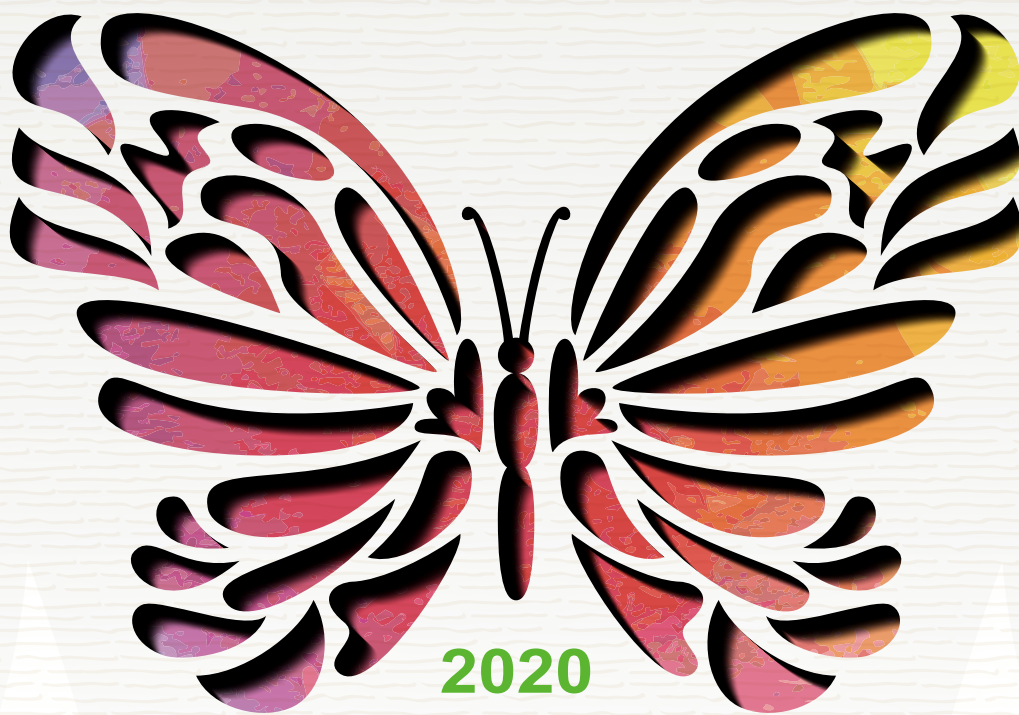


2020

TAIWAN TOBACCO CONTROL
ANNUAL REPORT

TAIWAN TOBACC  CONTROL

Parties to the WHO FCTC: **1** **8** **1**



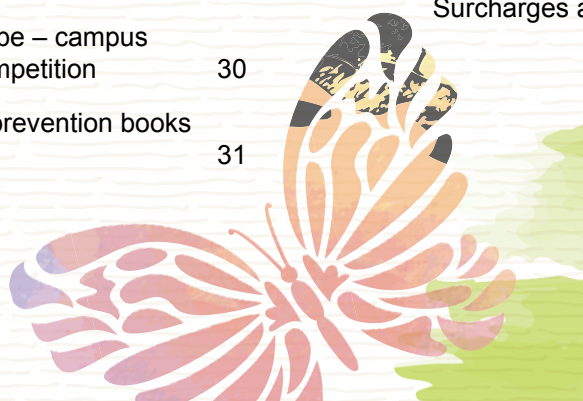
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From the Director-General

Overview of tobacco hazard prevention results

In 2009, the Tobacco Hazards Prevention Act was amended with reference to the FCTC. Then, followed WHO MPOWER strategy, including Monitor tobacco use and prevention policies, Protect people from tobacco smoke, Offer help to quit tobacco use, Warning about the dangers of tobacco, Enforce bans on tobacco advertising, promotion and sponsorship and Raise taxes on tobacco. A multi-pronged comprehensive strategy has been implemented for many years in Taiwan including smoking rate survey monitoring, expansion of the scope of smoking prohibition, promotion of second-generation smoking cessation services, requiring health warning text statements on cigarette packages accompanied by photo-realistic color images, dissemination initiatives of the effect on health hazards of tobacco through advocacy activities, banning tobacco products adverts and increasing the tobacco surcharge to NT\$20/ pack. The Health Promotion Administration's (HPA's) surveys of smoking behavior in Taiwan show that the smoking rate for adults fell from 29.2% in 1996 (males 55.1%, females 3.3%) to 20.0% in 2009 (males 35.4%, females 4.2%) and then down to 13% in 2018 (males 23.4%, females 2.4%). The adolescent smoking rate has also been controlled. The HPA's adolescent smoking behavior surveys show that the smoking rate for junior high school students fell from 7.8% in 2008 to 3.0% in 2019, a fall of over 60% (61.4%); the smoking rate for high school students fell from the 14.8% of 2007 to 8.4% in 2019, a fall of over 40% (43.0%)

Building smoke-free supportive environments, saying “no” to second hand and third hand smoke

Most people don't know that there is no safe dose for secondhand and thirdhand smoke exposure in the living environment and any amount is harmful to people. To reduce the harm from secondhand and thirdhand smoke, the health bureaus of local governments have, in line with local characteristics, according to Article 15 or 16 of the Tobacco Hazards Prevention Act, taken administrative action to

designate places in which smoking is prohibited in addition to those prohibited in the Act; these include surroundings of schools under high school level, crowded places (such as bus shelters, entrances and exits of public places, intersections, within 10 meters of an MRT exit) and tobacco free shopping district and streets etc. Also, New Taipei City from March 1, 2019 and Taipei City and Kaohsiung City



from September 1, 2019 listed convenience store and coffee shop arcades as places where smoking is banned; other counties and cities are successively formulating similar announcements; as of the end of 2019, 20,000 places have been announced as places where smoking is prohibited, greatly reducing exposure to secondhand smoke in places where smoking is prohibited and in indoor public spaces. Citizens now receive over 90% protection from tobacco hazards.

“Comprehensive smoking cessation services” are a good partner for smokers

70% of smokers have tried to quit, however, as incorrect use of drugs led to nausea and vomiting, this made them reject the idea of quitting smoking. In terms of offering cessation help, through the Smoking Cessation Services Subsidy Program, hospital, clinics and community pharmacies provide smoking cessation therapy and health education for a maximum copayment of NT\$200. Through smoking cessation aids and professional consulting and support, 173,525 people stopped smoking (631,746 times) in 2019. The six-month point smoking cessation success rate was 25%, helping 43,000 people stop smoking. In the short term, an estimated NT\$230 million in national health insurance expenditure has been saved and over NT\$18.2 billion socio-economic benefits will be created over the long term.



Director General
Ying-Wei Wang, MD, PhD
Health Promotion Administration



To increase the accessibility of smoking cessation services, the HPA provides the nationwide Free Smoking Cessation Consulting Line 0800-636363; due to the convenience and privacy of the telephone combined with professional consulting and psychological support, more than 40% of smokers are able to quit smoking through multiple consulting calls. In 2019, 20,748 people were served. In addition to existing smoking cessation services and the smoking cessation hotline, the health bureau in each county/ city, in line with its characteristics, combine with education, hospital and community resources etc. to hold tobacco hazard prevention advocacy and education lectures and activities, facing up to tobacco together with smokers who want to quit to let citizens enjoy the health that no smoking brings.

Both tobacco and novel nicotine and tobacco products are harmful to human health

WHO has proclaimed that all kinds of tobacco-related products including e-cigarettes and heat-not-burn products, which are among the novel and emerging nicotine and tobacco products, are all harmful to human health. In accordance with the provisions of the FCTC and the various meetings of signatories, to protect the health of citizens and protect children, the HPA drew up the Tobacco Hazards Prevention Act draft amendment and it was passed on first reading in the Legislative Yuan on December 29, 2017 and sent to the Health and Environment Committee for deliberation. However, reading of the draft amendment was discontinued when the term of the 9th legislators ended. In 2020, we resumed to push on the amendment of the Act aiming at comprehensively regulating the novel and emerging nicotine and tobacco products. In future, in addition to enhancing education and promotion, we will continue to collect studies and measures of the WHO and US, EU, Australia etc. and analyze objective opinions for use as reference when formulating policy in future.



1



Tobacco Hazards Prevention Act





Tobacco Hazards Prevention Act

The Tobacco Hazards Prevention Act (hereinafter referred to as the "Act") was promulgated on March 19, 1997 and came into effect on September 19 of the same year. It underwent three amendments (the latest promulgated on January 23, 2009).

From the coming into effect of the amendment on January 11, 2009, the adult smoking rate dropped from 21.9% in 2008 to 13.0% in 2018. However, in 2018 the daily smoking rate of males aged 15 years and above was 20.7%, which is about the average in Asia but significantly higher than that of several developed countries such as Norway (12.0%) and New Zealand (14.3%). It should be pointed out that the smoking rate of males aged 31-50 years in Taiwan exceeds 30%, which has a considerable impact on national productivity.

The WHO Framework Convention on Tobacco Control (WHO FCTC) and countries all over the world are jointly committed to the promotion of 100% smoke-free environments. The regulations set out in Article 3 of the Convention on the Rights of the Child clearly stipulate "In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration." Article 24 of FCTC further states that the right to health is one of the basic rights of children and that all states parties "Recognize the right of the child to the enjoyment of the highest attainable standard of health." On March 6, 2017, the WHO pointed out in a report titled "Inheriting a sustainable world: Atlas on children's health and the environment" that the leading cause of death of children aged 5 and below is respiratory tract infections resulting from exposure to air pollution and second-hand smoke, accounting for the deaths of 570,000 children worldwide annually.

E-cigarettes, which contain nicotine, can be addictive, they also contain the carcinogens formaldehyde and acetaldehyde and other hazardous substances. In August 2019, the US CDC issued a warning on "e-cigarette, or vaping, product use-associated lung injury" (EVALI). Thereafter, it issued a notice indicating more than 2,000 confirmed cases of EVALI in 2019, with the youngest fatality just 17 years old. Based on the experience of the United States and South Korea, failure to effectively prevent e-cigarettes can cause a rapid increase in use, and as soon as this trend takes hold, it is difficult to reverse. In 2019, the World Health Organization proposed that countries should ban or strictly control the manufacture, import, sale, display and use of E-cigarettes. Currently, more than 30 countries have banned E-cigarettes, including India, Singapore, Thailand and Egypt. Before

the Tobacco Hazards Prevention Act was fully amended, E-cigarettes containing drugs violate the Narcotics Hazard Prevention Act. Those containing nicotine or advertised their curative effects are dealt with according to criminal liability detailed in the Pharmaceutical Affairs Act. Those sold in the form of tobacco products could be liable to a fine up to NT\$50,000 under Article 14 of the Tobacco Hazards Prevention Act.

Based on the Global Youth Tobacco Survey (GYTS) conducted by the Health Promotion Administration, the use of E-cigarettes by junior and senior high school students increased from 2.0 and 2.1 percent to 2.5 and 5.6 percent, respectively, from 2014 to 2019, a clear indication that E-cigarettes pose a danger to the health of children and juveniles. In 2016, a cohort study published by the academic journal "Pediatrics" discovered that juveniles who had smoked E-cigarettes within the past two years were six more times likely to try other tobacco products than juveniles who had not. As E-cigarettes are a gateway to smoking cigarettes, based on the position on protecting children's health outlined in the Convention on the Rights of the Child, it is both necessary and proper to strengthen related controls.

After careful review of practice and execution proposals from central and local competent authorities and regarding the WHO Framework Convention on Tobacco Control and opinions of experts, scholars, civil society, and the general public, the focal points of the draft amendment in 2017 to ensure the Act is as comprehensive as possible are as follows:

1. Tighten control of E-cigarettes: The current Tobacco Hazards Prevention Act officially designates E-cigarettes to be candy, snacks, toys or other objects in the shape of tobacco products when it comes to their auditing and prohibition. The scope of this law is insufficiently broad and court judgments have also indicated that the current Tobacco Hazards Prevention Act needs to be amended.
2. Ban flavored tobacco products: Tobacco products will be banned from adding floral fragrances, fruit fragrances, chocolate or mint flavors or other additives banned by the central competent authorities. This avoids children and juveniles coming into contact with tobacco products out of curiosity. It also prevents smokers from mistakenly believing flavored tobacco products are less hazardous and, based on that assumption, continuing to smoke. This measure is one way to reduce the number of people who smoke and tobacco addiction.
3. Expand the number of venues where smoking is banned: Nightclubs and bars should establish smoking rooms, if they fail to do so then smoking should be completely banned.
4. Increase the size of warning labels to 85%: The plan is to increase the size of health warning labels from 35% percent of the product surface area to 85%.



On Dec. 21, 2017, the 3,581st meeting of the Cabinet discussed and passed the draft amendment to the Act, which was then sent to the Legislative Yuan for deliberation, completing its first reading on Dec. 29, 2017. However, the process was not completed due to the end of the term of legislators. The Ministry of Health and Welfare has conducted an overall review of the Act and restarted the legislative process in 2020. Based on the fact that all tobacco products are hazardous to health, the draft amendment of the Tobacco Hazards Prevention Act seeks to introduce comprehensive controls of novel and emerging nicotine and tobacco products, with a particular focus on tobacco firms introducing new products and avoiding health hazards to juveniles.

Tobacco hazards prevention strategies must rely on multi-pronged approaches to be effective. Amending the law is the most important and straightforward way of reducing the prevalence of smoking and limiting the hazard posed by tobacco hazards to children and juveniles. In response to the WHO NCD goal of a 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years by 2025 compared to 2010, the Ministry of Health and Welfare set a goal of reducing the prevalence of smoking to under 12.7 percent by 2025. That accords with the mission to "prevent tobacco hazards and maintain national health" as detailed in the Tobacco Hazards Prevention Act.





Reducing the Demand for Tobacco

[Non-price Measures]

- Smoke-free Supportive Environments
- Pictorial Health Warnings on Tobacco Packages
- Promotion and Training
- Smoking Cessation Services

[Pricing Measures]

- The Increase of Tobacco Health and Welfare Surcharges
- Tobacco Health and Welfare Surcharges allocation and income



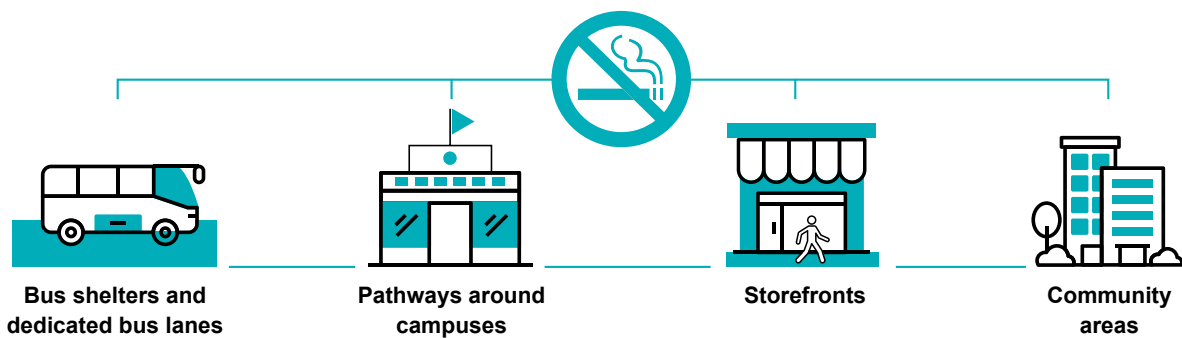


[Non-price Measures] Smoke-free Supportive Environments

Smoking and passive (second-hand) smoking is seriously harmful to human health, and aggravates socio-economic burdens. All countries are actively working to combat the harms of smoking, but aside from reducing rates of smoking by helping smokers to quit and preventing non-smokers from starting, it is also important to reduce exposure from second-hand smoke. The Health Promotion Administration (HPA) is starting from the ground up by creating smoke-free environments in schools, the military, communities and workplaces.

Building a Smoke-free Environment at the Local Level

There had been approximately 25,000 non-smoking sites officially announced by 2019. The Tobacco Hazards Prevention Act (THPA) has made it possible for over 90% of the public to avoid the dangers of second-hand smoke by expanding smoke-free zones and strictly prohibiting advertising of tobacco products. To further promote smoke-free environments, local health bureaus actively designated areas such as crowded locations as nonsmoking areas under the THPA with intensive warnings and inspections. Affected locations are as follows:



To prevent non-smokers from being harmed by second-hand smoke in areas where smoking is not prohibited, local health bureaus have also selected suitable outdoor locations for designated smoking areas. Designated outdoor locations were chosen through cross-agency cooperation and community consensus, so as to actively promote a non-smoking environment.



自 9 月 1 日起台北市 15 家連鎖便利商店、咖啡店前騎樓全面禁止吸菸。(張立勳攝)

Taipei Announces Smoking Ban in the archades of the chain convenience stores



Nantou county smoke-free home promotion campaign "My family doesn't smoke, put out the cigarets for loved ones"

Various channels were used to publicize the hazards of tobacco products, appeal to loved ones and recount individual experiences of quitting smoking. News announcements were also made for smoking cessation services and a press conference was given on monitoring of on-screen tobacco products in order to raise public awareness of the harms of smoking.



Television



Broadcasting



Magazine advertisements



Social media



Press conference

As of 2019, over 4.65 million inspections according to THPA had been carried out at 690,000 premises, with 7,872 penalties totaling NT\$88.94 million. The HPA worked with local health bureaus to strengthen enforcement, inspection and promotion of the THPA, utilizing effective strategies such as prohibiting advertisement of tobacco products, preventing tobacco from reaching young people, establishing smoke-free public spaces and workplaces, and using the school-based courses and community resources etc. to reduce the harm from tobacco and e-cigarette use. Besides, smokers have been effectively encouraged to quit through tobacco-free hospitals, workplaces, campuses and communities by using smoking cessation education and consultations in the community or other cessation services such as the Taiwan Smokers' Helpline. These measures, combined with promotion of smoke-free households, will allow us to create a smoke-free environment.

community smoking cessation classes
405 classes / 4,916 people

dissemination of smoking cessation and education activities
6,102 session

enrolled on health education and consultation on smoking cessation
186,503 people

healthcare personnel enrolled cessation classes
56 session / 3,132 people



Taichung City works with the construction industry to promote smoke-free construction sites



Volunteers in Yunlin county prevent tobacco sellers from promoting tobacco products to minors



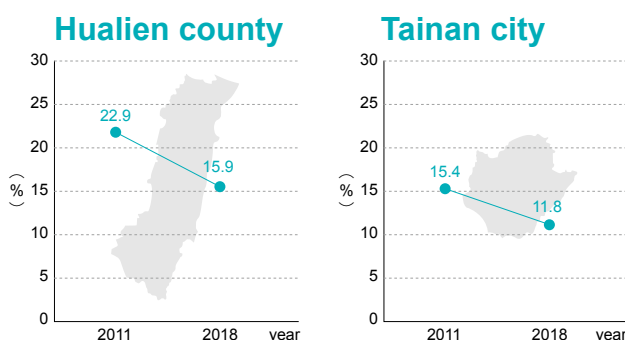
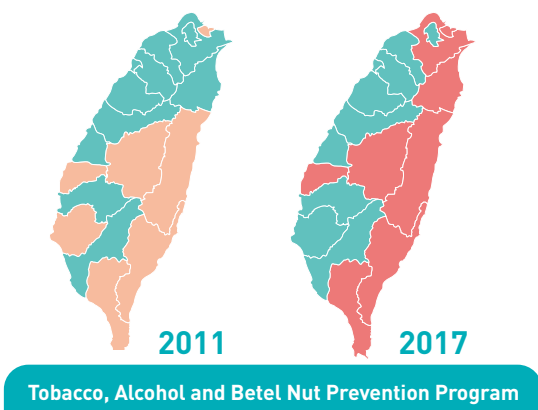
Special advocacy material for smoke-free homes in Chiayi



Reducing Health Inequalities

According to the research, there are health inequalities among vulnerable groups. Smoking, drinking and betel nuts chewing often lead to chronic diseases and increase the risk of death. To improve, prevent and reduce the harms from tobacco, alcohol and betel nuts use, through health promotion, and to change the unhealthy behaviors of vulnerable groups are important intervention measures to reduce health inequality among ethnic groups.

Since 2012 the HPA has subsidized seven counties and cities with high rates of smoking, drinking and betel nut use, as well as high occurrence and mortality rates of lung cancer, esophageal cancer and oral cancer, through the integrated Tobacco, Alcohol and Betel Nut Prevention Program with 5-years schedules and ten-year targets, and two more counties were added to the program in 2017.



By the end of 2018, most counties/cities in the program showed a significant decrease in the percentage of smoking adults, with Hualien County and Tainan County achieving the best results.

2019 performance was as follows:

Under 18s were refused tobacco, alcohol and betel nuts sale

2,461 stores

Training courses were provided education volunteers to enhance awareness of tobacco, alcohol and betel nut use

48 session / 1,825 people

Tobacco, alcohol and betel nut cessation classes and individual coaching sessions were provided

29 classes / 2,085 people

Courses were provided to high-risk groups

30 session / 750 people

Anti-smoking, alcohol and betel nut health education

1,182 times / 71,546 people

No smoking, drinking and betel nuts chewing policy in various sites

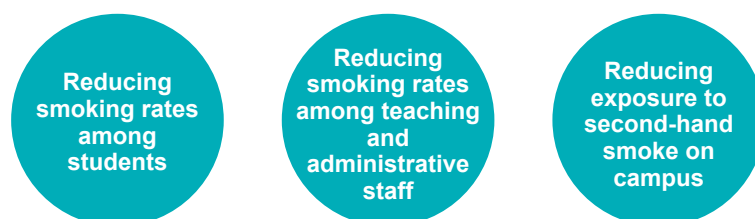
517 sites



"Quit smoking, reduce betel nut, cut down on alcohol" local mural in Hualien

Smoke-free Campuses

In 2019, smoking was prohibited in environments surrounding 70% of all primary and secondary schools in Taiwan (around 2,000 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 nut harm 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 harm from tobacco use. Relevant rewards and penalties have also been stipulated to strengthen schools' commitment to tobacco control on campus premises. Schools were also encouraged to train smoking cessation education seed instructors to achieve the objective of a smoke-free campus. Finally, the MOE requested that local education bureaus work with health bureaus in conducting unannounced 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.



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

In accordance with the School Health Act, schools below senior secondary level should implement a total ban on smoking. According to the implementation Regulations for Smoking Cessation Education, schools should conduct no less than 3 hours of smoking cessation education for students under the age of 18 who smoke. Repeat breachers within one year must complete extended smoking cessation education.

According to the 2019 Youth Smoking Behavior Survey, smoking rates among junior high, senior high, and vocational school students had increased slightly. Although the difference was not statistically significant, it was the first increase since the implementation of new regulations of the Tobacco Hazard Prevention Act. In the future, HPA will continue to work closely with the MOE to conduct tobacco control activities on campus, create smoke-free campus environments and implement smoking cessation education to enhance tobacco control on campus.



Health Promoting School international certification program

The HPA and MOE jointly implement the Health Promoting School international certification program, which incorporates important issues such as tobacco control into certification standards.

Tobacco control in colleges and universities

The Youth Areas Tobacco Control Project aims to strengthen tobacco control work while respecting the autonomy of colleges and universities. The project improves students' knowledge and skills and creates a smoke-free environment on college and university campuses. In cooperation with the MOE, colleges and universities are encouraged to reduce designated smoking areas of their own accord and plan for smoke-free campuses. University presidents vowed to strengthen campus inspections and promotion, and communicate smoking cessation information through school meetings. On December 5th 2019 the Conference on Achievements in Tobacco Control in Colleges and Universities was held. Nationwide colleges, universities and local health bureaus were invited to participate, and the event was broadcast live on the HPA Facebook page.



Subsidies and consultations were used to encourage colleges and universities to integrate community resources and expand the scope of their initiatives. This enabled improvement of teachers' knowledge on tobacco control, training of tobacco control seed teams, encouragement of teachers and students to voluntarily join anti-smoking groups, and provision of information on smoking cessation services so as to establish sustainable management of tobacco control on campus.

In addition, a number of experts and committee members were invited to conduct on-site consultations, and oral reports were given in two sessions in north and south Taiwan. Based on the implementation results and difficulties encountered by each school, they brainstormed suggestions for improvement so that schools could improve implementation following the five action areas for health promotion of Ottawa Charter.








Holding of commendation and results presentation meeting for tobacco hazard prevention by universities with the Ministry of Education



"Free cutting" by Hung Kuang University at indigenous villages

Five Action Areas for Health Promotion

	Building tobacco control public Policy	<ul style="list-style-type: none"> • Top school leaders move towards smoke-free campuses • Tobacco control committees established to stipulate penalties for smoking
	Creating a supportive environment	<ul style="list-style-type: none"> • Utilize campus spaces for effective advocacy • Revision of designated smoking areas to non-essential areas in order to isolate smokers from non-smokers • Diverse and creative promotion: smoking cessation LINE stickers, using social media to create a dialog and increase community activities
	Actions for strengthening communities	<ul style="list-style-type: none"> • Committed to promoting smoke-free commercial districts and smoke-free landlords • Integrated smoking cessation services provided by community medical institutions and local departments of health to help individuals develop healthy habits
	Developing personal health skills	<ul style="list-style-type: none"> • Conducted tobacco control lectures • Integrated promotion of health education resources eg. haircuts for tribespeople used to promote abstinence from tobacco, betel nuts and alcohol
	Re-orienting health services	<ul style="list-style-type: none"> • Established a list of students who smoke to conduct smoking cessation counseling

Extraordinary Performance Schools

Schools	Content
National Taichung University of Science and Technology	Conducted LINE sticker competition and produced promotional products such as drinks coasters.
National Taiwan University of Science and Technology	Students wore N95 protective masks for a day to give them a sense of the plight of long-term smokers, and targeted tobacco hazards education towards foreign students.
Tamkang University Lanyang Campus	An attractive flight of rainbow steps were installed with an English slogan to introduce the concept of tobacco control. A creative competition was also held, with the winning design made into a large decorative wall poster.
Cheng Shiu University of Science and Technology	E-cigarettes were incorporated into tobacco control measures, and anti-e-cigarette advocacy was conducted.
Minghsin University of Science and Technology	Memes were designed to advise against smoking, such as: "Smoking is dying" and "There will be a new day tomorrow if you don't smoke". Taiwan's smoking regulations were also communicated to foreign students.
Hungkuang University of Science and Technology	Offered free haircuts to tribespeople to simultaneously advocate abstinence from tobacco, betel nuts and alcohol.
National Chung Cheng University	Conducted "social learning courses on tobacco control", such as healthy walking activities and an e-cigarette debate contest.
Nation Pengu University of Science and Technology	Integrated with local health bureau events to increase media visibility and influence.
Far East University of Science and Technology	Participated in the Reclaiming Our Health activity of collecting cigarette butts in conjunction with the "service education course". 100,000 cigarette butts were collected and used to create an insecticide to demonstrate the toxic effects of nicotine.
Chang Jung Christian University	Used social media to convey information on the dangers of tobacco and e-cigarettes, and conducted numerous lectures and smoking cessation classes.

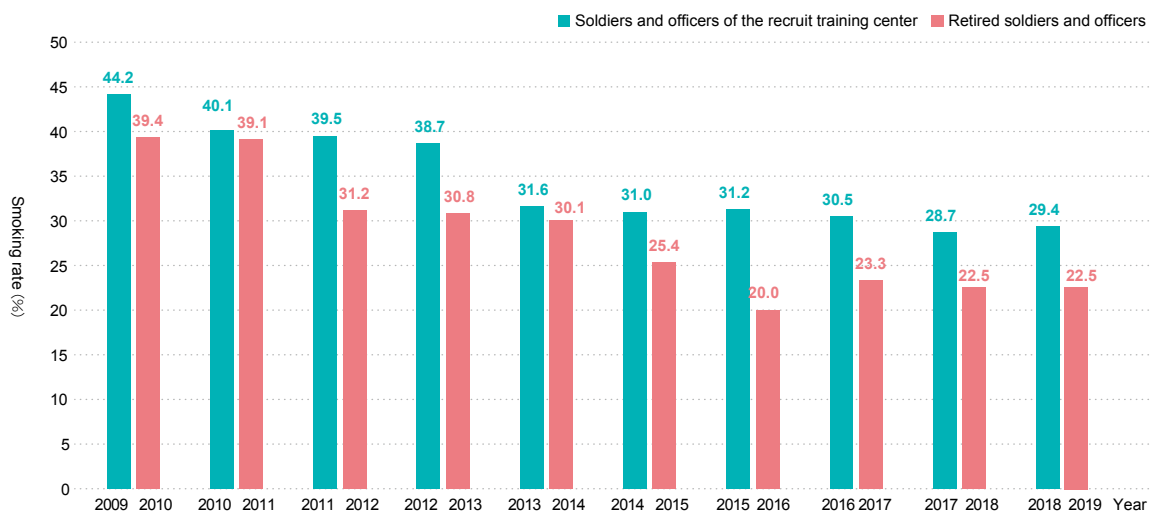


Smoke-free Military

Worked with the Ministry of National Defense (MND) to implement the National Military Tobacco and Betel Nut Control Program with the goal of improving the living conditions and physical and mental health of servicemen. The program targets volunteers, draftees and military academy students, and also actively counsels high ranking officers to quit smoking so they may lead by example. In addition, effectiveness is evaluated via a monitoring and research program, which can be used as a reference for future policies and planning.

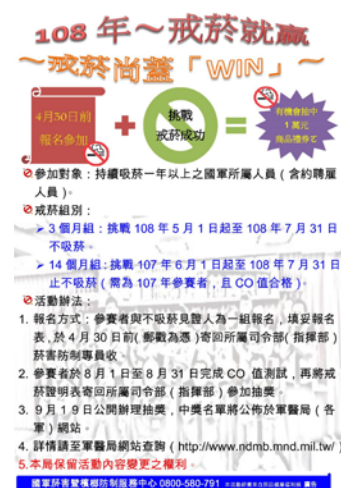
	Policies and environment	<ul style="list-style-type: none"> • Designated smoking areas have been reduced year by year, and a strict smoking ban enforced in flammable and explosive areas. • Encouraged military affiliated hospitals to participate in Health Promoting Hospitals accreditation. 13 hospitals were certified in 2019.
	Health education and promotion	<ul style="list-style-type: none"> • Organized the Quit & Win Contest: 2,612 servicemen participated and 1,096 succeeded within the challenge time period, a success rate of 42% • Released competition news on website. Weekly announcements of successful participants and success rates of each department to create a competitive effect.
	Cessation and services	<ul style="list-style-type: none"> • A network of smoking cessation counselors was trained by military affiliated hospitals and military doctors. The counseling style was adjusted to respond to different realities of smoking cessation. 8 courses were conducted and 440 counselors were trained.
	Monitoring and research	<ul style="list-style-type: none"> • In 2007 it has begun on a new survey platform to study smoking behaviors among students of military academies and recruit training center, aimed at conducting research on smoking behaviors of draftees and volunteers. Draftees and military academy students are surveyed using the "Military Servicemen Health Questionnaire", while volunteers fill out the "Health Behavior" online questionnaire on the National Military Personnel Health Information Management System.

Fig. 1-1 Smoking rate of soldiers and officers





Armed forces Quit and Win lucky draw ceremony

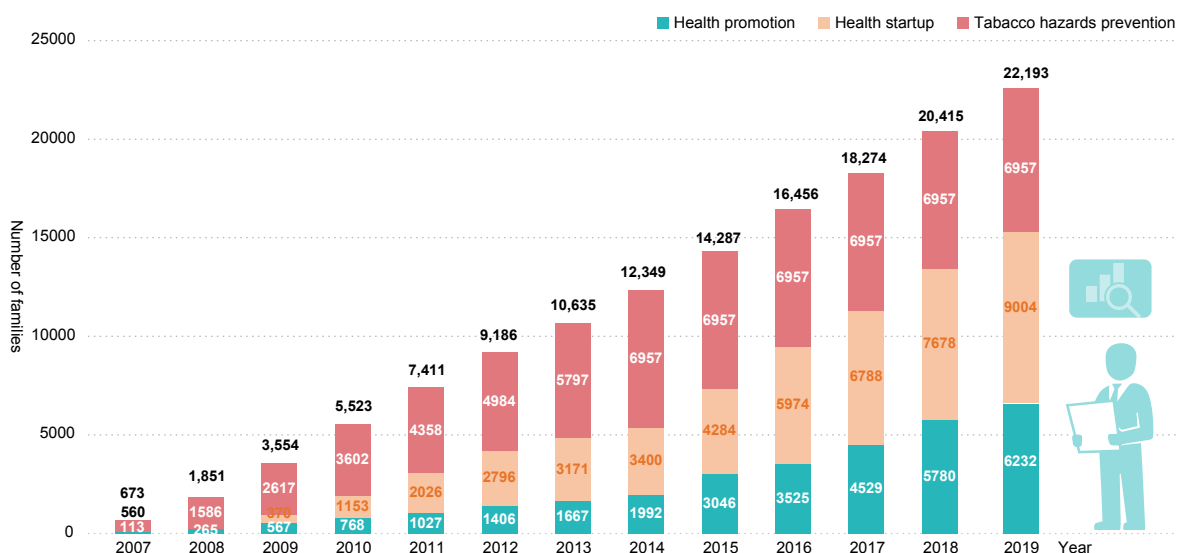


Military "Quit & Win" poster

Smoke-free Workplaces

In 2003, three workplace health promotion and tobacco control counseling centers were established in northern, central, and southern Taiwan, for providing counseling and educational training and establishing a workplace tobacco control and occupational healthcare service network. 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. 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.

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





A nationwide survey on healthy workplaces and work environments was conducted in 2019 for full-time employees aged 15 and above in Taiwan to gain a better understanding of the results of tobacco-free workplace promotion. 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 hazards of second-hand smoke.

Fig. 1-3 Trends in workplace smoke prohibition policies over the years

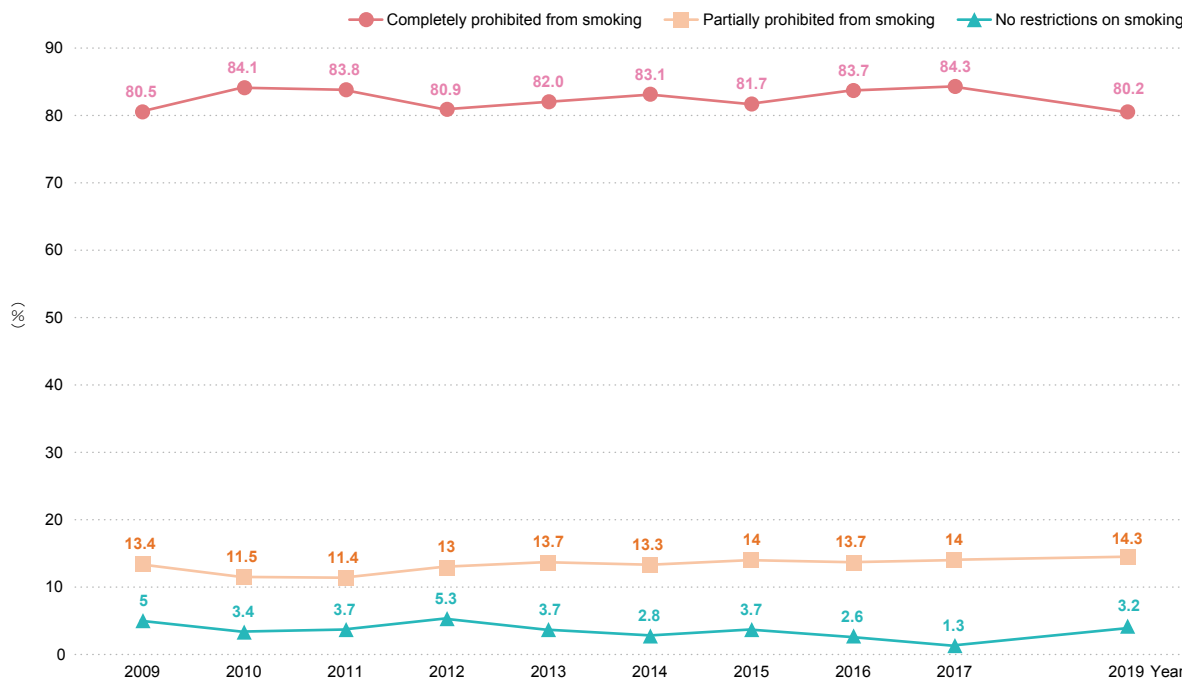
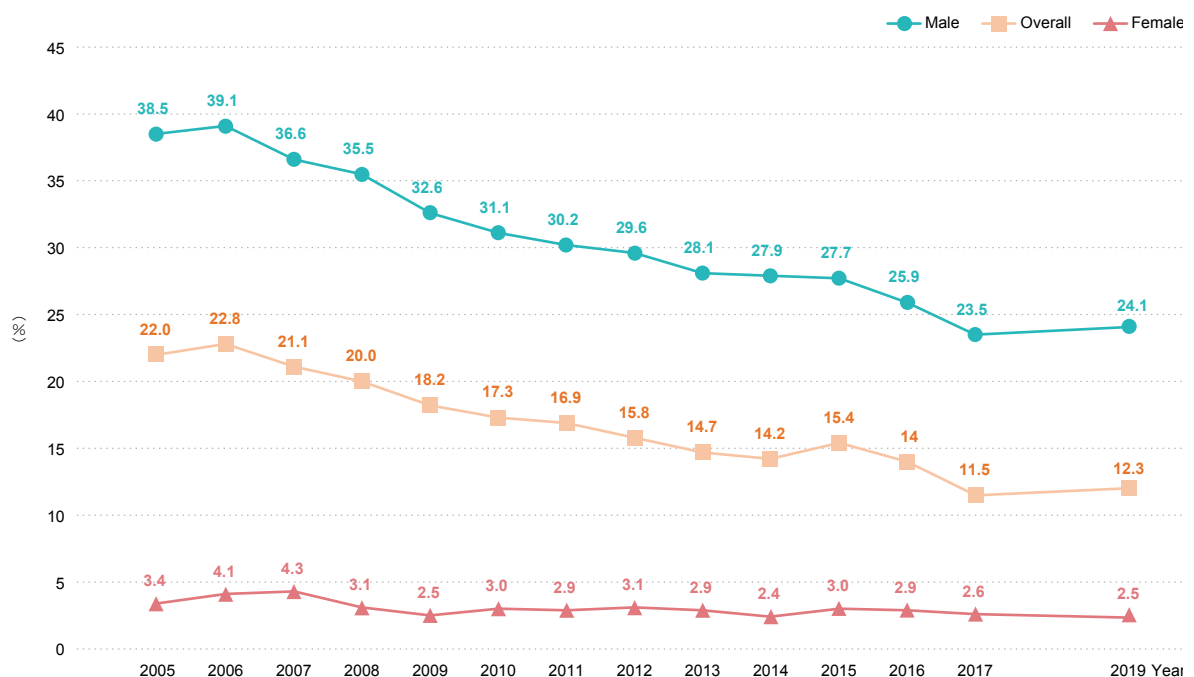


Fig. 1-4 Trends in workplace smoking rates over the years

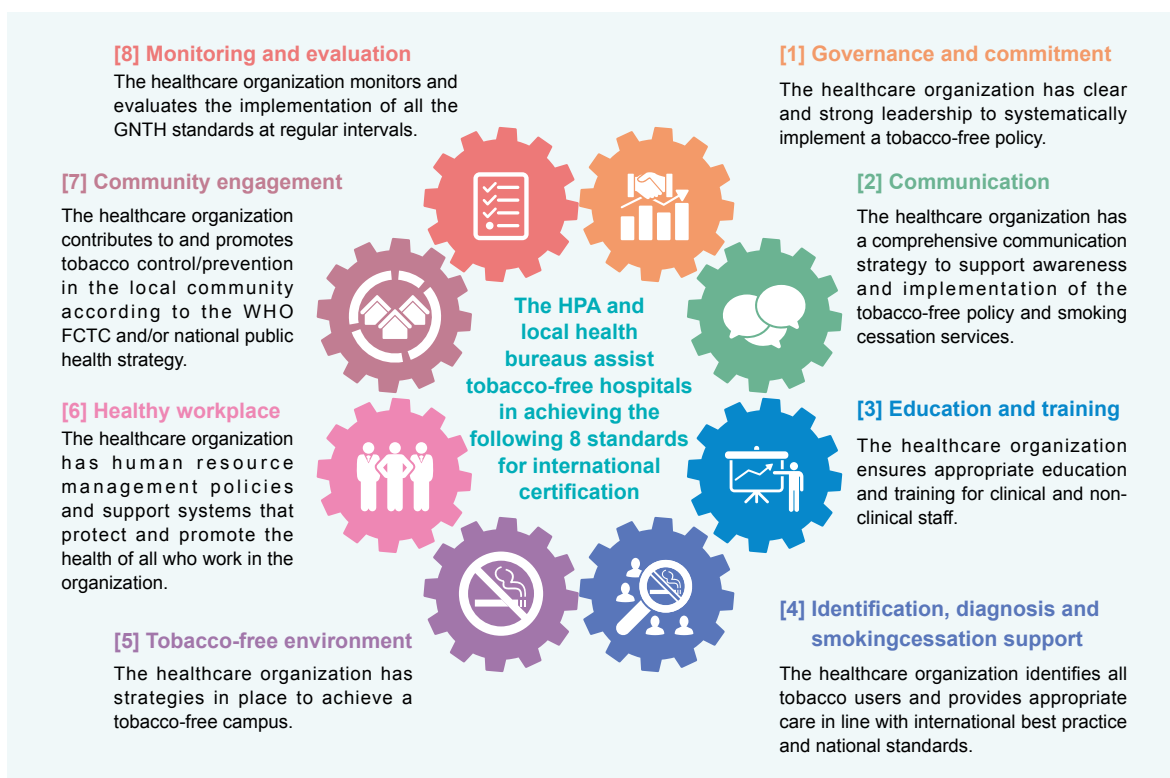


Tobacco-free Hospitals

19 countries 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 on and support for 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 2018, 213 hospitals have joined the Network.

