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.

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 to 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 parties shall display health hazards warnings on tobacco product containers. These warnings shall cover at least 30% of the container area (50% is the recommended limit). A total of 108 countries around the world established requirements for printing warning labels on tobacco product containers by 2016. Up to 90 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 to 2013. 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 hazards 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 as of November 1, 2009 warning signs must cover at least 35% of the area of the front and back faces of the tobacco product containers. In addition to the texts, the required warning must also display pictures and relevant information on smoking cessation.

Since September 2002, the EU has started to publish tobacco product warning labels and texts for the uses of all member countries. In May of 2011, former Minister, Wen-Da Chiu, 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 taiwan 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 taiwan 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 taiwan with the EU in the field of health.

Signing of a Licensing Agreement for Pictorial Health Warnings on Tobacco Packages in 2012

However, many smokers would ignore these health warning labels on tobacco products once they get 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

Announcement of adoption of 8 pictorial warning labels on June 1, 2014

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.

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. Overt 1,000 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.

Due to the fact that the issue of pictorial health warnings on tobacco packages was widely covered and discussed in the media in the year preceding the amendment, public interest on the issue gradually waned. The results of a commissioned research project titled "Exploration of the impact of revised pictorial health warnings on smoking behavior of the general public" show that the attitude score of smokers regarding the effectiveness of pictorial health warnings on tobacco packages was significantly lower after the amendment than prior to it (as indicated by surveys conducted on the month of amendment and three months after the amendment). Smokers also agreed less with the effectiveness of such pictorial health warnings after the amendment. The effect of the pictorial warnings therefore failed to meet expectations. The only significant impact was that the highest ratio of callers dialed the smoking cessation hotline due to the pictorial health warnings on tobacco packages in 2014 and 2015. The Ministry of Finance points out that the revised pictorial health warnings are conducive to clearly identify whether or not taxes have been paid in accordance with relevant laws for tobacco products when investigating smuggling.

Since 2015, new warning label designs and databases have been developed by design companies and through calls for submissions by the public. The competition event of “Warning Sign PK” received a total of 619 works of art submitted to participate the event. After numerous evaluations by experts 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 the most optimal to express the information 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.

The 2016 Program for Development of Pictorial Health Warnings and relevant Databases represented a follow-up implementation of the results achieved in 2015. The following tasks have been accomplished: Organization of three expert panel discussions and six group discussions in northern, central, and southern Taiwan, carrying out of four major warning label design revisions, creation of warning label videos, quantitative surveys all over Taiwan, and organization of consensus conferences on alternating updates of pictorial health warnings on tobacco product containers. In addition, literature overviews and research is conducted on the latest trends in the field of warning label design and plain packaging.

On June 23, 2016, the second Taiwan-Thailand Bureau Chief-Level Trade Talks were held in Bangkok, Thailand. A resolution was adopted to embrace the principle of mutual benefit with regard to pictorial health warnings developed in Thailand and Taiwan. Diversified warning label design maximizes warning and deterrence effects and thereby helps reduce tobacco product sales and the number of smokers. Taiwan will send an official letter in Chinese and English on the mutual licensing of pictorial health warnings developed for tobacco products in Taiwan and Thailand to Mr. Sirinart Chaimum, Director of the Department of Trade Negotiations of the Thai Ministry of Commerce in order to conduct further counselling on licensing procedures.

For penalizing violations of the new provisions of the Tobacco Hazards Prevention Act, a total of 190,031 inspections of tobacco product containers were jointly conducted with local health bureaus in 2016. Local health bureaus also carried out a total of 98,550 joint-audits of signs and displays placed at locations selling tobacco products. A total of 24 citations were issued with a total of fine amounting to NT$575,000.

Convening of a consensus meeting with experts, scholars, and representatives from educational units and NGOs

Convening of a consensus meeting with experts, scholars, and representatives from educational units and NGOs

First expert conference attended by scholars from various fields in 2016

● Promotion and Training

Promotion and Effectiveness of Tobacco Control

In 2016, media advocacy on Tobacco Hazards Prevention Act was centered around the dangers of tobacco products and e-cigarettes, smoking cessation services, and COPD prevention. Health education materials including video clips, broadcasts, posters, leaflets, and brochures have been created for different target groups. Multimedia advocacy relied on TV, broadcasts, outdoor, print, and online advertising, and social media. The goal of these efforts is to raise public awareness of the health Hazards posed by first-, second-, and third-hand smoke and e-cigarettes and the benefits of smoking cessation through emotional appeals, celebrity endorsement, and NGO and inter-ministerial initiatives. Different categories of smokers are reminded to quit smoking earlier to protect their own health and that of their families.

Participation in young group Tobacco Control Campaigns

Despite the fact that the Tobacco Hazards Prevention Act ban the marketing, advertising, and sponsorship of tobacco products, tobacco industry continue to lure teenagers to try tobacco products through diverse packaging and marketing methods. The Health Promotion Administration actively encourages students to participate in anti-smoking activities by utilizing various media and campus resources in an effort to raise the awareness of tobacco hazards among young people and enable them to say 「no」 to tobacco products. Relevant activities include the Anti-Smoking Image Design Competition for Colleges and Universities, the "Get Rid of Your Cigarettes" Image Design Competition in 2004 and 2006, the Tobacco control Educational Creativity Competition in 2005, the 2012-2013 Program for Participation of the Younger Generation in Anti-Smoking Campaigns, and the 2014 and 2016 Program for Participation of the Younger Generation in Tobacco Control Campaigns. Campus promotion campaigns communicate with young people by their tone, as well as peer interactions and their impact to maximize the creativity of sub-culture of young generation. The goal is to enable more young people to stay away from tobacco products and join the ranks of anti-smoking.

In 2016, a call for submissions was issued and campus promotion activities were organized for the 2016 Smoke-Free Life Design Competition, a Tobacco Control Campaigns for the younger generation. Young people gave free rein to their creativity and submitted work in three categories (print design/ posters, creative video clips, and creative slogans) centered around the theme of saying no to smoking. Submitted works were divided into two categories ("campus" and "open" category). A junior high school sub-category was added to the "campus" category to expand the participation of the younger generation and raise public concern for the impact of tobacco hazards.

The 2016 Smoke-Free Life Design Competition promotes tobacco control through campus activities, website, Facebook, Youtube, and social media to educate the dangers of first-, second-, and third-hand smoke and e-cigarettes. A campus anti-smoking hand game activity centered around the theme of "Youths! No Smoking" was also organized. A simply anti-smoking gesture named was created by drawing inspiration from the alternative version of the hand game "rock-paper-scissors" which is immensely popular among the younger generation with the goal of strengthening the determination of young people to say no to smoking. In addition, an anti-smoking flash mob dancing activity was organized featuring 19 campus dance clubs. Video clips of this activity were uploaded to an online platform to disseminate teen anti-smoking awareness.

Campus anti-smoking "Rock-paper-scissors" and dancing "Black Dancers" campaign events demonstrate students' determination to stop smoking

A total of 3,986 were submitted in three categories (1,328 print designs/posters, 263 creative video clips, and 2,395 creative slogans). The number of submitted works reached a new high and the judges lauded and marveled at the high quality and originality of the submitted works. The inspiration and themes of the works were drawn from daily life and different situations which indicates that the younger generation shows increasing concern for public issues.

The 2016 Smoke-Free Life Design Competition Award and Presentation Ceremony was held on the 5th floor (the Hall of Y-Seventeen) of the Taipei City Youth Recreation Center to give participants a chance to share insights and present their award-winning works and turn the creative advocacy of a smoke-free life and anti-smoking into the new life movement of the younger generation on November, 22, 2016. The award-winning works are also displayed on the activity website.

Award-winning works in the print category

Gold Award in the Junior High Category

「Say no to second-hand smoke」

Silver Award in the Junior High Category

「Be yourself and don't let cigarettes dominate your life」

Bronze Award in the Junior High Category

「Smoking will kill you」

Excellence Award in the Junior High Category

「Quit smoking to protect your loved ones from second-hand smoke」

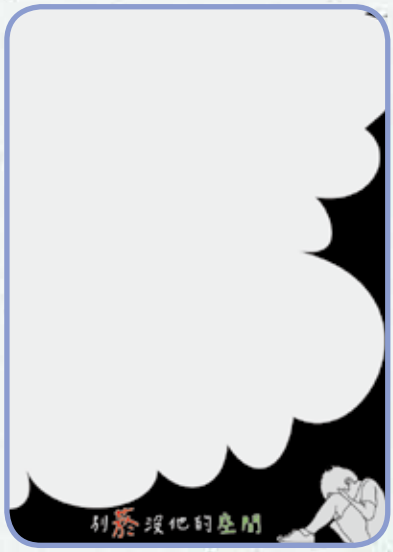
Excellence Award in the Junior High Category

「Always with you」

Excellence Award in the Junior High Category

「Don't hurt your loved ones」

Award-winning works in the print category



Gold Award in the Senior High Category

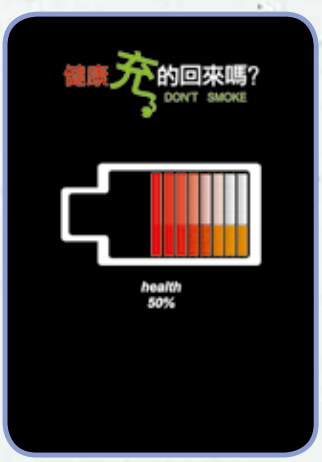
「Drowned in smoke」

Silver Award in the Senior High Category

「Cigarettes block your future」

Bronze Award in the Senior High Category

「Emergency exit」



Excellence Award in the Senior High Category

「Can you get your health back?」

Excellence Award in the Senior High Category

「Smoke fingerprinting」

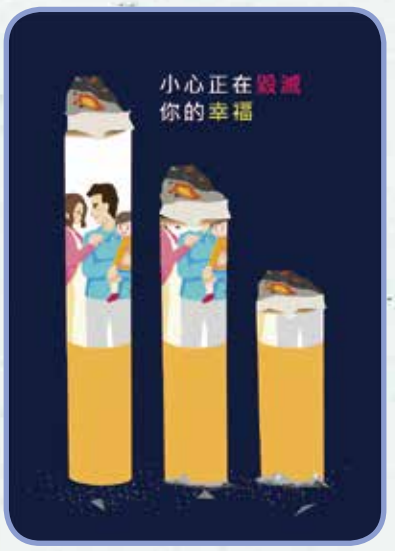
Excellence Award in the Senior High Category

「What do you want instead?」

Award-winning works in the print category

Gold Award in the College Category

「It's all dad's fault」



Silver Award in the College Category

「Be careful! You are ruining your life.」

Bronze Award in the College Category

「You should have a different childhood」

Excellence Award in the College Category

「Vegetables instead of cigarettes」

Excellence Award in the College Category

「Don't hurt them if you love them」

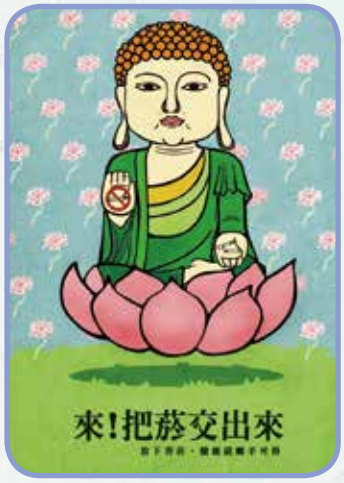
Excellence Award in the College Category

「Don't ruin your happiness」

Award-winning works in the print category

Gold Award in the Open Category

「Fatal attraction of addictive toxins」



Silver Award in the Open Category

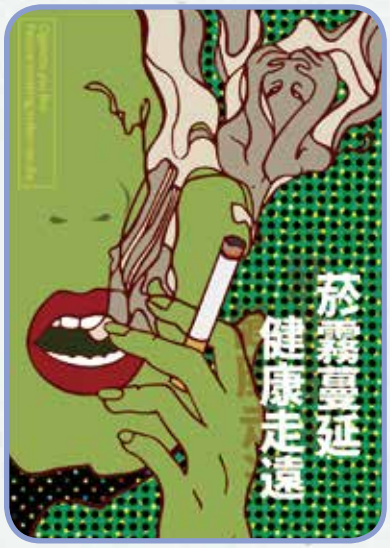
「Stay away from tobacco hazards and return to the safe haven」

Bronze Award in the Open Category

「A bowl of tar, please」

Excellence Award in the Open Category

「We need oxygen」



Excellence Award in the Open Category

「Wafting smoke ruins your health」

Excellence Award in the Open Category

「Setting an example」

Award-winning works in the print category

Bronze Award in the Junior High Category

「Smoke-free life」

Outstanding Work in the Junior High Category

「The devil within」

Outstanding Work in the Junior High Category

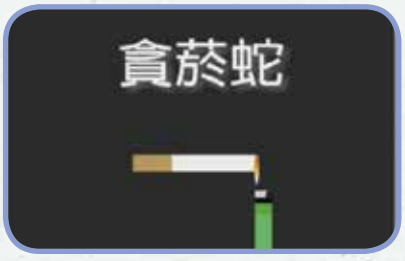
「Non-Smoking Ritual Master」

Outstanding Work in the Junior High Category

「Daming Smoking Cessation Journal」

Gold Award in the Senior High Category

「Create your own smoke-free future」



Silver Award in the Senior High Category

「Smoke-addicted snake」

Bronze Award in the Senior High Category

「When cigarettes turn into water bamboo」

Excellence Award in the Senior High Category

「Put out your cigarettes and hold hands」

Excellence Award in the Senior High Category

「Anti-Smoking Ninja」

Excellence Award in the Senior High Category

「Death Game」

Award-winning works in the print category

Gold Award in the College Category

「Do you love me?」

Silver Award in the College Category

「Bliss beyond smoking」

Bronze Award in the College Category

「Is it worth it?」

Excellence Award in the College Category

「Swap cigarettes for other things」

Excellence Award in the College Category

「Smoking – Grim Reaper」

Excellence Award in the College Category

「Addiction」

Gold Award in the Open Category

「Let's break up」

Silver Award in the Open Category

「I don't smoke」

Bronze Award in the Open Category

「Smoking buddies」

Excellence Award in the Open Category

「No smoking」

Excellence Award in the Open Category

「Self abuse」

Excellence Award in the Open Category

「Rookie agent」

Award-winning slogans	
Junior high category	
Excellent	Say no to smoking, being young is cool
Excellent	No cigarette smoke, always healthy
Excellent	Don't make the V-sign on your mouth
Excellent	I don't smoke, health is always with me
Excellent	First-hand smoke hurts yourself, second-hand smoke hurts others, and third-hand smoke hurts everyone
Excellent	Perfect health by saying no to cigarettes
Excellent	Fresh and full of energy without cigarettes
Excellent	Quit smoking now and spread health
Excellent	One cigarette after each meal sends you to an early grave
Excellent	Reject cigarettes for a longer life

Award-winning slogans	
Senior high category	
Excellent	Quit smoking for immediate better health
Excellent	Smoking is cool but your health is in the red
Excellent	One cigarette per day ruins your whole life
Excellent	Become a winner through a lifelong abstention from tobacco
Excellent	Blessed are those who don't fool around with cigarettes
Excellent	Brighten up your life by expelling cigarettes
Excellent	Eternal health by saying no to cigarettes
Excellent	Smoke-free families are healthy and cheerful
Excellent	Cigarette addictions kill your health
Excellent	One pack of cigarettes for one life

Award-winning slogans	
College category	
Excellent	Non-smoking is the best strategy
Excellent	I want to be your sweetheart not your ashtray
Excellent	Kick out cigarettes ！ Quit smoking now!
Excellent	Put out your cigarette and experience happiness
Excellent	One pack per day and your health wafts away
Excellent	Second-hand smoke makes your health waft away
Excellent	Honey! I don't need your smoky makeup
Excellent	Smokers' health is like cigarette smoke
Excellent	One cigarette today-One day off your life
Excellent	First-, second-, and third-hand smoke – Family happiness vanishes like a cloud of smoke

Award-winning slogans	
Open category	
Excellent	Smoke-free family – Boundless happiness
Excellent	Thank God the smoke is gone
Excellent	Quit smoking now and happiness will stay with you
Excellent	Smoke-free life brings perfect health
Excellent	The poison of cigarettes never goes away
Excellent	Quit smoking and give you whole family a healthy complexion
Excellent	Stop smoking and start being healthy
Excellent	Hey kid, stop puffing!
Excellent	Don't crave for a smoke, it will kill you
Excellent	First-hand smoke makes you content -Second-hand smoke gives me pain

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 bureaus 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 7,743 such events were held in 2016). In addition to key topics based on different themes and periods, the HPA released press reports on tobacco control. These reports were also released through 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.

"My Family Doesn't Smoke" kindergarten show in Yilan County

Large-scale banner advertisement in Lienchiang County

"No-Tobacco Week" street event promotion in Dapi Township, Yunlin County

"Stop, Watch, and Listen" Promotional Video on Tobacco Hazards affecting Teenagers and Refusal of Tobacco Sales to Teenagers featuring Internet celebrities Ala & Lingin produced by Chiayi City

Quit & Win Press Conference in Changhua County (Expectant mothers against smoking)

Quit & Win Press Conference in Changhua County (Expectant mothers against smoking)

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 11, 2009. The HPA expected many calls and counselling 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 bureaus for subsequent inspection and action. Since 2009, the 0800-531-531 inquiry helpline received a total of 45,089 calls and a total of 11,977 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 bureaus

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

Period	Calls	Complaints	Cases forwarded to health bureaus	Closed cases	Dismissed
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
2016	2,522	1,239	200	200	543
TOTAL	45,089	11,977	7,103	6,435	2,903

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

* * Revision and amendment of the Tobacco Hazards Prevention Act and enhancement of tobacco surtax provisions

* * * Public announcement of outdoor smoking bans in park areas

Additionally, as people became more familiar with the Tobacco Hazards Prevention Act, a total of 2,522 calls were made to the Tobacco Hazards Inquiry and Complaints Helpline in 2016, which included 200 cases of public complaints and grievances for tobacco hazards that were uploaded into the reporting system. Statistics revealed that most calls were counselling 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 bureaus. 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 2016, a total of four “Basic Enforcement Personnel Training Program” courses and one “Advanced Enforcement Personnel Training” course were held, with 211 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 bureaus. 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 2016, 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 school 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 smoking cessation trainings and to provide smoking cessation services in practice as well as to urge the general public to use the smoking cessation service resources, the “status of medical related personnel accepting smoking cessation training and after smoking cessation training, providing smoking cessation health education or consultation in practice”, “medical related personnel persuading cessation of tobacco percentage”, “smoking cessation service utilization status” are all listed as the evaluation items of the “smoking 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 Exchange Workshops

The HPA has continued to organize the annual “County and City Tobacco Control Exchange Workshop” to improve the consensus between various local policies in the enforcement of tobacco control. The purpose of the workshop is to improve the effectiveness of the national tobacco control program by functioning as a learning and exchange platform for local governments, 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 bureaus 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 2016, 1 session of “County and City Tobacco Control Exchange Workshops” was held in the central and northern regions respectively, and a total of 198 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 central region included the “annual

tobacco hazards prevention key business description", "practical exchange for the Tobacco Hazards Prevention Act", "effective utilization of the latest marketing trends -how to prevent unpopular APP", "e-cigarette control competence, Framework Convention on Tobacco Control (FCTC) , and instructor training as stipulated in Article 5.3", "description and discussion of the draft amendment for the Tobacco Hazards Prevention Act", and counties and cities were also invited to share practical exchanges and issue discussions on the "how to improve law enforcements of Tobacco Hazards Prevention Act", "creative program of tobacco hazards prevention for youths", "experiences sharing in the promotion of smoke-free environments" etc. The course content in the northern region included the courses of the "Social mobilization for tobacco war : the-tobacco hazards prevention goal and work plan", "sharing of experiences in the formulation of plans and programs for key tasks", "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 sharing", "flipped classroom-group discussion for creative tobacco hazards prevention on youths", and "analysis of tobacco hazards monitoring and survey data and practical application – sampling and survey methods and analysis of city/county trends" etc.; introduction of excellent implementation experiences (best practices) and other legislation experiences such as the E-Cigarette Management Statute of New Taipei City, which is the first of its kind in Taiwan; Tainan City share winning verdicts in accordance with interpretations related to e-cigarettes by this Administration lauded by the High Administrative Court of said city; monitoring and survey data facilitate the assessment of key requirements in the field of Tobacco Hazards Prevention Acts by each city and county and the formulation of more effective Tobacco Hazards Prevention Act strategies. In addition, Dr. Wei-Guo Zuo, a former member of the Hong Kong Council on Smoking and Health, was invited to describe Tobacco Hazards Prevention Act experiences in Hong Kong which are centered around denormalization and culture change.

1st echelon workshop of the administration. Interaction with counties and cities

1st echelon workshop healthy exercise time

Group photo of first workshop series in central Taiwan

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.

Project manager Jia-Juan Cai shares experiences of the second workshop series with colleagues in Chiayi City

Photo of Dr. Wei-Guo Zuo from Hong Kong at the second workshop series

• 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, electronic message, internet, newspapers, magazines, billboards, posters, leaflets, notifications, manuals, samples, postings, displays, or text, 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 bureaus must act in accordance to the law and check for illegal tobacco advertisements and promotions. From 2009 to 2016, a total of 2,700,051 inspections were carried out throughout Taiwan with a total of 88 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 text, picture, item or digital recording device (66/88, 68.2%). Item 3: Using discounting to sell tobacco products, or using other items or gifts for such sales (6/88, 6.8%). Item 4: Using tobacco products as a gift or prize for the sale of other products or for promotion of other events (10/88, 11.4%). 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 (2/88,2.3%). Item 6: Distributing or selling tobacco products in forms of individual sticks, loose packs, or sheathed (8/88, 9.1%). Based on further analysis of the health bureaus of counties and cities, in view of the conditions of penalties for violated tobacco advertisements and promotions issued in the last 8 years, the number of penalty cases of 28 (31.8%) in Taichung is of the highest percentage, next is 19 cases for Taipei City, 9 cases for Kaohsiung City, 7 cases for New Taipei City, 6 cases for Tainan City, 4 cases Miaoli County and Nantou County respectively, 2 cases for Taoyuan City , Keelung City, Yilan County and Kinmen County respectively, 1 case for, Changhua county and Pingtung County respectively (Table 1-2).

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

County / City	Citations	Fine (NT$)
Department of Health, Taipei City Government	19	46,205,000
Keelung City Health Bureau	2	5,100,000
Public Health Department, New Taipei City Government	7	10,333,500
Public Health Bureau, Yilan County	2	10,000,000
Public Health Bureau, Taoyuan City	2	150,000
Public Health Bureau, Miaoli County Government	4	22,800,000
Health Bureau, Taichung City Government	28	32,260,000
Changhua County Public Health Bureau	1	5,000,000
Health Bureau, Nantou County Government	4	390,000
Department of Health, Tainan City Government	6	500,000
Department of Health, Kaohsiung City Government	9	10,930,000
Public Health Bureau, Pingtung County Government	1	100,000
Public Health Bureau, Kinmen County	2	150,000
Total	88	144,018,500

Article 9 of the Tobacco Hazards Prevention Act stipulates that tobacco products shall not be advertised, promoted, or sponsored. The following severe violations of the tobacco advertising, promotion, and sponsorship provisions were detected between 2009 and 2016 through active investigations of health bureaus of all cities and counties: Promotion of tobacco products in night clubs and advertising, promotion, and sponsorship of tobacco products on tobacco packages in Taipei City (total fine of 46.205 million NTD; advertising and promotion of tobacco products on tobacco packages in Miaoli County (total fine of 22.8 million NTD); advertising and promotion of tobacco products on tobacco packages in Taichung City (total fine of 32.26 million NTD); free picture cards and sponsorship of tobacco products in Kaohsiung City (total fine of 10.93 million NTD); advertising and promotion of tobacco products in Ilan County (total fine of 10 million NTD); introduction of smoke-free tobacco products (soluble nicotine tablets) on leaflets in Keelung City (total fines of 5.1 million NTD), and advertising and promotion of tobacco products on tobacco packages in Changhua County (total fines of 5 million NTD). Fines incurred for violations of the provisions set forth in Article 9 amounted to a total of 144.0185 million NTD.

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 16， 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 , 1,335 inspections in 2015 and 467 inspections in 2016. 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 2016, a total of 675,555 site inspections with 4,114,052 assessment items were carried out throughout the country. A total of 8,651 citations were issued. Case comparisons showed that the top 3 violations were (1) smoking with 4,072 cases (48%), (2) under-aged smoking by minors under 18 years of age with 3,304 cases (38.2%), and (3) failure to display no smoking signs and providing smoking-related objects in non-smoking areas with 449 cases (5.2%) (Tables 1-3, 1-4, and 1-5). The area with the highest number of fines was Taichung City followed by New Taipei City, while the most penalties for underage smoking were imposed in New Taipei City followed by Hsinchu City. Penalties for smoking in non-smoking areas were most prevalent in Kaohsiung City followed by New Taipei City. The most cases of failure to display no smoking signs in entrance zones of non-smoking areas and providing smoking-related objects occurred in Tainan and Kaohsiung City followed by Taoyuan City.

Further analysis indicates that for the violator penalized in 2016, 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, and electronic game arcades.

