2018

TAIWAN TOBACCO CONTROL ANNUAL REPORT

Parties to WHO FCTC：181

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TAIWAN TOBACCO CONTROL

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From the Director-General

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

Tobacco smoke contains over 7000 different chemicals. 93 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 7,000,000 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.

Education on Tobacco Hazards from a Young Age

Families provide the living environment in which children grow up. If family members are smokers, young children are exposed to second-han and third-hand smoke on a long-term basis. Second-hand smoke is one of the most widely distributed indoor pollutants. There are over 7,000 different kinds of chemicals in tobacco smoke, and 93 of these chemicals are carcinogenic or toxic substances. There is convincing scientific evidence that tobacco smoke causes or aggravates asthma, bronchitis, pneumonia, and middle ear infections in young children. There is also a significant correlation between tobacco smoke and leukemia, lymphoma, pathological changes of the brain and central nervous system, and hepatoblastoma cancer in children. It tends to cause cognitive impairments and poses a much more serious health hazard for children than adults.

The Health Promotion Administration has developed a series of "Smoke-free Family 3-D Play Books" for young children between 2011 and 2012 to ensure that tobacco rejection concepts and courage are deeply rooted in the minds of local citizens from a very young age. The goal is to incorporate tobacco hazards prevention into teaching materials for preschools, kindergartens, and elementary schools by utilizing children's language and multimedia experiences. Teachers are encouraged to use these tobacco rejection materials in accordance with student characteristics to firmly implant tobacco hazards prevention and reinforce the awareness of smoke-free concepts in the minds of children. An additional 40,000 copies were printed in 2017 to facilitate the promotion of smoke-free family concepts in all cities and counties of Taiwan and protect children from tobacco hazards.

The Administration cooperated with the illustrator and internet celebrity Turtledrawturtle in the authorized design of images for tobacco hazards prevention education to give the general public a better understanding of tobacco hazards at the end of 2017. These images were applied to the first "Smoke-Free Family" interactive experience vehicle and related educational materials for hands-on experiences in schools, communities, and public welfare units. Children have to search for residues of third-hand smoke through interactive games. The goal is to incorporate tobacco hazards education into the daily lives of children to familiarize and protect them against these hazards from an early age. 12 activities with over 20,000 participants learned through practice from experienced vehicle in 2017 and a minimum of 165 activities are planned for 2018.

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 6.4% in 2017. The second-hand smoke exposure rate at indoor public areas has also greatly reduced from 27.8% in 2008 to 5.3% in 2017. 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 2,000 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 2017, the Health Promotion Administration provided assistance and relevant services a total of 733,106 times for 192,080 individuals. Six-month success rate is 28.8%, successfully helped more than 50,000 smokers quit. These accomplishments saved NT$ 300 million from short-term health insurance alone and provided a gain of NT$ 22.9 billion from long-term social economic benefits.

In 2017, smokers' helpline (0800-636363) subsidized by the administration has served 13,818 smokers with a success rate of 42.4% 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 4,000 healthcare institutions or community pharmacies. The service amount was increased by 29.6% 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 Tobacco Hazards Prevention Act took effect since 1997. Over the past 20 years, we have adopted regulatory measures including the expansion of smoke-free areas, strict bans on tobacco product advertisements, diverse smoking cessation services, and pictorial health warnings on tobacco products. The last amendment of the Tobacco Hazards Prevention Act to 2007 was over ten years ago. The protection of the health creation of smoke-free environments brooks no delay. The Administration incorporates international experiences as well as opinions of political parties, NGOs, and experts amend the Tobacco Hazards Prevention Act encompassing of enlargement of pictorial warnings on tobacco products, flavored cigarettes, bans on named sponsorship, expansion of smoke-free areas, and strengthened the regulation of the e-cigarettes. The goal is to promote joint efforts by all to prevent tobacco hazards, then create smoke-free Taiwan to promote health for all.

守護健康
Promoting Your Health
衛生福利部 國民健康署
Health Promotion Administration, Ministry of Health and Welfare

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Health Promotion Administration, 2018

Foreword

• Brilliant achievements in the field of tobacco control in Taiwan draw international attention

Outstanding results in the promotion of tobacco control – 6 indicators receive the highest rating by international experts

The hazard of tobacco kill at least 27 thousand people every year in Taiwan and cause tremendous harm to individuals, families, and society. Ever since the implementation of the Tobacco Hazards Prevention Act, there has been a decline in the smoker population of 1.26 million people, and adult smoking prevalence has decreased from 21.9% in 2008 to 14.5% in 2017. The teenage smoking prevalence has shown a decline and not a rise, for example the prevalence of smoking among junior high school students has decreased from 7.8% in the year before the implementation to 2.7% in 2017, and the prevalence of smoking among students of senior high and vocational school has decreased from 14.8% to 8.3% in 2017.

According to the MPOWER measure proposed by the World Health Organization (WHO), the results of the promotion of tobacco hazard prevention in our nation has reached the highest levels of six indicators, including Monitoring, Adult Daily Smoking Prevalence, Protect people from tobacco smoke, Offering Help to Quit Tobacco Use, Warning About Dangers of Tobacco, as well as Enforcing Bans on Tobacco advertising, promotion, and sponsorship; the data showed that Monitoring Prevalence of Smoking, the Enforcement of Smoke-Free Environment, the Service of Second-Generation Smoking Cessation, Warning About Dangers of Tobacco, as well as Enforcing Bans on Tobacco Advertising, Promotion, and Sponsorship implemented in our nation has reached the highest standard set by WHO.

Continued promotion of tobacco control 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, smokers' helpline (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 are addictive and pose explosion hazard

The WHO points out that the inhalation of second-hand smoke is one of the leading causes of cardiovascular diseases. Around 12% of all cardiovascular diseases worldwide may be attributed to exposure to second-hand smoke. The American Heart Association's International Stroke Conference stated in 2017 that regular smoking of e-cigarettes leads to reduce glucose amounts in the brain and destruct blood clotting factors. Second-hand smoke is even more dangerous than first-hand smoke and is more likely to cause strokes and hemorrhages.

In view of the lack of vigilance of children and teenagers with in regard to addictive substances, the Food and Drug Administration of the Ministry of Health and Welfare conducted inspections of 1,471 e-cigarette samples in 2017 which indicate that 77.7% contain addictive nicotine. Tobacco products with added mint, chocolate, and rose flavor that cover up the unpleasant smoke odor attract teenagers and women who continue to smoke these cigarettes based on the wrong assumption that flavored cigarettes are less harmful. This leads to worsening addictions which pose a serious hazards for the health of the lungs and may end up fatal.

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 explosion hazards 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 almost doubled from 2.0% / 2.1% in 2014 to 3.0% / 4.1% in 2015 and 2.5% / 4.5% in 2017. This clearly indicates that the rise of e-cigarettes poses a serious health risk for children and teenagers and that e-cigarette controls and bans of flavored tobacco products and tobacco product advertisements must be strengthened to protect children and teenagers against these dangers. The goal is to create a smoke-free environment for the next generation.

Implementation of Tobacco Control to achieve UN Sustainable Development Goals

Tobacco Control is included in the Sustainable Development Goals (SDGs) adopted at the United Nation General Assembly. It is recognized as one of the "means of implementation" to read the overall health good (SDG3) and a target on non-communicable disease (NCD) of its 2030 Agenda for Sustainable Development. The strengthening of tobacco control 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 control strategies, respond to hazards posed by novel products, protect overall population, 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 NCD prevention goals.

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Tobacco Hazards Prevention Act

Tobacco Hazards Prevention Act

Background

The Tobacco Hazards Prevention Act (hereinafter referred to as the "Act") was promulgated on March 19, 1997 and enforced on September 19 of the same year. It underwent three amendments (the latest on January 23, 2009). Tobacco smoke contains over 7000 chemical substances. 15 of the 93 cancer-causing compounds in tobacco smoke have been rated as Group 1A Carcinogens by the International Agency for Research on Cancer. Tobacco smoke causes 27,000 annual deaths in Taiwan. Every 20 minutes, one smoker dies of the effects of tobacco smoke. The leading causes of smoke related deaths are cancer (50%), followed by cardiovascular diseases (28%) and respiratory diseases (22%). Smoking causes great harm to individuals, families, and society.

Since the enforcement of the amendment on January 11, 2009, the smoking population decreased by 760,000 and the adult smoking rate dropped from 21.9% in 2008 to 16.4% in 2014. However, 2015 saw an increase to 17.1%. The daily smoking rate of males aged 15 years and above is 27.9%, which represents the average in Asia but is significantly higher than that of several developed nations such as Singapore (25.4%), Norway (25%), New Zealand (18.4%), and Hong Kong (18.6%). It should be pointed out that the smoking rate of young and middle-aged males in Taiwan exceeds 40%, which has a considerable impact on national productivity.

The WHO Framework Convention of Tobacco Control (WHO FCTC) and countries all over the world are jointly committed to the promotion of 100% smoke-free environments. The regulations set third in the Convention on the Rights of the Child clearly stipulate that all actions by public and private social welfare organizations, law courts, executive and legislative agencies should aim to maximize benefits for children. Article 24 of FCTC further states that the right to health is one of the basic rights of children and that all member nations should ensure that children enjoy the highest attainable standard of health. The WHO points out in the report titled "Inheriting a sustainable world: Atlas on children's health and the environment" which was released on March 6, 2017, that the leading cause of death of young children aged 5 and below are respiratory tract infections resulting from exposure to air pollution and second-hand smoke. 570,000 children worldwide succumb to such infections annually.

E-cigarettes are addictive due to their nicotine content. They also contain carcinogens such as formaldehyde and acetaldehyde and other harmful substances and pose explosion hazards and health risks. E-cigarettes are an emerging health issue and WHO recommends strict controls. The results of the Global Youth Tobacco Survey conducted by the Health Promotion Administration of the Ministry of Health and Welfare reveal that the e-cigarette smoking rate of junior and senior high school students in Taiwan rose from 2% and 2.1% in 2014 to 3.7% and 4.8% in 2016, respectively. This represents an increase by almost 100%, which clearly indicates that the rise of e-cigarettes endangers the health of children and teenagers. A cohort survey conducted by journal of "Pediatrics" in 2016 indicates that teenagers are six times more likely to try regular tobacco products if they have smoked e-cigarettes within the last two years. E-cigarettes are the gateway to real cigarettes. It is therefore necessary and legitimate to strengthen controls of e-cigarettes in line with the commitment of the Convention on the Rights of the Child to protecting the health of children and teenagers.

The draft amendment to the Act has been formulated after careful review of practice and execution recommendations of central and local competent authorities and with reference to the WHO Framework Convention on Tobacco Control and opinions of experts, scholars, NPOs, and the general public to perfect the Act.

Key aspects

1. Strengthened controls of e-cigarettes:
   (a) Clear definition of e-cigarettes and explicit prohibition of e-cigarette smoking in non-smoking areas and e-cigarette advertisements and sponsorship, e-cigarette bans for minors and pregnant women, and prohibition of sale to minors; added provisions prohibiting manufacture, import, or sale of e-cigarettes and related components without drug permit licenses and medical device licenses to prevent early contact with drugs through vaping by teenagers and ensure effective protection of the public from exposure to harmful e-cigarettes and second-hand smoke.
   (b) Inspections and bans of e-cigarettes under the current version of the Act is based on a categorization of these products as candies, snacks, toys or any other objects in form of tobacco products. This definition is insufficient and law courts have also expressed the opinion that the current version of the Act requires amendment.
   (c) The results of a public opinion survey conducted in Taiwan in 2016 reveal that 72.9% of all citizens support a full ban on e-cigarette imports, while 92.6% favor a ban on sale of e-cigarettes to minors.
2. Ban on flavored cigarettes:
   (a) Planned prohibition of flavoring of tobacco products with flower, fruit, chocolate, and mint fragrances and other additives publicly banned by central competent authorities to prevent use of tobacco products by children and teenagers due to curiosity or misperception of flavored cigarettes as harmless and thereby reduce smoking rates and smoking addictions.
   (b) A study conducted by the US Food and Drug Administration reveals that flavored cigarettes are apt to addictive for teenagers while quitting is difficult. They often end up trying other tobacco products. The US, Canada, Brazil, Australia, and the EU have implemented controls and restrictions on tobacco product additives to prevent misperceptions of flavored cigarettes by smokers as harmless then keep smoking habits.
   (c) The results of a public opinion survey reveal that 86% of general public and 78% of smokers support a ban on flavored cigarettes.
3. Warning labels on tobacco product containers expanded to 85%:
   (a) Planned expansion of the warning label area from 35% to 85% of the container.
   (b) 109 countries worldwide currently implement warning labels. Roughly 40% (43 of 109 countries) require that warning labels cover at least 65% of the container. Taiwan currently requires warning labels to cover 35% of the container which is a relatively low requirement.
   (c) The WHO points out that the printing of large health warning labels for tobacco product containers is economical, generates high exposure, and provides direct education for smokers. Academic research reveals that larger health warning labels increase the motivation of smokers to resist smoking. They also give children and teenagers whose physical and mental development is not yet complete a clear understanding of the health risks of tobacco products and reduce the likelihood of children and teenagers becoming smokers.
   (d) 84% of general public and 56% of smokers support enlarged warning labels.
4. Expansion of indoor non-smoking areas:
   (a) The whole night club/bar is a non-smoking area if no designated smoking rooms are provided.
   (b) Activity areas with clear separation of smokers and non-smokers and protection of work personnel from the dangers of second- and third-hand smoke without affecting store revenues. The goal is to create a joyful and healthy entertainment environment that shields young people from smoking addictions as they enjoy their nightly entertainment.
   (c) 95% of general public and 78% of smokers support smoking bans in indoor areas.

5. Prohibition of named sponsorship by tobacco industry:

   (a) It is planned to add provisions banning tobacco product or tobacco company sponsorship (indicating the company name) for any event as a form of advertisement to reduce favorable impression and identification with tobacco industry and lower purchase intentions.

   (b) Results of public opinion surveys indicate that 74% of general public and 53% of smokers are in favor of bans on named sponsorship by tobacco industry.

6. Addition of legal and medical assistance:

   (a) Addition of provisions offering legal and medical assistance to individuals who incur losses or injuries due to efforts to warn against or reject supply of tobacco products. The goal is to strengthen the determination of all citizens to promote prevention of tobacco hazards and demonstrate legal values.

   (b) 82.6% of general public and 68.7% of smokers are in favor of utilization of government resources to provide legal and medical assistance.

7. Stiffer fines for illegal advertising or promotion of tobacco products:

   (a) Addition of a provision stipulating that industry that illegally advertise or promote tobacco products three times within a period of five years also have their licenses revoked for a period of 1 to 3 years upon confirmation of penalties and sanctions.

   (b) The annual sales volume of tobacco products amounts up to NT$ 100 billion, but the maximum fine for illegal advertising and promotion of tobacco products is only NT$ 25 million according to current laws. This is not sufficient to deter violators. Revocation of manufacturing or import licenses not only reveals malicious practices and repeated offenders but also prevents wrongful fines due to the requirement of three prior confirmed offenses.

8. Authorization of announced bans on objects that imitate use of tobacco products:

   (a) Authorization of the competent authorities to publicly announce bans on objects in the context of manufacturing, imports, sales, displays, or advertisements that lead to imitation of tobacco product use.

   (b) In view of the constant appearance of new types of objects that encourage people to imitate tobacco product use. A legal basis is therefore provided for announcement of bans by competent authorities as deemed appropriate.

Expected benefits

Tobacco control strategies must rely on various channels to be effective. The most direct benefit of legal amendments lies in the reduction of smoking rates and dangers that tobacco products pose for children and teenagers. In line with the WHO NCD 2025 target of a reduction of smoking rates by 30%, the Ministry has set the objective of reducing the smoking rate by 14% by 2025 in conformity to the legal intention of the Act, which aims to prevent and control the hazards of tobacco in order to protect the health of the people.

Amendment progress

The draft amendment to the Act was ratified upon discussion in the 3,581th sitting of the Executive Yuan on December 21, 2017 and has been forwarded to the Legislative Yuan for deliberation. The first reading was completed on December 29, 2017. In the future, dedicated efforts will be made in consultations and communications with all political parties and provision of detailed explanations to the general public via various channels to raise understanding and support for this draft amendment and ensure early completion of relevant procedures.

2

Reducing the Demand for Tobacco

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 10 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 may 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.

"I love Smoke-Free Environments" Coloring Activity on Occasion of the World No Tobacco Day in Pingtung County

Creative Health Education Tools in Miaoli County – "Smoke-Free Family" Puzzle Book and School Children Interactions

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 smokers' helpline (0800-636363). The ultimate goal of all these measures is to realize the vision of smoke-free families and a smoke-free environment.

Press conference on smoking bans in Taipei City bus stops

Press conference on a smoke-free bus stops in New Taipei City

Announcement of smoking ban signs in the Green Tunnel Park in Gukeng Township, Yunlin County

By 2017, a total of 5.28 million Tobacco Hazards Prevention Act inspections had been carried out in 760,000 locations all over the country. There have been 7,190 disciplinary citations issued and fines totaling over NT$ 68 million had been imposed. In addition, 433 smoke cessation classes with 5,813 participants and 8,668 educational activities on tobacco control had been organized. 187,368 individuals received smoke cessation education and counseling services provided by communities and pharmacies. There were 79 smoke cessation training courses with 4,651 participants organized for medical and paramedical personnel.

Smoke-free strawberry farms in Shanhua District, Tainan City

Hiking activity in Dongyin Lianjiang County

Reducing Health Inequalities

Studies have revealed that health inequalities do exist among different regions and ethnic groups. Tobacco, alcohol, and betel quid use 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.

Large-scale educational activity and tobacco hazard prevention drama performance titled “Combat Tobacco, Betel Nuts, and Alcohol for Better Health” in Yunlin County

To reduce the health inequality, 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 mortality of lung cancer, esophageal cancer, oral cancer, to implement the medium-term objectives of “Tobacco, Alcohol and Betel Quid Prevention Integrated Project” in a 5-year period session and for a 10-year objective since 2012. Adult smoking rates have dropped significantly in subsidized cities and counties (in Hualien and Taitung County, decreased from 22.9% in 2011 to 15.1% in 2017 and 15.4% in 2011 to 13.9% in 2017, respectively). In 2017, 244 smoking, alcohol, and betel nut-free areas were created through subsidies for 8 cities and counties (New Taipei, Keelung, Yilan, Nantou, Yunlin, Pingtung, Taitung, and Hualien) and 865 educational activities on smoking, alcohol, and betel nut prevention with 81,288 participants have been organized. Sixty-eight educational training courses with 3,493 participants were offered for high-risk groups and 31 courses with 949 participants were organized to raise awareness of dangers associated with smoking, alcohol, and betel nuts and train health education volunteers. 175 classes with 1,481 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 3,601 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 care 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.

“Say No to Tobacco and Betel Nuts” education activity and carnival in Hsinchu City

Award ceremony for the “Smoke- and Betel Nut-Free Home” Drawing Contest in Hualien County

Smoke-free Campuses

In 2017, 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

Organization of "Anti-Smoking Dance" activities in cooperation with the Ministry of Education

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, scholars, 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. In 2017, spot checks were continued and on-site guidance was provided to strengthen efforts in the field of tobacco control.

Smoking cessation education on junior high, senior high, and vocational school campuses

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.

According to the 2017 Global Youth Tobacco Survey, smoking rate of senior high and vocational school students was 8.3% (12.0% for boys and 4.2% for girls) which would be an improvement when compared to the 2016 smoking rate of 9.3% (13.1% for boys and 5.2% for girls). The smoking rate of junior high school students was 2.7% in 2017 (3.7% for boys and 1.5% for girls) which represents a slight decrease compared to 3.7% in 2016 (5.1% for boys and 2.1% for girls).

In the future, the HPA will continue to cooperate closely with the Ministry of Education in establishing quantified specific objective, 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 2017 and incorporated outcomes of important issues of tobacco control 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 48.4%, indicating that there were plenty of rooms for improvement for tobacco control in school campuses. Therefore, the “Project for Tobacco Control 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 control work in order to establish the knowledge and skills of the college students in tobacco control and to autonomously create a healthy and smoke-free campus culture. Through tobacco control 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 control 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 2017, a total of 77 colleges and universities have been established as smoke-free.

Event for recognition of outstanding achievements for the younger generation in 2017

Event for recognition of outstanding achievements for the younger generation in 2017-Excellent School Award

In 2017, there were a total of 36 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 control 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 control, cultivating tobacco control 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.

Results of the promotion of tobacco control among the younger generation in 2017 – “Charity Farm” of Cheng Shiu University allows students willing to give up smoking to participate in vegetable farming and shift their focus to health promotion

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 groups and suggestions for improvement are submitted. 11 schools with outstanding performance are selected. Implementation results in various schools are as follows:

Results of the promotion of tobacco control among the younger generation in 2017-I-Shou University Anti-Smoking Debate Contest

1. Campus tobacco control public strategy: Most schools have already established penalty rules for smoking, and through the high level management of the school, tobacco control committees are established for stipulating public policies related to tobacco control 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, 22 schools among 36 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 control, 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 control 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 in elementary and junior high schools in the same community, 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 control, 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.

Smoke-free clean beaches (cigarette butts account for 15% of marine debris)

Universities with outstanding achievements were selected based on results of visits and submitted performance reports. The following 11 universities have been recognized for outstanding achievements upon expert assessment: National Taichung University of Science and Technology, Hungkuang University, Chungyuan Christian University, Chung Yuan Christian University, National Taiwan University of Science and Technology, Mingshin University of Science and Technology, Yuanpei University, I-Shou University, Cheng Shiu University, National Kaohsiung First University of Science and Technology, Fooyin University, and Chang Jung Christian University. National Taichung University of Science and Technology has organized a carnival activity titled “Happy Renting and Safe Living”. In the context of this event, 50 landlords signed an agreement rejecting second-hand smoke. 24 businesses in the vicinity of the campus were enlisted to join the ranks of smoke-free businesses. The goal is to expand the scope of anti-tobacco engagement from the campus to the crowded Yizhong Commercial District nearby and thereby demonstrate the determination to reject tobacco products. Freshmen of Hungkuan University organized a tree-planting activity titled “Healthy Trees on a Smoke-Free Campus” to demonstrate awareness of the correlation between smoke-free campuses and health right after enrollment. As a confessional school, Chung Yuan Christian University has incorporated tobacco rejection issues into 24 religious philosophy and 23 life philosophy courses. The university has also recruited students of the Indigenous Program to form a group of “smoking cessation education angels” to facilitate the internalization of tobacco rejection awareness and turn indigenous students into ideal advocates of tobacco rejection upon their return to their tribal communities. National Taiwan University of Science and Technology utilizes action drama performances to spread anti-tobacco education to neighboring junior and senior high schools and internalize tobacco-rejection concepts through creative performances. An anti-tobacco microfilm competition has been organized, education on anti-tobacco concepts is provided at club fairs, and flashmob action drama performances are scheduled. Tobacco rejection promotional materials are omnipresent on the Mingshin University of Science and Technology campus. All these materials have been designed based on creative concepts provided by students with the goal of facilitating internalization of tobacco rejection awareness. Yuanpei University has incorporated tobacco hazard prevention into 6 courses and has organized selections of creative educational videos on tobacco rejection as well as an exhibition of outstanding works of the creative board game design competition to promote prevention of betel nut and tobacco hazards on campuses. Anti-tobacco advocacy is incorporated into department characteristics to intensify internalization of relevant issues. I-Shou University students have organized a tobacco-rejection debate contest with 234 participants. Tobacco rejection and health education bookmarks with the university health mascot “LeLe” as the key element have been designed. These bookmarks may be picked up for free from the health education material shelf of the Division of Health Services. Cheng Shiu University has expanded the scope of anti-tobacco awareness from the campus to neighboring communities through establishment of smoke-free pathways and motivates students to advocate tobacco rejection on 10 elementary school campuses and create healthy living environments in cooperation with community members. The charity farm aims to combine tobacco rejection and life education concepts. National Kaohsiung First University of Science and Technology joins hands with 8 universities, 2 senior high schools, and 6 public agencies in its engagement in beach cleaning activities and tobacco hazard prevention activities. These activities drew hundreds of participants. On December 7, 2017, an event for recognition of outstanding achievements by the younger generation, sharing of highlights, and display of achievement posters was organized in cooperation with the Ministry of Education. Members of colleges, universities, and junior colleges as well as local health bureaus were invited to participate. The event drew a total of 182 participants.

2017 Workshop on tobacco and betel nut control in the navy

Smoke-free Military

Tobacco and betel nut hazards prevention bulletin board of the ASW Aviation Group of the Navy in 2017

According to the results from the Adult Smoking Behavior Telephone Survey, the smoking rate for men was 26.4% in 2017, the smoking rate for men between the ages of 18 to 29 years was 21.6%. 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.

Smoking areas in naval academies combined with tobacco control education

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 strengthen 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.

Key work descriptions are described below:

Policies and environment:

2017 National armed force “Quit & Win” draw ceremony

The Ministry of National Defense has formulated standards governing the establishment of smoking areas to implement the regulations set forth in the Tobacco Hazards Prevention Act and ensure the enforcement of full smoking bans in indoor areas of government agencies. Smoking areas have been gradually abolished in accordance with actual circumstances to create smoke-free environments in the military. A total of 41 smoking areas were abolished in 2017 and strict smoking bans implemented in ammunition depots and other areas with flammable and explosive materials to protect the safety of soldiers and officers and safeguard their right to health. In addition, active guidance is provided for the participation of military hospitals in healthy hospital certifications which include smoke-free hospital concepts. A total of 5 military hospitals passed these healthy hospital certifications in 2017.

Health education and promotion:

A Smoking Cessation Contest, the Quit and Win, was organized in two different categories in 2017 (smoking cessation in 3 months and 15 months) to create a smoke-free environment in the military. Soldiers and officers are encouraged to quit smoking for good. The latest news about the contest were posted in the announcement section of the Ministry of National Defense website, military hospital Facebook, and the health education section of the Medical Affairs Bureau website to encourage soldiers and officers to participate in this contest enthusiastically.

The result of the 2017 competition showed that there are a total of 1,805 smoking soldiers participating the competition, among which a total of 734 participants successfully challenged the smoking cessation during the period of the event and were awarded to participate in lottery draws.

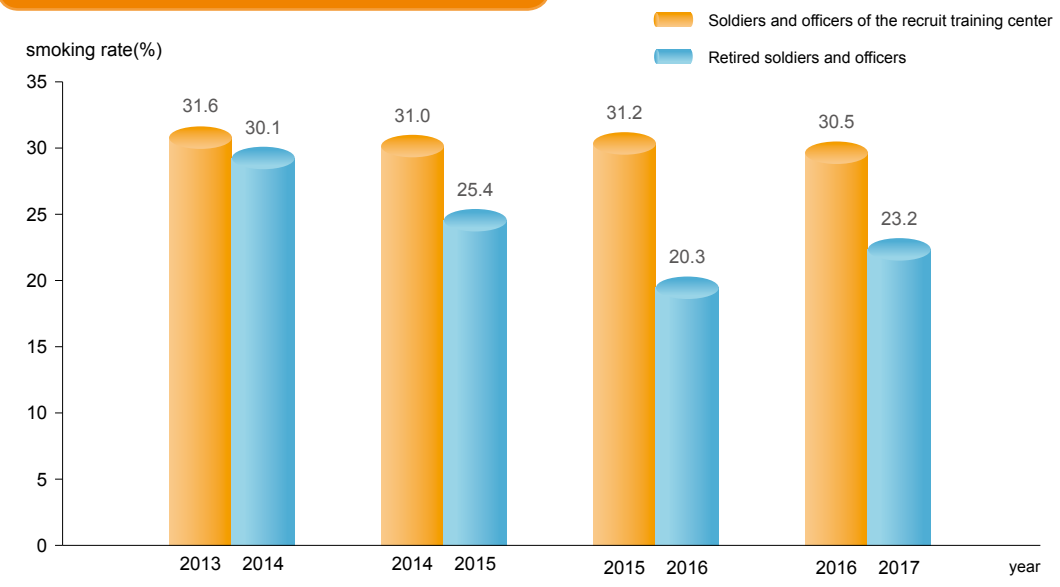
Cessation and services:

A Smoking Cessation Guidance Network has been established in line with controls and restrictions when military personnel enter or exit bases. Medical officers/smoking cessation physicians of regional military hospitals or troops serve as instructors for guidance personnel. This allows guidance personnel to adjust their guidance methods (e.g., concern, company, counseling) in accordance with different smoking cessation circumstances and refer smoking soldiers and officers to military hospitals for smoking cessation medical treatment to mitigate physical withdrawal symptoms during the smoking cessation process. In addition, a positive cycle is generated through discussions and sharing of insights between teams led by guidance personnel. 6 smoking and betel nut cessation guidance training courses with a total of 477 trainees were organized in 2017 to strengthen the guidance abilities of first-line guidance personnel of grass-roots units.

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 31.6 % in 2013 and decreased to 30.5% in 2016. The smoking rate of retired soldiers and officers dropped from 30.1% in 2014 to 23.2% in 2017, which clearly indicates a trend of decreasing smoking rates.

Fig.1-1 Smoking rate of national soldiers



Smoke-free Community

Unique and creative smoke-free community projects were formulated using five key action areas 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 and empowerment concepts were thus built from the bottom up in counties and cities in northern, central, southern, and eastern Taiwan.

Keelung city council speaker leads community members in creating a smoke-, betel nut-, and alcohol-free Renyi community!

Consultation was provided to betel nut 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. Parade events or tours on controlling tobacco, alcohol, and betel nuts consumption were held to raise awareness of issues related to tobacco and alcohol hazards. Health educational and promotional programs for “Smoke-free Families” were organized to promote the signing of “Smoke-free Family” agreements and ensure that smoke-free concepts are deeply rooted in the minds of citizens. HPA has a firm grasp of community resources and public health status to integrate resources, establish promotion organizations, and implement strategies that conform to the five action principles for health promotion.

Training of “Anti-Smoking Elves” in Pingtung County

Smoking ban signs on a smoke-free farm in Taoyuan City

Experiences in the promotion of original and creative concepts in communities: Keelung City has created smoke- and betel nut-free healthy environments in 7 areas frequented by fishermen and aborigines (Fude Temple, Maritime Plaza, Shazili Community, Baifu Park, Nuannuan Park, Renaili Community, and Qidu LOHAS Waterfront) in an effort to maintain supportive environments through community power. 4 educational activities on tobacco, betel nut, and alcohol hazard prevention with 1,015 participants were organized in cooperation with workplaces, campuses, or healthcare units in communities (“Smile” Smoke, Betel nut, and Alcohol-Free Harbor Brisk Walking Activity, Baifu Waterfront Anti-Tobacco, Betel Nut, and Alcohol Brisk Walking Activity, “Bright Summer” Anti- Tobacco, Betel Nut, and Alcohol Concert, and Xiding “Say No to” Tobacco, Betel Nuts, and Alcohol).

Smoking cessation class of Mailiao Township Watch in Yunlin County-Promise to the Gods

On May 20, 2017, Keelung City organized an event titled “World Hepatitis Day - Say NO To Tobacco, Betel Nuts, and Alcohol” in cooperation with Rotary International. The Mayor and government officials at all levels were invited to jointly show their support for relevant issues. Health screening and health education activities were provided at the venue. 531 participants gained a better understanding of the dangers of tobacco products, e-cigarettes, alcohol, and betel nuts as well as rehabilitation channels through challenge activities. On May 30, 2017, a Dragonboat Race and Family Fair was organized in cooperation with the Education Department to provide education on tobacco, betel nut, and alcohol-free family activities. The 2016 Health Promotion Achievement Expo was organized to present achievements in the field of tobacco, betel nut, and alcohol hazard prevention and provide education on booth setup. The goal is to provide the general public with a clear understanding of tobacco-caused diseases, smoking cessation services provided by health and medical care units, the dangers of third-hand smoke, betel nut-induced cancer, and the connection between e-cigarettes and nicotine addictions. This activity drew a total of 1,068 participants.

Smoke-free Workplaces

Community smoking cessation classes in Taitung County – Volunteers assist in the filling out of questionnaires

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.