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 of the GNTH, it ensures comprehensive improvements to tobacco controls, helps hospitals establish self-monitoring systems of nonsmoking 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 carbon reduction. By 2019, a total of 202 organizations had passed this certification by environmental, employee, and patient health and develop a healthy hospital certification mechanism for Taiwan.





GNTH Gold Forum Awards for Tobacco-free Healthcare Services

The Global Network for Tobacco-free Healthcare Services (GNTH) has been running the International Gold Forum Certification since 2009. Taiwan has been putting its hospitals forward for the certification since 2012, and as of 2019, 22 Taiwanese hospitals had earned Gold Forum distinction, making Taiwan global number one in number of certified hospitals.



2019 Gold Forum Awards for Tobacco-free Healthcare Services in Warsaw, Poland

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, 2013. 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. Ninety percent of hospitals in Taiwan provide smoking cessation services. The data of smoking cessation services shown: in 2019, the cessation service volume of the tobacco-free or healthy hospitals is 19 times greater than the other hospitals. Almost 42.6 times more hospitalized patients in tobacco-free (or healthy) hospitals receive smoking cessation services than that in the other hospitals. Successful cases of smoking cessation in tobacco-free (or healthy) hospitals are 20 times than those in the other hospitals. (Fig.1-5) Average expenses for successful smoking cessation in tobacco-free (or healthy) hospitals are significantly lower (NTD 8,197) than that in the other hospitals (NTD 14,246). (Fig. 1-6) 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 2019

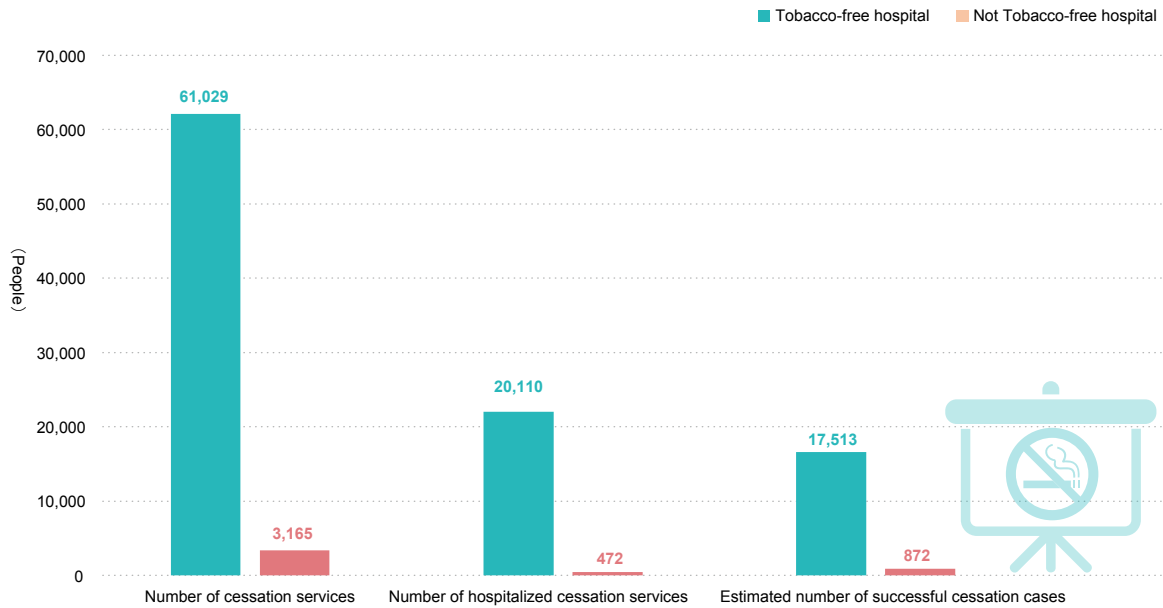
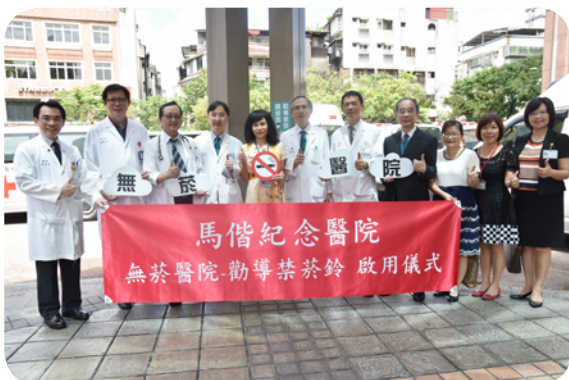
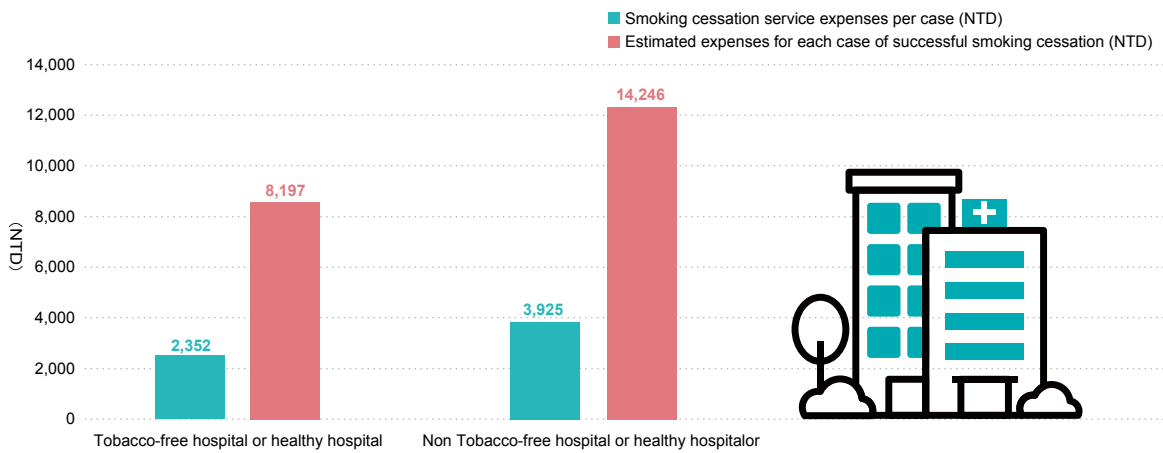


Fig. 1-6 Assessment of expenses for smoking cessation services in 2019



Launch of MacKay Memorial Hospital smoking cessation persuasion bell



Smoking cessation advocacy by Yunlin Christian Hospital



Smoke-free Parks and Green Lawns

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 secondhand smoke. The "Monthly Statistics for the Number of Visitors of Major Recreational and Tourist Destinations in Taiwan" 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 1st, 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. Up to 96% of the public respondents supported the establishment of no-smoking areas and segregated smoking areas as the measure allowed people respect. As of December 31st, 2019, a total of 42,833 checks were carried out by various counties and cities. A total of 2,000 fines were levied which amounted to NTD 3,930,000. 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.


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. 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. The "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 nonsmoking zones. Violators may be subject to a fine of more than NTD 2,000 but less than NTD 10,000.

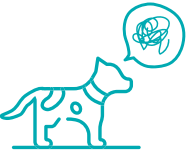
At present, the areas designated as national parks, national nature parks, scenic spots and forest recreation areas in Taiwan are as follows:


Smoke-free Homes


The "smoke" produced by burning cigarettes addicts actually releases hazardous substances into the air, with nicotine attaching itself to furniture, walls and carpets, and producing carcinogenic N-nitrosamines under chemical reactions with the ozone and nitrous acid in the air. Smoke will also attach to the skin and hair, which is known as "third hand smoke".

Second and third-hand smoke consist of tobacco residue which could also increase the risk of cancer in pets.

- 

● If pets come into contact with third-hand smoke through licking or biting, it can cause harm to the mouth, tongue, nose and respiratory system.
- 

● In dogs with respiratory problems, breathing smoke can make the problem worse.
- 

● The risk of atopic dermatitis in dogs exposed to environments with high levels of second and third-hand smoke (more than a pack a day per 50m²) is more than four times higher than in smoke-free homes.
- 

● Cats consuming third-hand smoke attached to their fur through grooming increases the risk of oral cancer and lymphoid cancer by more than 2-3 times. Even if treated, most cats will not live more than a year after contracting these illnesses.



Far away from third hand smoke: Dad's Mistress

Quit Smoking to Create a Smoke Free Home

After knowing the harm of cigarette smoking to pets, most people may think that using e-cigarettes and other products are relatively safe. In fact, this is not the case, as most e-cigarettes contain concentrations of nicotine or other toxic chemicals such as HCHO (Formaldehyde) that over dose, and the wave of e-cigarettes may bring new risks for pets.



Pets may consume high concentrations of nicotine by biting through e-cigarettes. A lethal dose of nicotine to cats or dogs is only 20-100mg, and 1ml of most e-liquids contains 3-24mg. There is no antidote to nicotine poisoning.



Since pets cannot choose their owner and their living environment, the HPA encourages smoke addicts to make good use of the free tobacco quit line or contact the smoking cessation services of the local health departments and medical institutions (hospitals, clinics or pharmacies) to quit smoking in order to not only care for their pets and their families, but also get back their own health.



World No Tobacco Day

In the past 20 years, chronic obstructive pulmonary disease (COPD) and lung cancer have quietly risen from the 11th and 17th leading causes of death to 7th and 12th. Moreover, it is estimated that they will rank 4th and 9th by 2040, becoming two of the top 10 leading causes of death. In view of the negative impact of tobacco on lung health, the theme for World No Tobacco Day on May 31st, 2019 is designated as "Tobacco Products and Cardiovascular Disease" by the World Health Organization (WHO), in the hopes of improving public awareness on the effects of cigarette smoking on cardiovascular health, and calling upon the governments to actively reduce tobacco consumption, protect people from tobacco hazards and improve lung health.

The average person's career spans 40 years, with at least 8 hours a day spent at their place of work. Spending every day in a smoke-filled environment will cause significant damage to lung health; smoking in the workplace not only harms your lung health, second and third-hand smoke can also harm your colleagues or family, so the HPA shot a promotional video urging smokers to quit smoking immediately.



World No Tobacco Day 2019 "Don't let tobacco take your breath away!"



Quit smoking advocacy film

Pictorial Health Warnings on Cigarette 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 warnings for cigarette packages and advertisements. These warnings shall cover at least 30% of the container area (50% is the recommended). As of 2019, 174 countries had stipulated that cigarette boxes must include photo-realistic color images accompanied by text statements, and 119 countries required the warning area to be greater than 50%.

The Tobacco Hazards Prevention Act promulgated in Taiwan in 1997 only required tobacco product containers to display health warning texts, which failed to achieve the desired warning effects upon smokers. In 2007, the MOHW successfully amended the Tobacco Hazards Prevention Act, stipulating in Article 6 that as of January 11, 2009 and The 1st edition of tobacco warning images and texts was officially implemented.

In September 2002, the EU began publishing tobacco product warning images and texts for the use of all member countries. In May of 2011, during the World Health Assembly and EU representative discussions, former Minister Wen-Ta Chiu liaised with the Directorate-General for Health and Consumers (known as DG SANCO), and in September of same year, the EU agreed to license Taiwan to use the tobacco product health warning images. On May 24, 2012, the "License Agreement" were signed by both parties, making Taiwan the 10th country to sign 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.

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 1st, 2014.

According to a WHO report, warning images on tobacco containers is a low-cost and high-efficiency method of health promotion. Smokers who smoke a pack a day will see the image 20 times a day, which means directly viewing an image warning around 7,300 warnings a year. The WHO also pointed out that if the warning images and texts are to be effective, they must often be replaced by different versions. The design principle "Showing the truth, saving lives" focuses on the hazards of smoking, directly presenting the fact that smoking is harmful to health, increasing warnings to smokers, and reducing the likelihood of children and adolescents smoking. The 3rd edition of the warning images and texts uses the above-mentioned design principles. After going



through focus group interviews, eye tracking experiments and questionnaires, 24 warning images were selected; 8 EU-authorized images and texts were also reviewed. After the expert consensus meeting "Updating warning images on tobacco containers", the 3rd edition of health warnings with 8 images and texts were officially implemented on July 1, 2020.

The 1st edition of tobacco warning images and texts was introduced on January 11, 2009

2009



35% of the surface area of the pack, aside from the required warning language, must show warning pictures and information on quitting smoking.

The 2nd edition of tobacco warning images and texts was introduced on June 1, 2014

2014



In view of the fact that smokers tend to turn a blind eye once they are familiar with the health warning signs of tobacco products, the second edition was produced.

The third edition of warning images and texts will be officially implemented on July 1, 2020

2020



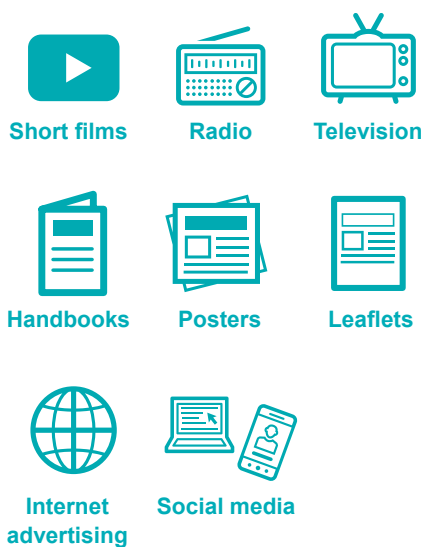
Taking "showing the truth, saving lives" as the key concept, the images use the harms of smoking as the main appeal (7 images) and demand for social support (1 case) as the secondary appeal.

For penalizing violations of the new provisions of the Tobacco Hazards Prevention Act, a total of 148,539 inspections of tobacco product containers were jointly conducted with local health bureaus in 2019. Local health bureaus also carried out a total of 146,126 joint-audits of signs and displays placed at locations selling tobacco products. A total of 18 citations were issued with a total of fine amounting to NTD 305,000.

Promotion and Training

Promotion and Effectiveness of Tobacco Control Advocacy

In 2019, media advocacy on tobacco control was centered around the dangers of tobacco products and e-cigarettes, smoking cessation services, and COPD prevention. 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.



Promotional materials targeted at blue-collar workers



Promotional materials targeted at rural population



Press conference for "All Together to End COPD"



Stay Out of the Vape – campus graphic design competition

The theme of the first campus graphic design competition, held in cooperation with the MOE, was establishing the dangers of e-cigarette use. Students from junior high school up to post-graduate level were invited to participate, and 32 winners were selected from a total of 964 entries. By referring to the HPA materials, students who actively participated in the campaign had a better understanding of the emergent issues regarding tobacco. Winning entries can be downloaded from the HPA's Health 99 website.



"Stay Out of the Vape" first prize for 4-cell manga



"Stay Out of the Vape" first prize for poster



"Stay Out of the Vape" campus graphic design competition

Tobacco hazards prevention books for children

For the concept of resisting smoking to take root in children from a young age, in 2019 the HPA revised the tobacco hazards prevention children's booklet "Smoke-free Home – 3D Play Book". The book integrates tobacco hazard reduction into preschool resources, and teachers are encouraged to use the book as appropriate for the child in question. A total of 40,000 copies were printed in 2019, and delivered to 6,727 kindergartens and 22 local health bureaus nationwide, helping local promotion of smoke-free homes and safeguarding children from the dangers of tobacco.



Children's tobacco hazard prevention booklet "Smoke-free Home – 3D Game Book"

Tobacco Control Advocacy at the Local Level

In order to increase public support and awareness of tobacco control, and continue to comply with the provisions of the "Tobacco Hazards Prevention Act", all local health bureaus should form interdepartmental working groups to fit the local situation. For example, educational, medical and community resources conduct varied tobacco control-related educational talks and activities (6,102 events in 2019). In addition to issuing timely press releases on tobacco control in response to key publicity topics in different periods, health bureaus also integrated multiple mass communication and media channels, such as television, radio, publicity vehicles, outdoor billboards and LED TV walls on major roads. This increased visibility strengthens public education on tobacco control, publicizes the importance of tobacco control and supports the creation of a clean, smoke-free environment.



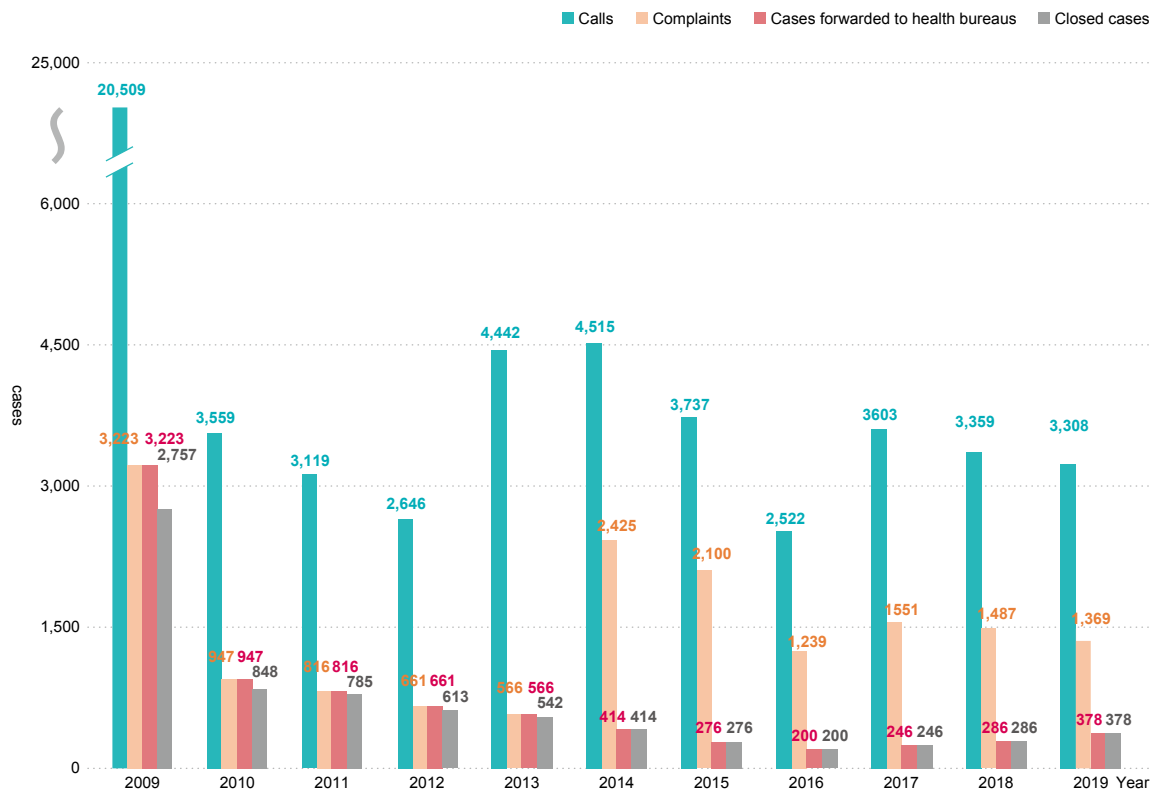


Tobacco Hazards Complaints Hotline

The public are becoming more and more aware of the hazards of second-hand smoke, and were thus more eager to defend their rights and interests. As a result, the HPA established the Tobacco Hazards Complaints Hotline in 2003, providing the public with a channel for complaint.

New provisions of the Tobacco Hazards Prevention Act were enacted on January 11, 2009. The HPA expected a large volume of calls and consultation regarding the new provisions and thus greatly expanded service capacities for the 0800- 531-531 Tobacco Hazards Complaints Hotline to ensure that all complaints about second-hand smoke could be responded to and handled promptly. Any valid cases of public complaint were forwarded to local health bureaus for subsequent inspection and action. Since 2009, the 0800-531-531 Complaints Hotline has received a total of 55,359 calls and a total of 16,384 complaints (Fig. 1-7).

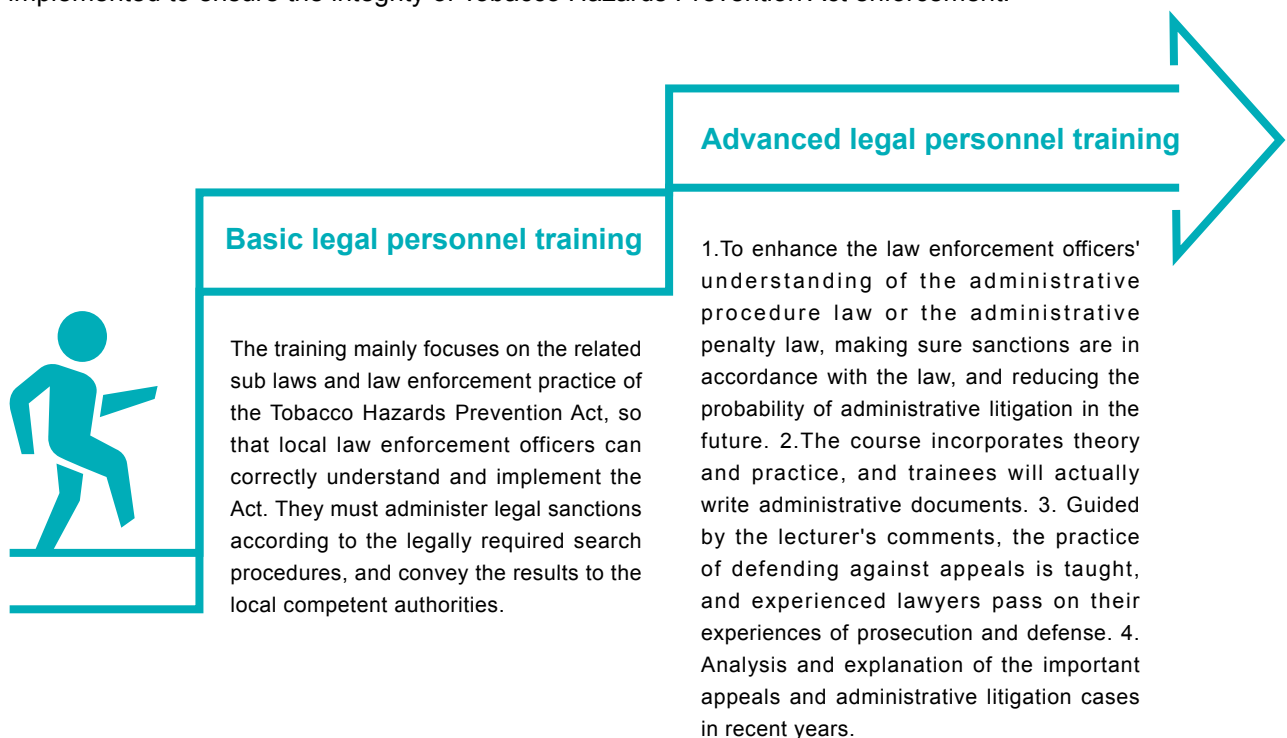
Fig. 1-7 Statistics on tobacco hazards complaints hotline (transfer to health bureaus)



According to the statistics for 2019, the number of complaint calls accounted for 41.3% of the total calls, the highest of all categories. There were 1044 calls for consultation, accounting for 31.5% of the total calls, of which 1002 (about 30%) inquired about the regulations on non-smoking areas.

Training for Enforcement Personnel for the Tobacco Hazards Prevention Act

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.

In 2019, a total of four "Basic Enforcement Personnel Training Program" courses and one "Advanced Enforcement Personnel Training" course were held, with 208 and 50 attendants respectively. Results of the training assessments indicated that most trainees 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 subsidy to local governments for establishing assessment items on their tobacco control programs and providing guidelines on assessment measures to local health bureaus. 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 achievement measured and additional points would be provided to reward and encourage special achievements or overcoming of difficult situations.



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 strengthen 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 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 for local governments, thereby strengthening the consensus between the central and local governments in driving the program.

In 2019, "The Tobacco Control Exchange Workshop among Cities and Counties" was conducted in central and northern Taiwan respectively, with a total of 175 participants. In addition to the exhibitions on the prevention of the hazards of tobacco in cities and counties. 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.

	Location 1 (central Taiwan)	Location 2 (north Taiwan)
Courses	<ul style="list-style-type: none"> • Description of key matters of tobacco hazards prevention in 2019 • Health hazards and challenges of emerging tobacco products • Selection and application of health friendly materials • Nudge design and development of smoke-free environment • Combining local resources to create a smoke-free environment • "Escape from Secret room" for tobacco hazards teaching materials • Teaching materials for barrier-free tobacco hazards prevention 	<ul style="list-style-type: none"> • Statutory interpretation of the Tobacco Hazards Prevention Act • Medical personnel service management system operates learning and required visits • Case investigation of cross regional inspection • Implementation and challenges of the store front smoking ban • Smoking ban sticker design competition • Board game for tobacco control • Cross-strait concert sharing for smoke-free workplaces



In July 2019, the Tobacco Control Exchange Workshop among County and City was hold sharing implementation and examination of counties through group interactive programs



Smoking Cessation Services

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 2019. 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 staffs 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. Other than physicians, 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 has 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. 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.



about **4,000** medical institutions



4,916 people attended
405 classes



service **20,748** people



6,102 session



42.79%



3,132 people

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.

**2002****● Tobacco Health and Welfare Surcharge subsidy in 2002**

- To provide nicotine addicts over 18 years old (with a score of more than 4 points on the new Fagerström scale or average daily consumption of ≥ 10 cigarettes) with 2 courses of treatment per year, a maximum of 8 weeks of drug treatment and short consultation services, as well as subsidies for the expenses of smoking cessation drugs and physician treatment services. However, at that time, a subsidy of only NT \$250 per week was provided for smoking cessation drugs, and smokers might still had to pay NT \$550-1250 a week out of pocket, a cost which could not have been borne by lower income groups.

**2012
MAR****● March 2012 second-generation smoking cessation treatment pilot program**

- The payment of tobacco health and welfare surcharge contributions includes the service fee for smoking cessation treatment, case tracking fee, health education and case management fee. The drug fee is only charged at a maximum of NT\$200 which can be reduced by a further 20% in areas designated by the National Health Insurance Administration (NHI) to be lacking in medical treatment resources, while low-income households, mountainous areas and outlying island areas are partially exempted. Smoking cessation services were also extended to include inpatients and emergency patients as well as outpatients.

**2012
SEP****● September 2012 community pharmacy drug distribution and smoking cessation management service**

- Through the convenience of the community pharmacy, the professionalism of pharmacists and the flexibility of service times, smokers are provided with customized consultation and support to help people close by in the community to quit smoking. Health professionals can provide an individual case management service and conduct one-to-one smoking cessation education. Through integration of resources in the jurisdiction, they can provide guidance, consultation and education services on smoking cessation in the workplace, schools and other areas.

**2014
MAY . 1****● On May 1, 2014, dentists and pharmacists joined the fight**

- As soon as dentists discover oral damage due to smoking, they can give smoking cessation treatment or health education.

**2015
NOV . 1**

- Indigenous Taiwanese who receive smoking cessation services in non-mountainous regions and outlying islands are exempted from medication fees.

**2019
AUG**

- When activating offered smoking cessation services, users can simply log in and upload the information on the health insurance card.

**2019
OCT**

- Implemented a more reasonable number of services to improve the quality of smoking cessation service.

By the end of 2019, there were 3826 contracted medical institutions providing smoking cessation services in Taiwan, with 12,412 contract medical staff (including 5,695 doctors, 863 dentists, 1,587 pharmacists and 3,406 health teachers). The coverage rate was 99.4% in villages and towns, and 100% when including mobile medical services.

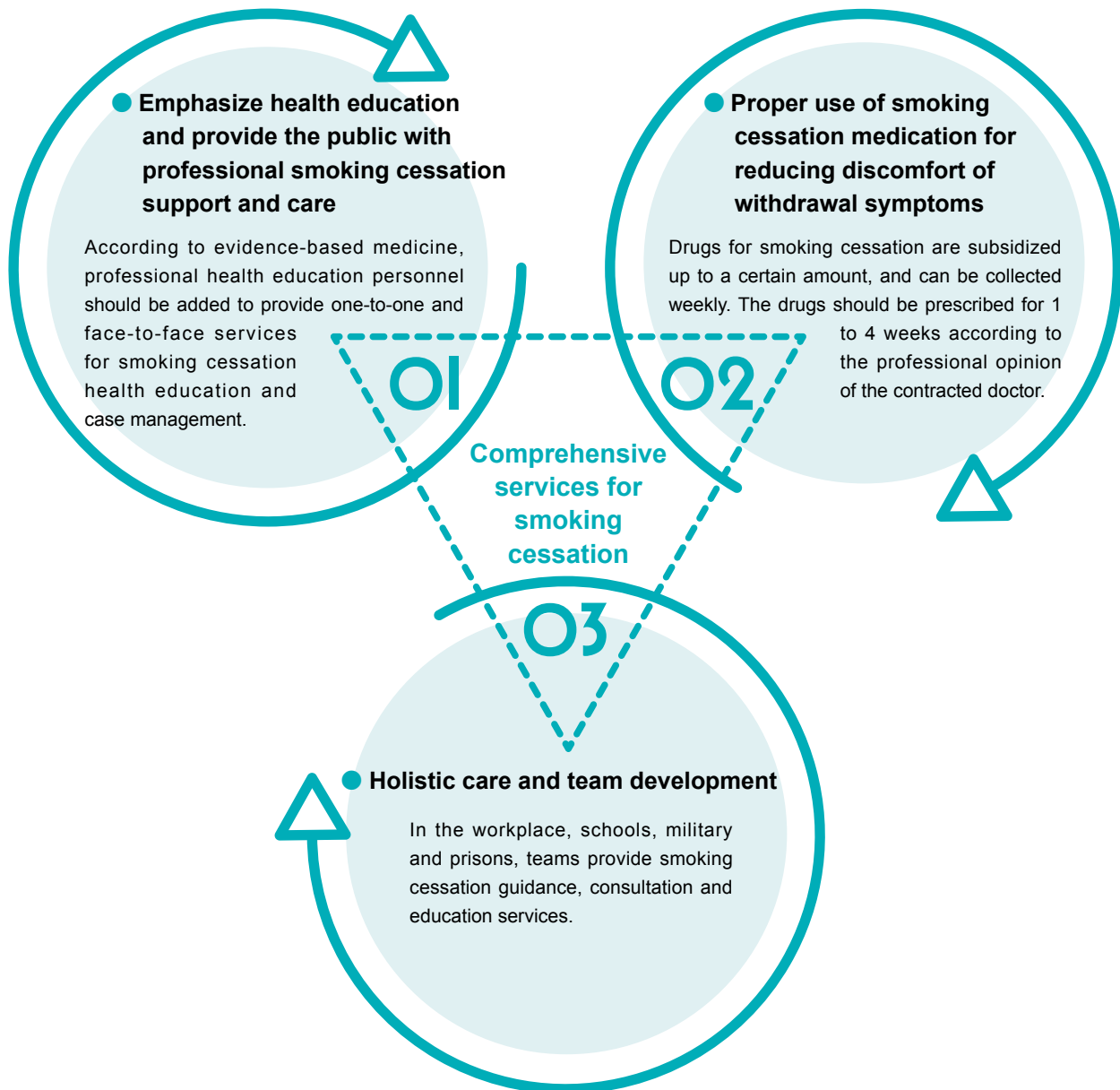
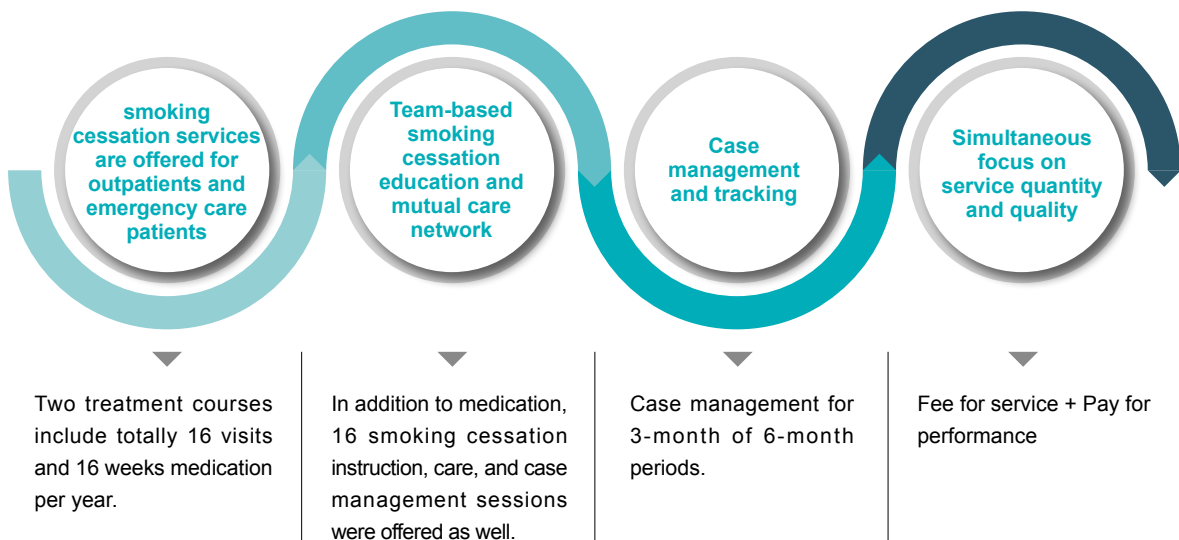




Table 1-1 History and timeline of smoking cessation therapy

Item	2002	2003-2004	2005	2006	2012.3	2012.9	2014.5	2015.11
Physician	Family / internal medicine	Family / Internal medicine psychiatry	Specialists			Specialists Pharmacists Cessation Instructors	Specialists Dentists Pharmacists/ Pharmacists assistants 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 /pharmacy		
Diagnostic fee subsidy	NT\$250 / session		NT\$350 / session	NT\$250 / session				
Medication fee subsidy	NT\$250 / week		NT\$400 / week	NT\$250 / week	Refer to official notice for amount of subsidy provided partial subsidy in accordance to general National Health Insurance medication co-payment (additional 20% subsidy for residents in areas with deficient medical resources; co-payment exemptions 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 co-payment (additional 20% subsidy for residents in areas with deficient medical resources; co-payment exemptions 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 payment scheme



Fee for service

Newly added "Smoking Cessation Service Quality Improvement Measures" that could be applied for by all contracted medical institutions. Approved applications would increase the case number of smoking cessation services: 3000 visits per medical center, 1500 visits per regional hospital, 750 visits per local hospital, 420 visits per clinic, 420 visits per public health center, 420 visits per dentistry clinic, 420 visits per community pharmacy (treatment and health education calculated separately). If a medical institution has to exceed the limit for its level, a project application can be made.

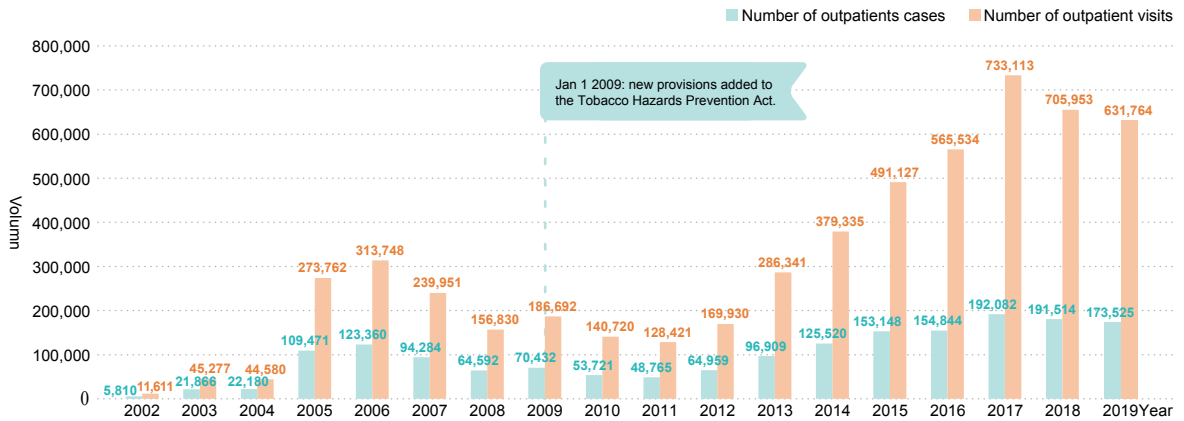
Pay for performance

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 and 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 also increased. By 2017, the total number of contracted medical institutions offering smoking cessation therapy was 4,200, 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 had reached 1,061,945 (excluding returning cases) by November 2018 (Fig. 1-8).



Fig. 1-8 Trends in smoking cessation service volume



Note: The number of people and samples does not equal the total as repetitions were deducted.

Physicians, pharmacists, and health instructors must undergo training for smoking cessation therapy courses, and receive official certification before being able to sign a 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 evaluation, 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 2003 to July 2019, success rates after going through smoking cessation therapy (Fig. 1-9) showed that among medical institutions of every level, medical centers achieved the highest success rate at 34%, while basic clinics had the highest number of successful cases due to their prevalence, convenience, and larger number of cases treated (Table 1-2).

Fig. 1-9 Success rates of smoking cessation services

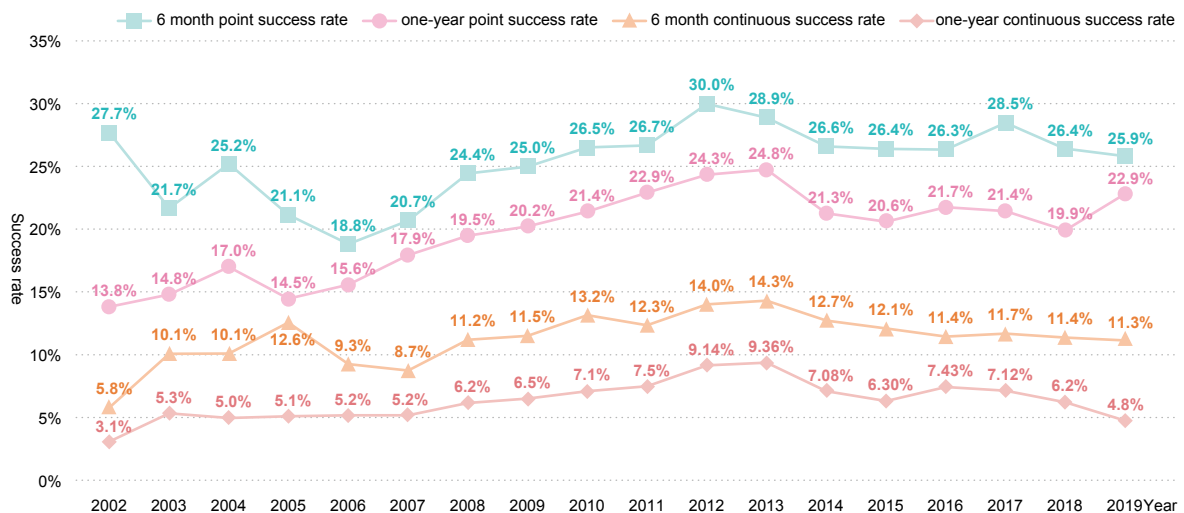


Table 1-2 Effectiveness of cessation services conducted by healthcare institutions of different levels in 2019

Level	Patients	Courses carried out	6-month point success rate	Estimated number of smokers who successfully quit
Medical centers	17,998	49,350	34.00%	6,119
Regional hospitals	31,166	93,813	29.24%	9,113
Community hospitals	18,343	59,338	23.96%	4,395
Clinics	46,016	147,414	25.99%	11,959
Public health center	27,628	64,794	20.46%	5,653
Dental clinics	10,713	24,281	15.30%	1,640
Community pharmacies	26,786	192,774	27.15%	7,272
Total	178,650	631,764	25.89%	46,255

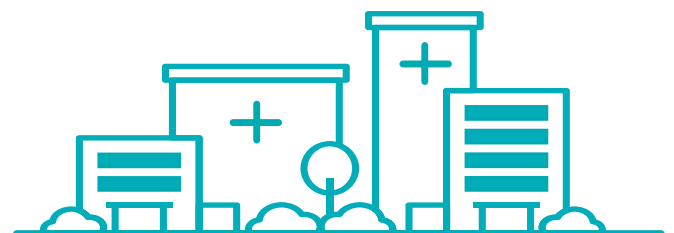
Note: The number of people and samples does not equal the total as repetitions will be deducted.