To implement the new regulations of the “Tobacco Hazards Prevention Act”, the health bureaus of all counties and cities in the nation are committed to its promotion and related law enforcement work. Nevertheless, there are still some people and public figures challenging the authorities and smoke in the railway cars, 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 bureaus from 2009 to 2015

Category / year / County / City	Inspection of smokers															
	Audited population								Citations							
	2009	2010	2011	2012	2013	2014	2015	2016	2009	2010	2011	2012	2013	2014	2015	2016
Taipei City	33,450	45,532	42,881	140,115	87,431	86,977	65,605	67,897	88	328	514	554	277	322	262	223
Kaohsiung City	124,677	36,017	52,625	129,765	48,373	40,365	41,228	44,192	633	712	1,819	1,473	1,460	1,323	953	1,035
New Taipei City	13,290	18,225	22,154	162,420	84,362	87,820	66,559	67,725	341	371	450	224	225	284	420	789
Yilan County	24,036	14,471	23,441	29,342	21,082	18,899	20,952	19,465	45	47	73	97	54	86	53	55
Taoyuan County	27,756	20,846	24,831	54,190	60,184	67,011	47,159	57,503	635	292	251	198	107	303	97	155
Hsinchu County	10,825	10,898	14,147	30,424	20,159	18,563	15,185	17,795	141	177	26	12	19	24	11	53
Miaoli County	35,853	6,561	6,345	22,498	16,126	16,552	14,515	9,896	85	50	25	140	167	332	241	205
Changhua County	23,183	19,885	12,595	37,198	32,152	35,207	38,432	29,801	35	78	58	33	44	22	46	35
Nantou County	20,848	5,622	17,614	36,689	28,735	25,568	33,560	36,476	32	27	25	30	40	47	41	50
Yunlin County	9,855	9,771	10,612	18,475	22,160	22,631	23,292	17,786	88	156	104	120	70	52	33	41
Chiayi County	9,346	6,060	12,428	28,097	16,812	15,397	15,039	12,613	38	71	68	65	66	22	30	43
Pingtung County	25,039	15,610	17,075	39,208	47,478	48,401	49,860	47,117	113	191	257	164	187	273	212	190
Taitung County	7,728	4,400	5,373	6,893	7,675	8,836	9,247	6,491	14	19	6	5	52	48	24	116
Hualien County	13,124	8,473	10,386	15,870	13,670	14,492	13,982	13,658	58	97	126	47	184	132	210	212
Penghu County	2,274	2,637	3,131	7,219	4,107	4,309	4,207	2,902	1	2	1	0	1	4	0	11
Keelung City	80,228	15,053	17,274	13,083	12,864	13,846	14,409	17,427	90	163	235	102	124	94	149	141
Hsinchu City	8,727	5,369	5,890	27,447	12,539	9,757	11,117	11,212	245	326	191	227	72	52	57	78
Taichung City	70,952	138,268	85,464	167,265	116,184	121,125	97,616	10,7503	528	933	822	834	695	274	194	229
Chiayi City	34,541	22,358	3,772	14,982	14,593	18,229	12,312	10,997	21	49	35	37	88	52	32	27
Tainan City	68,649	33,216	29,631	71,580	79,012	53,258	46,771	52,714	406	508	511	377	342	482	464	361
Kinmen County	1,748	941	3,065	2,608	1,601	1,587	1,169	1,564	1	8	3	18	40	33	20	23
Lienchiang County	2,798	399	428	478	387	395	357	600	11	1	0	2	7	0	0	0
Total	648,501	440,612	421,162	1,055,846	747,686	729,225	642,573	65,3334	3,649	4,606	5,600	4,759	4,321	4,261	3,549	4,072

Table 1-4 Tobacco Hazards Prevention Act inspection and penalties for smokers under 18 years of age implemented by local health bureaus 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	2016	2009	2010	2011	2012	2013	2014	2015	2016
Taipei City	11,941	23,391	22,123	31,572	27,132	30,303	27,657	25,177	597	408	196	207	262	201	133	149
Kaohsiung City	57,186	29,880	43,510	59,811	41,418	28,045	29,742	10,803	242	111	225	461	191	230	299	259
New Taipei City	8,929	7,906	17,640	42,636	55,435	23,872	18,169	7,584	4,721	1,542	945	570	642	384	1,259	932
Yilan County	21,807	14,064	23,081	28,966	20,737	18,585	20,706	19,276	94	27	7	46	13	43	55	49
Taoyuan County	15,328	13,609	17,614	43,225	46,235	46,854	35,942	53,005	507	116	124	279	112	278	306	279
Hsinchu County	4,172	10,288	13,878	29,961	19,860	17,956	14,789	17,471	195	174	119	85	118	114	81	88
Miaoli County	25,338	5,139	5,532	20,957	15,166	16,482	14,431	9,628	143	12	37	220	88	326	196	197
Changhua County	11,861	18,285	12,315	37,033	31,960	34,787	38,219	29,775	270	72	11	11	8	1	67	6
Nantou County	4,580	1,807	7,228	10,677	9,816	10,125	10,659	11,046	396	292	315	329	217	236	183	120
Yunlin County	8,559	8,645	10,047	17,810	20,944	20,258	20,242	17,551	64	12	13	11	8	13	40	46
Chiayi County	5,180	4,568	10,151	17,856	14,227	12,885	12,142	9,987	86	66	32	28	19	45	45	41
Pingtung County	7,729	5,092	5,039	10,322	9,331	8,835	7,932	7,824	81	87	98	43	27	187	103	91
Taitung County	3,619	3,035	4,068	3,812	4,274	4,581	5,002	6,077	35	32	80	59	38	76	38	119
Hualien County	5,100	5,393	6,066	8,072	7,600	13,627	13,234	13,269	51	45	47	23	49	21	68	57
Penghu County	578	812	662	1,418	980	1,163	1,395	977	52	64	60	59	78	50	79	52
Keelung City	78,256	14,797	17,052	12,910	12,620	12,851	13,927	16,708	256	89	67	32	31	34	49	51
Hsinchu City	7,385	4,932	5,853	17,955	12,432	9,851	11,360	7,173	64	228	251	183	235	390	329	343
Taichung City	34,098	77,279	49,051	51,373	56,220	49,273	28,081	23,114	834	439	219	273	186	153	168	146
Chiayi City	30,746	21,101	3,608	14,646	13,956	17,817	12,179	10,900	1	9	2	10	44	53	59	45
Tainan City	50,244	28,192	27,232	69,649	77,768	51,425	44,886	45,896	264	75	136	183	208	220	231	220
Kinmen County	1,592	772	2,650	2,280	1,493	1,335	1,145	1,546	2	1	2	11	16	17	15	14
Lienchiang County	394	392	315	476	378	224	238	600	0	0	0	0	0	0	0	0
Total	394,622	299,379	304,715	533,418	499,982	431,134	382,077	345,387	8,955	3,901	2,985	3,123	2,590	3,072	3,803	3,304

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 bureaus 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	2016	2009	2010	2011	2012	2013	2014	2015	2016
Taipei City	42,829	45,141	41,630	139,809	85,185	88,036	66,890	67,198	37	100	224	133	69	42	45	30
Kaohsiung City	155,287	35,398	49,735	130,655	46,579	38,759	39,209	42,498	12	11	9	72	81	113	104	76
New Taipei City	17,895	17,838	20,705	158,359	84,087	87,518	66,123	66,834	146	104	157	90	79	58	60	40
Yilan County	22,486	14,423	23,303	29,253	21,009	18,740	20,860	19,211	1	7	12	24	39	8	8	13
Taoyuan County	26,308	20,508	24,802	54,099	60,539	65,310	40,003	50,643	13	7	1	4	15	27	23	59
Hsinchu County	10,112	10,733	14,134	30,414	20,138	18,540	15,169	17,393	18	7	1	1	3	4	2	5
Miaoli County	33,855	6,304	6,300	22,297	15,757	16,124	14,283	9,633	7	10	9	12	6	10	10	0
Changhua County	26,682	19,828	12,547	37,165	32,091	35,170	38,385	29,765	0	0	6	1	2	2	0	1
Nantou County	27,655	5,484	17,513	36,407	28,676	25,448	32,726	36,224	3	5	7	6	1	6	5	4
Yunlin County	8,514	8,756	10,259	18,077	21,564	21,687	20,987	17,413	30	44	46	30	47	17	19	27
Chiayi County	9,249	5,823	12,232	28,171	16,637	15,316	15,227	11,418	3	0	0	0	1	2	0	0
Pingtung County	26,456	15,302	16,608	38,993	46,799	48,075	48,691	45,740	12	15	12	9	17	16	7	10
Taitung County	7,184	4,250	5,416	6,364	7,548	8,276	8,605	5,920	1	0	0	0	0	0	4	7
Hualien County	13,171	8,453	10,076	15,768	13,496	14,467	13,622	13,163	20	1	1	0	0	21	26	16
Penghu County	2,043	2,579	3,018	6,876	4,072	4,282	4,214	3,077	0	0	0	2	0	4	0	1
Keelung City	79,271	14,812	17,036	12,979	12,717	12,937	14,256	16,644	4	15	6	7	3	14	24	23
Hsinchu City	8,386	5,034	5,699	27,499	12,457	9,593	11,057	8,690	0	0	0	2	0	0	0	0
Taichung City	62,316	137,898	84,455	170,259	115,483	120,794	97,306	105,545	44	118	212	108	92	76	44	52
Chiayi City	32,715	22,322	3,759	14,900	14,366	18,152	12,275	10,854	0	7	9	5	11	5	21	9
Tainan City	66,491	33,789	29,424	71,348	78,799	52,761	46,501	51,776	6	18	65	29	35	116	258	76
Kinmen County	1,575	938	3,060	2,589	1,531	1,577	1,146	1,515	0	1	1	0	5	1	3	0
Lienchiang County	2,803	397	446	467	376	383	361	599	0	0	0	0	0	0	0	0
Total	683,283	436,010	412,157	1,052,748	739,906	721,945	627,896	631,753	357	470	778	535	506	542	663	449

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	2016
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%)	1,982 (59.8%)
Internet cafes	418(4.7%)	327(8.4%)	190(6.4%)	236(7.6%)	119(4.6%)	142(4.6%)	103(2.7%)	96(2.9%)
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%)	1,000 (30.2%)
Bus / train stations	77(0.9%)	21(0.5%)	8(0.3%)	14(0.4%)	3(0.1%)	16(0.5%)	11(0.3%)	14(0.4%)
Hospitals	4(0.0%)	1(0.0%)	3(0.1%)	0(0.0%)	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%)	61(1.8%)
Others	464 (5.2%)	108(2.9%)	108(3.6%)	294(9.3%)	95(3.7%)	102(3.3%)	150(3.9%)	161(4.9%)
Total	8,955 (100%)	3,899 (100%)	2,985 (100%)	3,123 (100%)	2,590 (100%)	3,072 (100%)	3,799 (100%)	3,314 (100%)

Table 1-7 Comparison of scores for the implementation of Tobacco Hazards Prevention Act inspection and penalties by various local health bureaus 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	Inspection article / NT$10,000 subsidy
	Audited population	Citations	Audited population	Citations		
Taipei City	21,233	10	67,557	220	309,578	176
Kaohsiung City	10,454	56	43,868	986	174,784	78
New Taipei City	6,617	107	67,500	696	208,660	87
Yilan County	19,219	6	19,293	54	196,178	259
Taoyuan County	49,217	60	56,725	142	507,054	342
Hsinchu County	17,426	48	17,446	53	159,256	216
Miaoli County	9,294	15	9,830	187	91,994	122
Changhua County	29,776	9	29,785	19	293,749	274
Nantou County	16,615	8	36,328	46	203,889	250
Yunlin County	17,475	5	17,708	40	196,513	248
Chiayi County	9,906	10	12,037	43	105,695	142
Pingtung County	7,499	25	45,912	165	196,341	204
Taitung County	5,589	4	6,055	117	59,181	95
Hualien County	2,534	10	13,608	212	77,102	97
Penghu County	934	1	2,723	11	16,779	41
Keelung City	16,649	10	16,785	138	155,703	234
Hsinchu City	6,840	16	11,196	65	77,644	112
Taichung City	29,747	44	105,813	193	547,534	255
Chiayi City	10,878	22	10,907	23	93,018	148
Tainan City	45,646	38	52,191	343	431,653	240
Kinmen County	141	0	1,539	18	6,506	14
Lienchiang County	521	0	599	0	5,241	16

• 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 social norm. To encourage smokers to quit smoking as early as possible, activities for “the Year of Quit Smoking Movement “ in 2010 as well as “Comprehensive Smoking Cessation Services” were continued in 2016. 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 bureaus, 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, school campuses, workplaces, military institutions, and healthcare services were mobilized to provide a diverse selection of smoking cessation services.

Comprehensive Smoking Cessation Services

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 point 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.

According to the statistical data of the HPA, in 2016, Taiwan Smokers' Helpline (TSH) serviced a total of 13,185 people, and the 6-month success rate reached 40.4%; a total of 468 smoking cessation classes were held and serviced 8,045 people; 7,743 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 7,410 people, and more than 3,600 healthcare institutions or community pharmacies provided smoking cessation therapy or health education services. The amount of service grew by 15.1% 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.

Make your lungs strong and healthy – Published in Awakening News on January 7, 2016

"Smoking is Like Wearing an Evil Mask" Posters

"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 providing smoking cessation therapy paid by health and welfare surcharges 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 counselling services. Smokers also enjoyed subsidies for smoking cessation medication and doctor's services. If fixed subsidies were provided, with NT$250 per week for smoking cessation medication, smokers may still have to pay NT$550-1,250 of expenses which may be too high for those with lower income. 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 copaid 20% in accordance with official announcements on general medication for the National Health Insurance program, where a maximum copayment of NT$200 would be required. The HPA further announced that 20% subsidy provided for copayment in medical disadvantaged areas, in terms of free medication for low-income households, indigenous people, and those living in mountainous areas and 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 convenient, professional services by the pharmacists, and flexibility of service time, smokers were also given personalized counselling 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 workplaces, school campuses, and other institutions to provide smoking cessation healthcare education, counselling, and training. Once more smokers take the initiative to utilize smoking cessation therapy, the total number of successfully quit smoking cases would increase as well, giving positive contributions to the reduction of smoking population. In 1st May, 2014, the HPA successfully added dentists and assistant pharmacists as part of the smoking cessation service team. 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, indigenous people accepting the smoking cessation services at non-mountainous areas and non-offstore islands can be waived the medication copayment.

Comprehensive services for smoking cessation

- Emphasize health education and provide the public with professional smoking cessation support and care.

  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. Medication shall be prescribed for 1-4 weeks.

- Total concern and team development

  Organize teams to provide smoking cessation instructions, counselling, and education in workplaces, schools, military institutions, and corrective facilities.

Table 1-8 History and timeline of smoking cessation therapy

<table>
<tr><th>Item</th><th>2002</th><th>2003-2004</th><th>2005</th><th>2006</th><th>2012.3</th><th>2012.9</th><th>2014.5</th><th>2015.11</th></tr>
<tr><td>Physician</td><td>Family / internal medicine</td><td>Family / internal medicine
Psychiatry</td><td colspan="3">Specialists</td><td>Specialists
Pharmacists
Cessation instructors</td><td colspan="2">Specialists
Dentists
Pharmacy staff
Cessation instructors</td></tr>
<tr><td>Treatment sessions</td><td colspan="2">1 treatment (8 week course) every year</td><td colspan="6">2 treatments (8 week course each) every year</td></tr>
<tr><td>Venue</td><td colspan="4">Outpatient services</td><td>Outpatient / inpatient / emergency care /</td><td colspan="3">Outpatient / inpatient / emergency care / pharmacy</td></tr>
<tr><td>Diagnostic fee subsidy</td><td colspan="2">NT$250 / session</td><td>NT$350 / session</td><td colspan="5">NT$250 / session</td></tr>
<tr><td rowspan="2">Medication fee subsidy</td><td colspan="2">NT$250 / week</td><td>NT$400 / week</td><td>NT$250 / week</td><td rowspan="2" colspan="3">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 households, and residents in mountainous areas and offshore islands)</td><td rowspan="2">Refer to official notice for amount of subsidy provided Partial subsidy in accordance to general National Health Insurance medication payouts (additional 20% subsidy for residents in areas with deficient medical resources; completely free for aborigines, low-income households, and residents in mountainous areas and offshore islands)</td></tr>
<tr><td colspan="2">-</td><td colspan="2">Low income families: NT$500 / week</td></tr>
<tr><td>Referral fees for pregnant women</td><td colspan="2">-</td><td colspan="6">NT$100 / pregnancy</td></tr>
<tr><td>Cessation instruction fees</td><td colspan="4">-</td><td colspan="4">NT$100 / visit</td></tr>
<tr><td>Case management fees</td><td colspan="4">-</td><td colspan="4">NT$50 / visit</td></tr>
</table>

Comprehensive initiation of smoking cessation treatment

- In addition to outpatients, smoking cessation services now offered for inpatient and emergency care patients: Two treatment courses include 8 week / course, totally 16 visits and 16 week medication per year.
- 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.
- Simultaneous focus on service quantity and quality : fee for service + pay for performance.
  - Fee for service: Added “Quality Improvement Measures for Smoking Cessation Services” that could be applied for by all contracted medical institutions. Approved applications would waive the limit for the number of smoking cessation services case applications.
  - Pay for performance: Service performance would be assessed according several indicators that include number of cases serviced in the year, data collection rate for smoking cessation cases, success rates, and expenses incurred for smoking cessation success. Medical institutions with exemplary performance 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 2016, the total number of contracted medical institutions offering smoking cessation therapy was 3,600, distributed across 366 townships and cities (for a coverage rate of 99.4%, adding mobile health care will further increase coverage to 100%). Since the enactment of new Tobacco Hazards Prevention Act provisions in 2009 and increase in tobacco product surcharges, the total number of individual cases accepting smoking cessation therapy reached 573,692 (excluding returning cases) by December 2016 (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 through 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 success rate at 32.3%, while basic clinics had the highest success 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	Estimated number of smokers who successfully quit
Medical centers	12,912	35,603	35.0%	4,516
Regional hospitals	26,158	75,223	29.1%	7,616
Community hospitals	13,484	40,541	26.2%	3,538
Clinics	45,707	139,415	25.0%	11,405
Public health center	26,443	50,368	22.4%	5,912
Dental clinics	2,852	5,248	18.9%	539
Community pharmacies	31,715	219,097	26.4%	8,378
Total	154,834	565,495	26.3%	40,763

Data source: Smoking Cessation Treatment Management Center commissioned by the Health Promotion Administration

Since 1st March 2012, the HPA launched the second generation of smoking 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 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 reduction the smoking rate by 30% before 2025 outlined by the WHO.

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

Level	Name
Medical center	National Cheng Kung University Hospital
	Kaohsiung Veterans General Hospital
	Far Eastern Memorial Hospital of Far Eastern Medical Foundation
	Changhua Christian Hospital
	Kaohsiung Medical University Chung-Ho Memorial Hospital
	Chung Shan Medical University Hospital,
Community hospital	Chia-Yi Hospital, Department of Health
	Keelung Municipal Hospital
	National Taiwan University Hospital Zhudong Branch

Level	Name
Community hospital	National Cheng Kung University Hosptial Dou-Liou Branch
	Tri-Service General Hospital Penghu Branch – Medical Service Center for civilians
	Taipei Veterans General Hospital, Hsinchu Branch
	Taichung Veterans General Hospital, Puli Branch
	Taipei Guandu Hospital - Managed by Taipei Veterans General Hospital
	Yuan Rong Hospital
	Hsinchu Cathay General Hospital
	Lukang Christian Hospital
	Yung Chuan Hosptial
	Tiancheng Hospital

Level	Name
Community hospital	Ching Chyuan Hospital
	Cheng ching hospital
	Chien-Yu Hospital
Regional hospital	Taipei City Hospital – Renai Branch
	Keelung Hospital, Ministry of Health and Welfare
	New Taipei City Hospital
	Taoyuan Psychiatric Center, Ministry of Health and Welfare
	Jianan Psychiatric Center, Ministry of Health and Welfare
	Tainan Municipal Hospital
	National Taiwan University Hospital Hsin-Chu Branch
	National Taiwan University Hospital – Yunlin Branch
	Kaohsiung Armed Forces General Hospital- Medical Service Center for civilians
	Taoyuan Armed Forces General Hospital- Medical Service Center for civilians
	Yuan's General Hospital
	Lin Shin Medical Corporation Lin Shin Hospital
	Tungs' Taichung MetroHarbor Hosptial
	Show Chwan Memorial Hospital
	Taiwan Adventist Hospital
	Cheng Hsin Hospital
	Kaohsiung Municipal Siaogang Hospital (Managed by Kaohsiung Medical University)
	Keelung Chang Gung Memorial Hospital
	Mackay Memorial Hospital Hsin-Chu Branch
	Ditmanson Medical Foundation Chia-Yi Christian Hospital
	St. Martin De Porres Hospital
	Taipei Tzu Chi Hospital
Clinic	Taipei Veterans General Hospital-Yuanshan Branch-Outpatient Clinic
	Doctor Lee Clinic
	Qi Cheng Joint Clinic
	Li Shi Ze Pediatric Clinic
	Huang Yao Ming Clinic
	De Fu Clinic
	Hong Otolaryngology Clinic
	Hui Kang Clinic

Level	Name
Clinic	Chen Bo Xun Clinic
	Xin Yi Otolaryngology Clinic
	Cheng Tai Otolaryngology Clinic
	Xin He Clinic
	Kang Tian Otolaryngology Clinic
	Ruei Long Clinic
	Shi Jin Nan Clinic
	Ren Wu Hao Xin Clinic
	Lai Meng De Clinic
	Lin Cheng Xing Clinic
	Dr. Ji Clinic
	Lin Yi Hong Clinic
	Kang De Clinic
	Liu Zhao Xian Psychiatric Clinic
	Yong He Otolaryngology Clinic
	Shin Long Shi Family Medicine Clinic
	Ye Zheng Jie Family Medicine Clinic
	Lin Hei Chao Clinic
	Little Angel Clinic
	Zhen Lu Clinic
	Wu Chang Zong Clinic
	Lai Ma Li Clinic
	Xin Hai OtolaryngologyClinic
	Fang Happy Psychiatric Clinic
	Jiu Ru Joint Clinic
	Ze Sheng Clinic
	Lin Fu Sen Otolaryngology Clinic
	Zhi An Clinic
	Jia Xiang Clinic
	Guang Quan Family Medicine Clinic
	Huang Tien Yi Otolaryngology Clinic
	Sun De Jin Pediatric Clinic
	He Yi Jing Clinic
	Lin Xin You Clinic

Level	Name
Clinic	Jian Chia Yi Clinic
	Lin Hao Jian Clinic
	Xiao-Tai-Yang Pediatric Clinic
	Hong AN Clinic
	Lin Jin Sheng Otolaryngology Clinic
	Chen Tai Zhu Clinic
	Bo Wen Clinic
	Ren Ren Clinic
	Wang Shi Hong Pediatric Clinic
	Feng Shan Clinic
	Guo Qi Ling Clinic
	Guan Qiang Internal Medicine Clinic
Public health center	Sinyi District Public Health Center, Keelung City
	Banqiao District Public Health Center, New Taipei City
	Sanchong District Public Health Center, New Taipei City
	Yonghe District Public Health Center, New Taipei City
	Zhonghe District Public Health Center, New Taipei City
	Xinzhuang District Public Health Center, New Taipei City
	Shulin District Public Health Center, New Taipei City

Level	Name
Public health center	Yingge District Public Health Center, New Taipei City
	Sanxia District Public Health Center, New Taipei City
	Danshui District Public Health Center, New Taipei City
	Tucheng District Public Health Center, New Taipei City
	Luzhou District Public Health Center, New Taipei City
	Luzhu District Public Health Center, Taoyuan City
	Yilan City Public Health Center, Yilan County
	Luodong Township Public Health Center, Yilan County
	Yuanshan Township Public Health Center, Yilan County
	Dongshan Township Public Health Center, Yilan County
	Datong Township Public Health Center, Yilan County
	Fanlu Township Public Health Center, Chiayi County
Pharmacy	Xin Zhang Pharmacy
	Sheng Jia Pharmacy
	Sin Hua Xin Qing Qi Pharmacy
	Jia You Pharmacy
	De An Pharmacy
	Tai Zi Pharmacy
	Xing Yi Pharmacy

May 31, 2016 Sharp Daily: Easy for hard smokers to suffer from emphysema. Smoking cessation treatment suggested for those who are out of breath when walking.

Sept. 9, 2016 China Times: Pursuing self-discipline after becoming smoking cessation ambassador. Jam Hsiao knows how to control his cravings to smoke.

Fig. 1-5 Trend of smoking cessation service volumn

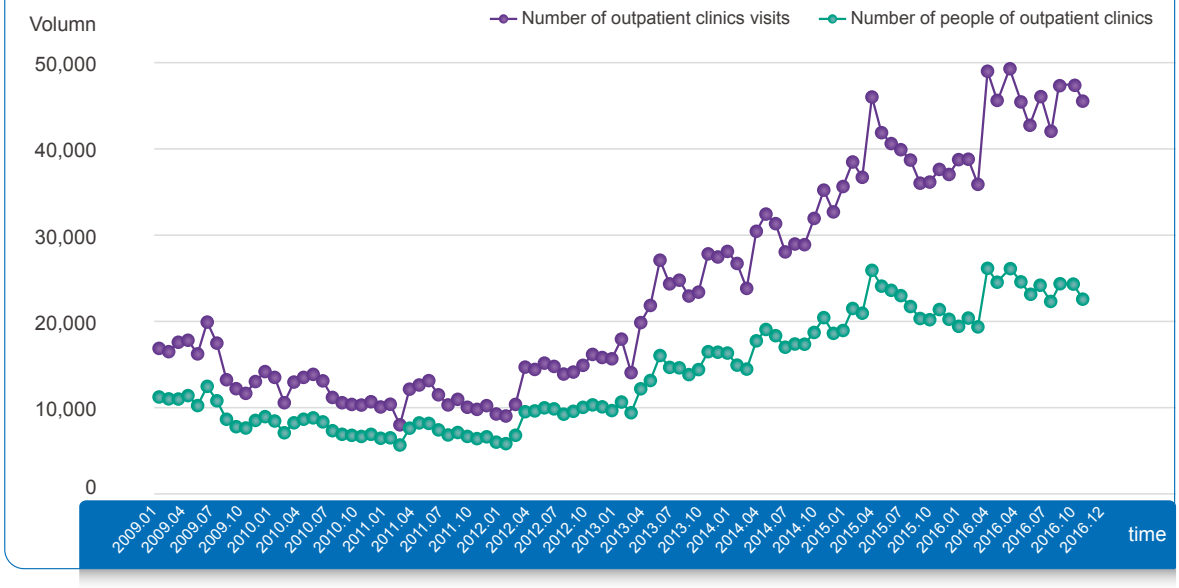
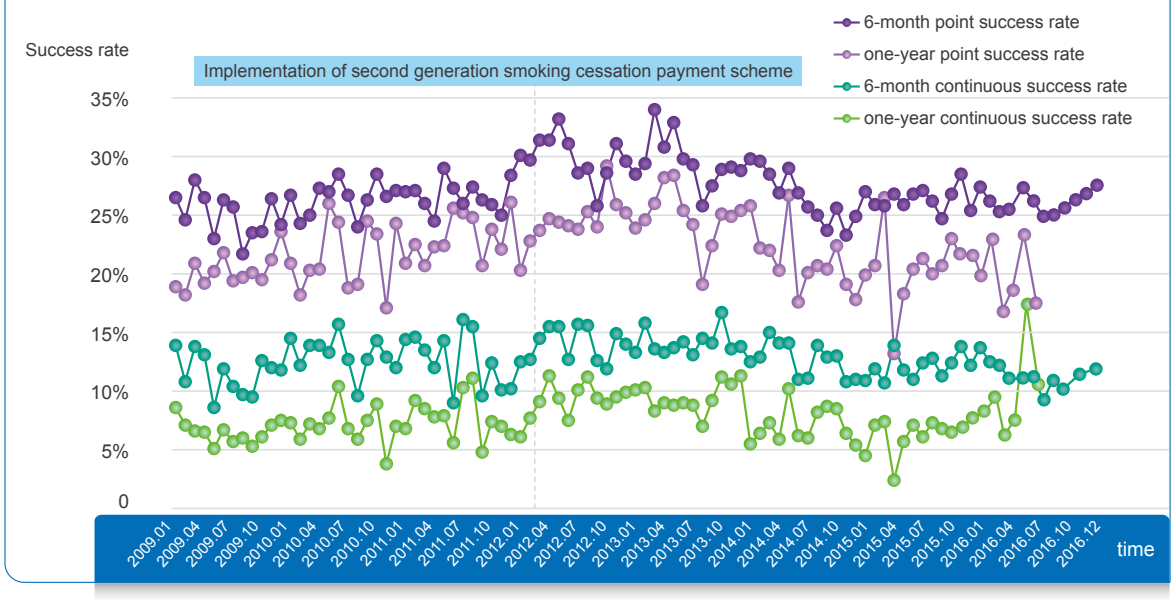


Fig. 1-6 Success rates of smoking cessation service, 2009-2016



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

Training for Cessation Treatment Personnel

The following are recommended by the "2008 Update to the Public Health Service Clinical Practice Guideline on Treating Tobacco and Dependence": counseling is more effective; clinicians counseling works better than others; group counseling works better than individual; actively providing services is associated with greater patient satisfaction; and satisfaction also increases with the availability of services. In 2009, the American College of Preventive Medicine also recommended clinical staff to ask all adults about tobacco use and provide cessation interventions for smokers.

Empirical studies pointed out that willpower alone without professional support from medical staff will only result in a 3-5% success rate for smoking cessation. Because the nicotine in tobacco is a powerful addictive substance. Willpower alone will only provide a slim chance of success. Support, medication, and 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 professional, imagery, credibility, and influence of medical staff make them the best choice for offering smoking cessation services.

A single line of advice from medical doctor will increase smoking cessation success 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 lines of advice extra, motivating 2-3 smokers to quit will thus help the entire society save NT$840,000 to 1,260,000. On average 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 doctors is literally "lined with gold."

In 2016, "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) editing standardized clinical smoking cessation materials; (2) training courses of the smoking cessation physicians; (3) evaluating the effectiveness of the program; (4) setting up and maintaining the database of certified physicians; and (5)quality enhancement guidance and communication.

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 2016, a total of 5 such courses were held total of 322 physicians were trained (Table 1-11 shows the number of doctors trained every year). From 2002 to 2016, a total of 12,908 physicians

were trained, accounting for 28.8% of the total population of practicing physicians. Family physician was the leading group, followed by general practitioners, internal medicine, pediatrics, psychiatry, otorhinolaryngology, surgery, gynecology and obstetrics, and neurology (as shown in Figure 1-7).

To update the 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. Dr. Zhi-Guan Lai of the Family Medicine in Department Taipei Veterans General Hospital was invited in 2016 to write the “Combined Medication for Smoking Cessation”.

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 “behavioral therapy for smoking cessation.” These results demonstrated that the courses not only improved the trainees' knowledge on smoking cessation, but also benefited their ability to provide cessation services (shown in Table 1-12).