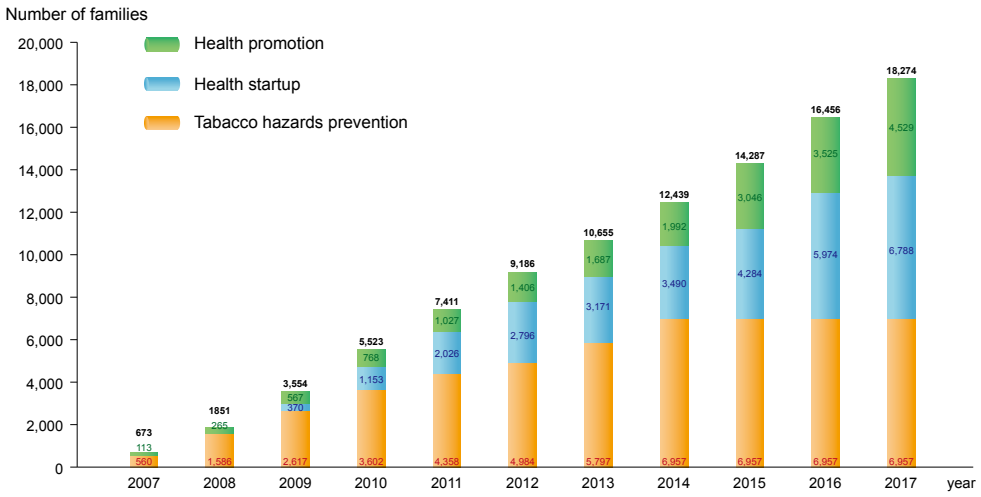
In 2003, three workplace health promotion and tobacco control counseling centers were established in northern, central, and southern Taiwan. Workspace requirements were used as the basis for providing counseling and educational training and establishing a workplace tobacco control and occupational healthcare 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 2007~2017, there were a total of 18,274 workplaces passed the healthy workplace self-certification (Fig. 1-2). In 2017, professional guidance teams were further involved to actively promote health startup and health promotion mark certification in the field for guiding 166 workplaces, and the number of workplaces passing the certification reached 1,818 workplaces.

A nationwide survey on healthy workplaces and work environments was conducted in 2017 for full-time employees aged 18 and above in Taiwan to gain a better understanding of the results of tobacco-free workplace promotion upon implementation of the new regulations set forth in the Tobacco Hazards Prevention Act. This survey reveals that the smoking rate of employees amounts to 11.5% (a 2.5% decrease compared to 2016). 23.5% of all male employees and 2.6% of all female employees are smokers. Full smoking bans have been implemented in 84.3% of all indoor workplaces (a 0.6% increase compared to 2016). This clearly shows that greater efforts are required in the promotion of tobacco hazard prevention at the workplace upon enforcement of the new regulations set forth in the Tobacco Hazards Prevention Act. This includes provision of smoking cessation services and workplace audits to ensure smoke-free work environments as well as strengthening of education and guidance for specific industries. The ultimate goal is to protect a greater number of employees from the dangers of second-hand smoke and provide healthier work environments (for more details on the results of past workplace tobacco hazard surveys see Fig. 1-3 and 1-4)

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



Distribution of smoke prohibition measures taken at indoor workplaces

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

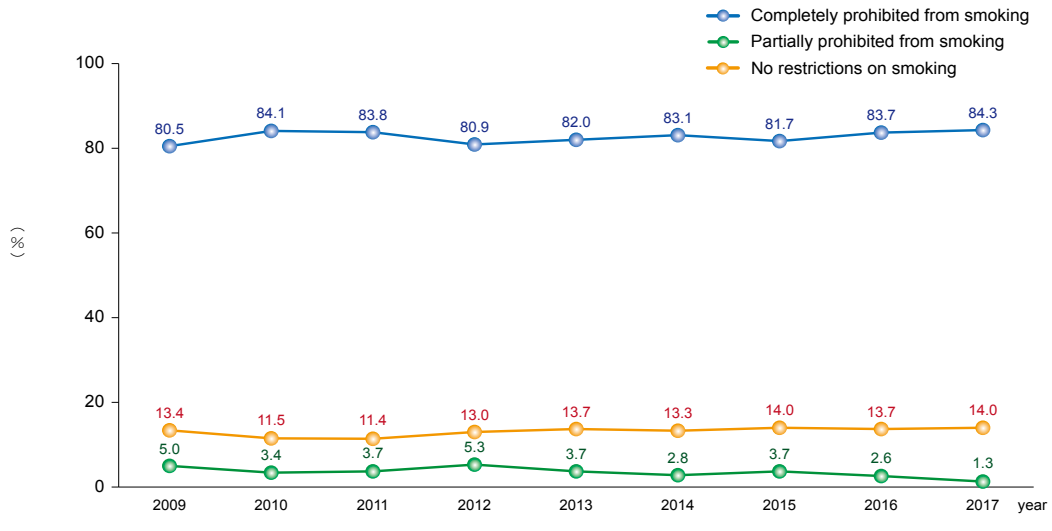
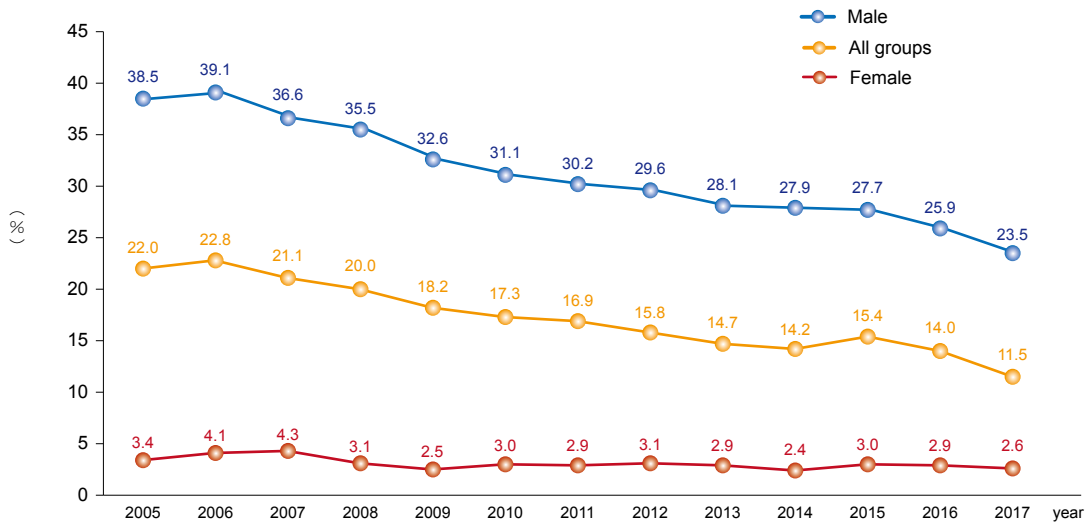


Fig. 1-4 Trend of workplace smoking rate over the years



Tobacco-free Hospitals

20 countries (including 1,600 registered members (medical institutions) and 5 associate members (non-medical institutions) 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.

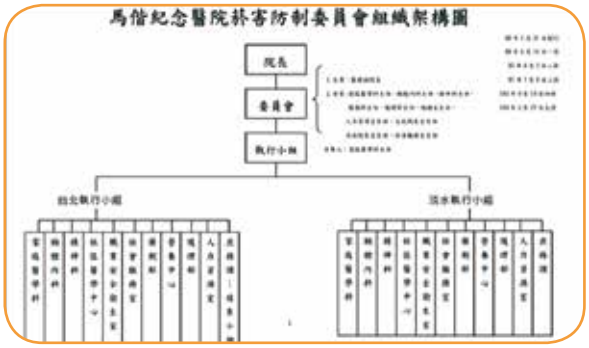
The ROC health care system always pursues excellence. Most hospitals tend to accept health promotion and disease prevention. Through the principles of tobacco-free hospitals: “Tobacco-free hospitals not only must adhere to tobacco restriction laws and regulations, but are also obligated to reduce tobacco 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.

A healthy hospital certification with 7 standards and 38 articles has been developed in line with the new assessment standards of the WHO International Network of Health Promoting Hospitals and Health Services to provide more suitable health promotion models for local hospitals by incorporating unique characteristics of the Taiwanese healthcare environment such as friendly environments, smoke-free concepts, and energy conservation and carbon reduction. By 2017, a total of 101 organizations had passed this certification. The goal is to implement service concepts characterized by environmental, employee, and patient health and develop a healthy hospital certification mechanism for Taiwan.

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 smokingcessation 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.

A total of 38 hospitals worldwide and 15 hospitals in Taiwan have been honored with awards. Taiwanese hospitals have garnered the most awards worldwide.

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 38 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 network 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 accredited as “tobacco-

free hospitals"(or healthy hospitals), and 40% of them are "not accredited as-tobacco-free hospitals"(or healthy hospitals). The data of smoking cessation services shown: in 2017, the cessation service volume of the tobacco-free or healthly hospitals (55,593 people) is 19.9 times greater than the other hospitals (2,791 people), Almost 34 times more hospitalized patients (17,768) in tobacco-free (or healthy) hospitals receive smoking cessation services than that in the other hospitals (521 people). Successful cases of smoking cessation in tobacco-free(or healthy) hospitals are also far more common (18,177 patients) than those in the other hospitals (799 patients). Average expenses for successful smoking cessation in tobacco-free (or healthy) hospitals are significantly lower (7,524 NTD) than that in the other hospitals (11,853 NTD).It indicates that under the support of the second generation cessation payment scheme, the tobacco-free (or healthy) 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 (or healthy) 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.

Fig. 1-5 Results of smoking cessation services in 2017

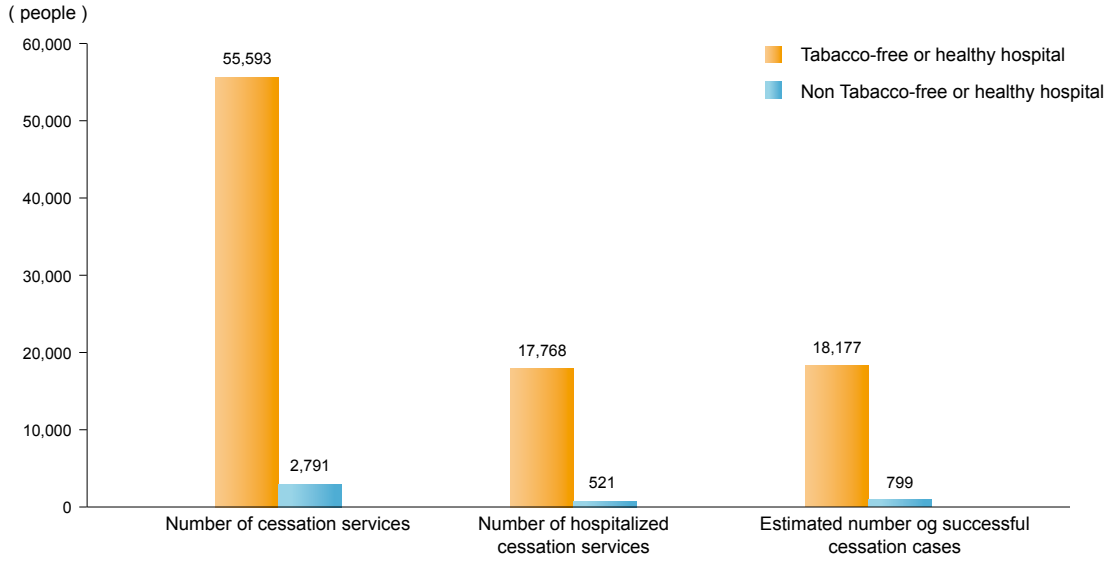
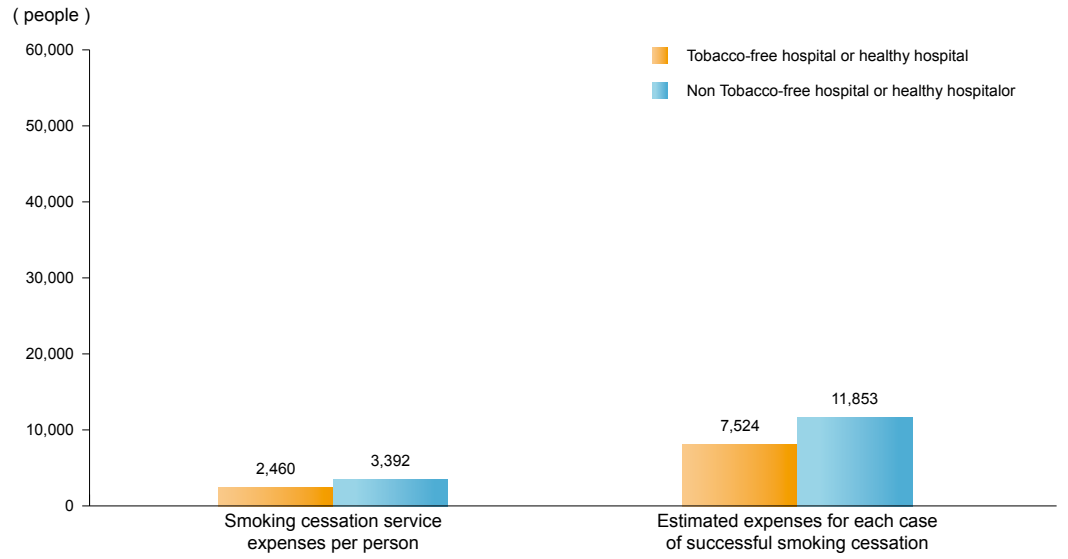


Fig. 1-6 Assessment of expenses for smoking cessation services in 2017



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, 2017, a total of 30,789 checks were carried out by various counties and cities. A total of 1574 fines were levied which amounted to NT$2,610,000. 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). A total of 113 countries around the world established requirements for printing warning labels on tobacco product containers by 2017. 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 January 11, 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-Ta 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 “Licence 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 attachment pictures for Article 2 of the Regulations Governing Nicotine and Tar Content Measurement and Container Labeling for Tobacco Items on August 20, 2013. These revised provisions were officially promulgated on June 1, 2014.

Announcement of adoption of 8 pictorial warning labels 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 tracker 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.

For penalizing violations of the new provisions of the Tobacco Hazards Prevention Act, a total of 148,427 inspections of tobacco product containers were jointly conducted with local health bureaus in 2017. Local health bureaus also carried out a total of 171,445 joint-audits of signs and displays placed at locations selling tobacco products. A total of 23 citations were issued with a total of fine amounting to NT$423,350.

Hong Kong passes expansion of pictorial health warnings to 85% on tobacco packages in 2017

Convening of consensus meetings attended by educational units, experts, scholars, and NGOs in 2016

Convening of consensus meetings attended by educational units, experts, scholars, and NGOs in 2016

Experts and scholars from different fields participate in the first expert forum in 2016

• Promotion and Training

Promotion and Effectiveness of Tobacco Control Advocacy

In 2017, media advocacy on tobacco control 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.

Children's books on Tobacco Hazard Prevention

The Health Promotion Administration has developed a series of "Smoke-free Family Play Books" for young children between 2011 and 2012 to ensure that tobacco rejection concepts and courage are deeply rooted in the minds of local people from a very young age. The goal is to incorporate tobacco hazards prevention into teaching materials for preschools, kindergartens, and elementary schools by utilizing children's language and multimedia experiences. Teachers are encouraged to use these tobacco rejection materials in accordance with student characteristics to firmly implant tobacco hazard prevention and reinforce the awareness of smoke-free concepts in the minds of children. An additional 40,000 copies were printed in 2017 to facilitate the promotion of smoke-free family concepts in all cities and counties of Taiwan and protect children from tobacco hazards.

Smoke-Free Family Coloring Contest

The Health Promotion Administration organized the 2017 Smoke-Free Family Coloring Contest from September 15 to November 15, 2017 to firmly implant tobacco hazards prevention concepts in the minds of citizens from a very young age. The goal was to inspire the perception, imagination, and creativity of children through a creative coloring and drawing contest. Through this contest, children and parents gained a better understanding of the hazards of second- and third-hand smoke and the importance of smoke-free families. This contest also gave them an opportunity to imagine and design their own smoke-free family based on their own creative concepts. The pictures provided participants with a better understanding of the hazards of tobacco products and facilitated smoke-free concepts into families.

This contest was highly competitive. Over 25,000 works were submitted and judged by a team based on criteria such as creative concepts, artistic expression, and aesthetic quality. 44 outstanding works were honored with prizes (1 exceptional, 1 superior, 3 outstanding, and 6 selected works were determined in each of the four categories (preschool, elementary school 1st and 2nd grade, 3rd and 4th grade, and 5th and 6th grade).A senior art teacher, stated on behalf of the judges that all award-wining works were exceptional. The sophistication and care, original use of color, or areas deliberately left uncolored clearly demonstrate the rich imagination of the little artists. They expressed their imagination regarding tobacco hazards by relying on their innocent joy through the optimal utilization of composite materials, brilliant colors, and changing textures and shadows.

Tobacco Control Education Vehicle

Families provide the living environment in which children grow up. If family members are smokers, young children are exposed to second-hand and third-hand smoke on a long-term basis. The Health Promotion Administration of the Ministry of Health and Welfare cooperated with the famous illustrator Turtledrawturtle in the creation of the first interactive experience vehicle for tobacco hazard education. The interactive game “Tobacco Hazards Detective – Mystery of Third-hand Smoke” requires players to search for residues of third-hand smoke. Tobacco control education is integrated into daily life to give the public a deeper understanding of the health hazards of third-hand smoke. The vehicle appears on elementary school and junior and senior high school campuses and at large-scale events in cities and counties to enlist young and old learning by doing to say “No” to third-hand smoke. 12 activities with over 20,000 participants were organized in 2017.

”Smoke-Free Home” interactive experience vehicle

Touring of public activities in counties and cities all over Taiwan

Touring of campuses and counties/ cities all over Taiwan for public Tobacco Control education activities

Tracking of survey results for Quit&Win contests

Numerous countries have participated in the Quit & Win contest since it was first organized by the Finnish Ministry of Health in 1994. This international smoke cessation contest for adults draws participants from all over the world. Participants try to abstain from smoking or use of tobacco products for a four-week period. Only participants who are completely abstinent from smoking during this period have the chance of winning a large prize. As of 2000, this contest is officially supported and approved by the WHO.

Since 2002, Taiwan has enlisted private organizers for the Quit & Win contest. A total of 8 contests from 2002 to 2016 have attracted close to 200,000 smoking addicts to experience smoking cessation. According to released statistics, around 35.0% of all participants in each contest successfully abstain from smoking for at least one year.

Tracking surveys are carried out in the year following the contest in accordance with international regulations to gain a better understanding of the smoking cessation success rate of participants, assess the overall benefits of smoking cessation activities, and create a reference for future promotion of other smoking cessation activities by government departments. The following two survey methods were adopted for the 2016 Quit & Win contest. Phone interviews aimed to explore and analyze the motivations and expectations of participants regarding smoking cessation, smoking cessation conditions before and after the contest, interfering or supporting factors during the smoking cessation process, results of the contest, and overall satisfaction. Focus group discussions were arranged to gain a deeper understanding of smoking and smoking cessation experiences and insights and opinions regarding participation in the 2016 Quit & Win Contest.

The results of this survey show that the smoking cessation success rate in the month of the activity and one year after the contest reached 76.7% and 34.4%, respectively. 95% of all participants support continued organization of the event in the future. In addition, 81.8% of all responsible personnel at local health bureaus believe that the 2016 Quit & Win contest was extremely helpful or very helpful for smokers willing to try smoking cessation. In the focus group discussions, respondents not only pointed out the prize incentive, they also suggest that participants pass on their successful smoking cessation experiences and recommend the organization of family smoking cessation activities to maintain the momentum and facilitate successful smoking cessation.

2016 Quit & Win Contest

The Quit&Win competition in Taiwan and relevant execution strategies have created a social climate comparable to a national smoking cessation carnival. Smokers are successfully encouraged to attempt smoking cessation and almost 200,000 smoke-free families have been created. The aforementioned results provide a clear understanding of the smoking cessation success rate of the participants. A comprehensive assessment of the positive effects of the 2016 Quit & Win competition serve as a reference for future promotion of other smoking cessation activities by government departments.

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 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 8,668 such events were held in 2017). 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.

Education on tobacco hazards in the context of a Valentine's Day activity in Yilan County

Chiayi City provides education on tobacco hazard prevention in cooperation with school volunteers and Chun-Huei Counseling Volunteers

Smoke-free theater troupe tours campuses in Chiayi County

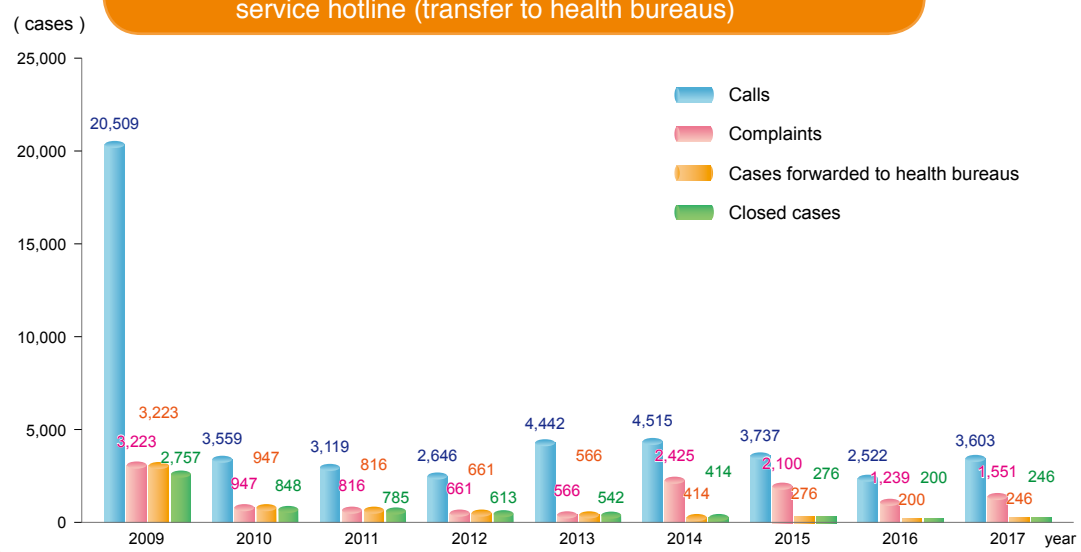
Changhua Matsu E-cigarette education

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 48,692 calls and a total of 13,528 complaints (Table 1-7).

Fig. 1-7 Statistics on tobacco control complaint and grievance service hotline (transfer to health bureaus)



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 in 2009.

Additionally, as people became more familiar with the Tobacco Hazards Prevention Act, a total of 3,603 calls were made to the Tobacco Hazards Inquiry and Complaints Helpline in 2016, which included 246 cases of public complaints and grievances for tobacco hazards that were uploaded into the reporting system. 62% of these grievances were related to domestic tobacco hazards followed by tobacco hazards on roads and sidewalks (10%), arcades (7%), and workplaces (6%). 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 2017, a total of four "Basic Enforcement Personnel Training Program" courses and one "Advanced Enforcement Personnel Training" course were held, with 211 and 51 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 achivement measured and additional points would be provided to reward and encourage special achievements or overcoming of difficult situations.

For 2017, 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 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.

Special lecture – UN Sustainable Development Goals (SDGs) and tobacco control

Group interaction course-Introduction by the instructor and stance analysis

Group interaction course-Introduction by the instructor and stance analysis

To improve the problem analysis skills of the working staff of the health bureaus counties and cities in tobacco control, 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 presentation of achievements in tobacco control prevention in different cities and counties, workshop contents in the southern region include Description of the Main Focus of Annual Tobacco Control and relevant practical exchanges, UN Sustainable Development Goals (SDGs) and Tobacco Control, Think Outside the Box – Government, Tobacco Industry, and Legislators, and Creative Use of Emerging Media. Different counties and cities were invited to exchange practical experiences and conduct discussions related to "The King Quits Smoking", "Children's Drama and Story and Picture Books", "Prevention Strategies Supported by Religion and Culture – Smoke-Free Tribal Communities and Churches", and "Smoke-Free Historic Monument Experiences". Course contents in the northern region include "Tobacco Control Status and Outlook", "Introduction of Health Literacy and Professional Applications – Illustrated by the Example of Tobacco Control", "Cross-County/City Audit Projects and Case Discussions", "Results of Enforcement of Tobacco Control related Laws in Cities and Counties", "Latest Amendment of the Tobacco Hazards Prevention Act and Follow-Up Supplementary Measures", "Visits to Unique Healthy Workplaces by Mackay Memorial Hospital", and "Assessment of the Effects of Educational Materials on Tobacco Hazards".

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.

Interactive courses – group conversations and general discussion

Interactive courses – group conversations and general discussions

Interactive courses – group conversations and general discussion

Special achievements in local tobacco control – Cheng Shiu University

Special achievements in local tobacco control – Cheng Shiu University

Special achievements in local tobacco control – Cheng Shiu University

Disclosure of tobacco control and teaching strategies – Sharing of experiences in the planning of key tasks and plan composition

Disclosure of tobacco control and teaching strategies – Sharing of experiences in the planning of key tasks and plan composition

Visits to healthy workplaces – Mackay Memorial Hospital

Visits to healthy workplaces – Mackay Memorial Hospital

• Ban on Tobacco Advertising, Promotions, and Sponsorships

Experiences from around the world showed that tobacco industry 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, promotions, and sponsorship.

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 2017, a total of 2,885,845 inspections were carried out throughout Taiwan with a total of 108 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 (67/108, 62%). Item 3: Using discounting to sell tobacco products, or using other items or gifts for such sales (13/108, 12%). Item 4: Using tobacco products as a gift or prize for the sale of other products or for promotion of other events (12/108, 11.1%). Item 6: Distributing or selling tobacco products in forms of individual sticks, loose packs, or sheathed (2/108, 1.8%). Item 8: Using tea parties, meal parties, information meetings, tasting events, concerts, lectures, sports, or public interest events, or other similar methods to conduct promotion or advertising (6/108, 5.5%). 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 9 years, the number of penalty cases of 38 (35.1%) in Taichung is of the highest percentage, next is 22 cases for Taipei City, 10 cases for Kaohsiung City, 10 cases for New Taipei City, 7 cases for Tainan City, 5 cases for Nantou County and 4 cases for Miaoli County, 3 cases for Yilan County ,2 cases for Taoyuan City and Kinmen County respectively, 1 case for,Taichung City, Changhua county ,Chiayi County ,Pingtung County and Keelung City respectively (Table 1-1)

Table 1-1 Tobacco advertisement and promotion violations and penalties (in NTD) issued in Taiwan from 2009 to 2017

Country/City	Citations	Fine(NT$)
Taichung City	38	48,860,000
Taipei City	22	51,605,000
Kaohsiung City	10	5,950,000
New Taipei City	10	15,526,850
Tainan City	7	710,000
Nantou County	5	490,000
Miaoli County	4	22,800,000
Yilan County	3	15,000,000

Country/City	Citations	Fine(NT$)
Taoyuan City	2	150,000
Kinmen County	2	150,000
Taichung City	1	100,000
Chiayi City	1	5,000,000
Changhua County	1	100,000
Pingtung County	1	100,000
Keelung City	1	5,000,000
Total	108	171,541,850

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 5.165 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 48.86 million NTD); free picture cards and sponsorship of tobacco products in Kaohsiung City (total fine of 5.95 million NTD); advertising and promotion of tobacco products in Ilan County (total fine of 15 million NTD); introduction of smoke-free tobacco products (soluble nicotine tablets) on leaflets in Keelung City (total fines of 5 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 171.54185 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 ,467 inspections in 2016 and 372 nspections in 2017. 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 2017, a total of 760,667 site inspections with 5,275,183 assessment items were carried out throughout the country. A total of 7,231 citations were issued. Case comparisons showed that the top 3 violations were (1) smoking with 2,883 cases (39.8%), (2) under-aged smoking by minors under 18 years of age with 2,274 cases (31.4%), and (3) failure to display no smoking signs and providing smoking-related objects in non-smoking areas with 856 cases (11.8%) (Tables 1-2, 1-3, and 1-4). The area with the highest number of fines was Tainan City followed by Kaohsiung City, while the most penalties for underage smoking were imposed in Taichung City followed by Taipei 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 Hualien County followed by Taoyuan City.