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 29th November 2019, outstanding healthcare institutions (Table 1-3) in "Quality Improvement Measures for Smoking Cessation Services" were publicly announced, and outstanding healthcare institutions were invited to share experience and achievements in the handling of the second generation smoking cessation services. With such learning and experience sharing platform, communication among healthcare institutions can be enhanced. With the communication and discussion this time, it is hoped to guide the healthcare institutions to properly utilize the MPOWER strategy and diverse smoking cessation services in order to assist smokers in smoking cessation and to be away from the tobacco hazards as well as to achieve the goal of reduction the smoking rate by 30% before 2025 outlined by the WHO.



Table 1-3 Exemplary medical institutions commended in the 2019 "Quality Improvement Measures for Smoking Cessation Services"

Level	Name	Level	Name
Medical Center	National Cheng Kung University Hospital	Regional Hospital	Dali Jen-ai Hospital
	Taichung Veterans General Hospital		Madou Sin-Lau Hospital, the Presbyterian Church in Taiwan
	National Taiwan University Hospital		Taoyuan Armed Forces Hospital
	Kaohsiung Medical University Chung-Ho Memorial Hospital		Cheng Hsin General Hospital
	Cathay General Hospital	District Hospital	National Taiwan University Hospital Zhudong Branch
	Kaohsiung Veterans General Hospital		Taipei Municipal Gan-Dau Hospital (Managed by Taipei Veterans General Hospital)
	Chi Mei Medical Center		Ministry of Health and Welfare Nantou Hospital
	Chung Shan Medical University Hospital		Asia University Hospital
	Changhua Christian Hospital		Ching Chyuan Hospital
Regional Hospital	Cathay General Hospital Sijhih Branch		Da Chien General Hospital
	Mennonite Christian Hospital		Yuanlin Christian Hospital
	Taiwan Adventist Hospital		Ten-Chen Hospital
	MOHW Pingtung Hospital		Yunlin Christian Hospital
	Taipei City Hospital Zhongxiao Branch		Jiannren Hospital
	St. Martin De Porres Hospital	Lukang Christian Hospital	
	National Taiwan University Hospital Yunlin Branch	Taipei City Hospital Yangming Branch	
	Taipei Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation	Public Health Center	Anle District Public Health Center, Keelung City
	Taipei Medical University-Shuang Ho Hospital, Ministry of Health and Welfare		Sanchong District Public Health Center, New Taipei City
	Saint Paul's Hospital		Luzhou District Public Health Center, New Taipei City
	Keelung Chang Gung Memorial Hospital		Luodong District Public Health Center, Yilan County
	Taichung Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation		Yilan City Public Health Center, Yilan County
	Min-Sheng General Hospital	Clinic	Lin Hei Chao Clinic
	Chang Bing Show Chwan Memorial Hospital		Rui Long Clinic
	Feng-Yuan Hospital, Ministry of Health And Welfare		Chang Tsan Hsiung Clinic
	Taichung Hospital Ministry Of Health And Welfare		Jih An Clinic
	Taipei City Hospital Renai Branch		Liu Chao Hsien Psychiatric Clinic
	Taipei Medical University Hospital		Kuan Chiang Internal Medicine Clinic
	Ditmanson Medical Foundation Chia-Yi Christian Hospital		Ji Fung ENT Clinic
	New Taipei City Hospital	Pharmacy	Kuang Hua Pharmacy
	En Chu Kong Hospital		An Tai Pharmacy
	Dalin Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation		
	Show Chwan Memorial Hospital		
	Cheng Ching Hospital, Chung Kang Branch		
	Keelung Hospital, Ministry of Health and Welfare		
	Antai Medical Care Cooperation Antai Tian-Sheng Memorial Hospital		





2019 annual health promotion and care organization achievement presentation meeting publicly praised the excellent medical institutions for their improvement of smoking cessation service quality of 2018.

Training for Smoking Cessation Personnel

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. 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 NTD 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 NTD 840,000 to 1,260,000. On average one smoker who quits could save about NTD 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".

Training Program for Smoking Cessation Physicians

The HPA commissioned the Taiwan Association of Family Medicine in 2002 to organize and host the Smoking Cessation Physicians training program. The program included (1) editing standardized clinical smoking cessation materials; (2) training courses for 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.

The training course covers nicotine addiction and withdrawal syndromes, the hazards of smoking and benefits of quitting, clinical skills in the treatment of tobacco dependence, NRT or non-NRT treatment for smoking cessation, case discussion and strategies and practices for tobacco prevention and control. To increase convenience of attending the course, from 2019 HPA moved the course partly online. The physical courses have been greatly reduced to 2 hours, and they can



obtain credit certification after passing the examination. In 2019, 6 courses were conducted and 611 doctors were trained (table 1-4).

Table 1-4 Number of smoking cessation physicians trained throughout the year

Year	Physician	Year	Physician	Year	Physician
2002	2,187	2008	665	2014	836
2003	747	2009	715	2015	556
2004	509	2010	1,048	2016	370
2005	2,133	2011	516	2017	275
2006	711	2012	986	2018	474
2007	808	2013	538	2019	611
				Total	14,685

Note: Physicians repeated training were deducted from the table.

From 2002 to 2019, a total of 14,685 physicians were trained, accounting for 31% 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. In 2019, the HPA cooperated with Taiwan Society of Lipids and Atherosclerosis and Taiwan Stroke Society to arrange 4 sessions of smoking cessation physician training course.

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 2019, Dr. Xue Guangjie from the Center for the Treatment and Management of Smoking Cessation at Kaohsiung Veterans General Hospital and Dr. Kuo Fei-ran, Department of Family Medicine, National Taiwan University Hospital, were invited to jointly write the 15th issue of the smoking cessation communications teaching material: "Understanding E-cigarettes and Emerging Tobacco Products".

According to the teaching satisfaction survey, the overall test scores of students after the training course are higher than or equal to the pretest scores, with a course satisfaction of 90%.



Smoking cessation therapists in training class



Smoking cessation therapists in training class



Award ceremony of the smoking cessation therapists training competition



Award ceremony of the smoking cessation therapists training competition



Training of smoking cessation therapists jointly with the Taiwan Society of Lipids & Atherosclerosis

Training program for smoking cessation pharmacists

Around 8,000 community pharmacies are widely distributed across the country and these pharmacies have the advantages of being convenient, accessible, and 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.

To increase convenience for students, the HPA adjusted its curriculum in 2019 from full physical courses to combined online and physical courses. Course contents included counseling



services management, information about smoking cessation, and understanding the key points of smoking cessation services (Table 1-5).

Table 1-5 Training program for smoking cessation pharmacists

43 hours	Online courses	Physical courses
<p>Core course 17 hours (14 hours online + 3 hours physical)</p>	<ol style="list-style-type: none"> 1. Second-generation smoking cessation services and tobacco hazard prevention (including e-cigarettes and emerging tobacco products) [1 hour] 2. The hazards of tobacco products and the benefits of quitting smoking [1 hour] 3. Nicotine addiction and withdrawal symptoms [1 hour] 4. Drug treatment for smoking cessation [1 hour] 5. Empirical basis and guidance for smoking cessation intervention [1 hour] 6. Healthy living habits and smoking cessation (including exercise and weight control) [1 hour] 7. The role of smoking cessation instructor in case management [1 hour] 8. Instruction in carbon monoxide test operation [1 hour] 9. Changing behavior patterns and strategies for quitting smoking [1 hour] 10. How to motivate and assist the patient to quit smoking [1 hour] 11. Self-image, stress management and interpersonal relationships [1 hour] 12. Practical application of skills for successful course planning and teaching materials for smoking cessation classes [1 hour] 13. Smoking cessation counseling skills and case analysis [1 hour] 14. How to plan for smoking cessation and health education activities [1 hour] 	<p>Group practice: How to improve motivation to quit smoking and help the patient see the treatment through [3 hours]</p>
<p>Special courses 16 hours (8 hours online + 8 hours physical)</p>	<ol style="list-style-type: none"> 1. Treatment of withdrawal syndromes - the temptation and difficulty of quitting smoking [1 hour] 2. How adolescents quit smoking and how life skills can be used to quit smoking [1 hour] 3. Smokers' Helpline and telephone consultation skills [1 hour] 4. Evaluation and adjustment of anti-smoking drugs [1 hour] 5. Description of the "Medical Institutions Smoking Cessation Service Subsidy Program " [1 hour] 6. Planning, implementation and effectiveness evaluation of individual smoking cessation programs [1 hour] 7. Application of self-teaching materials for smoking cessation and standardized consultation process for community pharmacies [2 hours] 	<ol style="list-style-type: none"> 1. Group practice – case-by-case use of medication by medical instructors [3 hours] 2. Group practice – second-generation smoking cessation services in community pharmacies Experience sharing and simulation exercise of smoking cessation cases [2 hours] 3. Practical exercise - consultation skills for the Smokers' Helpline [3 hours]
<p>10 hours extracurricular practical training</p>	<ol style="list-style-type: none"> 1. Outpatient / pharmacy practice [3 hours of practice] 2. Smoking cessation class practice / simulated smoking cessation class workshop [4 hours of practice] 3. Case follow-up report (at least 2 patients, consulting each at least 3 times) [3 hours practice] 	

Self-Care Educational Materials and Smoking Cessation Counseling Skill Manuals have been designed for pharmacists and issued to advanced training course participants. Between 2012 and 2019, 3,057 pharmacists participated in advanced training courses on smoking cessation and 2,530 pharmacists have acquired advanced certificates (Acquisition rate of 82.7%) (Table 1-6). In conclusion, every trainee scored higher in the post-test than the pretest after training program, and more than 90% of the students were satisfied with the courses. In addition, manual and guidelines for smoking cessation consultation skills were 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.



Pharmacists attending a smoking cessation class



Pharmacists attending a smoking cessation class

Table 1-6 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	698	101				
2011	527	209				
2012	Organized by county/city health bureaus	644	359	37		
2013		544	368	44		
2014		Organized by county/city health bureaus	704	134		
2015			670	93		
2016			288			381
2017			282			720
2018			226			181
2019		160				
總計		1,225	1,498	3,057	308	1,282

* 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 2019, a total of 1,000 community pharmacies nationwide participate in this activity and have signed relevant contracts. 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. Which is excellent news for people in remote areas.

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 makes them extremely qualified candidates for smoking cessation instructors.

In 2014, local health bureaus were charged with providing basic- and intermediate-level training courses. In 2019 courses were adjusted to make them core courses and specialized courses and the Taiwan Association of Tobacco Control and Smoking Cessation Education commissioned to handle training including: (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.

To make class attendance more convenient for trainees, in 2019, the fully physical class taught curriculum was changed by the HPA to part physical classroom-taught and part online. The courses include tobacco hazards current situation, health harm, smoking cessation services, eliminating obstacles to smoking cessation, case assessment, formulating cessation plans and providing behavioral support. Physical class courses were reduced from 51 hours to 17 hours, retaining courses that require interaction with instructors; trainees could put theory into practice and understand to coordinate with various smoking cessation resources (table 1-7).

Table 1-7 Training program for smoking cessation instructors

43 hours	Online courses	Physical courses
<p>Core course 17 hours (online 14 hours + physical 3 hours)</p>	<ol style="list-style-type: none"> 1. Second-generation smoking cessation services and tobacco hazard prevention (including e-cigarettes and new tobacco products) [1 hour] 2. The hazard of tobacco products and the benefits of quitting smoking [1 hour] 3. Nicotine addiction and withdrawal symptoms [1 hour] 4. Drug treatment for smoking cessation [1 hour] 5. Evidence-based medicine and guidance for smoking cessation intervention [1 hour] 6. Healthy life-style and smoking cessation (including exercise and weight control) [1 hour] 7. The role of smoking cessation instructor in case management [1 hour] 8. Instruction in CO test operation [1 hour] 9. Behavior change and strategies for quitting smoking [1 hour] 10. How to motivate and assist the patient to quit smoking [1 hour] 11. Self-image, stress management and interpersonal relationships [1 hour] 12. Practical application of skills for creating successful course plans and teaching materials for smoking cessation classes [1 hour] 13. Smoking cessation counseling techniques and case analysis [1 hour] 14. How to plan for smoking cessation and health education activities [1 hour] 	<p>Group practice: How to improve the motivation to quit smoking and help patients to see the treatment through Practical work [3 hours]</p>
<p>Special courses 16 hours (5 hours online + 11 hours in- person)</p>	<ol style="list-style-type: none"> 1. Treatment of withdrawal syndrome - quit attempt and difficulty of quitting smoking [1 hour] 2. How adolescents quit smoking and how life skills can be used to quit smoking [1 hour] 3. Smokers' Helpline and telephone consultation skills [1 hour] 4. Smoking cessation in priority groups (such as pregnant women and female inpatients) [1 hour] 5. Description of the "Second-Generation Smoking Cessation Payment Scheme" [1 hour] 	<ol style="list-style-type: none"> 1. Group practice - the role of instructors in patients' use of anti-smoking medication - simulation exercise in smoking cessation consultation [2 hours] 2. Group work - how adolescents quit smoking and how life skills can be used to quit smoking [2 hours] 3. Group practice - common problems and difficulties in smoking cessation class [2 hours] 4. Group practice - how to promote tobacco hazards prevention - content, framework construction and troubleshooting (in hospitals, workplaces, communities and schools) [2 hours] 5. Practical exercise - consultation techniques for the Smokers' Helpline [3 hours]
<p>10 hours of extracurricular practical training</p>	<ol style="list-style-type: none"> 1. Outpatient service / pharmacy practice [3 hours of practice] 2. Smoking cessation class practice / simulated smoking cessation class workshop [4 hours of practice] 3. Case follow-up report (at least 2 patients, consulting each at least 3 times) [3 hours practice] 	



Trainee smoking cessation instructors in class



Trainee smoking cessation instructors in group discussion

In 2019, 9 sessions of specialized physical courses were held. A total of 343 trainees participated in the training (Table 1-8), 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.

Table 1-8 Number of smoking cessation instructors trained across the years

Year	2012	2013	2014	2015	2016	2017	2018	2019	Total
Total	289	416	2,164	1,334	677	454	481	343	6,158

Notes:

1. Nursing staff include senior and junior nurses.
2. Others include research assistants and administrative staff in hospitals as well as administrative and accounting staff in private enterprises.
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. Dentists 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. Research shows that the therapeutic effect of non-surgical periodontal treatment for smokers only reaches 50-75% of that for non-smokers. The therapeutic effect of surgical treatment for smokers only reaches 50-70% of that for non-smokers. Research reports also indicate that failure rates of dental implants are two times higher for smokers.

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 1st, 2014, the HPA has announced that dentists formally are part of the smoking cessation service team.

To make class attendance more convenient for trainees, in 2019, the fully physical class taught curriculum was changed by the HPA to part physical classroom-taught and part online. The training courses are planned as two levels: "smoking cessation treatment" and "smoking cessation health education". The smoking treatment course is a total of 9 hours, for which the physical classes have been greatly reduced to 3 hours; and the 16 hour smoking cessation health education course now has only 6 hours of physical classes. In 2019, a total of 6 smoking cessation treatment and 2 smoking cessation health education training sessions were provided. Of which, a total of 231 trainees completed training. Overall, more than 80% of the trainees were satisfied with the training courses. As of 2019, a total of 2,610 dentists have drug therapy qualifications and 958 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.

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.



Dentists take part in a specialized course as part of the Taipei Smoking Cessation Service Training Program

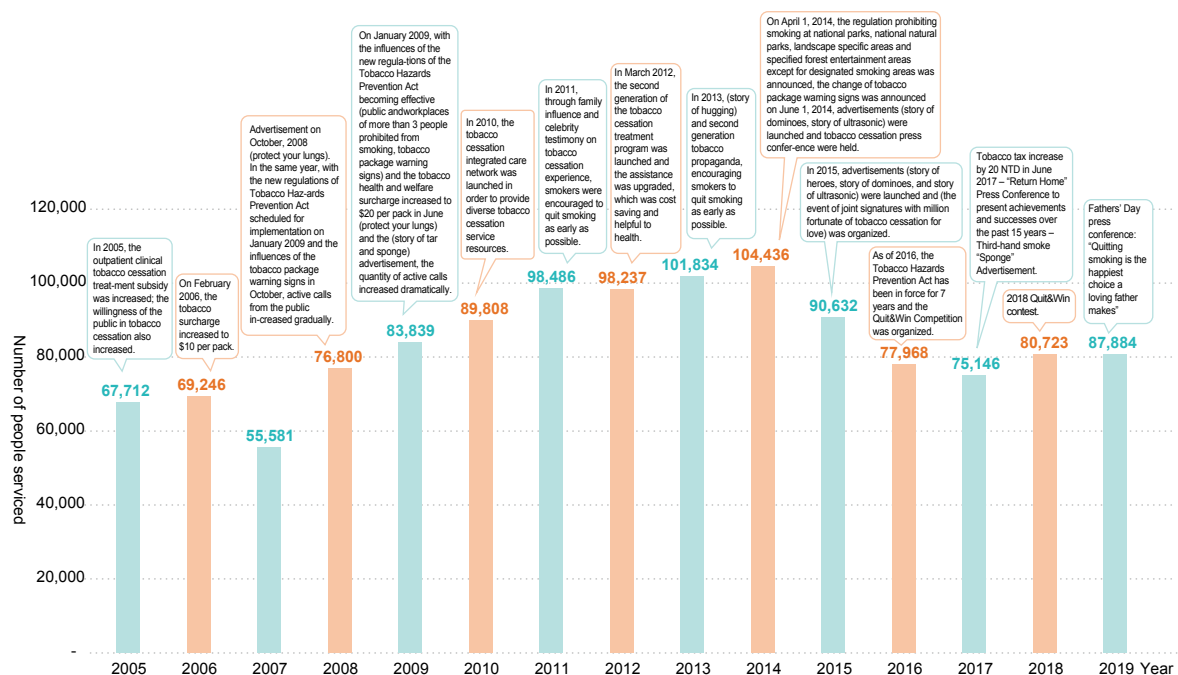


Smokers' Helpline

The government 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 (0800-636363).

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 who 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 2019, telephone helpline received 1,329,271 calls for a total of 363,942 individual 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 (Fig. 1-10).

Fig. 1-10 Taiwan Smokers' Helpline service volume over the years



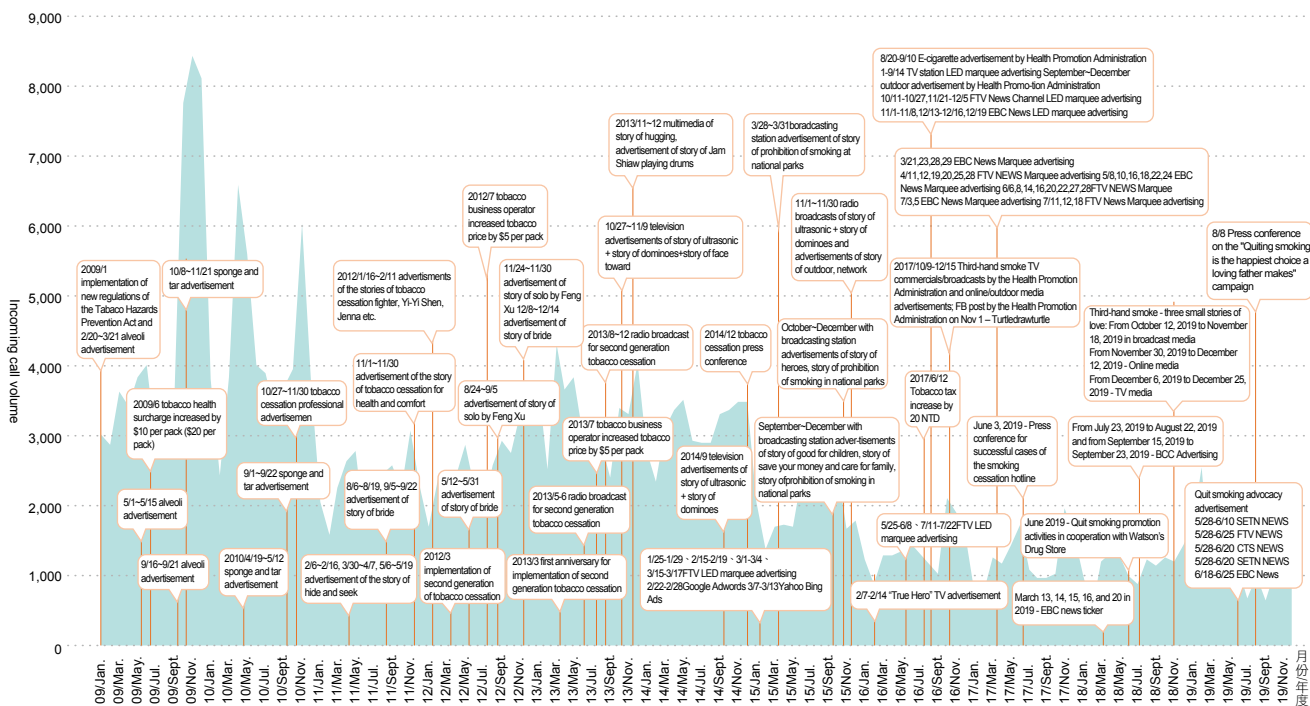
New provisions of the Tobacco Hazards Prevention Act were enacted on January 11st, 2009. In addition to improve promotion by local governments and medical institutions, media advertisements on tobacco harms (such as those depicting lung alveoli and tar), warning texts, and pictures on tobacco product 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 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.
- 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 (Fig. 1-11).
- In June 2018, smoking cessation promotion actively held with Watson's drug store. Research and clinical experiments show that only 3-5% of people can quit smoking by willpower alone. Professional help and the support of family and friends is the best way for smokers to face up to their addiction.
- In August 2019 "Quitting smoking is the happiest choice a loving father makes" press conference held on Father's Day and the "Quit smoking: the happiest choice" promotion film also released, sincerely asking every father to quit smoking for those they love.

Fig. 1-11 Number of monthly active calls over the years





As time changing and transformation of public communication media, 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, 100% received immediate counseling upon request in 2019, which was higher than the 50% requirement recommended by the US Center of Disease Control (Table 1-9).

Table 1-9 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 2019
Call completion rate	90%-95%	92.7%
Call completion rate within 30 seconds	95%	96.05%
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%	100%

Notes:

1. Taiwan current total to end of 2019

2. Data source: Taiwan smokers' Helpline (TSH), commissioned by HPA.



Until the year of 2019, Taiwan Smokers' Helpline has helped over 1.32 million people calling for consultation on smoking cessation. It has also helped more than 150 thousand people in setting a quit date. Based on the calculation of the success rate for smoking cessation of 42.79%, the helpline has successfully helped 60,000 people in quitting smoking successfully.

In 2019, a press conference was held on father's day to encourage fathers to quit smoking. 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 continuously provide to smokers with quality and effectiveness.

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 quit date is 1.3-2 times higher than that of smokers who fail to do so. (Table 1-10) 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' Help-line center has become an important part of the smoking cessation service system in Taiwan.

Table 1-10 Smoking Cessation Success Multiplier

Year	Success rate		Multiple
	quit date set	quit 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
2018	56.0%	30.8%	1.82
2019	55.8%	44.2%	1.26



The Smokers' Helpline works with an smoking cessation courses in Tamsui District to promote tobacco control



The Smokers' Helpline works with the Pharmacists' Association to participate in the Medical Staff Smoking Cessation Training Program

[Pricing Measures]

Smoking and second-hand smoke are leading causes for many diseases and deaths. The WHO pointed out that 8 million people die every year from smoking-related hazards. In other words, one person would die from smoking-related causes every 4.5 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.

The Increase of Tobacco Health and Welfare Surcharges

The Tobacco Health and Welfare Surcharges is 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. 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

Pursuant to the regulation prescribed in Paragraph 1, 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 per thousand cigarettes. (2) Cut tobacco: NTD 1,000 per kilogram. (3) Cigars: NTD 1,000 per kilogram. (4) Other tobacco products: NTD 1,000 per kilogram." Pursuant to the regulation prescribed in Paragraph 2, Article 4 of the same Act: "The competent authority at the central government level and the Ministry of Finance



shall, once every two years, invite and assemble scholars and experts specialized in finance, economy, 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 incurred upon the National Health Insurance; (2) Total consumption of 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; (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, 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 "Childbirth accident emergency relief", childbirth accident emergency relief was added as a fund item to maximize the effect of the surcharge, effective as of October 7th, 2016. In 2019, in order to bring the distribution and usage of the Tobacco Health and Welfare Surcharge more in line with actual needs and maximize the benefits, amendments were made to Articles 4, 5 and 7 to adjust the distribution ratio, effective as of April 1st, 2019.

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 laborers of tobacco farm and 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:

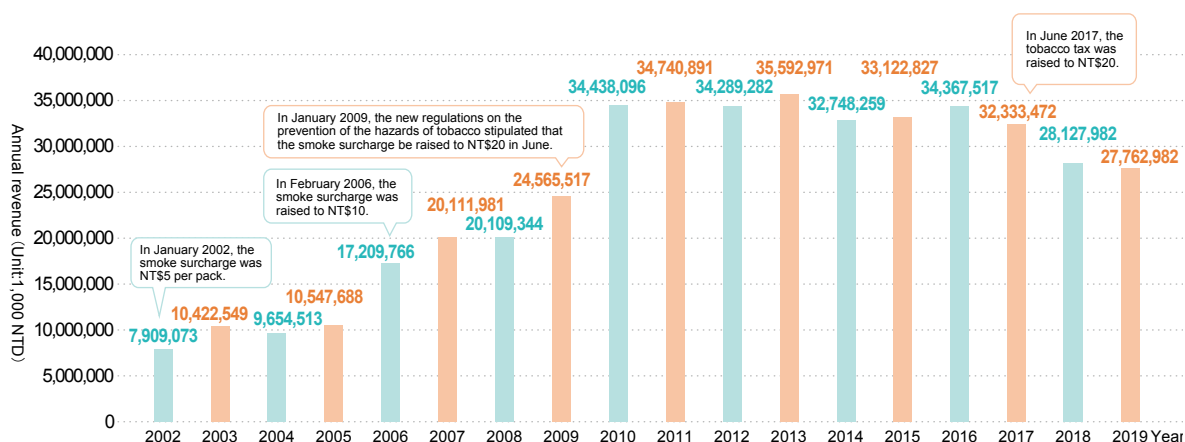
1. 50% shall be used as National Health Insurance reserves, and to subsidize health insurance premiums of financially challenged individuals.
2. 27.2% shall be allocated as medical subsidies for rare diseases and for cancer prevention and tobacco control and health promotion at the national and local levels.
3. 16.7% 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. 5.1% shall be used as social welfare and long-term care resources at the national and local levels.
5. 1% shall be used for investigation of smuggling of inferior tobacco products and prevention of tax evasion for tobacco products.

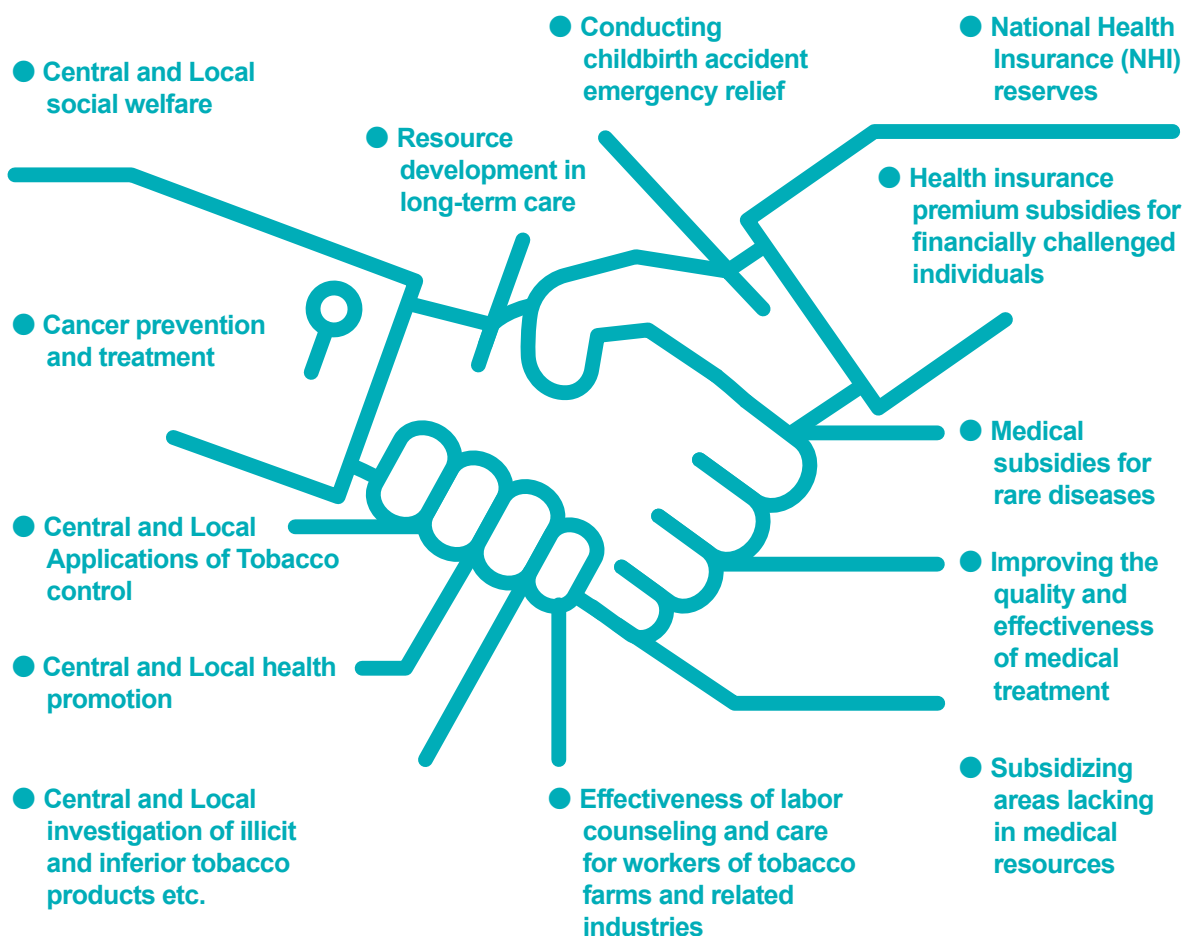
Tobacco Health and Welfare Surcharges income in past years

Tobacco surcharges of NTD 5 per pack have been levied since 2002. The surcharge was increased to NTD 20 per pack in 2009. (Fig. 1-12)

On May 10th, 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 NTD 1,590 per 1000 sticks or kilograms is levied. These amendments took effect on June 12th, 2017 upon ratification by the Executive Yuan.

Fig. 1-12 Annual Revenue of Tobacco Health and Welfare Surcharges





Key results of Tobacco Health and Welfare Surcharges utilization

1. National Health Insurance (NHI) reserves: Revenues allocated from January 2002 to 2019 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 NTD 13.88 billion were earmarked as medical expenses for NHI disease diagnosis and treatment in 2019. The surcharge which accounts for 91% (NTD 15.2 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: 190,000 individuals received subsidies amounting to NTD 665 million in 2019, providing basic insurance coverage for the aforementioned beneficiaries.

3. Medical subsidies for rare diseases:

(1) The Taiwanese government announced the "Rare Disease and Orphan Drug Act" in 2000, providing a safety net for both health insurance benefits and medical subsidies for rare diseases. The act included rare diseases categorized as catastrophic illnesses for health insurance benefits in order to alleviate some medical burdens of the patients, provide medical subsidies that are not included in the National Health Insurance Act (including medical care subsidies, nutrition counseling, special nutritional foods, and emergency drugs), and improve the prevention and treatment of rare diseases, as well as the advocacy and education of patient support groups. In 2019, a total of 9,634 patients with rare diseases were provided with critical medical services.

(2) 9 contracted units (subordinates of 8 medical centers) were entrusted to handle health care cases in accordance with the "Services for Patients with Anomalies Associated with Rare Genetic Diseases" in the 16 research projects of the "Rare Disease Prevention and Treatment Incentive Subsidies". A total of 5,287 people were provided with care services from December 2017 to December 2019.

(3) Medical subsidies that are not included in the subsidies for special disadvantaged groups and the National Health Insurance:

a. Maternal GBS screening: According to the National Health Insurance Administration, the GBS screening service was provided for 153,424 women in 2019, of which about 20.1% of pregnant woman tested positive for GBS bacteria.

b. Newborn hearing screening: Fully subsidized were from March 15, 2012. In 2019, 171,645 newborns were screened, with a successful screening rate of 98.4%.

4. Improving the quality and effectiveness of medical treatment

(1) Guidance was provided for organ procurement networks in 4 regions, the number of organ (including tissues) donors reached 375 in 2019. The continued establishment of nationwide eye banks is subsidized and cornea collection and testing operations are implemented. 613 cornea donations were made in 2019. The cornea inspection rate reached 100%.

(2) 6 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 (908 patients benefited from these services). The 4 undertaking hospitals have already established special outpatient departments for psychiatric care for mentally handicapped patients and an outreach service model and in cooperation with 24 institutions for the disabled and 38 junior high and elementary schools. 511 patients benefited from these services (a total of 12,481 services were provided). These services improve the mood,



- behavior, and condition of mentally handicapped patients and enhance their life, social, and occupational functions.
- (3) Integrated Oral Treatment Program for People with Special Needs: in 2019, a total of 29 hospitals in 16 counties and cities were funded to provide approximately 23,000 oral treatments for people with special needs. The program established a treatment network for people with special needs, and conducted education and training for dentists and related nursing personnel.
 - (4) Promotion project of the Patient Right to Autonomy Act: The Taiwan government announced the "Patient Right to Autonomy Act" on January 6th, 2016, which was scheduled to be implemented on January 6th, 2019, in order for the declarant with full disposing capacity to accept or refuse medical treatment by establishing a written "advance decision" via the "consultation on advance care planning". As of 2019, over 140 medical institutions of trial consultation on advance care planning. By the end of 2019, a total of 11,272 people had made advance decisions and registered the decision on their National Health Insurance IC card.
 - (5) Conducted clinical staff training programs. About 20,000 new medical staff have received comprehensive clinical training each year via systematic clinical teaching, while population coverage is around 88.76%. Subsidized qualified training hospitals and Chinese medicine hospitals for the training of new Chinese medical physicians, of which 46 qualified training hospitals were subsidized and 432 physicians were trained in 2019. We have subsidized 64 hospitals with 768 participants to apply for the general medical training program after they graduated from two years of dental school, and entrusted the Taiwan Joint Commission on Hospital Accreditation and Quality Improvement (TJCHA) for the application, review, and data maintenance of training institutions in order for the provision of teaching materials and knowledge sharing.
 - (6) New policies for DTaP-Hib-IPV vaccine, PCV, live attenuated JE chimeric vaccine and Hepatitis A vaccine for young children have been promoted. From 2009 to 2019 over 14 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 97% and 93%, respectively, which ensures herd immunity. 9 conventional vaccines were administered for children in 2019, ensuring effective prevention of the incidence and spreading of 14 different communicable diseases, as well as to expand the coverage of conventional vaccine subsidies for children to include PCV vaccinations for pre-school children and the elderly with the age of 75, with national subsidy of NT\$300 million. The full conversion of 6 million doses of quadrivalent influenza vaccine reached coverage rate of 25% of the whole population in 2019. The government also provided subsidies for the replacement of vaccine transport and storage equipment for 22 health bureaus of counties

and cities in order to ensure the quality of vaccines.

5. Subsidizing areas lacking in medical resources:

(1) 15 hospitals in 15 cities and counties received subsidies with 43 pediatricians 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 for emergency and inpatient services.

(2) We strengthened the hospital efficiency in remote areas and areas that lack medical resources, and subsidized the Taitung Hospital, Hualien Hospital, and Hengchun Tourism Hospital with medical and human resources for a total of 705 consultations. Also supported the establishment of a chemotherapy center in Penghu Hospital on October 1, 2015, so that around 55 cancer patients per month do not need to travel back and forth between main island Taiwan and the Penghu offshore islands. By the end of December 2019, the center provided services for a total of 2,629 patients.

(3) Medical centers and hospitals that provide critical first aid are required to support offshore islands and remote areas. In 2019, a total of 130 physicians of 27 medical centers provide emergency treatment and treatment for acute severe diseases at 29 hospitals in areas that lack medical resources to provide assistance to hospitals in those areas and on offshore islands. Incentives are provided at 18 locations to promote cooperation between local hospitals and meet the demand of local citizens and tourists for 24-hour emergency care services.

(4) An inter-hospital rapid referral network for acute and severe cases was established, as well as a model for emergency and intensive care unit transfers, so as to reduce the delay between acute and severe cases in emergency departments and improve the efficiency and safety of inter-hospital transfers. The registration rate for emergency hospital transfers nationwide is 99.88%.

(5) The service capacity of each department in the "Taitung Area Remote Outpatient Pilot Program" was as follows: (1) 455 visits for dermatology services; (2) 160 visits for otolaryngology services; (3) 302 visits for ophthalmology services. 137 consultation cases were opened, with 917 visits in total. In addition, at the end of September, the number of clients was expanded, and the special outpatient service for the treatment of children's visual acuity in primary and secondary schools in Taiwan was set up, with 12 visits over six weeks.

6. Organizing Limited No-Fault remedy for birth-related injury: The Remedy for Birth-related Injury Act took effect on June 30th, 2016. The Remedy for Birth-related Injury Fund which was established in 2017 was initially funded through allocations from the tobacco surcharge. 291 of the 371 cases which were processed in 2019 met the criteria for relief payment. These payments totaled NTD 162.2 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 2,887 seniors, children, teenagers, and physically and mentally challenged individuals to keep them from becoming destitute and homeless in 2019.
8. Effectiveness of the application of long-term care resources
 - (1) 284,000 persons received long-term care in 2019.
 - (2) 588 Integrated Service Centers in communities (Tier A "flagship stores"), 4,631 Compound Service Centers (Tier B "specialty stores"), and 2,595 Long-term Care Stations in lanes and alleys (Tier C "corner stores") have been established all over the country in cooperation with 22 cities and counties.
 - (3) 434 multifunctional dementia care service stations have been established in communities to provide cognition promotion, disability alleviation, visiting, and family support services. In addition, 87 dementia shared care centers have been created to provide a community-based case management mechanism for dementia patients and supportive services for caregivers.
 - (4) In order to improve integration of medical care with long-term licensing services and discharge preparation services, as of the end of December 2019, 223 hospitals have participated in the "multi service pilot program for rehabilitation".
 - (5) To establish patient-centered integrated service model for medical treatment and long-term care, the "Family Physician Care Program for Home Disabled Patients" was implemented on July 19, 2019. As of the end of December 2019, approximately 365 medical institutions and clinics had joined the initiative.
 - (6) The Family Caregiver Support Project was officially launched in 2015 to provide family caregivers with convenient and localized professional services. By the end of 2019, it has already expanded to 22 counties and cities with 83 service bases.
9. Cancer prevention effects:
 - (1) 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 2019, a total of 5.013 million individuals have received screening services. A total of 51,883 precancerous lesions and 9,264 cancer cases have been detected.
 - (2) A cancer care accreditation program has been adopted for hospitals. By 2019, a total of 60 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. Shared decision making (SDM) in medicine has been promoted to treat major cancers (oral, breast, lung, colorectal, and prostate cancer), while SDM process for decision aids has been formulated for diagnosis or treatment, and the implementation processes and promotion and execution teams has also been established.