Table 1-11 Number 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
2016	418
Total	12,908

Note: Physicians repeated training were deducted from the figures

Fig. 1-7 Number of training certificates for all physicians in all specialties during 2002-2016

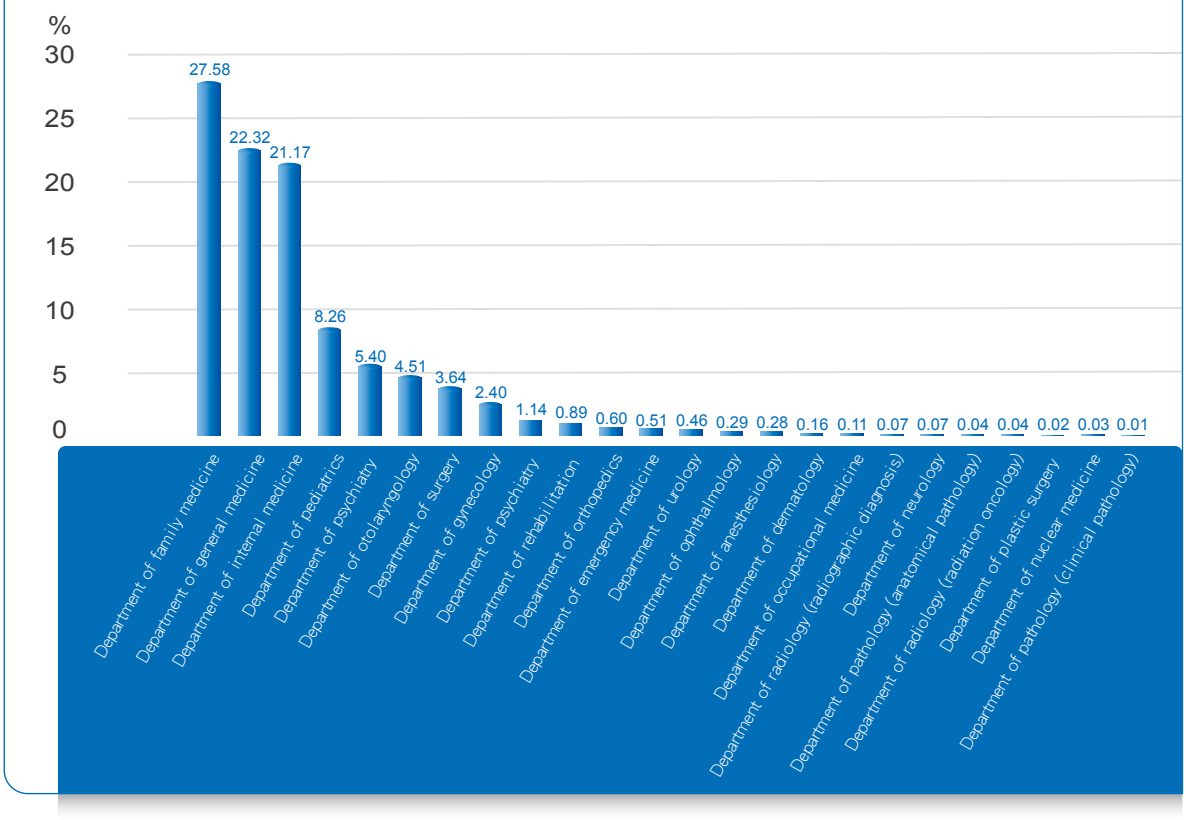


Table 1-12 Differences in the confidence of physicians in providing smoking cessation services before and after training

	Mean	n	Paired Differences of Mean	p
Do you feel confidence about "explaining the health benefits of smoking cessation to your patients"?				
Before training	3.30±1.01	333	-1.00±1.01	<0.001***
After training	4.30±0.56	333		
Do you feel confidence about "evaluating a smoker's dependence on nicotine"?				
Before training	2.89±0.99	332	-1.38±0.97	<0.001***
After training	4.27±0.51	332		
Do you feel confidence about "prescribing smoking cessation medication"?				
Before training	2.67±1.05	332	1.50±0.99	<0.001***
After training	4.17±0.59	332		
Do you feel confidence about "behavioral therapies for smoking cessation"?				
Before training	2.80±1.01	332	-1.34±0.97	<0.001***
After training	4.14±0.65	332		
Do you feel confidence about "evaluating withdrawal syndrome of the person guitling smoking"?				
Before training	2.94±0.99	332	-1.28±0.97	<0.001***
After training	4.22±0.55	332		

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

Photograph of smoking cessation treatment physicians in class

Photograph of smoking 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 Training program for smoking cessation 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 promoting tobacco control policies in Taiwan and other countries (1 hour) 3. Health lifestyles, habits, and smoking cessation (1 hour) 4. Resources for 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 inhale CO tests (1 hour)	1. Empirical studies and guidelines for 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)	1. Assessment and adjustment of smoking cessation medication(1 hour) 2. Managing smoking cessation withdrawals-the temptations and difficulties of smoking cessation(1 hour) 3. Exercise and weight control (1 hour) 4. Smoking cessation helpline counseling 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 (2 hour) 7. Planning for smoking cessation and implementing instruction and training events (1 hour) 8. Explanation for smoking cessation subsidy projects (1 hour) 9. Rehearsals for second generation cessation services in community pharmacies (1 hour) 10. Introducing the Taiwan Smokers' Helpline (1 hour) 11. Organization, implementing and assessment of smoking cessation programs (1 hour)
Group work 9 hours		Practices for facilitate the motivation of smoking cessation (3 hours)	1. How to help cases persevere (3 hours) 2. Practical application of medication for individual cases by health educators (3 hours)
Extra-curricular practical training 15 hours			1. Smoking cessation helpline (3 hours) 2. Smoking cessation courses (6 hours) 3. Outpatient / pharmacies (3 hours) 4. Case tracking reports for 2 individuals, with at least 3 counseling for each case (3 hours)

In 2016, 4 advanced training courses were held and a total of 262 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
2016	258	4	262
Total	2,251	114	2,365

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

Training program for smoking cessation instructors

Nursing staff, social workers, psychologists, 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 2014, local health bureaus 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 Educator Alliance” website to maximize its functions and performance; (3) creating smoking cessation instructor training materials; (4) investigating the performance of smoking cessation services; and (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. Healthy 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 inhale 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 hour) 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 2016, 5 sessions of advanced-level training were held along with 4 sessions of additional advanced-level trainings in response to the needs from counties and cities. A total of 677 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 Educator Alliance”, which provided a platform to consult and communicate with one another 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 the fact 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.

Smoking cessation health education personnel training - photograph of students in class

Smoking cessation health education personnel training - photograph of students in class

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

Year	Nursing Staff	Medical technician	Nutritionist	Radiation technician	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	2,069	28	15	14	8	6	5	6	4	4	3	0	2	2,164
2015	1,257	29	9	8	4	2	0	13	8	3	1	0	0	1,334
2016	632	13	7	3	2	2	0	2	5	1	3	0	7	677
Total	4,585	76	41	26	17	14	10	23	18	8	8	13	41	4,880

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.

According to “Tobacco or Oral Health - An advocacy guide for oral health professionals”,(A joint publication by the FDI, world Dental Federation and World Health Organization), dentists play a pivotal role in preventing harmful effects of tobacco. Dentists have freguently contacts with always portion of population, so adverse oral effects are readily detected.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 provide care using common methods when providing cessation services. There are currently 14,800 practicing dentists and over 6,000 dental clinics in Taiwan. About 300 new dentists involved in dental 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), handling psychological and social reliance - stress and interpersonal relationships, preventing from recurrences, practical training for smoking cessation clinics and Taiwan Smokers' Helpline. In 2016, a total of 5 basic-level and 4 advanced-level training sessions were provided. Of which, a total of 378 trainees completed basic-level training while 107 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 for 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 smoking cessation training course in class

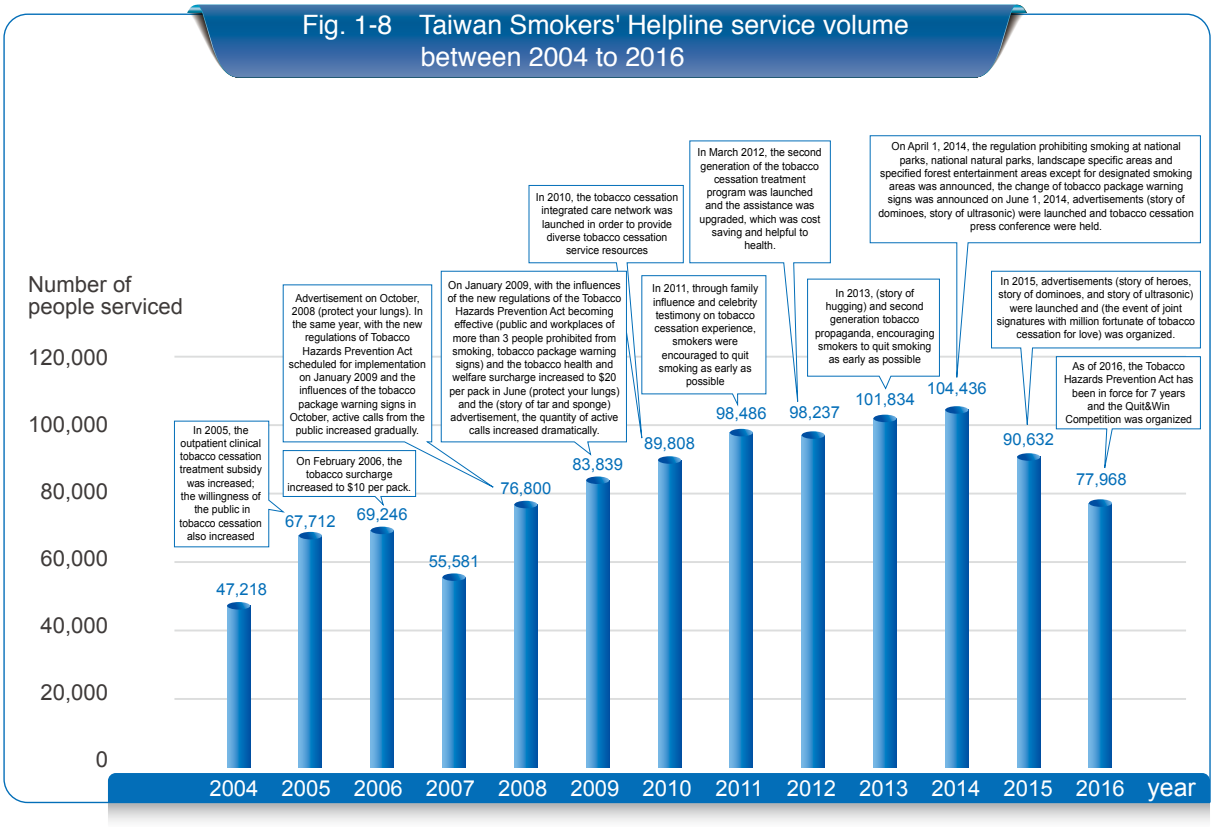
Photograph of dentist smoking cessation training course in class

Smokers' 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 smokers helpline model and established to provide accessible and effective cessation services. Telephones, which 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).

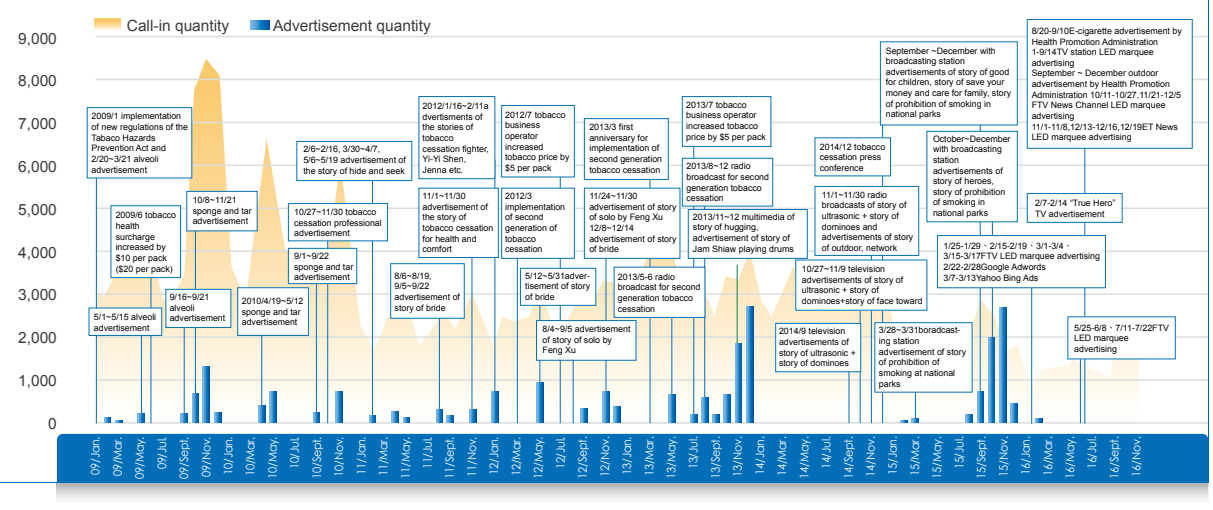
The helpline service is available Monday through Saturday from 9AM to 9PM. The service is provided in Mandarin, Taiwanese, Hakka, and English. Referrals, counseling, promotional, information, and other services are provided according to the caller's request. Computerized management has been adopted to 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 follow-up 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 2016, telephone counseling received 1,085,516 calls for a total of 277,674 individuals cases. Overall satisfaction for cases that accept case management services exceeded 85% throughout the years with over a 40% success rate for cases that received multiple counseling sessions (Figure 1-8).

Fig. 1-8 Taiwan Smokers' Helpline service volume between 2004 to 2016



New provisions of the Tobacco Hazards Prevention Act were enacted on January 11, 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 on 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 was initiated to greatly reduce the economic burdens of smoking cessation services 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 Xu Feng” the cancer warrior, smokers and addicts to tobacco products are reminded once again to not dismiss the health Hazards caused posed 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. In 2015, a sign-up campaign titled “Create Ultimate Bliss and Spread Love by Quitting Smoking” to raise public concern for smoke-free environments and smoke-free families in an effort to promote healthy and smoke-free lifestyles. As of 2016, the Tobacco Hazards Prevention Act has been in force for 7 years. The goal is to direct the attention of teenagers to issues pertaining to smoking and second-hand smoke and increase the motivation of the general public to quit smoking through “quit & win” competitions.(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 11, 2009 to remake the “New Rules - Quit Now” advertisements. External resources such as government agencies, medical institutions, workplaces, school campuses, and communities were combined for focus marketing.

Of the 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 Center of Disease Control and the current performance of the TSH

Service indicator	CDC recommended level	TSH performance in 2016
Call completion rate	90%-95%	93.96%
Call completion rate within 30 seconds	95%	97.39% (call completion rate within 20 seconds)
Returning calls within 24 hours	100%	100%
Delivery of pamphlets and relevant information within 48 hours	100%	100%
Immediate service rate for individual cases after call completion	50%	99.99%

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

Taiwan smokers' 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 smoking cessation consultation skills. Until the year of 2016, the helpline has helped over 1.08 million people calling for consultation on smoking cessation. It has also helped more than 130 thousand people in setting the smoking cessation date. Based on the calculation of the success rate for smoking cessation of 40% (40.4%), the helpline has successfully helped 52,000 people in quitting smoke successfully.

In 2016, relevant information was released on occasion of Chinese New Year, the Would No Tobacco Day, and Father's Day to motivate smokers to kick their habit and thereby improve their health and self-confidence and increase their spending power, happiness, and well-being. Another goal is to educate the general public to perform adeep breath, exercising, organizing home environment, cleaning house or beds to distract attention from tobacco as well as thoughts on the improvement of smoking 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 smoking cessation for strengthening the driving force for smoking cessation, and education on tobacco hazards as well as encouragement to the smoking population on the use of smokers' 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 Taiwan Smokers' Helpline service can be continuously provided to smokers with quality and effectiveness.

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

Group photo of Taiwan Smokers' Helpline and Taiwanese representatives at the 8th Cross-Strait and Hong Kong/Macao Tobacco Hazards Prevention Conference in 2016

Participation of Taiwan Smokers' Helpline in “Stop the Sale of Cigarettes to Minors” – an activity organized by the Public Health Bureau of Chiayi City which is also strongly supported by business representatives

Taiwan Smokers' Helpline arranged instructors to organize tobacco hazards prevention promotion seminar in Changhua

Smoking Cessation Courses

In order to encourage smokers to quit smoking, local health bureaus 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 bureaus, civil groups, and local communities were integrated to promote public awareness for smoking cessation services amongst. Medical institutions were integrated

Health bureaus of counties and cities organizing smoking cessation class for youth

to 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 medical institutions took charge 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 bureaus 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 wished to quit smoking.

Photograph of smoking cessation class at Drug Abuser Treatment Center

Quit & Win Campaign Tracking

Since the first “Quit & Win” event was 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 smoking cessation competition participated by all countries in the world. Participants from various regions of the world are enrolled in the smoking cessation event for a consecutive period of four weeks at the same time, and during the period of the competition, participants abstinent completely have the opportunity to win international prize. Such competition event has received public support and recognition by the WHO since 2000.

In 2016, the John Tung Foundation was commissioned to organize the "Quit & Win Competition" organized biennially in sync with international events. Due to the healthy image of Taiwanese pop-star Jay Zhou and his wife Hannah Quinlivan and their experience as anti-smoking volunteers, Hannah Quinlivan was invited to serve as a volunteer for the event to encourage and appeal to more young people and breadwinners to quit smoking for the sake of their own health and that of their friends and loved ones.

To increase the visibility and accessibility of the event, the organizer again cooperated with the Ministry of Justice. Mr. Rong-Sheng Xie, Deputy Justice Minister, and Mr. Man-Ying Wu, Director of the Agency of Corrections joined hands in making a public appeal by handing out registration forms to all inmates to encourage them to quit smoking and by issuing rewards for successful cases. The goal is to enable them to regain control over their own health and help them break free from the shackles of smoking. The vow to quit smoking opens up a whole new perspective for themselves and their families. In addition, local public health bureaus all over Taiwan were fully committed to the promotion of this event and the organizers cooperated with the Ministry of Transportation and Communications and 5 major taxi companies including Taiwan Taxi, Daai, Fuxie, Fanya, and City Taxi. Of those companies, 15,000 taxi drivers were enlisted as smoke cessation promotion volunteers to fully support the "Quit & Win Competition". As a result of the joint promotion efforts of channels all over Taiwan and various media outlets, the event successfully attracted 25,252 smokers. Data for the past seven "Quit & Win Competitions" reveals that average smoking cessation rates of participants during the competition in May reach 70%. The event helps shield around 17,000 families from the Hazards of second-hand smoke and protects their health.

Smoking cessation story of Quit & Win Campaign Tracking in 2016

Prize	Participant and witness	Smoking cessation story
1st Prize 300,000 NTD	Participant: Ms. Zhao, 28, smoker for 11 years, 20-35 cigarettes per day Witness: Ms. Li, 22, non-smoker Relationship: Couple (both are from Keelung but work and study in Taipei)	The nominee for the first prize of 300,000 NTD is the same sex couple Ms. X Zhen Zhao and Ms. X Jing Li, who were both raised in Keelung but work and study in Taipei. Ms. Zhao is 28 and has been smoking for 11 years. She smokes over one pack per day. Because all her family members are smokers, she picked up the habit in her teens. She has tried quitting many times, has carefully studied books on smoking cessation, and has even tried nicotine patches. She always relapsed after less than 24 hours. This time she made up her mind to quit smoking because her girlfriend's father wanted her to kick her habit through this event. She even used her smartphone timer app to create a record of her life without cigarettes starting on April 29. On the first day, she really craved for a cigarette but she kept reminding herself that she has to pull through. She succeeded by drinking tons of water combined with jogging. This way she made it through the first three days which is always the hardest time. What really encouraged her was that she was able to increase her jogging distance from 3-5 km two or three times a week prior to quitting smoking to 8-10 km per day after quitting. One month after she kicked the habit, she even participated in a 21-km road running event. It was very hot that day and her girlfriend used GPS to monitor her status throughout the whole race. When she registered for the event she didn't think about winning a prize. She did it for love and to meet the expectations of her girlfriend's Dad. She considers herself extremely lucky to have achieved her goal and won this prize.
2nd Prize 60,000 NTD	Participant: Mr. Lu, 60, smoker for 40 years, 20-40 cigarettes per day Witness: Ms. Chen, 52, non-smoker Relationship: Husband and wife, resident in Taoyuan City	Mr. X Lu, 60, smoker for 40 years, used to smoke up to 2 packs a day in the past. He recently took the first step to quit smoking due to his advanced age and constant encouragement and begging by his 82-year-old mother. He was also encouraged by the fact that his Dad and younger brother had both successfully kicked the habit and it broke his heart to constantly expose his wife and son who love him dearly to the dangers of second- and third-hand smoke. Mr. Lu therefore decided to seek help from the smoking cessation clinic of Taoyuan General Hospital, Ministry of Health and Welfare. During the course of the counseling and therapeutic process, his doctor mentioned the Quit & Win Competition. Mr. Lu thought to himself why not register for the event now that I have decided to quit smoking. He thought it would also motivate him to keep up his efforts. In the beginning, he relied on smoking cessation medication, but by May he gradually felt that he didn't need the medication anymore since he had lost his urge to smoke. On holidays he often goes hiking with his wife. In the past, he used to pant and breathe heavily on his hiking trips. Now that he has quit smoking his breathing is much smoother and he no longer has a stuffy chest. They also tend to reach their destination faster. June 5 happened to be his Mom's birthday and all family members were assembled in the farmhouse in Sanyi. His Mom was beside herself with joy when she learned that he had quit smoking and won a prize. Mr. Lu pointed out that quitting smoking was his birthday present for his mother, so she didn't have to worry about his health anymore.
2nd Prize 60,000 NTD	Participant: Ms. Zhang, 35, smoker for 20 years, 10-30 cigarettes per day Witness: Ms. Zhang, 31, non-smoker Relationship: Sisters, resident in New Taipei City	Ms. X Zhang, aged 36, is currently engaged in the online shopping industry. She always wanted to quit smoking to improve her physical health, but she lacked determination and motivation. When one of her friends shared information about the smoking cessation competition on Facebook, she registered without hesitation because she thought it would give her the needed motivation. She quit on the day following her registration for the event. During the withdrawal process, her mouth was itching and she felt like biting something. She chewed gum to overcome this feeling. Ms. Zhang says that “my sister used to urge me to stop smoking and would complain about the stench of cigarettes. My sister is very pleased that I finally quit. My boyfriend quit 6 months ago and we mutually support each other on this journey to quit smoking. The support of my family and friends is my greatest source of motivation. After I quit smoking my whole body changed. My body absorbs nutrients better and my stuffy chest and breathlessness during exercise are gone, too. During the smoking cessation process, I once dreamed that I had won a prize, but I was stripped of it when I secretly smoked a cigarette. When I woke up scared, I was so glad that it was just a dream. Sometimes I still think about smoking, but I don't want to relapse.“
2nd Prize 60,000 NTD	Participant: Mr. Cai, 31, smoker for 13 years, 10-40 cigarettes per day Witness: Ms. Chen, 60, non-smoker Relationship: Mother and son, resident in Miaoli County	Mr. X Cai had been a heavy smoker since he had touched his first cigarette in junior college. He smoked at least one pack a day. Due to his smoking habit he coughed a lot. His Mom and his two older sisters kept nagging him to kick the habit. He tried to quit 4 or 5 times during his 13-year smoking career. However, almost all of his colleagues at the construction sites smoked, so he always relapsed right away. This opportunity to quit smoking was like a gift from heaven because he contracted Hepatitis B in mid-March and each time he smoked a cigarette he felt weak, had difficulty breathing, and had terrible headaches. His cough got worse, too. He coughed with every puff and therefore made up his mind to quit for good to keep his Mom from nagging. The first week after he quit, he was still attracted by the smell of cigarette smoke, but he kept telling himself “I'm in a competition. Let them smoke, I'll do my own thing!“ After a while, my colleagues stopped asking me to join them for a smoke. During the withdrawal process, I drank a lot of water and went jogging after work to fatigue his body so I would fall asleep right away and wouldn't think about smoking. After quitting, he felt that his immune system and cardiopulmonary functions were strengthened and, best of all, his cough was gone.

Prize	Participant and witness	Smoking cessation story
2nd Prize 60,000 NTD	Participant: Mr. You, 25, smoker for 10 years, 10 cigarettes per day Witness: Ms. Lin, 25, non-smoker Relationship: Couple, resident in Taichung City	Mr. X You and his girlfriend have been dating for 10 years. At the end of last year, he met his girlfriend's father for the first time for dinner. After the meal, the father told his daughter that he didn't want her to date a smoker because smoking poses a health hazards. As luck would have it, his girlfriend learned about the Quit & Win Competition on the Internet. She strongly encouraged him to participate in this activity. In the first two weeks after quitting, the withdrawal symptoms were obvious. He was restless and kept coughing up phlegm. He tried to keep a clear head by washing his face. He kept telling himself: "You have to hang in there! If you give up now, you'll be mad at yourself if you win a prize later." It turned out that one of his former classmates had also registered for the competition as he found out during a college reunion. They were both surprised and encouraged each other to persist. His girlfriend who has her own exercise regimen also asked him to join her to distract and encourage him. He is deeply grateful to his girlfriend and her father who enabled him to take the first step to quit smoking.
2nd Prize 60,000 NTD	Participant: Mr. Zhang, 23, smoker for 6 years, 10-20 cigarettes per day Witness: Ms. Lin, 21, non-smoker Relationship: Couple, resident in Tainan City	Mr. X Zhang is an active serviceman and a smoker for six years. He was distressed when he realized that his fitness test scores in the military were getting worse. When his friends shared information about the Quit & Win Competition on Facebook, he told his girlfriend that he wanted to quit smoking. His girlfriend fully supported and encouraged him because she had always been against his smoking. In view of the fact that almost all his comrades were smokers, he asked a squad leader to join him in registering for the competition so they could mutually encourage and monitor each other and more effectively resist the temptation of cigarettes offered by his comrades. Mr. Zhang says that he quit smoking by stopping buying cigarettes since all thoughts of smoking can be eliminated if there are no cigarettes. He then told all his friends" "Guys, I quit! Don't ask me to join you! My girlfriend will get mad if I touch another cigarette." He adds with a laugh that he always uses his girlfriend as an excuse. After he quit smoking, the quality of his sleep improved and although it wasn't always easy he pulled through by relying on his perseverance and willpower as a soldier.
2nd Prize 60,000 NTD	Participant: Mr. Zheng, 60, smoker for 42 years, 20-25 cigarettes per day Witness: Ms. Liao, 51, non-smoker Relationship: Husband and wife, resident in Taitung County	Mr X Zheng is 60 and has been a smoker for 42 years, two thirds of his life. His wife always wanted him to quit smoking due to his advanced aged. He also wanted to quit but never managed to succeed. Recently, he tends to cough a lot and his physical strength was waning. One day, he had to proceed to the public health center for personal reasons. The lady at the health center knew that he was a chain smoker and told him about the Quit& Win Competition. Mr. Zheng decided to register and give it a try. In the past, he had tried nicotine gum and nicotine patches to quit smoking, but he felt very uncomfortable due to the withdrawal symptoms and had to rely on his willpower. Although he still sometimes touched his pocket to search for cigarettes, he immediately reminded himself that he had quit smoking and put his lighter down. Mr. Zheng points out that no one except his wife knew that he was participating in a smoking cessation competition, His children only knew that he was trying to quit smoking. He wants to give his family the best surprise by successfully kicking his habit. He also plans to spend every day of his life with his family filled with health and joy.
Special prize of 30,000 NTD awarded by the taxi company	Participant: Mr. Zhou, 46, smoker for 20 years, 14 cigarettes per day Witness: Ms. Zhou, 48, quit smoking over 10 years ago Relationship: Brother and sister, resident in New Taipei City	Mr. X Zhou, a smoker for 26 years, has tried to quit smoking in the past, but he never lasted very long. Prior to Chinese Year he detected a tumor in his oral cavity and therefore decided to go to the hospital for examinations in the second half of March. While he was waiting for the results, he heard about the Quit& Win Competition at the taxi company. Since he was worried about his health, he decided to sign up for the smoking cessation class of the taxi company and the smoking cessation competition. He was determined to quit smoking. After undergoing his first oral cavity surgery in mid-April, he stopped smoking cigarettes. During the withdrawal process, he felt a strong desire for cigarettes and was always sleepy. But he remained himself that the wound from his first surgery had to heal before he could undergo his second surgery. His older sister who had kicked the habit also constantly exhorted and encouraged him. He therefore made sure he had a regular daily routine so he could overcome his addiction. Luckily, the test results showed that the tumor was benign. Mr. Zhou is confident that he can fully regain his health if he doesn't relapse.
Special prize of 30,000 NTD awarded by the taxi company	Participant: Mr. Li, 61, smoker for 49 years, 30-50 cigarettes per day Witness: Ms. Lin, 58, quit smoking over 10 years ago Relationship: Husband and wife, resident in New Taipei City	Mr. X Li used to be a bus driver. He joined Taiwan Taxi in October 2015. He knew that the taxi company encouraged drivers to sign up for the Quit & Win Competition. His wife and his two daughters often complained about the cigarette stench. His daughter was mistaken for a smoker because her clothes smelled of cigarettes since she always took her Dad's taxi to work. On top of that, his wife is a licensed nanny and he was worried that the third-hand smoke would endanger the health of the little children in his wife's care. He therefore registered for the smoking cessation class of the taxi company and the smoking cessation competition. He attended the smoking cessation class twice but still couldn't kick the habit. He finally made up his mind to quit smoking on April 25 due to the constant calls by the hospital's health education personnel and the constant complaints of his wife and daughter. In the beginning, the withdrawal symptoms caused him great discomfort, but he distracted himself by driving and chewing sugar-free gum as a substitute for cigarettes. That way he was finally able to overcome his addiction. Now that I have kicked the habit, I always notice the cigarette stench left by passengers in my taxi and finally know how bad cigarette smoke smells.

Pricing Measures

● The Increase of Tobacco Health and Welfare Surcharges

The Ministry of Health and Welfare levies Tobacco Health and Welfare Surcharges pursuant to the regulations set forth in Article 4 of the Tobacco Hazards Prevention Act to prevent tobacco hazards and safeguard people's health. It is stipulated that these surcharges shall be used exclusively for National Health Insurance reserves, cancer prevention, enhancement of the quality of medical care, subsidies for areas with a shortage of medical resources, medical subsidies for rare diseases, health insurance premium subsidies for financially challenged individuals, Tobacco Hazards Prevention Act at national and local levels, promotion of public health and social welfare, long-term care, investigation of smuggling of inferior tobacco products, prevention of tax evasion for tobacco products, and guidance and care for farmers and workers in related industries.

This surcharge increases the price of harmful substances and thereby inhibits sales growth. The tobacco surcharge is earmarked for special purposes and shall be allocated as legally stipulated. It is currently mostly used for prevention of tobacco hazards and rare diseases, cancer screening and prevention, and health promotion. In view of the current financial difficulties of local governments, health budgets are tight. The Tobacco Health and Welfare Surcharges have therefore turned into a key source of funds for health care provided by local governments. The Taiwanese health care system owes its high ranking in the world not merely to its sound system of medical care and high professional standard but rather to the insistence on a public system from prevention to health promotion.

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 2of 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.“ In the future, Tobacco Surcharge assessments will be conducted on a biennial basis pursuant to the regulations set forth in Article 4 of the Tobacco Hazards Prevention Act

● Tobacco Health and Welfare Surcharges allocation and income

Tobacco Health and Welfare Surcharges allocation

The Ministry of Health and Welfare amended Article 4, 5, and 7 of the Regulations Governing Allocation and Use of the Tobacco Health and Welfare Surcharges in 2016 to maximize the effect of the surcharge by merging the legally stipulated purposes for the same fund item without altering the total allocation ratio. In line with the promulgation of the Childbirth Accident Emergency Relief Act, childbirth accident emergency relief was added as a fund item to maximize the effect of the surcharge, effective as of October 7, 2016.