Further analysis indicates that for the violator penalized in 2017, 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 1-5). 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 1-2 Tobacco Hazards Prevention Act inspection and penalties for smokers over 18 years of age implemented by local health bureaus from 2010 to 2017

Category / year / County / City	Inspection for violating smoking ban (adult)															
	Audited								Citations							
	2010	2011	2012	2013	2014	2015	2016	2017	2010	2011	2012	2013	2014	2015	2016	2017
Taipei City	45,532	42,881	140,115	87,431	86,977	65,605	67,897	44,558	328	514	554	277	322	262	223	162
Kaohsiung City	36,017	52,625	129,765	48,373	40,365	41,228	44,192	27,839	712	1,819	1,473	1,460	1,323	953	1,035	480
New Taipei City	18,225	22,154	162,420	84,362	87,820	66,559	67,725	14,522	371	450	224	225	284	420	789	167
Yilan County	14,471	23,441	29,342	21,082	18,899	20,952	19,465	18,987	47	73	97	54	86	53	55	40
Taoyuan County	20,846	24,831	54,190	60,184	67,011	47,159	57,503	49,562	292	251	198	107	303	97	155	311
Hsinchu County	10,898	14,147	30,424	20,159	18,563	15,185	17,795	21,053	177	26	12	19	24	11	53	74
Miaoli County	6,561	6,345	22,498	16,126	16,552	14,515	9,896	12,989	50	25	140	167	332	241	205	219
Changhua County	19,885	12,595	37,198	32,152	35,207	38,432	29,801	26,830	78	58	33	44	22	46	35	18
Nantou County	5,622	17,614	36,689	28,735	25,568	33,560	36,476	15,844	27	25	30	40	47	41	50	90
Yunlin County	9,771	10,612	18,475	22,160	22,631	23,292	17,786	18,283	156	104	120	70	52	33	41	34
Chiayi County	6,060	12,428	28,097	16,812	15,397	15,039	12,613	16,304	71	68	65	66	22	30	43	61
Pingtung County	15,610	17,075	39,208	47,478	48,401	49,860	47,117	11,933	191	257	164	187	273	212	190	87
Taitung County	4,400	5,373	6,893	7,675	8,836	9,247	6,491	9,153	19	6	5	52	48	24	116	39
Hualien County	8,473	10,386	15,870	13,670	14,492	13,982	13,658	15,430	97	126	47	184	132	210	212	145
Penghu County	2,637	3,131	7,219	4,107	4,309	4,207	2,902	2,259	2	1	0	1	4	0	11	5
Keelung City	15,053	17,274	13,083	12,864	13,846	14,409	17,427	12,215	163	235	102	124	94	149	141	64
Hsinchu City	5,369	5,890	27,447	12,539	9,757	11,117	11,212	7,272	326	191	227	72	52	57	78	271
Taichung City	138,268	85,464	167,265	116,184	121,125	97,616	107,503	68,187	933	822	834	695	274	194	229	132
Chiayi City	22,358	3,772	14,982	14,593	18,229	12,312	10,997	16,429	49	35	37	88	52	32	27	86
Tainan City	33,216	29,631	71,580	79,012	53,258	46,771	52,714	66,005	508	511	377	342	482	464	361	396
Kinmen County	941	3,065	2,608	1,601	1,587	1,169	1,564	1,613	8	3	18	40	33	20	23	2
Lienchiang County	399	428	478	387	395	357	600	806	1	0	2	7	0	0	0	0
Total	440,612	421,162	1,055,846	747,686	729,225	642,573	653,334	478,073	4,606	5,600	4,759	4,321	4,261	3,549	4,072	2,883

Table 1-3 Tobacco Hazards Prevention Act inspection and penalties for smokers under 18 years of age implemented by local health bureaus from 2010 to 2017

Category / year / County / City	Inspection for violating smoking ban (under 18 years of age)															
	Audited								Citations							
	2010	2011	2012	2013	2014	2015	2016	2017	2010	2011	2012	2013	2014	2015	2016	2017
Taipei City	23,391	22,123	31,572	27,132	30,303	27,657	25,177	61,211	408	196	207	262	201	133	149	1
Kaohsiung City	29,880	43,510	59,811	41,418	28,045	29,742	10,803	59,552	111	225	461	191	230	299	259	173
New Taipei City	7,906	17,640	42,636	55,435	23,872	18,169	7,584	77,553	1,542	945	570	642	384	1,259	932	2
Yilan County	14,064	23,081	28,966	20,737	18,585	20,706	19,276	19,130	27	7	46	13	43	55	49	122
Taoyuan County	13,609	17,614	43,225	46,235	46,854	35,942	53,005	63,669	116	124	279	112	278	306	279	28
Hsinchu County	10,288	13,878	29,961	19,860	17,956	14,789	17,471	22,588	174	119	85	118	114	81	88	55
Miaoli County	5,139	5,532	20,957	15,166	16,482	14,431	9,628	12,853	12	37	220	88	326	196	197	1
Changhua County	18,285	12,315	37,033	31,960	34,787	38,219	29,775	26,812	72	11	11	8	1	67	6	6
Nantou County	1,807	7,228	10,677	9,816	10,125	10,659	11,046	29,081	292	315	329	217	236	183	120	16
Yunlin County	8,645	10,047	17,810	20,944	20,258	20,242	17,551	18,748	12	13	11	8	13	40	46	60
Chiayi County	4,568	10,151	17,856	14,227	12,885	12,142	9,987	17,779	66	32	28	19	45	45	41	58
Pingtung County	5,092	5,039	10,322	9,331	8,835	7,932	7,824	37,411	87	98	43	27	187	103	91	30
Taitung County	3,035	4,068	3,812	4,274	4,581	5,002	6,077	9,534	32	80	59	38	76	38	119	60
Hualien County	5,393	6,066	8,072	7,600	13,627	13,234	13,269	15,850	45	47	23	49	21	68	57	5
Penghu County	812	662	1,418	980	1,163	1,395	977	2765	64	60	59	78	50	79	52	33
Keelung City	14,797	17,052	12,910	12,620	12,851	13,927	16,708	19,108	89	67	32	31	34	49	51	15
Hsinchu City	4,932	5,853	17,955	12,432	9,851	11,360	7,173	14,507	228	251	183	235	390	329	343	59
Taichung City	77,279	49,051	51,373	56,220	49,273	28,081	23,114	102,606	439	219	273	186	153	168	146	171
Chiayi City	21,101	3,608	14,646	13,956	17,817	12,179	10,900	16,427	9	2	10	44	53	59	45	132
Tainan City	28,192	27,232	69,649	77,768	51,425	44,886	45,896	73,008	75	136	183	208	220	231	220	1157
Kinmen County	772	2,650	2,280	1,493	1,335	1,145	1,546	1,661	1	2	11	16	17	15	14	63
Lienchiang County	392	315	476	378	224	238	600	806	0	0	0	0	0	0	0	27
Total	299,379	304,715	533,418	499,982	431,134	382,077	345,387	702,659	3,901	2,985	3,123	2,590	3,072	3,803	3,304	2,274

Table 1-4 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 2010 to 2017

Category / year / County /City	Failure to display no smoking signs and supplying smoking-related objects in non-smoking areas															
	Audited								Citations							
	2010	2011	2012	2013	2014	2015	2016	2017	2010	2011	2012	2013	2014	2015	2016	2017
Taipei City	45,141	41,630	139,809	85,185	88,036	66,890	67,198	61,211	100	224	133	69	42	45	30	1
Kaohsiung City	35,398	49,735	130,655	46,579	38,759	39,209	42,498	59,552	11	9	72	81	113	104	76	165
New Taipei City	17,838	20,705	158,359	84,087	87,518	66,123	66,834	77,553	104	157	90	79	58	60	40	0
Yilan County	14,423	23,303	29,253	21,009	18,740	20,860	19,211	19,130	7	12	24	39	8	8	13	2
Taoyuan County	20,508	24,802	54,099	60,539	65,310	40,003	50,643	63,669	7	1	4	15	27	23	59	118
Hsinchu County	10,733	14,134	30,414	20,138	18,540	15,169	17,393	22,588	7	1	1	3	4	2	5	28
Miaoli County	6,304	6,300	22,297	15,757	16,124	14,283	9,633	12,853	10	9	12	6	10	10	0	31
Changhua County	19,828	12,547	37,165	32,091	35,170	38,385	29,765	26,812	0	6	1	2	2	0	1	1
Nantou County	5,484	17,513	36,407	28,676	25,448	32,726	36,224	29,081	5	7	6	1	6	5	4	6
Yunlin County	8,756	10,259	18,077	21,564	21,687	20,987	17,413	18,748	44	46	30	47	17	19	27	16
Chiayi County	5,823	12,232	28,171	16,637	15,316	15,227	11,418	17,779	0	0	0	1	2	0	0	60
Pingtung County	15,302	16,608	38,993	46,799	48,075	48,691	45,740	37,411	15	12	9	17	16	7	10	58
Taitung County	4,250	5,416	6,364	7,548	8,276	8,605	5,920	9,534	0	0	0	0	0	4	7	30
Hualien County	8,453	10,076	15,768	13,496	14,467	13,622	13,163	15,850	1	1	0	0	21	26	16	60
Penghu County	2,579	3,018	6,876	4,072	4,282	4,214	3,077	2765	0	0	2	0	4	0	1	5
Keelung City	14,812	17,036	12,979	12,717	12,937	14,256	16,644	19,108	15	6	7	3	14	24	23	32
Hsinchu City	5,034	5,699	27,499	12,457	9,593	11,057	8,690	14,507	0	0	2	0	0	0	0	14
Taichung City	137,898	84,455	170,259	115,483	120,794	97,306	105,545	102,606	118	212	108	92	76	44	52	59
Chiayi City	22,322	3,759	14,900	14,366	18,152	12,275	10,854	16,427	7	9	5	11	5	21	9	0
Tainan City	33,789	29,424	71,348	78,799	52,761	46,501	51,776	73,008	18	65	29	35	116	258	76	170
Kinmen County	938	3,060	2,589	1,531	1,577	1,146	1,515	1,661	1	1	0	5	1	3	0	0
Lienchiang County	397	446	467	376	383	361	599	806	0	0	0	0	0	0	0	0
Total	436,010	412,157	1,052,748	739,906	721,945	627,896	631,753	702,659	470	778	535	506	542	663	449	856

Table 1-5 Analysis of the areas for Tobacco Hazards Prevention Act penalties for smokers under 18 years of age from 2010 to 2017

Year / Commonsite of violations	2010	2011	2012	2013	2014	2015	2016	2017
Smoking areas	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%)	950 (46.40%)
Internet cafes	327 (8.4%)	190 (6.4%)	236 (7.6%)	119 (4.6%)	142 (4.6%)	103 (2.7%)	96 (2.9%)	66 (3.2%)
Elementary, junior high, and senior high schools	291 (7.5%)	504 (16.9%)	739 (23.7%)	670 (25.9%)	852 (27.7%)	994 (26.2%)	1,000 (30.2%)	855 (41.70%)
Bus / train stations	21 (0.5%)	8 (0.3%)	14 (0.4%)	3 (0.1%)	16 (0.5%)	11 (0.3%)	14 (0.4%)	20 (1.7%)
Hospitals	1 (0.0%)	3 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	42 (3.7%)
Colleges and universities	4 (0.0%)	1 (0.0%)	2 (0.1%)	28 (1.1%)	223 (7.3%)	85 (2.2%)	61 (1.8%)	57 (2.8%)
Others	108 (2.9%)	108 (3.6%)	294 (9.3%)	95 (3.7%)	102 (3.3%)	150 (3.9%)	161 (4.9%)	161 (4.9%)
Total	3,899 (100%)	2,985 (100%)	3,123 (100%)	2,590 (100%)	3,072 (100%)	3,799 (100%)	3,314 (100%)	2,002 (100%)

Table 1-6 Comparison of scores for the implementation of Tobacco Hazards Prevention Act inspection and penalties by various local health bureaus in 2017

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	37,688	10	60,875	19	379,976	45.89
Kaohsiung City	32,183	56	62,904	1,086	365,603	29.68
New Taipei City	14,228	99	77,942	623	349,333	32.64
Yilan County	18,955	5	19,000	33	195,045	25.4
Taoyuan County	35,354	31	64,379	219	508,487	45.83
Hsinchu County	19,999	28	22,363	85	200,970	31
Miaoli County	12,783	9	12,953	126	142,437	17.48
Changhua County	26,821	4	26,830	13	278,706	25.02
Nantou County	16,322	4	28,939	48	228,748	36.63
Yunlin County	18,552	5	18,529	26	224,889	23.82
Chiayi County	16,246	11	17282	54	181,978	24.88
Pingtung County	11,838	8	36,909	178	237,619	43.06
Taitung County	8,768	6	9,169	34	96,328	15.35
Hualien County	4,985	12	16,053	195	118,098	20.42
Penghu County	1,900	0	2,386	0	26,469	6.69
Keelung City	6,662	13	18,899	104	115,752	29.01
Hsinchu City	4,393	24	14,693	140	74,226	21.8
Taichung City	79,468	37	100,000	264	748,783	55.98
Chiayi City	16,366	23	16,346	8	148,168	26.33
Tainan City	65,783	40	73,055	428	638,529	41.07
Kinmen County	176	0	1607	2	6,840	3.53
Lienchiang County	804	0	806	0	8,199	2.42

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 2017. 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

HPA announced the Smoking Cessation Action Year in 2010 and raised funds for the Comprehensive Smoking Cessation Service Network planned for 2011 to safeguard the health, rights, and interests of the general public, aiming to reduce the nationwide smoking rate by 30% between 2010 and 2025 in line with the WHO goal of preventing non-communicable diseases. Pharmacists, nursing personnel, dentists, and other healthcare professionals have been enlisted to participate in smoking cessation to complement existing outpatient services and hotlines starting in March 2013. Comprehensive education on smoking cessation organized over the whole year on campuses, in the military, at workplaces, by NGOs, and in communities have been strengthened. In addition, local health and other relevant units have enlisted the general public to participate in smoking cessation activities to join hands in the creation of a supportive environment on campuses, in the military, at workplaces, in hospitals, in communities, and in families. The holistic and comprehensive 2nd Generation Smoking Cessation Payment Scheme has been actively promoted and ECU and hospitalized patients have been included as smoking cessation service recipients. The planning of community pharmacy drug administration, smoking cessation health education, and case management services has been strengthened. In addition, diverse channels are provided to help smokers kick their habit in cooperation with public health centers and medical institutions including the organization of smoking cessation classes, promotion of various Quit & Win competitions, provision of smoking cessation manuals, and establishment of smoking cessation service networks.

Statistical data released by HPA reveal that the Taiwan Smokers' Helpline (TSH) provided services for a total of 13,818 people, and the smoking cessation success rate reached 42.4% over a period of six months; a total of 468 smoking cessation classes were held with a total of 8,045 participants; 7,743 promotion and educational events related to tobacco hazards prevention were organized; 7,410 trainees successfully completed the basic and advanced smoking cessation health educational training, and more than 4,000 healthcare institutions or community pharmacies provided smoking cessation therapy or health education services. The service volume grew by 29.6% compared to 2016.

Smoking cessation services provided through the diversified service network have laid the foundation for community smoking cessation services. Smoking addicts are actively encouraged to select accessible, convenient, and professional smoking cessation services in accordance with their own needs and the general public is provided with a healthy and smoke-free environment.

"Smoking is Like Wearing an Evil Mask" Posters

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 a problem and behavior that can be eliminated, yet it still claims 27,000 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 cost 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 accessible, 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.

Upon assessment of a significant increase in case numbers and success rates of the pilot program, services are now provided on a permanent basis. 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 detect oral symptoms resulting from tobacco use, and therefore have the privilege 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 as well.

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 1-7 History and timeline of smoking cessation therapy

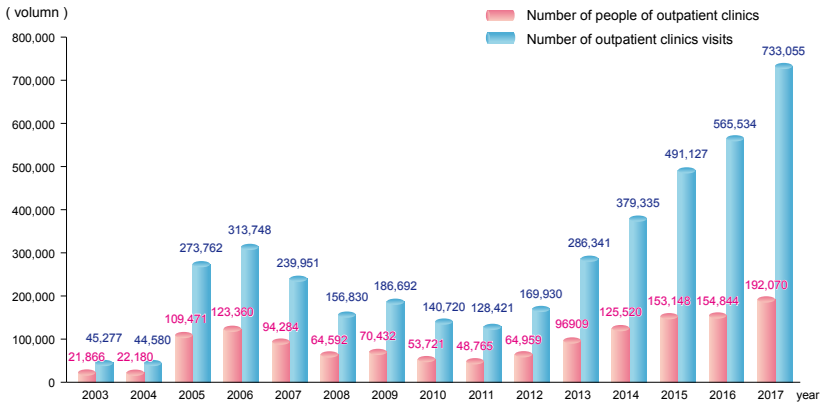
item	2002	2003-2004	2005	2006	2012.3	2012.9	2014.5	2015.11
Physician	Family / internal medicine	Family / internal medicine	Specialists			Specialists Pharmacists Cessation instructors	Specialists Dentists Pharmacy staff Cessation instructors	
Psychiatry	1 treatment (8 week course) every year		2 treatments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

Comprehensive initiation of smoking cessation treatment

- 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 weeks 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 case number of smoking cessation services.
  - 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 2017, the total number of contracted medical institutions offering smoking cessation therapy was 4,000, 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 696,2 (excluding returning cases) by December 2017 (Figure 1-5).

Fig. 1-8 Trend of smoking cessation service volumn



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.

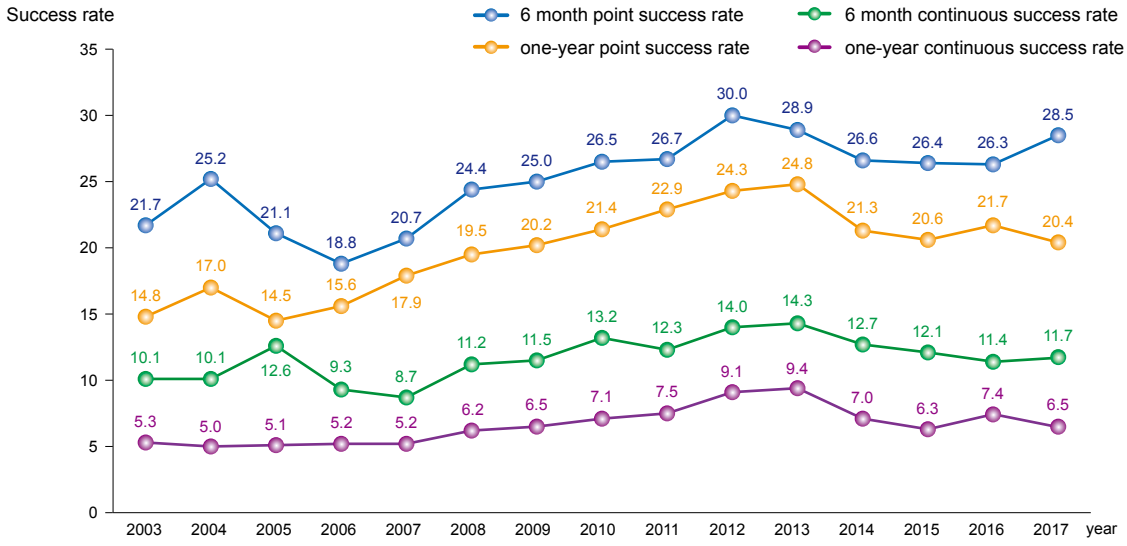
To understand the effectiveness of outpatient medication treatment services for smoking cessation, telephone interviews were used to track the 6-month success rate of individual cases after going through smoking cessation therapy (where success is defined as cases that refrained from smoking for 7 days within the period of 6 months after initiation of treatment). From January 2009 to December 2017, 6-month success rate after going through smoking cessation therapy (shown in Figure 1-9) showed that among medical institutions of every level, medical centers achieved the highest success rate at 36.2%, while basic clinics had the highest success cases due to their prevalence, convenience, and larger number of cases treated (Table 1-8).

Table 1-8 Effectiveness of cessation services conducted by healthcare institutions of different levels in 2017.

Level	Patients	Courses carried out	success rate	Estimated number of smokers who successfully quit
Medical centers	15,955	43,177	36.2%	7,770
Regional hospitals	30,382	87,052	30.1%	9,148
Community hospitals	16,961	52,606	29.2%	4,960
Clinics	57,153	177,807	28.7%	16,376
Public health center	33,637	70,567	24.6%	8,260
Dental clinics	6,147	11,866	17.6%	1,079
Community pharmacies	37,767	290,031	29.4%	10,804
Total	192,080	733,106	28.6%	54,672

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

Fig. 1-9 Success rates of smoking cessation service, 2009-2017



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 28 th November 2017, outstanding healthcare institutions (Table 1-9) 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.

May 31, 2016 Sharp Daily: heavy smokers tend 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.

Table 1-9 Exemplary medical institutions commended in the 2017 "Quality Improvement Measures for Smoking Cessation Services"

Level	Name
Medical center	Kaohsiung Veterans General Hospital
	National Cheng Kung University Hospital
	Kaohsiung Medical University Chung-Ho Memorial Hospital
	MacKay Memorial Hospital
	Kaohsiung Chang Gung Memorial Hospital
	Hualien Tzu Chi Hospital
Community hospital	Taipei Medical University Hospital
	Taichung Tzu Chi Hospital
	Tao Yuan General Hospital of Health and Welfare
	Taiwan Adventist Hospital
	Mennonite Christian Hospital
	National Taiwan University Hospital Yunlin Branch
	New Taipei City Hospital,New Taipei City Government
	Min-Sheng General Hospital
	Taiwan Municipal An-Nan Hospital-China Medical University
	ST. Martin De Porres Hospital
	Taipei City hospital- Zhongxiao
	Lin Shin Hospital
	Taipei Medical University-Shuang Ho Hospital,Ministry of Health and Welfare
	Chang Hua Christian Medical Foundation Chang Hua Christian Hospital
	Ditmanson Medical Foundation Chia-Yi Christian Hospital
	En Chu Kong Hospital
	Ministry of Health and Welfare-Pingtung Hospital
	Taipei Veterans General Hospital-TaoYuan Branch
	Show Chwan Memorial Hospital
	Taipei City hospital- Ren-ai
	Taipei Tzu Chi Hospital
	Ministry of Health and Welfare-Keelung Hospital

Level	Name
Community hospital	Taipei City Hospital-Heping Fuyou Branch
	Ministry of Health and Welfare-Taipei Hospital
	Cheng Hsin General Hospital
	Taoyuan Armed Forces General Hospital –Medical Service Center for Civilians
Community hospital	Jianren Hospital
	TianchengHospital
	Cardinal Tien Hospital
	National Cheng Kung Unversity Hospital Dou-Liou Branch
	Yang Ming hospital
	Koahsiung Municipal Gangshn Hospital
	National Taiwan University Hospital Zhudong Branch
	Evergreen General Hospital
	Taipei Municipal Gan-Dau Hospital (Managed by Taipei Veterans General Hospital)
Public health center	Luzhou District Public Health Center, New Taipei City
	Yonghe District Public Health Center, New Taipei City
	Banqiao District Public Health Center, New Taipei City
Clinic	Bo Wen Clinic
	Yong He Otolaryngology Clinic
	Guang Quan Family Medical Clinic
	Lin Hei Chao Clinic
	Jiu Ru Joint Clinic
	Ruei Long Clinic
	Yeong-An Clinic
	Annan Gaojia Medical Clinic
Pharmacy	Cheng Ching Pharmacy
	Hai-An Pharmacy
	Hao An Sin Pharmacy
	Sin Hua Xin Qing Qi Pharmacy

Training for Smoking Cessation 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 advices. A person who successfully quit smoking will save an average medical expenditure of NT$420,000 in the following 11 to 15 years. Clinicians who meet 100 smokers every day and give 100 lines of advice, motivating 2-3 smokers to successfully 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 2017, "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 2017, a total of 4 such courses were held total of 234 physicians were trained (Table 1-10 shows the number of doctors trained every year). In order to encourage more cardiology physicians to participate in smoking cessation services, so that people understand that smoking will increase the risk of cardiovascular disease, HPA cooperated with Taiwan Society Of Cardiology on December 10, 2007 and arranged a smoking cessation in its winter academic research discussion. Smoking cessation physician training course. The course will adopt a 4-hour online learning course and a 3-hour physical course, and will pass the exam pass credit certification. From 2002 to 2017, a total of 13,487 physicians were trained, accounting for 28.9% 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 neurology (as shown in Figure 1-10).

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. In 2017, Family Medicine Physician Zhi-Fang Huang of the Kaohsiung Chang Gung Memorial Hospital was invited to write an article on the Benefits of Smoking Cessation for Surgery.

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 1-11).

Table 1-10 Exemplary medical institutions commended in the 2017 "Quality Improvement Measures for Smoking Cessation Services"

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	986
2013	538
2014	836
2015	556
2016	370
2017	161
Total	13,487

Note: Physicians repeated training were deducted from the figures

Fig. 1-10 Number of training certificates for all physicians in all specialties during 2002-2017

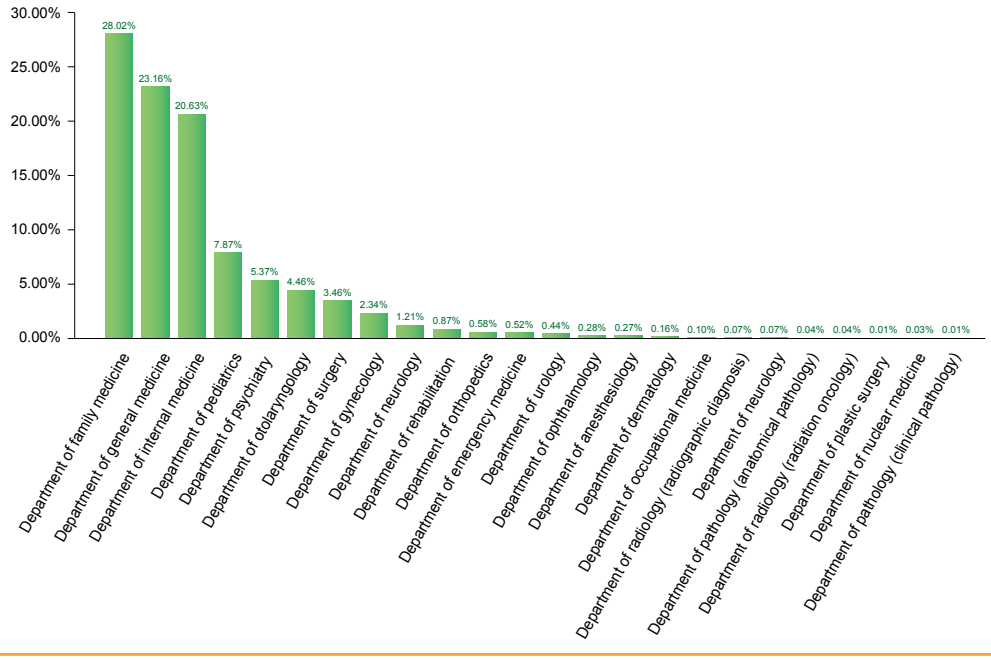


Table 1-11 Differences in the confidence of physicians in providing smoking cessation services before and after training

	Mean	n	Paired Differences of Mean	p
Do you feel confidence about “explaining the health benefits of smoking cessation to your patients”?				
Before training	3.52±1.00	225	0.90±0.98	< 0.001***
After training	4.42±0.51	225		
Do you feel confidence about “valuating a smoker’s dependence on nicotine”?				
Before training	3.16±1.06	225	1.21±0.96	< 0.001***
After training	4.37±0.57	225		
Do you feel confidence about “prescribing smoking cessation medication”?				
Before training	3.06±1.10	225	1.30±1.00	< 0.001***
After training	4.36±0.56	225		
Do you feel confidence about “behavioral therapies for smoking cessation”?				
Before training	3.22±1.05	225	1.04±0.93	< 0.001***
After training	4.26±0.62	225		
Do you feel confidence about “evaluating withdrawal syndrome of the person quitting smoking”?				
Before training	4.20±0.75	225	0.32±0.72	< 0.001***
After training	4.52±0.58	225		

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

Training of smoking cessation therapy doctors – Classroom instruction

Training of smoking cessation therapy doctors – Classroom instruction

Training of smoking cessation therapy doctors (Winter conference)

Training of smoking cessation therapy doctors (Winter conference)– Classroom instruction

Training program for smoking cessation pharmacists

Around 8000 community pharmacies are widely distributed across the country and can be found in every township and community. These pharmacies have the advantages of being convenient, accessible, professional. Community pharmacies represent the starting point for self-care by citizens in the entire healthcare system and serve as local health centers for community members. Licensed pharmacists in community pharmacies not only fill prescriptions issued by physicians and provide adequate directions and OTC drugs for self care by community members, but also frequently come in contact with smokers in the community. This gives them numerous opportunities to provide guidance in the field of health concepts involving smoking cessation and rejection of second-hand smoke. They can provide relevant channels and serves for community members who are willing to quit smoking. This includes services in the fields of smoking behavior management, accurate use of smoking cessation drugs, smoking cessation tracking and guidance, and psychological counseling and referral services for smoking cessation. The goal is to firmly implant smoke-free concepts in local communities, provide local citizens with high-quality pharmaceutical care, and expand the scope of smoking cessation assistance. 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 1-12 below).

Table 1-12 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

Self-Care Educational Materials and Smoking Cessation Counseling Skill Manuals have been designed for pharmacists and issued to advanced training course participants to provide pharmacists engaged in smoking cessation and health education with the ability to make optimal use of their acquired communication skills in future smoking cessation counseling sessions for the public. Between 2012 and 2017, 2,671 pharmacists participated

in advanced training courses on smoking cessation and 2,331 pharmacists have acquired advanced certificates (Acquisition rate of 87.3%) (the number of trainees across the years are as shown in Table 1-13 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 1-13 Number of trainees who underwent the smoking cessation pharmacist training program across the years

Year	Basic training	Intermediate training	Advanced training	Instructor training	License renewal training
2010 年	698	101			
2011 年	527	299			
2012 年	Organized by county/city health bureaus	644	359	37	
2013 年		544	368	44	
2014 年		Organized by county/city health bureaus	704	134	
2015 年			670	93	
2016 年			288		381
2017 年			282		720
總計	1,225	1,588	2,671	308	1,101

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

The Taiwan Pharmacist Association has set up a Facebook Fanpage titled “Second-Generation Smoking Cessation and Health and a closed group named “Taiwan Pharmacist Association Smoking-Cessation Pharmacist Discussion Forum” to facilitate the communication of information pertaining to relevant policies and smoking cessation. These online platforms give pharmacists who have signed contracts a chance to discuss issues encountered in the execution and provide online consultation and exchanges without time or space constraints. Relevant information is discussed and problems are solved in a unified manner upon compilation and organization of statistics.

In addition, a leaflet titled “Enhanced Subsidies for Second-Generation Smoking Cessation to Facilitate Quitting” is distributed to licensed pharmacies for pickup by the public. As of the end of November 2017, a total of 1,000 community pharmacies nationwide participate in this activity and have signed relevant contracts (for more details please refer to the chart below). The map shows that the ratio of participating licensed pharmacies in areas with insufficient medical resources in central, southern, and eastern Taiwan and offshore islands is quite high. This is excellent news forpeople in remote areas and shows that community pharmacies have gained the ability to fully utilize their competitive advantage in the provision of convenient, accessible, and professional smoking cessation counseling services for the general public.

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 1-14).

Table 1-14 Training program for smoking cessation instructors

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 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 9 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)

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

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

In 2017, 6 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 454 trainees participated in the training (the number of smoking cessation instructors trained across the years is as shown in Table 1-15), 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.

Table 1-15 Number of smoking cessation instructors trained across the years

Year	Nursing Staff	Medical technician	Nutritionist	Radiation technician	Social worker	Psychologist	Pharmacists	Physician	Respiratory therapist	Physioth erapist	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
2017	430	7	4	4	1	1	1	2	2	0	1	0	1	454
Total	5,015	83	45	30	18	15	11	25	20	8	9	13	42	5,334

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 have a prominent role to play in tobacco control. Pentists can easily detect the oral symptoms 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. Smoking not only causes cancer but also has adverse effects on oral and periodontal health and leads to tooth loss and implant failure. Research shows that the therapeutic effect of non-surgical periodontal treatment for smokers only reaches 50-75% of that for non-smokers. The same applies to the effect of surgical treatment. Research reports also indicate that failure rates of dental implants are two times higher for smokers.

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 14,000 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 2017, a total of 6 basic-level and 2 advanced-level training sessions were provided. Of which, a total of 233 trainees completed basic-level training while 54 trainees completed advanced-level training. Overall, more than 80% of the trainees were satisfied with the training courses. As of 2017, a total of 2,112 dentists have drug therapy qualifications and 893 have participated in health education training courses to ensure the provision of convenient, accessible, and effective smoking cessation services for the public, increase smoking cessation rates, and decrease oral cancer incidence rates.

Dentist smoking cessation training course in class

Dentist smoking cessation training course in class

Press conference “Say No to Tobacco and Betel Nuts for a Burden-Free Future”

Press conference “Say No to Tobacco and Betel Nuts for a Burden-Free Future”

In addition, it is difficult for lay people to detect early stages of periodontal disease which may lead to tooth loss and systemic diseases affecting the whole body. They tend to neglect oral and periodontal health risks that smoking and betel nut chewing pose and their effect on the success rate of periodontal treatment and implants. The Health Promotion Administration, the Department of Mental and Oral Health of the Ministry of Health and Welfare, the Taiwan Academy of Periodontology, the Association of Oral and Maxillofacial Surgeons, and the Taiwan Academy of Oral Pathology have therefore issued a joint appeal to reject tobacco products and betel nut, seek professional help, and undergo regular oral cancer screening in a press conference.

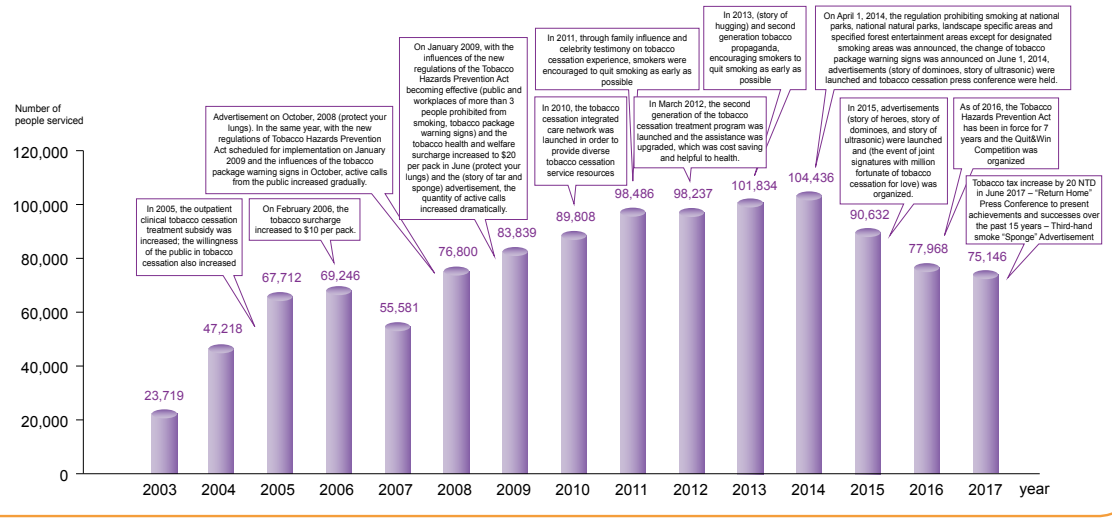
To provide theoretical and practical course materials, the HPA specifically developed 3 manuals, “User Manual for Smoking Cessation Medical Professionals in Dental Outpatient Services,“ “Manual on the Techniques of Smoking Cessation Counseling,“ and “Self-Help Manual on Practical Case Studies.“ Of which, 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.

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 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).