- (3) 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 2019, a total of 74 centers provide services for cancer patients and their family members (services are provided for 120,000 people a year).
 - (4) 92 hospitals have provided hospice care for 48,000 terminal cancer patients. The coverage rate was increased from 7% in 2000 to 61.4% in 2018. The quality of death in Taiwan has been ranked 6th in the world and 1st in Asia in international evaluations. To improve the knowledge of professionals on hospice care, 5 relevant institutes or schools has been entrusted to conduct staff training courses. In 2019, more than 300 education and training courses were conducted, with over 20,000 participants.
 - (5) Prevention of betel nut caused health hazards: Oral cancer screening services have been provided for around 744,000 individuals. 3,611 cases of precancerous lesions and 1,294 cases of oral cancer were detected. Betel nut chewing rates dropped to 6.2% in 2018.
 - (6) The free HPV vaccination for female students in junior high school began on December 25, 2018. In 2018, there were already four counties and cities that provided vaccination services, including Keelung City, Yilan County, Penghu County and Tainan City, whereas the other counties and cities will gradually provide services according to the daily routine of students in 2019.
 - (7) We have 19 integrated projects which subsidized 13 cancer centers, research institutes and public associations, and had dedicated efforts in the major aspects in Taiwan relative to cancer, such as lung cancer, liver cancer, and breast cancer. There were 6 epidemiological investigations, 17 early screenings and detections of cancer, 28 cancer treatment research studies, and 1 research study related to cancer care study.
10. Tobacco hazards prevention at the national and local levels
- (1) Smoking rates of adults aged 18 and above decreased from 21.9% in 2008 to 13.0% in 2018 and the number of smokers dropped by 40% (1,420,000), The youth smoking rate in junior high school dropped by more than 60% (61.4%) from 7.8% in 2008 to 3.0% in 2019, while the number of high school students using any tobacco product dropped by more than 40% (43.0%) from 14.8% in 2007 to 8.4% in 2019. Second-hand smoke exposure rates in legally stipulated non-smoking areas continue to decline (from 23.7% in 2008 to 5.4% in 2018). The protection rate exceeds 90%.



- (2) Local health bureaus take the initiative in law enforcement audits and guidance. Tobacco hazards prevention act audits were carried out in over 690,000 institutions nationwide and fines totaling NTD 88.94 million were imposed in 7,872 cases. Implementation of the smoke-free area program will be continued for campuses, workplaces, and army bases. Tobacco control work has been promoted in 35 universities and colleges.
 - (3) In 2019, fashion queen, Jolin Tsai, was invited to serve as an anti-smoking spokesperson, and using the theme "I refuse to smoke and I'm proud" she thoroughly penetrated campuses with the message "All Tobacco Products Get Out!". In addition, a follow-up survey of participants of the 2018 Quit & Win Competition revealed that 70.1% successfully quit smoking for the month of the event, 37.4% were still not smoking a year later, and 92% of the participants were in favor of future Quit & Win events.
 - (4) Hospitals are encouraged to participate in international tobacco-free hospital certifications. Between 2012 and 2018, a total of 22 hospitals had been honored with international awards and certifications. Making Taiwan the top ranked country in the world for Tobacco-free Hospitals alongside Spain. In addition, 5 hospitals were recommended to apply for international Gold Forum certification in 2020.
 - (5) 631,764 individuals received second-generation smoking cessation services in 2019. Over 43,000 smokers successfully kicked their habit with the help of these services. This is expected to lead to savings in medical expenses in excess of NTD 230 million in the short run and economic benefits in excess of NTD 18.2 billion in the long run.
 - (6) 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 29th, 2017 in the Legislative Yuan.
11. Effects of public health services at the national and local levels
- (1) Guidance in antepartum health care and education was provided for 268,875 pregnant women in 2019. Subsidies for prenatal examinations for pregnant new immigrants without health insurance coverage were provided in 7,016 cases. Total subsidies of NTD 3.56 million for women in high-risk groups for hereditary diseases including low-income households and residents of 80 regions with genetic health measures and medical resources disadvantaged were granted in 43,200 cases. Abnormalities were detected in 1,422 cases which were provided with follow-up genetic counseling (tracking rate of 99%).

- (2) A total of 175,514 newborns were screened for congenital metabolism disorders (screening rate of 99.7%). Abnormalities were detected in 3,888 cases. Correction of sex ratio at birth imbalances: 1.090 in 2010 to 1.077 in 2019. 7 health education guidance sessions are provided for children below 7. By the end of 2019, 3,300 physicians had submitted applications and treated 908,000 patients (estimated average usage rate of 66.5%). Screening for pre-school age strabismic amblyopia and impaired vision is also promoted. 415,088 pre-school children have been screened (screening rate of 100%). The referral rate of abnormality reached 99.96%. Guidance was also provided for 51 Joint Evaluation Centers for Child Development in the assessment of 26,025 children with suspected developmental retardation.
- (3) A total of 1,100,000 schoolchildren in 2,668 elementary schools in 22 cities and counties have benefited from the free provision of fluoride mouthrinse. 477,000 schoolchildren benefited from molar groove sealing services between Jan to Oct in 2019.
- (4) Established the "Youth Website-Sexuality Education" to provide accurate information on sexual health, prevention of sexually transmitted diseases, pregnancy, contraception, and other teaching materials available for youth, parents, and teachers to download. In 2019, there were 130,491 new website visitors, with 20 new articles on health education and 12 articles that dispel rumors. We also developed a certification framework for youth-friendly organizations, and completed 4 hospital certifications, and 1 clinic on-site evaluation in 2019. Trained medical staff to provide youth care, and organized 8 training courses with a total of 1,633 participants. Meanwhile, we have created a 4-hour e-learning course e-book for self-directed learning of relevant medical personnel. Held 24 campus lectures with a total of 2,555 participants, and organized 4 youth sexual health promotion courses for public health nurses, with a total of 322 participants. Local governments were funded to provide 2,206 youth sexual health guidance sessions, with a total of 195,687 participants.
- (5) The prevalence of overweightness and obesity among students has dropped, while prevalence among adults slightly increased from 43.4% between 2003~2008 to 47.1% between 2014~2017. Regular exercise ratios among adults increased from 26% in 2010 to 33.6% in 2019.
- (6) 22 cities and counties continue to promote age-friendly cities. Taiwan has the highest age friendly city coverage rate in the world. In 2019, 345 cities were put forward for Age-Friendly status and 63 were successful.
- (7) The Diabetes Shared Care Network helped reduce the mortality rate of diabetes decreased from 37.1 per 100000 in 2002 to 21.5 per 100000 in 2018, a reduction of 42%. By the end of 2019, 645 institutions had been awarded Age-friendly Healthcare Certification, helping create a healing environment that is friendly, supportive, respectful and accessible to the elderly.



- (8) Subsidies were given to 22 counties and cities, 109 public health centers and 17 communities to deliver healthy community building programs, promote active aging, and to conduct health promotion work for the elderly in areas such as fitness, diet, oral healthcare, social participation, health examination and screening services and dementia prevention.
- (9) Five schools were awarded gold medals in the 4th Health Promoting Schools International Certification. After studying the criteria for the 5th Certification, we put forward policy recommendations for the third generation of health promoting schools.
- (10) The Taiwan Health Literacy Action Plan was put forward, and 15 public health centers delivered health literacy education via online distance learning. Six kinds of self-assessment surveys and development kits for health literacy promotion in the community (health centers) were completed.
- (11) Multiple channels were used to promote the education in the prevention and treatment of metabolic syndrome. The public awareness rate of the warning value of waist circumference increased from 28.7% in 2006 to 53.1% in 2018.
- (12) Promoted legislation on the National Nutrition and Healthy Diet Promotion Act, which was submitted to the Executive Yuan on December 22nd, 2017, and was amended by resolution of the Review Committee. It will then be submitted to the Executive Yuan for discussion, while actively seeking the support of legislators. In March 2018, we announced the new Dietary Guidelines for citizens, including "Daily Dietary Guidelines", "National Dietary Indicators", and the balanced diet image "My Plate", as well as relevant tips. In 2019, HPA ran a diversified publicity campaign for "My Plate", including making mnemonic songs and music videos, 20 outside food recipes and other materials. Multiple online activities were conducted, and 5 stalls were set up to promote the activities. 6 training workshops for seed nutritionists were organized, 352 "My Plate" seed nutritionists were trained, and 14 national support lectures were held.
- (13) Collection and analysis of healthcare data: the 2020 College Student Health Behavior Survey was planned, and a preliminary investigation of north, central and south Taiwan was completed. For the Elderly Health Promoting Policies Data Collection Project, results of programs related to elderly health were collected, integrated research was conducted, and the first draft of the Report on Health Outcomes of the Elderly was completed.
- (14) In 2019, the main focus of health education included suicide prevention gatekeepers, promotion of patient autonomy legislation, food safety and promotion of My Health Bank. A themed (three day) exhibition was held to enhance the public awareness of health education content through publicity activities. The Ministry of Health and Welfare produced four television advertisements and 13 online videos, and worked with YouTubers to produce 9 YouTube videos which received more than 100,000 views on average. We

spread the word through new media, including collaboration with 10 illustrators, an online blogger, and 4 radio productions.

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

- (1) A total of 23.18 million packages of illicit tobacco products worth NTD 1.349 billion have been seized in 3,215 detected cases of smuggling.
- (2) In view of the increase in tobacco taxation triggered smuggling incentives, the government continued to review and amend the "Improved Execution Plan for Investigations on Tobacco Smuggling" to enhance the investigational performance on the smuggling of inferior tobacco products, with the aim of maintaining an orderly market, stabilizing the government's tax revenue, and protecting consumer rights. From October 20th, 2016 to the end of December 2019, the investigation program had discovered more than 63.88 million illegal tobaccos.
- (3) In 2019, local governments conducted 12,935 spot checks on the tobacco manufacturing, import and sale industries in their jurisdictions.
- (4) In 2019, using various media such as digital and billboard advertisements, the public were urged not to buy cigarettes of unknown origin or with unreasonable prices. The Ministry of Finance also conducted 181 consumer protection publicity activities directly with the public, so as to protect the rights and health of consumers.
- (5) 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. (a total of 46 such events were held in 2019)

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

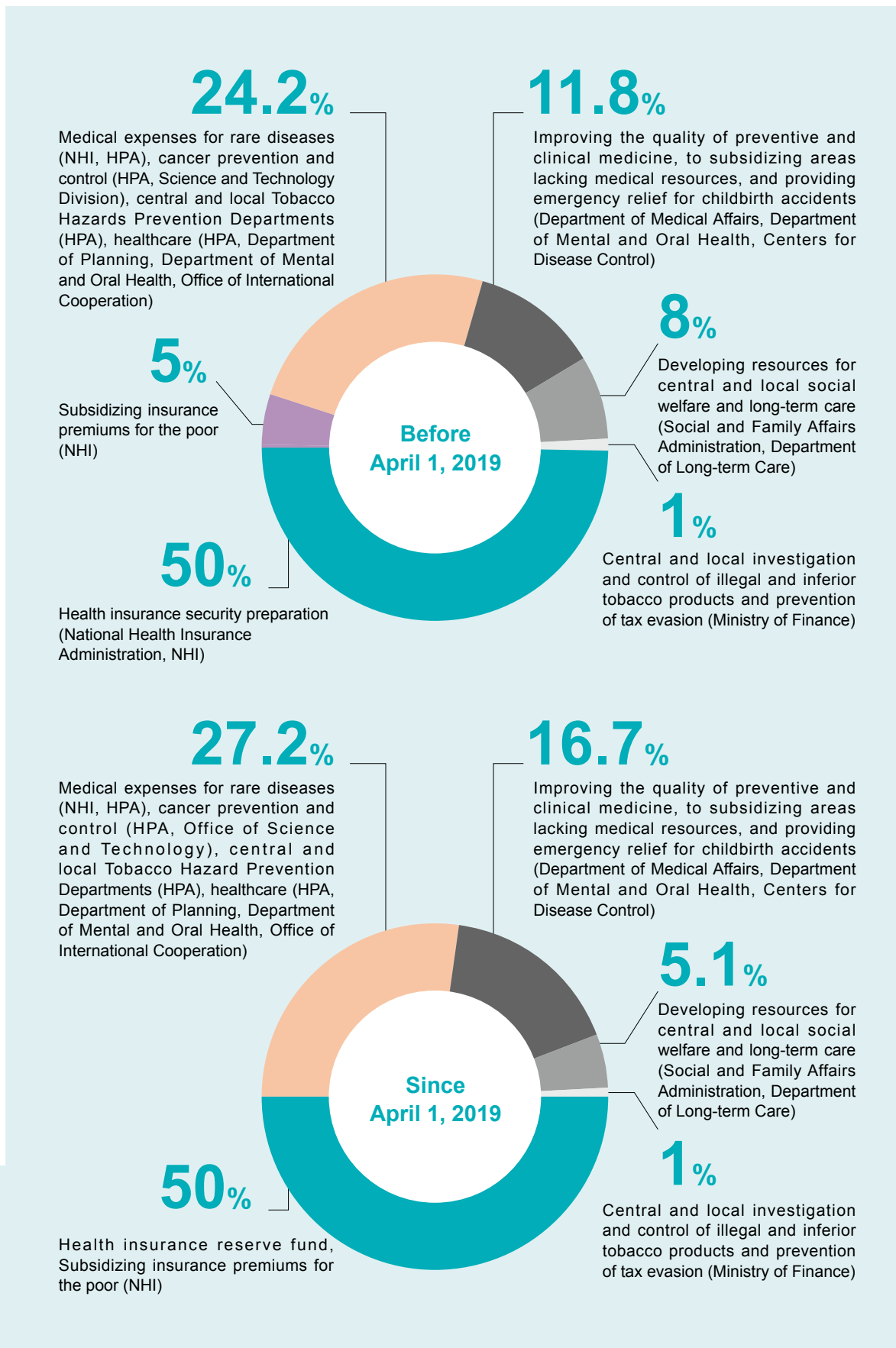
- (1) Support for economically viable alternative activities: As of October 31, 2018, 1,529 farmers have completed applications for crop conversion (representing 99.9% of the 1,530 farmers, with total area of crop conversion of 624.8096 hectares, while 1 farmer has given up the application) Lump subsidies of NT\$ 600,000 per hectare or subsidies for purchase of equipment/facilities required for crop conversion were granted.
- (2) 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 926 hectares by 2019.



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 create 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 semiannual basis. The effects and implementation rate of tobacco surcharge usage in 2019 has already been made public on the website: Health Promotion Administration homepage/ Activities and Events / Healthy Living / Tobacco Hazards Prevention/Tobacco Health and Welfare Surcharge. (URL: <https://www.hpa.gov.tw/Pages/List.aspx?nodeid=184>, chinese version only)



Tobacco surcharge allocation proportion and receiving unit for various uses

3



Reducing the Supply of Tobacco

- Ban on Tobacco Advertising, Promotion, and Sponsorship
- Evaluation for the Enforcement Performance of the Tobacco Hazards Prevention Act
- Prohibiting the Illicit Trade of Tobacco Products



Ban on Tobacco Advertising, Promotion, and Sponsorship

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 Promotion

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.

However, tobacco companies still advertise and promote tobacco products in order to expand their market. To safeguard the rights and health of the public, local health bureaus must act in accordance with the law and check for illegal tobacco advertisements and promotions. From 2009 to 2019, a total of 3,775,253 inspections were carried out throughout Taiwan with a total of 211 citations issued. The top violations listed in Article 9 were: Item 1: Advertising via radio broadcast, television, film, video, electronic signal, Internet, newspaper, magazine, billboard, poster, leaflet, notification, announcement, reference manual, sample, posting, display or text, picture, product or



digital recording device (123 of 211, or 58%); Item 3: Using discounting to sell tobacco products, or using other items or gifts for such sales (46 of 211, 22%); Item 4: Using tobacco products as a gift or prize for the sale of other products or for promotion of other events (20 of 211, 9%); 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 (9 of 211, 4%); Item 6: Distributing or selling tobacco products in individual cigarettes, loose packs, or sheathed (5 of 211, 2%). 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 10 years, Taichung had the number of violations at 69 (33%), Taipei City followed with 40 violations, New Taipei City had 31, Kaohsiung City had 28, Tainan City had 12, Nantou County had 7, Miaoli County and Yilan County both had 5, Taoyuan City had 4, Hualien County, Kinmen County and Keelung City all had 2, and Changhua County, Chiayi County, Pingtung County and Tainan County all had only 1 violation.

Major cases of illegal advertisement and promotion of tobacco products: a tobacco dealer in Taipei City was fined NTD 15 million for giving commission reward on duty-free tobacco and alcohol sales; a company-wide staff competition involved collecting promotional foil tabs from wholesale price tobacco products, and converting the discount value for non-tobacco products of equal value as a way of promoting tobacco sales among staff, resulting in NTD 10 million in fines; imported tobacco products deliberately displayed Japanese promotional messaging, resulting in fines of NTD 8 million. A total of NTD 311,317,850 in fines were collected under Article 9 (figure 2.1).

Table 2-1 Tobacco advertisement and promotion violations and penalties (in NTD) issued in Taiwan from 2009 to 2019

Country/City	Citations	Fine(NT\$)
Taipei City	40	75,260,000
Kaohsiung City	28	12,821,000
New Taipei City	31	100,836,850
Yilan County	5	25,000,000
Taoyuan City	4	260,000
Hsinchu County	0	-
Miaoli County	5	22,900,000
Changhua County	1	5,000,000
Nantou County	7	700,000
Yunlin County	1	10,000
Chiayi City	1	100,000
Pingtung County	1	100,000
Taitung County	0	-
Hualien County	2	5,100,000
Penghu County	0	-
Keelung City	2	5,100,000
Hsinchu City	0	-
Taichung City	69	56,860,000
Chiayi City	0	-
Tainan City	12	1,120,000
Kinmen County	2	150,000
Lienchiang County	0	-
Total	211	311,317,850

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 4,406 inspections in 2013, 2,606 inspections in 2014, 1,335 inspections in 2015, 470 inspections in 2016, 372 inspections in 2017, 16 inspections in 2018 and 358 inspections in 2019. 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 2019, a total of 693,450 site inspections with 4,654,104 assessment items were carried out nationwide. A total of 7,872 citations were issued. Case comparisons showed that the top 3 violations were smoking (3,662 cases, 46.5%), smoking by minors under 18 years of age (2,202 cases, 27.9%), and failure to display "no smoking" signs and providing smoking-related objects in non-smoking areas with (830 cases, 10.5%) (Tables 2-2, 2-3, and 2-4). The area with the highest number of fines was New Taipei City followed by Kaohsiung City, while the most penalties for underage smoking were imposed in Kaohsiung City followed by Hsinchu City. Penalties for smoking in non-smoking areas were most prevalent in Kaohsiung City followed by New Taipei City. The most cases of failure to display no smoking signs in entrance zones of non-smoking areas and providing smoking-related objects occurred in Kaohsiung City followed by Tainan City.



Table 2-2 Tobacco Hazards Prevention Act inspection and penalties for smokers over 18 years of age implemented by local health bureaus from 2011 to 2019

	Inspection for violating smoking ban (adult)																	
	Audited									Citations								
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2011	2012	2013	2014	2015	2016	2017	2018	2019
Taipei City	42,881	140,115	87,431	86,977	65,605	67,897	60,902	71,496	72,017	514	554	277	322	262	223	19	7	0
Kaohsiung City	52,625	129,765	48,373	40,365	41,228	44,192	62,904	49,088	45,915	1,819	1,473	1,460	1,323	953	1,035	1,087	967	1,087
New Taipei City	22,154	162,420	84,362	87,820	66,559	67,725	77,996	67,056	71,899	450	224	225	284	420	789	621	505	612
Yilan County	23,441	29,342	21,082	18,899	20,952	19,465	19,000	16,020	16,521	73	97	54	86	53	55	33	139	34
Taoyuan City	24,831	54,190	60,184	67,011	47,159	57,503	64,380	49,763	63,828	251	198	107	303	97	155	219	111	91
Hsinchu County	14,147	30,424	20,159	18,563	15,185	17,795	22,363	16,045	15,739	26	12	19	24	11	53	85	57	64
Miaoli County	6,345	22,498	16,126	16,552	14,515	9,896	12,953	12,198	12,966	25	140	167	332	241	205	128	299	269
Changhua County	12,595	37,198	32,152	35,207	38,432	29,801	26,830	25,212	26,882	58	33	44	22	46	35	13	64	40
Nantou County	17,614	36,689	28,735	25,568	33,560	36,476	28,939	31,130	27,006	25	30	40	47	41	50	48	58	175
Yunlin County	10,612	18,475	22,160	22,631	23,292	17,786	18,529	18,197	18,155	104	120	70	52	33	41	26	22	25
Chiayi County	12,428	28,097	16,812	15,397	15,039	12,613	17,282	18,304	13,699	68	65	66	22	30	43	54	60	53
Pingtung County	17,075	39,208	47,478	48,401	49,860	47,117	36,909	38,245	37,550	257	164	187	273	212	190	178	162	151
Taitung County	5,373	6,893	7,675	8,836	9,247	6,491	9,169	10,149	9,473	6	5	52	48	24	116	34	29	23
Hualien County	10,386	15,870	13,670	14,492	13,982	13,658	16,053	16,429	16,652	126	47	184	132	210	212	195	243	227
Penghu County	3,131	7,219	4,107	4,309	4,207	2,902	2,386	2,169	4,038	1	0	1	4	0	11	0	6	9
Keelung City	17,274	13,083	12,864	13,846	14,409	17,427	18,899	12,937	13,430	235	102	124	94	149	141	120	99	36
Hsinchu City	5,890	27,447	12,539	9,757	11,117	11,212	14,693	13,132	13,375	191	227	72	52	57	78	140	67	52
Taichung City	85,464	167,265	116,184	121,125	97,616	107,503	107,266	98,427	101,500	822	834	695	274	194	229	263	189	226
Chiayi City	3,772	14,982	14,593	18,229	12,312	10,997	16,346	12,649	11,831	35	37	88	52	32	27	8	12	8
Tainan City	29,631	71,580	79,012	53,258	46,771	52,714	73,055	54,192	51,645	511	377	342	482	464	361	430	395	476
Kinmen County	3,065	2,608	1,601	1,587	1,169	1,564	1,607	1,574	1,647	3	18	40	33	20	23	2	6	4
Lienchiang County	428	478	387	395	357	600	806	917	618	0	2	7	0	0	0	0	0	0
Total	421,162	1,055,846	747,686	729,225	642,573	653,334	709,267	635,329	646,386	5,600	4,759	4,321	4,261	3,549	4,072	3,703	3,497	3,662



Table 2-3 Tobacco Hazards Prevention Act inspection and penalties for smokers under 18 years of age implemented by local health bureaus from 2011 to 2019

	Inspection for violating smoking ban (under 18 years of age)																	
	Audited									Citations								
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2011	2012	2013	2014	2015	2016	2017	2018	2019
Taipei City	22,123	31,572	27,132	30,303	27,657	25,177	44,587	30,194	31,710	196	207	262	201	133	149	156	159	156
Kaohsiung City	43,510	59,811	41,418	28,045	29,742	10,803	27,851	15,428	9,139	225	461	191	230	299	259	290	155	141
New Taipei City	17,640	42,636	55,435	23,872	18,169	7,584	14,576	11,199	9,830	945	570	642	384	1,259	932	153	422	381
Yilan County	23,081	28,966	20,737	18,585	20,706	19,276	18,987	15,384	16,607	7	46	13	43	55	49	38	99	45
Taoyuan City	17,614	43,225	46,235	46,854	35,942	53,005	49,564	43,909	50,537	124	279	112	278	306	279	171	74	101
Hsinchu County	13,878	29,961	19,860	17,956	14,789	17,471	21,053	15,119	14,219	119	85	118	114	81	88	74	88	72
Miaoli County	5,532	20,957	15,166	16,482	14,431	9,628	12,989	12,069	13,163	37	220	88	326	196	197	106	181	230
Changhua County	12,315	37,033	31,960	34,787	38,219	29,775	26,830	27,230	33,152	11	11	8	1	67	6	4	13	5
Nantou County	7,228	10,677	9,816	10,125	10,659	11,046	15,844	11,847	7,974	315	329	217	236	183	120	86	63	96
Yunlin County	10,047	17,810	20,944	20,258	20,242	17,551	18,283	18,411	17,873	13	11	8	13	40	46	22	13	26
Chiayi County	10,151	17,856	14,227	12,885	12,142	9,987	16,304	7,194	6,424	32	28	19	45	45	41	61	53	46
Pingtung County	5,039	10,322	9,331	8,835	7,932	7,824	11,933	15,112	15,764	98	43	27	187	103	91	87	128	87
Taitung County	4,068	3,812	4,274	4,581	5,002	6,077	9,153	10,385	9,634	80	59	38	76	38	119	34	14	29
Hualien County	6,066	8,072	7,600	13,627	13,234	13,269	15,430	14,588	15,345	47	23	49	21	68	57	75	82	74
Penghu County	662	1,418	980	1,163	1,395	977	2,259	2,222	3,866	60	59	78	50	79	52	5	38	7
Keelung City	17,052	12,910	12,620	12,851	13,927	16,708	12,215	12,924	13,449	67	32	31	34	49	51	60	36	49
Hsinchu City	5,853	17,955	12,432	9,851	11,360	7,173	7,272	4,696	5,648	251	183	235	390	329	343	248	367	362
Taichung City	49,051	51,373	56,220	49,273	28,081	23,114	68,186	38,125	61,369	219	273	186	153	168	146	131	106	131
Chiayi City	3,608	14,646	13,956	17,817	12,179	10,900	16,429	13,729	10,924	2	10	44	53	59	45	86	17	12
Tainan City	27,232	69,649	77,768	51,425	44,886	45,896	66,005	50,821	49,762	136	183	208	220	231	220	200	196	151
Kinmen County	2,650	2,280	1,493	1,335	1,145	1,546	1,613	1,601	1,697	2	11	16	17	15	14	0	2	1
Lienchiang County	315	476	378	224	238	600	806	933	627	0	0	0	0	0	0	0	0	0
Total	304,715	533,418	499,982	431,134	382,077	345,387	478,169	373,120	398,713	2,985	3,123	2,590	3,072	3,803	3,304	2,087	2,306	2,202



Table 2-4 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 2011 to 2019

	Failure to display no smoking signs and supplying smoking-related objects in non-smoking areas																		
	Audited									Citations									
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2011	2012	2013	2014	2015	2016	2017	2018	2019	
Taipei City	41,630	139,809	85,185	88,036	66,890	67,198	60,360	69,709	70,359	224	133	69	42	45	30	1	65	1	
Kaohsiung City	49,735	130,655	46,579	38,759	39,209	42,498	59,208	39,323	31,650	9	72	81	113	104	76	76	139	190	
New Taipei City	20,705	158,359	84,087	87,518	66,123	66,834	77,413	66,565	71,408	157	90	79	58	60	40	56	91	139	
Yilan County	23,303	29,253	21,009	18,740	20,860	19,211	18,945	15,700	16,487	12	24	39	8	8	13	4	23	5	
Taoyuan City	24,802	54,099	60,539	65,310	40,003	50,643	62,947	49,521	62,419	1	4	15	27	23	59	36	53	74	
Hsinchu County	14,134	30,414	20,138	18,540	15,169	17,393	22,246	15,983	15,645	1	1	3	4	2	5	3	2	2	
Miaoli County	6,300	22,297	15,757	16,124	14,283	9,633	12,798	11,848	12,696	9	12	6	10	10	0	0	2	9	
Changhua County	12,547	37,165	32,091	35,170	38,385	29,765	26,811	28,500	34,099	6	1	2	2	0	1	1	4	72	
Nantou County	17,513	36,407	28,676	25,448	32,726	36,224	28,866	30,884	26,741	7	6	1	6	5	4	12	4	27	
Yunlin County	10,259	18,077	21,564	21,687	20,987	17,413	18,456	18,005	18,097	46	30	47	17	19	27	21	27	9	
Chiayi County	12,232	28,171	16,637	15,316	15,227	11,418	17,233	16,165	11,812	0	0	1	2	0	0	0	3	0	
Pingtung County	16,608	38,993	46,799	48,075	48,691	45,740	36,703	37,984	37,279	12	9	17	16	7	10	8	11	21	
Taitung County	5,416	6,364	7,548	8,276	8,605	5,920	9,144	10,063	9,363	0	0	0	0	4	7	0	3	6	
Hualien County	10,076	15,768	13,496	14,467	13,622	13,163	15,815	16,150	16,355	1	0	0	21	26	16	4	12	4	
Penghu County	3,018	6,876	4,072	4,282	4,214	3,077	2,719	2,159	4,139	0	2	0	4	0	1	0	0	3	
Keelung City	17,036	12,979	12,717	12,937	14,256	16,644	18,781	12,746	13,394	6	7	3	14	24	23	22	23	14	
Hsinchu City	5,699	27,499	12,457	9,593	11,057	8,690	14,458	13,025	13,271	0	2	0	0	0	0	1	0	1	
Taichung City	84,455	170,259	115,483	120,794	97,306	105,545	101,620	93,659	103,273	212	108	92	76	44	52	55	39	90	
Chiayi City	3,759	14,900	14,366	18,152	12,275	10,854	16,333	12,632	11,785	9	5	11	5	21	9	6	10	11	
Tainan City	29,424	71,348	78,799	52,761	46,501	51,776	72,627	53,927	51,408	65	29	35	116	258	76	71	138	146	
Kinmen County	3,060	2,589	1,531	1,577	1,146	1,515	1,601	1,550	1,638	1	0	5	1	3	0	3	1	6	
Lienchiang County	446	467	376	383	361	599	806	917	617	0	0	0	0	0	0	0	0	0	
Total	412,157	1,052,748	739,906	721,945	627,896	631,753	695,890	617,015	633,935	778	535	506	542	663	449	380	650	830	



Further analysis indicates that for the violator penalized in 2019, 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 2-5). 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 2-5 Analysis of the areas for Tobacco Hazards Prevention Act penalties for smokers under 18 years of age from 2011 to 2019

Commonsite of violations	Year									
	2011	2012	2013	2014	2015	2016	2017	2018	2019	
Smoking areas	2171(72.8%)	1838(58.9%)	1675(64.7%)	1737(56.5%)	2456(64.6%)	1982(59.8%)	961(46%)	1294(56.1%)	1300 (59%)	
Elementary, junior high, and senior high schools	504(16.9%)	739(23.7%)	670(25.9%)	852(27.7%)	994(26.2%)	1000(30.2%)	871(41.7%)	793(34.4%)	737(33.5%)	
Internet cafes	190 (6.4%)	236 (7.6%)	119 (4.6%)	142 (4.6%)	103 (2.7%)	96 (2.9%)	75 (3.6%)	68 (2.9%)	33 (1.5%)	
Junior college	1 (0.0%)	2 (0.1%)	28 (1.1%)	223 (7.3%)	85 (2.2%)	61 (1.8%)	57 (2.7%)	29 (1.3%)	19 (0.9%)	
Bus / train stations	8 (0.3%)	14 (0.4%)	3 (0.1%)	16 (0.5%)	11 (0.3%)	14 (0.4%)	12 (0.6%)	16 (0.7%)	8 (0.4%)	
Hospitals	3 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.0%)	2 (0.1%)	
Others	108 (3.6%)	294 (9.3%)	95 (3.7%)	102 (3.3%)	150 (3.9%)	161 (4.9%)	111 (5.3%)	105 (4.5%)	103 (4.7%)	
Total	2985 (100%)	3123 (100%)	2590 (100%)	3072 (100%)	3799 (100%)	3314 (100%)	2087 (100%)	2306 (100%)	2202 (100%)	



Table 2-6 Comparison of scores for the implementation of Tobacco Hazards Prevention Act inspection and penalties by various local health bureaus in 2019

County / City	item	Supplying tobacco products to those under 18 years of age		Smoking in non-smoking areas		Total inspections for the Tobacco Hazards Prevention Act
		Audited	Citations	Audited	Citations	
Taipei City		22,851	5	72,017	0	373,380
Kaohsiung City		9,911	47	45,915	1,087	175,103
New Taipei City		9,264	185	71,899	612	263,297
Yilan County		16,555	6	16,521	34	185,190
Taoyuan City		50,052	33	63,828	91	652,405
Hsinchu County		14,150	10	15,739	64	155,716
Miaoli County		12,772	12	12,966	269	153,230
Changhua County		33,114	10	26,882	40	316,684
Nantou County		7,721	6	27,006	175	141,211
Yunlin County		18,048	7	18,155	25	169,227
Chiayi County		6,648	11	13,699	53	91,008
Pingtung County		16,989	12	37,550	151	240,703
Taitung County		9,307	2	9,473	23	112,558
Hualien County		4,613	20	16,652	227	114,480
Penghu County		3,865	0	4,038	9	51,034
Keelung City		3,097	9	13,430	36	93,570
Hsinchu City		4,003	9	13,375	52	66,142
Taichung City		65,184	39	101,500	226	704,021
Chiayi City		10,907	14	11,831	8	128,994
Tainan City		49,507	30	51,645	476	451,845
Kinmen County		238	0	1,647	4	8,264
Lienchiang County		627	0	618	0	6,042
Total		369,423	467	646,386	3,662	4,654,104



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, 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 2019, 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 human resource and budget limitations, 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 (Articles 5, 6, 7, 9, 10, 11, 13, 15, and 16) of the Tobacco Hazards Prevention Act were evaluated in the on-site surveys. The 2019 on-site surveys across 22 counties and cities found that the overall compliance rate to said articles was 92.1%. The following list provides details on the compliance rate to each individual article (Table 2-7):

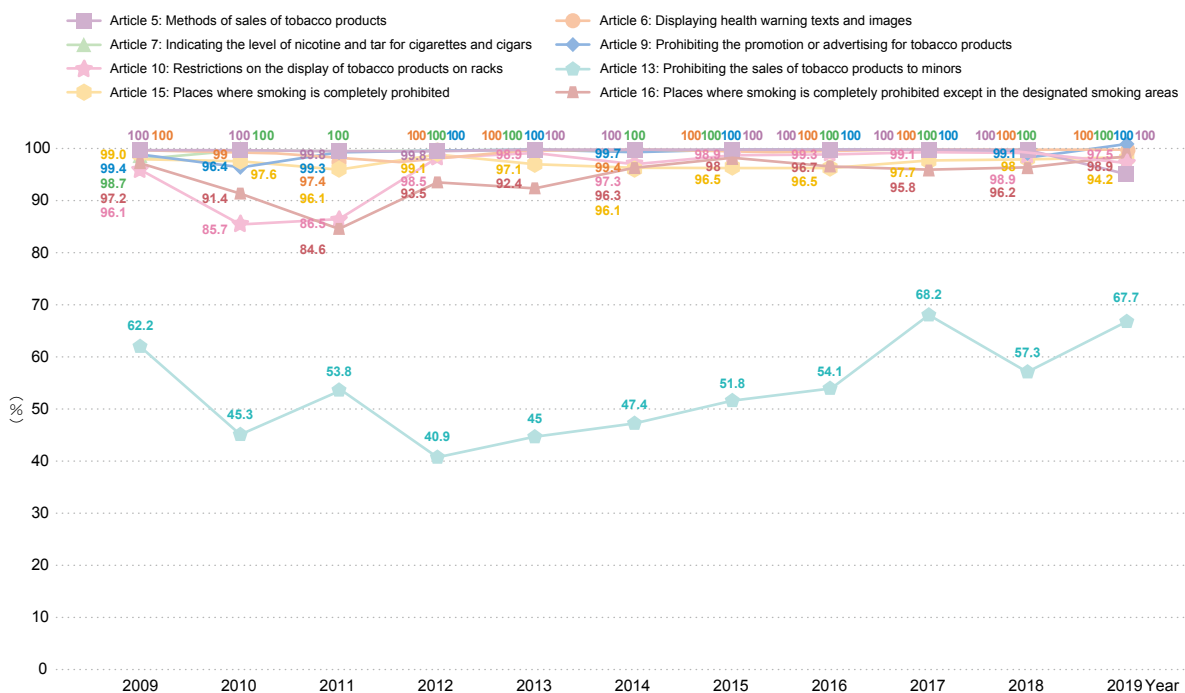


Table 2-7 Compliance rate with each article of the Tobacco Hazards Prevention Act for counties and cities evaluated during the 2019 on-site survey

Tobacco Hazards Prevention Act	Compliance rate (%)
Article 5: Methods of sales of tobacco products	100.0
Article 6: Displaying health warning texts and images	100.0
Article 7: Indicating the level of nicotine and tar for cigarettes and cigars	100.0
Article 9: Prohibiting the promotion or advertising for tobacco products	100.0
Article 10: Restrictions on the display of tobacco products on racks	97.5
Article 11: Prohibiting the provision of free tobacco products	100.0
Article 13: Prohibiting the sales of tobacco products to minors	67.7
Article 15: Places where smoking is completely prohibited	97.7
Article 15: Places where smoking is completely prohibited (unannounced and random surveys)	98.9
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	94.2

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. (Fig. 2-1)

Fig. 2-1 Comparison of average qualification rates of provisions of Tobacco Hazards Prevention Act for years 2009-2019



Prohibiting the sales and purchases of tobacco products amongst underage minors

Results of the Global Youth Tobacco Survey (GYTS) of 2019 show that close to 50% of all junior high school students who smoke can purchase their own cigarettes (45.4%); over 50% are not refused by stores when buying cigarettes (55.1%); and most purchases are made in grocery stores and traditional stores (55.8%). Moreover, 70.7% of all high school and vocational students who smoke can purchase their own cigarettes, 67.3% are not refused by stores when buying cigarettes, and most purchases are made in convenience stores (54.3%). 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, undercover buying inspections were carried out at 660 tobacco vendors across 22 counties and cities from April to September of 2019. Results showed that 32.3% of all four major convenience stores, supermarket chains, hypermarkets, betel nut vendors, and traditional grocery stores surveyed violated the law and sold products to minors (Fig. 2-2). The violation rate for major convenience stores was 12.9%, but reached as high as 46.1% and 44% for betel nut vendors and tobacco retailers respectively. Violation rates across the board remained below 50% in 2019. As for the improvement of violation rates between 2012 and 2019, supermarket chains showed the most significant improvement (41.7%) followed by convenience stores (34.9%), betel nut vendors (32.3%), and tobacco retailers (23.2%). This clearly indicates that employee training, the mystery shopper program, and shop visits for educational purposes implemented by major chains of convenience stores have been highly effective (Fig. 2-3).

Fig. 2-2 Investigation on violation rate of tobacco sellers on the rate of selling tobacco to teenagers for years of 2009-2019

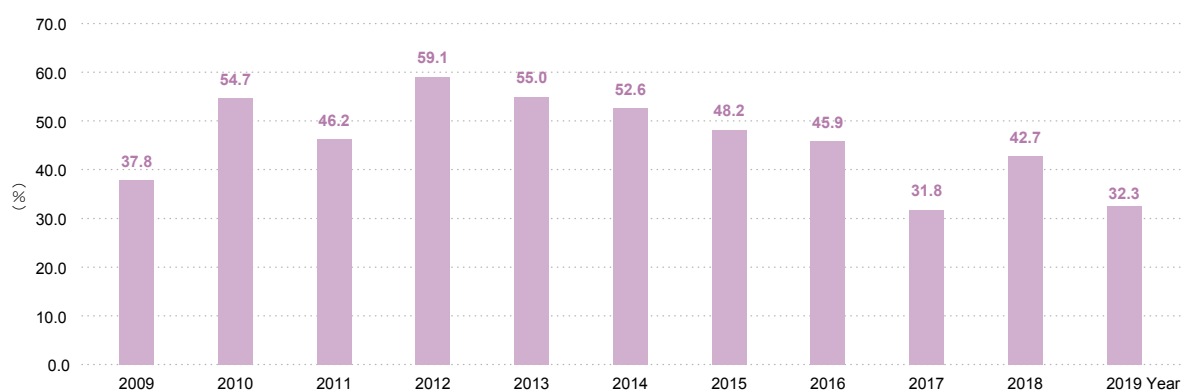
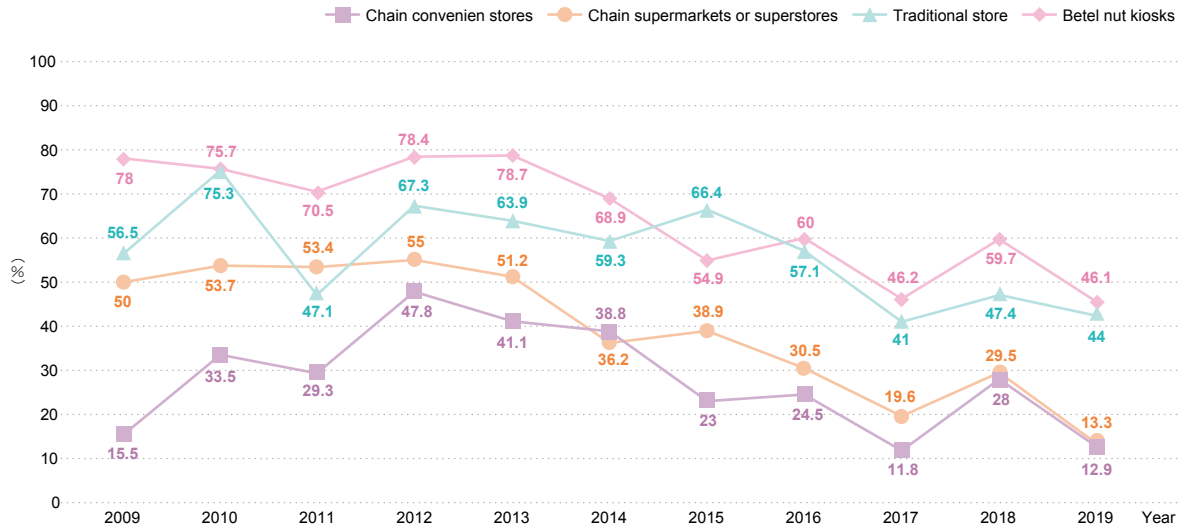




Fig. 2-3 Violation rate of various types of tobacco selling locations in 2009-2019



For the four major convenience stores, only 12.9% of the stores sold tobacco to minors in 2018. OKmart had the highest violation rate at 40%, followed by Hi-Life at 26.7%, 7-Eleven at 13.8% and FamilyMart at 2.0%. The violation rate decreased by 15.1% compared to 2018 (28.0%) (Fig. 2-4). For the chain supermarkets and hypermarkets, the tobacco selling violation rate of 25.0% for Wellcome was the highest, followed by RT-Mart at 22.2%, Simple Mart at 12.5%, PX Mart at 11.8% and Carrefour at 8.3%. (Fig. 2-5).