Pursuant to the regulations set forth in Article 4 of the Regulations Governing Allocation and Use of the Tobacco Health and Welfare Surcharges, the surcharges shall be allocated based on the actual needs of guidance and care recipients. Priority shall be given to fixed allocations for guidance and care for farmers and workers in related industries and industry guidance conducive to cancer prevention provided by competent authorities in the field of agriculture. However, the total amount shall not exceed 1% of the levied Tobacco Health and Welfare Surcharges of the preceding year. Funds shall be allocated by the central competent authority in accordance with annual budgeting procedures. Surpluses shall be allocated as follows:

1. 50% shall be used as National Health Insurance reserves
2. 24.2% shall be allocated as medical subsidies for rare diseases and for cancer prevention and Tobacco Hazards Prevention Act and health promotion at the national and local levels
3. 11.8% shall be used to enhance the quality of preventive medicine and clinical medical care and as subsidies for areas with a shortage of medical resources and childbirth accident emergency relief
4. 5% shall be used to subsidize health insurance premiums of financially challenged individuals
5. 8% shall be used as social welfare and long-term care resources at the national and local levels
6. 1% shall be used for investigation of smuggling of inferior tobacco products and prevention of tax evasion for tobacco products

The Executive Yuan submitted the draft amendment of the Tobacco and Alcohol Tax Act to the Legislative Yuan for deliberation on October 21, 2016. The Legislative Yuan forwarded the draft to the Finance Committee for review (first reading). Said draft was listed as a priority bill. Pursuant to the regulations set forth in Article 7 of this draft, tobacco taxes shall be raised from NT$ 590 to NT$ 1,590 per 1000 sticks (1 kg).

Tobacco Health and Welfare Surcharges income in past years

Tobacco surcharges of NT$ 5 per pack have been levied since 2002. The surcharge was increased to NT$ 10 per pack in 2006 and NT$ 20 per pack in 2009.Total revenues derived from the surcharge are as follows:

Unit:1000 NTD

year	Annual revenue
2002	7,909,073
2003	10,422,549
2004	9,654,513
2005	10,547,688
2006	17,209,766
2007	20,111,981
2008	20,109,344
2009	24,565,517
2010	34,438,096
2011	34,740,891
2012	34,289,282
2013	35,592,971
2014	32,748,259
2015	33,122,827
2016	34,367,517

Key results of Tobacco Health and Welfare Surcharges utilization

1. National Health Insurance (NHI) reserves: Revenues allocated from January 2002 (tobacco surcharge of NT$ 5 per pack) to the end of December 2016 (tobacco surcharge of NT$ 20 per pack) amounted to around NT$ 255.2 billion and helped reduce insurance premiums of employees and employers all over Taiwan by 4%, greatly easing the burden generated by premiums. Health insurance finances have seen serious long-term shortages due to structural imbalances of revenues. As a result of the infusion of tax surcharge revenues, the increase of health insurance premiums which was originally planned for 2004 could be delayed until 2010, seamlessly in sync with the second-generation health insurance reform. In addition, around NT$ 17.2 billion were earmarked as medical expenses for NHI disease diagnosis and treatment in 2016. The surcharge which accounts for 93% (NT$ 18.5 billion) of all infusions utilized as NHI reserves has turned into an indispensable source of health insurance finance consolidation.
2. Health insurance premium subsidies for financially challenged individuals: 307,000 individuals received subsidies amounting to NT$ 1.798 in 2016. Recipients included 202,000 low- and mid-income families and 105,000 financially challenged individuals in arrears of premium payments to provide basic insurance coverage for the aforementioned beneficiaries.
3. Medical subsidies for rare diseases:A total of 2,257 patients suffering from rare diseases received medical subsidies in accordance with the National Health Insurance Act. By 2016, a total of 215 rare diseases, 98 drugs for rare diseases, and 42 nutritional food items for rare diseases have been publicly announced. By listing these diseases as catastrophic illnesses, the burden of medical expenses for patients could be eased. In addition, a special nutritious foods and drugs logistics center for rare diseases was established to provide 42 kinds of special nutritious foods and 11 emergency drugs. In addition, a total of 2,257 patients received subsidies for diagnosis, therapy, drugs and nutritious foods, and home health care equipment in accordance with the National Health Insurance Act. Medical subsidies are provided for underprivileged groups and individuals in arrears of NHI premium payments. Fertility genetics services, enhanced rare disease prevention, and education and guidance for patient groups is also provided.
4. Enhancement of the quality of clinical medical care

(a) Incentives were provided for 197 hospitals responsible for emergency care to adopt programs for enhancement of the quality of emergency treatment and medical referral and plan 14 emergency care and medical referral networks. In 2016, hospitalization rates within 6 hours for emergency treatment of catastrophic illnesses (acute strokes, acute coronary syndrome, and severe injuries) amounted to 70.2%. Within the 2016 program period, hospitals responsible for emergency care all over Taiwan provided emergency treatment and referral services for a total of 749,780 patients. Incentives were provided for 31 medical teams in 11 hospitals with the goal of developing and strengthening innovative or customized integrated medical care for critical pediatric diseases. A total of NT$ 120,000 in subsidies and allowances were provided for one-year training programs for 2,051 resident physicians engaged in the fields of internal and external medicine, gynecology, pediatrics, and emergency care. The recruitment and retention rate of resident physicians rose significantly. In addition, guidance was provided for organ procurement networks in 4 regions. In 2016, the number of organ donors all over Taiwan (including organizations) reached 290.

(b) Five responsible hospitals have established special clinics providing psychological treatment for mentally disabled patients in cooperation with 19 institutions for the physically disabled and 28 primary and secondary schools. Outreach service modes and bidirectional referral service networks were established. In addition, 570 patients benefited from these services and the total number of visits reached 8,141. The goal was to improve the severity of emotional changes of patients with mental disorders and their condition, lives, social skills, and professional and social functions. Four hospitals were subsidized to form rehabilitative medical care teams. Rehabilitative and therapeutic services were provided for inmates in correctional institutions addicted to drugs and alcohol. Moreover, 254 service sessions were provided for 6,132 individuals in clinics for drug and alcohol addicts; 9,126 individuals received health education and 4,658 patients underwent psychological group therapy. Also, 1,778 inmates received guidance after release from prison and 1,492 individuals received follow-up counseling. In addition to the provision of medical rehabilitation services for inmates who were drug addicts and wanted to change their lives transition to rehabilitative resources upon release from prison was ensured to facilitate their smooth reintegration into society.

(c) 5-in-1 and PCV vaccination is administered for young children. Over 9 million young children benefited from this new vaccination policy in 2009 until 2016. A vaccination rate of 96% (routine vaccines, base agents) and follow-up rate of 93% was maintained for children under the age of 3 to ensure immunity of this group.

5. Subsidies for regions with a shortage of medical resources:

(a) The efficacy of hospitals in remote areas with a shortage of medical resources was strengthened and a cardiovascular care center was established in Kinmen Hospital. The evacuation rate for Acute Myocardial Infarction cases was greatly decreased to 80% and the number of service recipients reached 111. The establishment of a chemotherapy center in Penghu Hospital was subsidized. By December 2016, this center had provided services to 480 patients with a monthly growth rate of 30-40 patients. The goal of these subsidies lies in the realization of local provision of medical services on offshore islands, support for disadvantaged citizens, and elimination of long and exhausting journeys for unstable patients who lack financial means and physical strength.

(b) Medical centers and hospitals that provide critical first aid are required to support offshore islands and remote areas. A total of 107 physicians of 27 medical centers provide emergency treatment and treatment for acute severe diseases at 25 hospitals in areas that lack medical resources to provide assistance to hospitals in those areas and on offshore islands. Incentives are provided at 14 locations to promote cooperation between local hospitals and meet the demand of local citizens and tourists for emergency medical services. The goal lies in the provision of 24-hour emergency care services.

(c) Outpatient, preventive care, cancer screening, and home visit services were provided for 3,447 citizens in Cuihua Village in Renai Township, Nantou County and Lafulan Village in Taoyuan District, Kaohsiung City to provide medical resources for mountain villages with a complete lack of medical care. 26 centers providing community services for dementia patients have been established.

6. Childbirth accident relief: From October 2012 to the end of December 2016, a total of 388 reviewed cases met the criteria for emergency relief amounting to a total of NT$ 366.61 million (113 mothers, 204 newborn babies, and 71 embryos).
7. Social welfare effects at national and local levels:13 social welfare organizations provided shelter and proper accommodation and care for a total of 2,914 seniors, children, teenagers, and physically and mentally challenged individuals to keep them from becoming destitute and homeless.
8. Cancer prevention effects:
   (a) Taiwan is the first country in the world that has fully implemented the four cancer screening tests recommended by the World Health Organization (oral cavity cancer screening is only administered in Taiwan). Since the adoption of the four cancer screening tests in 2010 until 2016, a total of 5.12 million individuals have received screening services. A total of 48,000 precancerous lesions and 11,000 cancer cases have been detected.
   (b) A cancer care accreditation program has been adopted for hospitals. By 2016, a total of 57 hospitals have passed their accreditations and 90 hospitals have participated in guidance programs with the goal of enhancing the quality of cancer care. Assistance is provided for hospitals in the measurement of core indicators for cancer care quality and medical care navigation for newly diagnosed cancer cases. Continued care is provided for over 90,000 newly diagnosed cancer cases per year.
   (c) Subsidies are offered to 7 NGOs that provide social support and care services for cancer patients including case management, emotional support, concern through phone calls, day care, and personal growth camps. In addition, assistance has been provided in the establishment of cancer resource centers to offer navigation services for newly diagnosed patients from confirmation to the therapy stage. As of 2016, a total of 65 centers provide services for cancer patients and their family members (services are provided for 160,000 people a year). 90 hospitals have provided hospice care for 20,000 terminal cancer patients. The coverage rate was increased from 7% in 2000 to 50.6% in 2012. The quality of death in Taiwan has been ranked 6th in the world and 1st in Asia in international evaluations.
9. Tobacco hazards prevention at the national and local levels
   (a) Smoking rates of adults aged 18 and above decreased from 21.9% in 2008 to 15.3% in 2016 and the number of smokers dropped by 910,000 over the past 8 years. Second-smoke exposure rates in legally stipulated non-smoking areas continue to decline (from 23.7% in 2008 to 6.5% in 2016). The protection rate exceeds 90%.
   (b) Over 4.11 million inspections have been carried out at non-smoking and tobacco sale locations. 8,561 disciplinary citations have been issued and fines totaling NT$ 65,11 million have been imposed. Smoke-free zone programs are constantly carried out on campuses and at workplaces, army bases, and in communities. 237 adolescents have been trained to serve as smoking cessation instructors and Tobacco Hazards Prevention Act work is carried out in 35 colleges and universities.
   (c) In 2016, Quit & Win activities are subsidized by Health Administration Bureau, in cooperation with the John Tung Foundation, the Ministry of Transportation and Communications, 5 taxi companies, the Ministry of National Defense, the Ministry of Justice, and local governments. These activities which encourage smokers (including inmates) to kick their habit drew 25,252

participants. Taiwan has also established the first smoke-free hospital network in the Asia-Pacific region. By 2016, a total of 209 hospitals have joined this network which is the largest of its kind in the world. Fifteen of the 28 hospitals that were honored with gold awards are located in Taiwan, turning Taiwan into the country with the most award-winning hospitals.

(d) In 2016, second-generation smoking cessation services were provided for 534,284 individuals, enabling over 39,000 smokers to successfully kick their habit. This will lead to estimated savings in health insurance medical expenses of over NT$ 210 million in the short run and economic benefits of over NT$ 16.3 billion in the long run.

10. Effects of public health services at the national and local levels

(a) Subsidies are provided for prenatal care and health education and guidance for pregnant women, health education and guidance services for children, and prenatal examinations for new female immigrants with no health insurance coverage (a total of 7,163 subsidies have been provided). A total of 51,536 subsidies have been provided to pregnant women in high-risk groups suffering from hereditary diseases including low-income households and residents of 80 areas with a shortage of medical resources eligible for eugenic health services. A total of 1,452 abnormal cases have been detected and follow-up hereditary counseling has been provided for all these cases (abnormal case tracking reached 97.7%). Breast-feeding facilities have been fully installed. Moreover, 187 medical institutions have participated in mother- and baby-friendly hospital accreditations, encompassing 79.9% of all new-born babies. Exclusive breastfeeding rates within the first 6 months after birth reached 44.8%, which is close to the WHO 2025 standard of 50%.

(b) In 2016, subsidies were provided for the screening of 207,422 new-born babies for inborn errors of metabolism (screening rate of 99.8%). Abnormalities were detected in 4,033 cases. Amblyopia and vision screening has been implemented for pre-school age children. A total of 360,998 screenings have been carried out and screening and abnormal case referral rates reached 98.5% and 98.9%, respectively.

(c) A “Blissful e-Learning Academy” has been established for teenagers to provide them, their parents, and teachers with accurate information and teaching materials on sexual health, venereal disease prevention, pregnancy, and contraception for queries and download. A total of 390,383 Internet users browsed this information. Friendly and confidential “Teens' Blissful No.9” outpatient services and counseling on intergender relationships, interpersonal relationships, emotional problems, and reproductive health (including contraception methods) are provided by 529 physicians (17,049 individuals have benefited from these services). 87 campus lectures and parenthood lectures with 19,311 participants were organized in cooperation with health promoting schools in communities to provide sound and accurate values in the field of intergender relationships.

(d) Healthy weight management has been promoted since 2011. A total of 4,295,413 individuals have participated in this program over the past six years. The program has resulted in a total weight loss of 6,798,582 kg and roughly 50,000 overweight or obese participants re-attain their normal body weight each year. Adult overweight and obesity rates in Taiwan increased from 43.4% in the period 2005-2008 to 45.4% in the period 2013-2016. Adult regular exercise ratios increased from 26% in 2010 to 33% in 2016.

(e) Subsidies have been provided to 22 cities and counties for the implementation of the age-friendly city concept. All these cities and counties have signed the Dublin Declaration on Age-Friendly Cities and Communities, turning Taiwan into the country with the highest coverage rate in the promotion of age-friendly cities. Diversified health promotion activities for seniors have been launched by medical institutions and public health bureaus of local governments in cooperation with community care centers and community groups. A total of 2,379 health promotion activities and around 5,800 courses have been organized. In addition, health promotion competitions are held to provide a stage for the elderly to exhibit their vitality and life values. Over 2,400 teams

comprised of over 100,000 seniors accounting for over 4% of the senior population participated in these competitions.

(f) Cities and counties have been encouraged to provide integrated screening services for over 510,000 individuals in cooperation with medical institutions under their jurisdiction. The following cases of suspected or confirmed abnormalities were detected: 72,003 individuals had abnormally high blood pressure, 31,683 individuals had abnormally high blood sugar levels, and 61,900 individuals had abnormally high cholesterol levels (average referral and tracking rates exceeded 85%). A Diabetes Shared Care Program has been established. As a result, the standardized mortality rate for diabetes dropped from 37.1/100,000 citizens in 2002 to 24.3/100,000 citizens in 2015, which represents a decrease by 34.5%. Education on metabolic syndrome prevention is provided through multiple channels to raise the public awareness of waistline alert levels (from 3% in 2006 to 48% in 2016).

(g) A iodine nutrition policy has been adopted and Regulations on Iodine Labeling for Prepackaged Food Grade Salt Products have been formulated in cooperation with the Food and Drug Administration. Nutritional school lunches of 98.7% and 99% of elementary and junior high schools, respectively, contained iodized salt. Free fluoride mouthrinse anti-caries services are provided for 1,210,000 school children in 2,633 elementary schools in 22 cities and counties. Molar pit and fissure sealants preventive measure for 210,000 school children have been subsidized.

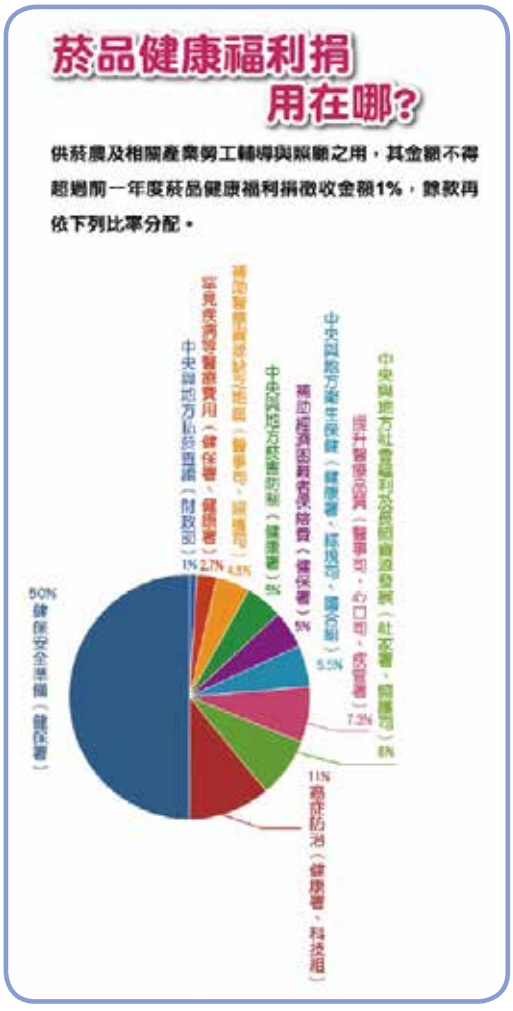
11. Effects of investigating the smuggling of inferior tobacco products at the national and local levels: A total of 9.9 million packages of illegal tobacco products worth NT$ 461.25 million have been seized in 2,952 detected cases of smuggling. There has also been 22,856 media campaigns and diversified education activities that have been organized to prevent the sale of tobacco products of unknown origin and inhibit smuggling and the sale of inferior tobacco products at low prices. Moreover, 238 education activities have been organized to give the general public a more accurate understanding of taxation concepts in order to prevent tax evasion for tobacco products and remind consumers to refrain from buying tobacco products of unknown origin or with unreasonable prices with the ultimate goal of health maintenance, prevention of tax evasion, and maintenance of fairness in taxation.

12. Effects of guidance and care for tobacco farmers and workers in related industries:In line with the Tobacco Hazards Prevention Act policy of the government, the Council of Agriculture has been allocated a portion of the tobacco surcharges since 2010 to provide guidance for tobacco farmers in the transformation or transition process to alternative crops. Due to the fact that the Taiwan Tobacco & Liquor Corporation continues to purchase tobacco leaves at guaranteed prices, most tobacco farmers show little intent to switch to other crops since revenues are good. The efforts of the Council of Agriculture have therefore borne little fruit. In 2015, the council convened a meeting to discuss and assess the feasibility of direct payment of bonuses to guide tobacco farmers to give up tobacco cultivation once and for all. A resolution was adopted by the Council to acquire affidavits from tobacco farmers in which they pledge to stop the planting of tobacco leaves. The Ministry of Finance was petitioned to stop carrying out limited tender and procurement procedures for locally produced tobacco leaves in 2016/2017. In 2016, continued guidance and care was provided for tobacco farmers to facilitate transition to other crops and more guidance was provided for betel nut farmers to give up their plantations and switch to other crops. In addition, the Ministry of Finance announced that the Taiwan Tobacco & Liquor Corporation would purchase locally produced tobacco leaves for the last time in 2016/2017. On February 16, 2017, the Council of Agriculture promulgated the Operating Guidelines Governing Guidance for Tobacco Farmers to Give Up Tobacco Cultivation to strengthen guidance for tobacco farmers to stop planting and handing over tobacco. Farmers can select a lump sum reward or apply for guidance for transition to other crops. It is expected that this will increase the efficiency of efforts to convince farmers to give up tobacco cultivation.

In 2016, guidance was provided to 26 tobacco farmers under the jurisdiction of the Farmer's Associations in Caotun, Zhongpu, and Meinong to give up tobacco cultivation and switch to other crops. The purchase of facilities and equipment required for transition to other crops has been subsidized. Tobacco has been replaced with rice and other crops of high economic value on 6.2671 hectares of land. Mechanization of farming has been increased, the quality of agricultural products has been enhanced, costs have been reduced, and farming profits have been increased. Betel nut production controls have been strengthened and betel nut plantation areas have been decreased by around 50 hectares in line with central cancer prevention policies and national land restoration policies.

Tobacco Health and Welfare Surcharges 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.



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

Completion of a special website section on the use and effects of tobacco surcharges; relevant contents include: introduction and allocation of the Tobacco Health and Welfare Surcharges, relevant laws and regulations, effects, relevant teaching materials, and budget implementation. When citizens visit the tobacco surcharge effect page they can view various beneficiary units. Information on implementation results, amounts, subsidized items, and beneficiary units is disclosed on a semi-annual basis. The effects and implementation rate of tobacco surcharge usage in 2016 has already been made public on the website: Health Promotion Administration homepage/Tobacco Health and Welfare Surcharge/More Information/ Tobacco Surcharge Effects/2016 Overall Results, Allocation of the Tobacco Surcharge, and Budget Implementation Efficiency URL:http://www.hpa.gov.tw/Pages/List.aspx?nodeid=184

2 Reducing the Supply of Tobacco

- Evaluation for the Enforcement Performance of the Tobacco Hazards Prevention Act
- Prohibiting the Illicit Trade of Tobacco Products

Evaluation 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 inspected to provide a more comprehensive reference. In 2016, 502 locations in 44 cities and towns were investigated, and 660 stores selling tobacco were tested for their understanding of the prohibition on selling tobacco to minors and legal compliance levels; 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 and 16 of the Tobacco Hazards Prevention Act, and a total 6,120 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

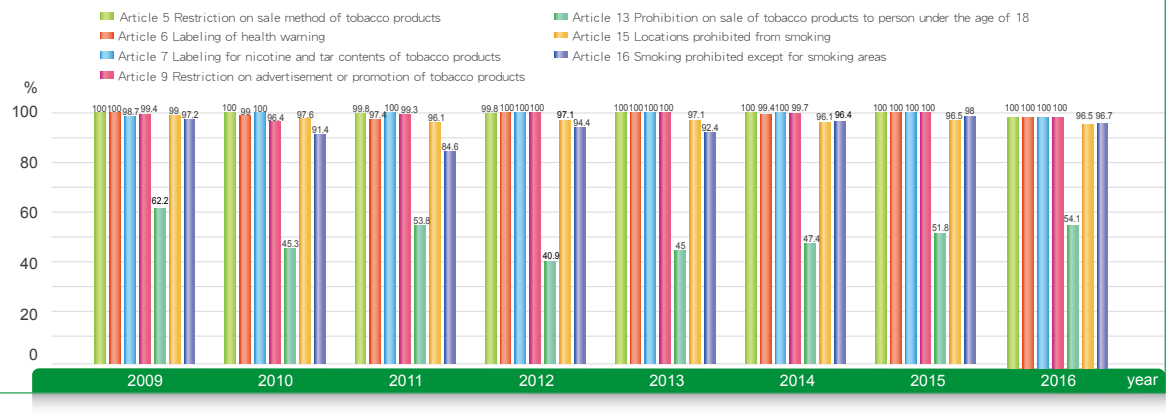
Given the wide geographical scope of the surveyed sites as well as limitations in human resource and budget, the survey was conducted using a non-random sampling study design. A 3-level sampling framework was employed to select the samples and acquire relative standards to assess the implementation of 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 89.2%. The following list provides details on the compliance rate to each individual article:

Table 2-1 Compliance rate with each article of the Tobacco Hazards Prevention Act for counties and cities evaluated during the 2016 on-site survey

Tobacco Hazards Prevention Act	Compliance rate
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	99.3
Article 11: Prohibiting the provision of free tobacco products	100
Article 13: Prohibiting the sales of tobacco products to minors	54.1
Article 15: Places where smoking is completely prohibited	96.5
Article 15: Places where smoking is completely prohibited (unannounced and random surveys)	98.1
Article 16: Places where smoking is completely prohibited except in the designated smoking areas, and completely prohibited in all areas if no such smoking area is designated	96.7

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. The violation rate in non-smoking areas was less than 5%. Most violations involve the display of tobacco products on sales racks and the sales of tobacco products to minors. Improved awareness campaigns and inspections shall be continued in the future. (Figure 2-1)

Figure 2-1 Comparison of average qualification rates of provisions of Tobacco Hazards Prevention Act for years 2009-2016

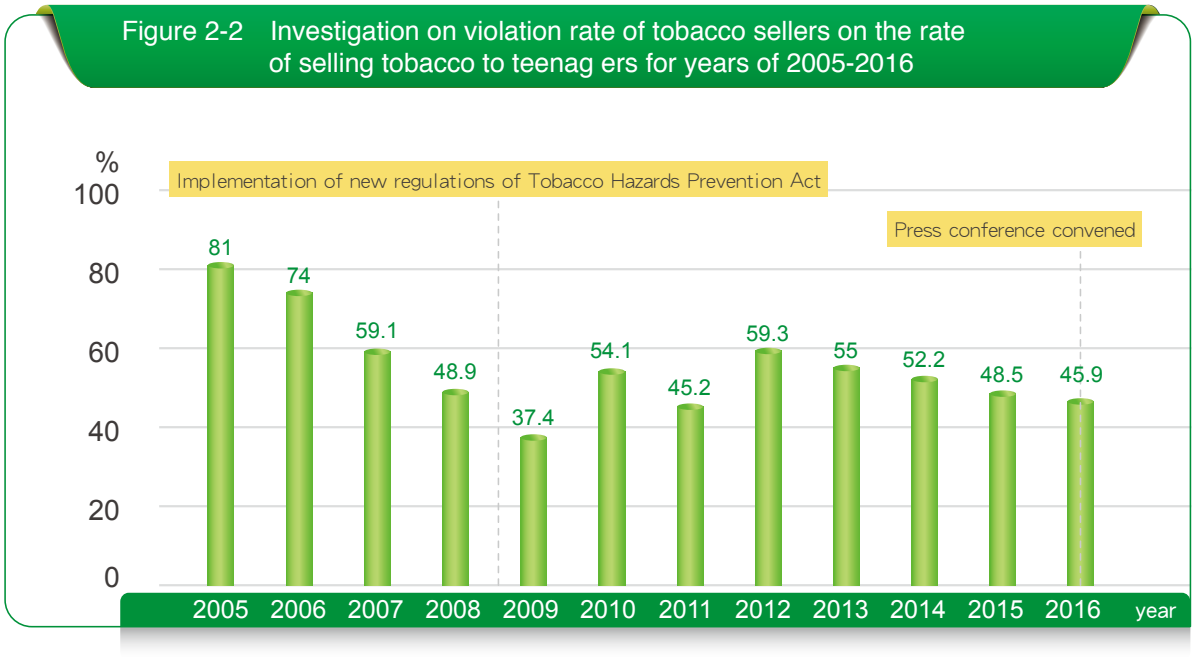


Prohibiting the sales and purchases of tobacco products amongst underage youths

Results of the Global Youth Tobacco Survey (GYTS) of 2016 show that close to 50% of all junior high school students who smoke can purchase their own cigarettes (44.8%); over 50% are not refused by stores when buying cigarettes (54%); and most purchases are made in traditional stores (49.3%). Moreover, 72.2% of all high school and vocational students who smoke can purchase their own cigarettes, 67.4% are not refused by stores when buying cigarettes, and most purchases are made in convenience stores (48.9%). The undercover buy inspections for evaluating the effectiveness of enforcing the Tobacco Hazards Prevention Act involved undercover individuals above 18 years of age disguising as minors by wearing senior high school uniforms. Results showed that 45.9% of the vendors failed the test and violated the law by selling tobacco products to the undercover person. Hence, the purchase of tobacco products by minors became a major area of concern for tobacco control.

To determine the compliance of tobacco retailers to the law prohibiting the sales of tobacco products to minors, the undercover buy inspections was applied to 660 tobacco vendors across 22 counties and cities from April to September of 2016. Results showed that 45.9% of all four major chains of convenience store, supermarkets, malls, betel nut vendors, and traditional grocery stores surveyed violated the law and sold products to minors. Violation rates for major convenience store was 24.5% but reached as high as 60% and 57.1% for betel nut vendors and traditional grocery stores respectively. As for the improvement of violation ratios between 2012 and 2016, convenience stores showed the most significant improvement (48.7%) followed by supermarket chains or large retailers (44.5%), betel nut kiosks (23.5%), and traditional stores (15.2%). This clearly indicates that employee training, the mystery shopper program, and shop visits for educational purposes implemented by major chains of convenience stores have been highly effective (Figure 2-2).

Figure 2-2 Investigation on violation rate of tobacco sellers on the rate of selling tobacco to teenag ers for years of 2005-2016



For the four major convenient stores, only 24.5% of the stores sell tobacco to minor in 2016 that the tobacco selling violation rate of 37.7% for the 7-Eleven is the highest, the subsequent rankings are 26.3% for the Hi-Life, 13.3% for OK Mart and 12.3% for FamilyMart. The violation rate slightly increased by 1.5% compared to 2015 (23%) (Figure 2-3). For the betel nut booths, the violation rate in 2015 and 2016 are 54.9% and 60% respectively; nevertheless, the violation rate is still high. For the traditional stores, the violation rate dropped from 38.9% in 2015 to 30.5% in 2016, which represents a slight improvement. The test results of the major supermarkets and superstores indicate that the violation rate decreased slightly from 38.9% in 2015 to 30.5% in 2016, which marks a decrease by 8.4% (Figure 2-4). In conclusion, the violation rate has dropped below 50%; nevertheless, there are still room for improvement.