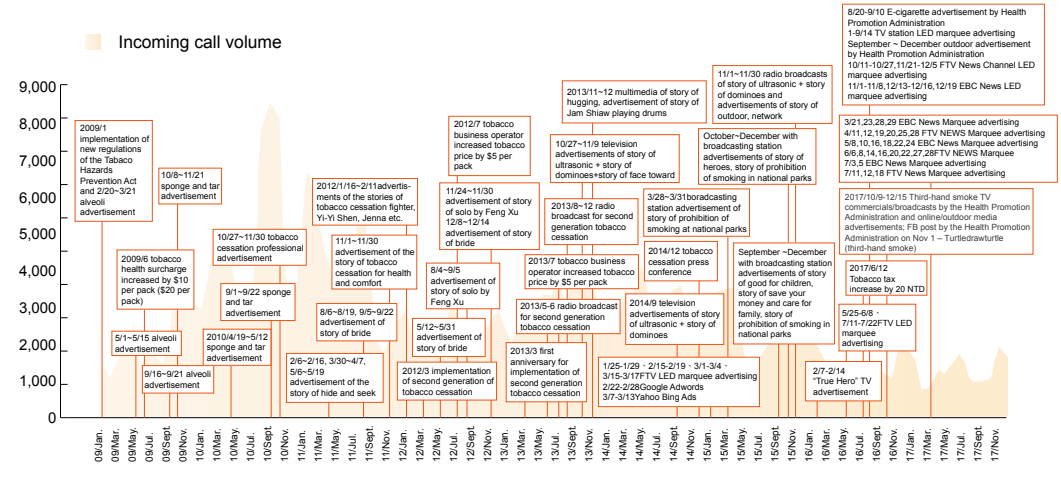
The helpline service is available Monday through Saturday from 9AM to 9PM, providing in Mandarin, Taiwanese, Hakka, and English. Referrals, counseling, promotional, information, and other services are provided according to the caller’s request. Computerized management has been adopted to implement preliminary 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 help the smokers to make a smoking cessation 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 2017, telephone counseling received 1,160,662 calls for a total of 308,836 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 1-11).

Fig. 1-11 Taiwan Smokers’ Helpline service volume between



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 harms (such as those depicting lung alveoli and tar), warning texts, and pictures on tobacco product containers and increased tobacco product health and welfare surcharges 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 harms 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 harms 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 harms 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. In June 2017, a “return home” press conference was convened on occasion of the 15th anniversary of establishment of the helpline and cigarette tax adjustments. Through the presentation of success stories, smokers were encouraged to quit smoking immediately and seek professional help. The motivation to quit smoking and willingness to call the helpline were thereby increased (Figure 1-12).

Fig. 1-12 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. In view of the rising ubiquity of smartphones, mobile phone dial-in and text messaging services were added to the smokers' helpline in June 2008 to enhance the convenience of calling the helpline. Channels of social support were added to facilitate smoking cessation and increase utilization of relevant services by smokers. 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, 99.95% received immediate counseling upon request in 2017, which was higher than the 50% requirement recommended by the US Center of Disease Control (as shown in Table 1-16).

Table 1-16 Recommended indicators of the US Centers for Disease Control and Prevention v.s. the current performance of the TSH

Service indicator	CDC recommended level	TSH performance in 2017
Call completion rate	90%-95%	95.58%
Call completion rate within 30 seconds	95%	98.54%
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%	99.95%

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 smokers who want to quit in the region of Asia. The helpline is serviced by professional personnel with counseling and smoking cessation consultation skills. Until the year of 2017, the helpline has helped over 1.16 million people calling for consultation on smoking cessation. It has also helped more than 140 thousand people in setting the smoking cessation date. Based on the calculation of the success rate for smoking cessation of 42.4%, the helpline has successfully helped 56,000 people in quitting smoking successfully.

2017 "Return Home" press conference convened on occasion of the 15th anniversary of the smoking cessation hotline to present success cases

In 2017, relevant information was released on occasion of Chinese New Year, the World No Tobacco Day, and Chinese Valentine'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. The general public was instructed to fully utilize empathic counseling personnel as smoking cessation coaches to facilitate this process. 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 smoking 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.

Lectures at OmniHealth Group by smoking cessation helpline instructors

One of the keys to success of smoking cessation is the setting of a cessation date to demonstrate the intention and determination to quit smoking. The data indicates that the smoking cessation success rate of smokers who set a cessation date is 1.3-2 times higher than that of smokers who fail to do so. Implementation of relevant policies and therapy programs in recent years has generated an environment highly conducive to smoking cessation. 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.

Year	Success rate		Multiple
	Cessation date set	Cessation date not set	
2014	50.5%	37.2%	1.34
2015	66.7%	33.3%	2
2016	51.1%	33.7%	1.52
2017	58.2%	30.7%	3.14

2017 Asia Pacific Quitline Workshop

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 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.

Mailiao Township Watch smoking cessation class in Yunlin

Adult smoking cessation class organized by Chiayi City

Smoking cessation seminar in Penghu County

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 control 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. The surcharge has therefore great significance for the funding of disease prevention and 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 7 million people die every year from smoking-related hazards. In other words, one person would die from smoking-related causes every 5 seconds. The WHO also recommended increasing tobacco product surcharges to raise their prices as this was regarded as the most effective strategy of tobacco control.

Pursuant to the regulation prescribed in Paragraph 1 of Article 4 of the Tobacco Hazards Prevention Act: "The Health and Welfare Surcharge shall be imposed on tobacco products, the amount of which shall be as follows: (1) Cigarettes: NTD 1,000 every one thousand sticks. (2) Cut tobacco: NTD 1,000 every kilogram. (3) Cigars: NTD 1,000 every kilogram. (4) Other tobacco products: NTD 1,000 every kilogram." Pursuant to the regulation prescribed in Paragraph 2 of Article 4 of the same Act: "The competent authority at the central government level and the Ministry of Finance shall, for once every two years, invite and assemble scholars and experts specialized in finance, economic, public health and relevant fields to conduct reviews of the amounts of the aforementioned Health and Welfare Surcharge based on the following factors:

(1) The various types of 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 items without altering the total allocation ratio. In line with the promulgation of the “Remedy for Birth-related Injury 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 Control 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

On May 10, 2017, the president promulgated the amended provisions set forth in Article 7, 20, and 20-1 of the Tobacco and Alcohol Tax Act. Pursuant to these provisions a tobacco product tax of NT$ 1,590 per 1000 sticks or kilograms is levied. These amendments took effect on June 12, 2017 upon ratification by the Executive Yuan.

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:1,000 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
2017	32,333,472

Key results of Tobacco Health and Welfare Surcharges utilization

1. National Health Insurance (NHI) reserves: Revenues allocated from January 2002 to the end of December 2016 amounted to around NT$ 271.3 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$ 16.2 billion were earmarked as medical expenses for NHI disease diagnosis and treatment in 2017. The surcharge which accounts for 92% (NT$ 17.6 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: 261,000 individuals received subsidies amounting to NT$ 1.479 billion in 2017. Recipients included 198,000 low- and mid-income families and 63,000 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 which are not paid according to 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 199 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 2017, a total of 75,640 emergency care patients were transferred by responsible hospitals in the context of the program. The mutual referral rate between hospitals within the network exceeded 50% with a registration rate of 97.1%. Incentives were provided for 29 medical teams in 11 hospitals with the goal of developing and strengthening innovative or customized integrated medical care for critical pediatric diseases. Subsidies and allowances were provided for one-year training programs for 2,336 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. The number of organ donors (including institutions) reached 339 in 2017. The continued establishment of nationwide eye banks is subsidized and cornea collection and testing operations are implemented. 537 cornea donations were made in 2017. The cornea inspection rate reached 100%.

   (b) 5 medical institutions received subsidies to form a Community Healthcare and Tracking Network in cooperation with regional psychiatric care networks, health bureaus, and hospitals in an effort to provide care for high-risk mental patients in communities (838 patients benefited from these services). The 5 undertaking hospitals have already established special outpatient departments for psychiatric care for mentally handicapped patients and an outreach service model and in cooperation with 25 institutions for the disabled and 34 junior high and elementary schools. 453 patients benefited from these services (a total of 12,637 services were provided). These services improve the mood, behavior, and condition of mentally handicapped patients and enhance their life, social, and occupational functions. 4 hospitals received subsidies to form addiction cessation medical teams to provide drug and alcohol addiction rehabilitation services for inmates of 7 correctional agencies. Medical treatment services have been provided for 2,693 drug addicts and 2,162 alcoholics. 12,878 and 4,635 inmates received health education and psychotherapy, respectively. 1,245 inmates were referred for counseling prior to release and 1,132 inmates were tracked after release. In addition to rehabilitation and therapeutic services for drug addicts, therapeutic resources were referred prior to release to facilitate their smooth reintegration into society.

   (c) 29 hospitals in 18 cities and counties were rewarded for the provision of oral health care services for 53,858 individuals.The remedy for birth-related injury pilot program was initiated in October 2002. By December 2017, a total of 503 applications had been submitted, 38 review meetings had been convened, and 415 reviewed cases had met the criteria for relief. 139 teaching hospitals received subsidies for the training of 28,238 newly recruited physicians and medical personnel. An instructor training mechanism has been established for medical personnel. In 2017, a total of 156 institutions completed certifications and 41,926 instructors completed their training. 36 hospitals participated in the Program for the Enhancement of the Quality of Invasive Procedures for the third consecutive year. Ventilator associated pneumonia (VAP) infection density dropped by 33% and Catheter-Associated Urinary Tract Infections (CAUTI) decreased by 16%.

(d) New policies for DTaP-Hib-IPV vaccinations and PCV vaccinations for young children have been promoted. From 2009 to 2017 over 11 million children benefited from these new vaccinations. The first and follow-up administration rate of conventional vaccinations for children below the age of 3 reached 96% and 93%, respectively, which ensures group immunity. 9 conventional vaccines were administered for children in 2017, ensuring effective prevention of the incidence and spreading of 14 different communicable diseases. The utilization rate of 6 million doses of free flu vaccines reached 99% in January, 2018, reaching a coverage rate of 25% of the whole population.

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

(a) 15 hospitals in 15 cities and counties received subsidies for the provision of 24-hour emergency medical services in the pediatric department (including newborn and premature babies). A pediatric specialist must be on duty at night and on holidays to provide emergency and inpatient services and strengthen hospital performance in remote areas with a shortage of medical resources. Manpower resources were provided for Taitung Hospital, Hualien Hospital, and Hengchun Tourism Hospital. In addition, Penghu Hospital received subsidies for the establishment of a chemotherapy center. In 2017, this center provided chemotherapy services for 62 patients on a monthly basis with a growth rate of 90%. The goal is to provide localized medical care on offshore islands, offer support for underprivileged groups, and spare economically challenged patients in unstable condition who lack strength the hardships of a long journey.

(b) Medical centers and hospitals that provide critical first aid are required to support offshore islands and remote areas. A total of 108 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 17 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) Organizing training courses for local long-term care personnel. By the end of 2017, a total of 1,541 care management specialists and long-term medical care professionals had been trained. A total of 21 day care centers had been established by 2017. Subsidies have been approved for one subregion with a shortage of resources for a long-term care institution program.

6. Organizing Limited No-Fault remedy for birth-related injury: The Remedy for Birth-relateded Injury Act took effect on June 30, 2016. The Remedy for Birth-relateded Injury Fund which was established in 2017 was initially funded through allocations from the tobacco surcharge. 211 of the 248 cases which were processed in 2017 met the criteria for relief payment. These payments totaled NT$ 90 million.

7. Social welfare effects at national and local levels:13 social welfare organizations provided shelter and proper accommodation and care for a total of 3,050 seniors, children, teenagers, and physically and mentally challenged individuals to keep them from becoming destitute and homeless.

8. Effectiveness of the application of long-term care resources:

(a) 113,706 disabled persons received long-term care in 2017. 46 care management centers which have been established in tribal areas, on offshore islands, and in other regions with a shortage of resources provided services for 34,158 individuals. 134 multifunctional dementia care service stations have been established in communities to provide cognition promotion, disability alleviation, visiting, and family support services. In addition, 20 dementia shared care centers have been created to provide a community-based case management mechanism for dementia patients and supportive services for caregivers.

(b) Appraisals were carried out for 126 nursing homes and 451 home-care nursing institutions. 110 homes (87.3%) and 445 institutions (98.7%) met the required criteria. 850 contracted service stations to promote prevention and disability alleviation for close to 20,000 beneficiaries.

(c) In line with the 10-year Program for Long-Term Care 2.0, disabled and mentally and physically handicapped individuals below the age of 49 have been included as service recipients. 13 cities and counties have received subsidies for the establishment of 36 community-based day care service stations for disabled and mentally and physically handicapped individuals. 80 Integrated Service Centers in communities, 199 Compound Service Centers, and 441 Long-term Care Sations in lanes and alleys have been established all over the country in cooperation with 22 cities and counties and 720 service provision units.

9. Medical expenses for rare diseases:

(a) As of the end of 2017, 218 rare disorders have been identified. 98 drugs and 42 special nutritional supplements for such diseases have been announced. 14,516 cases of rare disorders have been reported. Medical expense subsidies are provided for cases without health insurance coverage. 3,162 receive medical care subsidies.

(b) In accordance with the Incentive and Subsidy Guidelines for the Prevention of Rare Disorders, 16 research projects are subsidized. 5 hospitals receive subsidies for the provision of care services for individual cases in accordance with the Guidelines Governing Care services for Rare Disorders and Rare Hereditary Diseases and Defects. 13 educational activities on the prevention of rare disorders have been organized and educational activities organized by patient groups are subsidized.

(c) Medical subsidies for underprivileged groups and individuals without health insurance coverage: 1. 186,272 pregnant women were screened for GBS (Group B Streptococcus)-positive rate of 21.21%. 2. 191,119 newborns were screened for hearing impairments (screening rate of 98.3%) . 798 confirmed cases of hearing impairment were referred to tracking and treatment.

10. 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 cancer screening is only administered in Taiwan). Since the adoption of the four cancer screening tests in 2010 until 2017, a total of 5.07 million individuals have received screening services. A total of 48,000 precancerous lesions and 12,000 cancer cases have been detected.

(b) A cancer care accreditation program has been adopted for hospitals. By 2017, a total of 59 hospitals have passed their accreditations and 92 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 2017, a total of 66 centers provide services for cancer patients and their family members (services are provided for 120,000 people a year). 92 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.

(d) Prevention of betel nut caused health hazards: Oral cancer screening services have been provided for around 780,000 individuals. 3,400 cases of precancerous lesions and 1,200 cases of oral cancer were detected. Betel nut chewing rates dropped to 6.1% in 2017.

11. 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 14.5% in 2017 and the number of smokers dropped by 1,160,000 over the past 9 years. Second-hand smoke exposure rates in legally stipulated non-smoking areas continue to decline (from 23.7% in 2008 to 6.4% in 2017). The protection rate exceeds 90%.

(b) Local health bureaus take the initiative in law enforcement audits and guidance. Tobacco hazards prevention act audits were carried out in over 760,000 institutions nationwide and fines totaling NT$ 61,870,000 were imposed in 7,144 cases. Implementation of the smoke-free area program will be continued for campuses, workplaces, and army bases. Tobacco control work has been promoted in 36 universities and colleges.

(c) Utilization of multimedia channels and an interactive experience vehicle for tobacco control education: The vehicle tours university campuses and communities all over the country to provide education on second-hand smoke, e-cigarettes, and smoking cessation to promote the health promotion services of this administration. Hospitals are encouraged to participate in international tobacco-free hospital certifications. Between 2012 and 2017, a total of 15 hospitals had been honored with international awards and certifications. In addition, the certification has been merged with the healthy hospital certification with the result that 44 hospitals that had not submitted applications for tobacco-free hospital certifications also participated in this certification.

(d) 732,246 individuals received second-generation smoking cessation services. Over 55,000 smokers successfully kicked their habit with the help of these services. This is expected to lead to savings in medical expenses in excess of NT$ 300 million in the short run and economic benefits in excess of NT$ 23.2 billion in the long run. The tobacco tax hike in June led to a rising demand of smokers for smoking cessation services. The number of smoking cessation service recipients increased by 29% in 2017 compared to 2016.

(e) Promotion of a comprehensive revision and amendment of the Tobacco Hazards Prevention Act with a focus on strengthening of e-cigarette management, banning of flavored cigarettes, expansion of pictorial health warnings to 85% of the container, expansion of smoking bans in indoor public areas, provision of additional legal and medical assistance, stiffer fines for illegal advertising and promotion, and publicly announced bans on objects imitating tobacco product use. The first reading of the draft amendment was completed on December 29, 2017 in the Legislative Yuan.

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

(a) Guidance in antepartum health care and education was provided for 291,805 pregnant women. The average usage rate (7 times) of the child health education guidance service subsidy plan was 66%. Subsidies for prenatal examinations for pregnant new immigrants without health insurance coverage were provided in 8,339 cases. Subsidies for women in high-risk groups for hereditary diseases including low-income households and residents of 80 regions with eugenic health measures and shortage of medical resources were granted in 45,940 cases. Abnormalities were detected in 1,349 cases which were provided with follow-up genetic counseling (tracking rate of 97.2%).

(b) 7 health education guidance sessions are provided for children below 7. By the end of 2017, 2,975 physicians had submitted applications (estimated average usage rate of 66%). Guidance was also provided for 47 Joint Evaluation Centers for Child Development in the assessment of 11,397 children with suspected developmental retardation (64.1% of these cases were confirmed). Correction of sex ratio at birth imbalances: 1.090 in 2010 to 1.076 in 2017.

(c) A total of 1,250,000 schoolchildren in 2,652 elementary schools in 22 cities and counties have benefited from the free provision of fluoride-containing mouth rinse. 270,000 schoolchildren benefited from molar groove sealing services.

(d) A total of 193,651 newborns were screened for congenital metabolism disorders (screening rate of 99.9%). Abnormalities were detected in 3,670 cases. Screening for pre-school age strabismic amblyopia and impaired vision is also promoted. 427,117 pre-school children have been screened (screening rate of 100%). The referral rate of abnormality reached 99.56%.

(e) Establishment of a “Blissful e-Academy for Teenagers” to provide them, their parents, and teachers with accurate information and teaching materials in the fields of health, venereal disease prevention, pregnancy, and contraception for queries and download. These materials have been browsed 31,809 times. A friendly and confidential Teens’ Bliss No.9 Outpatient Department has been created. 590 kind-hearted physicians have utilized this platform to provide services and counseling in the fields of male-female relationships, interpersonal relationships, emotional issues, and reproductive health (including contraception methods) 20,051 individuals. 63 campus and parenting lectures with 8,100 participants were organized in cooperation with health promotion schools in communities.

(f) The prevalence of overweightness and obesity among students has dropped, while prevalence among adults slightly increased from 43.4% between 2003~2008 to 47% between 2014-2017. Regular exercise ratios among adults increased from 26% in 2010 to 33.2% in 2017.

(g) 22 cities and counties continue to promote age-friendly cities. Taiwan has the highest age-friendly city coverage rate in the world. Senior health promotion activities are organized at different location in cooperation with community groups. In 2017, a total of 849 courses drew 23,000 participants. Senior health promotion competitions were held for elderly ctizens of an average age of 72 (total cumulative age of 170,000 years). Over 500,000 seniors participated in these activities over a period of 7 years.

(h) Cities and counties have been encouraged to provide integrated screening services for over 470,000 individuals in cooperation with medical institutions under their jurisdiction. The following cases of suspected or confirmed abnormalities were detected: 92,095 individuals had abnormally high blood pressure, 38,526 individuals had abnormally high blood sugar levels, and 64,443 individuals had abnormally high cholesterol levels (average referral and tracking rates exceeded 86%). A Diabetes Shared Care Program has been established. As a result, the standardized mortality rate for diabetes dropped from 37.1/100,000 in 2002 to 24.5/100,000 in 2016, which represents a decrease by 34%. 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 2017).

(i) The nutrition and healthy diet promotion law has entered the legislative stage and was submitted to the Legislative Yuan on December 22, 2017. National nutrition standards were publicly announced in the Daily Diet Guide and Dietary Guidelines on March 13, 2018. An iodine nutrition policy is promoted, and Regulations on Iodine Level Labeling for Prepackaged Food Grade Salt Products have been formulated in cooperation with the Food and Drug Administration. Iodine coverage of nutritious meals at elementary schools and junior high schools was 98.3% and 96.4%, respectively.

13. Effects of investigating the smuggling of inferior tobacco products at the national and local levels:

(a) A total of 2.086 million packages of illegal tobacco products worth NT$985.15 million have been seized in 2,123 detected cases of smuggling.

(b) There has also been 15,875 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, 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.

14. Effects of guidance and care for tobacco farmers and workers in related industries:

(a) Support for economically viable alternative activities: In line with the promotion of tobacco farm conversion in Taiwan and successful crop conversion upon guidance planned by Agricultural Research and Extension Stations in all regions, unified lists of farmers willing to abandon tobacco farming on a voluntary basis starting in the following year were submitted to the Taiwan Tobacco & Liquor Corporation. As of February 28, 2018, 1,529 farmers have completed applications for crop conversion of a total area of 624.8096 hectares. Lump subsidies of NT$ 600,000 per hectare or subsidies for purchase of equipment/facilities required for crop conversion were granted. Approved subsidies amount to NT$ 357,857,440 and allocation of funds continues.

(b) Betel nut production controls have been strengthened in an effort to decrease the betel nut planting area and thereby prevent cancer in line with cancer prevention and land restoration policies of the central government. Guidance for farmland restoration and crop conversion had been provided for a total area of 720 hectares by 2017.

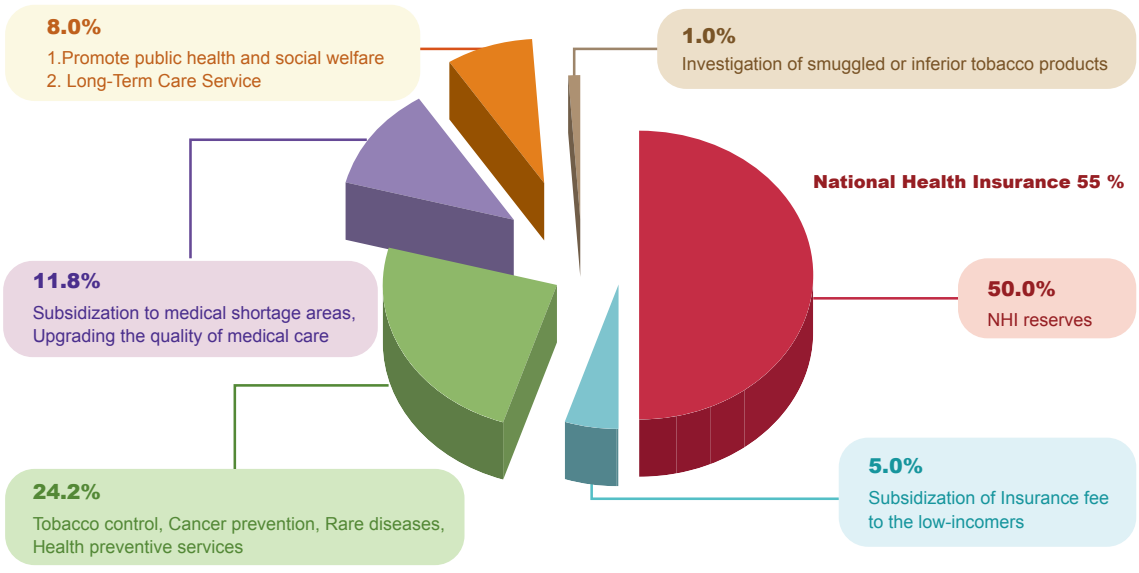
Tobacco Health and Welfare Surcharges information disclosure

To effectively 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.

We creat a specific website section to display 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 people visit the webpage, 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 2017 has already been made public on the website: Health Promotion Administration homepage/Tobacco Health and Welfare Surcharge. (URL:http://www.hpa.gov.tw/Pages/List.aspx?nodeid=184, chinese version only)

Distribution of the Tobacco Surcharge

According to The Regulation of the Tobacco Health and Welfare Surcharge Distribution and Utilization (Article 4)



Fixed quota for economically viable alternative activities for tobacco workers, growers and individual sellers.

3

Reducing the Supply of Tobacco

• 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 2017, 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 compliance levels and legal by disguised people; 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

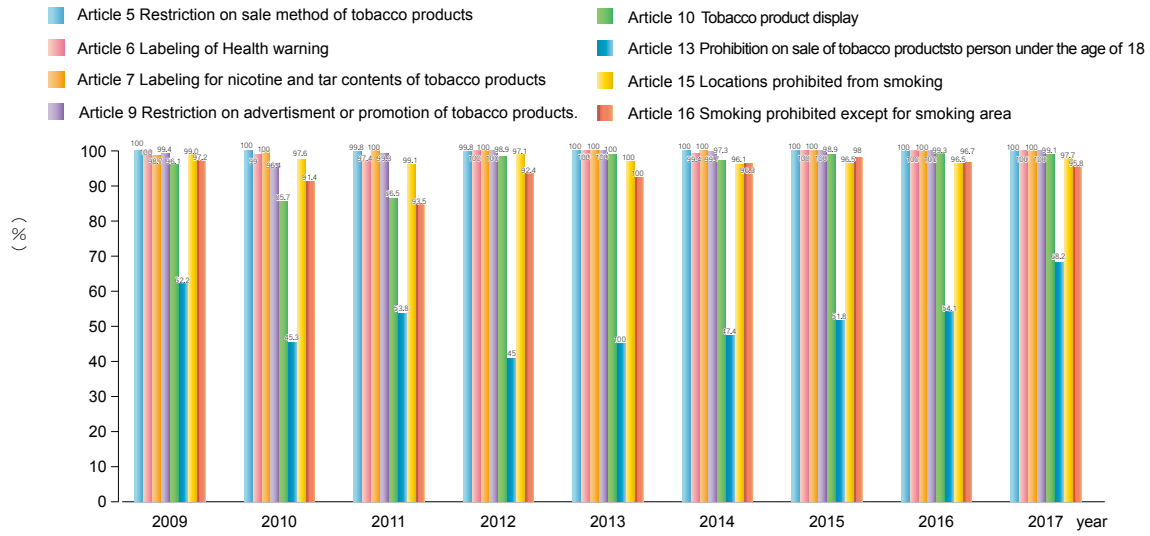
Given the wide geographical scope of the surveyed sites as well as limitations in human resource and budget, the survey was conducted using a non-random sampling study design. A 3-level sampling framework was employed to select the samples and acquire relative standards to assess the implementation of relevant policies. 9 articles (Srticle 5, 6, 7, 9, 10, 11, 13, 15, and 16) of the Tobacco Hazards Prevention Act were assessed in the on-site surveys. The 2017 on-site surveys across 22 counties and cities found that overall compliance rate to the said articles was 92.2%. 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 2017 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	99.1
Article 11: Prohibiting the provision of free tobacco products	100
Article 13: Prohibiting the sales of tobacco products to minors	68.2
Article 15: Places where smoking is completely prohibited	97.7
Article 15: Places where smoking is completely prohibited (unannounced and random surveys)	95.8
Article 16: Places where smoking is completely prohibited except in the designated smoking areas, and completely prohibited in all areas if no such smoking area is designated	95.9

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 2009-2017



Prohibiting the sales and purchases of tobacco products amongst underage minors

Results of the Global Youth Tobacco Survey (GYTS) of 2017 show that close to 40% of all junior high school students who smoke can purchase their own cigarettes (38.8%); over 50% are not refused by stores when buying cigarettes (50.8%); and most purchases are made in traditional stores (52.9%). Moreover, 72.2% of all high school and vocational students who smoke can purchase their own cigarettes, 68.8% are not refused by stores when buying cigarettes, and most purchases are made in convenience stores (51.3%). 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 buying inspections was applied to 660 tobacco vendors across 22 counties and cities from April to September of 2017. Results showed that 31.8% 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 11.8% but reached as high as 46.2% and 41% for betel nut vendors and traditional grocery stores respectively.

Violation rates dropped to below 50% in 2017. As for the improvement of violation ratios between 2012 and 2017, convenience stores showed the most significant improvement (75.3%) followed by supermarket chains or large retailers (64.4%), betel nut kiosks (41.1%), and traditional stores (39.1%). 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 2-3).

Figure 2-2 Investigation on violation rate of tobacco sellers on the rate of selling tobacco to teenag ers for years of 2009-2017

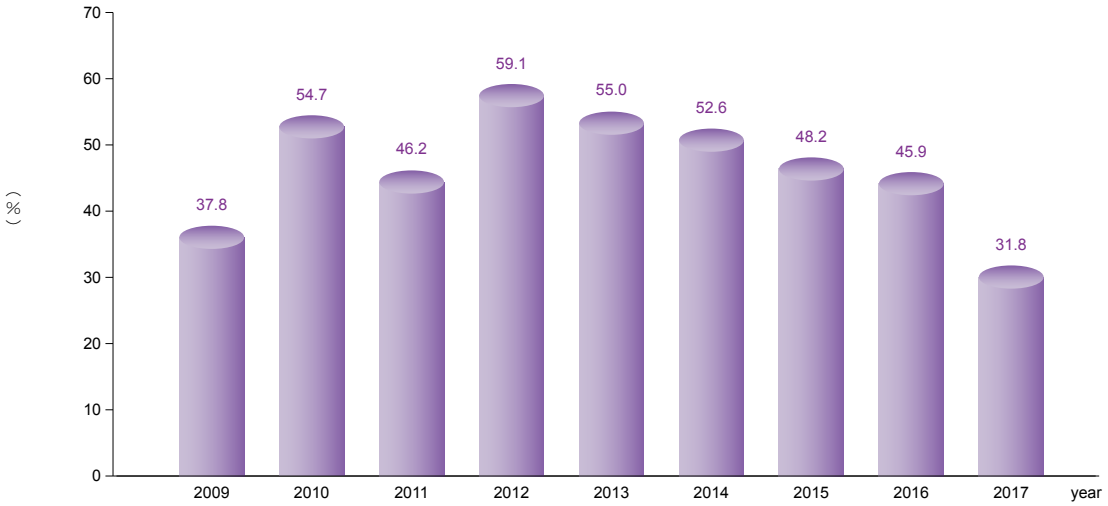
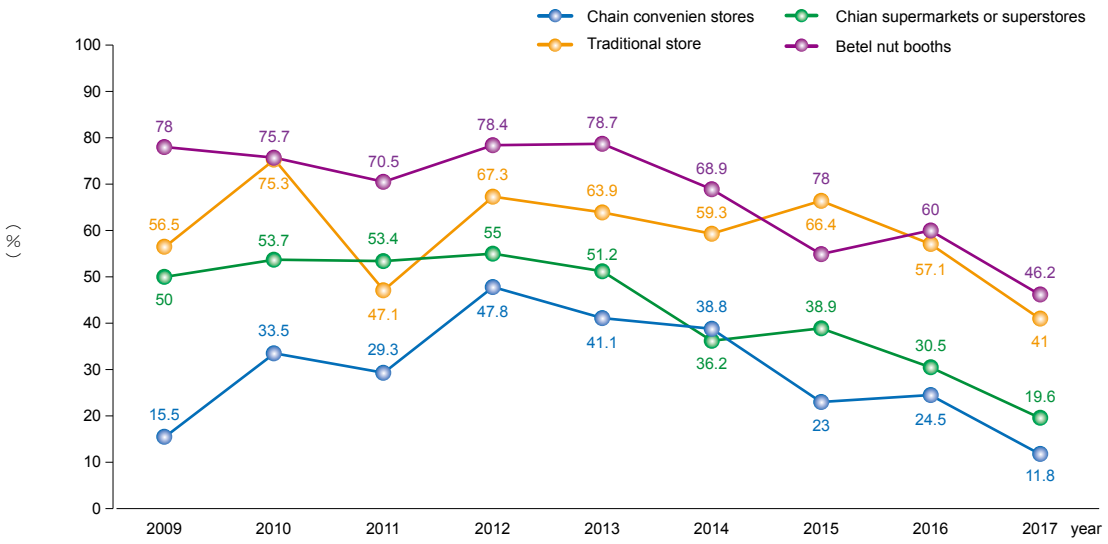


Fig 2-3 Violation rate of various types of tobacco selling locations in 2009-2017



For the four major convenient stores, only 11.8% of the stores sell tobacco to minor in 2017 that the tobacco selling violation rate of 18.2% for the Hi-Life is the highest, the subsequent rankings are 14.5% for the 7-Eleven, 7.3% for FamilyMart and 4.8% for OK Mart. The violation rate decreased by 12.7% compared to 2016 (24.5%) (Figure 2-4). For the betel nut booths, the violation rate in 2016 and 2017 are 60% and 46.2% respectively; violation rates dropped to below 50%. For traditional stores, the violation rate dropped from 57.1% in 2016 to 41% in 2017, which dramatic improvement. The test results of the major supermarkets and superstores indicate that the violation rate decreased slightly from 30.5% in 2016 to 19.6% in 2017, which marks a decrease by 10.9% (Figure 2-3).