Fig. 2-4 Violation rate of chain convenient stores selling tobacco to minors in 2009-2019

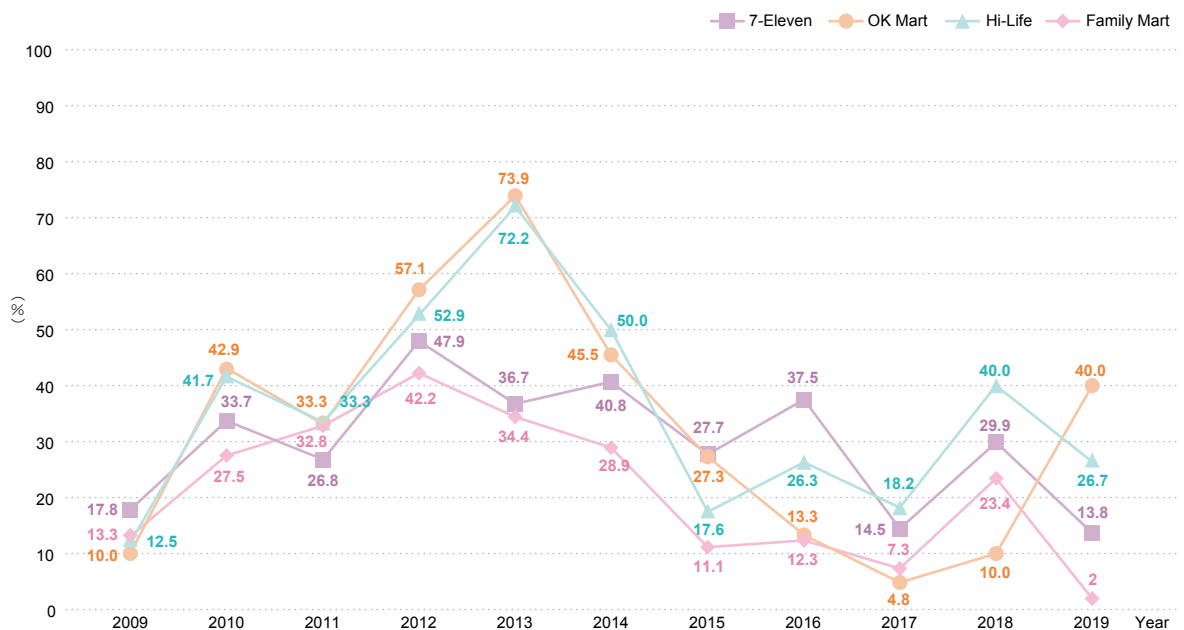
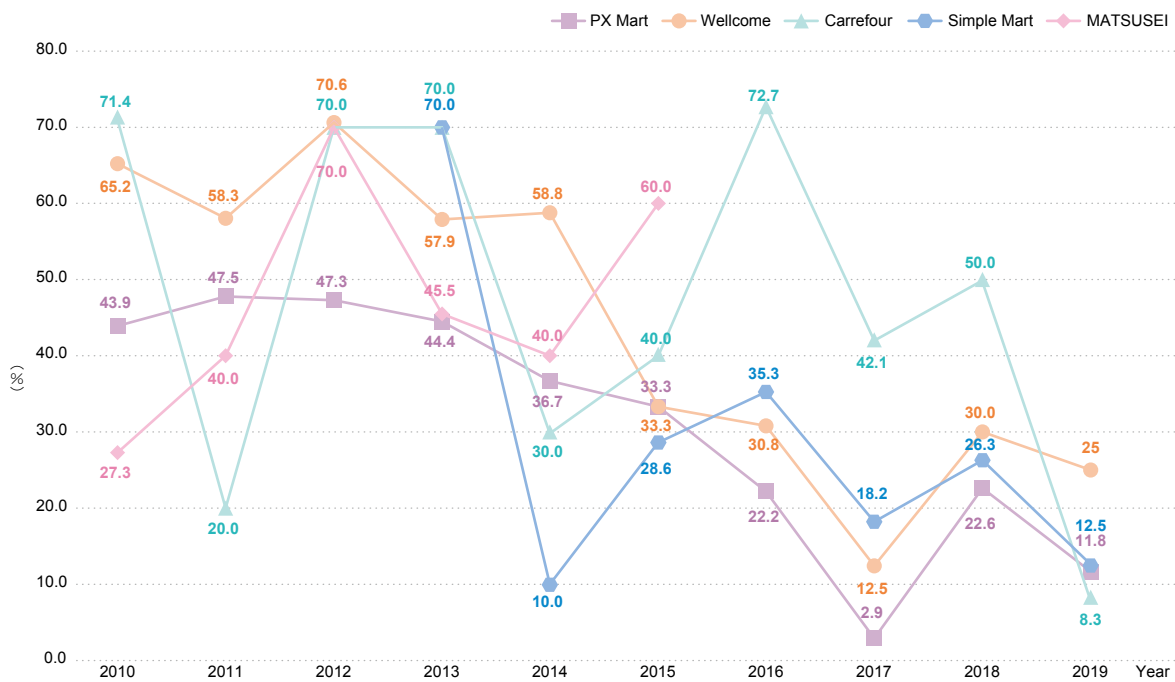


Fig. 2-5 Violation rate of chain supermarkets and superstores selling tobacco to minors in 2010-2019



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 10th, 2018, 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 minors. 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.



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 prohibit 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 strictness of 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 with 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 intelligence 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 lead to complex and devious means of smuggling contraband or counterfeit tobacco products, indicating that the exposure and seizure of illegal products would be dependent upon the accessibility and collection of cross-national information.

According to the Article 4 of the "Regulations of the Tobacco Health and Welfare Surcharge Distribution and Utilization", 1% of the Surcharge collected shall be allocated to central and local agencies responsible for investigating and seizing illicit tobacco products and preventing evasion of the Surcharge. Additionally, according to the "Guidelines on the Usage of Tobacco Health and Welfare Surcharge Funds for Seizure of Illicit Tobacco Products and Prevention of Tax Evasion", 95% of the allocated amount shall be used for investigating and seizing illicit tobacco products, while 5% shall be used for preventing evasion of the Tobacco 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. Central and local investigative agencies with proper deployment of limited manpower needed to continuously review and revise investigation plans and actual practices and to optimize work specializations and collaboration. Investigative agencies were thus able to devise strategic plans and various practices to improve overall performance of investigation.



4



Research, Monitoring and International Exchange

- Research and Monitoring
- Tobacco Ingredients Disclosure and Regulations
- 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. The HPA began monitoring smoking behaviors of individuals aged 18 years or more via representative sampling in various counties and cities since 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 since 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. In 2018, a total of 25,992 were called (25,535 of these interviewees were aged 18 or above). The comparison of the counties and cities with past trends, the HPA not only compared trends over the past years but also obtained representative samples in each county and city. As these annual surveys of national smoking behavior have become increasingly stable, in 2019 they were made biannual and so there is no data for 2019.

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.

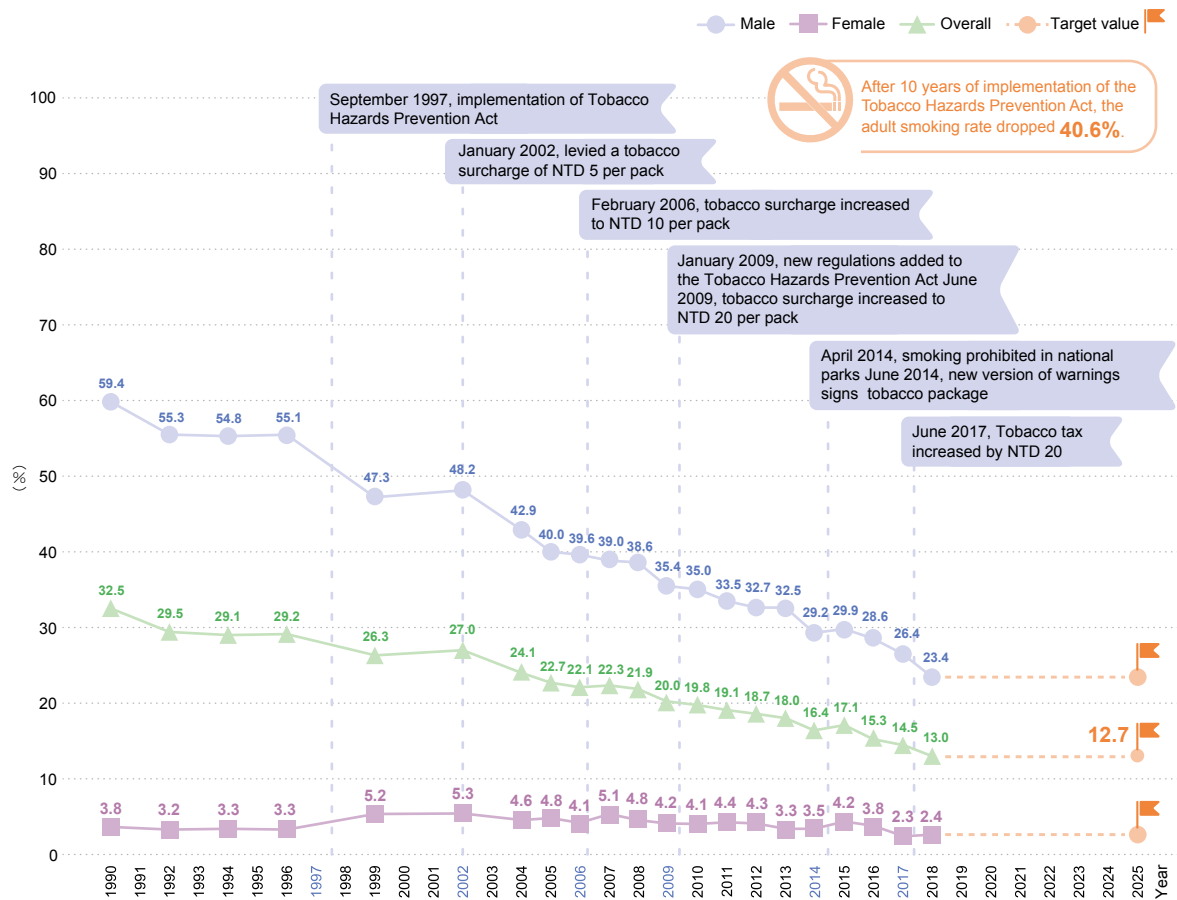




Current smoking rate

As a result of the enforcement of the new regulations set forth in the Tobacco Hazards Prevention Act in 2009 and implementation of various strategies, the adult smoking rate dropped from 21.9% in 2008 to 13.0% in 2018, which represents a significant decrease by 40.6%. (Fig. 3-1).

Fig. 3-1 Smoking rate of adults above the age of 18 in Taiwan over the years and future goal (weighting based on 2000 population structure)



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. Health Promotion Administration Adult Smoking Behavior Survey 2004-2018. In 2019 the ASBS was changed from an annual to a biannual survey so there is no data for that year.
- e. From 1999-2018 a smoker was defined as someone who had smoked more than 100 sticks of cigarettes (5 packs), and had smoked in the last 30 days.

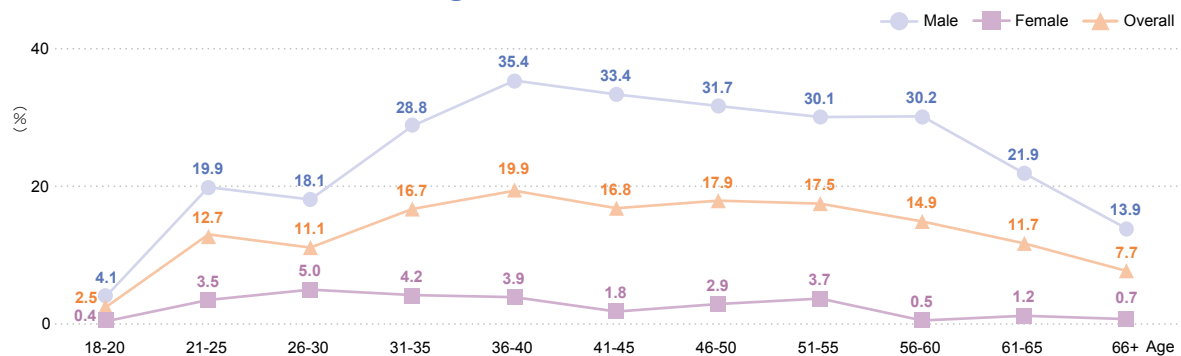
2. Questionnaire contents:

- a. Questionnaire contents from 1990 to 1996: "1 I 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 for 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 for 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 2018: "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 2018 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.

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 36-40 years old is of the highest percentage. 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 26-30 years old is of the highest percentage. Accordingly, such data shows that young males and females, enter the workplace the problem of fast development of smoking habit shall be treated seriously. (as shown in Fig. 3-2)

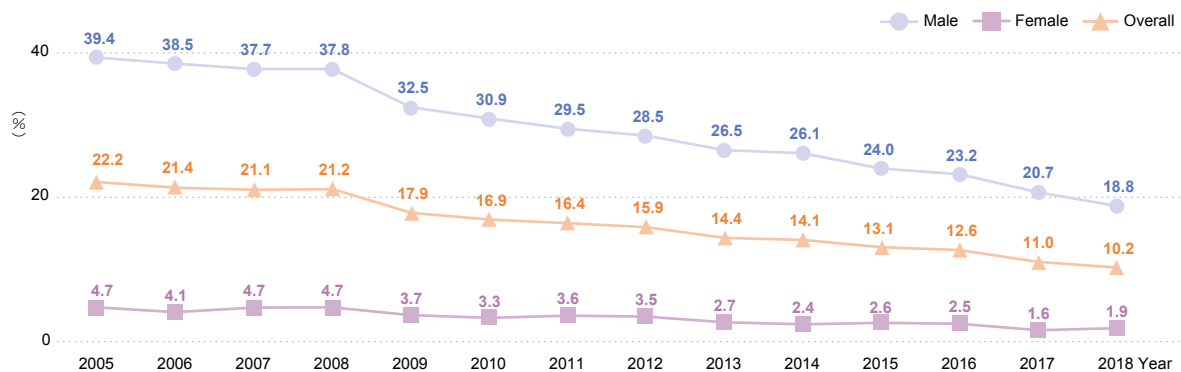
Fig. 3-2 Distribution of smoking rate of different age groups of males and females above the age of 18



Note:
 1. Data source: Smoking-related information of the general public collected via telephone interviews conducted by the HPA in 2018 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 smoking rates of Taiwanese citizens aged 18 and above in 2018 was 10.2%. (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: HPA "Adult Smoking Behavior Survey (ASBS)" analyzes adults aged 18 and above. However, because in 2019 the ASBS was changed from an annual to a biannual survey there is no data for that year.
 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.

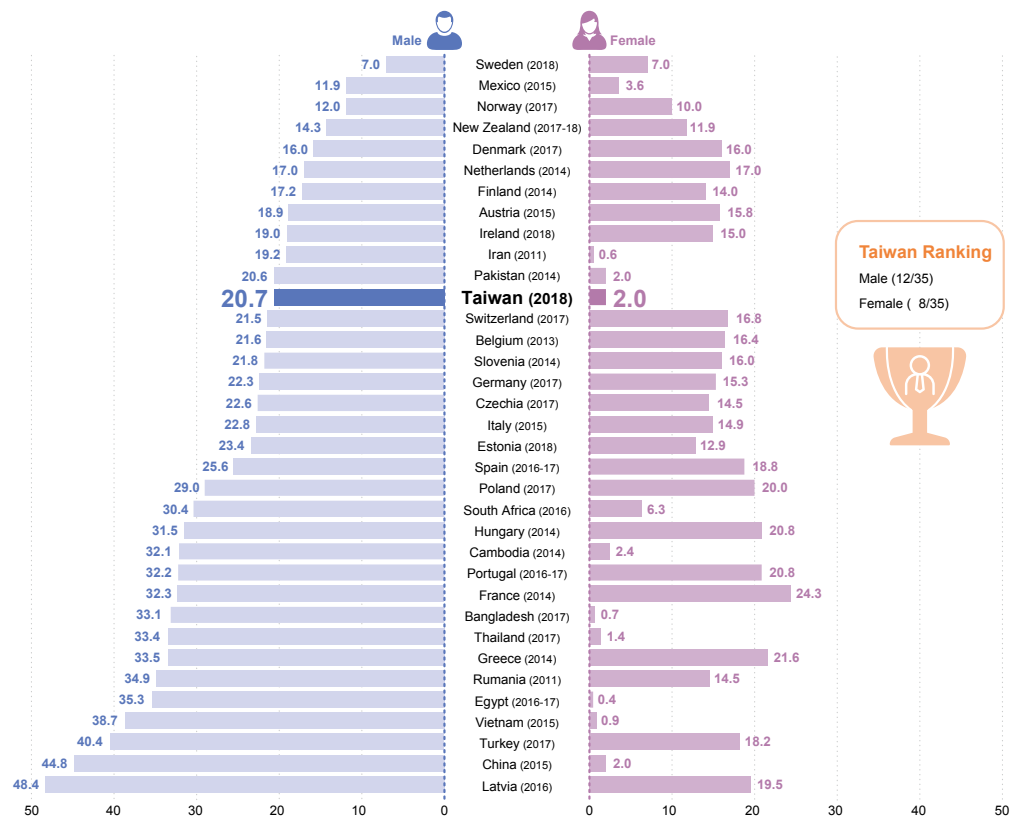


Daily smoking rate

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 11.5% in 2018. This was a near 39.0% decrease compared to the rate of 2008. Daily smoking rate is highest (15.9%) for those from 40 to 49 years of age. When compared to the data of 2008, the greatest decreases were observed for those from 18 to 29 years of age which dropped from 16.6% to 6.6% (60% reduction) and those above 65 years of age which dropped from 14.3% to 6.8% (50% reduction).

After compiling smoking behavior results, it is evident that the smoking rate of local citizens aged 15 and above was 11.5% in 2018 (male smoking rate of 20.7%). The female smoking rate reached 2.0%, which is the sixth highest percentage among the 34 compared countries. However, smoking rates among men was still very high, placing Taiwan at the 12th place for lowest smoking rates and higher than many developed countries. These data showed that tobacco controls can still be improved in Taiwan. (Fig. 3-4)

Fig. 3-4 Smoking rates in different countries



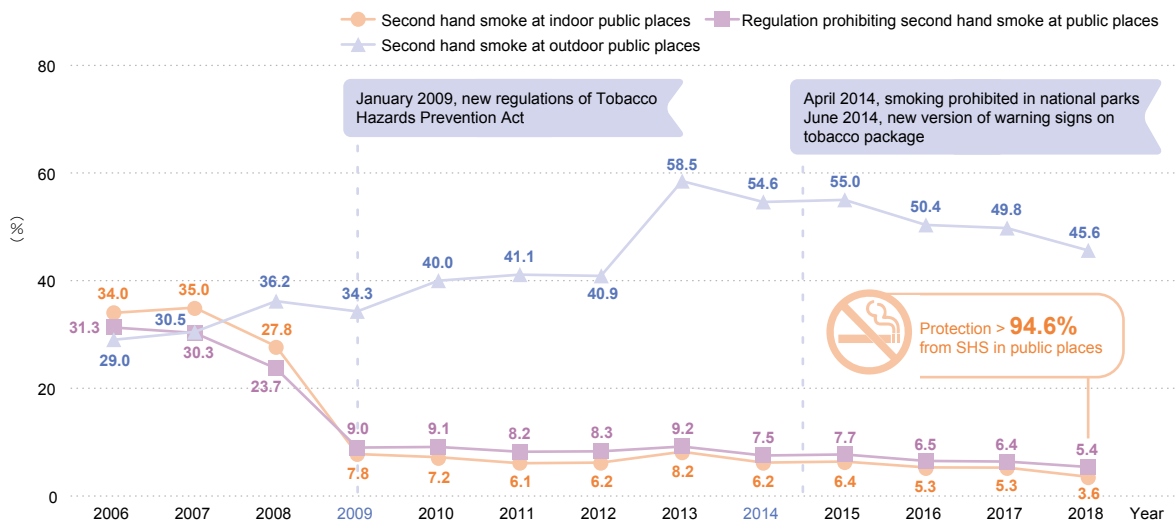
Note:
 1. National data sources:
 a. Data source: WHO Report on The Global Tobacco Epidemic 2017 and WHO Report on The Global Tobacco Epidemic 2019
 b. The smoking rate is calculated based on the daily smoking rate (including various tobacco products) among individuals aged 15 and above
 2. Information 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".
 b. Questionnaire item: "Have you smoked more than 5 packs of cigarettes (about 100 sticks) by this time?", "Do you still smoke every day, occasionally, or none at all?" If the respondents gave the answer of "I don't know/ not sure", "others", or "refused to answer", they will be considered missing data.
 c. Values were based upon the Taiwan region household census of 2000 carried out by the Directorate-General of Budget, Accounting, and Statistics (DGBAS). Weight adjustments were carried out according to gender, age, education background, and characteristics of the area of residence.
 d. In comparing national data from different countries, the data from Taiwan is taken from the 2018 survey. However, because cigarette use accounts for the vast majority of tobacco products consumed in Taiwan comparisons are made with the cigarette smoking rate. In 2013, the daily smoking rate of people aged 15 and above was 15.2% (male 28.1%, female 2.2%); in 2014, the daily smoking rate of people aged 15 and above was 13.9% (male 24.9%, female 3.2%); in 2016, the daily smoking rate of people aged 15 and above was 14.3% (male 25.1%, female 3.4%), in 2017, the daily smoking rate of people aged 15 and above was 12.5% (male 23.3%, female 1.4%), in 2018, the daily smoking rate of people aged 15 and above was 11.5% (male 20.7%, female 2.0%).

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. Actually, even smoking in ventilated indoor areas generates second-hand 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. These smoking bans have resulted in a 94.6% 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 45.6% in 2018.(as shown in Fig. 3-5)

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



Note:

- Data source: HPA "Adult Smoking Behavior Survey (ASBS)" analyzes adults aged 18 and above. However, because in 2019 the ASBS was changed from an annual to a biannual survey there is no data for that year.
- Definitions:
 - 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.
 - 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.
 - 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 and indoor public areas stipulated by the Tobacco Hazards Prevention Act excluding their own residences or workplaces.
- Questionnaire Item:
 - 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.
 - Questionnaire item from 2008 and 2018: "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.
- 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.



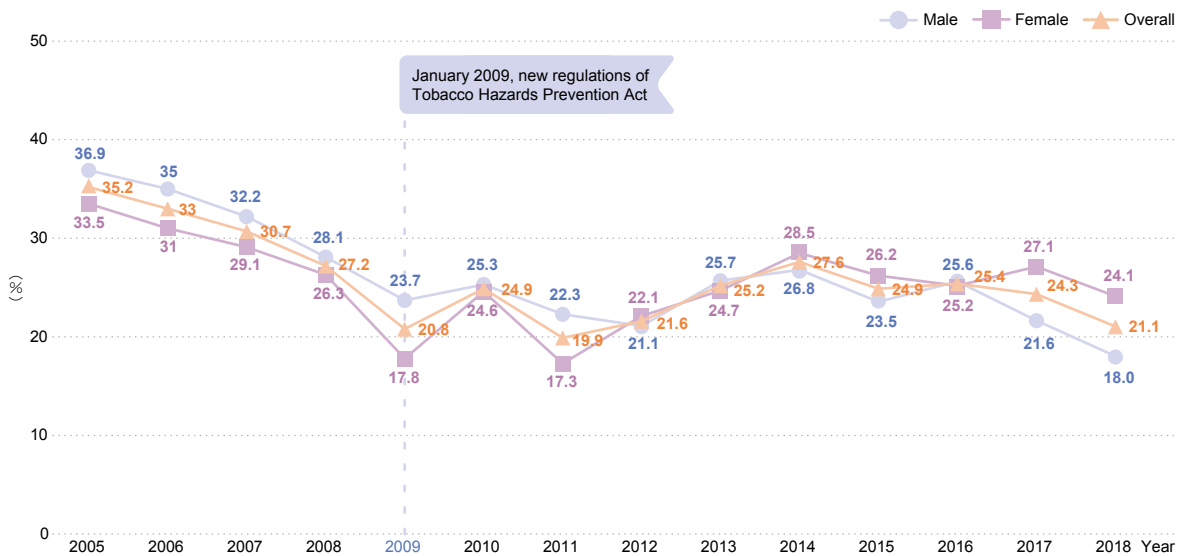
Further analysis and researches indicate that most of the public places where smokers smoke in front of others as expressed by people exposed to second-hand smoke most often are outdoor places are not covered by the law, in order: "outdoor access locations of roads, streets, arcades etc." (26.3%), "outside of restaurants, open-air restaurants, outdoor wedding ceremonies and funerals" (8.9%), "parks and landscape site" (7.4%), and "night markets, street vendors, open-air markets" (4.6%) in sequence.

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-hand 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.

However, the home second-hand smoke exposure rate decreased to 21.1% in 2018, 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 (especially women and children). (Fig. 3-6)

Fig. 3-6 Trend of home second-hand smoke exposure rate of adults



Note:

1. Data source: HPA "Adult Smoking Behavior Survey (ASBS)" analyzes adults aged 18 and above. However, because in 2019 the ASBS was changed from an annual to a biannual survey there is no data for that year.
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 value.
 - b. Questionnaire item from 2009 to 2018: "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 value.
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 2018, 40% of smokers no longer smoke now (overall 42.0%, male

42.0%, female 41.2%), and the most important reasons of quitting smoke is the health concern (44.7%) for improving health, fear of illness, aging, pregnancy etc., and quitting smoking without reason (17.3%), and the subsequent concerns are family and peers (14.8%), and the concern on the overly high price of tobacco (8.9%).^{1,2,3}

Nevertheless, there are still 28.8% of current smokers express that attempts to quit in the past one year but have failed to quit smoking (male 28.5%, female 32.1%)^{1,2,3}, among which 67.2% of interviewees have expressed that the duration of smoking cessation lasted less than 1 month.

Note:

1. Data source: HPA "Adult Smoking Behavior Survey (ASBS)" analyzes adults aged 18 and above. However, because in 2019 the ASBS was changed from an annual to a biannual survey there is no data for that year.
2. 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.
3. Questionnaire survey items: "What is the main reason you want to stop smoking?" (pick one). If a respondent "refuses to answer" question it is considered missing value.
4. 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.

Smoking cessation services

As for the awareness and utilization of smoking cessation resources by the general public, only 23.9% of all interviewees (without prompting) are aware of smoking cessation services provided by health agencies including outpatient smoking cessation and relevant courses and hotlines^{1,2,3}. Among smokers who have unsuccessfully attempted to quit smoking, only 7.5% have utilized outpatient smoking cessation services and 7.8% purchased smoking cessation drugs at pharmacies as smoking cessation methods within the past 12 months. A total of 63.7% indicate that they rely on their own willpower.^{1,2,4}

As a result, although 39.5%^{1,2,5} of smokers who have attempted to quit smoking plan to make another attempt within the next 12 months, they have been unable to kick the habit and continue to smoke. 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.

Note:

1. Data 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. However, because in 2019 the ASBS was changed from an annual to a biannual survey there is no data for that year.
2. 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.
3. Questionnaire item: "Are you aware which services health agencies provide to help with smoking cessation? (without prompting, the interviewer should question closely, allow a maximum of three choices)." If a respondent "refuses to answer" it is considered missing value.
4. Questionnaire item: "What methods of smoking cessation have you tried in the past 12 months? (when the respondent replies smoking cessation drugs – for example patches, inhalants, chewable tablets – the interviewer should follow up by asking whether the smoking cessation drugs were obtained at an out-patient department or pharmacy) (without prompting, the interviewer should question closely, allowing a maximum of three choices)." If a respondent "refuses to answer" the question it is considered missing value.
5. 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.



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 head and neck cancers, leukemia (AML), stomach, liver, kidney, pancreatic, colon, and cervical cancers. Statistics released by the WHO reveal that tobacco use, which is a preventable cause of death, kills over 8 million people each year. The economic cost is immense (health care costs and productivity losses amount to a total of over USD 1.4 trillion. In Taiwan, 25,000 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 USD 65 billion and overall economic losses of USD 185.8 billion (average losses of almost USD 6,000 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 2018 showed that 82.2% of the respondents (without prompting) were capable of naming diseases caused by smoking without any prompting. However, this means that 15.5% of the respondents were not aware of the diseases caused by smoking. Results also showed that 2.3% of the respondents mistakenly believe that smoking would not lead to any diseases.^{1,2,3}

In addition to second-hand smoke hazards, family members living with smokers also face the threat of "third-hand smoke." Researches have proven that even if smokers do not smoke near children, third-hand smoke residue on clothing or in cars and houses can also cause leukemia. According to the 2018 survey, 81.6% of the general public agreed with the statement: "It is also harmful to stay or work in a room where someone has smoked before"; however, 5.9% disagreed with the statement, 1.1% felt it was not necessarily the case and 11.4% had no idea whether the statement was true or false.^{1,2,4}

Note:

1. Data 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. However, because in 2019 the ASBS was changed from an annual to a biannual survey there is no data for that year.
2. 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.
3. 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 value.
4. Questionnaire question: It is said that being in a room in which someone has smoked is harmful to health. Do you think this is right or wrong? If the respondents gave the answer of "refused to answer", they will be considered missing value.

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. Since 2019, the "Youth Smoking Behavior Survey" has been conducted biennially.

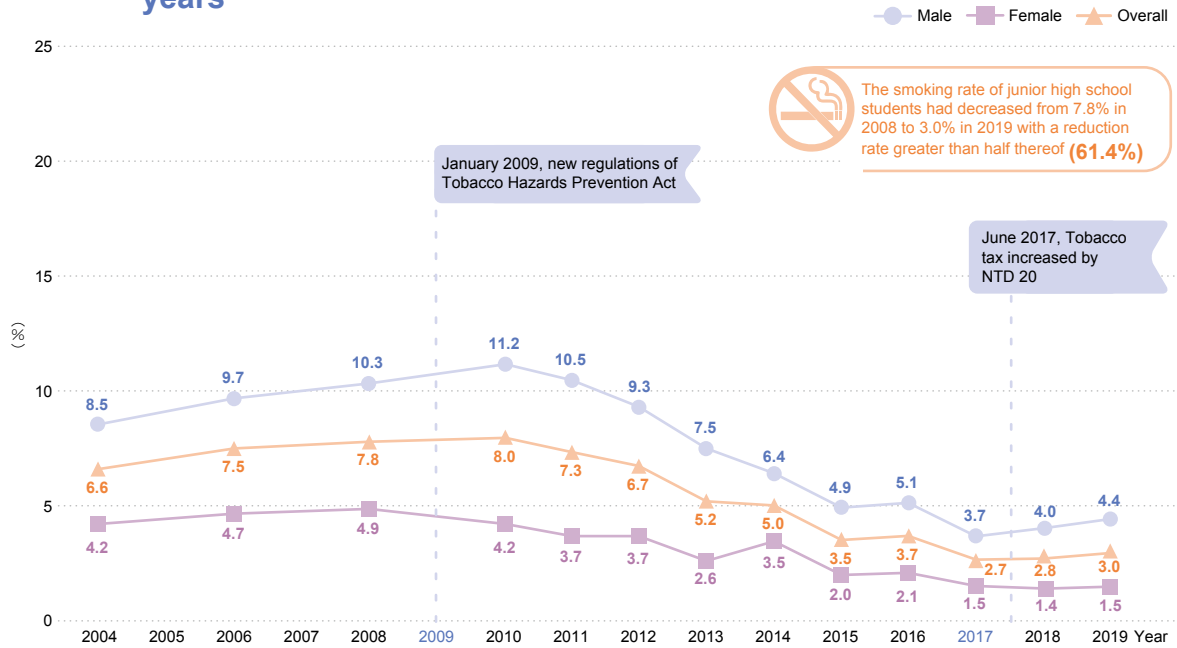
The students sampled for this survey must be capable of representing students in junior highs, senior highs, senior vocational schools, as well as the 1st to 3rd years of 5-year junior colleges. Systematic random sampling was employed to select the sampled schools followed by selecting the "sampled classes". The target of the survey will then be every single student within the sampled class. The survey conducted in 2019 sampled 47,627 students (22,464 junior high students and 25,163 senior high and vocational school students). Questionnaire surveys were completed anonymously. A total of 42,193 completed surveys were collected (20,538 from junior high schools and 21,655 from senior high and vocational schools) for a completion rate of 88.59% (91.43% for junior high schools and 86.06% for senior high and vocational schools).

Smoking rate

In 2019, 3.0% of junior high school students smoked (males 4.4%, females 1.5%), representing a small increase from 2.8% (males 4.0%, females 1.4%) in 2018 which is statistically insignificant (Fig. 3-7); In 2019, 8.4% of senior and vocational high school students smoked (males 12.7%, females 3.7%), representing a small increase from 8.0% (males 11.3%, females 4.4%) in 2018 which is also statistically insignificant (Fig. 3-7). However, viewed by gender the number of male students who smoked increased from 2018-2019, whereas fewer female students smoked, both of which were statistically significant (Fig. 3-8). On the whole, smoking by junior high, senior and vocational high school students has been gradually brought under control, but more senior and vocational high school students smoke than junior high students. And the smoking rate of junior high, senior and vocational high school students increased for male students from 2018-2019, and continuous efforts from the health and education related units are required.



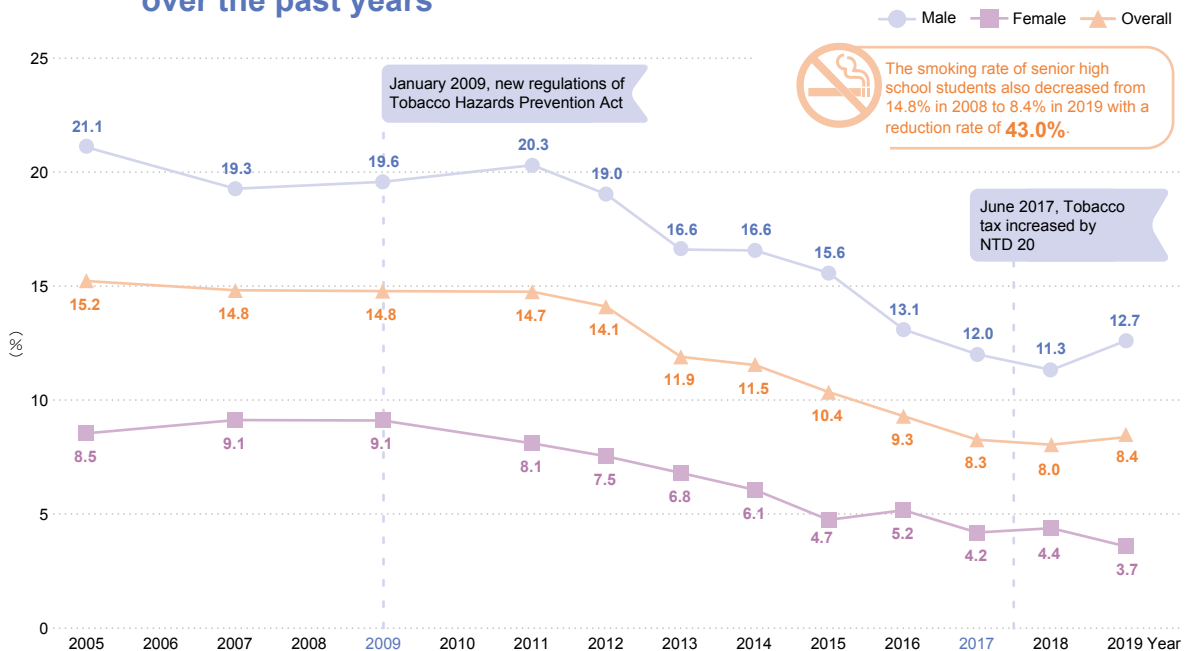
Fig. 3.7 Current smoking rate of junior high school students over the past years



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".

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

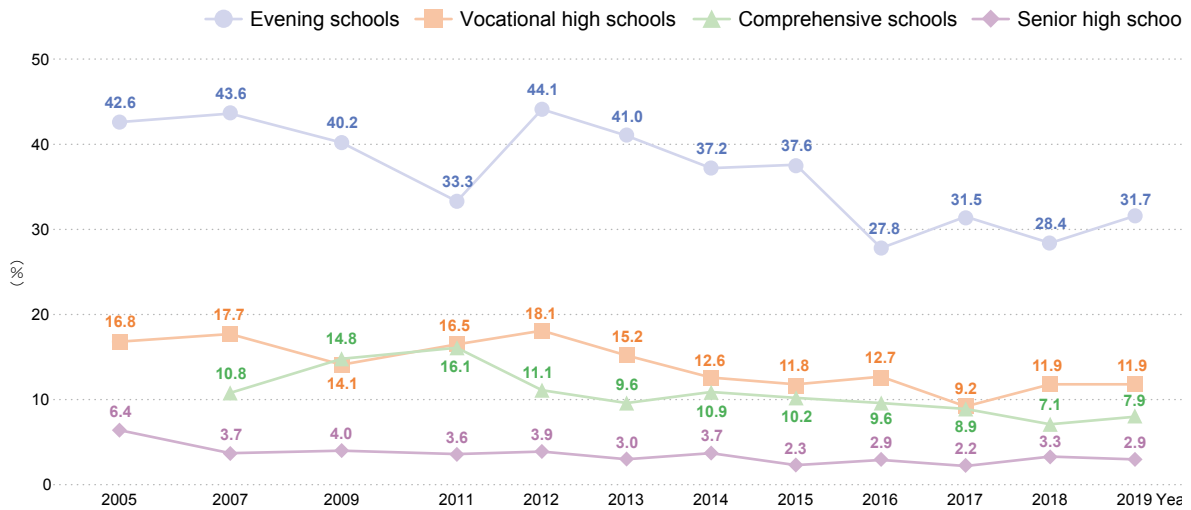


Note:

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 2005 to 2010, the method of iteration for every other year was adopted for students of "junior high school" and "grades 1 to 3 of senior high school, vocational high school and five-year junior college".

The result of further analysis of the senior and vocational high school students indicate that the smoking rate among night school students increase from 28.4% in 2018 to 31.7% in 2019, which is statistically insignificant. (as shown in Fig. 3-9)

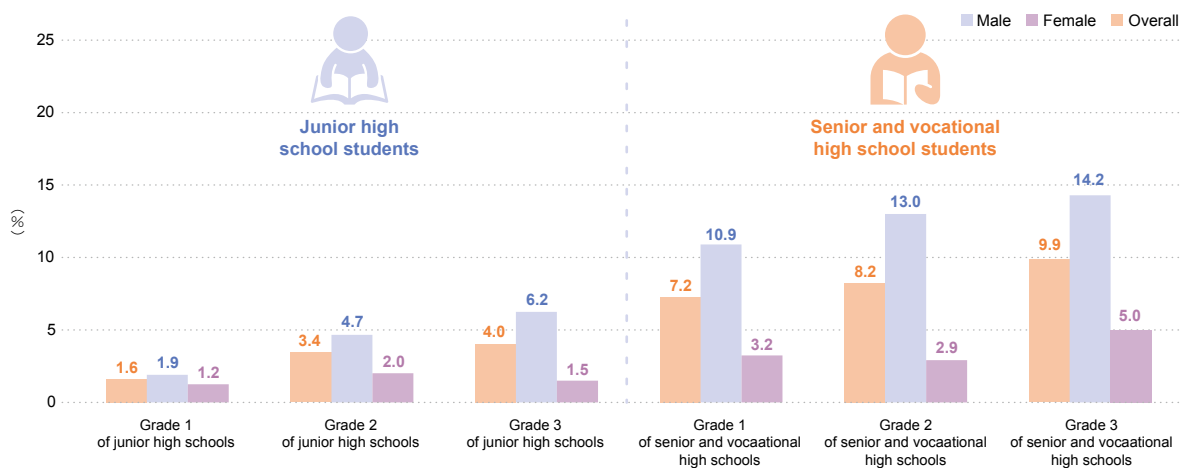
Fig. 3-9 Smoking rates of students of different school types of senior and vocational high schools over the past years



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 2005 to 2010, the method of iteration for every other year was adopted for students of "junior high school" and "grades 1 to 3 of senior high school, vocational high school and five-year junior college".