The Health Promotion Administration publishes lists of violating stores and organizes conferences for businesses on a regular basis to give tobacco retailers a better understanding of relevant laws and regulations and ensures the refusal of tobacco product sales in accordance with relevant laws. On May 19, 2016, the Administration held a press conference titled "Stop, watch, listen - Don't sell tobacco products to minors and protect them from tobacco hazards" (Fig. 2-6). Businesses of all sales channels were invited to sign a petition to support a ban on saling cigarette to minors and express their determination to refuse the sale of tobacco products to minors. Businesses were also urged to fulfill their social responsibility and incorporate the teaching of relevant skills required for the refusal of sales to minors into regular training courses. The goal is to provide first-line sales personnel with the concepts and skills required for the refusal the sale of tobacco products to ensure the full protection of sales personnel in compliance with relevant laws, and make a joint effort to prevent tobacco hazards in our society and protect our younger generation. The government, NGOs, businesses, and the general public have to join hands and serve as guardians in a determined effort to safeguard the health of our teenagers.

Figure 2-3 Violation rate of chain convenient stores selling tobacco to monitors in 2005-2016

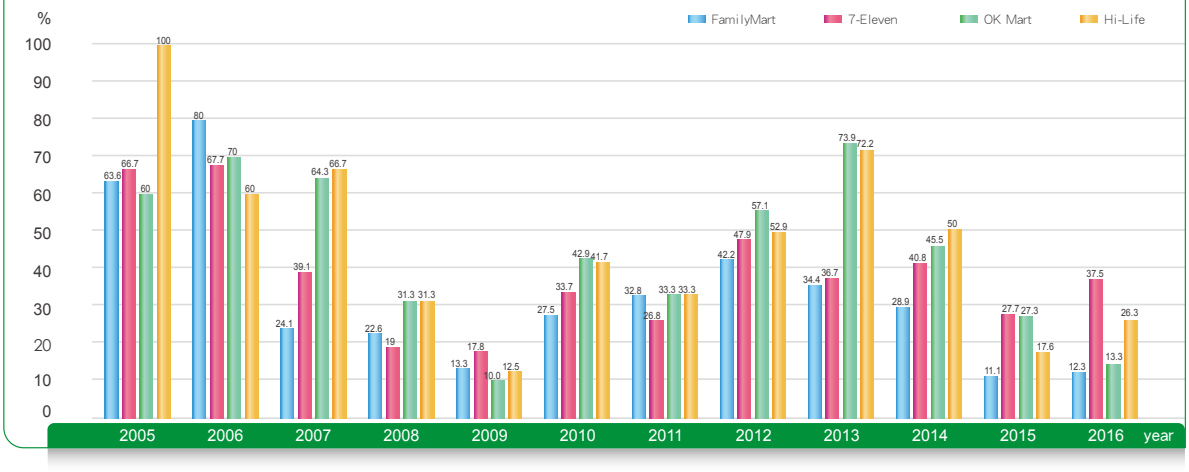


Figure 2-4 Violation rate of chain supermarkets and superstores selling tobacco to monitors in 2010-2016

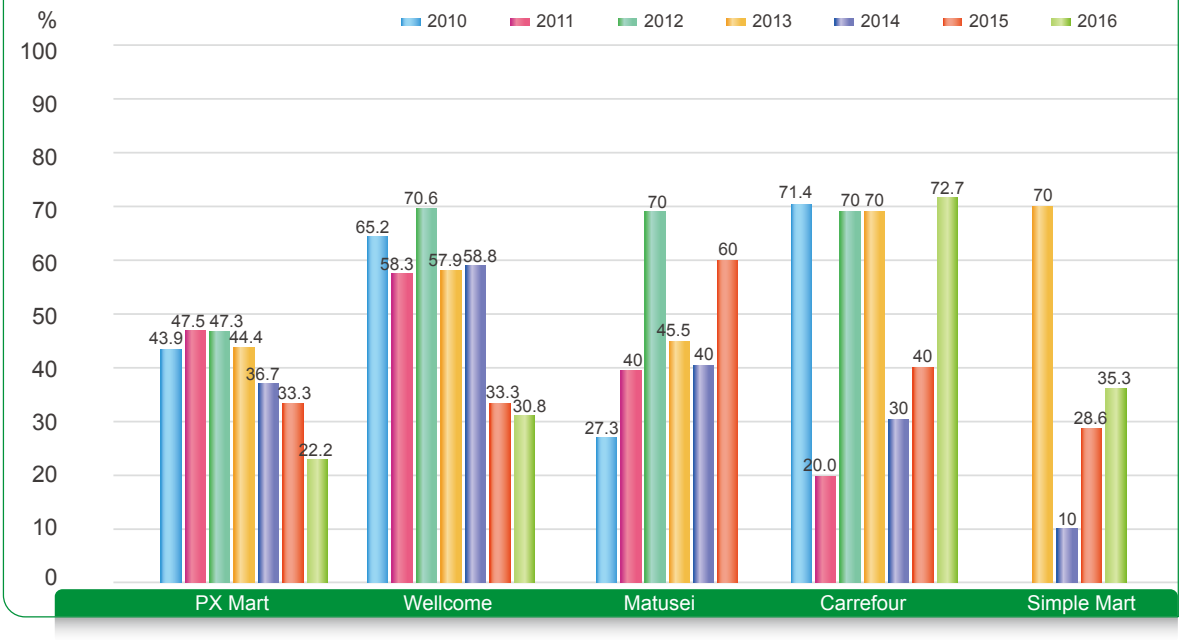


Fig 2-5 Violation rate of various types of tobacco selling locations in 2005-2016

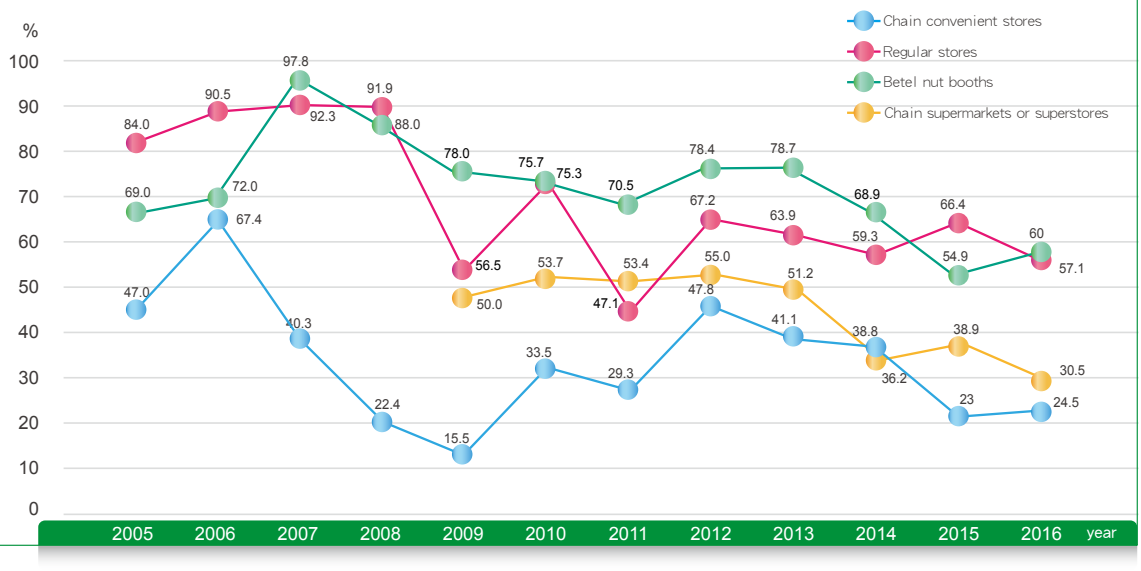


Fig. 2-6: Health Promotion Administration holds a press conference titled "Stop, watch, listen - Don't sell tobacco products to minors and protect them from tobacco hazards" on May 19, 2016

Sharing of photographs of No Smoking sign

No Smoking signs integrated with local culture

No Smoking signs at a park entrance

Smoke-free sidewalks in the vicinity of a campus

Photographs of common violations

Covered Chinese warning signs

Failure to display No Smoking signs at the entrance

Relevant devices provided for cigarette butts at non-smoking areas

● 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 price.

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 9,909,300 packs of smuggled tobacco products were found and seized by various municipalities, county and city governments, and customs offices in 2016. Table 2-2 shows the quantities of smuggled tobacco products seized from 2002 to 2016.

Table 2-2. Quantities of contraband or counterfeit tobacco products seized from 2002 to 2016.

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	1,569.07	73.68	560.46	26.32	2,129.53
2014	838.90	49.63	851.44	50.37	1,690.35
2015	784.02	74.30	271.15	25.70	1,055.17
2016	779.40	78.65	211.52	21.35	990.93
Total	9,356.17	44.94	10,371.75	55.06	20,819.39

3 Research, Monitoring, and International Exchange

- Research and Monitoring
- Tobacco Ingredients Disclosure and Regulations
- International Collaboration

● 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 reference 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 status 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 firstly 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 16,000 to 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 2016 was 25,970, in which the number of samples of adults above the age of 18 was 24,978 people.

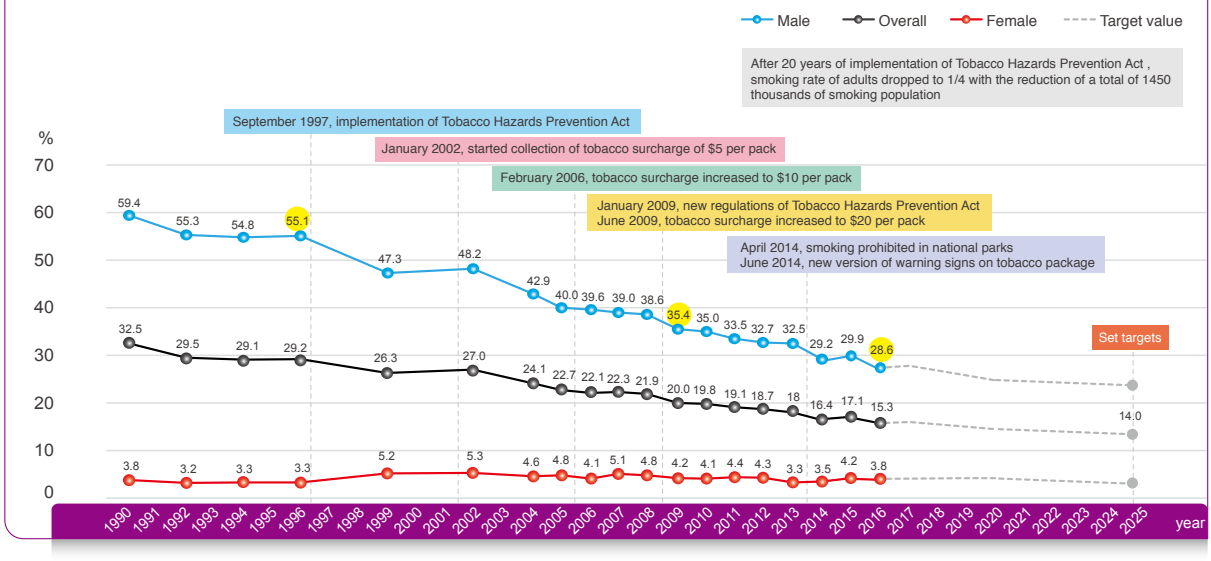
Collected data would then be checked and cleaned to remove any errors and undergo logical verification. To ensure that the data is capable of reflecting population characteristics and to provide a clear understanding of long-term trends of smoking prevalence in Taiwan and Fujian provinces, population 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 raking 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

The Tobacco Hazards Prevention Act was enacted in 1997 and has been in effect for 20 years. Over the past 20 years, we have implemented smoking bans in most indoor public areas and workplaces. Pictorial warning labels must be printed on tobacco product containers and the tobacco surcharge is utilized to promote health related measures. As a result of the enforcement of this Act over 20 years, the adult smoking rate dropped from 32.5% in 1990 to 15.3% in 2016, which represents a decrease by over 50% (52.9%).

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

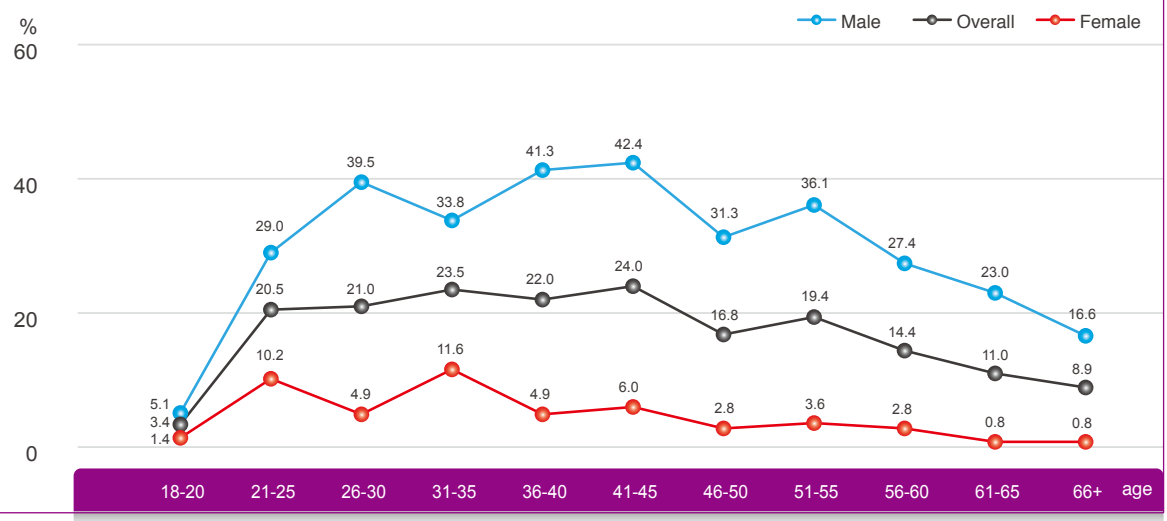


Note:

1. Source:
   a. Data from 1990 to 1996 were derived from household interviews conducted by the Taiwan Tobacco & Liquor Corporation
   b. Data for 1999 was based on the information of the “Survey of Adult and Youth Smoking Rate and Smoking Behaviors of 1999” carried out by prof Li Lan who used telephone interviews to collect smoking-related information from the general public.
   c. Data for 2002 was based upon health-related information collected using household interviews conducted by the HPA for the “2002 National Survey on Knowledge, Attitude, and Practice of Health Promotion for the Taiwan Region”.
   d. Data from 2004 to 2016 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 2016, 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.
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 the missing data.
   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 the missing data.
   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 the missing data.
   e. Questionnaire item from 2005 to 2016: “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 2016 were based upon the Taiwan region household census of 2000 carried out by the Directorate-General of Budget, Accounting, and Statistics (DGBAS). Weight adjustments 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)

Figure 3-2 Distribution of smoking rate of different age groups of males and females above the age of 18 in 2016

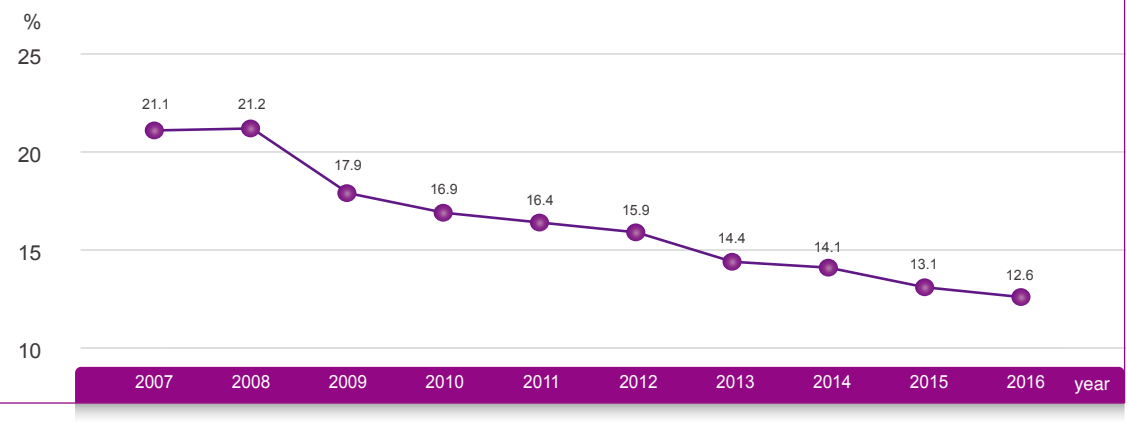


Note:

1. Data source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA in 2016 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.
3. Standard weighting based on census data for the year 2000 released by Directorate General of Budget, Accounting and Statistics for the Taiwan area

Because smoking rate surveys in different countries are not weighted by demographic characteristics, a weighted analysis of the demographic data of the previous year released by the Directorate General of Budget, Accounting and Statistics was carried out to gain a clear understanding of actual smoking rates in respective years. Post-stratification weighting was employed for gender, age, education level, and administrative regions. The following results were obtained for the population structure of the previous year: Smoking rates of Taiwanese citizens aged 18 or above between 2007 and 2016 were 21.1%, 21.2%, 17.9%, 16.9%, 16.4%, 15.9%, 14.4%, 14.1%, 13.1%, and 12.6%, respectively. (See Fig. 3-3)

Figure 3-3 Smoking rate of adults aged 18 or above 2007-2016 adjusted by concurrent demographic data



Note:

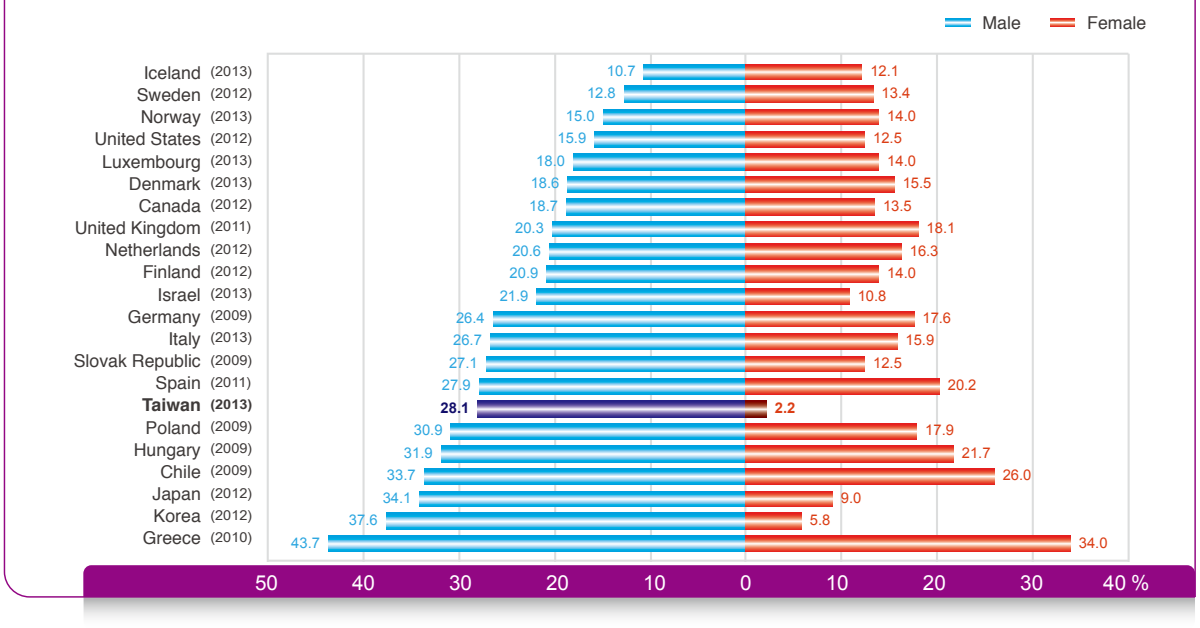
1. Data source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA in 2016 for the "Citizen Smoking Behavior Telephone Survey". The target of the survey were citizens above 18 years of age.
2. Definition of a smoker refers to a person who has smoked in excess 100 cigarettes (5 packs) from the past to the present and has used tobacco in the last 30 days.
3. Weighting based on data for the previous year released by Directorate General of Budget, Accounting and Statistics for the Taiwan area

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 2004 to 13.7% in 2016. This was a near 33% decrease compared to the rate of 2004 (34.1%). Daily smoking rate is highest (19.7%) for those from 30 to 39 years of age. When compared to the data of 2004, the greatest decreases were observed for those from 18 to 29 years of age which dropped from 22.3% to 12.3% (40%) reduction and those above 65 years of age which dropped from 17.9% to 6.4% (60% reduction).

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 3-4)

Figure 3-4 Distribution of smoking percentages in different countries



Note:

1. Data source of different countries is the WHO Report on The Global Tobacco Epidemic 2015, and 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”, they will be considered missing data.
   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 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 2016, the daily smoking rate of people above the age of 15 was 14.3% (male 25.1%, female 3.4%). To facilitate comparison with other countries, the 2013 survey result data was employed for Taiwan.

Public area second-hand smoke exposure rate

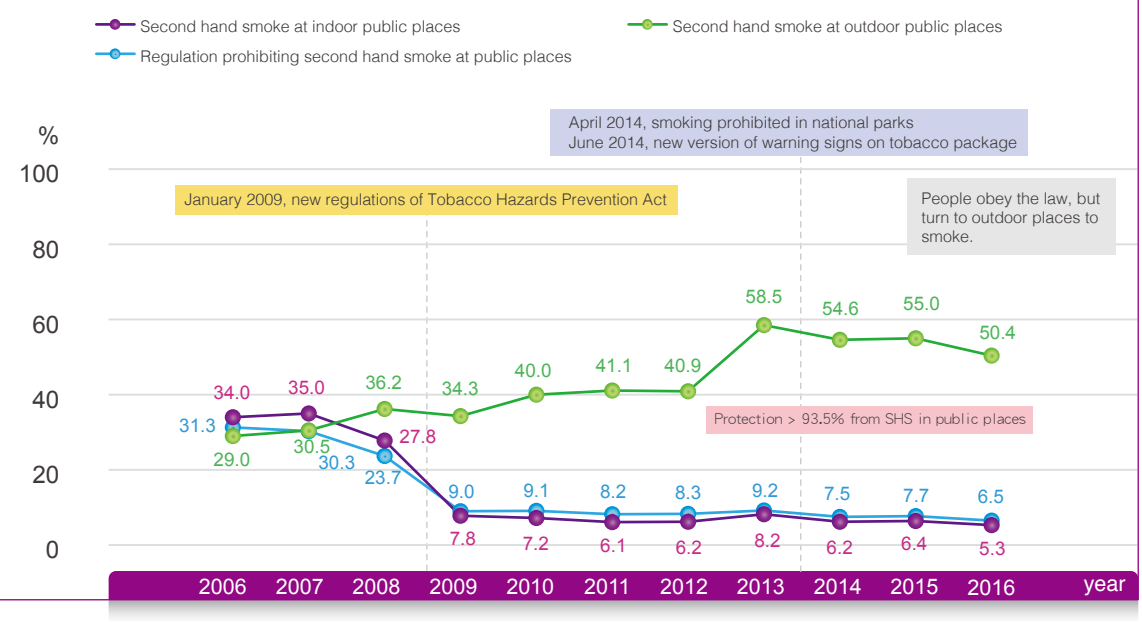
Many heavy smokers argue that smoking is a basic human right and falsely believe that tobacco hazards are only present during smoking and that changing locations and proper ventilation by opening windows can eliminate all Hazards. As a matter of fact, even smoking in ventilated indoor areas generates second- and third-hand smoke that contains carcinogens. These substances endanger the health of people in the vicinity at any concentration.

After enactment of the Tobacco Hazards Prevention Act, government agencies have been fully committed to the adoption of Tobacco Hazards Prevention Act policies and strategies. Smoking bans have been stipulated for all schools at the senior high school level and below and most indoor public areas. As a result of these bans, second-hand smoke exposure rates of adults aged 18 and above in indoor public areas dropped from 34% in 2006 to 5.3% in 2016 and second-hand smoke exposure rates in indoor and outdoor non-smoking areas fell from 31.3% in 2006 to 6.5% in 2016. These smoking bans have resulted in a 93.5% protection from second-hand smoke exposure in non-smoking areas.

However, smokers abide by indoor smoking bans and instead smoke in outdoor public areas where no smoking bans exist. Second-hand smoke exposure rates in those areas have therefore increased from 29.0% in 2006 to 50.4% in 2016.(as shown in Figure 3-5)

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.“ (30.7%), “parks and landscape site” (10.0%) ,“outside of restaurants, open-air restaurants, outdoor wedding ceremonies and funerals” (8.8%), and “night markets, street vendors, open-air markets” (6.3%) in sequence.

Figure 3-5 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 excluding their own residences or workplaces.

3. Questionnaire Item:

a. Questionnaire item from 2006 and 2007: "In the past week, has anyone smoked in front of you at home and public places besides your workplace?" "Where are the most common public places people have smoked in front of you? (Multiple-answer question with no hints. Interviewers may make detailed counselling and provide a maximum of 3 answers.) (Excluding the respondent's home and workplace.)" If the respondent "responded that they were exposed to second-hand smoke in public places but did not detail the places where they were exposed", "did not respond if they were exposed to second-hand smoke in public places and did not detail the places where they were exposed", responded "don't know", or "refused to respond" to the aforementioned questions, then those answers should be considered the missing data.

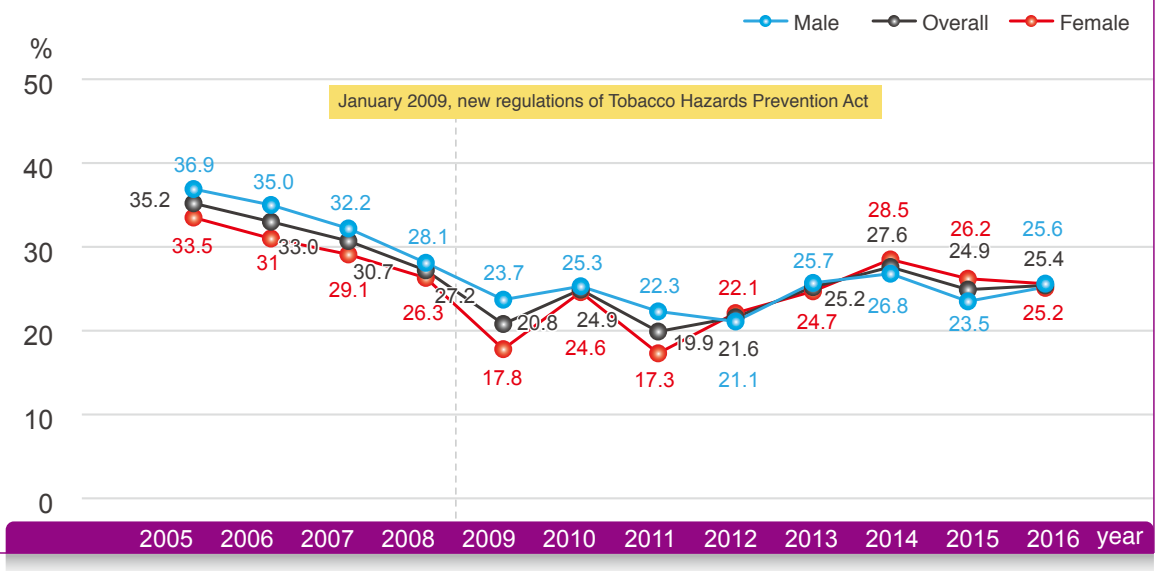
b. Questionnaire item from 2008 and 2016: "In the past week, has anyone smoked in front of you at public places besides your home and workplace? (Including smelling smoke.) (Public place: places with public access for dining, clothing, accommodation, transportation, education, entertainment and other activities)", "Besides smoking rooms, where are the most common public places people have smoked in front of you? (Multiple-answer question with no hints. Interviewers may make detailed counselling and provide a maximum of 3 answers.) (Excluding the respondent's home and workplace.)" If the respondent "responded that they were exposed to second-hand smoke at public places but did not respond the places to were exposed to", "did not respond if they were exposed to second-hand smoke in public places but did not detail the places where they were exposed", "did not respond if they were exposed to second-hand smoke in public places and did not detail the places where they were exposed", responded "don't know / not sure", or "refused to respond" to the aforementioned questions, then those answers should be considered the missing data.

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 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, followed by a decrease to 24.9% in 2015, and another slight increase to 25.4% in 2016. 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 3-6)

Figure 3-6 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 was 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 item:

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 the missing data.

b. Questionnaire item from 2009 to 2016: "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 the missing data.

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.

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 2016, 40% of smokers no longer smoke now (overall 38.1%, male 38.7%, female 33.9%), and the most important reasons of quitting smoke is the health concern (49.4%) for improving health, fear of illness, aging, pregnancy etc., and the subsequent concerns are family and peers (14.8%, and the concern on the overly high price of tobacco (5.9%).

Nevertheless, there are still 28.0% of present smokers express that attempts on quitting smoke have been made in the past one year but have failed to quit smoking (male 26.6%, female 36.7%)1, among which 58.7% of interviewees have expressed that the duration of smoking 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 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. Close to 6 million smokers and 600,000 non-smokers worldwide die from first- and second-hand smoke exposure each year. In Taiwan, close to 24,000 smokers and 3,000 non-smokers die from the effects of such exposure. Every 20 minutes one person dies from first- and second-hand smoke exposure.