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 16, 2017, the Administration held a press conference titled "Stop, watch, listen - Don't sell tobacco products to minors and protect them from tobacco hazards". Businesses of all sales channels were invited to sign a petition to support a ban on the sale of 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 2-4 Violation rate of chain convenient stores selling tobacco to monitors in 2009-2017

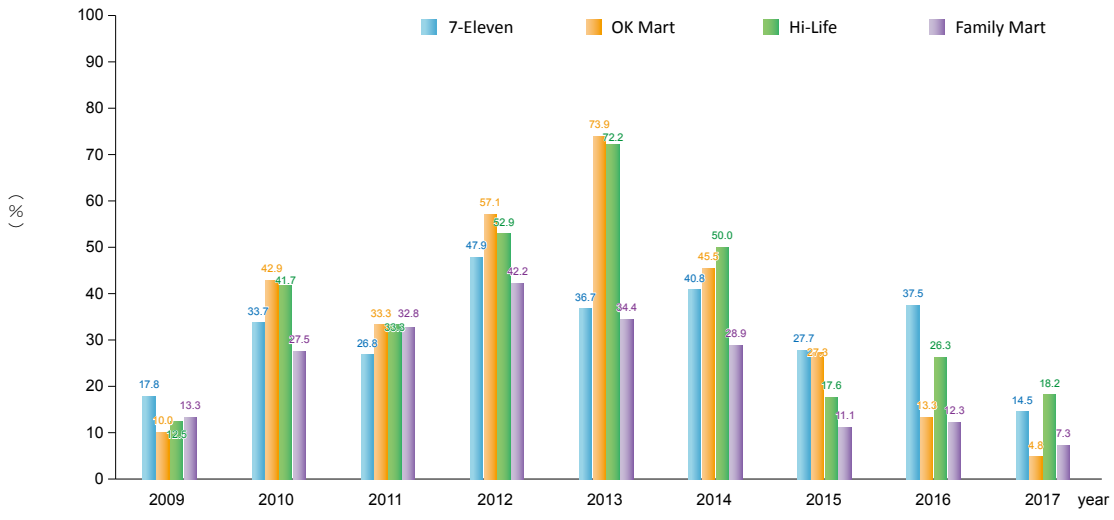
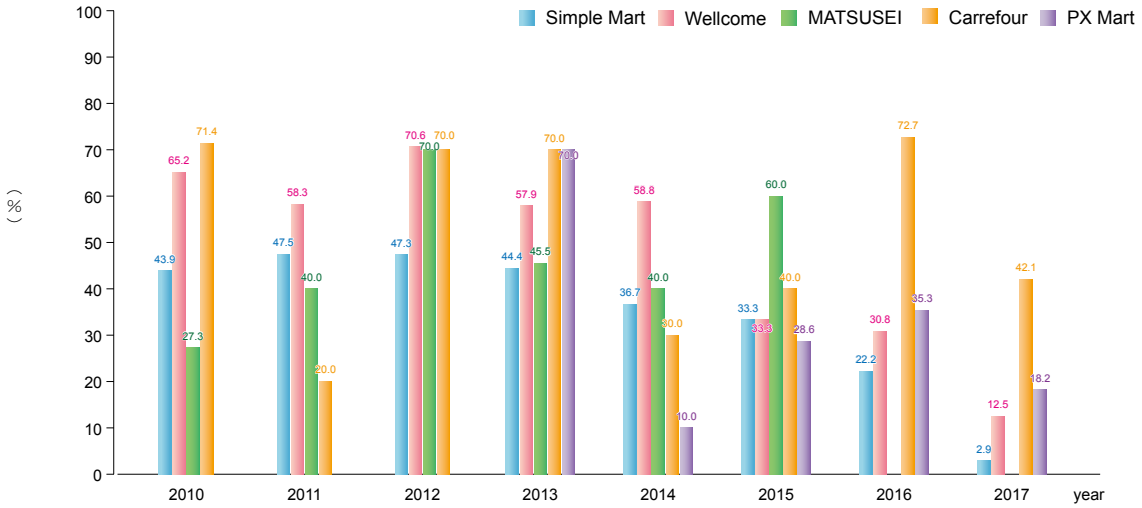


Figure 2-5 Violation rate of chain supermarkets and superstores selling tobacco to monitors in 2010-2017



Sharing of photographs of No Smoking sign

Announcement of smoking bans on streets in the vicinity of campuses

Announcement of smoking bans on streets in the vicinity of campuses

Anti-smoking signs in smoke-free parks

On-site inspection of smoking ban compliance in the vicinity of train stations

Anti-smoking stickers and “Sale of Tobacco Products to Minors below the age of 18 is Strictly Forbidden” signs at shop entrances

Posting of five rules

• 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 cross country information.

According to the provisions set forth in Article 4 of 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 tobacco surcharge (1%) 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. 20,865,000 packs of smuggled tobacco products were found and seized by various municipalities, county and city governments, and customs offices in 2017. Table 2-2 shows the quantities of smuggled tobacco products seized from 2002 to 2017.

Table 2-2 Quantities of contraband or counterfeit tobacco products seized from 2002 to 2017.

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
2017	974.38	46.70	1,112.12	53.50	2,086.50
Total	11,109.94	847.98	12,786.87	752.22	23,896.83

4

Research, Monitoring, and International Exchange

Research and Monitoring

Adult Smoking Behavior Survey

The HPA regularly implements smoking behavior monitoring surveys for the entire population or targeted age groups required for promoting relevant measures or generate 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 " Adult Smoking Behavior Survey". This Survey would regularly monitor smoking behaviors of adult population on an annual basis and conduct statistical analysis by counties and cities throughout Taiwan. 16,000 to 26,000 individuals were visited nationwide and the sample size was expanded to over 1,068 for each city or country (excluding Lianjiang County) in 2013. In 2017, a total of 26,016 were called (24,834 of these interviewees were aged 18 or above).

Starting in 2017, a two-stage sampling method was adopted to increase the sample coverage rate and improve unequal probability sampling of phone surveys. In the first stage, phone numbers are selected by adopting the following 4 different sampling methods: (1) Selection of numbers from the residential phone directory through systematic internal sampling. (2) Upon selection of numbers, the last two digits are replaced with random numbers. (3) A telephone exchange number database is established in accordance with the Fixed Telecommunication Network Service (FTNS) Local Switching Number Allocation Conditions of the National Communications Commission (NCC) followed by extraction of telephone exchange numbers through Random Digital Dialing (RDD) and addition of 4 digits through random number methods. (4) The same RDD sampling method is adopted for valid phone numbers in the database and the last two digits are replaced with random numbers. This way every landline phone number has a chance of being selected. In the second stage, respondents are selected from chosen households. Since the number of people in each household who meet relevant criteria is unequal, residential phone surveys are characterized by unequal probability. In addition, interview failure rates are gradually increasing (especially among young people). The "Hung's" Household sampling method has therefore been flexibly adjusted and a weighted household method has been adopted to increase the likelihood of selection of young people (not every household member is equally likely to be selected). This helps make up for the shortcomings of traditional interview methods and enhances sample representativeness. A flexible household sampling method is adopted to minimize inference bias.

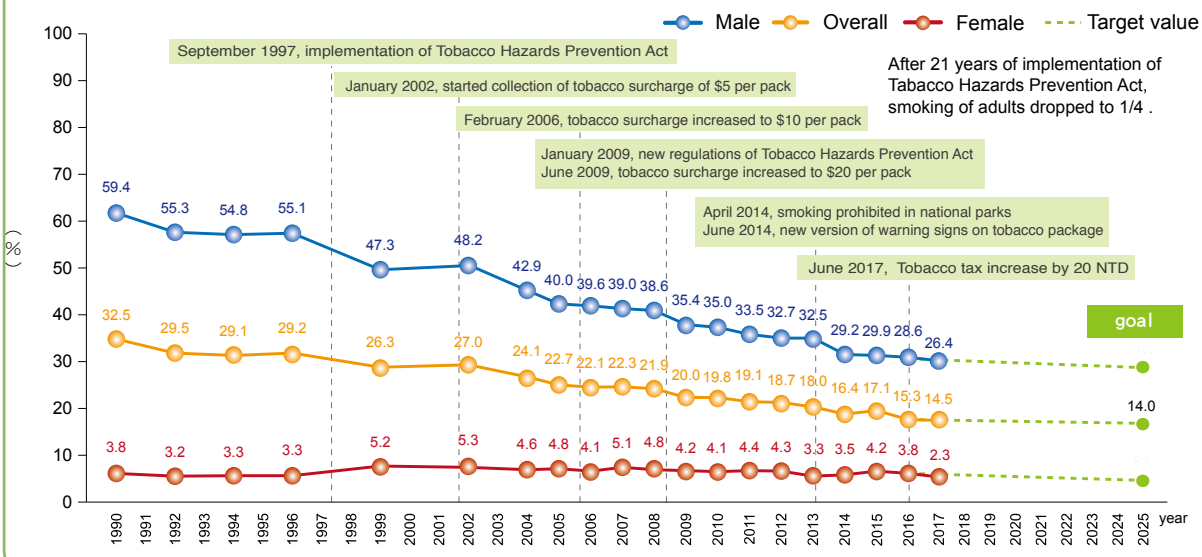
Collected data would then be checked and cleaned to remove any errors and undergo logical verification. To ensure that the data is capable of reflecting population characteristics and to provide a clear understanding of long-term trends of smoking prevalence in Taiwan and Fujian provinces, population 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. To prevent from aging population affect the trend of smoking rate older people tend to stop smoking for certain diseases occur. The data was weighted with raking method by adjusting gender, age, education background, and county and city administrative districts, until there was no significant difference between the sample structure and the population structure. 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 status of the survey respondents. Results could then be provided to the government as a reference for establishing future policies.

Current smoking rate

As a result of the enforcement of the new regulations set forth in the Tobacco Hazards Prevention Act and implementation of various strategies, the adult smoking rate dropped from 21.9% in 2008 to 14.5% in 2017, which represents a significant decrease by 34%. The male smoking rate has increased rapidly (an average of 1.4% per year), while the female smoking rate has seen a slight decrease (an average of 0.3% per year).

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 2017 was based upon smoking-related information of the general public collected via telephone interviews conducted by the HPA for the “Adult Smoking Behavior Survey”.

e. From 1999 to 2017, 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 before this year).“

b. Questionnaire item in 1999: “Have you ever smoked (even 1 cigarette would be regarded as a “Yes”)“, “Have you smoked more than 100 cigarettes?“, and “For the last 30 days, did you smoke on a daily basis, occasionally, or none at all?“ If the answer to the above question was “I don’t know” or “refused to answer”, the answer shall be considered 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.

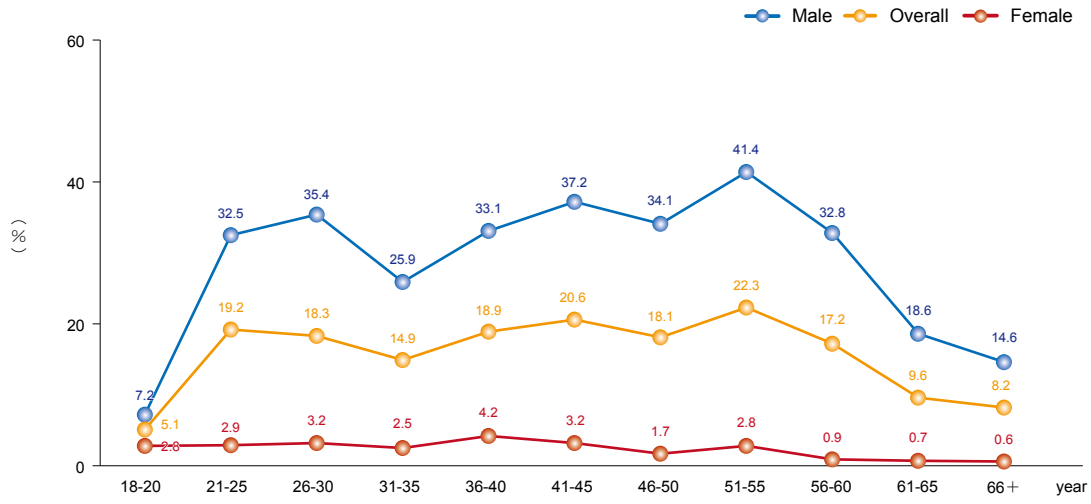
d. Questionnaire item for 2004: “Have you ever smoked before?“, “Have you smoked more than 5 packs of cigarettes (100 sticks) so far?“, “Do you still smoke every day, occasionally, or none at all?“ If the answer to the above question was “I don’t know” or “refused to answer”, the answer shall be considered the missing data.

e. Questionnaire item from 2005 to 2017: “Have you smoked more than 5 packs of cigarettes (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 2017 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 51-55 is of the highest percentage such that approximately 2 out of 5 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 36-40 if of the highest percentage such that approximately 1 out of 23 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

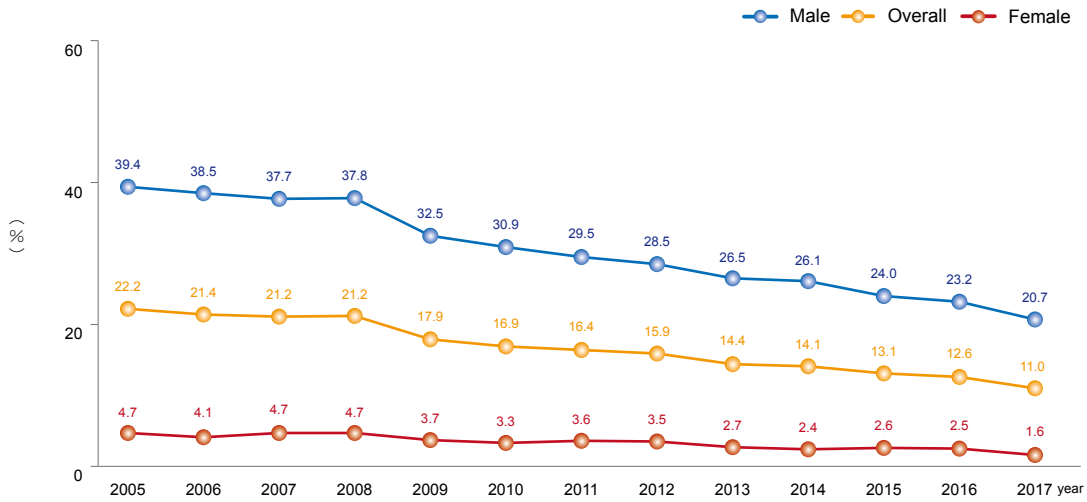


Note:

1. Data source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA in 2017 for the “Adult Smoking Behavior 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 2017 were 21.1%, 21.2%, 17.9%, 16.9%, 16.4%, 15.9%, 14.4%, 14.1%, 13.1%, 12.6% and 11.0%, respectively. (See Fig. 3-3)

Fig. 3-3 Smoking rates of adults aged 18 and above in Taiwan (population structure weighted value for the previous year)



Note:

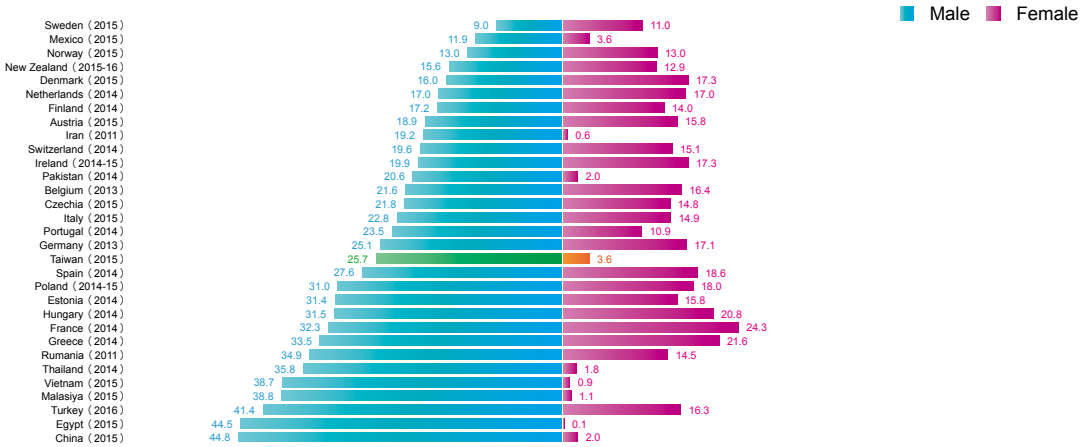
1. Data source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA in 2017 for the “Adult Smoking Behavior Survey”. The target of the survey were citizens above 18 years of age.
2. Definition of a smoker refers to a person who has smoked in excess 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 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 2008 to 12.5% in 2017. This was a near 33% decrease compared to the rate of 2008 (33.6%). Daily smoking rate is highest (16.0%) for those from 40 to 49 years of age. When compared to the data of 2008, the greatest decreases were observed for those from 30 to 39 years of age which dropped from 14.3% to 7.1% (40%) reduction and those above 65 years of age which dropped from 24.9% to 14.7% (50% reduction).

After compiling smoking behavior results, it is evident that the smoking rate of local citizens aged 15 or above was 14.7% in 2015 (male smoking rate of 25.7%). The female smoking rate reached 3.6%, which is the ninth highest percentage among the 30 compared countries. 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 2017, 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 “Adult Smoking Behavior 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. To facilitate comparison with other countries, the 2015 survey result data was employed for Taiwan.

   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%),in 2017, the daily smoking rate of people above the age of 15 was 12.5% (male 23.3%, female 1.4%).

Public area second-hand smoke exposure rate

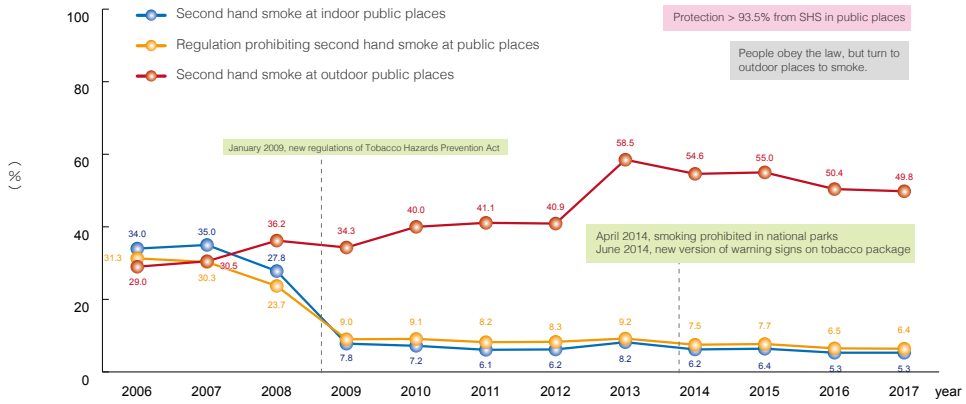
Many heavy smokers argue that smoking is a basic human right and falsely believe that tobacco hazards are only present during smoking and that changing locations and proper ventilation by opening windows can eliminate all hazards. As a matter of fact, even smoking in ventilated indoor areas generates 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 27.8% in 2008 to 5.3% in 2017 and second-hand smoke exposure rates in indoor and outdoor non-smoking areas fell from 23.7% in 2008 to 6.4% in 2017. These smoking bans have resulted in a 93.6% 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 36.2% in 2008 to 49.8% in 2017.(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.“ (29.7%), “parks and landscape site” (10.0%) ,“outside of restaurants, open-air restaurants, outdoor wedding ceremonies and funerals” (9.0%), and “night markets, street vendors, open-air markets” (5.2%) in sequence.

Figure 3-5 Trend of public area second-hand smoke exposure of adults



Note:

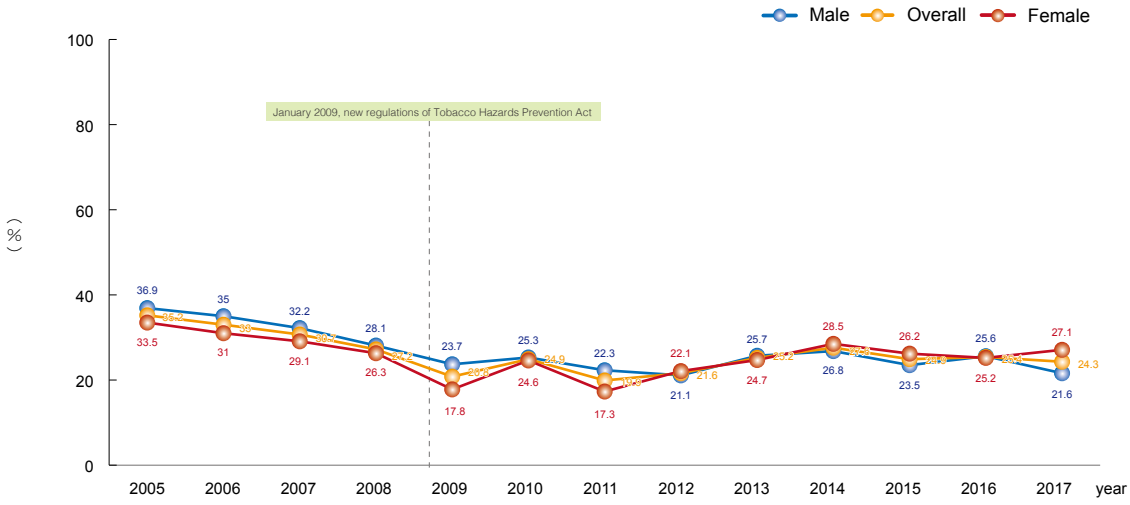
1. Source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA for the “Adult Smoking Behavior Survey”. The target of the survey were adults above 18 years of age.
2. Definitions:
   a. Definitions for second-hand smoke exposure in indoor public areas: 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 prompt. 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 2017: "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

Most nicotine addicts smoke cigarettes at home before leaving for work and thereby expose their children and families to the toxics of second- and third-hand smoke. As a result of the enactment of amendments to the Tobacco Hazards Prevention Act in 2009 and the strict enforcement of smoking bans in public areas, smoking has been gradually confined to private spaces, which has increased exposure of families to second-hand smoke.

In 2009, the home second-hand smoke exposure rate in the country reduced significantly from 35.2% in 2005 to 20.8%. However, the rate increased again to reach 24.3% in 2017. It still requires the common effort of the general public to reduce the exposure to second-hand smoke and safeguard the health of 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 “Adult Smoking Behavior 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 2017: “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 2017, 40% of smokers no longer smoke now (overall 39.2%, male 38.5%, female 46.6%), and the most important reasons of quitting smoke is the health concern (44.9%) for improving health, fear of illness, aging, pregnancy etc., and the subsequent concerns are family and peers (15.9%), and the concern on the overly high price of tobacco (8.0%).

Nevertheless, there are still 35.0% of current smokers express that attempts to quit in the past one year but have failed to quit smoking (male 34.6%, female 39.4%)[123], among which 65.0% of interviewees have expressed that the duration of smoking cessation lasted less than 1 month.

1. Source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA for the "Adult Smoking Behavior Survey". The target of the survey was adults above 18 years of age.
2. 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.
3. 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.

Smoking cessation services

As for the awareness and utilization of smoking cessation resources by the general public, only 24.4% of all interviewees (without prompting) are aware of smoking cessation services provided by health units including outpatient smoking cessation and relevant courses and hotlines if no reminders are provided. Among smokers who have unsuccessfully attempted to quit smoking, only 13.5% and 7.9% point out that they have utilized outpatient smoking cessation services and smoking cessation drugs purchased in pharmacies as smoking cessation methods within the past 12 months. However, 72.5% state that they rely on their own willpower.

Those have attempted to quit smoking and plan to make another attempt within the next 12 months are unable to kick the habit and continue to indulge in their addiction. This may be explained by their inability to utilize available smoking cessation resources in the most effective manner. Smokers with severe nicotine addictions, in particular, need professional assistance and smoking cessation services. The Administration appeals to heavy smokers to fully utilize diverse smoking cessation services and resources, seek professional assistance from doctors, and determine suitable smoking cessation methods in cooperation with professional medical personnel based on addiction level assessments. If smokers have any questions, they may call the free smoking cessation hotline (0800-636363) to enable counseling personnel to design personalized smoking cessation plans covering the three dimensions of body, mind, and spirit to help them overcome their addictions and say goodbye to cigarettes as early as possible.

Awareness of tobacco hazards

Tobacco products are the leading cause of death in many countries and second-hand smoke has been categorized by the International Agency for Research on Cancer (IARC) as a "Group 1 Carcinogen". Research has proven a strong correlation between tobacco products and 6 major causes of death (tumors, diabetes, cardiovascular diseases, respiratory diseases, digestive diseases, and kidney diseases. They also increase the risk 14 different types of cancer and may directly cause lung, oral, pharynx, throat, bladder, and esophagus cancer. They represent an indirect cause of neck cancer, leukemia (AML), stomach, liver, kidney, pancreatic, colon, and cervical cancer. Statistics released by the WHO reveal that tobacco use, which is a preventable cause of death, kills over 7 million people each year. The economic cost is immense (health care costs and productivity losses amount to a total of over 1.4 trillion USD. In Taiwan, 2,700 people die from smoking and 3,000 people die from the effects of such exposure. Every 20 minutes one person dies from first- and second-hand smoke exposure. In

addition, 2.64 million and 230,000 people, respectively, contract diseases due to exposure to first- and second smoke. These diseases lead to medical expenses totaling 65 billion USD and overall economic losses of 185.8 billion USD (average losses of almost 6,000 USD per second). This clearly indicates that smoking generates a huge economic burden for societies. 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 2017 showed that 78.0% of the respondents (without prompting) were capable of naming diseases caused by smoking without any prompting. However, this means that 21.0% of the respondents were not aware of the diseases caused by smoking. Results also showed that 1.1 % 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 2017, 82.6% 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,6.9% of the general public disagreed with such statement, and 10.4% of the general public were not sure or had no idea on whether such statement was true or false[5].

4. Source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA for the "Adult Smoking Behavior 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.

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

   Questionnaire item: "Carrying out activities in rooms where people had smoked before is also 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

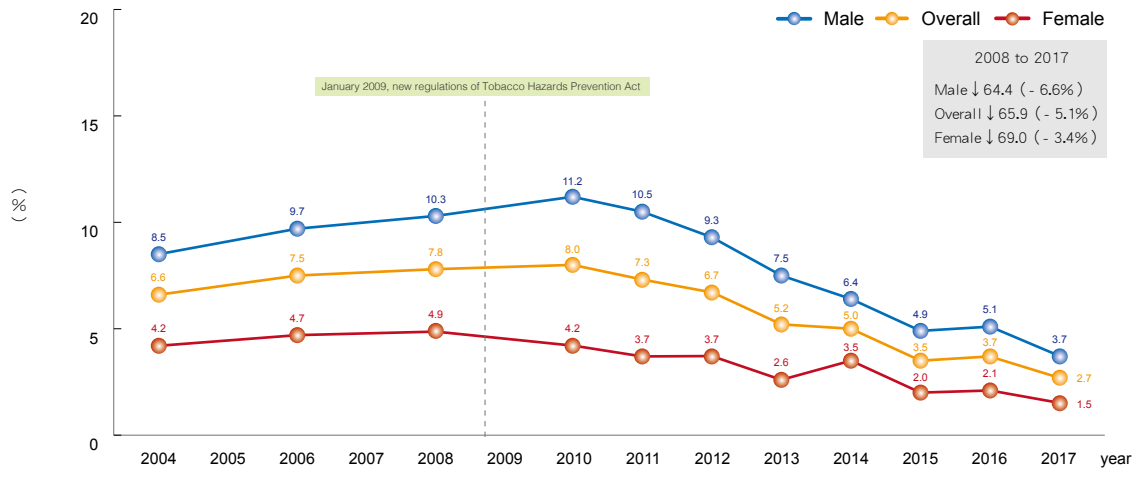
To generate results comparable to international standards, the HPA began to work together with the American Centers for Disease Control and Prevention (CDC) in 2004 and adopted the Global Youth Tobacco Survey (GYTS) developed by the World Health Organization (WHO). The final Survey form was developed 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 2017 sampled 48,670 students (22,154 junior high students and 26,516 senior high and vocational school students). Questionnaire surveys were completed anonymously. A total of 43,938 completed surveys were collected (20,877 from junior high schools and 23,461 from senior high and vocational schools) for a completion rate of 90.28% (92.43% for junior high schools and 88.48% 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 2.7% in 2017 (male 3.7%, female 1.5%) with a reduction rate greater than half thereof (65.9%) (Figure 3-7). In addition, the smoking rate of senior high school students also decreased from 14.8% in 2007 (male 19.6%, female 9.1%) to 8.3% in 2017 (male 12%, female 4.2%) with a reduction rate of nearly 1/4 thereof (44.1%) (Figure 3-8). In conclusion, the smoking rates of junior high school and senior high and vocational 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.

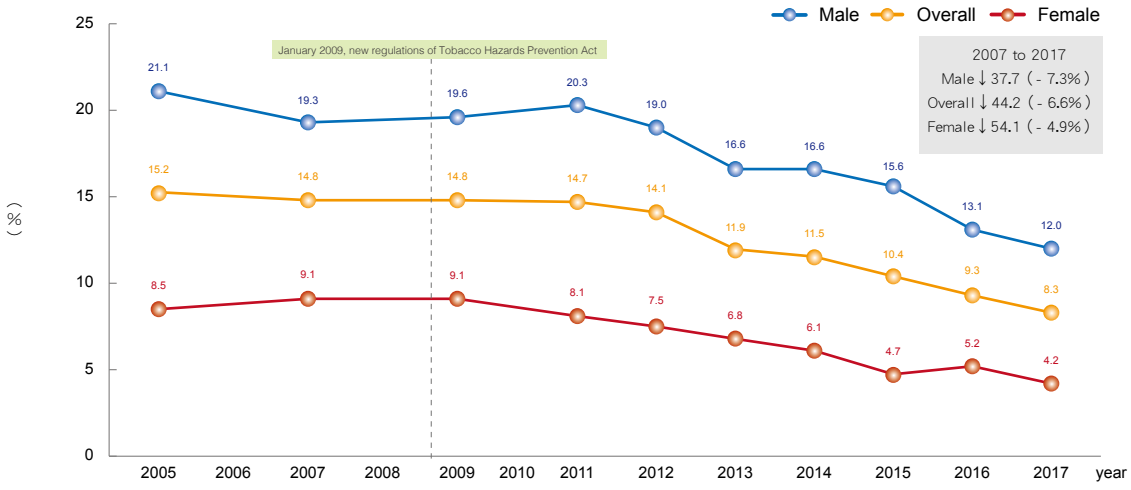
Figure 3-7 Current smoking rate of junior high school students over the past years



Note:

1. Data source: “Taiwan Global Youth Tobacco Survey” 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 Current smoking rate of senior and vocational high school students over the past years

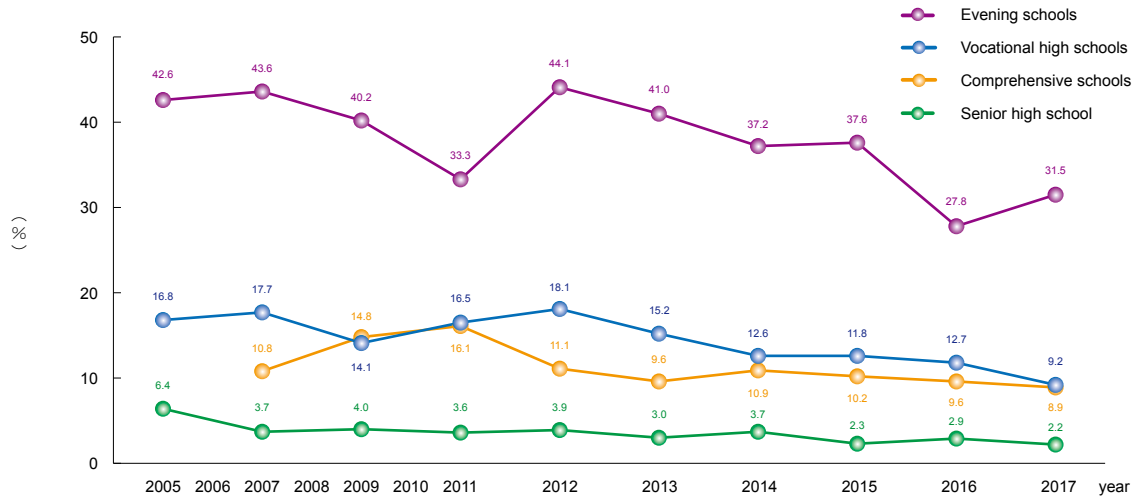


Note:

1. Data source: “Taiwan Global Youth Tobacco Survey” 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 current smoking rate: 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 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”.

