

Taiwan Tobacco Control Annual Report 2006

臺灣菸害防制年報



**NO SMOKING,
YES TAIWAN**

Bureau of Health Promotion,
Department of Health, R.O.C.(Taiwan)



Bureau of Health Promotion, Department of Health, R.O.C. (Taiwan)
June 2006


Tobacco: Deadly in Any Form or Disguise

Tobacco addiction is a global epidemic that is increasingly ravaging countries and regions that can least afford its toll of disability, disease, lost productivity and death. The tobacco industry continues to put profits before life; its own expansion before the health of future generations; its own economic gain ahead of the sustainable development of struggling countries. Now, as nations have begun to fight back with a global strategy, and some countries begun to turn the course of the epidemic, tobacco companies continue to launch new weapons in the form of products disguised to appear less harmful and more attractive.

The core strategy of the tobacco industry is not new. It is the new variant of the "light", "mild" and "low tar" cigarette campaigns that were so effective in keeping customers, gaining new ones, and undermining tobacco control in the 20th century.

Nowadays, tobacco companies continue reassuring health concerned smokers by offering with their new products the illusion of safety. They continue to take their old and new customers to more insidious levels of deception by promoting and selling new products disguised under healthier names, fruity flavours or more attractive-looking packaging. In the meantime they continue their search for reduced-harm products – however, none have been thoroughly evaluated in

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Tobacco : deadly in any form or disguise

World No Tobacco Day 2006

human studies, so there is not reliable information on what is the toxicant exposure or health impact.

Honest accurate information on tobacco product ingredients, toxicant deliveries, and health effects is scarce for many of these products.

Fortunately, tobacco control professionals learnt valuable lessons about the tobacco industry approaches from the experiences and successes as well as failures of 20th century tobacco control efforts. Global public health also has the strength of the combined forces of the United Nations and its Member States through the World Health Organization's Framework Convention on Tobacco Control (the WHO FCTC), a powerful tool to combat tobacco and the challenging approaches of its industry.

The purpose of World No Tobacco Day 2006 is to raise awareness about the existence of a great variety of deadly tobacco products in order to help people get accurate information, remove the disguise and unveil the truth behind tobacco products traditional, new, and future. The slogan reads as follows:

It is crucial to empower people and organizations with knowledge about the different tobacco products and their many forms and disguise in order to implement more effectively control tobacco and improve global health.

World No Tobacco Day 2006 has the following objectives:

- * raise awareness about all forms of tobacco: DEADLY IN ANY FORM. Cigarettes, pipes, bidies, kreteks, clove cigarettes, snus, snuff, smokeless, cigars they are all deadly;
- * raise awareness about all types and names and flavours; DEADLY IN ANY DISGUISE. Mild, light, low tar, full flavor, fruit flavoured, chocolate flavoured, natural, additive-free, organic cigarettes, PREPS (Potentially Reduced-Exposure Products), harm-reduced they are all deadly;
- * raise awareness about the need for strict regulation and encourage its implementation.

All of these products and practices are deadly and addictive and thus the absence of truthful information deprives even well intended people the ability to make healthy choices. Whether the disguise is perpetuated by multinational corporations or by well intended, but uninformed shops, families, and individuals, the end product can be the same: use of products that carry unnecessary risks of disease, debilitation and death. The truth about tobacco can empower people to improve their own health, as well as the health of their families, friends, and others in their community.

Join People and Organizations around the world on the celebration of World No Tobacco Day 2006. Start raising awareness now about tobacco : Deadly in any form or disguise.



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Tobacco : dealy in any form or disguise



Preface

One day, I heard a five-year-old girl say to a man : "Dad, smoking is no good! It will make the baby in Mom's belly wither and blacken. The baby will also stink. Look, even grandpa has been known to go out to smoke!" Upon hearing these words, I could not help but smile : Anti-smoking consciousness has, indeed, taken root in Taiwan!

Around the eighties, "offering a cigarette as a gesture of politeness" and "sending cigarettes as gifts to friends" were commonplace in social circuits. For many, smoking was part of life. In 1984, some NGOs launched the "Refuse second-smoke" movement. In 1997, the legislature passed the Tobacco Hazards Prevention Act. In 2003, a health and welfare surcharge was slapped on tobacco tax. Since, anti-smoking has become a crusade. After more than 20 years, most people have come to understand the harms of smoking. For years, surveys have shown that the rate of male smokers is on the decline, although the number of female smokers tends to increase, indicating tobacco control in Taiwan has begun to show its effectiveness.

In the past year, we have continued the anti-tobacco publicity and education. Measures included providing multiple rehabilitation services, earnestly implementing the law by local governments, cultivating more and better human resources, conducting related surveillance and research, and promoting multilateral and international cooperation. The aim is to gear our effort to the international cause as well as protecting the health of our people. Although we are still not a member of the World Health Organization, we have expressed our support to the WHO Framework Convention on Tobacco Control (FCTC) and our determination to fight tobacco hazards. We have completed our legislative procedure in this end, and the president has approved the instrument for participation in the



convention. We will proceed to revise our laws in keeping with the spirit of the convention. Thus far, through the revision to the Tobacco and Alcohol Tax Act, we have doubled the health and welfare surcharge slapped on a pack of cigarette from NT\$5 to NT\$10. In the future, we will promote an all-out ban on indoor smoking. Besides, we will increase the warning of tobacco harm on tobacco labels, using pictures as well as writing. We will also swear to the world our resolve to abide by the global public health criteria.

To reduce the smoking rate of the people and to prevent their exposure to second-hand smoke is our unremitting mission. We will carry out this mission with international thinking and through local strategy. Given your zeal and your support, we will never feel lonely on our anti-smoking road.