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 2016 showed that 84.3% of the respondents were capable of naming diseases caused by smoking without any prompting. However, this means that 14.7% of the respondents were not aware of the diseases caused by smoking. Results also showed that 1 % of the respondents mistakenly believe that smoking would not lead to any diseases[2].

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 2016, 83.1% 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,9.5% of the general public disagreed with such statement, and 7.4% of the general public were not sure or had no idea on whether such statement was true or false[3].

Since the enactment of the Tobacco Hazards Prevention Act in 1997, smoke-free environments have been created through legislative efforts and health education and diversified smoking cessation services have been provided to help 1.45 million smokers successfully kick their habit. However, 3.13 million still indulge in their addictions. Toxic second- and third-hand smoke still fills their daily environments. This clearly indicates that a more determined effort is required in the field of Tobacco Hazards Prevention Act.

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.

We set a 30% relative reduction in tobacco use by 2025 in accordance with the WHO target. 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 smoking 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 smoking cessation services and smoking 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.

2. Source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA for the "Citizen Smoking Behavior Telephone Survey". The target of the survey were 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 the missing data.

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: "Carrying out activities in rooms where people had smoked before is also hazardsous 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 the missing data.

   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.

Global Youth Tobacco Survey

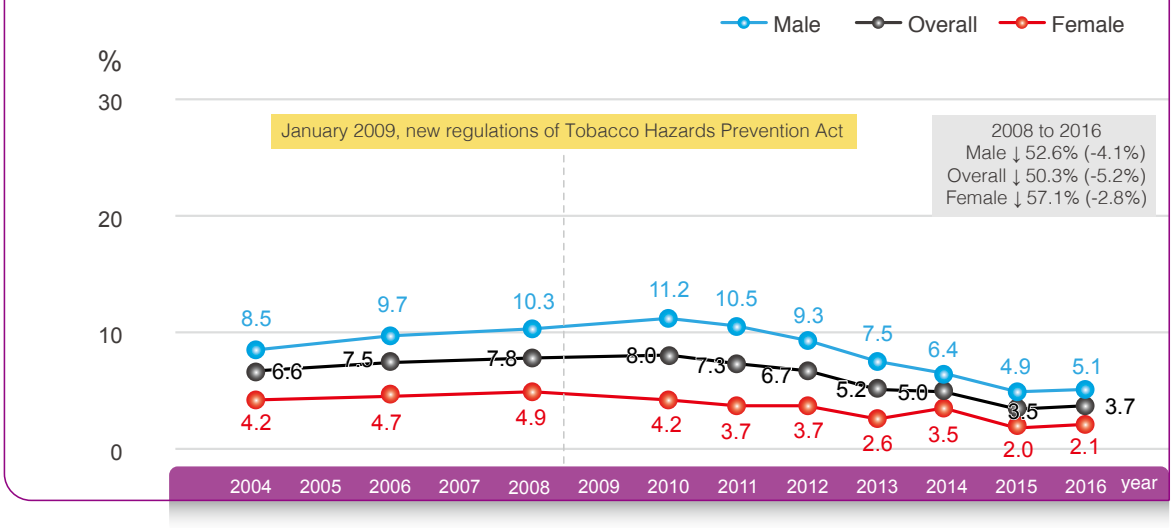
To generate results comparable to international standards, the HPA began to work together with the American Centers for Disease Control and prevention (CDC) in 2004 and adopted the Global Youth Tobacco Survey (GYTS) developed by the World Health Organization (WHO). The final Survey form was developed 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 school 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 2016 sampled 49,005 students (22,493 junior high students and 26,512 senior high and vocational school students). Questionnaire surveys were completed anonymously. A total of 44,334 completed surveys were collected (20,847 from junior high schools and 23,487 from senior high and vocational schools) for a completion rate of 90.47% (92.68% for junior high schools and 88.59% for senior high and vocational schools).

Smoking rate

The smoking rate of junior high school students had decreased from 7.8% in 2008 (male 10.3%, female 4.9%) to 3.7% in 2016 (male 5.1%, female 2.1%) with a reduction rate greater than half thereof (52.6%) (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 9.3% in 2016 (male 13.1%, female 5.2%) with a reduction rate of nearly 1/4 thereof (37.3%) (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.

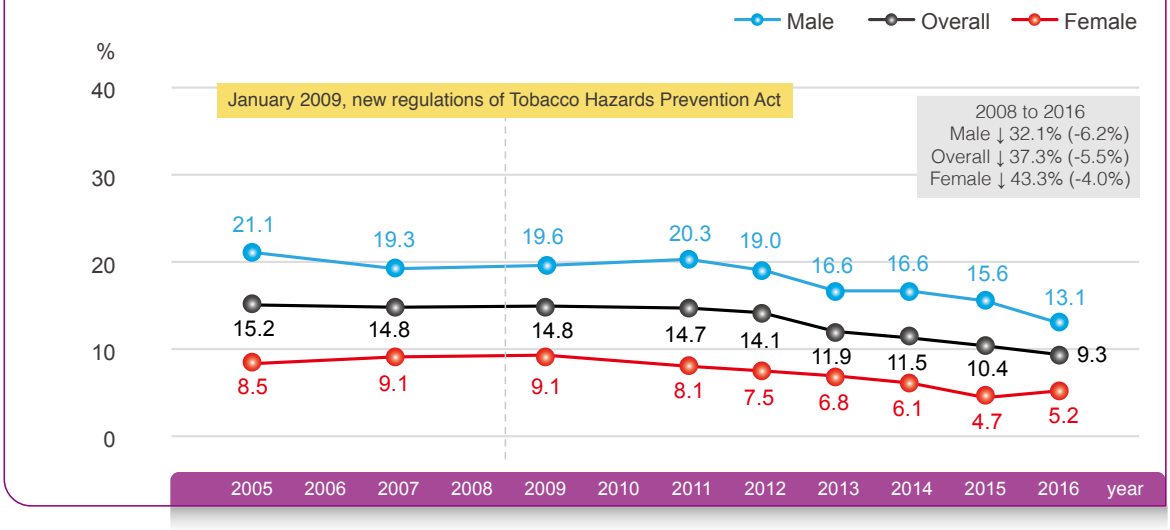
Figure 3-7 Present smoking rate of junior high school students over the past years



Note:

1. Data source: "Teenager smoking behavior investigation" by HPA; relevant data of teenager smoking were collected through entire classes selected; the subjects of analysis were junior high school students.
2. Definition of current 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 other 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".

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

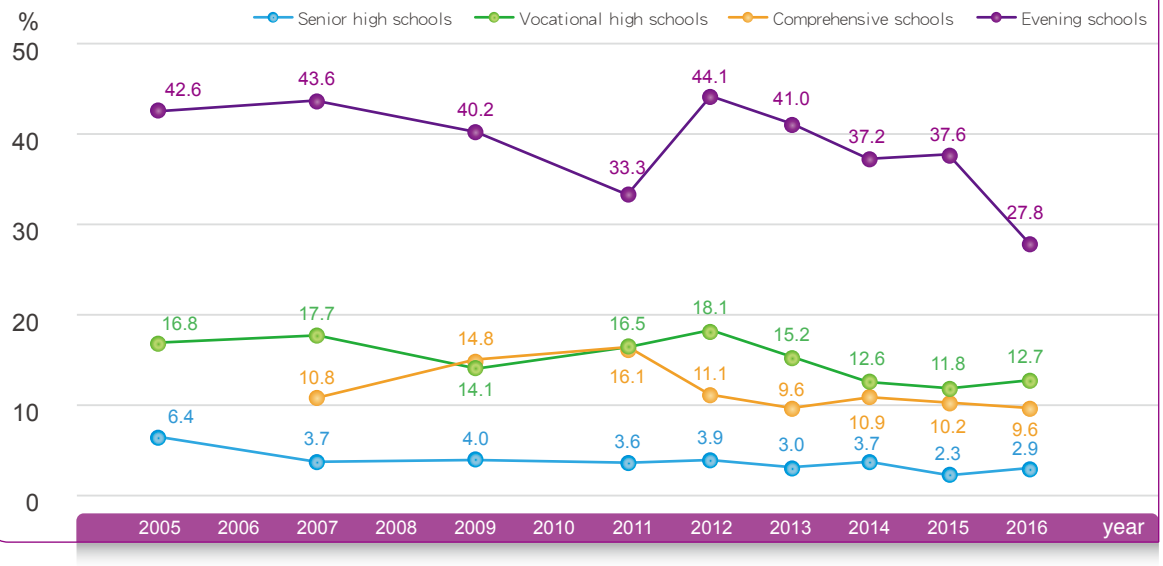


Note:

1. Data source: "Teenager smoking behavior investigation" by HPA; relevant data of teenager smoking were collected through entire classes selected; 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. 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 other 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 2.9%, 12.7%, 9.6%, and 27.8% 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.

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

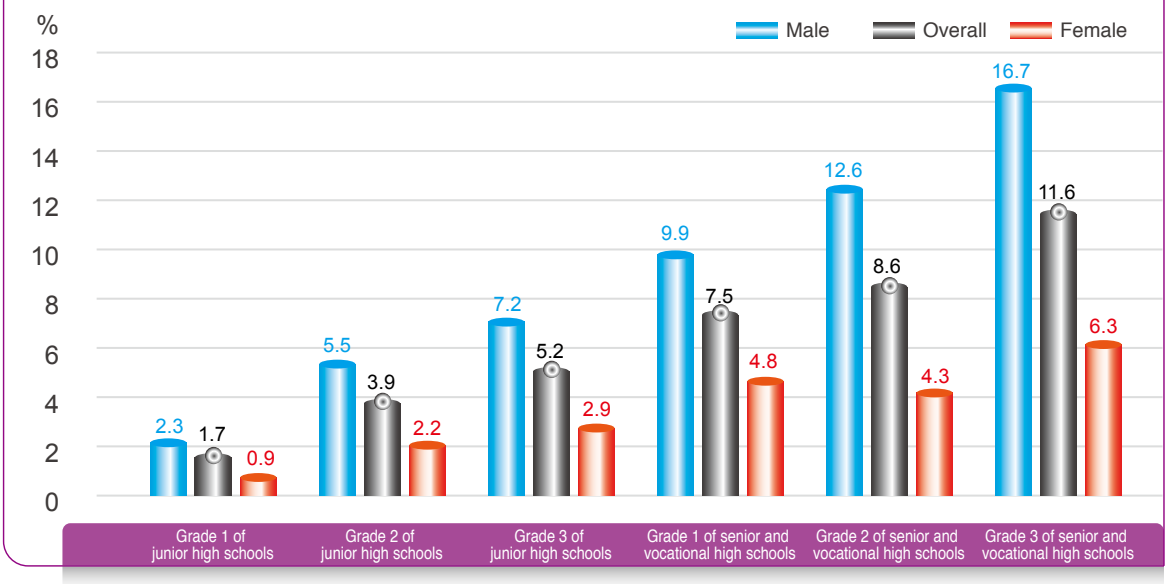


Note:

1. Data source: "Teenager smoking behavior investigation" by HPA; relevant data of teenager smoking were collected through entire classes selected; the subjects of analysis were junior 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 other 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 1.7%, 3.9% and 5.2% respectively, and the smoking rates for students of grades 1 to 3 of junior high school are 7.5%, 8.6% and 11.6% respectively (as shown in Figure 3-10).

Figure 3-10 Smoking rates of different grades of junior high schools and senior and vocational high schools

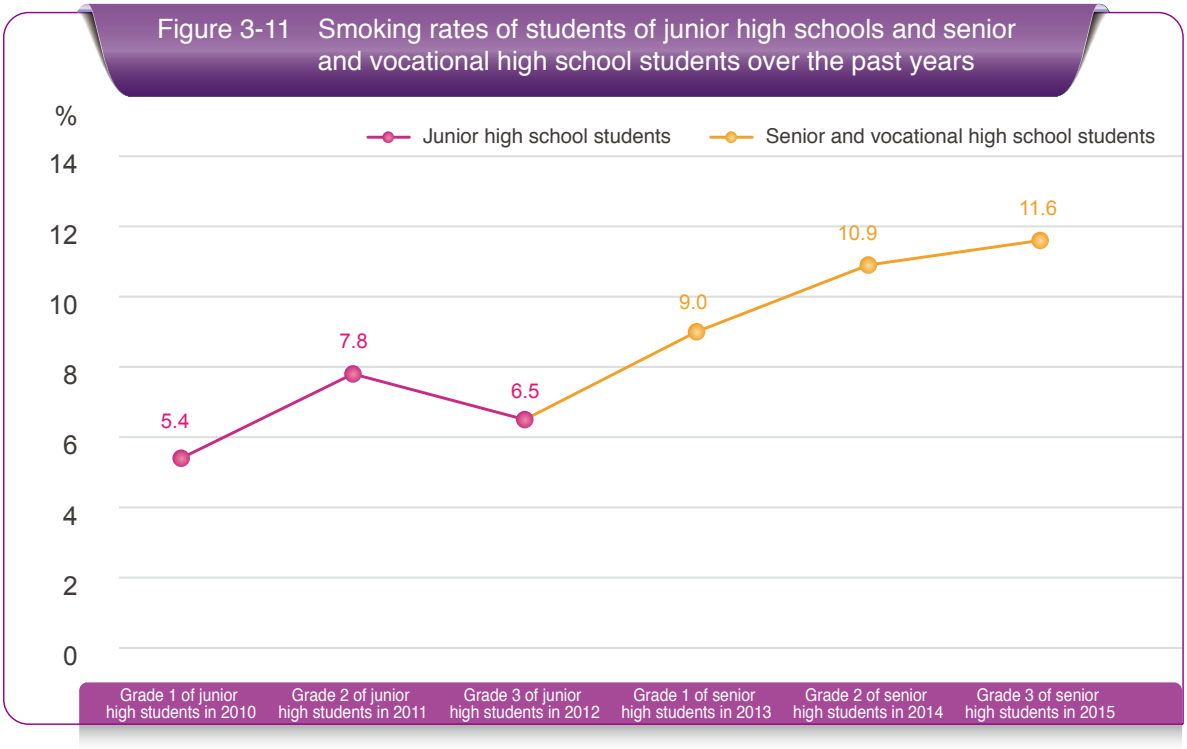


Note:

1. Data source: "Teenager smoking behavior investigation" by HPA in 2016; relevant data of teenager smoking were collected through entire classes selected; 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 as a cohort study, 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.

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



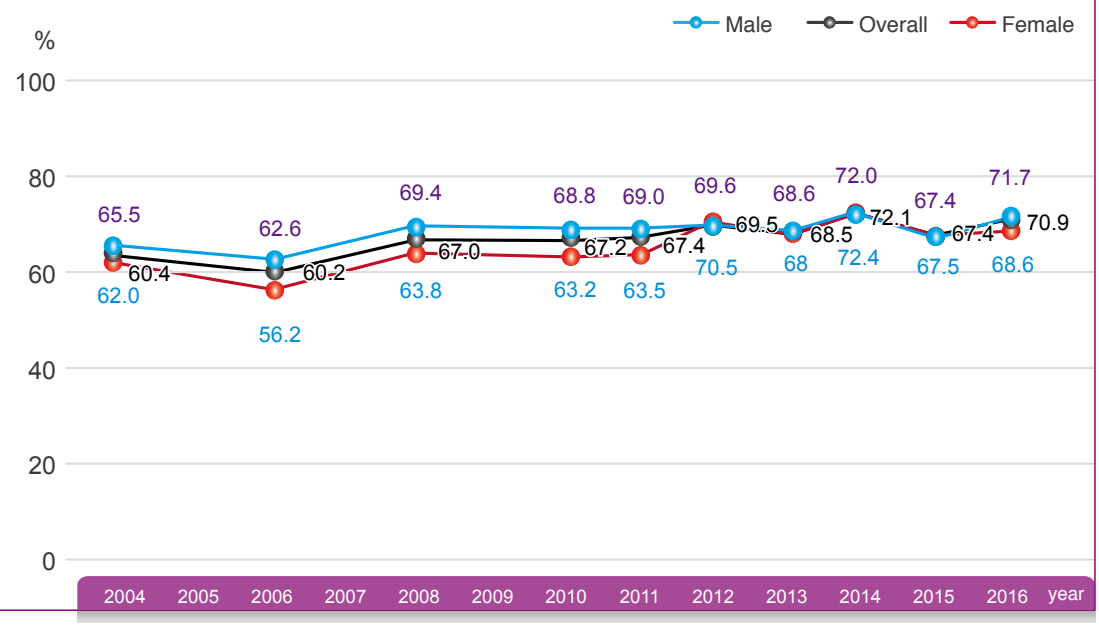
Note:

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 all groups.
2. Senior high and vocational schools students: Senior highs, vocational highs, and 1st to 3rd year students of 5-year junior colleges (including evening classes)

Smoking cessation experience and quit attemp

As the proportion of the smoking population slowly shrinks, more and more current smokers expressed an increasing willingness to quit smoking. About 70% of student smokers in junior high schools and senior high and vocational schools also responded that they had experiences in smoking cessation in the last year (Figure 3-12, Figure 3-13). About 60% of junior high school students and senior high and vocational school students expressed a willingness to quit smoking (Figure 3-14, Figure 3-15).

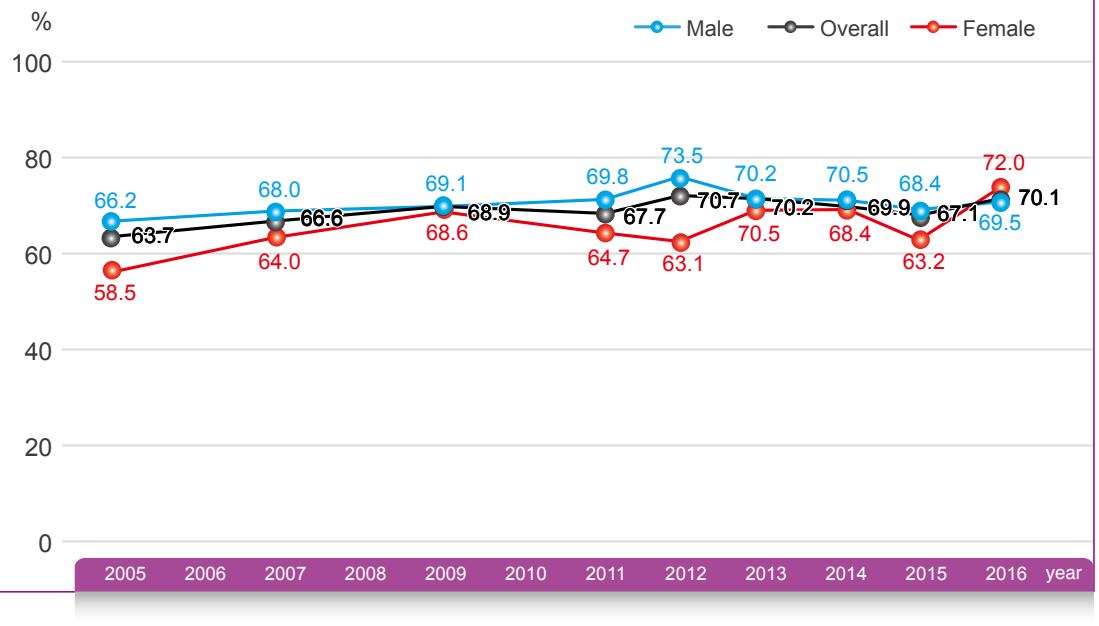
Figure 3-12 Percentage of smoking cessation experience of smoking students of junior high schools



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 smoking 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 other 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".

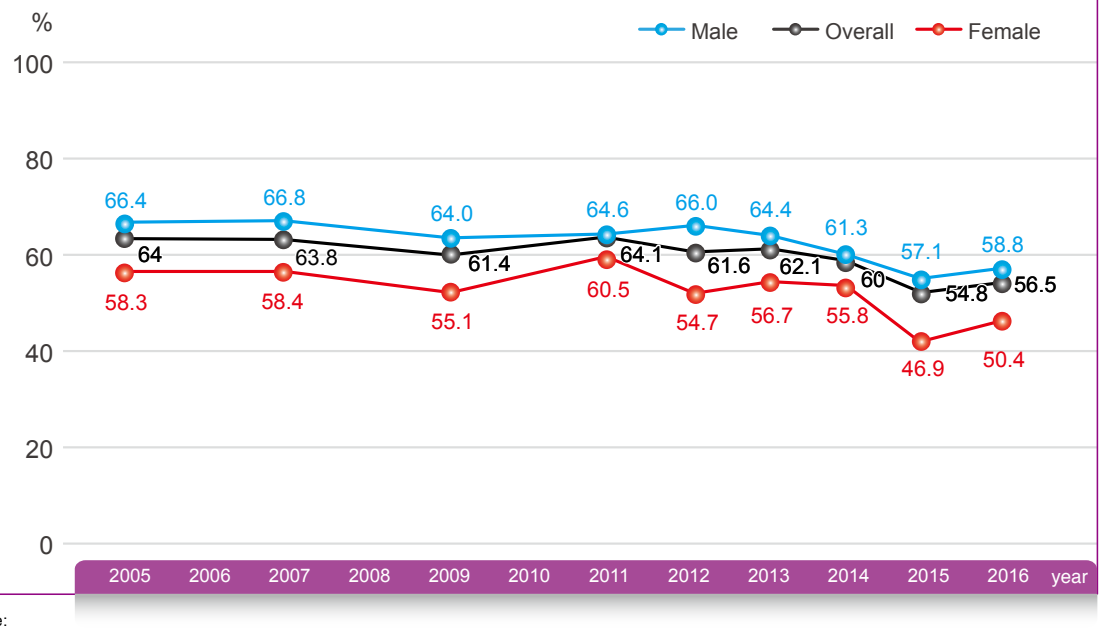
Figure 3-13 Percentage of smoking cessation experience of smoking students of senior high schools



Note:

1. Data source: "Teenager smoking behavior investigation" by HPA; relevant data of teenager smoking were collected through entire classes selected; the subjects of analysis were junior high school students.
2. Definition of smoking 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 other 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".

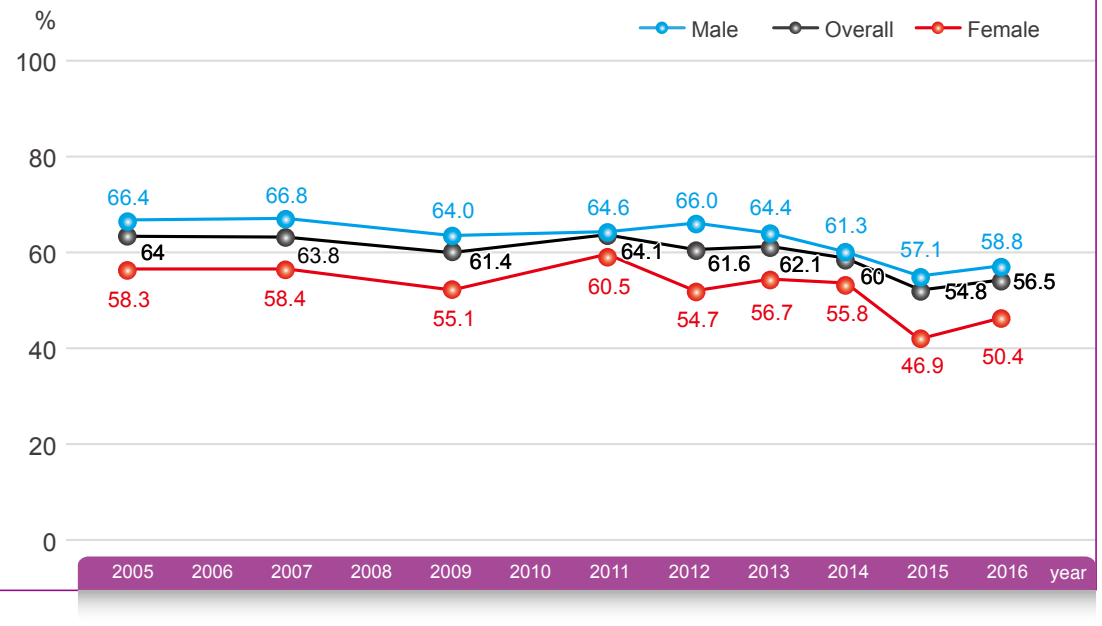
Figure 3-14 Percentage of smoking cessation attempt of smoking students of junior high schools



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 smoking cessation attempt: 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 other 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”.

Figure 3-15 Percentage of smoking cessation intention of smoking students of senior and vocational high schools



Note:

1. Data source: “Teenager smoking behavior investigation” by HPA; relevant data of teenager smoking were collected through entire classes selected; the subjects of analysis were senior and vocational high school students.
2. Definition of smoking 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 other 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 8.1% in 2016 (Figure 31-16), and the rate for senior and vocational high school students in schools dropped from 35.2% in 2007 to 15.8% in 2016 (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 2016 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 40.3%, senior and vocational high school 63.3%), the second source is other people from outside schools (junior high school 34.8%, senior and vocational high school 16.8%) and the third source is the administrate personnel inside schools (junior high school 7.6%, senior and vocational high school 6.7%) (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.

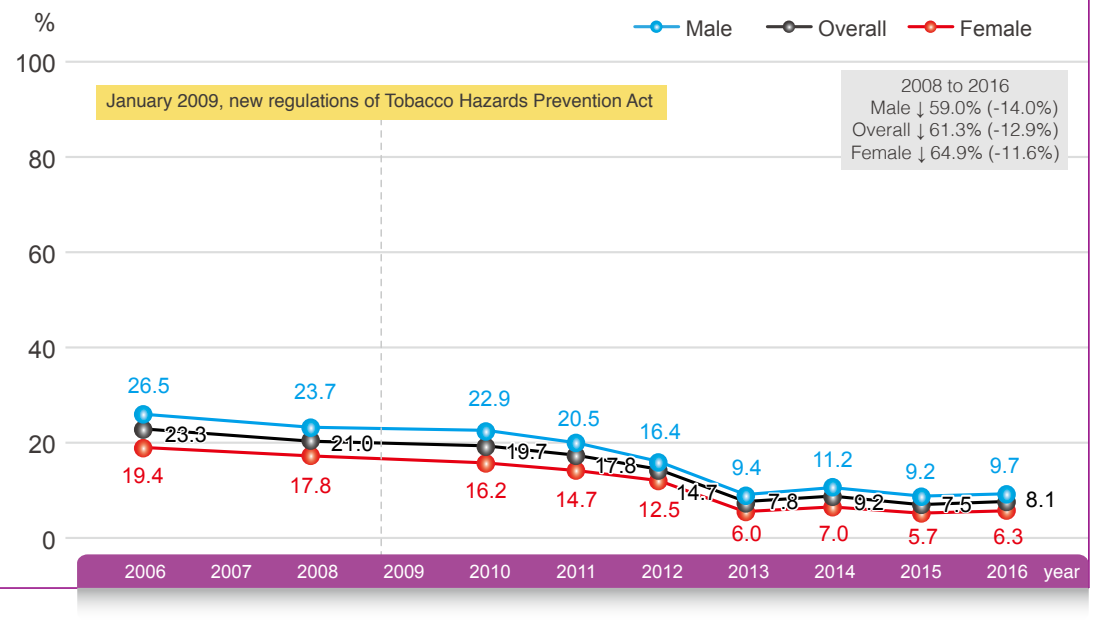
Although the second-hand smoke exposure rate of teenagers on campus has been improved significantly, nonetheless, in the past year, the second-hand smoke exposure rate of teenagers at public place increases. In 2016, the second hand exposure rate of junior high school students at public place outside campus was 58.9% (male 56.3%, female 61.8%), which was higher than 60.4% in 2015 (male 63.3%, female 7.7%). In 2016, the second hand exposure rate of senior and vocational high school students at public place outside campus was 66.9% (male 65%, female 69 %), which was also higher than 68.5% in 2015 (male 69.2%, female 67.8%) (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 11.5%, senior and vocational high school 18.2%) (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 2016, the result showed that 67.5% of junior high school students and 71.1% 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 exposure due to smoking elders at home. In 2016, the second-hand smoke exposure rate of senior and vocational high school students at homes was 32.6% (male 31.6%, female 33.6%) (as shown in Figure 3-20), and the rate for junior high school students at home was 32.4% (male 31.9%, female 32.7%) (as shown in Figure 3-21). In comparison to the survey results of previous years, the second-hand smoke exposure rate of teenagers in homes has been improved; nonetheless, the second-hand smoke exposure of teenagers at homes is still high (as shown in Figure 3-21)

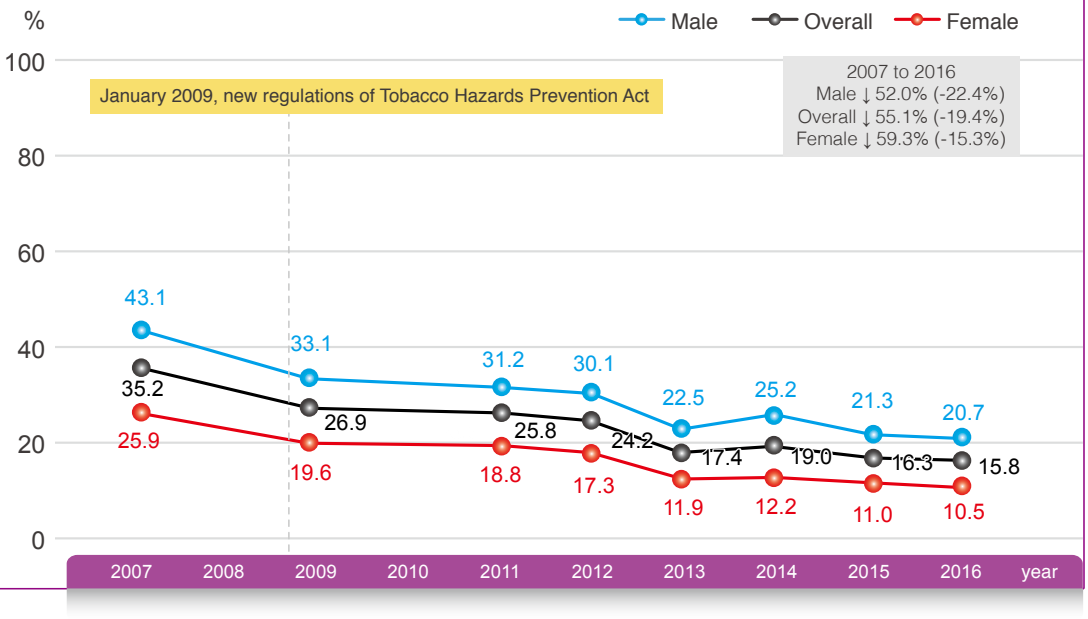
Figure 3-16 Second hand smoke exposure rate of junior high school students in campus



Note:

1. Data source: “Teenager smoking behavior investigation” by HPA; relevant data of teenager smoking were collected through entire classes selected; 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 school 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 other 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”.