In 2017,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 2.2%, 9.2%, 8.9%, and 31.5% 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

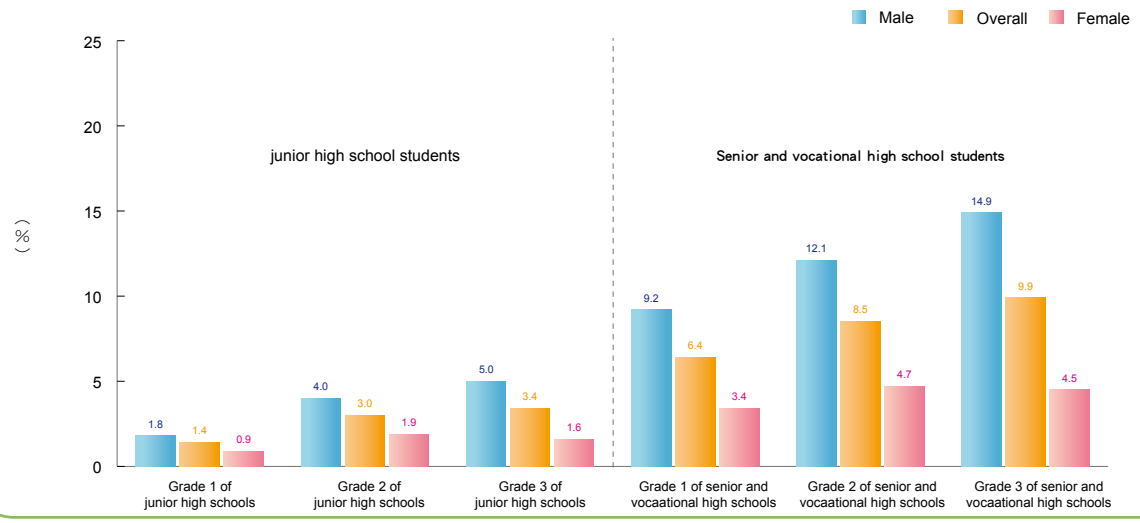


Note:

1. Data source: “Taiwan Global Youth Tobacco Survey ” 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 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 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”.

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 1.4%, 3% and 3.4% respectively, and the smoking rates for students of grades 1 to 3 of junior high school are 6.4%, 8.5% and 9.9% respectively (as shown in Figure 3-10).

Figure 3-10 2017 Smoking rates of different grades of junior high schools and senior and vocational high schools

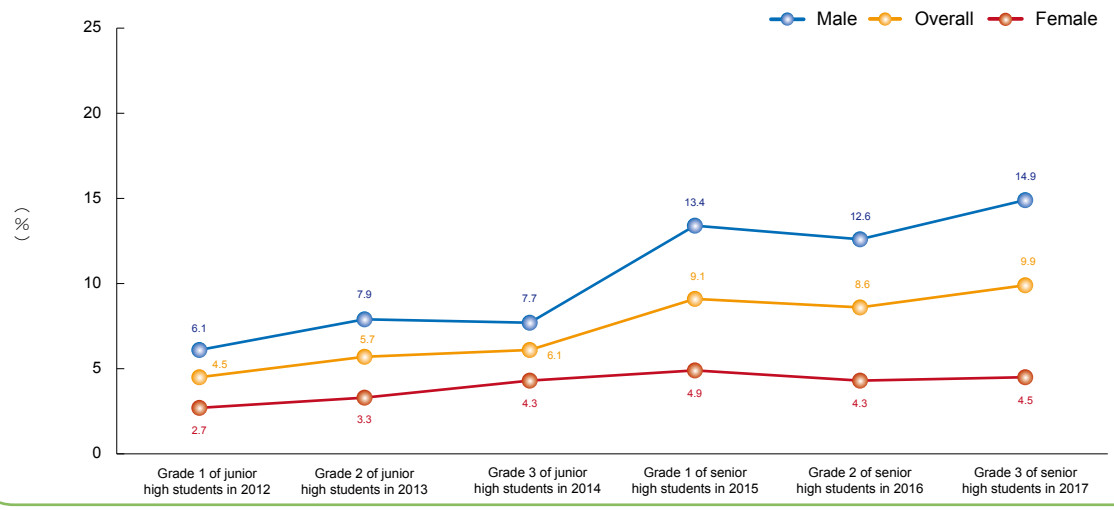


Note:

1. Data source: “Taiwan Global Youth Tobacco Survey” by HPA in 2017; 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 60.2%; 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%; 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 45.2%; 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 39.5%; 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% (as shown in Figure 3-11); the smoking rate of students of grade 3 of junior high schools in 2015 increases from 5.2% to 7.5% of the students at grade 1 of senior high schools in 2016 with an increase of 44.9%; the smoking rate of students of grade 3 of junior high schools in 2016 increases from 5.2% to 6.4% of the students at grade 1 of senior high schools in 2017 with an increase of 24.1%. 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



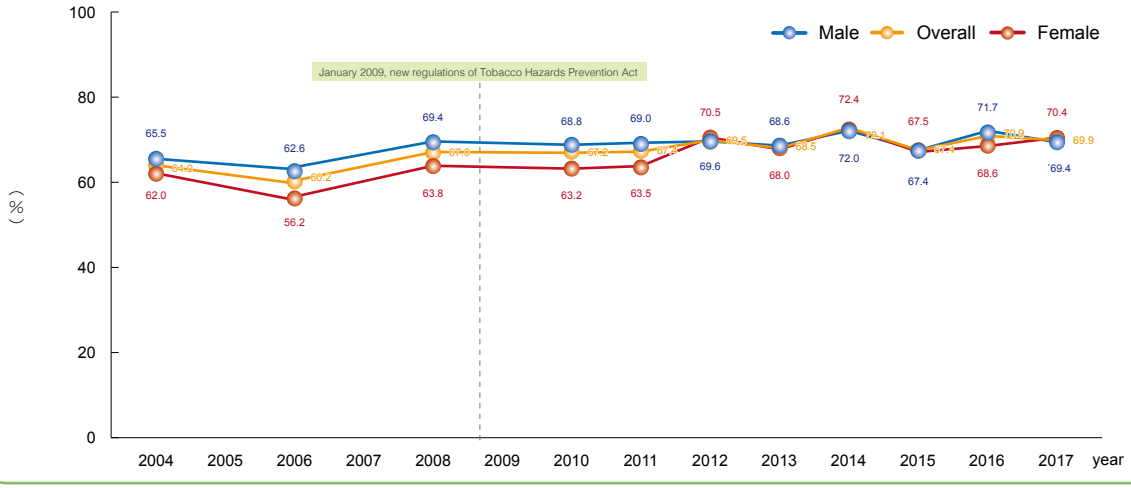
Note:

1. Data source: “Taiwan Global Youth Tobacco Survey” 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 attempt

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 50-60% of junior high school students and senior high and vocational school students expressed a willingness to quit smoking (Figure 3-14, Figure 3-15).

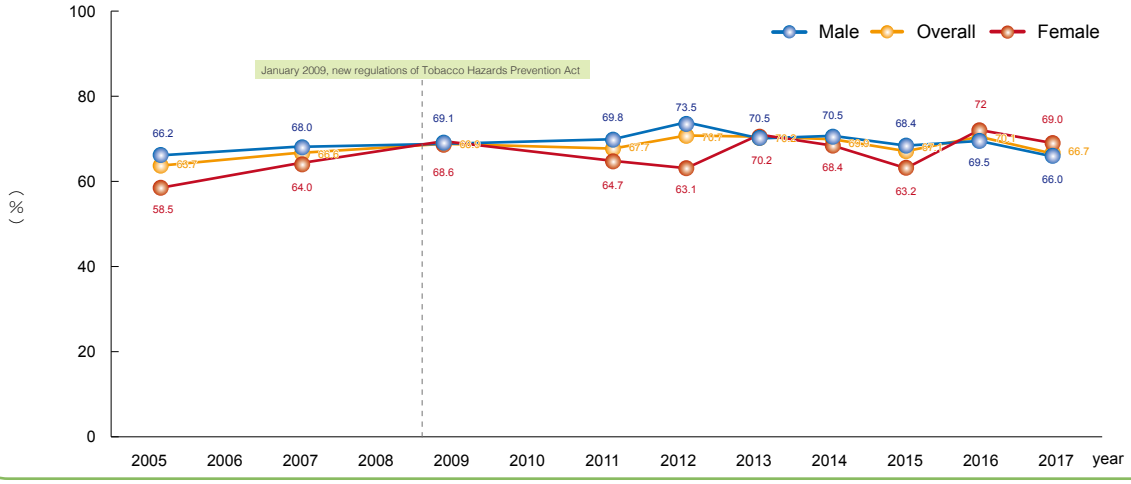
Figure 3-12 Percentage of smoking cessation experience of smoking students of junior high schools



Note:

1. Data source: “Taiwan Global Youth Tobacco Survey” 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”.

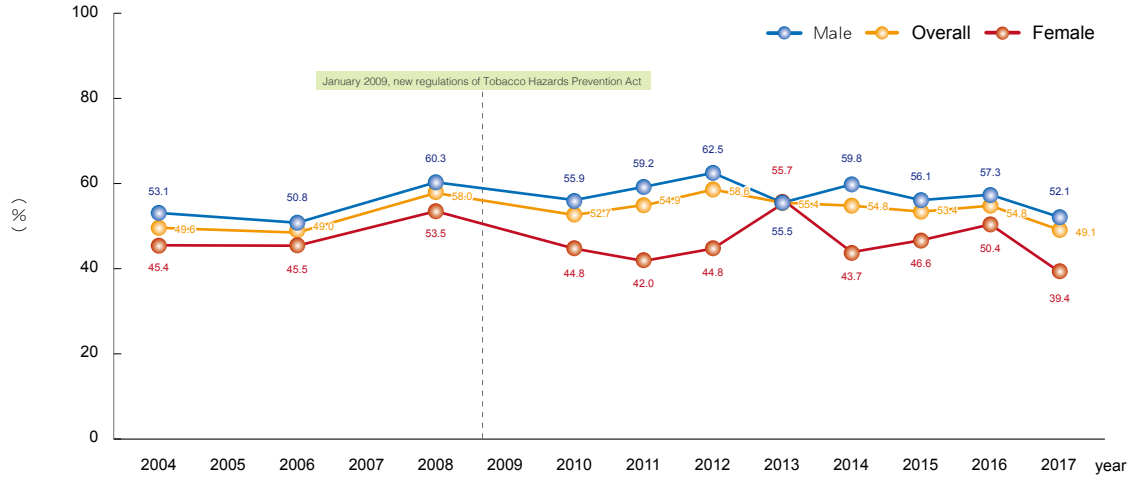
Figure 3-13 Percentage of smoking cessation experience of smoking students of senior and vocational high schools



Note:

1. Data source: “Taiwan Global Youth Tobacco Survey” by HPA; class testing method was used to collect relevant data of teenager smoking; the subjects of analysis were senior and vocational high school students.
2. Definition of 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”.

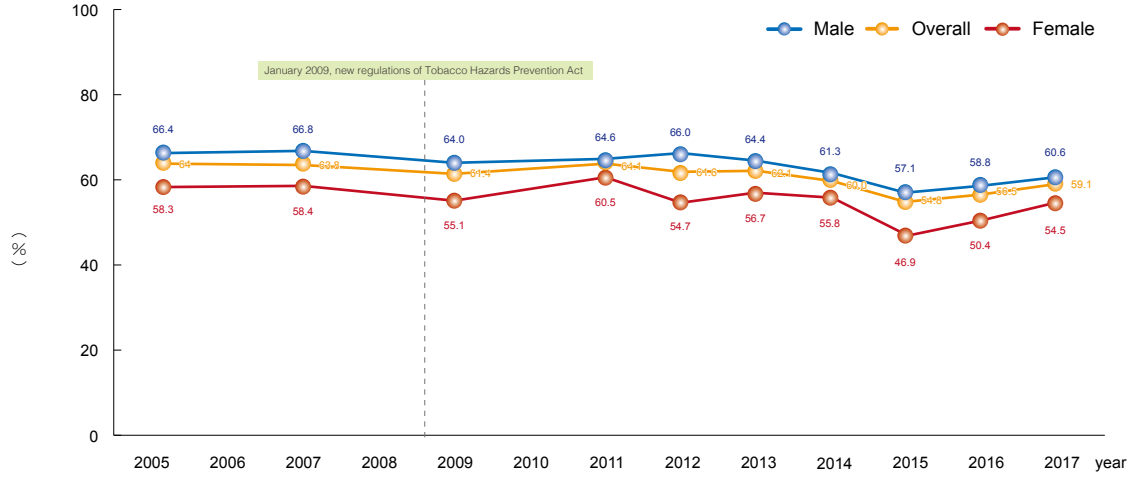
Figure 3-14 Percentage of smoking cessation attempt of smoking students of junior high schools



Note:

1. Data source: “Taiwan Global Youth Tobacco Survey” 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 attempt of smoking students of senior and vocational high schools



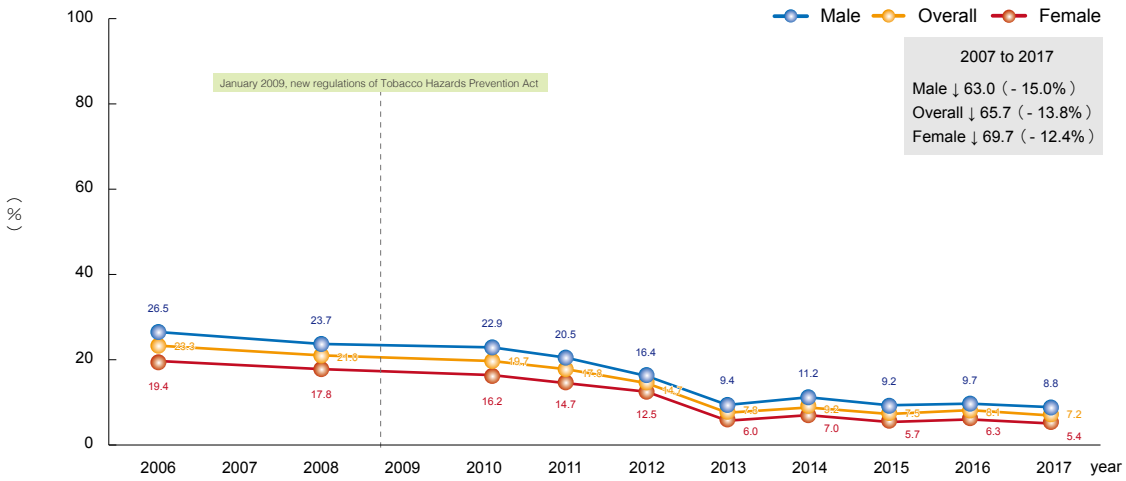
Note:

1. Data source: “Taiwan Global Youth Tobacco Survey” by HPA; class testing method was used to collect relevant data of teenager smoking; the subjects of analysis were senior high and vocational 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”.

Second-hand smoke exposure rates inside and outside of campuses

The second-hand smoke exposure rate on campus has been improved over the past years. The second-hand smoke exposure rate for junior high school students in schools dropped from 21.0% in 2008 to 7.2% in 2017 (Figure 3-16), and the rate for senior and vocational high school students in schools dropped from 35.2% in 2007 to 15.6% in 2017 (Figure 3-17); however, the second-hand smoke exposure rate in schools slightly increased for the first time in 7 years in 2014 and slightly decreased in 2017 again. Further analysis shows that for junior high schools, the primary source of second-hand smoke in schools are non-school members (42.8%) followed by smoking students (30.6%), faculty members (10.1%), For senior high schools and vocational schools, the primary source are smoking students (62.5%), followed by non-school members (17.8%), and faculty members/principals (6.1%/6.1%) (see Figure 3-18). 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.

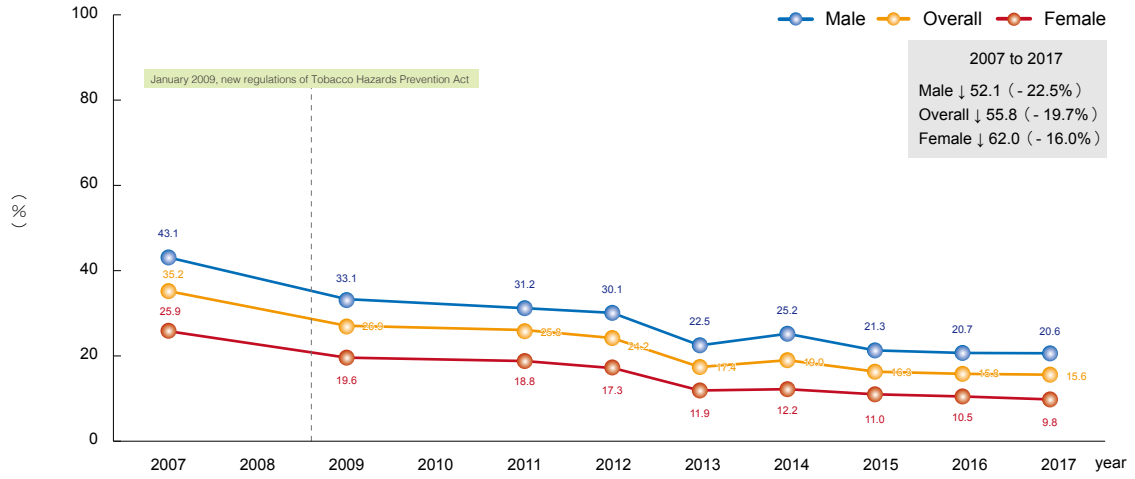
Figure 3-16 Second-hand smoke exposure rate of junior high school students in campus



Note:

1. Data source: “Taiwan Global Youth Tobacco Survey” 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 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”.

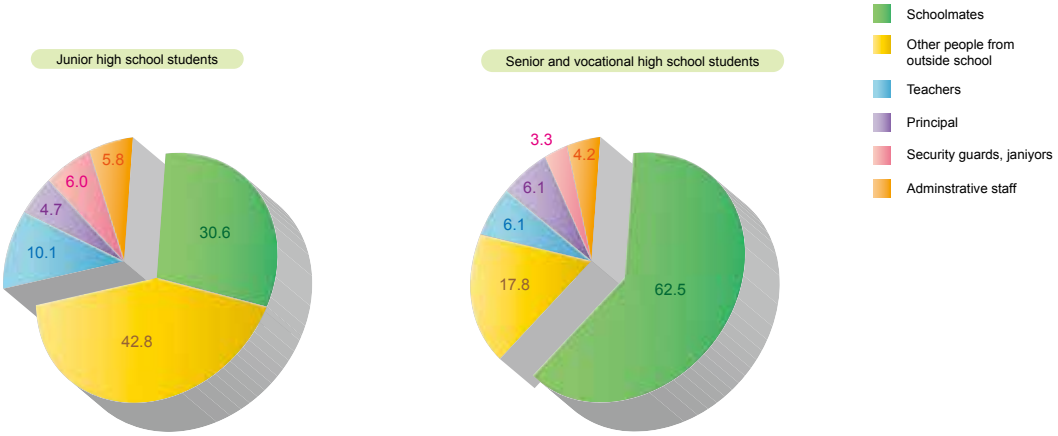
Figure 3-17 Second-hand smoke exposure rate of senior and vocational high school students in campus



Note:

1. Data source: “Taiwan Global Youth Tobacco Survey” 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 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 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 3-18 Primary source of second-hand smoke for students in junior high schools and senior and vocational high schools



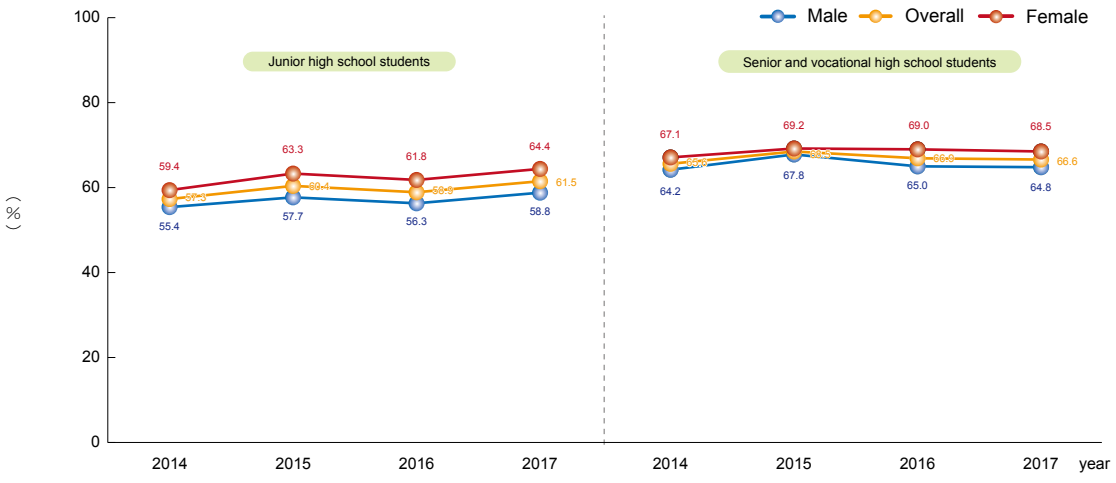
Note:

1. Data source: “Taiwan Global Youth Tobacco Survey” by HPA in 2017.
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?

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 2017, the second hand exposure rate of junior high school students at public place outside campus was 61.5% (male 58.8%, female 64.4%), which was higher than 58.9% in 2016 (male 56.3%, female 61.8%). In 2017, the second hand exposure rate of senior and vocational high school students at public place outside campus was 66.6% (male 64.8%, female 68.5 %), which was also higher than 66.9% in 2016 (male 65%, female 69.%) (as shown in Figure 3-19). 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 13.3%, senior and vocational high school 18.7%) (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 2017, the result showed that 67.7% of junior high school students and 72.1% 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.

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



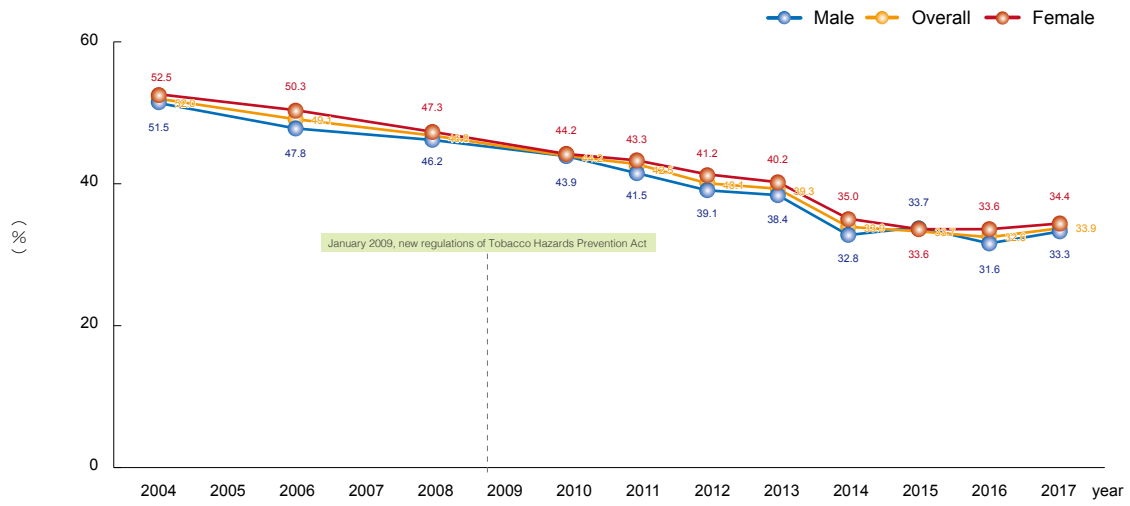
Note:

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

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 2017, the second-hand smoke exposure rate of senior and vocational high school students at homes was 33.9% (male 33.3%, female 34.4%) (as shown in Figure 3-20), and the rate for junior high school students at home was 32.2% (male 31.6%, female 32.6%) (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.

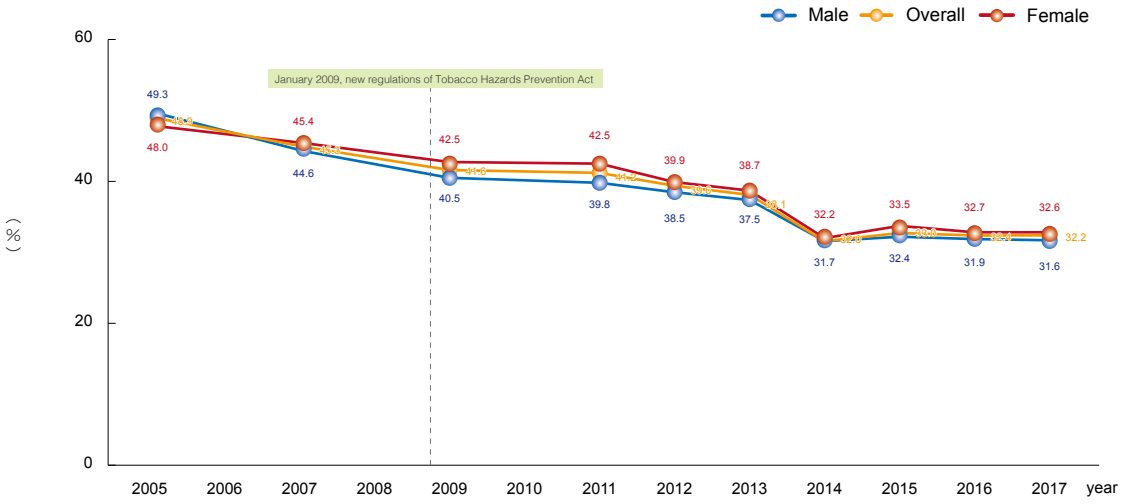
Figure 3-20 Trend of second hand exposure rate of junior high school students at home



Note:

1. Data source: “Taiwan Global Youth Tobacco Survey” 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: “Taiwan Global Youth Tobacco Survey” by HPA; relevant data of teenager smoking ; the subjects of analysis were senior and vocational high school students.
2. Definition of second-hand smoke exposure in campus: refers to that someone has smoked in front of the interviewee at home within the past one week.
3. Survey question: In the past 7 days, how many days did you see someone smoke in front of you while you were at home?
4. For the surveys conducted in 2004 to 2010, the method of iteration for every 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

2017 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 4.3% and 11.8% respectively, which are approximately 2 to 3 times (junior high school students 1.2 %, senior and vocational school students 5%) higher than the smoking rates of students having none of the parents smoking (junior high school 3.6 times, senior and vocational high school students 2.4 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 27.2%, senior and vocational high school 44.5%), which is more than 9 times (junior high school 15.2 times, senior and vocational high school 9.7 time) higher than the smoking rate of students having no or few friends (junior high school students 1.8 times higher, senior and vocational high school students 4.6 times higher). For non-smoking students, the surveys indicate that 10.9% of junior high school students and 18% 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

Despite the health hazards posed by smoking, tobacco depictions in audiovisual content and on the Internet currently still focus on the depiction of freedom. Tobacco control concept has been promoted over many years. Smoke-free environments such as smoke-free workplaces, campuses, and restaurants have been gradually expanded. Audiovisual and Internet contents, however, represent an area in which the promotion of tobacco control is difficult to implement.

TV program and movie monitoring

In 2017, the HPA commissioned a panel of experts and academicians to monitor tobacco depictions in television shows and films. A total of 100 movies (including Mandarin and foreign language movies in box-office, DVD, and movie channels), 647 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 699 news shows for a total of 41,940 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 2017 was 15.08, an slightly decline when compared to the averages observed in past years (2008 to 2016). In addition, during the years of 2011 to 2017, the number of incidence of tobacco depictions in Mandarin films over the past 7 years was maintained 14 times on average in each film. In contrast to Mandarin films, foreign movies have maintained an average of 18 incidences of tobacco product depictions per movie over the past 7 years.(see Table 3-1and 3-2)

Table 3-1 Tobacco depictions in films: comparison of data from 2008 to 2017

Item	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Appearance of tobacco depictions Number of films (%)	47 (58.8%)	63 (60.5%)	31 (30.4%)	35 (34.0%)	47 (47.0%)	39 (39.0%)	27 (27.0%)	43 (43.0%)	49 (49.0%)	37 (37.0%)
Films monitored	80	104	102	103	100	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	15.08

Table 3-2 Comparison of tobacco depiction between Mandarin films and foreign language films from 2008 to 2017

Item		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
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	6/16
	Incidences of tobacco depictions	512	511	239	163	151	171	226	363	129	73
	Average incidence of tobacco depictions per movie	34	39	34	14	10	10	17	23	12	12
Foreign language	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	31/84
	Incidences of tobacco depictions	491	1,174	623	332	426	356	321	536	602	612
	Average incidence of tobacco depictions per movie	15	24	26	14	13	17	23	20	16	20

Table 3-3 shows research data in the field of tobacco product depictions in movies. The foreign movie “Live by Night” (121 incidences) was the movie with the most tobacco product depictions among the 100 movies which were surveyed in 2017 followed by “Gold” (62 incidences). In short, tobacco product depictions appear in these two movies every minutes on average.

Table 3-3 A list of top movies of 2017vs. tobacco product depictions

Movie name	Numberf of Incidences of tobacco depictions	Rating	Language
Live by Night	121	PG15	English
Gold	62	PG12	English
Gukoroku - traces of sin	43	PG15	English
The invisible guest	33	PG15	English
The Zookeeper’s Wife	32	PG15	English
The Village of No Return	24	P	Mandarin
Allied	23	PG15	English
John Wick: Chapter 2	23	R	English
The Lost City of Z	19	P	English
Moonlight	18	PG15	English
Who killed Cock Robin	14	PG15	Mandarin
Prityazhenie	12	P	English
Billy Lynn’s Long Halftime Walk	11	P	English
Our Time Will Come	11	PG12	Mandarin
Get Out	11	R	English
A Cure for Wellness	11	R	English

Note: this table only lists movies with over 10 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 2017 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 7.67-12.55 times in every episode of this cartoon series. In other words, viewers are exposed to such information every 2.5 minutes on average.

In addition to One Piece, tobacco product depictions appear 1.17~1.50 times on average in every episode of KochiKame. Other contains with tobacco product depictions include Detective Conan (0.33~1.25 incidences on average), MAJOR(0.33 incidences on average), and Atashin’chi (0.13 incidences on average).

It should also be pointed out that the number of tobacco product depictions in dramas has been increasing in recent years. For example, 11 tobacco product depictions were detected in the sampled episodes of “Far and Away”. Frequent depictions were also identified in other TV dramas such as the South Korean soap opera Strong Girl Bong-soon (3.5 times on average) and Legend of the Blue Sea (2 times 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 (TTV, cartoon)	11	138	12.55
Far and Away(FTV,dramas)	1	11	11.00
One Piece (STAR TV, cartoon)	6	46	7.67
Wonders of China(CTV,Travel)	8	28	3.50
Strong Woman Do Bong Soon(EBC,dramas)	2	7	3.50
Legend Of The Blue Sea	1	2	2.00

Note: this table only lists TV program with over 2 incidences of tobacco depictions

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 2017 is as follows:

(a) Tobacco price hikes caused by rising tobacco taxes lead to a new emerging trend of smoking cessation

Rising tobacco taxes have resulted in a widespread public debate about tobacco prices. For instance, in the second half of the year, determination and smoking cessation have emerged as the main topics related to tobacco prices. This clearly shows that the motivation to quit smoking has emerged after the perception of tobacco price hikes by the general public. Discussion of e-cigarettes is also more frequent. Smokers apparently consider the possibility of tobacco substitutes when contemplating smoking cessation.

A search for relevant keywords (cigarettes, e-cigarettes, light cigarettes, and atomizer) produced the following results: 147 groups, 119 fan pages, and 20 landmarks (in the first half of 2017) and 258 groups, 110 fan pages, and 28 landmarks. The number of groups increased, whereas the number of fan pages decreased. It may be speculated that tobacco user communities more and more tend to form closed groups.

Table 3-5 Overview of tobacco product terms in the first/second half of 2017

ite	Cigarettes	E-cigarettes	Atomizers	Tobacco tax	Tobacco health and welfare surcharge	Tobacco price	Light cigarettes
First half							
Second half							

(b) Tobacco product-related text and images on Instagram and YouTube have increased considerably and mainly focus on the introduction or sharing of e-cigarette products recommended by manufacturers.