From the comparison between the data of the smoking rates of students of different grades of junior high schools and senior and vocational high schools, the result indicates that the smoking rates of the students of junior high school and senior and vocational high school students have an increasing trend over the past years. (as shown in Fig. 3-10)

Fig. 3-10 2019 Smoking rates of different grades of junior high schools and senior and vocational high schools

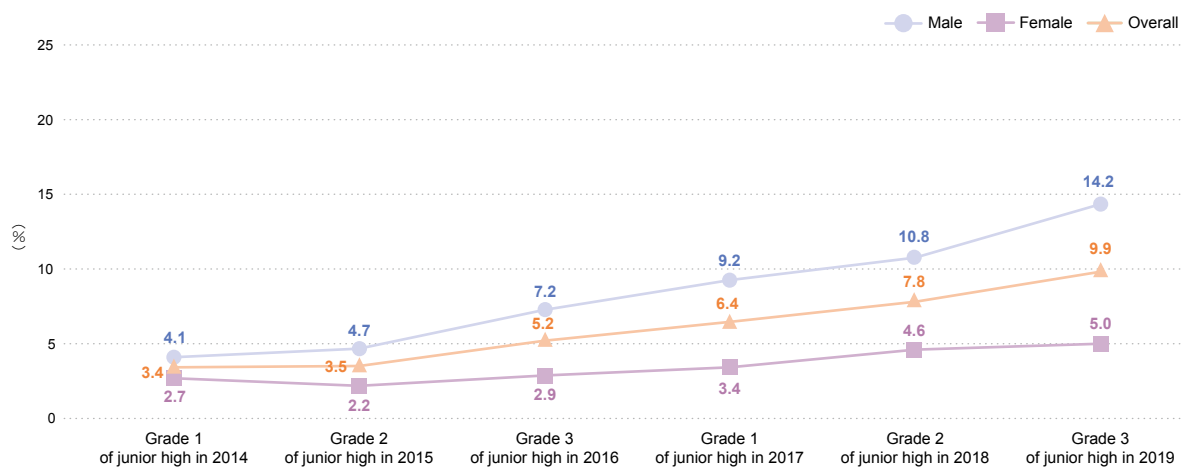


Note:
 1. Data source: "Taiwan Global Youth Tobacco Survey" by HPA in 2019; relevant data of teenager smoking were collected through entire classes selected; the subjects of analysis were all groups.
 2. Definition of senior and vocational high school students: students of grades 1 to 3 of senior high 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 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.

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



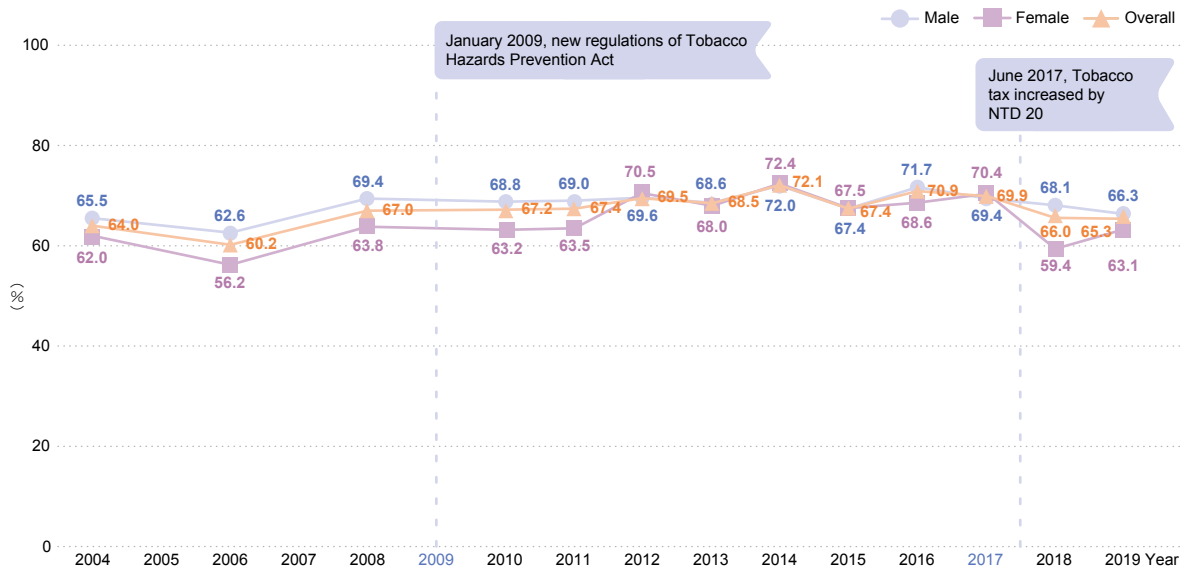
Note:

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

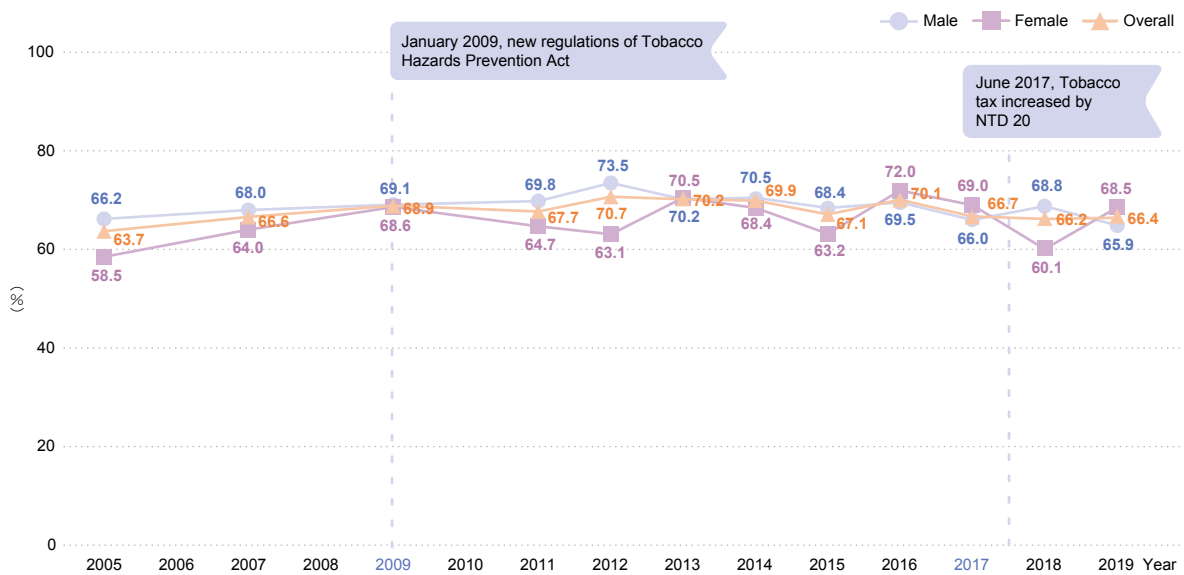
The smoking rate for junior high school students and senior and vocational high school students in 2019 rose slightly when compared with that in 2018 and it was the first increase after the implementation of the Tobacco Hazard Prevention Act, although it is statistically insignificant. In the survey of 2019, the percentage of current smokers with experience of smoking cessation decreased slightly when compared with that in 2018. About 60% of student smokers in junior high schools and senior and vocational high school also responded that they had experiences in smoking cessation in the last year (Fig. 3-12, Fig. 3-13). And the quit attempt in 2019 also decreased slightly when compared with that in 2018. About 50% of junior high school and senior and vocational high school students expressed a willingness to quit smoking (Fig. 3-14, Fig. 3-15). Overall, although smoking cessation experience and reduced willingness to quit smoking show statistical insignificant, we still have to work hard to make smoking students have the motivation and willingness to quit smoking.

Fig. 3-12 Percentage of 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."

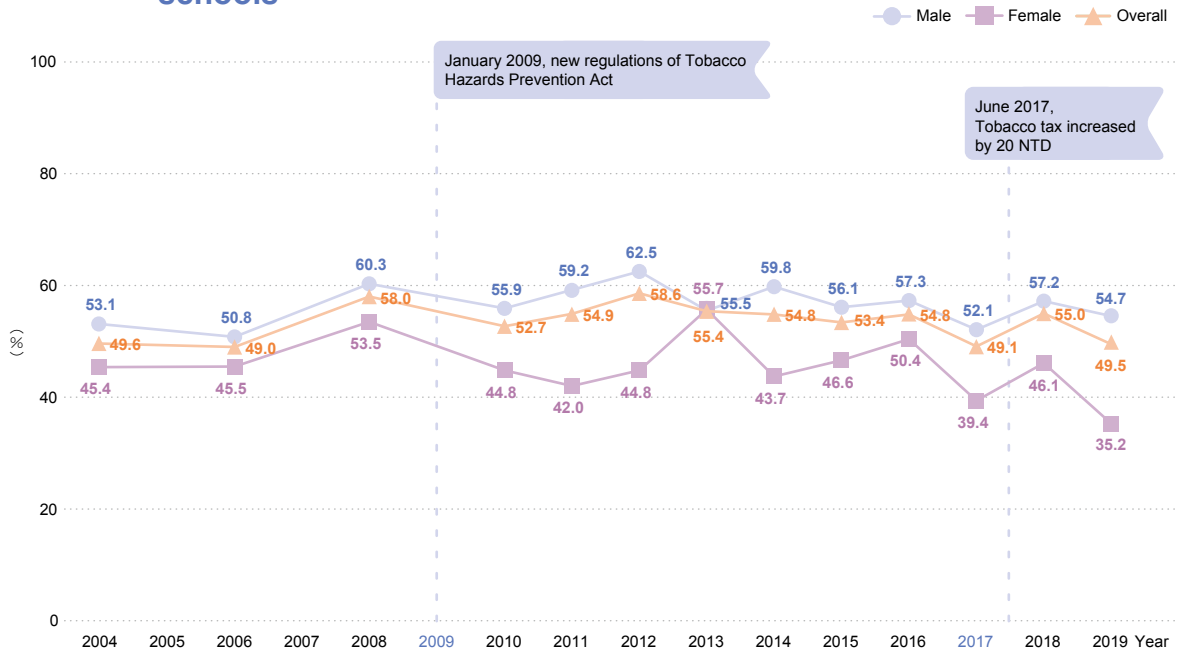
Fig. 3-13 Percentage of cessation experience of smoking students of senior and vocational high schools



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 junior high school students.
 2. Definition of smoking cessation experience: smoker has tried quitting smoke in the past year.
 3. Survey question: In the past 12 months, have you tried to quit smoking?
 4. For the surveys conducted in 2005 to 2010, the method of iteration for every other year was adopted for students of "junior high school" and "grades 1 to 3 of senior high school, vocational high school and five-year junior college."



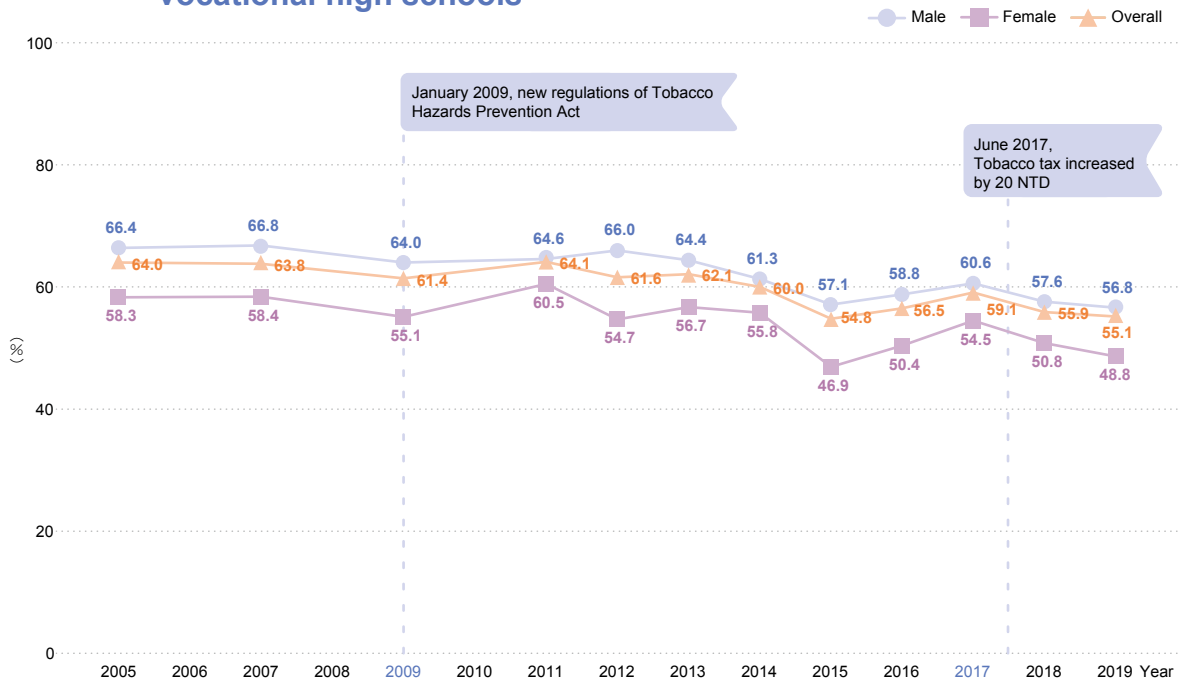
Fig. 3-14 Percentage of quit attempt of smoking students of junior high schools



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".

Fig. 3-15 Percentage of quit attempt of smoking students of senior and vocational high schools



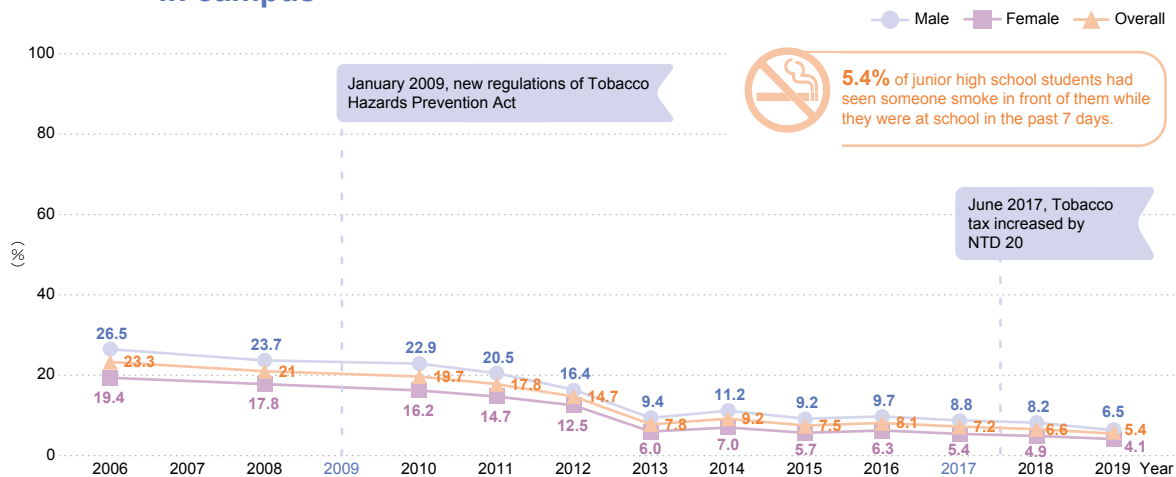
Note:

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 2005 to 2010, the method of iteration for every other year was adopted for students of "junior high school" and "grades 1 to 3 of senior high school, vocational high school and five-year junior college".

Second-hand smoke exposure rates inside and outside of campuses

The second-hand smoke exposure rate on campus has been improved over the past years (Fig. 3-16, Fig. 3-17). However, the second-hand smoke exposure rate in schools slightly increased for the first time in 7 years in 2014, and decreased year by year from 2016-2019. Further analysis shows that the primary source of second-hand smoke of junior high schools are non-school members (41.0%), for senior and vocational high schools, the primary source are smoking students (62.4%) (Fig. 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.

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

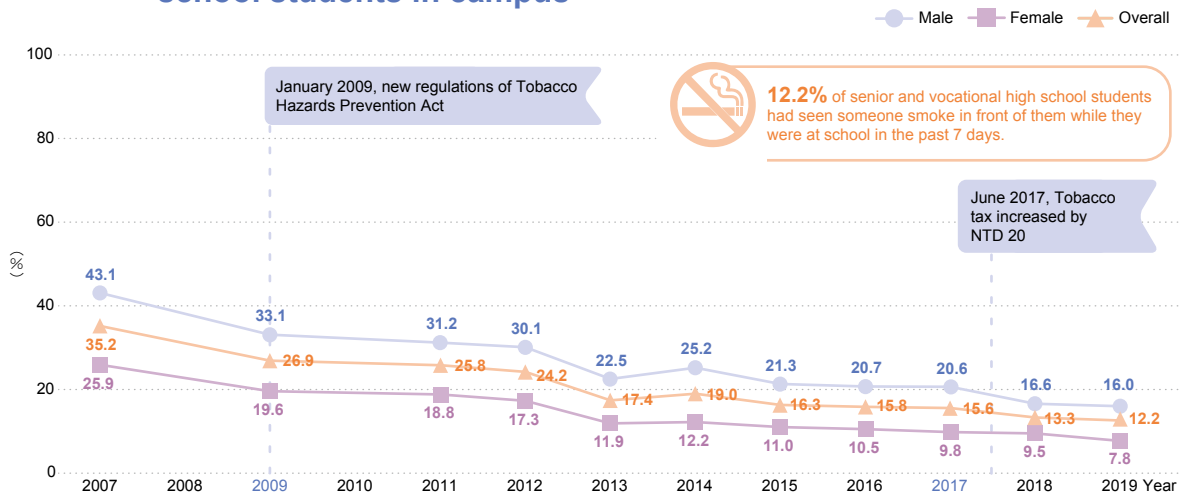


5.4% of junior high school students had seen someone smoke in front of them while they were at school in the past 7 days.

- 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 2006 to 2010, the method of iteration for every other year was adopted for students of "junior high school" and "grades 1 to 3 of senior high school, vocational high school and five-year junior college".



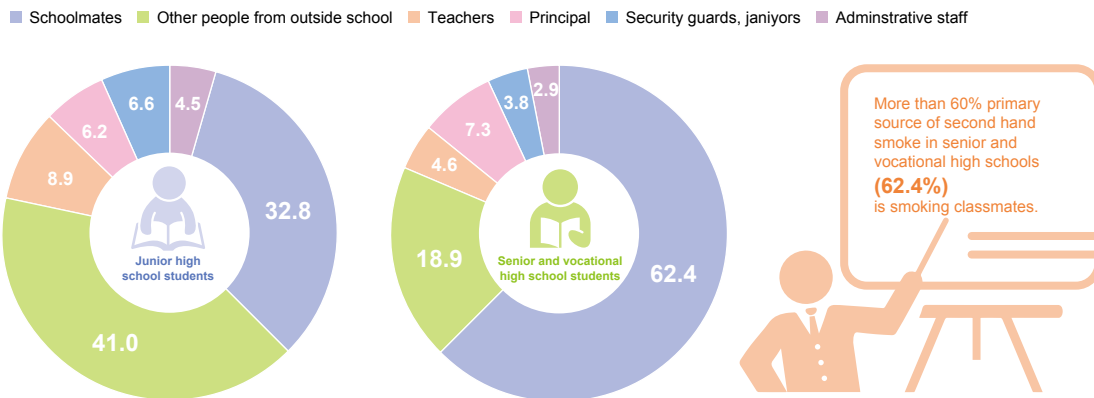
Fig. 3-17 Second-hand smoke exposure rate of senior and vocational high school students in campus



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 2007 to 2010, the method of iteration for every other year was adopted for students of "junior high school" and "grades 1 to 3 of senior high school, vocational high school and five-year junior college".

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



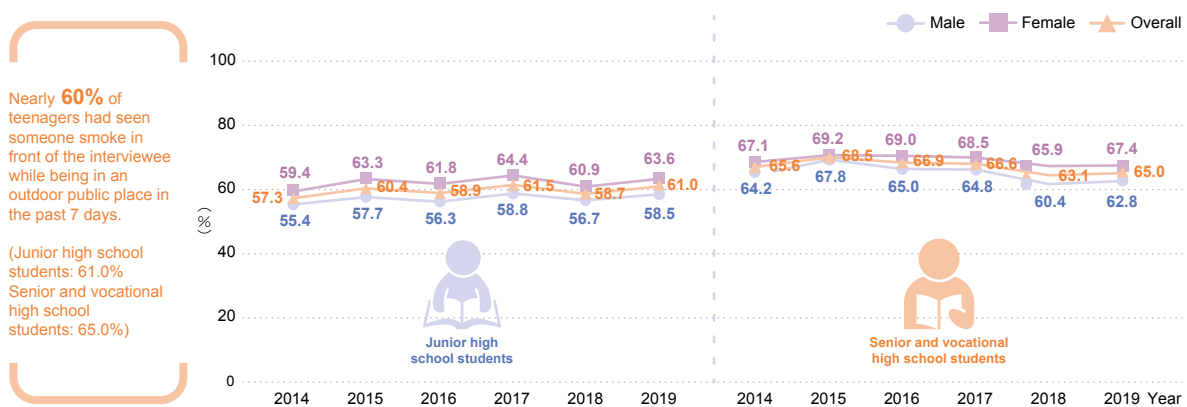
Note:

1. Data source: HPA 2019 "Taiwan Youth Tobacco Survey."
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 still over 60%. In 2019, the second hand exposure rate of junior high school students at public place outside campus was 61.0% higher than 2018. In 2019, the second hand exposure rate of senior and vocational high school students at public place outside campus was 65.0%, a slight increase on 2018 (Fig. 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 12.3%, senior and vocational high school 18.0%). 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 2019, the result showed that 68.7% of junior high school students and 73.2% of senior and vocational high school students agreed on prohibition of smoking at public places outside schools, such as entertainment parks, sidewalks, entrances and exits of buildings, parks or beaches etc.

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



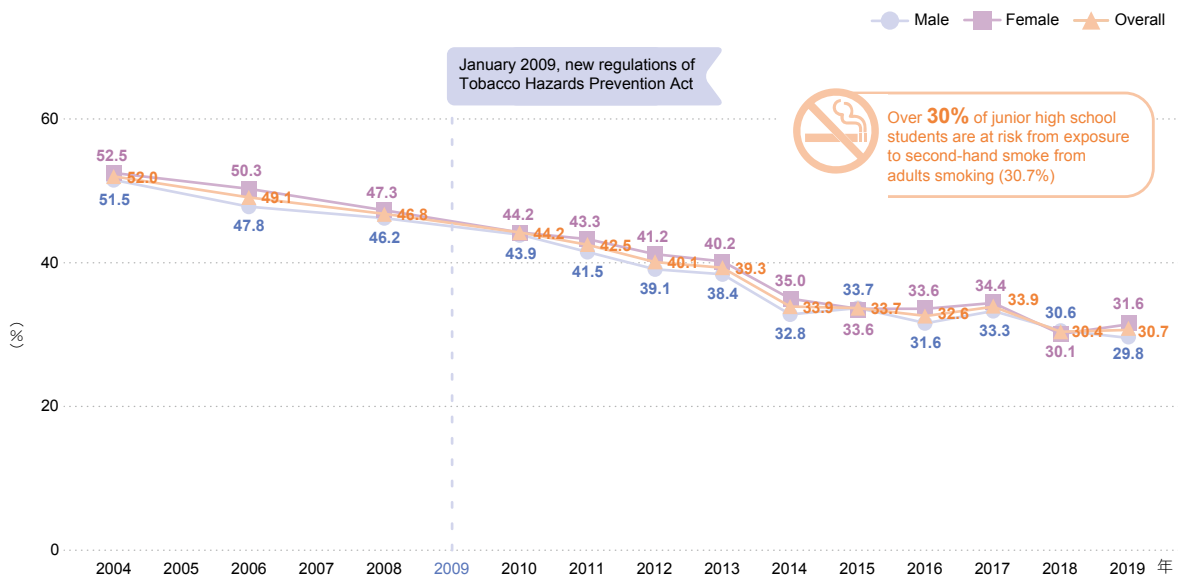
Note:
 1. Data source: "Taiwan Global Youth Tobacco" by HPA; the subjects of analysis were all groups.
 2. Definition of second-hand smoke exposure at public place outside campus: in the past 7 days, someone smoked in front of the interviewee while being in an outdoor public place (such as: entertainment 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

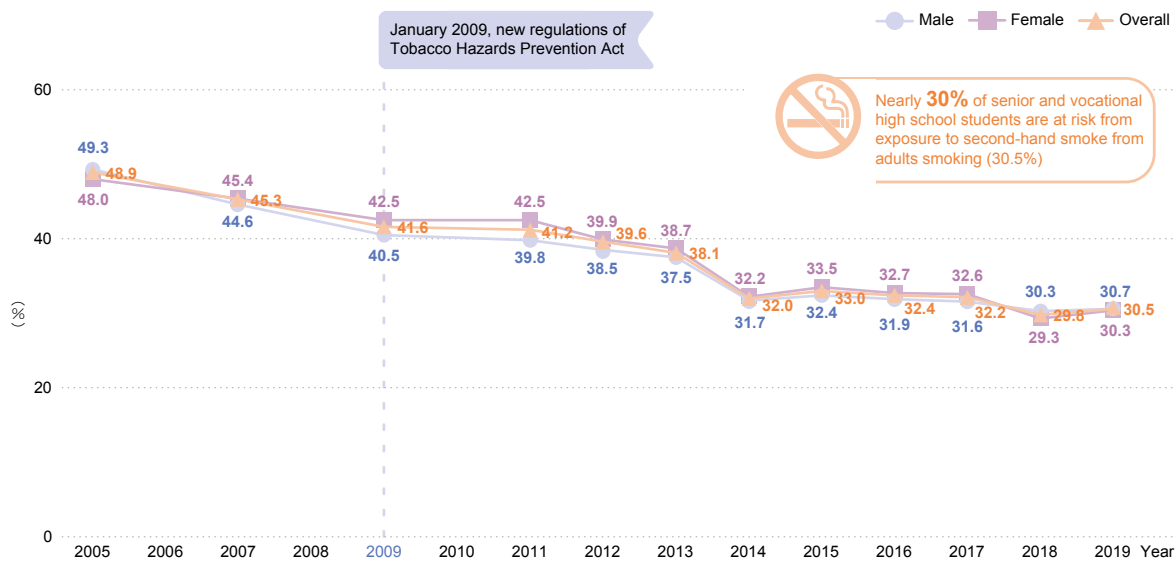
For most of non-smoking teenagers, they may be in the risk of second-hand smoke exposure due to smoking elders at home (Fig. 3-20, Fig. 3-21). In comparison to the survey results of previous years, the second-hand smoke exposure rate of teenagers in homes (in 2019 it was 30.7% of junior high school students and 30.5% of senior and vocational high school students), has been improved; it still remains over 30%.

Fig. 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 2005 to 2010, the method of iteration for every other year was adopted for students of "junior high school" and "grades 1 to 3 of senior high school, vocational high school and five-year junior college."

Relevant factors affecting the smoking behavior of teenagers

2019 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 4.8% and 12.5% respectively, which are approximately 2 to 3 times (junior high school students 1.7%, senior and vocational school students 5.1%) higher than the smoking rates of students having none of the parents smoking (junior high school 2.8 times, senior and vocational high school students 2.5 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 32.2%, senior and vocational high school 46.4%), which is more than 10 times (junior high school 15.8 times, senior and vocational high school 10.2 times) higher than the smoking rate of students having no or few friends (junior high school students 2.0%, senior and vocational high school students 4.5%). For non-smoking students, the surveys indicate that 9.5% of junior high school



students and 10.4% of senior and vocational high school students express that they will smoke when friends offer cigarettes in the next one year. In other words, a lot of teenage students are deeply influenced by the attitude of smoking of friends. Parents should care about the lives of their children, spending of pocket money, academic performance, conditions of friends made etc. regularly and shall also talk to children about how to keep away from those offering smokes such that when there is any abnormal people, time, place, object and method, immediate understanding and handling shall be made in order to help children to keep away from those hazardous factors of smoking and to successfully quit smoking.

Tobacco Depictions and Imagery Monitoring

In 2015, the WHO issued the third version of its "Smoke-free movies: from evidence to action" report. This noted that scenes in which people smoke is a factor in persuading teenagers to experiment with smoking. In addition, the academic journal "Pediatrics" published a survey of 6,500 children aged 10-14 in the US. This empirical research pointed out that those who had seen many scenes of people smoking in movies were 33%-49% more likely to start smoking over the next two years relative to those exposed to fewer such scenes.

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 2019, 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), 333 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 270 news shows for a total of 16,200 minutes of television news contents (including 7~8 pm of evening news from 10 radio TV and cable TV channels). Monitoring revealed that on average there were 22.67 tobacco products depictions or imagery per movie in 2019. Although this was slightly lower than 2018 (25.80), it was higher than the average for 2008-2017 (16.72). In addition, over the past two years there has been an increase in tobacco product depictions or images in Mandarin films, with more such depictions than foreign films for both years. Data from 2008-2019 shows an average of 21.7 tobacco product depictions or images per Chinese language film, whereas the average for foreign films over the same period was 19.5 (Table 3-1, Table 3-2).

Table 3-1 Tobacco depictions in films: comparison of data from 2008 to 2019

Item	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Tobacco depictions	47	63	31	35	47	39	27	43	49	37	49	46
Appearance of tobacco depictions Number of films (%)	58.8%	60.5%	30.4%	34.0%	47.0%	39.0%	27.0%	43.0%	49.0%	37.0%	49.0%	46.0%
Films monitored	80	104	102	103	100	100	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	25.8	22.67

Table 3-2 Comparison of tobacco depiction between Mandarin films and foreign language films from 2008 to 2019

Item		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Mandarin	Number of movies with tobacco depictions / Total number sampled	15/17	13/14	7/17	11/20	15/31	18/31	13/32	16/26	11/20	6/16	8/9	7/16
	Incidences of tobacco depictions	512	511	239	163	151	171	226	363	129	73	321	179
	Average incidence of tobacco depictions per movie	34	39	34	14	10	10	17	23	12	12	40	26
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	41/91	39/84
	Incidences of tobacco depictions	491	1,174	623	332	426	356	321	536	602	612	943	864
	Average incidence of tobacco depictions per movie	15	24	26	14	13	17	23	20	16	20	23	22

The foreign movie "Green Book" (123 incidences) was the movie with the most tobacco product depictions among the 100 movies which were surveyed in 2019, in short, tobacco product depictions appear in this movie half minutes on average, followed by "Han Dan" (68 incidences), more than any other Mandarin language film. (Table 3-3)



Table 3-3 A list of top movies of 2019 vs. tobacco product depictions

Movie name	Number of Incidences of tobacco depiction	Rating	Language
Green Book	123	P	English
The Gangster, the Cop, the Devil	109	R	English
A Private War	97	PG12	English
Han Dan	68	PG12	Mandarin
12 Suicidal Teens	65	P	English
Rocketman	53	PG12	English
The Wife	47	P	English
Anna	46	PG15	English
More than Blue	37	G	Mandarin
Master Z: The Ip Man Legacy	33	PG12	Mandarin
Chasing the Dragon II: Wild Wild Bunch	31	PG12	Mandarin
Swing Kids	29	PG12	English
Escape Room	27	PG15	English
Take Point	26	PG15	English
Ma	26	PG15	English

Note: This list includes only films that contain a minimum of 25 depictions or images of tobacco products.

In terms of movie ratings, most depictions or images of tobacco products appeared in PG12 rated movies (403), though there were more depictions on average in R-rated movies, with 109. The lowest number of depictions was in G-rated movies (11.4) (Table 3-4).

Table 3-4 2019 Depictions or images of tobacco products in movies by rating

Television program	G	P	PG12	PG15	R
Scenes where depictions or images of tobacco products appear	5	11	17	12	1
(%age)	16.1%	44.0%	68.0%	71.0%	50.0%
No. of films observed	31	25	25	17	2
Total number of depictions or images of tobacco products	57	297	403	177	109
Average number of depictions or images of tobacco product	11.4	27	23.7	14.8	109

For a long time, animated programs have contained more depictions or images of tobacco products than any of the other four categories of television program. It is also worth noting there was an increase in leisure category depictions or images of tobacco products in 2019.

Table 3-5 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
KochiKame (CTS, animation)	1	33	33
One Piece (TTV, Star Chinese channel, animation)	8	197	24.6
Super Taste (TVBS Entertainment Channel, animation)	1	3	3
Little Maruko-chan (YoYo TV, animation)	1	3	3
Wonders of China (CTV, leisure)	2	5	2.5
All About My Mom (Formosa Television, drama)	1	2	2
Taiwan NO.1 (Formosa Television, variety program)	1	2	2
Doraemon (CTS, animation)	1	2	2

Note: This list includes TV shows that contain more than two depictions or images of tobacco products per episode.

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 2019 is as follows:

- (1) Facebook: Social media groups and fan pages have been established using tobacco product information, with most focused on "e-cigarettes," showing considerable increases in both public and private groups from 2018 to 2019. Although the number of social media groups for emerging tobacco products fell in the second half of 2019, the number of fan pages increased. Given that in the past private emerging tobacco product information gradually became public fan pages, this phenomenon needs to be observed and related cases examined.

Table 3-6 Establishment of Facebook social media groups and fan pages in the first half/second half of 2019

Item	Cigarettes	E-cigarettes	Light cigarettes	Fruit smoking	E-juice	Electronic juice	Vitabon
First half	101	370	1	6	320	152	10
Second half	82	190	1	5	319	11	4



- (2) Instagram: There is a clear trend of increased posts on "ejuice," "fruit smoke" "vitastik," "juice vape" etc. Moreover, the number of "fruit vape" related posts increased by 92.7%, indicating the rapid growth of new tobacco product social media groups on Instagram. In addition, the addition of the "stories" function on Instagram in recent years has increased the rate at which information is disseminated. Because these stories exist for only 24 hours and they are viewed by readers for only about five seconds, so those posting the stories do not need to come up with much content, just a photograph and a few on-point sentences, so that anyone interested quickly gains a rough understanding or clicks on a link in the text. Further attention needs to be paid to the use of new technology by sellers of newly developed tobacco products and those who use them.
- (3) YouTube: Over the first half of the year (2019) 35 of the top 100 videos found for searches including the key word "e-cigarette" had more than 100,000 views and in the second half of the year those views continued to increase. Videos include Internet influencers, e-cigarette vendors, individual netizens and news stations. In terms of e-cigarette related videos, most uploaded content was "experience sharing/teaching." Moreover, if we track the views of videos on YouTube in which tobacco product depictions and images appear more frequently, then what we find is many such videos have been taken down as a result of copyright issues, but users repeatedly upload them and such actions have proved difficult to control. In addition, those videos that remain on YouTube continue to attract more views.
- (4) Internet content and tobacco hazard prevention (including new tobacco products): Health literacy education at schools should address the information on new tobacco products teenagers encounter in social media groups with a focus on the following issues: (1) Use the fact that most people do not smoke when communicating with smokers; (2) Create neutral issues, share real world cases, key word searches, key appeal point marketing, key internet influencers, multi-pronged guidance on "how to make choices" etc; (3) Target YouTube blogs on unboxing which have considerable influence on teenagers and as such need to be more closely observed; (4) Strongly emphasize empirical scientific evidence; (5) Look for ways to deconstruct myths; (6) Work with community volunteers or local mothers to disseminate related educational information.
- (5) Future focus of tobacco hazards prevention work: (1) E-cigarettes related policies and educational works must be intensified; (2) Work to promote a self regulation / protective mechanism clause for movies must be continued and expanded; (3) Self regulation / protective mechanism regulations for audio visual materials should be appended to the "Tobacco Hazards Prevention Act"; (4) Production principles for radio and television content containing smoking scenes or plots should be revised and include a rating system; (5) Policy on audiovisual / game content and content rating; (6) Internet governance and the appearance of tobacco product depictions and images; (7) Focus on the appearance

of tobacco product depictions and images and the introduction of a child protection mechanism for locally made movies that receive public funding; (8) Establish a platform to monitor tobacco product depictions and images in Chinese language films.

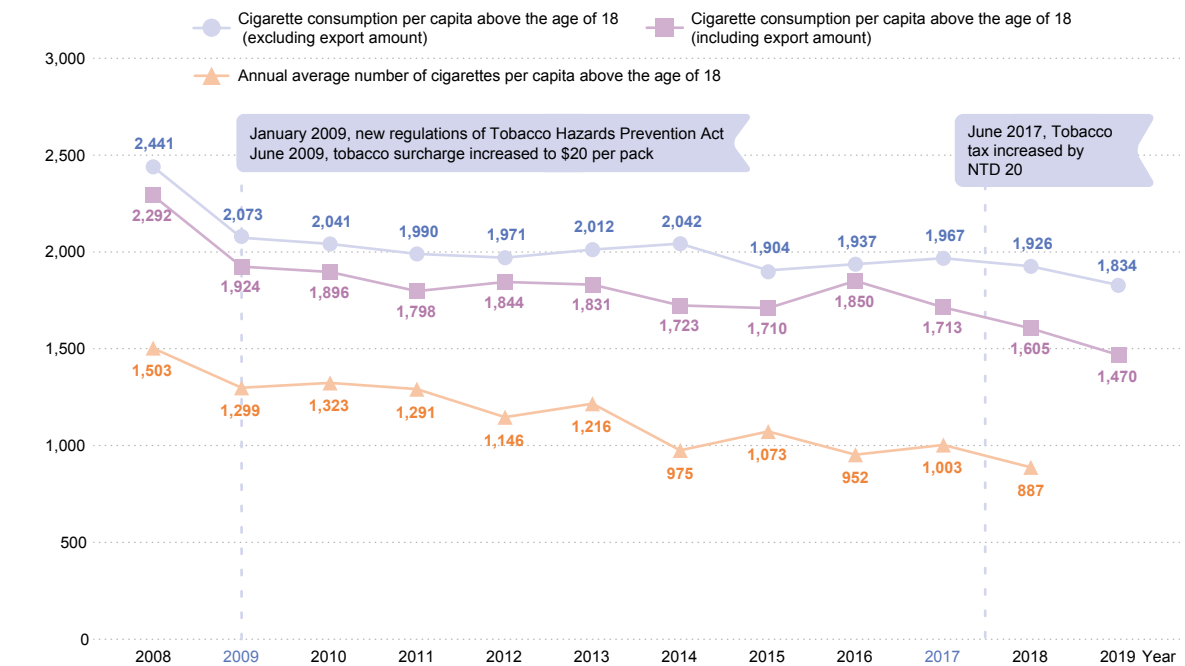
Tobacco Consumption Monitoring

According to the 2019 WHO Report on the Global Tobacco Epidemic noted that the global smoking rate fell from 22.5% to 19.2% between 2007-2017, exhibited signs of decrease in recent years. However, the volume of tobacco consumption has increased every year. In recent years, tobacco consumption has been a drop for high-income countries. Tobacco companies have focused on developing tobacco product sales strategies for rapidly developing low and middle-income countries, with increasing acceptance of tobacco products there. As a result, the number of global smokers and volume of tobacco consumption continues to increase. In 2009, the value of tobacco consumption reached nearly NTD 5.9 trillion, the value of tobacco consumption were 5.7 and 5.4 trillion in 2016 and 2017 respectively. From 2009-2016, consumption of tobacco products fell 22% in the Americas and Europe, but in the same period it increased in Africa by 14%. 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 low and middle-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 23.4% in 2018 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; respectively in 2017 and 2018 increased by 19.2 and 18.9 cigarettes; it is estimated that the number of cigarettes smoked by each adult over 18 per year fell to 887 in 2018 (as shown in Fig. 3-22). With 2018, the number of cigarettes consumption per capita (15+ years) is 19.3 per day; it is estimated that in 2018, the number of cigarettes consumption per capita per year is 895 (Fig. 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. (Note: Because the Adult Smoking Behavior Survey (ASBS) was changed from an annual to a biennial in 2019 there is no data for that year)



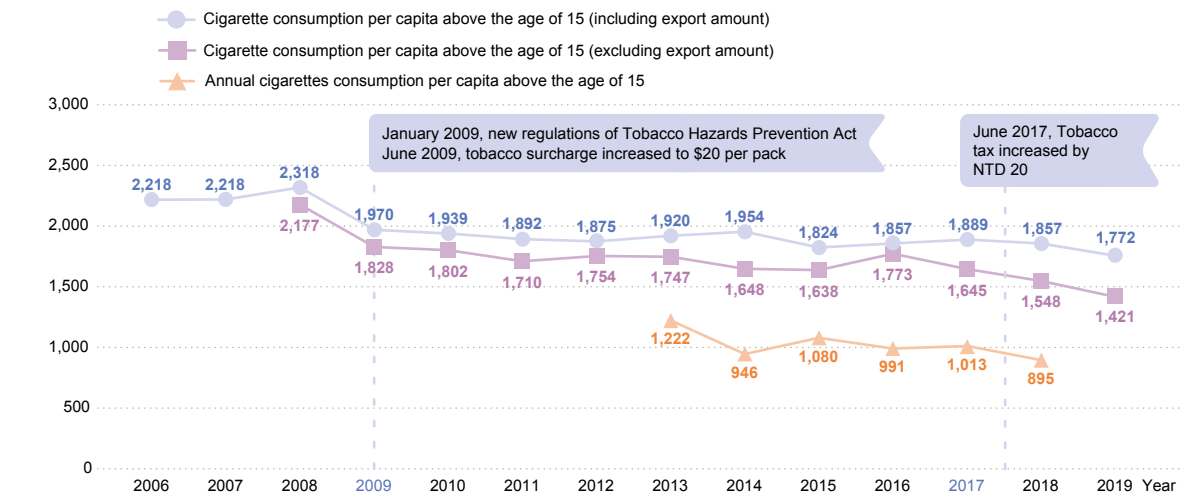
Fig. 3-22 Annual cigarette consumption per capita above the age of 18



Note:

- 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.
 - Definition of cigarette amount (excluding the export amount): the amount of domestic tobacco after tax and the cigarette importation amount of imported tobacco.
- 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.
 - Definition of cigarette amount (including the export amount): the amount of domestic tobacco after tax and the cigarette importation amount of imported tobacco.
- 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.
 - This data comes from the Health Promotion Agency ASBS. Because the survey was changed from annual to biannual in 2019 there is no data for that year.