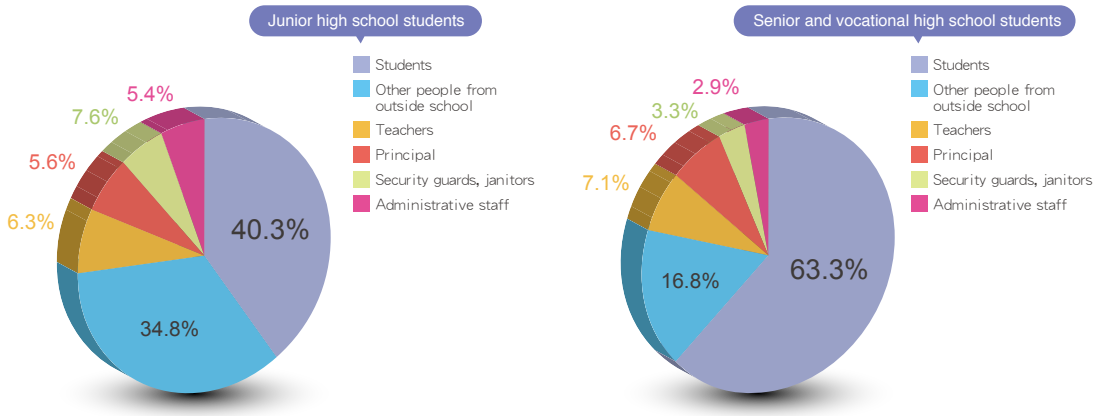
Figure 3-17 Second hand smoke exposure rate of senior and vocational high school students in campus



Note:

1. Data source: “Teenager smoking behavior investigation” by HPA; relevant data of teenager smoking were collected through entire classes selected; 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 school 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 other 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”.

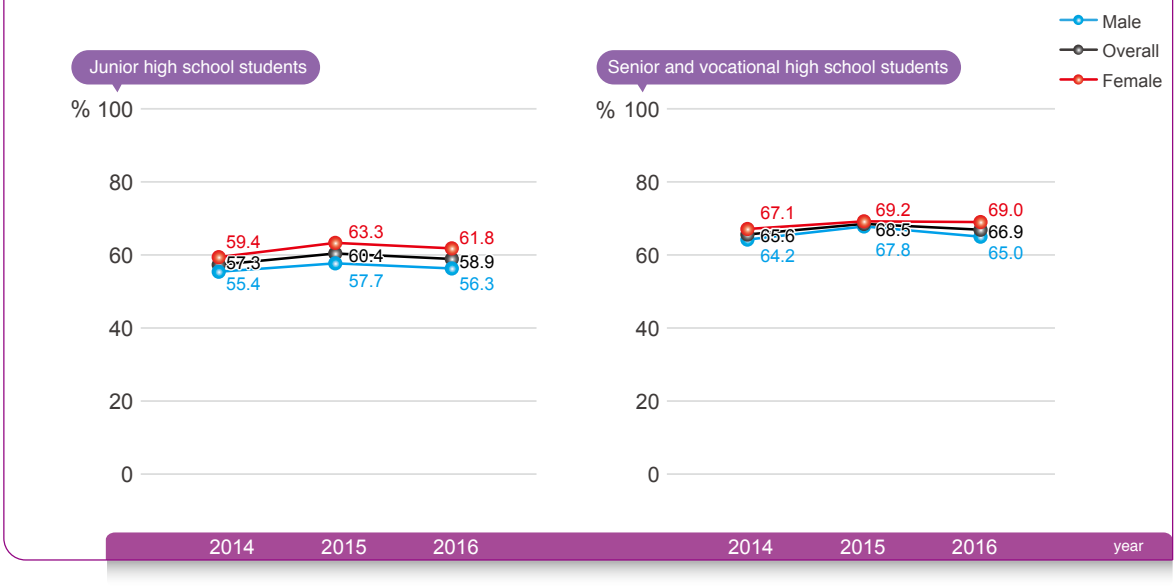
Figure 3-18 Primary source of second-hand smoke for students in junior high schools and senior and vocational high schools



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 at 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?

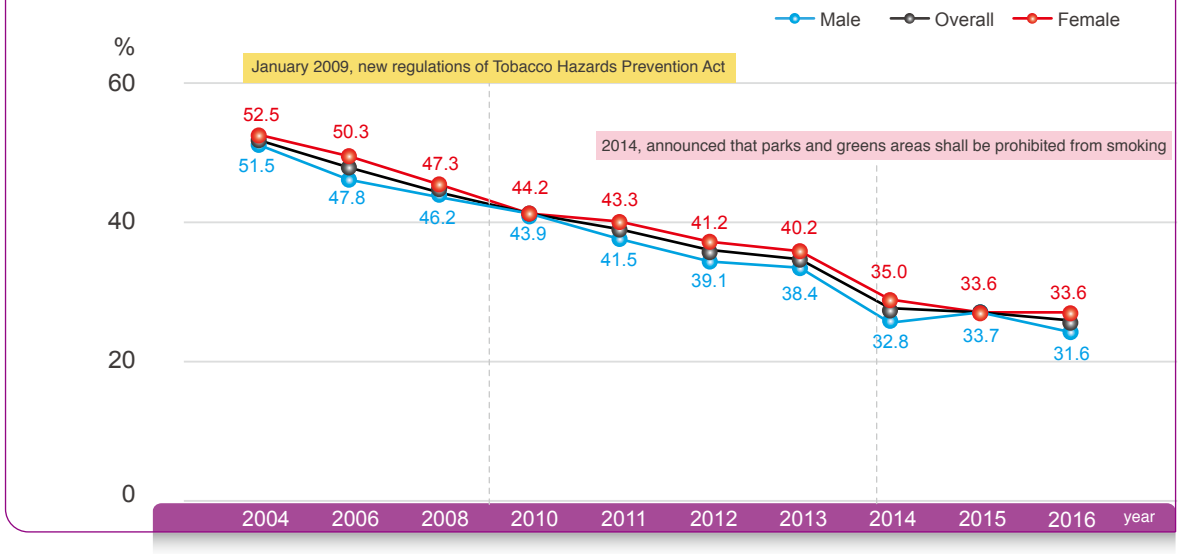
Figure 3-19 Second hand smoke exposure rate of teenage students at public place outside campus



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).

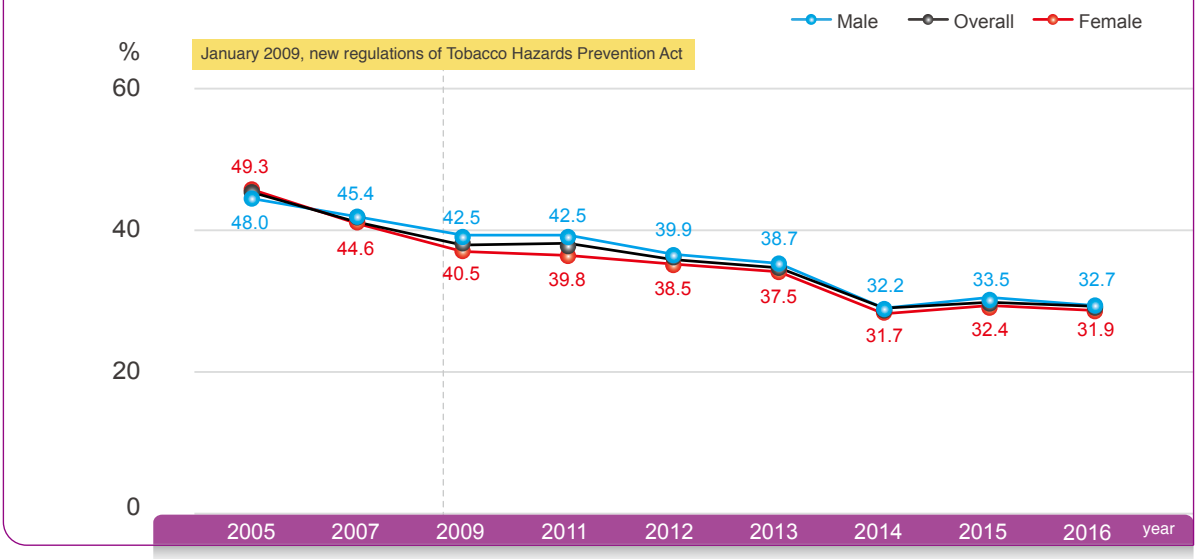
Figure 3-20 Trend of second hand exposure rate of junior high school students at home



Note:

1. Data source: “Teenager smoking behavior investigation” by HPA; 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 other 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 Trend of second hand exposure rate of senior and vocational high school students at home



Note:

1. Data source: “Teenager smoking behavior investigation” by HPA; relevant data of teenager smoking were collected through entire classes selected; 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 other 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

2016 survey results reveal that the smoking rates of junior high school and senior high school students having at least one of the parents smoking at home are 5.7% and 13.0% respectively, which are approximately 2 to 3 times (junior high school students 1.9 %, senior and vocational school students 6.0 %) 2-3 times higher than the smoking rates of students having none of the parents smoking (junior high school 3 times, senior and vocational high school students 2.2 times). 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 smoke, their current 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 smoke is nearly 40% (junior high school 36.6%, senior and vocational high school 48.2%), which is more than 9 times (junior high school students 14.6 times higher, senior and vocational high school students 9.6 times higher) higher than the smoking rate of students having no or few friends (junior high school 2.5%, senior and vocational high school 5.0%). For non-smoking students, the surveys indicate that 10.2% of junior high school students and 10.1% 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 hazardsous factors of smoking and to successfully quit smoking.

Tobacco Depictions and Imagery Monitoring

The milestones for the new regulations connected to the Tobacco Hazards Prevention Act include the smoking ban for public areas, which was imposed on January 11, 2009, and an increase of the tobacco surcharge implemented on June 1 of the same year. A current main focus of Tobacco Hazards Prevention Act work is to achieve breakthroughs in the field of tobacco product depictions in videos and on the Internet.

TV program and movie monitoring

In 2016, the HPA commissioned a panel of experts and academicians to monitor tobacco depictions in television shows and films over a 6-month period (from July to December 2016). A total of 100 movies (including Mandarin and foreign language movies in box-office, 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 291 news shows for a total of 17,460 minutes of television news contents (including 19 to 20 hours of evening news from 10 radio TV and cable TV channels).

Monitoring results showed that average incidence of tobacco depictions in every movie of 2016 was 11.88, an increase when compared to the averages observed in past years (2008 to 2015). In addition, during the years of 2011 to 2016, the number of incidence of tobacco depictions in Chinese films over the past 6 years was maintained 15 times on average in each film. In contrast to Chinese films, foreign movies have maintained an average of 17 incidences of tobacco product depictions per movie over the past 6 years.(see Table 3-1and 3-2)

Table 3-3 shows research data in the field of tobacco product depictions in movies. The foreign movie “Dirty Grandpa” (71 incidences) was the movie with the most tobacco product depictions among the 100 movies which were surveyed in 2016 followed by “The Danish Girl” (64 incidences). In short, tobacco product depictions appear in these movies every two minutes on average.

Table 3-1 Tobacco depictions in films: comparison of data from 2008 to 2016

Item \ Year	2008	2009	2010	2011	2012	2013	2014	2015	2016
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%)	49 (49.0%)
Films monitored	80	104	102	103	100	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	11.88

Table 3-2 Comparison of tobacco depiction between Mandarin films and foreign language films from 2008 to 2016

Item		2008	2009	2010	2011	2012	2013	2014	2015	2016
Mandarin	Tobacco depiction observed (films) / sampled size (films)	15/17	13/14	7/17	11/20	15/31	18/31	13/32	16/26	11/20
	Incidences of tobacco depictions	512	511	239	163	151	171	226	363	129
	Average incidence of tobacco depictions per movie	34	39	34	14	10	10	17	23	12
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	38/80
	Incidences of tobacco depictions	491	1,174	623	332	426	356	321	536	602
	Average incidence of tobacco depictions per movie	15	24	26	14	13	17	23	20	16

Table 3-3 A list of top movies of 2016vs. tobacco product depictions

Movie name	Numberf of Incidences of tobacco depictions	Rating	Language	Year of release
Dirty Grandpa	71	Parents Strongly Cautioned	English	2016
The Danish Girl	64	Parents Strongly Cautioned	English	2016
Café Society	60	Parental Guidance Suggested	English	2016
Demolition	33	Parents Strongly Cautioned	English	2016
2David Loman 2	25	Parents Strongly Cautioned	Mandarin	2016
The Handmaiden	23	Restricted	English	2016
The Conjuring 2	23	Parents Strongly Cautioned	English	2016
One Piece Film:GOLD	20	Parental Guidance Suggested	English	2016
A Hologram for the King	20	Parents Strongly Cautioned	English	2016
From Vegas to Macau II	20	Parents Strongly Cautioned	Mandarin	2015
Book of Love/ Finding Mr. Right 2	19	General Audiences	Mandarin	2016
Eddie the Eagle	16	Parental Guidance Suggested	English	2016
The Bodyguard	16	Parents Strongly Cautioned	Mandarin	2016
The Revenant	15	Restricted	English	2016

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

Over many years, cartoons have always been the program type with the most tobacco product depictions among the 5 major TV program types. Monitoring of tobacco product depictions in TV programs in 2016 reveal that cartoons still contain the highest number of tobacco product depictions. The research findings listed in table 3-4 indicate that the longest-running cartoon series “One Piece” is still at the top of the list as far as tobacco product depictions are concerned. Tobacco related information appears an average of 9.6-22 times in every episode of this cartoon series. In other words, viewers are exposed to such information every 1.5 minutes on average.

In addition to One Piece, tobacco product depictions appear 5.67 times on average in every episode of KochiKame. Other contains with tobacco product depictions include Doraemon (2.4 incidences on average), Detective Conan (2 incidences on average), and Atashin'chi (0.25 incidences 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 (STAR TV, cartoon)	2	44	22
One Piece (TTV, cartoon)	10	96	9.6
KochiKame (CTS, cartoon)	3	17	5.67
Doraemon (CTS, cartoon)	5	12	2.4
Detective Conan (CTS, cartoon)	3	6	2

Internet monitoring

The Internet is an emerging medium that has unquestionably replaced certain traditional media. Monitoring of tobacco product and e-cigarette depictions on the Internet was therefore added as a new item in 2015. The main findings and trends revealed through comparison of the data for 2015 and 2016 are as follows:

(a) Mainstream media news coverage cause agitation on the Internet

The physical world and the Internet are closely connected. Judging from tobacco product related keyword searches from June to November 2016, share of voice of mainstream news media (including China Times, Liberty Times, Apple Daily, United Daily News, CAN News) and social media is interrelated. The share of voice of social media will increase with regard to issues involving tobacco prices.

Table 3-5 Overview of tobacco product terms September-November 2016

Tobacco products	Tobacco prices	Tobacco surcharges	Tobacco taxes
			

(b) Sudden emergence of e-cigarettes on the Internet due to commercial behavior

An analysis of Facebook communities and 510 searches for the keywords “e-cigarettes”, “tobacco products”, and “light cigarettes” in particular reveals that 456 communities and fan pages (89.4%) are related to e-cigarettes, and 55 of these communities have more than 2500 members. Almost all of these communities are platforms for exchanges and trading of e-cigarettes. In addition, over 60,000 discussions, images, photos, or posts related to e-cigarettes are present on Instagram. E-cigarette products are available everywhere.

(c) Tobacco hazards prevention on the Internet:

In light of the absence of laws regulating information networks, government agencies have commissioned external units to form the Institute of Watch Internet Network iWIN as an organization in charge of management of Internet content in Taiwan. The iWIN website features various grievance items related to harmful Internet contents. In the future, the framework of the Ministry of Health and Welfare may be utilized to incorporate Internet contents with tobacco product depictions into the range of harmful contents and thereby take the first step in Tobacco Hazards Prevention Act on the Internet.

(d) Direction of future efforts:

Tobacco hazards prevention and education will focus on:(1)Inter-organizational cooperation with NGOs active in the fields of child, parent, teacher, and women related issues;(2)The results of long-term monitoring of tobacco product information must be constantly disclosed and provided to multimedia producers;(3)Raising of the level of Tobacco Hazards Prevention Act work. Educational efforts with regard to Internet contents will focus on the following:(1)Content creation;(2)advocacy of media literacy;(3)shooting of educational video clips;(4)encouragement of self-discipline on the part of businesses.

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 middle-and low- income countries are 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 middle-and low- income countries were more than enough to make up for losses of tobacco consumption in high income countries.

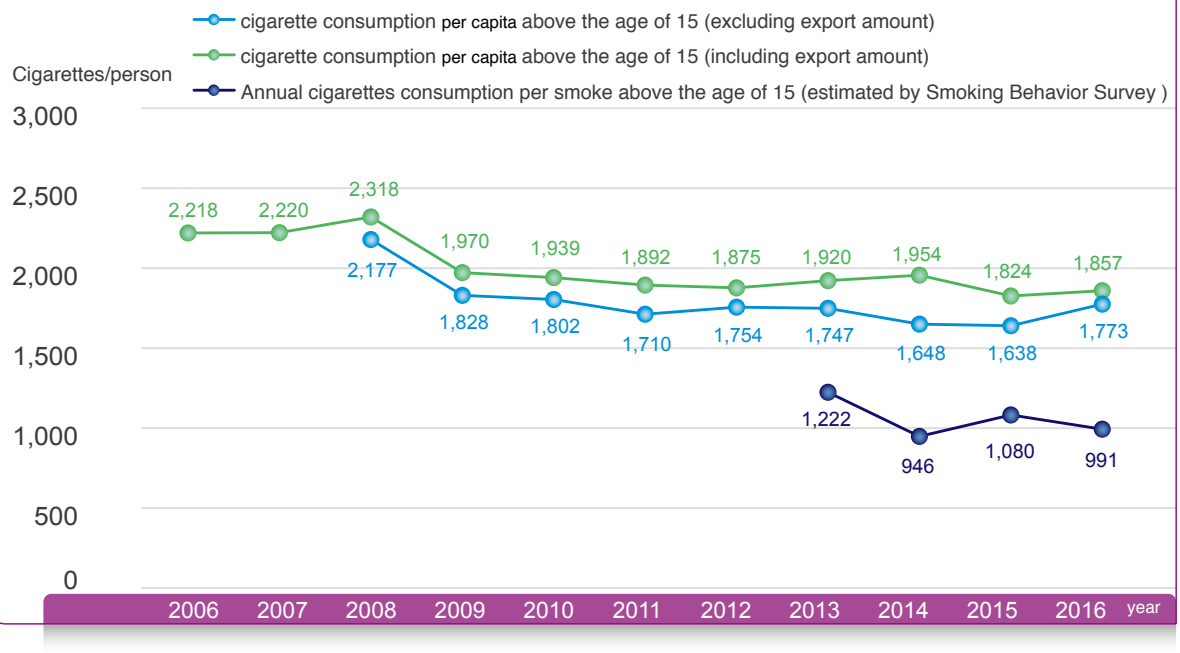
With the implementation of the tobacco health and welfare surcharge in Taiwan, the tobacco hazards prevention work was able to be executed thoroughly, and the smoking rate of adult male dropped from 48.2% in 2002 to 28.6% in 2016 while the smoking rate of adult female also dropped to around 3%~5%. The daily tobacco consumption of smokers above the age of 18 decreased from 19 cigarettes in 2008 to 17.3 cigarettes in 2016. Except for the slight increase in 2013 and 2016, 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 952 cigarettes in 2015. The daily tobacco consumption of smokers above the age of 15 decreased from 19.3 cigarettes in 2013 to 17.3 cigarettes in 2016; the

estimated number of cigarettes per year per capita above the age of 15 dropped from 1,222 in 2013 to 991 cigarettes in 2016. 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 and 1.89 billion packs in 2015 and 2016. 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. The year 2016 saw a slight increase to 1.81 billion packs.

Moreover, according to the calculation method of Per Capita Cigarette Consumption of the WHO, the annual average tobacco consumption amount per capita above the age of 15 in taiwan 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 taiwan 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. 2016 saw a slight increase to 1,773 cigarettes (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).

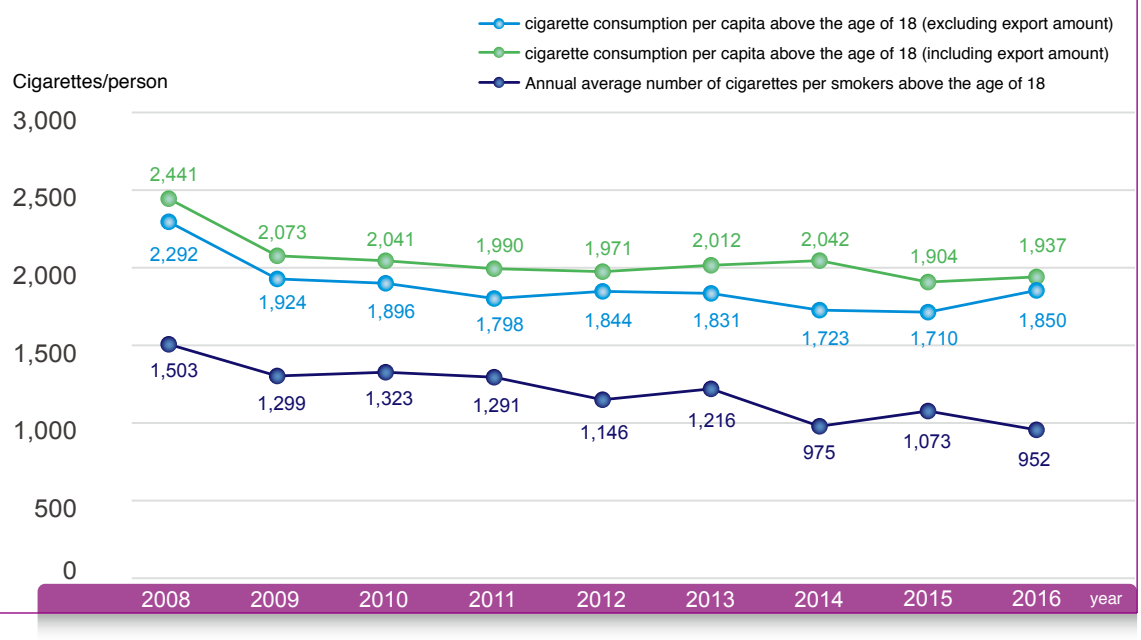
Figure 3-22 Relationship between cigarette consumption amount and smoking per capitas above the age of 15



Note:

1. Average cigarette consumption per capita (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 per capita (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 2016 is 90 million packs, accounting for 4.5%.
   (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.

Figure 3-23 Relationship between cigarette consumption amount and smoking per capitas above the age of 18



Note:

1. Average cigarette consumption per capita (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 per capita (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 2016 is 90 million packs, accounting for 4.5%.
   (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 current 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 is 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 middle-and 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 display for sale in 2011 and implementing plain packaging policy 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 chain stores 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.

Domestic and international research reveals that the successful rate of quitting smoking after one year relying on merely one's own will is approximately 3-5%; for those with the use of smoking cessation services for quitting smoke, the success rate of quitting smoke after one year is approximately 25%. The result shows that the successful rate associated with the professional assistance and the use of smoking cessation medication for quitting smoke is 5 times higher than the success rate of quitting smoke relying on one's own will. Accordingly, the Administration will continue to promote the second generation smoking cessation services, smokers' helpline, diverse smoking cessation services of smoking cessation classes held by county and city health bureaus etc., in order to create smoke-free environments, to promote amendment of law to increase smoking cessation, to increase area of pictorial warning on tobacco packages and to prohibit the display of tobacco products in light of protecting the health of all people.

E-cigarettes Monitoring and Management

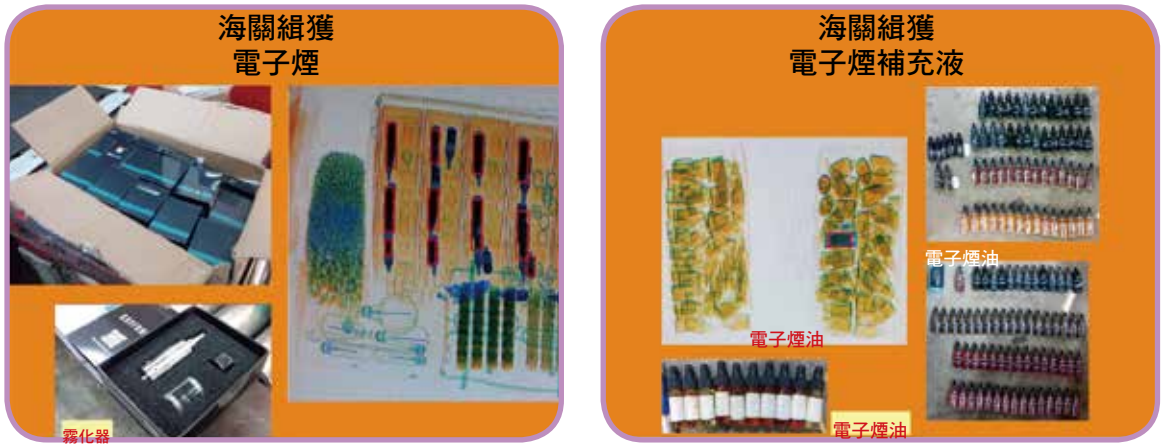
Electronic cigarettes are new products, which uses an electric power driven atomizer and a heated smoke liquid (container) containing vaporizing liquid, the smoke is mixed with nicotine, propylene glycol and other fragrances etc. as a new device provided for smoking by users. Since nicotine is of the properties of “addictive substance” and “ingredient of smoking 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 taiwan. 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.

The number of e-cigarette users worldwide is rapidly increasing and e-cigarette use is difficult to control in this age of convenient online shopping. To protect the people 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. On May 11, 2016, the “Overview table of electronic cigarette product name containing nicotine content inspected” for January 1, 2016 to April 15, 2016 was provided. In 2016, the Customs Administration of the Ministry of Finance seized e-cigarette related items in 571 cases (including 3,787 e-cigarettes, 21,476 bottles of e-liquid, and 1,365



X-ray image showing e-cigarettes and e-liquid confiscated by customs

E-liquid in a container at Kaochin Terminal No.17 confiscated by Coastal Patrol Corps 5 of the Coastal Patrol Directorate General, Coast Guard Administration, Executive Yuan

related accessories). There were 91 cases involving illegal importation of e-cigarettes and violations of the Pharmaceutical Affairs Act were referred to Prosecutor's Offices for investigation. The Coast Guard Administration of the Executive Yuan uncovered 2 cases involving e-cigarettes in 2016.

Physical store inspections for e-cigarettes carried out by Taoyuan Department of Health

2. 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) Source tracking and channel inspection:

1. Since March 17, 2014, the Food and Drug Administration issued letters to request the health bureaus 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%. 285 cases were referred to Prosecutor's Offices for investigation. The remaining 1,143 cases are still under investigation at public health bureaus. In 2016, the number of inspected cases reached 3,062 (77.4% of these cases were found to contain nicotine). There were 1,008 cases referred to Prosecutor's Offices for investigation. The remaining 2,054 cases are still under investigation at public health bureaus.
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 dollars and below NT$50,000 dollars shall be penalized, and the seller of such products shall be penalized for a fine above NT$ 1,000 dollars and below NT$ 3,000 dollars. For the month of December during the years of 2016, the health bureaus of all counties and cities performed a total of

Vapes and e-liquid confiscated at "Business Location" by the Taipei City Police Department, January 2016

E-cigarettes confiscated by Keelung City Police Department at a public location under cover of a beverage store, February 2016

1,700,456 inspections, in which 266 cases were penalized with a total amount of fine of NT$ 1,716,515 dollars. Among the cases of violation, 223 cases of electronic cigarette products were inspected and 99 cases thereof were penalized with a total amount of fine of NT$ 1,584,515 dollars.