For instance, the number of e-cigarette related posts on Instagram has increased by 8,938 from the first to the second half of the year (close to 1,500 posts per month on average). In addition, e-cigarette related keyword searches generate a high number of results (e.g., 4.33 million posts are related to E-juice, accounting for 98% of e-cigarette related keyword search results). This clearly indicates the popularity of e-cigarettes on social media.

E-cigarette related keyword searches on YouTube filtered by latest videos generate 14,600 results for the second half of the year (300 more than the filtered results for the first half of the year 14,300.) An analysis of the top ranked 100 videos indicates that most videos focus on introduction of products. 18 of these 100 videos have been uploaded by the e-cigarette vendor “Room 86”.

(c) The number of e-cigarette related products in online stores set up by sellers has increased considerably

For instance, buyers and sellers on the e-commerce platform “Ruten” utilize e-cigarette related keywords such as “Atomizer, juice”, “Fruit Vaporizer”, “E-juice” and “Vitamin Vaporizer”, which clearly shows that e-cigarette peripheral products have increased significantly. Products sold on auction sites independently operated by sellers are difficult to control, which in turn creates additional channels for the acquisition of relevant products by teenagers.

(d) Tobacco control content on the Internet:

As for restrictions on communication of tobacco product and e-cigarette related information in audiovisual content or on the Internet, the following four different directions of legal amendments are recommended: e-cigarette policy attitudes, promotion of self-discipline/protection mechanism provisions, addition of self-discipline/protection mechanism provisions in the Tobacco Hazards Prevention Act, and revisions (principles governing production and handling of smoking related images or story lines in broadcast contents)

(e) Direction of future efforts:

Tobacco control 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.

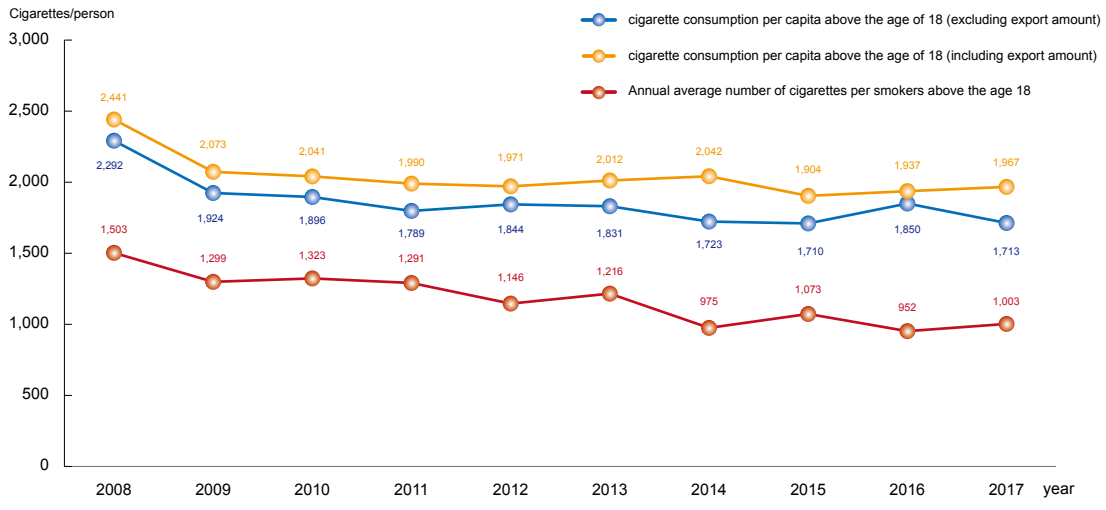
Concrete suggestions for control, management, and education on digital contents include the following: (1) Management of social network messages via the free Facebook software crown tangle. (2) Image identification via Google coupled with requests to businesses to remove violating content. (3) Creation of content. (4) Utilization of conversion ads to change the image of tobacco products. (5) Encouragement of self-discipline or adding of warning messages by 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 Tobacco Atlas 2014, about 20% of the world's adults smoke. 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 control work was able to be executed thoroughly, and the smoking rate of adult male dropped from 48.2% in 2002 to 26.4% in 2017 while the smoking rate of adult female also dropped to around 2%~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 2010,2011,2013 and 2015, the rates all showed decreasing trends; However, an increase to 19.2 cigarettes was recorded in 2017, and the estimated number of cigarettes per year of adults above the age of 18 dropped from 1,503 in 2008 to 1003 cigarettes in 2017(as shown in Figure 3-22). The daily tobacco consumption of smokers above the age of 15 decreased from 19.3 cigarettes in 2013 to 19.5 cigarettes in 2017; the estimated number of cigarettes per year per capita above the age of 15 dropped from 1,222 in 2013 to 1003 cigarettes in 2017 (as shown in Figure 3-23). However, since the data of the past smoking amount of the ex-smokers and current smokers are unavailable, the quantity may have been underestimated.

Figure 3-22 Relationship between cigarette consumption amount and smoking per capitas above the age of 18

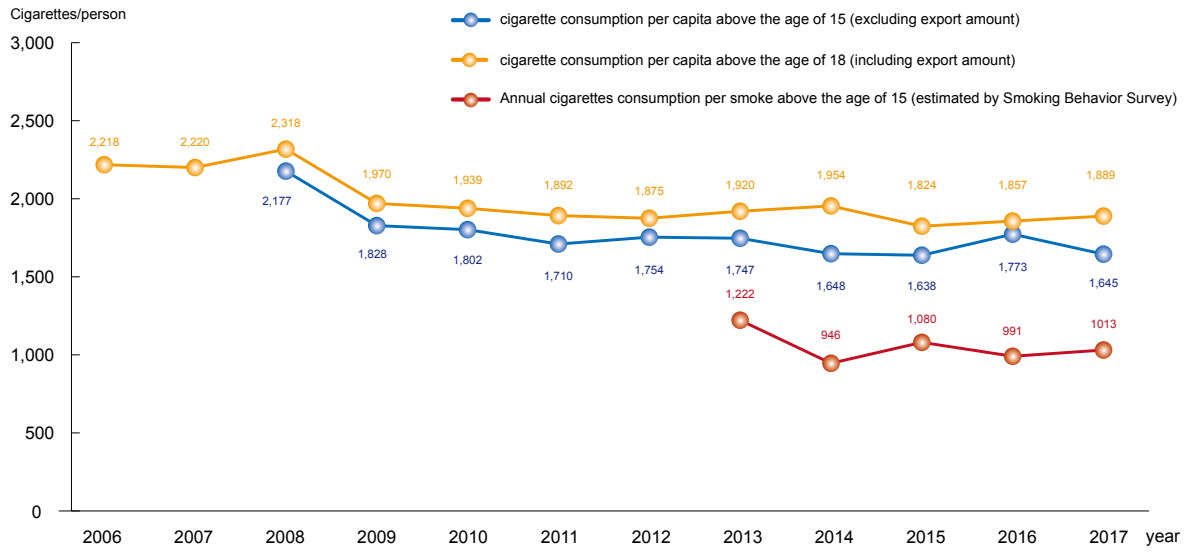


Note:

1. Average cigarette consumption per capita (excluding the export amount of) (cigarette/person): cigarette amount (excluding the export amount / number of population 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 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 2017 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 capita is: the total tobacco consumption devided by the number of population 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 smoker 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.

Figure 3-23 Relationship between cigarette consumption amount and smoking per capitas above the age of 15

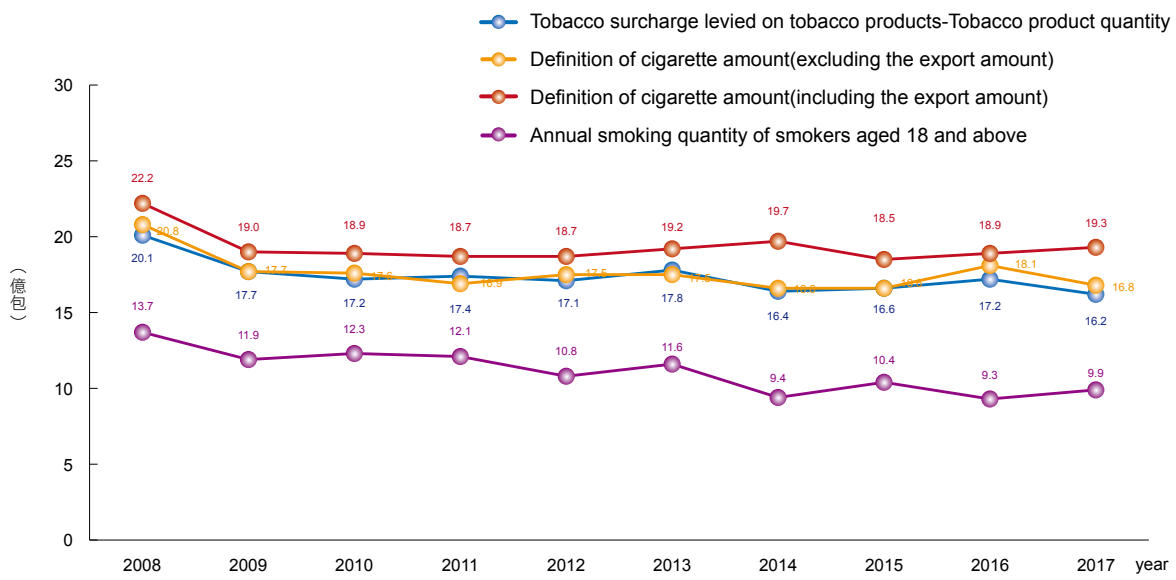


Note:

1. Average cigarette consumption per capita (excluding the export amount of) (cigarette/person): cigarette amount (excluding the export amount / number of population 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 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 2017 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: The Tobacco Atlas 4th Edition from the World Lung Foundation/ 2013 http://www.tobaccoatlas.org/
3. Annual average number of cigarettes per person of citizens: annual total number of cigarettes per smoker 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 (ASBS) of HPA; since 2013, the survey subjects have been expanded to include 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 current smoker within the latest month, and estimating the annual average total number of cigarettes per person 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.

According to data on domestically produced cigarettes released by the Financial Data Center of the Ministry of Finance and importation data posted on the official website of the Customs Administration, Ministry of Finance. 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, and slightly increased to 19.3 billion packs in 2017. 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, and slightly decreased to 16.8 billion pack in 2017. (as shown in Figure 3-24)

Fig. 3-24 Correlation between total cigarette amounts and adult smoking quantity



Note:

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 2017 is 90 million packs, accounting for 4.5%.

Source:

(1) 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

(2) 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).

(3) Definition of tobacco product amounts on which tobacco surcharges are levied: Total tobacco product quantities are estimated based on the levied Tobacco Health and Welfare Surcharge which encompasses cigarettes (the adult smoking rate was 14.5% in 2017), cut tobacco, and cigars (the cigar smoking rate was 1.3% in 2017) and other tobacco products. Smuggled and tax-free tobacco products are not included. Estimated quantities therefore slightly differ from actual cigarette amounts.

(4) Definition of annual smoking quantity of adult smokers: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.The data source is the Adult Smoking Behavior Surveillance System (ASBS) of HPA.

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. A slight increase to 1,857 and 1,889 cigarettes occurred in 2016 and 2017, respectively. 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. 2017 saw another decrease to 1,645 cigarettes.

Social factors affecting cigarette and sales amounts:

(a) Excellent results have been achieved in the investigation and seizure of suspected smuggled tobacco products (seized quantities amounted to 13,436,900 packs in 2012, 21,295,300 packs in 2013, 16,903,500 packs in 2014, and 10,551,700 packs in 2015). Smuggled products are effectively prevented from entering the market and the quantity of legally sold tobacco products is increasing.

(b) The Administration promotes tobacco surcharge increases. The first reading of a proposal for an increase of tobacco surcharges to 20 NTD and tobacco taxes to 5 NTD in the Legislative Yuan was completed on May 17, 2013. The draft proposal was resubmitted to the Executive Yuan for ratification by resolution on January 12, 2016. Hoarding by the public and tobacco merchants was prevalent during this period.

(c) The Tourism Bureau of the Ministry of Transportation and Communications released a Statistical Data Chart which shows that the number of Mainland Chinese tourists increased from 2.59 million in 2012 to 2.87 million in 2013, 3.99 million in 2014, and over 4.18 million in 2015. 2016 and 2017 saw a drop to 3.51 million and 2.73 million, respectively (Smoking rates in Mainland China remain high.) The Chinese Center for Disease Control and Prevention found in a survey on adult smoking rates in 2015 that rates have remained constant at the level of 2010 (27%).

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% reduction 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 novel 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, March 3, 2016 and April 26, 2017 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. The Food and Drug Administration provides the Customs Administration of the Ministry of Finance with lists of e-cigarette product names with verified nicotine contents to strengthen controls of e-cigarette products. The Customs Administration detected a total of 183 cases of illegally imported e-cigarettes in 2017 (1,246 e-cigarettes, 11,939 e-liquid refill packs, and 5,602 accessories). 233 cases were brought to justice and prosecuted by judicial and police agencies for violations of the Pharmaceutical Affairs Act. The Coast Guard Administration of the Executive Yuan investigates and seizes smuggled e-cigarettes in areas within its jurisdiction including ocean and coastal areas, estuaries, and non-commercial ports pursuant to the regulations set forth in Article 4 of the Coast Guard Act.
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%. In 2016, the number of inspected cases reached 3,062 (77.4% of these cases were found to contain nicotine),and the number of inspected cases reached 1,471 in 2017(77.7% of these cases were found to contain nicotine).
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 238,081 inspections, in which 160 cases were penalized with a total amount of fine of NT$ 753,000 dollars. Among the cases of violation, 132 cases of electronic cigarette products with a total amount of fine of NT$ 606,000 dollars.

Physical store inspections for e-cigarettes by Taichung City Health Bureau

Physical store inspections for e-cigarettes by Taichung City Health Bureau

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. The National Police Agency of the Ministry of the Interior assists competent health authorities in the investigation and prosecution of e-cigarette cases. Upon inspection of nicotine contents by competent health authorities, seizure cases are brought to justice for violation of regulations set forth in the Pharmaceutical Affairs Act. 168 cases occurred in 2017.
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 2017, for suspected illegal advertisements related to electronic cigarettes monitored, based on the monitoring of more than 1,100 websites via internet network, there were a total of 143 cases of suspected illegal advertisements, in which 5 cases were penalized according to the Tobacco Hazards Prevention Act with a total amount of fine of NT$ 14,000 dollars, and 11 cases were transferred to judiciary agencies for investigation.
2. Surveys on smoking behavior of teenagers and local citizens are utilized to gain a better understanding of e-cigarette use by smokers. As of 2017, the e-cigarette smoking rate of adult aged 18 and above is 0.5% (roughly 100,000 users). The youth survey indicates that smoking rates of junior high and senior high and vocational school students rose from 2.0%/2.1% (around 16,000/18,000 students) in 2014 to 3.0%/4.1% (around 24,000/34,000 students) in 2015 and 3.7%/4.8% (around 28,000/39,000 students) in 2016. It is fortunate that schools at all levels have incorporated e-cigarettes into their school regulations and have started to provide education on e-cigarette hazards in relevant courses. This has led to a drop in smoking rates to 2.5% and 4.5% in 2017. It is estimated that roughly 52,000 teenagers currently use e-cigarettes (roughly 17,000 junior high and 36,000 senior high and vocational school students).

3. A public opinion survey conducted in February 2017 to gain a better understanding of the views of different circles of society on future management directions for e-cigarettes indicates that close to 80% of the public support strengthening of e-cigarette controls.
4. Based on the stance on the protection of the right to health of children and teenagers set forth in the Convention on the Rights of the Child, a conference for the deliberation of controls to prevent businesses from utilizing illegal Internet advertising to sell e-cigarettes was convened on December 13, 2017 to protect children and teenagers from exposure to Internet contents that harm their physical and mental development. Media broadcast and legal experts, the National Communications Commission, the iWIN Institute of Watch Internet Network, the Ministry of Economic Affairs, the Food and Drug Administration, and the Department of Prevention, Rehabilitation and Protection were invited to attend. Pursuant to the regulations set forth in Article 46 of the Protection of Children and Youths Welfare and Rights Act, iWIN was asked to create a blacklist of the URLs of violating businesses to prevent children and teenagers from accessing their web contents.
5. The Administration plans to add definitions of e-cigarettes in the draft amendment of the Tobacco Hazards Prevention Act and include e-cigarettes in the definitions of smoking, tobacco product advertisement, and tobacco product sponsorship. The goal is to clearly stipulate smoking bans in non-smoking areas, advertisement and sponsorship bans, and prohibition of e-cigarette use by minors under the age of 18 and pregnant women as well as sale to minors. The first reading of this draft amendment in the Legislative Yuan was completed on December 29, 2017. The amended act will contain more clearly formulated provisions governing e-cigarette management.

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

Ministry of Health and Welfare:

1. 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
   (a) Utilization of multimedia, social networks and relevant activities, cooperation with Internet celebrities, and online videos to reinforce education on tobacco and e-cigarette hazards. 4 educational videos have been created in cooperation with Internet celebrities, graphic designers, and physicians. These videos were viewed 750,000 times and effectively reached online communities.

(b) Creation of the first interactive experience vehicle for tobacco control education in cooperation with the Internet celebrity Turtledrawturtle. The interactive game “Tobacco Hazards Detective – Mystery of Third-hand Smoke” which provides education on third-hand smoke, e-cigarettes, and smoking cessation was enthusiastically received by the general public. The vehicle tours campuses, communities, and various events to reinforce the promotion of HPA health promotion services. A total of 11 activities until December drew at least 15,000 participants.

(c) The news video “What e-cigarettes don’t tell you” was combined with an online marketing initiative to raise the awareness of e-cigarette hazards. This video was viewed a total of 2,110,888 times. 43,966 E-cigarette hazards prevention posters have been displayed as tablecloth ads in Internet cafes all over Taiwan. As for campus education, an English learning article titled “Studio Classroom – Stay Away From E-Cigarettes” was created and a D card online forum and 15 campus activities reaching a minimum of 11,815 students were organized.

Studio Classroom – Stay Away From E-Cigarettes” English learning article in December 2017

(d) Education on e-cigarette hazard preventions was incorporated as a core health education issue by the Ministry of Health and Welfare in 2017. Local health bureaus have organized 6,820 activities reaching a minimum of 3,879, 489 individuals. 91,232 media messages have been released, reaching at least 4,842,155 individuals. In addition, training courses have been organized for a total of 2,620 educators.

(e) Smoking cessation training courses (including e-cigarette control literacy) have also been organized for 234 physicians, 223 dentists, 282 pharmacists, and 460 health educators

New Taipei City Health Bureau promotes education on e-cigarette hazards prevention through a Little Farmer Exploration Trip in summer

Miaoli County Health Bureau implements e-cigarette hazard education through signs on the Dahu lakeside trail in Miaoli Country

Lianjiang County Health Bureau conveys its message of New Health Vision – Say no to E-Cigarettes via public bus side advertising

Chiayi County Health Bureau provides education on e-cigarette hazards via stage plays

3. Department of Mental and Oral Health: E-cigarette control literacy courses have been incorporated in 5 continuing training programs for 573 drug addiction therapy specialists in 2017.
4. Department of Protective Services: LED digital displays of the Executive Yuan in 72 locations of public railroads and hospitals were utilized to provide education on the prevention of smoking, alcohol abuse, betel nut chewing, and e-cigarette use by children and teenagers and complementary youth projects from May to June 2017; reinforced education on community prevention programs for children and teenagers and services by local governments and NGOs is provided to prevent abuse drug schedule III and IV by children and teenagers out of curiosity with the goal of preventing e-cigarette use by children and teenagers.

Kaohsiung City Health Bureau organizes an activity to encourage young people to say no to smoking and e-cigarettes on occasion of the World No-Tobacco Day on May 31

5. Social and Family Affairs Administration: Educational activities, workshops, and training activities on child and teenage welfare and rights and educational workshops on morals and rule of law were organized in cooperation with NGOs in 2017. 11 educational activities to strengthen e-cigarette controls were organized for a total of 37,306 children and teenagers to prevent e-cigarette use.

Ministry of Education:

1. It is recommended that schools incorporate e-cigarettes in their school rules and regulations. 3,458 secondary and primary schools (over 50% of all schools) prohibit carrying and smoking of e-cigarettes by faculty and staff members and students.
2. Organizing educational training or seminar courses of school personnel to enhance their knowledge and skills in electronic cigarette prevention: 10,218 courses with 786,656 participants.
3. Incorporating into the promotion of prevention of drug abuse in campus and educational promotion on tobacco hazards prevention: 19,556 events with 3,420,404 participants.
4. All-out promotion of Health-Promoting School Programs by schools at all levels and inclusion of tobacco control (including e-cigarettes) as a mandatory issue. Schools formulate promotion strategies and build an anti-smoking consensus through health education initiatives, referral to smoking cessation, and creation of smoke-free environments.
5. 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”.
6. 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.

Ministry of Transportation and Communications:

A total of 759 e-cigarette hazards prevention training courses and educational activities with a total of 29,523 participants in 2016.

Ministry of Finance:

The Customs Administration and its subordinate agencies organized over 480 on-the-job training courses with a total of 6,000 participants covering education on e-cigarette related laws and regulations and the main focus of product identification, investigation, and seizure in 2017.

The Ministry of National Defense

It promulgated the 2017 Implementation Plan for Tobacco and Betel Nut Hazards Prevention on January 25, 2017 and included e-cigarettes in the prevention goals. The ministry also organized 6 training courses for 477 tobacco and betel nut hazards prevention guidance specialists and 6 Presentations of Achievements of 489 guidance specialists in the field of tobacco and betel nut hazards prevention in 2017 (total of 12 activities for 966 specialists). E-cigarette control was incorporated in all relevant training activities.

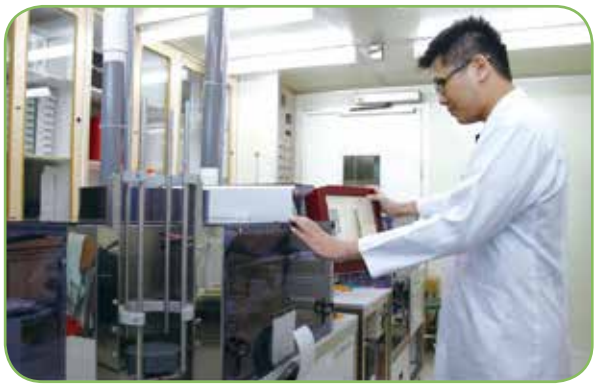
The Administration plans to add definitions of e-cigarettes in the draft amendment of the Tobacco Hazards Prevention Act and include e-cigarettes in the definitions of smoking, tobacco product advertisement, and tobacco product sponsorship. The goal is to clearly stipulate smoking bans in non-smoking areas, advertisement and sponsorship bans, and prohibition of e-cigarette use by minors under the age of 18 and pregnant women as well as sale to minors. The first reading of this draft amendment in the Legislative Yuan was completed on December 29, 2017. The amended act will contain more clearly formulated provisions governing e-cigarette management.

Tobacco Ingredients Disclosure and Regulations

Developments in the Testing and Research of Tobacco Products

Tobacco product

In view of the fact that burning of tobacco releases substances endangering human health such as nicotine, tar, and carbon monoxide, Taiwan authorized the formulation of Regulations Governing Nicotine and Tar Content Measurement and Container Labeling for Tobacco Items pursuant to Article 8 of the newly amended Tobacco Hazards Prevention Act which took effect on March 27, 2009. As of April 1, 2009, the maximum allowed nicotine and tar content of every cigarette has been adjusted to 1mg/pce and 10mg/pce, respectively, pursuant to Article 7 of said regulations.



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 2017, a total of 56 types of main tobacco items including 12 types of domestic cigarettes, 39 types of imported cigarettes and 5 types of imported cigarettes from China sold in the market were selected for inspection on the contents of nicotine, tar and carbon monoxide. The nicotine and tar content of 4 smuggled tobacco items submitted for inspection exceeded the maximum content standards set forth in the Tobacco Hazards Prevention Act. Penalties were imposed in accordance with the Tobacco and Wine Management Act. In addition, the listed values on the containers of 8 tobacco items exceeded the tolerance range. False labeling of tobacco items violates the regulations set forth in Article 7 of the Tobacco Hazards Prevention Act. Local health bureaus imposed fines totaling NT$ 3.5 million in 5 cases and provided administrative guidance in 3 cases.

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. The Administration has amended the Principles Governing Reporting and Review of Tobacco Product Information to clarify the principles governing the reporting and review of ingredients and enhance the accuracy of reported information. This amendment took effect on November 28, 2017.

In 2017, a total of 392 companies declared tobacco product information for a total of 3,188 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 2017, 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 2017, the total number of visitor is 212,241, and the number of visitors in 2017 alone is 32,564.

International Exchange

International collaboration in the field of tobacco hazards prevention policies

The WHO points out that over 7 million people worldwide die of smoking related diseases each year generating enormous economic costs. Incurred health care expenses and productivity losses amount to 1.4 trillion USD. The WHO Framework Convention on Tobacco Control was ratified in 2003 to curb tobacco hazards worldwide. Regulatory efforts focus on measures to reduce the demand and supply of tobacco. In 2008, the WHO proposed the MPOWER tobacco control policy package which encompasses 6 key strategies and serves as a guideline for tobacco control practices in all member countries.

As a result of the promotion of various tobacco control strategies in Taiwan, smoking rates of adults, teenagers, and seniors have decreased significantly. However, it is worth pointing out that the smoking rate of aborigines is close to 30% according to the 2016 survey. In addition, the exposure rate of non-smoking females to second-hand smoke at home within the last week is higher than non-smoking males. In conclusion, there is still room for improvement or relevant tobacco control strategies.

Domestic experts in the field of tobacco control are trained and long-term cooperative relationships with international scholars are encouraged in response to regulations set forth in the FCTC convention in order to bring Taiwan in sync with international trends. Cross-border academic research, exchange, and collaboration regarding tobacco hazards prevention related issues serves the purpose of an all-out review of the results of tobacco control in Taiwan and provision of policy recommendations. Academic presentations and publications enhance the international visibility of relevant results in Taiwan.

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 surcharges 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 a 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 products 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 products 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

Pre-conference Seminar on Global Tobacco Control Policy Research and Development

Taipei Medical University was commissioned to organize a Pre-conference Seminar on Global Tobacco Control Policy Research and Development on September 3, 2017 to explore how to draw lessons from international experiences in the field of tobacco hazards prevention for Taiwan. Dr. Geoffrey Fong, Dr. Hong-GwanSeo, Chairman of the Korean Smoking and Health Association, and domestic and international scholars and experts to promote the implementation and development of tobacco control policies in Taiwan through exchanges.

Group photo of participants of 2017 Pre-conference Seminar on Global Tobacco Control Policy Research and Development

9th Cross-Strait Conference on Tobacco Control (10th Anniversary Conference) in 2017

The Administration partially sponsored the 9th Cross-Strait Conference on Tobacco Control organized by the John Tung Foundation in the NTUH International Convention Center from September 3 to 5, 2017 to present domestic achievements in the field of tobacco control and formally declare Taiwan's commitment to comply with the norms and regulations of the WHO Framework Convention on Tobacco Control (FCTC). The conference drew 423 participants (367 Taiwanese) and 94 paper submissions (Taiwan 52).

Ms. Judith Mackay, WHO senior policy advisor, Dr. Geoffrey Fong, Founder and Chief Principal Investigator of the International Tobacco Control Policy Evaluation Project, and other scholars and experts were invited to deliver special reports on issues related to tobacco hazards prevention for teenagers, smoking cessation services, hookahs and e-cigarettes.

Smoking cessation therapy services and dissemination were selected as academic report topics to introduce the Taiwanese smoking cessation system, past achievements, and professional training and continued education for medical personnel and demonstrate unique smoking cessation promotion models in Taiwan. The Administration delivered a keynote lecture titled Current Status and Future Outlook of Tobacco Control in Taiwan to present experiences in the implementation of FCTC norms and regulations and promotion of tobacco control as well as important achievements and planned promotion of a comprehensive amendment of the Tobacco Hazards Prevention Act.

Group photo of participants of Cross-Strait Conference on Tobacco Control

Cancer patient groups jointly advocate “Say No to Cigarettes – Amend the Law in Accordance with the Framework Convention”

2017 International Conference on the Framework Convention on Tobacco Control

Academia Sinica was commissioned to organize the 2017 International Conference on the Framework Convention on Tobacco Control from October 24 to 25, 2017. Prof. Tania Voon from Melbourne Law School, Prof. Nick Wilson from the Department of Public Health, University of Otago, New Zealand, Prof. Sarah Roache from the Georgetown University Law Center, Dr. Takahiro Tabuchi from the Osaka International Cancer Center, and domestic scholars and experts in the fields of tobacco hazards prevention and trade law were invited to attend. These scholars and experts conducted exchanges and academic discussions on tobacco litigation, control of new tobacco products, smoke-free environments, tobacco control and sustainability goals, and medical burden and responsibilities of tobacco merchants.

Group photo of participants of 2017 International Conference on the Framework Convention on Tobacco Control

2017 Forum on the Tobacco Hazards Prevention Act

Based on the fact that a smoking rate below 5% is the ultimate goal (Endgame) of all countries, the Taiwan Medical Alliance for the Control of Tobacco was commissioned on November 15, 2017 to organize the 2017 Forum on the Tobacco Hazards Prevention Act. Dr. Elizabeth A Smith, Professor at University of California, Prof. Prakit Vathesatogkit, Executive Secretary of The Action on Smoking and Health Foundation, Thailand, Professor Da-Qing Lin from the School of Public Health, University of Hong Kong, and Dr. Zhi-Wen Gao who shared his observations on tobacco hazards prevention policies in Taiwan based on FCTC/ Endgame. Discussions of tobacco hazards prevention strategies of all countries were carried out based on FCTC/ Endgame as the ultimate goal and orders of priority were analyzed.

Group photo of participants of 2017 Forum on the Tobacco Hazards Prevention Act

Short-term internships at the EU National Experts in Professional Training Programme (NEPT)

(a) E-cigarettes and other new tobacco products have been rapidly flooding world markets in recent years. These products attract the curiosity of teenagers and children. A survey on smoking behavior by teenagers conducted by the Health Promotion Administration in 2016 indicates that e-cigarette smoking rates of junior and senior high school students have increased from 2.0%/2.1% in 2014 to 3.7%/4.8% in 2016. The fact that the rates have almost doubled clearly demonstrates that the control of e-cigarettes has turned into a key task in the field of tobacco control in Taiwan.

(b) The Administration made a proposal for closer cooperation between Taiwan and the EU in the field of e-cigarette legislation and public health at the 28th Annual Taiwan-EU Consultation on Non-trade issues in 2016 to gain a deeper understanding of e-cigarette controls in the EU. DG SANTE also agreed on a trainee quota for the National Experts in Professional Training Programme (NEPTs), which allows Taiwan to dispatch trainees to DG SANTE B2 as a participant in the program.

(c) From March 16 to June 15, 2017, the trainee was dispatched to participate in this EU training program. During the internship, the trainee participated in e-cigarette Regulation and monitoring tasks. In addition to participation in expert panel meetings on tobacco control policies and tobacco product tracking and tracing system, the World No Tobacco Day conference, and independent advisory panel meetings for flavored cigarettes, management regulations of different countries were collected and organized, and contents of key literature and meeting minutes were excerpted. The goal was to gain a deeper understanding of the main focus of EU e-cigarette legislation, control details, difficulties encountered by all member states, and the latest developments as well as regulation contents, innovative strategies, and implementation status of the Tobacco Products Directive (2014 /40 /EU). Meetings and consultations were also conducted with UK and Swedish representatives to discuss in great detail the practical experiences of both countries in the field of tobacco control and the implementation status of the EU Tobacco Products Directive.

(d) This bilateral exchange platform is conducive to expand opportunities for exchanges and cooperation between Taiwan and the EU in the field of tobacco control. In the future, we will seek continued participation in conferences or forums to exchange and share experiences in the implementation, encountered difficulties, and solutions for e-cigarette norms and regulations as a reference for future amendments to tobacco control policies.