Fig. 3-23 Annual cigarette consumption per capita above the age of 15

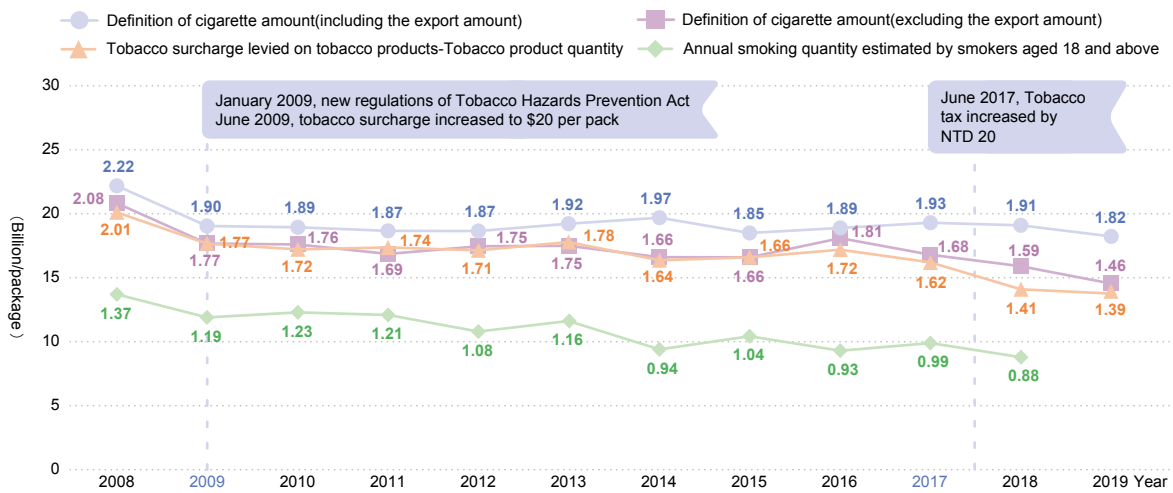


Note:

- 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.
 - Definition of cigarette amount (excluding the export amount): the amount of domestic tobacco after tax and the cigarette importation amount of imported tobacco.
- 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.
 - Definition of cigarette amount (including the export amount): the amount of domestic tobacco after tax and the cigarette importation amount of imported tobacco.
- Annual average number of cigarettes per person of citizens: annual total number of cigarettes per person of citizens above the age of 15 = (number of smoking days per month) x (number of cigarettes during the smoking days) x 12 months. However, because in 2019 the ASBS was changed from an annual to a biannual survey there is no data for that year.
 - This data comes from the HPA ASBS. In 2013 the survey was expanded to target Taiwanese smokers aged 15 and above so it is impossible to calculate data for 2012 and earlier. In addition, because the survey was changed from annual to biannual in 2019 there is also no data for that year.

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 1.87 billion packs in 2012, but slightly increased to 1.92 billion and 1.97 billion packs in 2013 and 2014, and slightly decreased to 1.82 billion packs in 2019. If the export quantity is subtracted, then the total amount of cigarettes dropped from 2.08 billion packs in 2008 to 1.66 billion packs in 2015. The year 2016 saw a slight increase to 1.81 billion packs, and dropped to 1.46 billion pack in 2019. (Fig. 3-24)

Fig. 3-24 Total cigarette amounts and adults consumption quantity estimated



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).
 a. Data on total cigarette volume comes from the Ministry of Finance's Financial Data Center and Customs Administration.
 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.
 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.
 a. The data source is the Adult Smoking Behavior Surveillance System (ASBS) of HPA. The data source is the Adult Smoking Behavior Surveillance System (ASBS) of HPA. This data comes from the Health Promotion Agency ASBS. Because the survey was changed from annual to biannual in 2019 there is no data for that year.

Based on the way the WHO calculates annual per capital cigarette consumption, average annual per capital cigarette consumption (including exports) among Taiwanese aged 15 and over has been steadily declining and in 2019 was 1,722. If exports are discounted the figure for 2019 was 1,421 cigarettes (Fig. 3-23).

Social factors affecting cigarette and sales amounts:

(1) Excellent results have been achieved in the investigation and seizure of suspected smuggled tobacco products, and while increasing the tobacco tax has also continued to revise the "diligently executed a program to investigate and seize smuggled cigarettes," thereby improving operations against illegal tobacco products. From Oct. 20th, 2019 to late December 2019, more than 63.880 million packets of illegal cigarettes were seized.



- (2) The HPA promotes tobacco surcharge increases. The first reading of a proposal for an increase of tobacco surcharges to NTD 20 and tobacco taxes to NTD 5 in the Legislative Yuan was completed on May 17th, 2013. The draft proposal was resubmitted to the Executive Yuan for ratification by resolution on January 12nd, 2016. Hoarding by the public and tobacco merchants was prevalent during this period.
- (3) The Tourism Bureau of the Ministry of Transportation and Communications announced the "Tourism Statistics Chart". The number of China tourists increased from nearly 2.59 million in 2012, 2.87 million in 2013, and nearly 3.99 million in 2014, increasing to more than 4.18 million in 2015. Indirectly increased consumption in 2016 and 2017 dropped to 3.51 million and 2.73 million people (China has a high smoking rate. The China Centers for Disease Control and Prevention in the 2015 China Adult Smoking Survey found that the smoking rate was 27% in 2010, the same as 2015).

The 2019 WHO Report on The Global Tobacco Epidemic pointed out that increasing tobacco prices by 10% will reduce tobacco consumption by about 4% in high income countries, 5~8% in low and middle-income countries. Moreover, every increase of 10% in tobacco prices results in a fall of 11.3% in intention to smoke and 10.2% in smoking intensity. In addition, research in the US indicates that every increase of USD 0.33 in the cheapest tobacco prices results in a fall of about 4% in the consumption of tobacco products. Every increase of USD 0.37 in tobacco tax results in a fall in the consumption of tobacco products of 2.3%. 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 amounts 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. I-MEI Foods in Taiwan also announced on April 2nd, 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 11st, 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 in June, 2009, and promotion of a wide variety of second generation cessation services have all helped reduce tobacco consumption in 2011. 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 Managing

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. According to the periodical Pediatrics, the likehood of adolescents who have smoked e-cigarettes in the past 2 years to smoke ordinary cigarettes is 6 times that that of those who have not tried e-cigarettes. 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 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 Transportation 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:

- (a) 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 163 cases of illegally imported e-cigarettes in 2019 (60,036 e-cigarettes, 26,245 e-liquid refill packs, and 6,096 accessories). 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, detected a total of 25 cases e-cigarettes.
- (b) To prohibit the importation of illegal electronic cigarettes, the Ministry will continue to cooperate with the Customs Administration of Ministry of Finance and Coast Guard Administration of Ocean Affairs Council 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:

- (a) 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.
- (b) 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), the number of inspected cases reached 1,478 in 2017 (77.8% of these

- cases were found to contain nicotine), and the number of inspected cases reached 1,102 in 2018 (80.8% of these cases were found to contain nicotine), the number of inspected cases reached 1,473 in 2019 (73.2% of these cases were found to contain nicotine).
- (c) 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 fine of an amount above NTD 10,000 and below NTD 50,000 dollars shall be penalized, and the seller of such products shall be penalized for a fine above NTD 1,000 and below NTD 3,000. For the month of December during the years of 2019, the health bureaus of all counties and cities performed a total of 326,084 inspections, in which 271 cases were penalized with a total amount of fine of NTD 1,174,500. Among the cases of violation, 192 cases of electronic cigarette products with a total amount of fine of NTD 857,500.
- (d) The Taiwan Food and Drug Administration (TFDA) will include e-cigarettes in each unit of the joint investigation team, and the e-cigarette inspection will be incorporated into the illegal drug inspection plan. The TFDA will also continue to announce the statistical results of e-cigarette inspection and testing in a timely manner to remind citizens of the impact of e-cigarette chemicals on health.
- (e) 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. 102 cases occurred in 2019. In 2019 there were 102 cases. According to the Ministry of Justice it investigated 138 new cases involving e-cigarettes in 2019 and concluded investigations into 161 cases. Of these 23 resulted in indictments, with 49 deferred indictments and definitive judgments against 44 individuals of which 38 were found guilty.
- (f) The Ministry of Education has officially instructed schools at all levels to strengthen health education for students and teachers and to ban e-cigarettes on campus, with health authorities tracking the sources of reported cases and providing consultations and guidance on smoking cessation; In 2018, 3,413 (88.9%) schools at senior high school level and below and in 2019 115 colleges and universities (75.7%) banned e-cigarettes.



Officers from the Third Special Police Corps seize a major haul of imported e-cigarettes and other contraband.



(3) Monitoring management:

- (a) 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 2019, for suspected illegal advertisements related to electronic cigarettes monitored, there were a total of 168 cases of suspected illegal advertisements, in which 2 cases were penalized according to the "Tobacco Hazards Prevention Act", and 1 according to the "Pharmaceutical Affairs Law." A further 47 cases were prosecuted for violations of the "Pharmaceutical Affairs Law," with 25 resulting in administrative guidance and 11 determined to have not violated existing regulations. In 33 cases there was no data on those involved and 49 are still being processed.
- (b) Surveys on smoking behavior of teenagers and local citizens are utilized to gain a better understanding of e-cigarette use by smokers. As of 2018, the e-cigarette smoking rate of adult aged 18 and above was 0.6% (roughly 110,000 users) (Fig. 3-25). The youth survey indicates that smoking rates of junior high and senior high and vocational school students rose from 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 1.9% & 3.4% (roughly 12,000 junior high and 26,000 senior high and vocational school students) in 2018 (a statistically significant difference). However, in recent years tobacco companies have adopted a range of new marketing strategies, including flavors designed to appeal to youths and new cool product designs, while also using rapid online marketing to encourage young people to try their products. As a result, in 2019 the figures rose to 2.5% and 5.6% (a statistically significant difference). It is estimated that about 57,000 teenagers in Taiwan currently use e-cigarettes (about 16,000 junior high school students and 41,000 senior and vocational high school students) (Fig. 3-26, Fig. 3-27). These statistics indicate that the increasing popularity of e-cigarettes has become a significant health hazard for teenagers.
- (c) Based on the provisions of Article 46 of the "Protection of Children and Youths Welfare and Rights Act " on Jan. 12, 2018 and Nov. 4, 2019, the Institute of Watch Internet Network (iWIN), an Internet content protection mechanism, was asked to place the

websites of operators who violate rules on a blacklist to prevent children and youths accessing related website (webpage) information.

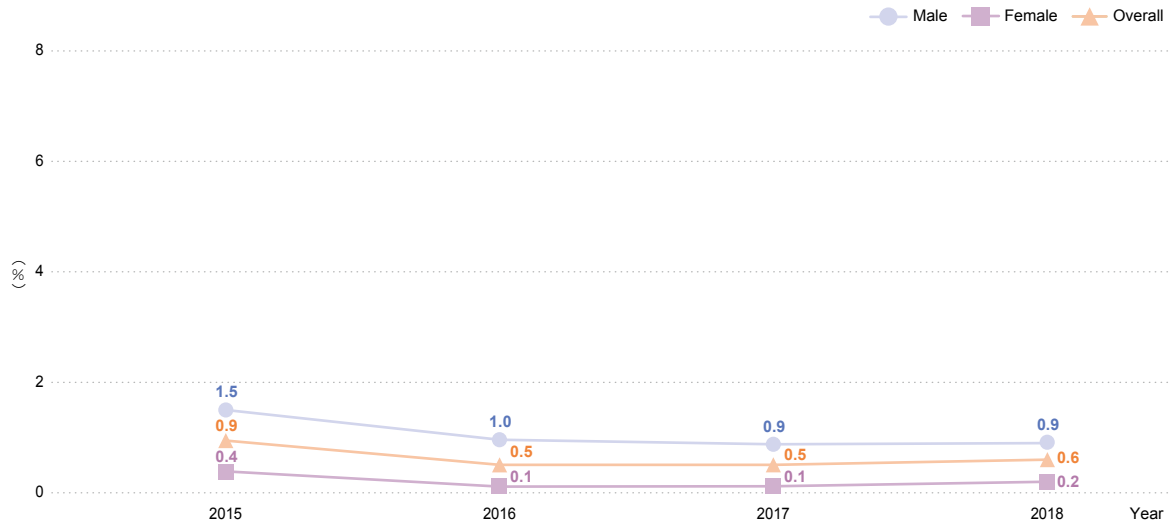
(d) On Dec. 3, 2019, the "E-cigarette Hazards Prevention Self Government Draft Ordinance" were sent as a reference to special municipality, city and county government public health authorities. At the end of 2019, Hsinchu City government drafted e-cigarette prevention self government regulations, banning the use or possession of e-cigarettes and related paraphernalia by anyone under the age of 18. Currently, Taipei City, New Taipei City, Taichung City, Kaohsiung City, Yilan County and Hualien County are discussing banning the use of e-cigarettes.

(e) In the US 2019 Youth Tobacco Survey, it was revealed that 27.5% of senior high school students had used e-cigarettes within the past 30 days, making them more popular than tobacco. Since September 2019 there have been numerous cases of e-cigarette or vaping product use-associated lung injury (EVALI) and even deaths. Given that e-cigarettes pose a risk to the physical well being, health and even lives of consumers and the constant appearance of new types of products encouraging people to imitate tobacco use, on Dec. 18, 2019, the Ministry of Health and Welfare (MOHW) convened the "2019 e-cigarette prevention inter-ministerial cooperation discussion forum." This addressed the issue of brick-and-mortar stores selling e-cigarettes and asked each department to review related laws and practices. In 2020, the MOHW re-started procedures to revise the Tobacco Hazards Act and once this is amended it will provide clear standards on e-cigarettes.

(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.

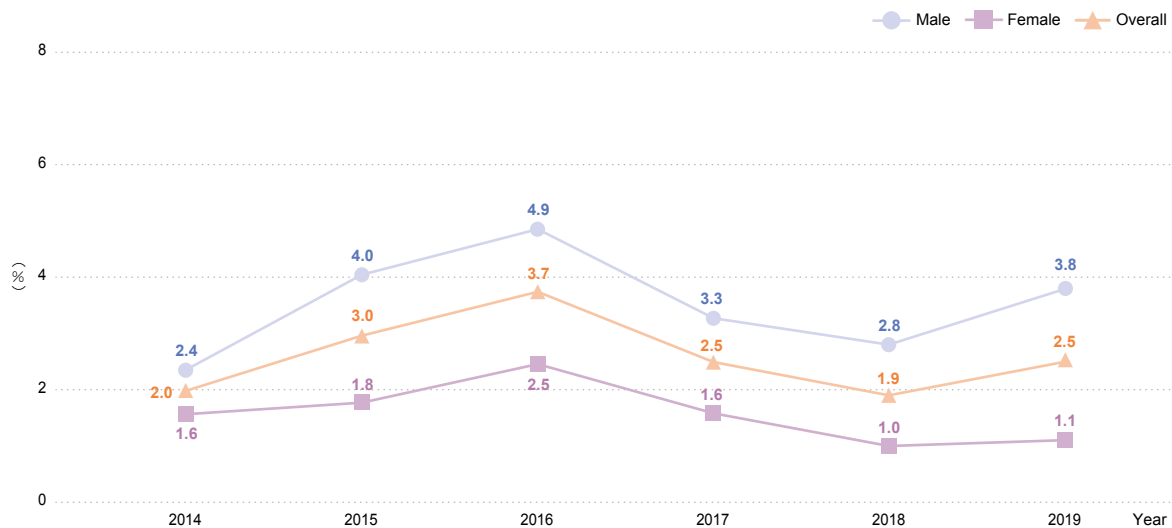


Fig. 3-25 Prevalence of e-cigarette use in adults over 18 years old



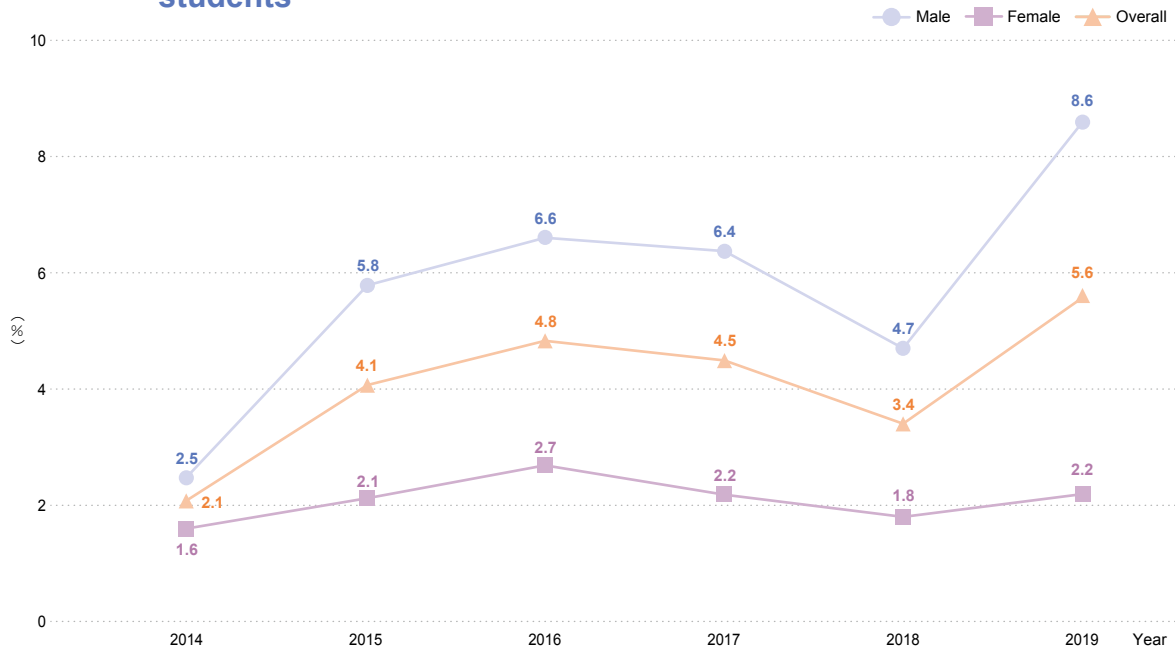
Note:
 1. Source: "Adult Smoking Behavior Survey" of the Health Promotion Administration. In addition, because the survey was changed from annual to biannual in 2019 there is also no data for that year.
 2. Prevalence of e-cigarette use: Smoked e-cigarette within the past 30 days (one month).
 3. Survey question: In the last 30 days (one month), how many days have you smoked e-cigarettes?

Fig. 3-26 Prevalence of e-cigarette use in junior high school students



Note:
 1. Source: The "Global Youth Tobacco Survey" of the Health Promotion Administration collected information related to youth smoking and analyzed junior high school students using classroom-based tests.
 2. Prevalence of e-cigarette use: Smoked e-cigarette within the past 30 days (one month).
 3. Survey question: In the last 30 days (one month), how many days have you smoked e-cigarettes?
 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. 3-27 Prevalence of e-cigarette use in senior and vocational high school students



Note:

1. Source: The "Global Youth Tobacco Survey" of the Health Promotion Administration collected information related to youth smoking and analyzed senior and vocational high school students using classroom-based tests.
2. Prevalence of e-cigarette use: Smoked e-cigarette within the past 30 days (one month).
3. High school students: Students in the first to third year of high school, vocational high school, and junior college high school (including the night department).
4. Survey question: In the last 30 days (one month), how many days have you smoked e-cigarettes?

1. Health Promotion Administration

- (1) In order to avoid the health hazards caused by e-cigarettes and other newly tobacco products in school, the HPA has worked with the Ministry of Education and in 2019 organized the first "Far from Tobacco Hazards – School Writing and Painting Competition" with the aim of educating students about the hazards posed by e-cigarettes. Participants came from junior high schools to graduate school and 964 works were submitted, with 32 prizewinners. By taking part and referencing educational materials provided by the HPA, participating students learn more about new tobacco products.
- (2) Fashion diva Jolin Tsai was invited to work as a volunteer producing a series of promotional campaigns in both print media and video formats with the theme "Proud to Say No to Tobacco." Her paper portrait also visited 4,679 schools (elementary schools to colleges), executive Yuan departments, health departments (centers), Ministry of Education, sports centers, youth corps, social education agencies etc, to promote the no smoking campaign. The HPA promoted the slogan "Get Out Tobacco" to target students and held press conferences attended by Tsai, resulting in 124 news reports and 96% satisfaction with the campaign among schools.



"Proud to Say No to Tobacco", all tobacco products get out.

- (3) Working with Studio Classroom, articles were published in the "Let's Talk in English – Studio Classroom" magazine to enhance the publication's tobacco hazards prevention education role. The aim was to use the magazine's 290,000 print run to reach young people, while also using the 250,000 downloads of the Let's Talk in English APP and Let's Talk in English television and broadcast teaching programs to promote related content.
- (4) In order to increase understanding of e-cigarette hazards, a Yahoo Chimei for dummies section has been introduced and ad pushing strengthened, attracting more than 80,000 visitors; "New Tobacco Products for Dummies – The Secrets of Children" and "Beware Tobacco Addiction" animations were produced and promoted online, while also establishing dedicated webpages on search engine portal Yam and media portal website ETtoday, as part of online promotional work, attracting more than 60,000 visitors.



Online instruction "Beware tobacco addiction"

- (5) On Nov. 8 and Nov. 20, 2019, central government agencies and local health departments were instructed to step up e-cigarette hazard educational promotional work through a wide range of media channels; dedicated broadcasts, television, newspapers and magazines, online, official websites, Facebook and other social media. For example, pop idol Jolin Cai became spokesperson for the "Proud to Say No to Tobacco" campaign, 30 questions on e-cigarettes, e-cigarettes for dummies and a PanSci video.
 - (6) In 2019, a total of 16 interviews on the issue of e-cigarettes were held with Sanlih E-Television, Formosa Television, TVBS, Apple Daily, DaAi TV, Commonwealth magazine etc.
 - (7) The smoking cessation service education and training courses for physicians, dentists, pharmacists, and health instructors has incorporated the knowledge of e-cigarette prevention, which trained a total of 611 physicians, 235 dentists, 160 pharmacists, and 343 health instructors. In addition, in 2019 the Health Bureaus conducted education of two county/city tobacco hazards prevention exchange workshops with a total of 175 participants. The training includes the contents of e-cigarettes for tobacco hazards prevention.
2. Department of Mental and Oral Health: E-cigarette control literacy courses have been incorporated in 3 continuing training programs for 290 drug addiction therapy specialists in 2019.
 3. Taiwan Food and Drug Administration: Since April 2015, the Consumer Zone\ Unqualified Product Zone on the official website of the Taiwan Food and Drug Administration has been published on a monthly basis. The e-cigarette unqualified product information is regularly published every month to remind consumers not to use these products. In 2019, information was provided on 385 products. From April 2015, to December 2019 information was provided on 2,647 products.
 4. Department of Protective Services: LED digital displays of the Executive Yuan in 73 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 the "Summer Vacation Protect Young People - Youth Project" from March to August 2019; reinforced education on community prevention programs for children and teenagers and services by local governments is provided to prevent children and youths coming into contact with narcotics, illegal controlled drugs and other undesirable substances hazardous to their physical and mental well being.
 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 2019. 35 educational activities to strengthen e-cigarette controls were organized for a total of 51,460 children and teenagers to prevent e-cigarette use.



6. Ministry of Education:

- (1) Course teaching: In the 2019 academic year the health and physical education component of the "Curriculum Guidelines of 12-Year Basic Education - General Guidelines" started to include issues relating to tobacco hazards prevention. This involved three teaching demonstrations on tobacco (including e-cigarettes) and betel nut hazards prevention. On June 10, 2019, schools from the senior high school level down were instructed to include new tobacco products as part of related health and physical education for tobacco hazards prevention courses.
- (2) Campus tobacco hazards prevention implementation program:
 - a. Senior high school level and below: This involved a "Tobacco and Betel Nut Hazards Prevention Promotion Program" and invited the participation of 45 schools from across Taiwan, with seven being chosen to promote related education work. Another event was the "Sending Love to School" activity, as part of which the Youth Counseling Committee worked with county/city educational authorities to send personnel to 30 schools across Taiwan where they provided on-site counseling.
 - b. Colleges/Universities: Experts were invited to visit schools and offer written guidance, while holding consensus building meetings and offering schools advice on tobacco hazards prevention work; In 2019, on-campus guidance was provided to two schools and written guidance to 10.
- (3) Health Promoting Schools Program: Efforts were continued to make tobacco hazards prevention a compulsory subject in middle schools and above and an optional subject at elementary schools. In addition, the management of and norms for e-cigarettes and heated tobacco products were included as part of compulsory subject work reviews at colleges and universities. A total of 11,112 events were held at senior high school level and below, with 2,323,762 participants. Colleges and universities held 1,500 events with 340,000 participants.
- (4) Provided schools with educational materials sources and held related activities:
 - a. Compiled reference materials: researched and develop tobacco (including e-cigarette) and betel nut hazards prevention digital teaching materials and 3D-VR interactive course modules. The HPA also compiled a "College/University Tobacco Hazards Prevention Work Reference Guide," to be used by schools.
 - b. Held related events: Organized "You are an Internet Influencer" video shorts competition, with 147 works submitted and 23 outstanding submissions singled out for praise. Also organized a "Proud to Say No to Tobacco" with the HPA affiliated John Tung Foundation, providing schools with campaign materials on saying no to tobacco (and e-cigarettes), teaching materials etc. The "Proud to Say No to Tobacco - In My Class" Facebook event involved 212 schools and 12,201 students.

- (5) Used administrative staff seminars to conduct promotional work: Central and local government advisory groups in conjunction with local governments held two empowerment and consensus building meetings. In addition, the Ministry of Education and Ministry of Health and Welfare organized a college/university tobacco hazards prevention work results presentation; In addition, the HPA also disseminated educational information on e-cigarette prevention at senior and vocational high school principals meetings, local government operational heads seminars and administrative personnel, school health department heads seminars etc.
- (6) Instructed schools to strengthen measures to prevent e-cigarettes: On June 10, Aug. 2 and Aug 7, 2019, schools at all levels were instructed to enhance public health education and guidance for students and teachers, with e-cigarettes included as a controlled substance on campuses. Cases were handed over to local health authorities to track the source of e-cigarettes and provide cessation advice and guidance. A total of 3,413 schools (88.9%) at senior high school level and below and 115 (75.7%) colleges and universities banned e-cigarettes.
7. Ministry of Transportation and Communications: The Traffic Safety Committee and Civil Aeronautics Administration were instructed to step up educational guidance and include e-cigarettes in rules that ban the use of tobacco in road vehicles and aircraft. A total of 533 e-cigarette hazards prevention training courses and educational activities with a total of 14,204 participants in 2019. Since July 11st, 2019, auto playing digital signs at 201 post offices belonging to Chunghwa Post have played "What You Need to Know About the Prevention of E-cigarettes," while also using television walls and electronic scrolling in public locations to offer supplemental educational guidance.
8. The Ministry of National Defense: it promulgated the "2019 Implementation Plan for Tobacco and Betel Nut Hazards Prevention" on February 11st, 2019 and included e-cigarettes in the prevention goals. In response to reports from the US CDC on e-cigarette related lung injuries and deaths, on Oct. 6th, 2019 the Ministry of National Defense issued a circular calling for "Adherence to tobacco hazards prevention measures to eliminate the dangerous abuse of e-cigarettes" and on World Youth Day (Aug. 12th) issued a public health ad titled "The Secret of E-cigarettes and Heated Tobacco." In 2019, the ministry conducted a total of 280 professional health education promotional lectures with a total of 46,628 participants, and 19 lectures were conducted for military schools and academies with a total of 8,432 participants. The ministry also organized 8 training courses for 440 tobacco and betel nut hazards prevention consultation specialists and 4 Presentations of Achievements of 420 guidance specialists in the field of tobacco and betel nut hazards prevention in 2019. E-cigarette control was incorporated in all relevant training activities.



Tobacco Ingredients Disclosure and Regulations

Developments in the Testing and Research of Tobacco Products

The regulation of tobacco emission

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.

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-nitrosornicotine, 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 hazardous substances within tobacco products such as nicotine and tar in order to establish a basis for testing and identifying disqualified tobacco products mentioned in Article 7 of The Tobacco and Alcohol Administration Act.

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 2019, a total of 64 types of main tobacco items including 10 types of domestic cigarettes, 36 types of imported cigarettes and 6 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 8 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 4 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 NTD 4 million in 4 cases.

Testing results for nicotine and tar contents in cigarettes sold on the market from 1995 to 2019 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 93 of these chemicals are carcinogenic or toxic substances that could seriously injure physical health.

Reporting of Tobacco Products Information

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

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

In 2019, a total of 449 companies declared tobacco product information for a total of 4,460 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 2019, a total of 8 violations were punished for a total fine of NTD 800,000.



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 2019, the total number of visitor is 324,427, and the number of visitors in 2019 alone is 17,713.

International Exchange

International collaboration in the field of tobacco hazards prevention policies

The WHO observes that more than 8 million people (smokers and non smokers exposed to second hand smoke) die every year from smoking related illnesses. This has a huge economic impact, with combined health care costs and losses in productivity amounting to more than US\$1.4 trillion. In 2003, the organization passed the "WHO Framework Convention on Tobacco Control" (FCTC) as its efforts to stop global tobacco hazards. It focuses 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.

Domestic experts in the field of tobacco control are trained and long-term cooperative relationships with international scholars are encouraged in order to bring Taiwan in sync with the FCTC convention and 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 2019, a total of 181

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 2019, the FCTC had held a total of 8 COPs.



After signing a membership application for the FCTC on March 30th, 2005 by presidential decree, Taiwan referenced the spirit of the Convention to amend the 35-Article "Tobacco Hazards Prevention Act" in 2007 with the amendments coming into force on January 11st, 2009. Another set of amendments to Article 4 and Article 35 of the Act was passed on January 23rd 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 amendments also came into force on June 1st 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.



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. 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.

The 8th conference of the Parties was held in Geneva, Switzerland between October 1, 2018 and October 6, 2018. The main adopted resolutions include:

1. Regulation of the contents of tobacco products and of tobacco product disclosures (including water pipe smoking, smokeless tobacco, and heated tobacco): Newly added knowledge bank on reducing the addictive properties of tobacco; monitoring and use of newly developed tobacco products on the market. The composition of smokeless tobacco products and the attractiveness of chemicals released, and the improvement of the ability to detect tobacco products.
2. Collaboration and mutual support to implement and improve the effectiveness of the Convention: The Implementation Review Committee was set up, with the terms of reference including systematic and quantitative review of the tobacco control regulations and policies of Parties, its implementation and effectiveness, and making recommendations as a reference for the Conference of the Parties (COP) and Parties, while providing professionals to support Party assistance.
3. The identity of parties should be transparent: To avoid formulation and implementation of tobacco hazard prevention policies from being interfered with by tobacco industry.
4. Tobacco advertising, promotion, and sponsorship: A work team is set up in compliance with Article 13 of the FCTC: Supplement to Guidelines for Tobacco Advertising, Promotion and Sponsorship, incorporating provisions on entertainment media.

5. On the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry.

In order to eliminate illicit trade in tobacco products, the FCTC formulated the "Protocol to Eliminate Illicit Trade in Tobacco Products" in the 5th session of the Meeting of the Parties on November 12, 2012, creating a new milestone for combating the global illegal trade of tobacco products. The WHO FCTC passed the first protocol, and will establish a global tracking and investigation system for tobacco products, as well as providing support for licensing, a responsibility system, information sharing, and legal assistance in compliance with the content of the protocol. The protocol entered into force in June 2018 and the Meeting of the Parties (MOP 1) was held in Geneva for the first time from October 8, 2018 to October 10, 2018. The key elements of the meeting are as follows:

1. Representatives of Parties emphasized the importance of fighting against the illicit trade of tobacco products.
2. An information sharing and drafting team will be set up by the EU, Brazil, and other Parties in order to create an information-sharing model for research and relative support.
3. An online forum is proposed to be set up to exchange information and fight against the global illicit trade in tobacco products in cooperation with the Intergovernmental Organization (IGO), and avoid the influence of tobacco companies acting in their own interest in accordance with Article 5.3 of the FCTC.
4. A work team will be set up to discuss and establish relevant mechanisms based on the EU's draft of the Tracking and Tracing System (including the global information-sharing focal point, as well as cigarette boxes and packets to be marked with unique identifiers), which will be submitted in the MOP2 for discussion.
5. The protocol is integrated with three main issues including information sharing, international assistance and cooperation, and mutual administrative assistance plus legal assistance. The core elements include information sharing, protecting the privacy of sensitive data, the working group, and related schedules. Matters related to the provisions of free zones and international transit, international assistance, and international cooperation will be incorporated in the agenda, which will be submitted in the MOP2 for discussion.

Taiwan will continue to actively participate in international health affairs in the future, promote health matters together with countries around the world, adjust Taiwan's tobacco hazard prevention policies to be consistent with FCTC regulations, and reduce the smoking rate together with departments, the community, and academic institutions, in order to protect the health of citizens and become a model for other countries around the world.



International Conference on Tobacco Control

2019 Framework Convention on Tobacco Control Workshop

Sept. 25, 2019, Academia Sinica was commissioned to hold the "2019 Framework Convention on Tobacco Control Workshop," which focused on three main issues: illegal trade in tobacco products, global tobacco control strategies and controlling new tobacco products. In attendance were Professor Filip Borkowski Deputy Director of the EU Directorate-General for Health and Food Safety, Professor Patricia Lambert who took part in drafting the FCTC Medium-Term Strategic Framework (MTSF), Professor Roger Magnusson from the University of Sydney Law School and Professor Kelvin Man Ping Wan from the University of Hong Kong. These overseas academics discussed and exchanged experience in the fields of tobacco hazards prevention strategies, legal norms and strategies etc. with local experts and scholars.

15th Tobacco Induced Diseases Annual Conference

The 15th Tobacco Induced Diseases Annual Conference is one of the most important international forums for the discussion of global tobacco induced diseases and the execution of tobacco hazards prevention. The objective was to strengthen international work to prevent and control tobacco induced diseases through exchanges and sharing experiences on related research by doctors, dentists, nurses, health administrators and academics. The HPA submitted four papers that were delivered orally at the event which was held in Tokyo, Japan from Oct. 13-15, 2019. (1) Focused on smoking cessation services at hospitals in Taiwan in 2018 and discussed the impact of taking part in the "smoke-free hospital service quality enhancement program"; (2) Used the WHO MPOWER strategy to evaluate the efficacy of tobacco hazards



2019 Framework Convention on Tobacco Control Workshop WHO Framework Convention on Tobacco Control Workshop

prevention work in Taiwan; (3) Analyzed the current use of new tobacco products by youths in Taiwan and the direction of future prevention work; (4) Analyzed tobacco product depictions and images in popular movies in Taiwan in 2018. Sharing the results of work conducted in Taiwan also enhanced the nation's international visibility.

2019 Taiwan Tobacco Hazards Prevention International Seminar

On Nov. 15, 2019, the Taiwan Medical Alliance for the Control of Tobacco was commissioned to hold the "2019 Taiwan Tobacco Hazards Prevention International Seminar." The event asked the question "Is a harm reduction strategy beneficial to the elimination of tobacco hazards?" and invited local and overseas experts to participate. These included Taiwan Medical Alliance for the Control of Tobacco director Yen Chi-hua, National Health Research Institutes (NHRI) honorary fellow Wen Chi-pang, former director of the WHO Tobacco Free Initiative Yumiko Mochizuki, Chairman of the 13th Asia Pacific Association for the Control of Tobacco (APACT) Ronnachai Kongsakon, Kyushu University of Environmental and Occupational Health Ph.D. student Ying Jiang, APACT Honorary Secretary-General Professor Chen Zi-lang, NHRI Institute of Population Health Sciences Deputy Director Hsu Chih-cheng, Taipei Medical University Ph.D student Kao Chih-wen and National Taiwan University Hospital Department of Family Medicine doctor Kuo Fei-jan. Subjects discussed included: "E-cigarettes – Devil or Angel? – The Experience of Thailand," "Regulating the Explosion of New Tobacco Products in Japan: Long Term Tracing in Workplaces" and "New Tobacco Products: Japan's Experience with IQOS." The seminar involved the exchange of domestic and overseas experiences and helped to clarify the truth about newly developed tobacco products. It also provided related agencies with an invaluable reference point for the drafting of tobacco hazards prevention policy.