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 bureaus 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. From January to December 2016, the Taipei Military Police Corps, which is subordinate to the Military Police Command of the Ministry of National Defense, detected a case of e-cigarettes containing drugs (marijuana). This case has been referred to the New Taipei District Prosecutor's Office for investigation.
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 bureau of local government for further penalty and handling. In 2016, for suspected illegal advertisements related to electronic cigarettes monitored, based on the monitoring of more than 3,001 websites via internet network, there were a total of 312 cases of suspected illegal advertisements, in which 17 cases were penalized according to the Tobacco Hazards Prevention Act with a total amount of fine of NT$ 20,000 dollars, and 34 cases were transferred to judiciary agencies for investigation.
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 3 years has been increased. E-cigarette smoking rates of junior and senior high school students surged from 2.0% and 2.1% in 2014 to 3.7% and 4.8% in 2016, respectively. The number of junior and senior high school students smoking e-cigarettes rose from 16,000 and 28,000 in 2014 to 18,000 and 39,000 in 2016, respectively. This represents an increase by almost 100%. The estimated number of e-cigarette smokers in Taiwan is roughly 170,000.

(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:

” E-Cigarette Hazards for Dummies” published on the “Foodie” FB Fan page and in Issue 554 of the Drug& Food Safety Weekly

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 bureaus 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 smoking cessation channels shall be sought in order to prevent misbelieves in wrong methods causing failure in smoking cessation. Please call the toll-free smokers' helpline at 0800-63-63-63, or contact contracted hospitals and clinics, community pharmacies or smoking cessation classes held by health bureaus of all local governments in order to seek helps of professional personnel in smoking cessation. On May 13, 2016, the Health Promotion Administration held a press conference titled “Shocking! E-cigarettes Contain The First-Class Carcinogen Formaldehyde” to remind the general public that the results of 2,565 e-cigarette sample inspections conducted by the Food and Drug Administration of the Ministry of Health and Welfare from 2013 to 2015 indicate that 70% of all e-cigarettes contain the addictive substance nicotine. 31 random

Health Promotion Administration holds a press conference titled “Shocking! E-cigarettes Contain The First-Class Carcinogen Formaldehyde” on May 13, 2016

A special section dedicated to e-cigarette hazards prevention was created on the website of the Health Promotion Administration; promotional posters, leaflets, dummy guides, broadcast tapes, and materials for instruction or briefing by various units are also provided

The Ministry of Justice posted information on e-cigarette hazards prevention competence on its internal website on June 30, 2016 to educate colleagues of subordinate agencies on the dangers of e-cigarettes and achieve optimal results in the prevention of such Hazards

sampling inspections of e-cigarettes submitted by local public health bureaus, police stations, and the Customs Administration carried out by the Administration in 2014 revealed that all of them 100% contain formaldehyde and 90.3% contain acetaldehyde. These substances pose a serious health hazards.

3. From 2015 to the present day, the Administration 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”.

Schools incorporate education on the prevention of e-cigarette abuse into class environments in the context of health promotion curricula

Ministry of Education:

1. Organizing educational training or seminar courses of school personnel to enhance their knowledge and skills in electronic cigarette prevention: 10,321 courses with 1,601,243 participants.
2. Incorporating into the promotion of prevention of drug abuse in campus and educational promotion on tobacco hazards prevention: 98,884 events with 5,093,442 participants.
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: 1,898 schools.
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 smoking 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”.
5. Incorporation of e-cigarette Hazards into 30,841 tobacco hazards or other relevant courses offered at schools at the senior high school level and below.

E-cigarette hazards prevention competence training for police officers

Ministry of National Defense E-cigarette hazards prevention competence training

The Ministry of Transportation and Communications organized a total of 182 e-cigarette hazards prevention training courses and educational activities with a total of 12,060 participants in 2016.

Police agencies subordinate to the Ministry of the Interior organized a total of 302 workshops on E-cigarette Hazards Prevention Competence for 33,799 trainees in 2016

E-cigarette public opinion survey

The Health Promotion Administration conducted a public opinion survey on e-cigarette hazards prevention policies in July 2016 to gain a better understanding and grasp of public opinions and sentiments on e-cigarette management and coping strategies of smokers and non-smokers. The survey employed computer assisted telephone interviews. A total of 1,087 valid samples were completed. The sampling error was ±2.97% under condition of a 95% confidence level. The survey results can be summarized as follows:

(a) Actual usage: 58% of all citizens aged 18 or above have heard of e-cigarettes or vapes. Around 46% of all citizens who are familiar with e-cigarettes have heard or read about these devices on the news, in newspapers, or in magazines, while 27.5% know people who use these devices. Only 2.3% of all citizens aged 18 or above have tried e-cigarettes, while 23% of daily smokers have tried these devices. In other words, one in every four smokers has experience with e-cigarettes. 7.9% continue to smoke e-cigarettes.

(b) E-cigarette management: 91% of all citizens support reinforced management of e-cigarettes, while 73% support the Singaporean method of imposing import bans on e-cigarettes. 23% support the US method of allowing the sale of e-cigarettes in regular stores or night markets. 66% and 63% of all citizens believe that e-cigarettes should be listed as drugs or prescription medications, respectively. A slightly higher percentage of citizens believe that e-cigarettes should be listed as prescription medications.

(C) Support for reinforced controls: 93% and 92% of all citizens support a ban on the sale of e-cigarettes to minors and pregnant women, respectively. 93% support a ban on the use of e-cigarettes in public indoor areas. 94% believe schools should stipulate in their school rules that students are not allowed to carry or use e-cigarettes. This clearly indicates that citizens generally believe that the sale of e-cigarettes should be regulated. As for the future management of e-cigarettes, most citizens approve methods that are similar to current tobacco hazards management methods.

● Tobacco Ingredients Disclosure and Regulations

Developments in the Testing and Research of Tobacco Products

Tobacco product emission standards

Hazardsous 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.

Hazardsous 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.

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

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 (NNK), N-nitrosoanatabine (NAT), and N-nitrosoanabasine (NAB) as well as heavy metals (arsenic, cadmium, chromium, lead, mercury, nickel, 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 hazardsous 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

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

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 2016, a total of 40 types of main tobacco items including 7 types of domestic cigarettes, 31 types of imported cigarettes and 2 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$ 1,000,000 dollars.

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 industry shall declare relevant information of tobacco products. The "Regulations Governing Reporting of Tobacco Product Information" was established and announced on December 4, 2008 in Taiwan, 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.

In 2016, a total of 433 companies declared tobacco product information for a total of 3,711 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 2016, 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 counselling, 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 2016, the total number of visitor is 179,677, and the number of visitors in 2016 alone is 24,148.

• International Collaboration

International Cooperation in free smoking cessation therapeutic services Policy Research

Past research reveals that every smoker who successfully quits smoking after receiving smoking cessation therapy services can reduce his/her medical expenses within the first six months after smoking cessation by NT$ 5,481 compared to the same period prior to cessation. Every smoker who successfully kicks his/her habit generates economic benefits for society of around NT$ 420,000 (through reduced health insurance and medical expenses and lengthening of healthy life expectancy) within the following 11-15 years. A cost-benefit analysis of the Second-Generation Smoking Cessation Payment Scheme was conducted by a fair and impartial external unit to gain a better understanding of the effects of this program and compare the cost benefits of different smoking cessation methods. Timely feedback was provided as a future reference for the research and deliberation of smoking cessation service modes. In addition, a research team composed

of domestic and international Tobacco Hazards Prevention Act experts and scholars was formed to plan cooperation modes and execution with the ultimate goal of increasing the international visibility of relevant achievements in the field of Tobacco Hazards Prevention Act in Taiwan.

The International Cooperation and Research Program for the Assessment of Smoking Cessation Services is a two-year program which was initiated in 2015. This research program is centered around smoking cessation medical services and aims to explore the effects of second-generation smoking cessation policies and smoking cessation drugs as well as smoking cessation results of specific groups through three sub-programs. The core program serves overall planning purposes and aims to boost academic cooperation with international scholars and publication of articles in international academic journals with the ultimate goal of increasing the international visibility of Taiwanese smoking cessation policies and research results. International exchanges and visits serve the purpose of establishing an academic network for Tobacco Hazards Prevention Act and solicitation of a wide range of opinions for the formulation of a concept proposal for a planned Smoking Cessation and Tobacco Hazards Prevention Research Center.

The main goal of the overall planning resources and administrative coordination in the context of the core program lies in the realization of international academic cooperation and the formulation of a concept proposal. The results of this program can be summarized as follows: (1) Establishment of an operation mode for the research team (2) Completion of a policy proposal (3) Database application and management: Completion of the linkage of the smoking cessation database of the Health Promotion Administration with the National Health Insurance files of the Health and Welfare Statistics Application Center (HWSAC) and organization of the records of the discussion meeting on the smoking cessation database and file linkage principles for relevant data files in the database as a reference for follow-up use by scholars (4) Utilization of diverse channels to conduct real-time exchanges with international scholars and initiate cooperation in the field of academic research papers: 5 articles have been published in international journals and 6 articles have been presented at international conferences.

The first sub-program aims to compare differences before and after initiation of second-generation smoking cessation through four research topics:

(1) Assessment of the impact of second-generation smoking cessation services initiation on the willingness of smokers to quit smoking and utilize smoking cessation medical services

(2) Comparison of the impact of the first-generation and second-generation smoking cessation system on the number of outpatient visits and medication cycles of participants in smoking cessation medical services

(3) Comparison of the impact of the first-generation and second-generation smoking cessation system on the number of patients participating in smoking cessation medical services and smoking cessation success rates of participants ;

(4) Survey and research of usage behavior of e-cigarettes and flavored cigarettes

Table 3-5. Academic papers published

S/N	Year	Title	Journal title	Author
1	2016	Smoking cessation and receipt of quit smoking advice from health professionals among older smokers in Taiwan	Preventive medicine	Solomon Lee, Yi-Wen Tsai, Hai-Yen Sung
2	2016	Educational Differences in Awareness and Use of the Outpatient Smoking Cessation Services Program in Taiwan	International Journal of Healthcare	Ying-Ting Wang, Hai-Yen Sung, Yi-Wen Tsai
3	2016	Children's exposure to secondhand smoke at home before and after smoke-free legislation in Taiwan	Tobacco control	Ying-Ting Wang, Yi-Wen Tsai, Tzu-I Tsai, Po-Yin Chang
4	2016	Comparative Effectiveness of Smoking Cessation Medications: A National Prospective Cohort from Taiwan	PLOS One	Po-Yin Chang, Po-Ching Lo, Hui-Chin Chang, Kuang-Chieh Hsueh, Yi-Wen Tsai
5	2016	Elucidating challenges that electronic cigarettes pose to tobacco control in Asia: A population-based national survey in Taiwan	BMJ Open	Hui-Chin Chang, Yi-Wen Tsai, Ming-Neng Shiu, Ying-Ting Wang, Po-Yin Chang

The second sub-program aims to analyze and compare the therapeutic effect and cost benefits of different smoking cessation drugs by focusing on two research topics:

(1) Assessment of the efficacy of different smoking cessation drugs and analysis of differences in the efficacy of such drugs for smokers of different gender

(2) Analysis and comparison of the cost benefits of different smoking cessation drugs upon initiation of second-generation smoking cessation

The third sub-program aims to assess smoking cessation medical services for specific groups by focusing on three research topics:

(1) Exploration and assessment of the actual usage and effects of smoking cessation medical services for seniors aged 65 or above;

(2) Exploration of the actual usage of smoking cessation medical services by female smokers and their willingness to give up smoking;

(3) Exploration and assessment of the actual usage and effects of smoking cessation medical services for female smokers

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 2016, a total of 180 countries were ratified 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 2016, the FCTC had held a total of 7 COPs.

1. COP 1: Geneva, Switzerland, February 6 to 17, 2006
2. COP 2: Bangkok, Thailand, June 30 to July 6, 2007
3. COP 3: Durban, South Africa, November 17 to 22, 2008
4. COP 4: Punta del Este, Uruguay, November 15 to 20, 2010
5. COP 5: Seoul, South Korea, November 12 to 17, 2012
6. COP 6: Moscow, Russia, October 13 to 18, 2014
7. COP 7: New Delhi, India, November 7 to 12, 2016

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 2016, only 26 deposited the instruments of vatification, accession (a total of 40 ratification are 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 included: 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.

The 7th session of the Conference of the Parties (COP 7) was held in New Delhi, India from November 7 to 12, 2016. The following consensuses were reached by the parties:

1. Encouragement of all countries to adopt plain packaging, sign the Protocol to Eliminate Illicit Trade in Tobacco Products, and incorporate the 2030 UN Sustainable Development Goals into their national policies
2. Reinforced management of emerging tobacco products such as e-cigarettes, hookahs, and smoke-less tobacco products
3. Active implementation of the guidelines set forth in Article 5.3, all countries are requested to share their experiences in preventing tobacco industry from interfering with policies including transparency policy

Adopted major decisions include:

1. E-cigarette regulation:Respect for national sovereignty, reasons for controls or prohibitions don't have to be based on scientific evidence; maintenance of simultaneous use of the terms “prohibition” and “regulation”;the scope of regulation shall be expanded to include manufacturing, importation, delivery, display, and sale; regulation methods shall still be based on the three categories of tobacco products, drugs, and general products
2. Control or prevention of hookah Hazards: Increased regulation intensity and ban on adding of flavors
3. Ratification of the proposal in Article 5.3 of the WHO FCTC, emphasis on cross-departmental and international cooperation to address undue influence of tobacco dealers.
4. Other key resolutions and proposals involve the following Articles: Guidelines and certain clauses of Article 9 and Article 10 (Regulations governing regulation and disclosure of tobacco product components); advertising, promotion, and sponsorship as stipulated in Article 13; Protocol to Eliminate Illicit Trade in Tobacco Products in Article 15; guidance for tobacco farmers to transition to other crops as stipulated in Article 17; civil and criminal liability of tobacco dealer as stipulated in Article 19; reporting and information exchange as stipulated in Article 21; and the requirement to take into account gender risks when formulating Tobacco Hazards Prevention Act strategies

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

International conference on health promotion and care facilities in 2016

This Administration planned and integrated tobacco-free hospitals, health promoting hospitals, and age-friendly hospitals into a single healthy hospital certification starting in 2016 to simplify administrative procedures, enable hospitals to fully implement health promotion work, and achieve health promotion goals. On November 27, 2016 (Sunday) an international conference on health promotion and care facilities was organized in Taipei Veterans General Hospital. The agenda included health promoting hospitals, sustainable development, tobacco-free hospitals, and age-friendly hospitals. Four health promotion experts (Ann O'Riordan, Secretary General of ENSH-Global Network for Tobacco Free Health Care Services, ENSH-Global), Susann Koalick, ENSH-Global Gold Forum Chairperson and Responsible Person of the Switzerland Network, Jurgen M. Pelikan, Emeritus Professor of University of Vienna, and Cordia Chu, Professor of Griffith University, Australia) and organizations with outstanding performance in 2016 were invited to give speeches and share experiences.

Ann O'Riordan, Secretary General of ENSH-Global Network for Tobacco Free Health Care Services, ENSH-Global, explains the Tobacco-Free Hospital International Gold Award

After the conference, the Administration arranged visits of the gold award winning (in 2016 upon on-site inspections) Ditmanson Medical Foundation Chia-Yi Christian Hospital and Kaohsiung Veterans General Hospital by international smoke-free hospital experts on November 28 (Monday). The foreign guests expressed praise and admiration for the smoker identification and referral system in smoke-free hospitals in Taiwan, cross-unit integrated smoking cessation services, provision of smoking cessation services in communities, and smoking cessation services for pregnant women and family members under the same roof.

Susann Koalick, ENSH-Global Gold Forum Chairperson and Responsible Person of the Switzerland Network, describes global trends in the field of smoking cessation education

International tobacco-free hospital experts visit Taiwanese hospitals with outstanding achievements in this area.

4 Conclusions

Since the promulgation of the Tobacco Hazards Prevention Act in 1997 and the implementation of its subsequent amendment in January 2009, adult smoking rates decreased from 29.2% in 1996 to 15.3% in 2016 , 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 workplaces, and the illegal sales of tobacco products to individuals below 18 years of age.

Taiwan adopted the goal of lowering the smoking relative rate by 30% in 2025 compared to 2010 set by WHO in the context of the prevention work on noncommunicable diseases (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: Reinforced regulation of e-cigarettes, 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, bans on flavored cigarettes, formulation of laws governing illegal infringement caused by implementation of Tobacco Hazards Prevention Act and provision of medical aid, 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 hazards 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 smoking cessation education (2008.2.22)
- Regulations on subsidy and reward for smoking 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/
- Smoking cessation outpatient treatment management center of HPA http://ttc.hpa.gov.tw/quit/
- smokers' 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 smoking 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.
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.

Date	Content
October 6th, 2005	The Department of Health has convened a Discussion Meeting on Amending the Tobacco Hazards Prevention Act, where health warning pictures and Text of tobacco product containers were reduced to 50%, and that the prohibition of texts such as mild, light, or other misleading words shall not apply to product brand names already in use prior to the amendment of this Act.
November 9th, 2005	The Social Welfare and Environmental Hygiene Committee has completed preliminary review of the Tobacco Hazards Prevention Act Amendment Draft and submitted it for a second reading instead of releasing it for open discussion by both the incumbent and opposition parties.
December 23rd, 2005	The Legislative Yuan has included second and third readings Motion on the Amendment Draft of the Tobacco Hazards Prevention Act into their schedules. However, discussion was not carried out as the meeting was adjourned before scheduled closure.
December 30th, 2005	The motion was rescheduled and released to open discussion between the incumbent and opposition parties due to committee petition.
January 3rd, 2006	The Legislative Yuan has thrice reviewed the amendment to Article 22 of the Tobacco and Alcohol Tax Act.
January 18th, 2006	The amendment to the Tobacco and Alcohol Tax Act was announced through Presidential decree (tobacco surcharge to be increased from NT$5 per packet to NT$10 per packet).
February 16th, 2006	Stipulated Regulations on the allocation and use of health and welfare surcharge of tobacco products following legal authorization by the amendment of Article 22 of the Tobacco and Alcohol Tax Act.
November 15th, 2006	4th open discussion between the incumbent and opposition parties in the Legislative Yuan. Complete prohibition of smoking in indoor areas of public places and indoor smoking partitions equipped with independent air-conditioning or ventilation systems in restaurants, hotels, and other places open to the public for consumption and leisurely purposes have been passed and submitted to the Legislative Yuan for approval.
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

Date	Content
September 2nd, 2008	The Executive Yuan convened a meeting for reviewing the draft amendments to Articles 4 and 35 of the Tobacco Hazards Prevention Act, implementation date of Article 4 as well as draft amendments to Article 22 of the Tobacco and Alcohol Tax Act.
September 10th, 2008	The Executive Yuan convened a second meeting for reviewing the draft amendments to Articles 4 and 35 of the Tobacco Hazards Prevention Act, implementation date of Article 4 as well as draft amendments to Article 22 of the Tobacco and Alcohol Tax Act.
October 23rd, 2008	The Executive Yuan convened a third meeting for reviewing the amendment draft to Articles 4 and 35 of the Tobacco Hazards Prevention Act, implementation date of Article 4 as well as amendment draft to Article 22 of the Tobacco and Alcohol Tax Act.
October 30th, 2008	The Executive Yuan has passed the amendment draft of Articles 4 and 35 of the Tobacco Hazards Prevention Act in Meeting 3116 and submitted the approved amendments to the Legislative Yuan on November 4th, 2008.
November 10th, 2008	A cross-department Tobacco Control Response Center of the Bureau of Health Promotion was established. The Center shall hold periodic meetings every week before Jan 11, 2009.
November 14th, 2008	The Executive Yuan has passed the amendment draft of Articles 4 and 35 of the Tobacco Hazards Prevention Act and submitted the approved amendments to the Legislative Yuan.
November 28th, 2008	The first (of four) City and County Health Bureau Director Meetings was convened. Promotion strategies and current status of enforcement for the new tobacco hazards prevention regulations were discussed with city and county health bureaus 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.

Date	Content
May 26th, 2009	The Printing Plant of the Ministry of Finance has convened an explanation meeting on the locations and processes for distributing tobacco product identification labels
June 1st, 2009	Health and welfare surcharge of tobacco products has been increased from NT$10 per pack to NT$20 per pack.
June 2nd, 2009	Tobacco product importers have collected identification labels for health and welfare surcharge of tobacco products from 5 distribution locations in Taiwan. By November 15th, 2009, a total of 8,954,792 labels have been distributed.
June 4th, 2009	Tobacco product manufacturers and importers have complied with the Regulations Governing Reporting of Tobacco Product Information and submitted their first tobacco product information reports.
July 2009	Implemented a post-test investigation for the Results of Promoting New Tobacco Hazards Prevention Act Regulations for Restaurant Owners to assess the degree of understanding among restaurant owners.
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.
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.

Date	Content
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.
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

Date	Content
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”.
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”.

Date	Content
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 smoking 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 smoking 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.
March 3, 2016	Organization of a Cross-Departmental Deliberation Meeting on the Prevention of E-cigarette Abuse in 2016
March 18, 2016	Legislator Yu-min Wang and 18 other legislators proposed amendments to Articles 7-1 and 24 of the Tobacco Hazards Prevention Act. The proposal was submitted for review by the Social Welfare and Environmental Hygiene Committee after being approved in the 1st reading by the Legislative Yuan.
March 25, 2016	Legislator Yu-min Wang and 16 other legislators proposed amendments to Articles 3 and 30 of the Tobacco Hazards Prevention Act. The proposal was submitted for review by the Social Welfare and Environmental Hygiene Committee after being approved in the 1st reading by the Legislative Yuan.
April 8, 2016	Announcement of proposed amendments to Articles 2 and 11 of the Regulations governing management and utilization of tobacco hazards prevention and health care fund.
April 8, 2016	Legislator Guo-Dong Liao and 16 other legislators proposed amendments to Articles 12, 13, and 18 of the Tobacco Hazards Prevention Act. The proposal was submitted for review by the Social Welfare and Environmental Hygiene Committee after being approved in the 1st reading by the Legislative Yuan.
May 6, 2016	Legislator Guo-Dong Liao and 16 other legislators proposed amendments to Articles 2 and 35 of the Tobacco Hazards Prevention Act. The proposal was submitted for review by the Social Welfare and Environmental Hygiene Committee after being approved in the 1st reading by the Legislative Yuan.
May 11, 2016	Organization of an Expert Consultation Meeting for decrees related to the Tobacco Hazards Prevention Act
June 17, 2016	Legislator Nai-Xin Jiang, Hui-Mei Wang, totally 16 legislators proposed amendments to Articles 2, 17, and 35 of the Tobacco Hazards Prevention Act. The proposal was submitted for review by the Social Welfare and Environmental Hygiene Committee after being approved in the 1st reading by the Legislative Yuan.
June 17, 2016	Legislator Nai-Xin Jiang, totally 17 legislators proposed amendments to Articles 5, 6, and 35 of the Tobacco Hazards Prevention Act. The proposal was submitted for review by the Social Welfare and Environmental Hygiene Committee after being approved in the 1st reading by the Legislative Yuan.
June 17, 2016	Legislator Xiu-Yan Lu, totally 26 legislators proposed amendments to Article 29 of the Tobacco Hazards Prevention Act. The proposal was submitted for review by the Social Welfare and Environmental Hygiene Committee after being approved in the 1st reading by the Legislative Yuan.
June 24, 2016	Legislator Nai-Xin Jiang, totally 18 legislators proposed amendments to Article 31-1 of the Tobacco Hazards Prevention Act. The proposal was submitted for review by the Social Welfare and Environmental Hygiene Committee after being approved in the 1st reading by the Legislative Yuan.
July 1, 2016	Legislators Yu-Min Wang, Nai-Xin Jiang, Hui-Mei Wang, totally 18 legislators proposed amendments to Articles 2, 6, and 10 of the Tobacco Hazards Prevention Act. The proposal was submitted for review by the Social Welfare and Environmental Hygiene Committee after being approved in the 1st reading by the Legislative Yuan.
July 1, 2016	Legislators Zhi-Yang Wu, Nai-Xin Jiang, totally 16 legislators proposed amendments to Article 29 of the Tobacco Hazards Prevention Act. The proposal was submitted for review by the Social Welfare and Environmental Hygiene Committee after being approved in the 1st reading by the Legislative Yuan.
July 13, 2016	Organizing of a Consultation Meeting with Experts and Scholars for Draft Amendments of the Tobacco Hazards Prevention Act
July 22, 2016	Convening of conferences on legal amendments of the Tobacco Hazards Prevention Act with local public health bureaus
July 26, 2016	Announcement of proposed amendments to Article 4, 5, and 7 of the Regulations Governing Allocation and Use of Health and Welfare Surcharge of Tobacco Products
September 28, 2016	Organizing of a Tobacco Surcharge Assessment Meeting

Date	Content
October 3, 2016	Organization of a Cross-Departmental Meeting on Tobacco Surcharge and Tobacco Tax Assessment and Draft Amendments to the Tobacco Hazards Prevention Act
October 5, 2016	Organization of a Conference on the Taiwan Tobacco Hazards Prevention Act
October 7, 2016	The Ministry of Health and Welfare and the Ministry of Finance jointly promulgate amendments of provisions set forth in Article 4, 5, and 7 of the Regulations Governing Allocation and Use of Health and Welfare Surcharge of Tobacco Products effective as of the date of promulgation
October 14, 2016	Legislators Zhen-Wu Yang, Xue-Sheng Chen, Yu-Ren Xu, totally 17 legislators proposed amendments to Article 2 of the Tobacco Hazards Prevention Act. The proposal was submitted for review by the Social Welfare and Environmental Hygiene Committee after being approved in the 1st reading by the Legislative Yuan.
October 14, 2016	Ming-Zong, Zeng and 16 other legislators proposed amendments to Article 4 and 35 of the Tobacco Hazards Prevention Act. The proposal was submitted for review by the Social Welfare and Environmental Hygiene Committee after being approved in the 1st reading by the Legislative Yuan.
October 19, 2016	Convening of conferences on legal amendments of the Tobacco Hazards Prevention Act with local public health bureaus
October 28, 2016	Organizing an E-cigarette Hazards Prevention Task Force Meeting
November 11, 2016	Legislators Guo-Dong Liao, Tian-Cai Zheng, totally 16 legislators proposed amendments to Articles 2, 4, 6, 10, 24, and 35of the Tobacco Hazards Prevention Act. The proposal was submitted for review by the Social Welfare and Environmental Hygiene Committee after being approved in the 1st reading by the Legislative Yuan.
November 11, 2016	Legislators Ming-Wen Chen, Yun-Qing Su, Xian-Chun He, totally 19 legislators proposed amendments to several provisions of the Tobacco Hazards Prevention Act. The proposal was submitted for review by the Social Welfare and Environmental Hygiene Committee after being approved in the 1st reading by the Legislative Yuan.
November 18, 2016	Legislators Yong-Ming Xu, Tian-Lin Zhao, Jun-Yi Li, totally 16 legislators proposed amendments to Article 4 and 35 of the Tobacco Hazards Prevention Act. The proposal was submitted for review by the Social Welfare and Environmental Hygiene Committee after being approved in the 1st reading by the Legislative Yuan.
November 18, 2016	Organizing of a Discussion Meeting on Laws and Regulations Governing Tobacco Hazards Prevention
November 28, 2016	Organizing of a Discussion Meeting on Laws and Regulations Governing Tobacco Hazards Prevention
December 9, 2016	Legislator Yu-Min Wang, totally 18 legislators proposed amendments to Article 5 of the Tobacco Hazards Prevention Act. The proposal was submitted for review by the Social Welfare and Environmental Hygiene Committee after being approved in the 1st reading by the Legislative Yuan.
December 23, 2016	Legislator Hong-Tai Fei, totally 18 legislators proposed amendments to Articles 2 and 35 of the Tobacco Hazards Prevention Act. The proposal was submitted for review by the Social Welfare and Environmental Hygiene Committee after being approved in the 1st reading by the Legislative Yuan.

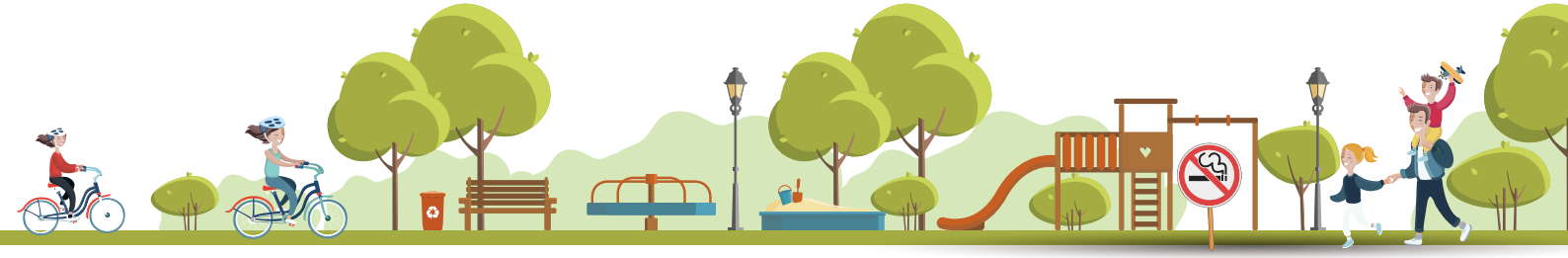
2017 ANNUAL REPORT
TAIWAN TOBACCO CONTRO

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	February 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.



2017 ANNUAL REPORT

TAIWAN TOBACCO CONTROL

守護健康
衛生福利部
國民健康署

ISSN 1994711-9
9 771994 711005
GPN : 2009601376
Price : NT$ 200