145th Annual Conference of the American Public Health Association and Visit to the US Centers for Disease Control and Prevention

(a) The 145th Annual Conference of the American Public Health Association held from November 4 to 9, 2017 in Atlanta, Georgia is a key international public health conference. Participants include representatives of health departments of different countries, NGO representatives, scholars, experts, and practitioners. The main and pre-conference were held from November 4 to 8, 2017 in Atlanta, Georgia, USA. The main theme of this conference was “Creating the Healthiest Nation: Climate Changes Health”. Over 1200 professionals participated to seek effective responses to health effects of climate change by relying on scientific evidence and community experiences. Positive interactions with Dr. Georges Benjamin, Executive Director, and Thomas C. Quade, incumbent president, have laid a solid foundation for professional exchanges between Taiwan and the US in the field of public health in the future.

(b) The Administration cooperates with CDC in the collection of monitoring indicator data on smoking and physical activities of teenagers required for the WHO 2025 NCD targets through utilization of the WHO youth health survey tools and participation in the Global Youth Tobacco Survey (GYTS) and Global School-based Student Health Survey (GSHS). In the context of participation in 145th Annual Conference of the American Public Health Association held in Atlanta, USA in November, 2017, exchanges with CDC personnel were carried out to strengthen bilateral relations and conduct substantial discussions in the field of monitoring, planning, and execution. Close contacts are maintained to continue the cooperative relationship established in 2018.

(c) In addition, the delegation also visited the Division for Heart Disease and Stroke Prevention, the Division of Diabetes Translation, and the Division of Cancer Prevention and Control of the CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) to conduct exchanges with regard to the promotion of major chronic disease policies. An official visit to Director Dr. Ursula Bauer by Dr. Run-Qiu Chen, Deputy Director-General of this Administration, and Mr. Vincent J.Y. Liu, Director General of the Taipei Economic and Cultural Office (TECO) in Atlanta was arranged in the context of this trip.

(d) A network of local overseas Chinese communities and Taiwanese scholars employed at CDC was established with the assistance of TECO. In the future, this network will be utilized to expand exchanges and cooperation with CDC.

Singapore NUDGE Conference

(a) The NUDGE Conference was convened in Singapore from November 13 to 15, 2017. This conference provides a public health policy platform for all stakeholders in the fields of public health and health care in Singapore and Taiwan. Discussions of behavioral changes can be maintained through sharing and

promotion. The possibility of further cooperation between this Administration and Saw Swee Hock School of Public Health (SPH) was explored.

(b) This conference was organized under the theme of “Promotion of Sustainable Behavioral Changes” to boost exchanges in the field of public health between Taiwan, Singapore, and the UK “Nudge” Behavioural Insights Team. During the conference, exchanges and discussions between participants were encouraged. Information on the promotion of public health related policies or action proposals based on Nudge concepts in Taiwan was collected as a reference for this Administration and relevant health administration units.

(c) The main concept and hypothesis of “Nudge” is that behavior tends to be repetitive and automatic without careful reflection or deliberation. People react automatically based on clues provided by society, culture, and the natural environment. In push theory this is known as choice architect.

(d) Tobacco merchants are aware of these principles. Tobacco products which are highly profitable are therefore always displayed behind the cashier counter of convenience stores. Smokers are therefore exposed to these products on a daily basis, which immediately awakens their desire to indulge in their addiction and generates the automatic behavior of impulse buying of cigarettes (involuntary behavior without careful reflection or deliberation). The Singaporean Government plans to ban point of sale display and request the hidden storage of tobacco products in cabinets. This prevents involuntary exposure of smokers to tobacco products. Both the government and tobacco merchants therefore employ nudge theory concepts to encourage or discourage “automatic” buying of tobacco products (excessive purchasing leads to rising numbers of smokers and worsening addictions) . Taiwan should adopt and implement relevant strategies to further regulate tobacco products.

Visit to organizations and institutions in Japan that are engaged in health promotion and pre-frailty policies and participation in the 32nd International Dementia Conference

(a) Participation in a conference in Japan from April 23 to 30, 2017: It is expected that Taiwan will become a super-aged society in 2025. The long-term care 2.0 plan has therefore been extended to measures for mitigation of disabilities and dementia preventive care. Research findings reveal that smokers have a 1.27 higher risk to develop dementia than non-smokers. Actual experiences in Japan and participation in international dementia related conferences serve as a reference for the planning of preventive health care and health promotion by the Taiwanese government in the future.

(b) Visit to Panasonic Age Free (integrated support center, care prevention services, and IT care industrialization) in the Shimamoto area, Bussi-En International Social Welfare Organization (health promotion and long-term care models), and the Longevity and Welfare Section of the Public Health and Welfare Bureau of Kyoto City Government (dementia care) to gain a better understanding of relevant measures: Japan does not provide smoking cessation education specially designed for dementia patients. However, the Ministry of Health, Labor, and Welfare has announced the latest draft proposals for smoking ban measures. Indoor smoking bans are planned for all restaurants including bars and pubs exceeding 30 m². The establishment of smoking rooms is however allowed. Complete smoking bans are also planned for governments, schools, gyms, and public transportation. Fines will be imposed if smoking ban measures are not implemented and relevant facilities are not improved.

(c) The 32nd International Dementia Conference was held in the Kyoto International Conference Center from April 23 to 29, 2017 under the theme of “Together towards a new era”. The main focus of this conference included global action plans for dementia, dementia prevention strategies, design of supportive environments for dementia patients, and dementia-friendly communities. Exchanges and interactions during the conference helped bring dementia prevention in Taiwan in sync with international trends.

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.

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 its substitute as raw material which are manufactured to be used for smoking, chewing, sucking, snuffing or other methods of consuming. 2. “Smoking” refers to the act of smoking, sniffing, sucking, or chewing tobacco products, or holding burning tobacco products. 3. “Tobacco product containers" refer to all the packaging boxes, cans, or other containers used for selling the tobacco products to the consumers. 4. “Tobacco product advertisements” refer to any form of commercial advertisements, promotions, recommendations, or actions, whose direct or indirect purposes or effects are to market or promote tobacco use to unspecified consumers. 5. “Tobacco sponsorship” refers to the donations of any form to any events, activities or individual, whose direct or indirect purposes or effects are to market or promote tobacco use to unspecified consumers.
Article 3	The competent authority for the purposes of this Act at the central government level shall be the Department of Health of the Executive Yuan; at the municipal level, the municipal government; and at the county (city) level, the county (city) government.

Chapter 2 The Health and Welfare Surcharge and the Administration of Tobacco Products

Article 4	The Health and Welfare Surcharge shall be imposed on tobacco products, the amount of which shall be as follows: 1. Cigarettes: NTD 1,000 every one thousand sticks. 2. Cut tobacco: NTD 1,000 every kilogram. 3. Cigars: NTD 1,000 every kilogram. 4. Other tobacco products: NTD 1,000 every kilogram. The competent authority at the central government level and the Ministry of Finance shall, for once every two years, invite and assembly scholars and experts specialized in finance, economic, public health and relevant fields to conduct reviews of the amounts of the aforementioned Health and Welfare Surcharge based on the following factors: 1. The various types of diseases attributable to the smoking activities, the morbidity and mortality of such diseases, as well as the medical costs thereby incur upon the National Health Insurance; 2. Total amount of consumption on tobacco products and smoking rate; 3. Ratio of tobacco levies to average retail prices of the tobacco products; 4. National income and consumer price index; and 5. Other relevant factors affecting the prices of the tobacco products and the preventions of the tobacco hazards. If the amounts contained in the first paragraph, after being reviewed by the competent authority at the central government level and the Ministry of Finance pursuant to the second paragraph above, are considered necessary to be increased, such increased amounts shall be approved by the Executive Yuan and passed by the Legislative Yuan after examination. The collected surcharges shall be used exclusively for the National Health Insurance reserves, for cancer prevention and control, for upgrading the quality of medical care, for subsidizing in the area where found shortage of medical supplies and the operation of related medical units, for subsidizing to the medical expenses of rare disorder or otherwise, for subsidizing to the Insurance fee of the person who need help due to economic difficulties, for implementing hazard-related preventive measures at both national and provincial levels, for promoting public health and social welfare, for investigating smuggled or inferior tobacco products, for preventing tax evasion of tobacco products, for providing assistance to tobacco farmers and workers of relevant industries. The rules of allocation and the operational agenda dealing with the collected surcharges shall be formulated by the competent authority at the central government level and the Ministry of Finance, and shall be examined and approved by the Legislative Yuen. The definitions of the area where found shortage of medical supplies and the operation of related medical units and the person who need help due to economic difficulties in the previous paragraph will be stipulated by the central competent authority. The Health and Welfare Surcharges of tobacco products shall be collected by the collecting agencies of the tobacco and alcohol taxes at the same time those taxes are collected. The taxpayers, the exemptions, the refunds, and the collections and the penalties relating to the above-mentioned surcharges shall be decided and conducted in accordance with the Tobacco and Alcohol Taxes Act.
Article 5	Tobacco products shall not be sold by any of the following methods: 1. Vending machines, mail orders, on-line shoppings, or any other methods through which the age of the consumers cannot be screened by the vendors; 2. Methods such as store shelves which are directly accessible by the consumers whose age cannot be screened; or 3. With the exception of cigars, packaging less than twenty cigarettes per vending unit or the net weight of the content of such unit is less than 15 grams.
Article 6	The tobacco products, their brand names, and the texts and marks printed on tobacco product containers shall not use expressions such as light, low tar, or any other misleading words or marks implicating that smoking has no harmful effects, or only has minor harmful effects, on health. The tobacco products containers shall, at a conspicuous place on the largest front and back outside surfaces, label in Chinese health warning texts and images describing the harmful effects of tobacco use, as well as relevant information for quitting smoking. The area occupied by such texts and images shall not be less than 35% of each labeling surfaces. The regulations regarding the contents, sizes and other matters relating to the above-mentioned labeling requirements shall be prescribed by the competent authority at the central government level.

Article 7	The level of nicotine and tar contained in the tobacco products shall be indicated, in Chinese, on the tobacco product containers. This requirement, however, does not apply to tobacco products manufactured exclusively for exports. The nicotine and tar levels referred to in the preceding paragraph shall not exceed the maximum amounts. The regulations relating to the maximum amounts and their testing measures, the methods in labeling such amounts, as well as other matters need to be observed, shall be prescribed by the competent authority at the central government level.
Article 8	Manufacturers and importers of tobacco products shall disclose and report the following information: 1. Contents and additives of the tobacco products as well as their relevant toxic information; and 2. Emissions produced by the tobacco products as well as their relevant toxic information. The competent authority at the central government level shall periodically and voluntarily disclose to the public the information received in pursuant to the preceding paragraph; and may send personnel to acquire samples for conducting inspections (tests). The regulations relating to the contents, schedules, procedures and inspections (tests) of the information required to be reported and other relevant matters pursuant to the preceding two paragraphs shall be prescribed by the competent authority at the central government level.
Article 9	The promotion or advertising of tobacco products shall not employ the following methods: 1. Advertising through radio, television, film, video, electronic signal, internet, newspaper, magazine, billboard, poster, leaflet, notification, announcement, reference manual, sample, posting, display, or through any other written, illustrated form, item or digital recording device. 2. Using journalist interviews or reports to introduce tobacco products, or using other people's identity without proper authorization to conduct promotion. 3. Using discount to sell tobacco products, or using other items as gift or prize for such sales. 4. Using tobacco products as gift or prize for the sale of other products or for the promotion of other events. 5. Packaging tobacco products together with other products for sale. 6. Distributing or selling tobacco products in forms of individual sticks, in loose packs or sheathed. 7. Using merchandises with brand names or trademarks identical or similar to tobacco products in conducting promotion or advertising. 8. Using tea parties, meal parties, illustration conferences, testing events, concerts, lectures, sports or public interest events, or other similar methods to conduct promotion or advertising. 9. Any other methods prohibited by competent authority at the central government level through public notice.
Article 10	The places for selling tobacco products shall, at conspicuous locations, post the warning images and texts required by Paragraph 2 of Article 6, Paragraph 1 of Article 12 and Article 13; the display of tobacco products or tobacco product containers shall be limited to the necessary extent in allowing consumers to acquire information on brand names and prices of the tobacco products. The scopes, contents and methods of the posting and the displaying required by the preceding paragraph, as well as other matters need to be observed, shall be prescribed by the competent authority at the central government level.
Article 11	No business premises shall provide customers with free tobacco products for the purpose of promoting or profit-making.

Chapter 3 The Prohibition of Smoking by Children, Minors and Pregnant Women

Article 12	Persons under the age of eighteen shall not smoke. Pregnant women shall not smoke. The parents, guardians or other people actually in charge of the care of persons under the age of eighteen shall forbid the said persons to smoke.
Article 13	No person shall provide tobacco products to persons under the age of eighteen. No person shall force, induce or use other means to cause the pregnant woman to smoke.
Article 14	No person shall manufacture, import or sell candies, snacks, toys or any other objects in form of tobacco products.

Chapter 4 Places where Tobacco Use 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 the main purposes of which are for educations or activities of children and youth; 2. indoor areas of universities and colleges, libraries, museums, art galleries, and other places where the culture or social education institutions are located; 3. the places where medical institutions, nursing homes, other medical care institutions, and other social welfare organizations are located, with the exception of separate indoor smoking partitions equipped with independent air-conditioning or ventilation systems or outdoor areas of the welfare institutions for the elderly; 4.indoor areas of the government agencies and state-owned enterprises; 5. public transportation vehicles, taxis, sightseeing buses, rapid transit systems, stations or passenger rooms; 6. places for the manufacturing, storage or sale of flammable and explosive items; 7. the business areas of banks, post offices and offices of telecommunication businesses; 8. places for indoor sports, exercises or body-buildings; 9. classrooms, reading rooms, laboratories, performance halls, auditoriums, exhibition rooms, conference halls (rooms) and the interior of elevators; 10. indoor areas of opera houses, cinemas, audio-visual businesses, computer entertainment businesses, or other leisure entertainment locations open to the general public; 11. indoor areas of hotels, shopping malls, restaurants or other business locations for public consumption, with the exceptions of those locations equipped with separate smoking partitions with independent air-conditioning systems, semi-outdoor restaurants, cigar houses, bars and audio-visual businesses which are only open after 9:00 pm and exclusively to persons beyond 18 years of age; 12. indoor workplaces jointly used by three or more persons; and 13. other indoor public places, as well as the places and transportation facilities designated and announced by the competent authorities at various levels of the government. The places mentioned in the preceding paragraph shall have conspicuous non-smoking signs at all of their entrances, and shall not supply smoking-related objects.
Article 16	Smoking in the following places is prohibited except in the designated smoking areas, and smoking is completely prohibited therein if no such smoking area is designated: 1. outdoor areas of universities and colleges, libraries, museums, art galleries, and other places where the culture or social education institutions are located; 2. outdoor stadiums, swimming pools and other leisure entertainment locations open to the general public; 3. outdoor areas of the welfare institutions for the elderly; and 4. other places and transportation facilities designated and announced by the competent authorities at various levels of the government. The places mentioned in the preceding paragraph shall have conspicuous signs at all of their entrances and other appropriate locations indicating non-smoking or smoking is prohibited outside the smoking area, and shall not supply smoking-related objects except within of the smoking area. The designation of smoking area pursuant to Paragraph 1 shall observe the following regulations: 1. the designated smoking area shall have conspicuous signs and marks; 2. the designated smoking area shall not occupy more than one-half of the indoor and/or outdoor areas of its respective places, and the indoor smoking room shall not be located at the necessary passageway.

Article 17	Although not listed in either Paragraph 1 of Article 15 or Paragraph 1 of the preceding article, smoking is prohibited at the place where it is designated by the owners or persons in charge of such place to be non-smoking. Smoking is prohibited in the indoor areas where pregnant women or children younger than three years of age are present.
Article 18	The person in charge of a place where smoking is prohibited or restricted, as well as the employees thereof, shall stop those who smoke in the non-smoking places listed in Articles 15 and 16, or those who under the age of eighteen to enter the smoking areas. Other on-site persons may dissuade those who smoke in non-smoking places.
Article 19	The competent authorities of the cities with provincial status and at the county (city) level shall periodically send personnel to inspect the places listed in Articles 15 and 16, as well as the matters relating to the establishments and administrations of the smoking areas.

Chapter 5 Education and Publicizing Campaign Against Tobacco Hazards

Article 20	Government agencies and schools shall actively engage in educations and publicizing campaign against tobacco hazards.
Article 21	Medical institutions, mental health counseling institutions and public interest groups may provide services on quit-smoking. The regulations for subsidizing and rewarding the services pursuant to the preceding paragraph shall be prescribed by the competent authorities at the various levels of the government.
Article 22	The images of smoking shall not be particularly emphasized in television programs, drama or theatrical performances, audio-visual singing and professional sports events.

Chapter 6 Penal Provisions

Article 23	Any person in violation of the provisions set forth in Article 5 or Paragraph 1 of Article 10 shall be punished by a fine in an amount of no less than NTD 10,000 but no more than NTD 50,000. Repeated violators may be fined continuously and independently for each violation.
Article 24	Manufacturers or importers in violation of Paragraphs 1 and 2 of Article 6 or Paragraph 1 of Article 7 shall be punished by a fine in an amount of no less than NTD 1,000,000 but no more than NTD 5,000,000, and shall be ordered to recall such tobacco products within a specified period of time. Those who failed to recall within the specified period of time shall be fined continuously and independently for each violation. The tobacco products found to be in violation shall be confiscated and destroyed. Any person who sells tobacco products as in violation of Paragraphs 1 or 2 of Article 6 or Paragraph 1 of Article 7 shall be punished by a fine in an amount of no less than NTD 10,000 but no more than NTD 50,000.
Article 25	Any person in violation of Paragraph 1 of Article 8 shall be punished by a fine at an amount of no less than NTD 100,000 but no more than NTD 500,000, and shall be order to report within a specified period of time. Those who failed to report within the specified period of time shall be fined repeatedly and continuously for each failure to comply. Any person who evades, obstructs or refuses the sampling and investigating (testing) by the competent authority at the central government level pursuant to Paragraph 2 of Article 8 shall be punished by a fine at an amount of no less than NTD 100,000 but no more than NTD 500,000.

Article 26	Manufacturers or importers in violation of any subparagraphs of Article 9 shall be punished by a fine at an amount of no less than NTD 5,000,000 but no more than NTD 25,000,000, and shall be fined repeatedly and continuously for every single violations. Any person in the business of advertising or mass communication which produce advertisements for tobacco products or accept them for broadcasting, dissemination or printing in violation of the subparagraphs listed in Article 9 shall be punished by a fine at an amount of no less than NTD 200,000 but no more than NTD 1,000,000, and shall be fined for each violations. Any person in violation of the subparagraphs listed in Article 9, unless otherwise provided for by the preceding two paragraphs, shall be punished by a fine at an amount of no less than NTD 100,000 but no more than NTD 500,000, and shall be fined repeatedly and continuously for each violations.
Article 27	Any person in violation of Article 11 shall be punished by a fine at an amount of no less that NTD 2,000 but no more than NTD 10,000.
Article 28	Any person in violation of Paragraph 1 of Article 12 shall receive quit-smoking education. For violators who are under the age of eighteen and unmarried, their parents or guardians shall be held responsible to have the violators to attend the educational programs. Any person who, after being duly notified, fails to attend the educational program without justifiable cause shall be punished by a fine at an amount of no less than NTD 2,000 but no more than NTD 10,000, and shall be fined repeatedly and continuously for each failure to attend. For violators under the age of eighteen and unmarried, the punishment shall be imposed upon their parents or guardians. The educational program referred to in the first paragraph shall be prescribed by the competent authority at the central government level.
Article 29	Any person in violation of Article 13 shall be punished by a fine at an amount of no less than NTD 10,000 but no more than NTD 50,000.
Article 30	Manufacturers or importers in violation of Article 14 shall be punished by a fine at an amount of no less than NTD 10,000 but no more than NTD 50,000, and shall be ordered to recall such tobacco products within a specified period of time. Those who failed to recall within the specified period of time shall be fined repeatedly and continuously for each failure to recall. Any person who sells tobacco products as a business is in violation of Article 14 shall be punished by a fine at an amount of no less than NTD 1,000 but no more than NTD 3,000.
Article 31	Any person in violation of Paragraph 1 of Article 15 or Paragraph 1 of Article 16 shall be punished by a fine at an amount of no less than NTD 2,000 but no more than NTD 10,000. Any person in violation of Paragraph 2 of Article 15 or Paragraphs 2 or 3 of Article 16 shall be punished by a fine at an amount of no less than NTD 10,000 but no more than NTD 50,000, and shall be ordered to correct within a specified period of time. Those who failed to correct within the specified period of time may be fined repeatedly and continuously for each failure to correct.
Article 32	Any person who violates this Act and is punished pursuant to the regulations prescribed in Article 23 to the preceding article, his or her personal identity and the manner of violation could at the same time be publicized.
Article 33	The penalties prescribed by this Act, except for Article 25 which shall be enforced by the competent authority at the central government level, shall be enforced respectively by the competent authorities of the cities with provincial status and at the county (city) level.

Chapter 7 Supplementary Provisions

Article 34	The Health and Welfare Surcharges collected in pursuant to Article 4 which are allocated to central or local governments for tobacco control and public health shall be used by the competent authority at the central government level to set up a foundation in handling the relevant affairs of tobacco control and public health. The regulations regarding the collections, expenditures, managements and uses of the foundation mentioned in the preceding paragraph shall be prescribed by the Executive Yuan.
Article 35	This Act shall come into force six months from the date of promulgation. Except the effective date for Article 4 shall be otherwise prescribed by the Executive Yuan, all provisions amended on June 15, 2007 shall take effect eighteen months after the promulgation of this Act. Amendment to Article 4 of this Act on January 12, 2009,effective date 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.

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

Date	Content
February 1st, 2008	The Executive Yuan has convened a meeting for reviewing the amendment draft to Articles 4 and 35 of the Tobacco Hazards Prevention Act and amendment draft to Article 22 of the Tobacco and Alcohol Tax Act.
February 22nd, 2008	The amended Regulations for the subsidies and awards of smoking cessation services and Regulations for the implementation of smoking cessation education have been released.
March 27th, 2008	Promulgation of the Regulations for the Testing of Yields of Nicotine and Tar Contained in Tobacco Products and the Labeling of Cigarette Containers
May 29th, 2008	Promulgation of The Regulations for Establishment of Indoor Smoking Rooms
May 30th, 2008	Mayors from 25 counties and cities have participated in the first screening of a promotion film entitled Total Dedication of 25 Counties and Cities for Smoke-Free Public Areas and attended the subsequent press conference, and announced their determination to prohibit smoking in public areas at the central and local government levels.
June 23rd, 2008	Promulgation of the Regulations for the Markings and Displays of Venues Selling Tobacco Products
July 2008	Carried out an investigation on the degree of public awareness before carrying out preliminary media promotion for the implementation of new Tobacco Hazards Prevention Act regulations.
July 17th, 2008	Amendment draft to Articles 4 and 35 of the Tobacco Hazards Prevention Act and implementation date of Article 4 were submitted to the Executive Yuan.
August 2008	Implemented an Investigation on the Results of Promoting New Tobacco Hazards Prevention Act Regulations to Restaurant Owners to assess the degree of understanding among restaurant businesses.
August 21st, 2008	Promulgation of the Regulations for the Management and Utilization for Tobacco Control and Public Healthcare Foundation by the Executive Yuan
September 2nd, 2008	The Executive Yuan convened a meeting for reviewing the draft amendments to Articles 4 and 35 of the Tobacco Hazards Prevention Act, implementation date of Article 4 as well as draft amendments to Article 22 of the Tobacco and Alcohol Tax Act.
September 10th, 2008	The Executive Yuan convened a second meeting for reviewing the draft amendments to Articles 4 and 35 of the Tobacco Hazards Prevention Act, implementation date of Article 4 as well as draft amendments to Article 22 of the Tobacco and Alcohol Tax Act.
October 23rd, 2008	The Executive Yuan convened a third meeting for reviewing the amendment draft to Articles 4 and 35 of the Tobacco Hazards Prevention Act, implementation date of Article 4 as well as amendment draft to Article 22 of the Tobacco and Alcohol Tax Act.
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.

Date	Content
December 10th, 2008	The 22nd general committee review for the amendment draft of Articles 4 and 35 of the Tobacco Hazards Prevention Act was held during the 2nd Social Welfare and Environmental Hygiene Committee meeting of the 7th Legislative Yuan session.
December 26th, 2008	The National Health Command Center of the Center of Disease Control (CDC) has performed a response systems and handling exercise for the implementation of theTobacco Hazards Prevention Act.
January 5th, 2009	Minister Jin-chuan Ye led a team to simulate the process of an on-site audit.
January 11th, 2009	The new Tobacco Hazards Prevention Act regulations are in effect and established in the National Health Command Center of the CDC. First day audit results from the 25 counties and cities were then released.
January 12th, 2009	The amendment draft of Articles 4 and 35 of the Tobacco Hazards Prevention Act have been approved by the Legislative Yuan after three readings. The health and welfare surcharge for tobacco products shall be increased from NT$10 per pack to NT$20 per pack.
January 23rd, 2009	The amendment draft of Articles 4 and 35 of the Tobacco Hazards Prevention Act on the increase of health and welfare surcharge of tobacco products from NT$10 per pack to NT$20 per pack were promulgated by Presidential Decree, and shall come into effect on June 1st of the same year.
March 18th, 2009	Promulgation of the Principles for the Periodic and Voluntary Publication of Reported Information on Tobacco Products by the Department of Health of the Executive Yuan. Promulgation of the reporting method and format for the Regulations Governing Reporting of Tobacco Product Information
April 10th, 2009	Publicized news announcing that the health and welfare surcharge for tobacco products will be increased to NT$20 on June 1st, 2009. In order to protect consumer rights and to prevent unlawful profiteering through hoarding of tobacco products by the business owners, tobacco products that require the NT$20 surcharge payment will be identified through labeling.
April 17th, 2009	1. Announced the provision of identifiable marking for consumers and other relevant regulations and measures on tobacco products that require the NT$20 surcharge payment. 2. The Department of Health and Ministry of Finance jointly amended and released Articles 4 and 5 of the Regulations on the allocation and use of health and welfare surcharge of tobacco products and submitted it to the Legislative Yuan for review.
May 14th, 2009	The Printing Plant of the Ministry of Finance has completed the first batch of 15 million identification labels for the health and welfare surcharge of tobacco products.
May 19th, 2009	The Printing Plant of the Ministry of Finance has completed the second batch of 10 million identification labels for the health and welfare surcharge of tobacco products.
May 20-22nd, 2009	All health agency auditors were convened to organize and host Explanation Meetings for the Inspection and Verification of Tobacco Product Identification Labels at Taichung, Kaohsiung, and Taipei in order to explain consumer protection provisions and means of identifying counterfeit labels on tobacco products.
May 26th, 2009	The Printing Plant of the Ministry of Finance has convened an explanation meeting on the locations and processes for distributing tobacco product identification labels
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.

Date	Content
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.

Date	Content
September 06, 2012	Convened the 2012 evaluation meeting of the health and welfare surcharge of tobacco products.
September 11, 2012	Convened a meeting on implementation effectiveness and tracking of the health and welfare surcharge of tobacco products.
October 26, 2012	Guo-dong Liaw and 21 other legislators have proposed to amend a number of articles in the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after passing the first reading.
November 09, 2012	Taiwan Solidarity Union Legislative Yuan caucus Wen-ling Huang has proposed amendments to Articles 10 and 35 of the Tobacco Hazards Prevention Act. The proposal has was submitted for committee review after passing the first reading.
November 16, 2012	Yu-min Wang and 21 other legislators have proposed to amend Articles 2 and 10 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after passing the first reading.
November 30, 2012	Wei-zhe Huang and 19 other legislators have proposed to amend Articles 13 and 29 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after passing the first reading.
December 25, 2012	The 2012 annual meeting of the Tobacco Hazards Prevention Policy and Promotion Committee of the Department of Health, Executive Yuan has been convened by the Department of Health, Executive Yuan.
December 29, 2012	The Labor Committee of the Executive Yuan has convened a 2012 Policy Conference of the Labor Committee, Executive Yuan and gave a response on the motion proposed by the Taiwan Tobacco & Liquor Corporation Federation Union to not increase the tobacco health and welfare surcharge.
February 22, 2013	Invited supporting and opposing stakeholders to attend a conference for the assessment of tobacco health and welfare surcharge.
March 22, 2013	Yu-min Wang and 25 other legislators have proposed to amend Article 5 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after passing the first reading by the Legislative Yuan.
March 22, 2013	Qi-chen Jiang and 21 other legislators have proposed to amend Article 29 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after passing the first reading by the Legislative Yuan.
April 02, 2013	The amendment draft to Article 4 of the Tobacco Hazards Prevention Act was submitted to the Legislative Yuan for priority review.
April 09, 2013	Shu-lei Luo and 21 other legislators have proposed to amend Articles 13, 23, 28 and 29 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after passing the first reading by the Legislative Yuan.
April 12, 2013	Xin-chun He, Ting-fei Chen, Li-jun Deng, and 15 other legislators have proposed to amend Article 5 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after passing the first reading.
April 16, 2013	Convened a presentation and discussion meeting for Article 4 amendment draft of the Tobacco Hazards Prevention Act.
April 19, 2013	Convened a conference on tobacco hazards prevention.
April 19, 2013	The amendment draft to Articles 4 and 35 of the Tobacco Hazards Prevention Act was submitted to the Legislative Yuan for priority review.
May 01, 2013	The Executive Yuan has convened a review meeting for amendment draft of Article 7 of the Tobacco and Alcohol Tax Act. A preliminary meeting was held on the same day at political commissar Xue's office.
May 03, 2013	The Executive Yuan has convened a review meeting for the amendment draft of Articles 4 and 35 of the Tobacco Hazards Prevention Act.
May 09, 2013	The Executive Yuan has passed the amendment draft of Articles 4 and 35 of the Tobacco Hazards Prevention Act, and has increased the health and welfare surcharge of tobacco products to NT$2000 per thousand sticks (or for every kilogram) in accordance to Paragraph 1 Article 4 of the Tobacco Hazards Prevention Act. Paragraph 3 Article 35 was amended as well.

Date	Content
May 17, 2013	The Legislative Yuan has completed the first reading of the amendment draft of Articles 4 and 35 of the Tobacco Hazards Prevention Act and submitted it to the Social Welfare and Environmental Hygiene Committee and Finance Committee who then jointly convened a general committee review meeting.
May 17, 2013	Convened a meeting on the effectiveness and future planning of the tobacco surcharge.
May 31, 2013	Ou-bo Chen, Zhi-wei Qiu and 17 other legislators have proposed to amend Articles 4 and 6 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after passing the first reading by the Legislative Yuan.
May 31, 2013	Tian-cai Xu, Zhi-wei Qiu and 17 other legislators have proposed to amend Article 4 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after passing the first reading by the Legislative Yuan.
May 31, 2013	Yao Yang, Ou-bo Chen and 17 other legislators have proposed to amend Articles 4 and 6 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after passing the first reading by the Legislative Yuan.
May 31, 2013	Convened a meeting to discuss Subparagraph 2 Paragraph 1 Article 16 of the Tobacco Hazards Prevention Act on measures for other outdoor areas open to the general public for leisure and entertainment purposes.
June 18, 2013	Released predicted amendments to Articles 12 and 13, updates to the attached figures and texts of Article 2 with changes to the 8 warning diagrams on tobacco product containers for the Regulations for the Testing of Yields of Nicotine and Tar Contained in Tobacco Products and the Labeling of Cigarette Containers. The amendments were publicly announced during the period of June 19-25th, 2013.
June 21, 2013	Convened a progress meeting for amending regulations regarding health and welfare surcharge of tobacco products.
August 20, 2013	Amendĺ
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.“

Date	Content
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”.
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.

Date	Content
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

Date	Content
September 28, 2016	Organizing of a Tobacco Surcharge Assessment Meeting
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.
April 26,2017	Convening of a Cross-Ministerial Conference on the Prevention of Flooding of the Market with E-cigarettes
September 3,2017	9th Cross-Strait Conference on Tobacco Control (10th Conference) and Pre-conference Seminar on Global Tobacco Control Policy Research and Development in 2017
December 13,2017	Convening of a Conference for the deliberation of controls to prevent businesses from utilizing illegal Internet advertising to sell e-cigarettes
December 21,2017	Ratification of the draft amendment to the Tobacco Hazards Prevention Act in the 3581th sitting of the Executive Yuan and submission to the Legislative Yuan for deliberation
December 29,2017	Draft amendment to the Tobacco Hazards Prevention Act passes first reading in the Legislative Yuan

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