2019 Taiwan Tobacco Hazards Prevention International Seminar 2019 Taiwan International Conference on Tobacco Control

5



Conclusions



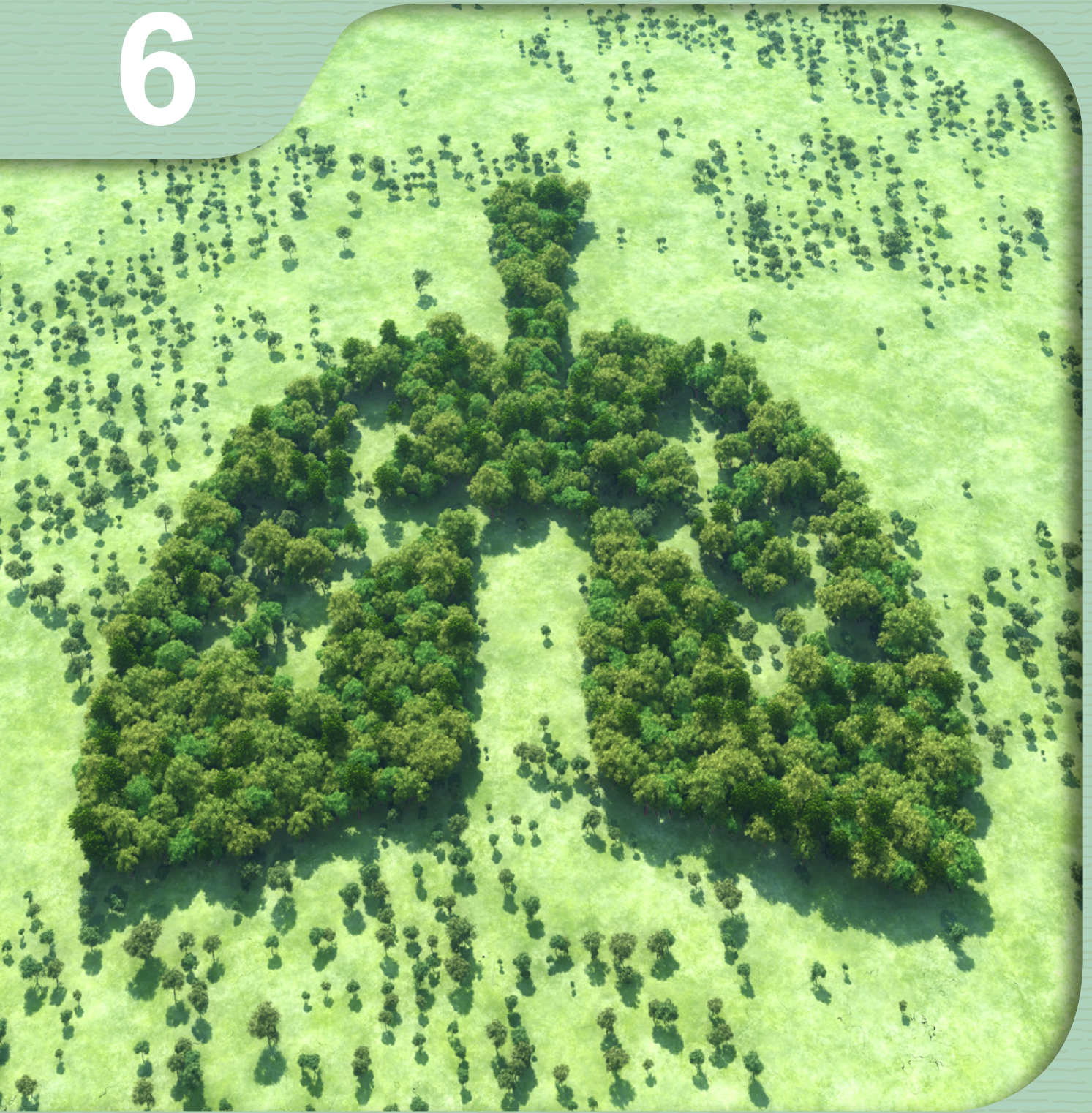
Conclusion

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 13.0% in 2018, while the smoking rates among junior high school, senior and vocational high school students dropped to 2.8% and 8.0% 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 future, the HPA will continue to refer to the experience of other countries and form a national consensus for promoting a comprehensive tobacco hazard prevention strategy, actively adopting a multi-pronged approach to tobacco hazard prevention. Also, in light of the lack of a legal basis for new tobacco products in the Tobacco Hazards Prevention Act, to effectively prohibit the manufacture, import, sale, supply, use, display and advertisement of e-cigarettes, law amendment work is actively being promoted; in accordance with the suggestion of the WHO, control of new tobacco products will also be enhanced and the scope of places where smoking is prohibited expanded to safeguard the health of fellow citizens, create a smoke-free Taiwan, and lead the way towards a smoke-free generation.



6



Appendix



Tobacco Hazards Prevention Act

January 23, 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	<p>For the purposes of this Act, the terms used herein are defined as follows:</p> <ol style="list-style-type: none"> 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, sniffing 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	<p>The Health and Welfare Surcharge shall be imposed on tobacco products, the amount of which shall be as follows:</p> <ol style="list-style-type: none"> 1.Cigarettes: NTD 1,000 every one thousand. 2.Cut tobacco: NTD 1,000 every kilogram. 3.Cigars: NTD 1,000 every kilogram. 4.Other tobacco products: NTD 1,000 every kilogram. <p>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:</p> <ol style="list-style-type: none"> 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. <p>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.</p>
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<p>Article 4</p>	<p>The collected surcharges shall be used exclusively for the National Health Insurance reserve, for cancer prevention and control, for upgrading the quality of medical care, for subsidizing areas with shortage of medical supplies and the operation of related medical units, for subsidizing the medical expenses of rare disorders or for subsidizing to the insurance fees of persons 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 Yuan.</p> <p>The definitions of the area with shortage of medical supplies and the operation of related medical units and persons who need help due to economic difficulties in the previous paragraph will be stipulated by the central competent authority.</p> <p>The definitions of the area with shortage of medical supplies and the operation of related medical units and persons who need help due to economic difficulties in the previous paragraph will be stipulated by the central competent authority.</p> <p>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.</p>
<p>Article 5</p>	<p>Tobacco products shall not be sold by any of the following methods:</p> <ol style="list-style-type: none"> 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; 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.
<p>Article 6</p>	<p>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.</p> <p>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.</p> <p>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.</p>
<p>Article 7</p>	<p>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.</p> <p>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.</p>
<p>Article 8</p>	<p>Manufacturers and importers of tobacco products shall disclose and report the following information:</p> <ol style="list-style-type: none"> 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. <p>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).</p> <p>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.</p>

Article 9	<p>The promotion or advertising of tobacco products shall not employ the following methods:</p> <ol style="list-style-type: none"> 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 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	<p>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.</p> <p>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.</p>
Article 11	<p>No business premises shall provide customers with free tobacco products for the purpose of promoting or profit-making.</p>

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

Article 12	<p>Persons under the age of eighteen shall not smoke. Pregnant women shall not smoke.</p> <p>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.</p> <p>Persons under the age of eighteen shall not smoke. Pregnant women shall not smoke.</p> <p>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.</p>
Article 13	<p>No person shall provide tobacco products to persons under the age of eighteen. No person shall force, induce or use other means to cause a pregnant woman to smoke.</p>
Article 14	<p>No person shall manufacture, import or sell candies, snacks, toys or any other objects in form of tobacco products.</p>



Chapter 4 Places Where Tobacco Use Are Restricted

Article 15

Smoking is completely prohibited in the following places:

- 1.Schools at all levels up to and including high schools, children and youth welfare institutions and other places the main purposes of which are for educations or activities of children and youth;
- 2.Indoor areas of 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.

According to the provision of paragraph 1 subparagraph 3 and 11 related to indoor smoking rooms, the room area, facilities and installation shall be stipulated by the central competent authority.

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 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;
- 2.The designated smoking area shall not occupy more than one-half of the indoor and/or outdoor areas of its respective place, and the indoor smoking room shall not be located at the necessary passageway.

Article 17	<p>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.</p> <p>Smoking is prohibited in the indoor areas where pregnant women or children younger than three years of age are present.</p>
Article 18	<p>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.</p> <p>Other on-site persons may dissuade those who smoke in non-smoking places.</p>
Article 19	<p>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.</p>

Chapter 5 Education And Publicizing Campaign Against Tobacco Hazards

Article 20	<p>Government agencies and schools shall actively engage in educations and publicizing campaign against tobacco hazards.</p>
Article 21	<p>Medical institutions, mental health counseling institutions and public interest groups may provide services on quitting smoking.</p> <p>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.</p>
Article 22	<p>The images of smoking shall not be particularly emphasized in television programs, drama or theatrical performances, audio-visual singing and professional sports events.</p>

Chapter 6 Penal Provisions

Article 23	<p>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.</p>
Article 24	<p>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.</p> <p>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.</p>
Article 25	<p>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.</p> <p>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.</p>



<p>Article 26</p>	<p>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.</p> <p>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.</p> <p>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.</p>
<p>Article 27</p>	<p>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.</p>
<p>Article 28</p>	<p>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.</p> <p>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.</p> <p>The educational program referred to in the first paragraph shall be prescribed by the competent authority at the central government level.</p>
<p>Article 29</p>	<p>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.</p>
<p>Article 30</p>	<p>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.</p> <p>Those who failed to recall within the specified period of time shall be fined repeatedly and continuously for each failure to recall.</p> <p>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.</p>
<p>Article 31</p>	<p>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.</p> <p>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.</p>
<p>Article 32</p>	<p>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 can at the same time be publicized.</p>
<p>Article 33</p>	<p>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.</p>

Chapter 7 Supplementary Provisions

Article 34	<p>The Health and Welfare Surcharges collected 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.</p> <p>The regulations regarding the collections, expenditures, managements and uses of the foundation mentioned in the preceding paragraph shall be prescribed by the Executive Yuan.</p>
Article 35	<p>This Act shall come into force six months from the date of promulgation.</p> <p>Except for when the effective date for Article 4 shall be otherwise prescribed by the Executive Yuan, all provisions amended on June 15, 2007 shall take effect 18 months after the promulgation of this Act.</p> <p>Amendment to Article 4 of this Act on January 12, 2009, effective date prescribed by the Executive Yuan.</p>

Relevant Acts



- ◆ Regulations of the Tobacco Health and Welfare Surcharge Distribution and Utilization (May 24 ,2019)
- ◆ Regulations for the implementation of smoking cessation education (January 8, 2020)
- ◆ Regulations for the subsidies and awards of smoking cessation services (February 22, 2008)
- ◆ Regulations for the Testing of Yields of Nicotine and Tar Contained in Tobacco Products and the Labeling of Cigarette Containers (June 14, 2019)
- ◆ The Regulations for Establishment of Indoor Smoking Rooms (May 29, 2008)
- ◆ Regulations for the Markings and Displays of Venues Selling Tobacco Products (June 23, 2008)
- ◆ Regulations for the Custody and Utilization of Revenues and Expenditures of the Tobacco Hazards Prevention and Public Healthcare (June 28, 2017)
- ◆ Regulations Governing Reporting of Tobacco Product Information (August 8, 2012)



National and foreign websites on tobacco hazard prevention



- ◆ 2017 Tobacco Hazards Prevention Act Compilation
<https://www.hpa.gov.tw/Pages/Detail.aspx?nodeid=1694&pid=10172>
- ◆ Relevant regulations on tobacco hazards prevention:
<https://www.hpa.gov.tw/Pages/List.aspx?nodeid=180>
- ◆ Health 99 Education Resource, Health Promotion Administration (HPA), Ministry of Health and Welfare: <https://health99.hpa.gov.tw/default.aspx>
- ◆ Health 99 Education Resource, Health Promotion Administration (HPA), Ministry of Health and Welfare - Tobacco Hazards Prevention Center: <http://health99.hpa.gov.tw/tobacco/index.aspx>
- ◆ Tobacco constituents information website: <http://tobacco-information.hpa.gov.tw/>
- ◆ Tobacco and alcohol management website, Ministry of Finance:
<http://www.nta.gov.tw/Subject.aspx?t0=73>
- ◆ Smoking cessation treatment service and management: <https://ttc.hpa.gov.tw/>
- ◆ Taiwan Smokers' Helpline (TSH): <http://www.tsh.org.tw/>
- ◆ John Tung Foundation Smoking Cessation Website (Chinese): <http://www.e-quit.org/index.aspx>
- ◆ Health Indicator 123 plus, Health Promotion Administration (HPA), Ministry of Health and Welfare: <https://olap.hpa.gov.tw/>
- ◆ 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/>
- ◆ 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/>
- ◆ California Smokers' Helpline <https://www.nobutts.org/>



Timeline of the Amendments of the Tobacco Hazards Prevention Act



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



Date	Contents
February 27, 2005	The WHO FCTC came into effect.
March 07, 2005	The Executive Yuan has submitted the "draft amendment of the Tobacco Hazards Prevention Act" (the section on tobacco product health and welfare surcharges) to the Legislative Yuan for review (6th session).
March 14, 2005	Business representatives, civil groups, scholars, and relevant departments invited to a "Public Hearing for the Amendment Draft" of the "Tobacco Hazards Prevention Act".
March 30, 2005	The President signed for approval of and accession to the WHO FCTC.
April 8, 2005	The Executive Yuan implemented a second reading of Articles 1 through 27 of the "draft amendment of the Tobacco Hazards Prevention Act".
April 18, 2005	The Executive Yuan implemented a third reading of the contents after Article 27 of the "Tobacco Hazards Prevention Act" and approved the draft amendment on April 27, 2005, in the Executive Yuan meeting.
April 27, 2005	The "draft amendment of the Tobacco Hazards Prevention Act" (complete version) was submitted to the Legislative Yuan for review (6th session).
May 23, 2005	The Bureau of Health Promotion of the Department of Health invited committee members that proposed each revision of the Act to a meeting in order to discuss the four major topics including tobacco surcharges, advertisements, non-smoking areas, and fetal and child protection.
May 26, 2005	The Finance Committee of the Legislative Yuan reviewed the "Draft Amendment of Part of the Tobacco and Alcohol Tax Act". The preliminary draft approved the part where tobacco health and welfare surcharge was increased from NTD 5 per pack (20 cigarettes) to NTD 10.
September 27, 2005	The Legislative Yuan has repealed the "draft amendment of the Tobacco and Alcohol Tax Act" (the section on tobacco product health and welfare surcharges) and left it for open discussion by both the incumbent and opposition parties.
October 6, 2005	The Department of Health convened a "Discussion Meeting on Amendments of the Tobacco Hazards Prevention Act", where "health warning images and text on tobacco packages" were reduced to 50%, and deciding that the prohibition of misleading words such as "mild", "light" shall not apply to product brand names already in use prior to the amendment of this Act.
November 9, 2005	The Social Welfare and Environmental Hygiene Committee completed preliminary review of the "Draft Amendment of The obacco Hazards Prevention Act" and submitted it for a second reading instead of releasing it for open discussion by both the incumbent and opposition parties.
December 23, 2005	The Legislative Yuan included second and third readings of the "Draft Amendment of the Tobacco Hazards Prevention Act" into the Agenda. However, discussion was not carried out as the meeting was adjourned before scheduled closure.
December 30, 2005	The motion was rescheduled in the Agenda and released to open discussion between the incumbent and opposition parties due to committee petition.
January 3, 2006	The Legislative Yuan approved the amendment to Article 22 of the "Tobacco and Alcohol Tax Act" after the 3rd reading.
January 18, 2006	Presidential promulgation of the amendment to the "Tobacco and Alcohol Tax Act" (tobacco surcharge to be increased from NTD 5 per pack to NTD 10 per pack).

Date	Contents
February 16, 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 15, 2006	4th open discussion between the incumbent and opposition parties in the Legislative Yuan. "Complete prohibition of smoking in indoor public spaces" 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" been approved and submitted to the Legislative Yuan for approval.
January 16, 2007	The Legislative Yuan implemented and completed a second reading of all 35 articles to the "Tobacco Hazards Prevention Act", excluding Article 10 (tobacco products may not be displayed or shown on store racks accessible to the consumers) and Article 15 (related to places under complete prohibition of smoking) which shall remain unchanged.
June 15, 2007	The "Tobacco Hazards Prevention Act" amendment approved after the third reading.
July 11, 2007	Presidential promulgation of the "Tobacco Hazards Prevention Act" amendment. 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 11, 2007	The "Regulations on the allocation and use of health and welfare surcharge of tobacco products", stipulated following authorization by Article 4 Paragraph 4 of the "Tobacco Hazards Prevention Act", released and submitted to the Legislative Yuan for review and approval.
January 8, 2008	Tobacco surcharge fees, assessment policies, and other relevant issues of Articles 4 and 35 amendments of the "Tobacco Hazards Prevention Act" reviewed and approved by the Regulatory Committee of the Department of Health.
January 15, 2008	The finalized amendment to Articles 4 and 35 of the "Tobacco Hazards Prevention Act" submitted by writing to the Executive Yuan.
February 1, 2008	The Executive Yuan convened a meeting for reviewing the amendment draft to Articles 4 and 35 of the "Tobacco Hazards Prevention Act" and draft amendment to Article 22 of the "Tobacco and Alcohol Tax Act".
February 22, 2008	The amended "Regulations for the subsidies and awards of smoking cessation services" and "Regulations for the implementation of smoking cessation education" released.
March 27, 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 29, 2008	Promulgation of the "Regulations for Establishment of Indoor Smoking Rooms".
May 30, 2008	Mayors from 25 counties and cities 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 23, 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.



Date	Contents
July 17, 2008	Amendment draft to Articles 4 and 35 of the "Tobacco Hazards Prevention Act" and implementation date of Article 4 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 21, 2008	Promulgation of the "Regulations for the Custody and Utilization of Revenues and Expenditures of Tobacco Hazards Prevention and Public Healthcare" by the Executive Yuan.
September 2, 2008	The Executive Yuan convened a meeting for reviewing the draft amendment of articles 4 and 35 of the "Tobacco Hazards Prevention Act", implementation date of Article 4 as well as draft amendment of Article 22 of the "Tobacco and Alcohol Tax Act".
September 10, 2008	The Executive Yuan convened a second meeting for reviewing the draft amendment of articles 4 and 35 of the "Tobacco Hazards Prevention Act", implementation date of Article 4 as well as draft amendment of Article 22 of the "Tobacco and Alcohol Tax Act".
October 23, 2008	The Executive Yuan convened a third meeting for reviewing the draft amendment of articles 4 and 35 of the "Tobacco Hazards Prevention Act", implementation date of Article 4 as well as draft amendment of Article 22 of the "Tobacco and Alcohol Tax Act".
October 30, 2008	The Executive Yuan approved the draft amendment 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 4, 2008.
November 10, 2008	An interdepartmental Tobacco Control Response Center of the Bureau of Health Promotion was established and shall hold periodic meetings every week.
November 14, 2008	The Executive Yuan has approved the draft amendment of articles 4 and 35 of the Tobacco Hazards Prevention Act and submitted the approved amendments to the Legislative Yuan.
November 28, 2008	The first (of four) City and County Health Bureau Director Meetings was convened. Promotion strategies and current enforcement status for the new tobacco hazards prevention regulations discussed with city and county health bureau directors.
December 2008	Carried out an investigation after media promotion prior to the implementation of the new Tobacco Hazards Prevention Act regulations in order to assess public understanding. Results shall be used as a basis to improve promotion strategies.
December 1, 2008	<ol style="list-style-type: none"> 1. Began on-site sampling 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 4, 2008	Promulgation of the Regulations Governing Reporting of Tobacco Product Information.
December 10, 2008	Convened the 22nd committee meeting to review the amendment draft of Articles 4 and 35 of the Tobacco Hazards Prevention Act, which was held during the 2nd Social Welfare and Environmental Hygiene Committee meeting of the Legislative Yuan, 7th session.
December 26, 2008	The National Health Command Center of the Center of Disease Control (CDC) performed a response systems and handling exercise for the implementation of the Tobacco Hazards Prevention Act.
January 5, 2009	Director-General Chin-chuan Yeh led a team to simulate the process of an on-site audit.

Date	Contents
January 11, 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 12, 2009	The amendment draft of Articles 4 and 35 of the Tobacco Hazards Prevention Act approved by the Legislative Yuan after three readings. The health and welfare surcharge for tobacco products increased from NTD 10 per pack to NTD 20 per pack.
January 23, 2009	Presidential promulgation of the draft amendment of articles 4 and 35 of the Tobacco Hazards Prevention Act on the increase of health and welfare surcharge of tobacco products from NTD 10 per pack to NTD 20 per pack.
March 18, 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 10, 2009	Publicized news announcing that the health and welfare surcharge for tobacco products will be increased to NTD 20 on June 1, 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 NTD 20 surcharge payment will be identified through labeling.
April 17, 2009	<ol style="list-style-type: none"> 1. Announced the provisions and measures, such as identifiable labeling for consumers, on tobacco products that require the NTD 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 14, 2009	The Printing Plant of the Ministry of Finance completed the first batch of 15 million identification labels for the health and welfare surcharge of tobacco products.
May 19, 2009	The Printing Plant of the Ministry of Finance completed the second batch of 10 million identification labels for the health and welfare surcharge of tobacco products.
May 22, 2009 to May 20, 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 26, 2009	The Printing Plant of the Ministry of Finance convened an explanation meeting on the locations and processes for distributing tobacco product identification labels.
June 1, 2009	Health and welfare surcharge of tobacco products increased from NTD 10 per pack to NTD 20 per pack.
June 2, 2009	Tobacco product importers collected identification labels for health and welfare surcharge of tobacco products from 5 distribution locations in Taiwan. As of November 15, 2009, a total of 8,954,792 labels distributed.
June 4, 2009	Tobacco product manufacturers and importers submitted their first tobacco product information reports in accordance with the Regulations Governing Reporting of Tobacco Product Information.
July, 2009	Implemented a post-test survey for the Effectiveness of Promoting New Tobacco Hazards Prevention Act Regulations for Restaurant Owners to assess the degree of understanding among restaurant owners.



Date	Contents
September 18, 2009	Stipulated the Principles for the Reporting and Review of Tobacco Product Information by the Bureau of Health Promotion of Department of Health.
December 30, 2009	The Department of Health and Ministry of Finance jointly amended and released articles 4, 5, and 8 of the Regulations on the allocation and use of health and welfare surcharge of tobacco products and submitted the amended articles to the Legislative Yuan for review.
July 23, 2010	Convened the Specialist Assessment Meeting for the Increase in Tobacco Product Surcharges.
September 17, 2010	Convened the Conference on National Tobacco Hazards Prevention Strategies.
October 4, 2010	The Department of Health promulgated the Procedure for Prevention of Marketing or Advertising of Tobacco Products via the national authorization order Shu-Shou-Guo-Zi No. 0990700968.
November 4, 2010	Re-announced the submission method and format for the Regulations Governing Reporting of Tobacco Product Information.
November 29, 2010	The order Shu-Shou-Guo-Zi No. 0990701200 of the Department of Health required that "pedestrian underpasses" shall be regarded as "other indoor areas opened to the general public" described in Article 15, Paragraph 1, Subparagraph 13 of the Tobacco Hazards Prevention Act, and smoking shall therefore be completely prohibited in such areas.
December 2010	Tobacco product manufacturers and importers submitted their first updates on tobacco product information reports in accordance with the Regulations Governing Reporting of Tobacco Product Information.
April 6, 2011	Convened an Evaluation Meeting for the Operational Performance and Allocation of Health and Welfare Surcharge of Tobacco Products.
April 22, 2011	Convened a meeting to discuss the amendments of the Tobacco Hazards Prevention Act.
May 6, 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 19, 2011	General question and answer session in the joint review of the draft amendment of 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 20, 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 26, 2011	Taiwan Chain Stores and Franchise Association (TCFA) submitted their opinions on the amendment of the Tobacco Hazards Prevention Act to the Secretariat Office of the Executive Yuan.
June 2, 2011	Various associations from the United States submitted official letters voicing their opinions on the amendment draft of the Tobacco Hazards Prevention Act to the Ministry of Foreign Affairs.
June 22, 2011	The preparatory office of the Republic of China Cigars and Cigarette Association submitted an official letter voicing their opinions on the amendment draft of the Tobacco Hazards Prevention Act to the Secretariat Office of the Executive Yuan.

Date	Contents
August 24, 2011	Convened a professional convention on the evaluation of the health and welfare surcharge of tobacco products.
September 5, 2011	The Ministry of Health and Welfare and Ministry of Finance of the Executive Yuan 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, 2011 to September 6, 2011	The John Tung Foundation engaged to host a Cross-Strait Conference on Tobacco Hazards Prevention for China, Taiwan, Hong Kong and Macao. The Taiwan Acacia Human Rights Promotion Association protested outside the meeting 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 8, 2011	The Executive Yuan has amended and released the Regulations for the Custody and Utilization of Revenues and Expenditures of Tobacco Prevention Hazards and Public Healthcare.
August 8, 2012	Amended and released Articles 6, 9, and 10 of the Regulations Governing Reporting of Tobacco Product Information.
September 6, 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	Kuo-Tong Liao and 22 other legislators proposed to amend part of the articles in the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after being approved in the first reading.
November 9, 2012	Wen-ling Huang of the Taiwan Solidarity Union Legislative Yuan Party Caucus proposed amendments of Articles 10 and 35 of the Tobacco Hazards Prevention Act. The proposal has been submitted for committee review after being approved in the first reading.
November 16, 2012	Yu-Min Wang and 22 other legislators proposed to amend Articles 2 and 10 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after being approved in the first reading.
November 30, 2012	Wei-Che Huang and 20 other legislators proposed the draft amendment of Articles 13 and 29 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after being approved in the first reading.
December 25, 2012	The 2012 committee meeting of the Tobacco Hazards Prevention Policy and Promotion Committee of the Department of Health, Executive Yuan 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 to respond to the motion proposed by the Taiwan Tobacco & Liquor Corporation Federation Union on not increasing tobacco product health and welfare surcharges.
February 22, 2013	Invited supporting and opposing stakeholders to attend a conference for the assessment of tobacco product health and welfare surcharges.
March 22, 2013	Yu-min Wang and 26 other legislators proposed the draft amendment of Article 5 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after being approved in the first reading by the Legislative Yuan.



Date	Contents
March 22, 2013	Qi-chen Jiang and 22 other legislators proposed the draft amendment of Article 29 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after being approved in the first reading by the Legislative Yuan.
April 2, 2013	The draft amendment of Article 4 of the Tobacco Hazards Prevention Act was submitted to the Legislative Yuan for priority review.
April 9, 2013	Shu-Lei Luo and 22 other legislators proposed the draft amendment of Articles 13, 23, 28 and 29 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after being approved in the first reading by the Legislative Yuan.
April 12, 2013	Hsin-Chun He, Ting-Fei Chen, Li-Chun Cheng, and 18 other legislators proposed the draft amendment of Article 5 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review being approved in the first reading by the Legislative Yuan.
April 16, 2013	Convened a presentation and discussion meeting for the draft amendment of Article 4 of the Tobacco Hazards Prevention Act.
April 19, 2013	Convened a conference on tobacco hazards prevention.
April 19, 2013	The draft amendment of Articles 4 and 35 of the Tobacco Hazards Prevention Act was submitted to the Legislative Yuan for priority review.
May 1, 2013	The Executive Yuan has convened a review meeting for draft amendment of Article 7 of the Tobacco and Alcohol Tax Act. A preliminary meeting was held on the same day at the office of Political Commissar Hsueh.
May 3, 2013	The Executive Yuan convened a review meeting for the draft amendment of Articles 4 and 35 of the Tobacco Hazards Prevention Act.
May 9, 2013	The Executive Yuan approved the draft amendment of Articles 4 and 35 of the Tobacco Hazards Prevention Act, and has increased the health and welfare surcharge of tobacco products to NTD 2000 per thousand cigarettes (or per kilogram) in Article 4 Paragraph 1 and Article 35 Paragraph 3 of the Tobacco Hazards Prevention Act.
May 17, 2013	The draft amendment draft of Articles 4 and 35 of the Tobacco Hazards Prevention Act approved in the first reading by the Legislative Yuan and submitted to the Social Welfare and Environmental Hygiene Committee and Finance Committee for review in the jointly convened general committee review meeting.
May 17, 2013	Convened a meeting on the effectiveness and future planning of the tobacco surcharge.
May 31, 2013	Ou-Po Chen, Chih-Wei Chiu and 19 other legislators proposed the draft amendment of Articles 4 and 6 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after being approved in the first reading by the Legislative Yuan.
May 31, 2013	Tian-Tsai Hsu, Chih-Wei Chiu and 19 other legislators proposed the draft amendment of Article 4 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after being approved in the first reading by the Legislative Yuan.
May 31, 2013	Yao Yang, Ou-Po Chen and 19 other legislators have proposed the draft amendment of Articles 4 and 6 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after being approved in the first reading by the Legislative Yuan.
May 31, 2013	Convened a meeting to discuss Article 16 Paragraph 1 Subparagraph 2 of the Tobacco Hazards Prevention Act on measures for other outdoor areas open to the general public for leisure and entertainment purposes.

Date	Contents
June 18, 2013	Previewed amendments of Articles 12 and 13, the attached figures and texts of Article 2 with changes to the 8 diagrams of warning signs on tobacco product containers in 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 19-25, 2013.
June 21, 2013	Convened a progress meeting for amending regulations regarding health and welfare surcharge of tobacco products.
August 20, 2013	Amended and released Articles 12 and 13, attached figures and texts of Article 2, and 8 diagrams of warning signs 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 came into effect in June 1, 2014.
September 16, 2013	Chun-Yi Li and 18 other legislators proposed the draft amendment of Article 29 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after being approved in the first reading by the Legislative Yuan.
October 4, 2013	Shih-Pao Lai, Ching-Chuan Su, Shou-Chung Ting and 29 other legislators proposed the draft amendment of Articles 13 and 29 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after being approved in the first reading by the Legislative Yuan.
November 6, 2013	Previewed "smoking shall be prohibited in areas and greenery not designated as smoking areas in National Parks and Nature Parks of Taiwan, Natural Reserves, forest recreation areas, and nature education parks, and that smoking shall be completely prohibited therein if no such smoking area is designated." The change shall be effective on April 1, 2014.
November 29, 2013	Hui-Chen Chiang and 20 other legislators proposed the draft amendment of Article 3 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after being approved in the first reading by the Legislative Yuan.
December 11, 2013	Tong-Hao Li and 27 other legislators proposed the draft amendment of Article 3 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after being approved in the first reading by the Legislative Yuan.
December 24, 2013	Convened the 2013 committee meeting of the Tobacco Hazards Prevention Strategy and Promotion Committee of the Ministry of Health and Welfare.
January 3, 2014	The "draft amendment of Articles 4 and 35 of the Tobacco Hazards Prevention Act" was presented during the general meeting of political parties.
February 10, 2014	Convened the "Expert Consultation Meeting on the Feasibility and Legitimacy on Prohibiting Smoking at Road Intersections as well as Entrances and Exits of Buildings".
March 7, 2014	Convened a communication meeting for "Article 16 Paragraph 1 Subparagraph 4 of the Tobacco Hazards Prevention Act where: Smoking shall be prohibited in areas and greenery not designated as smoking areas in National Parks and Nature Parks of Taiwan, Natural Reserves, forest recreation areas, and nature education parks; smoking shall be completely prohibited therein if no such smoking area is designated".
March 31, 2014	The Finance Committee of the Legislative Yuan convened the 5th committee meeting 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 effectiveness of the said adjustments on national finance and health".
April 1, 2014	Enforcing the regulation where "Smoking shall be prohibited in areas and greenery not designated as smoking areas in National Parks and Nature Parks of Taiwan, Natural Reserves, and forest recreation areas".



Date	Contents
April 18, 2014	Chu-Wei Tseng and 18 other legislators proposed the draft amendment of Article 4 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after being approved in the first reading by the Legislative Yuan.
May 9, 2014	Kuo-Liang Hsieh and 18 other legislators proposed the draft amendment of Articles 4, 8, 17 and 31 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after being approved in the first reading by the Legislative Yuan.
May 30, 2014	Yu-Min Wang and 22 other legislators proposed the draft amendment of Article 4 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after being approved in the first 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	Yu-Min Wang and 22 other legislators proposed the draft amendment of Articles 7-1 and 24 of the Tobacco Hazards Prevention Act. The proposal was submitted for committee review after being approved in the first reading by the Legislative Yuan.
December 25, 2014	Convened the 2014 committee meeting on the "Tobacco Hazards Prevention Strategy and Promotion Committee of the Ministry of Health and Welfare".
January 16, 2015	Yao Yang and 18 other legislators proposed the amendments of Article 4 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
March 10, 2015	Convened a second team conference on Tobacco Hazards Prevention Act.
April 17, 2015	TSU proposed to amend Articles 3, 15, 17 and 31 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
June 12, 2015	Chun-Yi Li and 16 other legislators proposed the amendment of Article 31 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
June 22, 2015	Convened an inter-departmental presentation and discussion meeting for the Prevention of E-Cigarette Flooding.
June 23, 2015	Convened a "Review Meeting on the use of Tobacco Product Health and Welfare Surcharge".
July 28, 2015	Convened a "Second Review Meeting on the use of Tobacco Product Health and Welfare Surcharge".
October 15, 2015	Amended the released "Regulations on the allocation and use of health and welfare surcharge of tobacco products" for additional development of long-term care, adjusted the distribution ratio, and established the Tobacco Product Surcharges Management and Audit Mechanism.
October 26, 2015 to October 27, 2015	Convened the "2015 International Discussion Meeting on the Framework Convention on Tobacco Control".

Date	Contents
November 1, 2015	Smoking cessation services for aboriginals in areas except mountain and outlying islands.
November 11, 2015	The Social Welfare and Environmental Hygiene Committee and Finance Committee of the Legislative Yuan jointly approved the amendment of the "Regulations on the Allocation and Use of Health and Welfare Surcharge of Tobacco Products".
December 15, 2015	Convened the "Tobacco Free Hospital and Hospital Smoking Cessation Service Results Presentation Seminar".
December 16, 2015	Chun-Yi Li and 17 other legislators proposed the amendment of Articles 4, 15 and 16 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
March 3, 2016	Convened an inter-departmental presentation and discussion meeting for the "2016 Prevention of E-Cigarette Flooding".
March 18, 2016	Yu-min Wang and 18 other legislators have proposed the amendment of Articles 7-1 and 24 of the Tobacco Hazards Prevention Act. The proposal was submitted for Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
March 25, 2016	Yu-min Wang and 21 other legislators proposed the amendment of Articles 3-1 and 30 of the Tobacco Hazards Prevention Act. The proposal was submitted for Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
April 8, 2016	Previewed draft amendments of Articles 2 and 11 of Regulations for the Custody and Utilization of Revenues and Expenditures of the Tobacco Hazards Prevention and Public Healthcare.
	Kuo-Tung Liao and 16 other legislators have proposed the amendments of Articles 12, 13 and 18 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
May 6, 2016	Chi-Yang Wu and 21 other legislators proposed the amendments of Articles 2 and 35 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
May 11, 2016	Convened the "Expert Consultation Meeting on Relevant Provisions of the Tobacco Hazards Prevention Act".
June 17, 2016	Nai-Hsin Chiang, Huei-Mei Wang and 16 other legislators proposed the amendments of Articles 2, 17 and 35 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
	Nai-Hsin Chiang and 17 other legislators proposed the amendments fo Articles 5, 6 and 35 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
	Hsiu-Yan Lu and 26 other legislators proposed the amendments of Article 29 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.



Date	Contents
June 24, 2016	Nai-Hsin Chiang and 18 other legislators proposed the amendment of Article 31-1 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
July 1, 2016	Yu-Min Wang, Nai-Hsin Chiang, Hsiu-Yan Lu and 18 other legislators proposed the amendments of Articles 2, 6 and 10 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
	Chi-Yang Wu, Nai-Hsin Chiang and 16 other legislators proposed the amendments of Article 29 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
July 13, 2016	Convened the "Expert Consultation Meeting on the Draft Amendment of the Tobacco Hazards Prevention Act".
July 22, 2016	Convened a conference on the draft amendment of the Tobacco Hazards Prevention Act with the local Department of Health.
July 26, 2016	Released predicted amendment drafts of Articles 4, 5 and 7 of the Allocation and Use of Health and Welfare Surcharge of Tobacco Products.
September 28, 2016	Convened the Assessment Meeting for the Tobacco Product Surcharges.
October 3, 2016	Convened an inter-departmental conference on the assessment of the Tobacco Product Surcharges and Taxes, and amendment draft of the Tobacco Hazards Prevention Act.
October 5, 2016	Convened a conference on the Taiwan Tobacco Hazards Prevention Act.
October 7, 2016	The Ministry of Health and Welfare and Ministry of Finance jointly amended and released Articles 4, 5 and 7 of the Regulations on the "Allocation and Use of the Health and Welfare Surcharge on Tobacco Products", which shall come into effect as of the date of promulgation.
October 14, 2016	Chen-Wu Yang, Yun-Sheng Chen, Yu-Jen Hsu and 17 other legislators proposed the amendments of Article 2 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
	Ming-Tsung Tseng and 16 other legislators proposed the amendments of Articles 4 and 35 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
October 19, 2016	Convened a conference on the amendment draft of the Tobacco Hazards Prevention Act with the local Department of Health.
October 28, 2016	Held the "Team Meeting on E-Cigarette Prevention".
November 11, 2016	Kuo-Tung Liao, Tien-Tsai Cheng and 16 other legislators have proposed the amendments of Articles 2, 4, 6, 10, 24 and 35 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
	Ming-Wen Chen, Chen-Ching Su, Hsin-Chun Ho and 19 other legislators proposed the amendments of Article 4 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.

Date	Contents
November 18, 2016	Yung-Ming Hsu, Tien-Lin Chao, Chun-Yi Li and 16 other legislators proposed the amendments of Articles 4 and 35 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
	Held the discussion meeting on the provisions of the "Tobacco Hazards Prevention Act".
November 28, 2016	Held the discussion meeting on the provisions of the "Tobacco Hazards Prevention Act".
December 9, 2016	Yu-Min Wang and 18 other legislators proposed the amendments of Article 5 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
December 23, 2016	Hung-Tai Fei and 18 other legislators proposed the amendments of Articles 2 and 35 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
February 17, 2017	Li-Chan Lin, Yu-min Wang, Chao-Ming Chen and 22 other legislators proposed the amendments of Articles 14, 24 and 30 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
April 26, 2017	Convened an inter-departmental presentation and discussion meeting for the Prevention of E-cigarette Flooding.
May 10, 2017	The amendment to the "Tobacco and Alcohol Tax Act" was announced on the tobacco product surcharge of NT\$1,590 per thousand cigarettes, which increased from NTD 20 per pack to NTD 51.8 per pack. The Act came into effect on June 12, 2017.
May 19, 2017	Yi-Fang Shih, Yung-Chang Chiang, Su-Mei Chen Lai and 19 other legislators proposed the amendments of Article 5 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
	Man-Li Chen, Chih-En Ko and 17 other legislators proposed the amendments to part of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
September 3, 2017	Convened the "The 9th Cross-Strait Conference on Tobacco Control" and the "Pre-conference Seminar on Global Tobacco Control Policy Research and Development".
September 22, 2017	Chih-Cheng Luo and 17 other legislators proposed the amendments of Article 15 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
October 3, 2017	Nai-Hsin Chiang, Huei-Mei Wang and 19 other legislators proposed the amendments to part of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
December 13, 2017	Held a discussion meeting on regulating operators on illegal online advertising and sales of e-cigarettes.
December 21, 2017	The Executive Yuan has approved the amendment draft of the Tobacco Hazards Prevention Act in Meeting 3581 and submitted the approved amendments to the Legislative Yuan.



Date	Contents
December 29, 2017	Chih-Wei Chiu and 16 other legislators proposed the amendments of Articles 2, 3 and 14 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
	The amendment draft of the Tobacco Hazards Prevention Act was approved in the first reading by the Legislative Yuan.
April 10, 2018	Convened an inter-departmental presentation and discussion meeting for the Prevention of E-cigarette Flooding.
October 5, 2018	Shu-Hua Hsu and 16 other legislators proposed the amendments of Article 4 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
October 12, 2018	Kuo-Shu Huang and 17 other legislators proposed the amendments of Articles 3, 12 and 13 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
October 18, 2018	The Social Welfare and Environmental Hygiene Committee of the Legislative Yuan convened the 7th Social Welfare and Environmental Hygiene Committee Meeting to report the health hazards of tobacco products (including heated tobacco, e - cigarettes and other tobacco products) and the effectiveness of smoking cessation methods.
November 23, 2018	Yung-Chang Chiang, Yi-Fang Shih and 17 other legislators have proposed the amendments of Article 4 of the Tobacco Hazards Prevention Act. The proposal was submitted for the Social and Environmental Committee review after being approved in the first reading by the Legislative Yuan.
December 28, 2018	Convened the 2018 committee meeting of the Ministry of Health and Welfare Hazard Prevention Promotion Committee on December 28, 2018.
July 9, 2019	Inter-agency meeting on preventing spread of e-cigarettes held on July 9, 2019.
September 25, 2019	WHO Framework Convention on Tobacco Control Workshop held on September 25, 2019.
October 28, 2019	Ministry of Health and Welfare meeting for review of e-cigarette-related regulations held on October 28, 2019.
November 4, 2019	On November 4, 2019, sent list of businesses and websites illegally advertising the sale of e-cigarettes to IWIN, establishing a suitable defense mechanism with regards these websites.
November 6, 2019	Ministry of Health and Welfare review of e-cigarette-related regulations and experts' meeting held on November 6, 2019.
November 15, 2019	2019 International Conference on Taiwan's Tobacco Hazard Prevention held on November 15, 2019.

Date	Contents
December 6, 2019	On December 6, 2019 legislator Li Jun-yi and 20 others proposed draft amendments of articles 15, 16 and 31 of the Tobacco Hazard Prevention Act; li Jun-yi and 17 others a proposed draft amendment of Article 4 of the Tobacco Hazard Prevention Act; both bills were passed on first reading and submitted to the Social and Environmental Committee.
December 18, 2019	Interagency meeting on e-cigarettes and new tobacco product prevention held on December 18, 2019.
December 24, 2019	Convened the 2019 committee meeting of the Ministry of Health and Welfare Hazard Prevention Promotion Committee on December 24, 2019.





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