Chun-Ming Wu M.D.

Director-General

Bureau of Health Promotion, DOH

June 2006



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Foreword

Only after a health surcharge was slapped on tobacco tax could there be enough money to promote an anti-smoking task. The priorities are : actively revising the laws and rules related to tobacco control, bringing the effort to bear on the base level, strengthening the cultivation of manpower, drumming up more support to tobacco control, providing multiple services to smokers kicking the bad habit, opening multilateral international exchange, and carrying out various surveillance and researches of tobacco hazard.

Besides promoting the routine plans and researches, one major achievement in 2005 was that the President approved the WHO Framework Convention on Tobacco Control (FCTC) and Taiwan's instrument of participation. FCTC is the first international convention that Taiwan is included, which has brought Taiwan in line with the world's fight against tobacco. Under this convention, the Department of Health (DOH), related government agencies, National Health Research Institutes, and scholars and experts of the nation were assembled together at the National Tobacco Control Policy Conference to chart the future course of tobacco control in the nation. We have carried out the Global Youth Tobacco Survey (GYTS) on the behavior of smokers aged between 15 and 17.

According to American experience in tobacco control, in the 36 years from 1965 to 2001, smokers above the age of 18 in the total population declined from 42.4% to 22.8%. This indicates that in order to cut down the smoking rate there is a need for long, sustained efforts; including those which prevent youth from smoking, raising the quitting rate and, building up the support for a smoke-free environment.

According to the surveys conducted by Taiwan Tobacco & Alcohol Corporation, between 1973 and 1996, the rate of male smokers accounted for 55 to 61 percent whereas female smokers stood at the level between 2.9 and 4.6 percent. In a 2002 survey on the “ knowledge, attitude, and behavior about health promotion in Taiwan, ” it was found that the rates of men and women who occasionally smoked every day were 50.0% and 5.8%, higher than in other countries. To understand the effect of using the health surcharge of tobacco tax for tobacco control, telephonic surveys on adult smoking behavior were conducted in 2004 and 2005. It was discovered that the rates of daily smokers and casual smokers above the age of 18 were 42.78% and 39.88% for men and 4.78% and 4.54% for women. This indicates that the rate of male smokers has come down apparently and that although women's rate tends to go up, the percentage of increase still has no statistical meaning, suggesting that the anti-tobacco effort has shown signs of success.

Besides, 2004 and 2005 surveys on the smoking behavior of youth show the smoking rate among junior high students was 8.48%, including 10.70% for boys and 5.74% for girls. Among senior high students, the overall rate was 17.1%, including 22.7% for boys and 10.7% for girls. The statistics show that the smoking rate among youth tends to increase, a problem that calls for attention.

Tobacco control is a task good for the health of individuals, the families, and the nation as a whole. The direction of our future effort is to promote the health of the people through the implementation of “ Say No. to smoke ” and prosecution of the “ Smoke-free strategy ” on all fronts. This annual report introduces our major achievements in 2005 to our partners who have had made their contributions and sacrifices to the anti-tobacco cause. Suggestions and comments are welcomed.



Designing a graphic handbook for anti-smoking publicity

With regard to surveillance of tobacco hazard, the Bureau of Health Promotion (BHP) continued its consistent policy in 2005. This included continued collection of tobacco-related information from foreign and domestic database. At the same time, it published news releases on the electronic bulletin. The Center of Tobacco Research and Development continued to assess the nicotine, tar, and carbon monoxide contents of locally made and imported tobacco products. All the 30 samples (180 pieces) under research were found as up to standard. The BHP had surveyed via telephone the smoking behavior of adult, senior high school students, and teachers and supporting staff of schools. With regard to tobacco research, the BHP had dealt with such subjects as tobacco advertising, intervention in tobacco consumption and trade, and the policy on the control of tobacco smuggling. Besides, it conducted a one-year tracking and assessment of the prize-winning no-smoking families. It also used tobacco control as a sample for analyzing the distinction among the receivers of health information. Other programs completed in 2005 included an assessment of the effect of quitting smoke during the pregnancy on the mother and the baby, the installation of a database for tobacco consumer surveys and analyses, the three-year plan for analyzing secondary information and smoking behavior online search system, and the assessment of the effect of the Tobacco Hazards Prevention Act.

The One-Year Tracking for the "2004 Smoke Free Home-Quit & Win" Program

In 2004, 686,866 people from 73 nations participated in the global "Quit & Win" contest. In Taiwan, 30,949 families entered the competition under the "2004 No Smoke Family – Quit & Win" theme. In keeping with the requirement of the sponsoring organization, Taiwan followed up and assessed the activity of a year. The assessment included the motives of the participants, their source of information, an overall evaluation of the activity, the activity's effect on follow-up quitting of smoke, the correlations between behavioral change of smoke quitting through the use of the Transtheoretical Model, and comparisons with the achievements of other participating nations.

The information was collected through the use of questionnaires. The questions included demographic information, medical statement, motives of participation, source of information, effect of the activity, smoke quitting tracking and behavioral change judged with the Transtheoretical Model. The targets of the survey were selected from the roster of the 2004 participants through systematic sampling. There were 3000 samples, and 1168 valid cases (51.3%) were produced in the

telephonic survey. The achievement and intervention information of other participating nations was collected for comparison, including the nicotine and carbon dioxide contents.

It was found that among the participants in the “2004 Quit & Win” contest, 46.1% were aged between 35 and 49, 94.4% were males, 68.3% were married, 41.7% were graduates of colleges and higher institutions, and that their average age was 19.6. As for the motives of their participation in the activity, 47.1% said it was the concern about their health, whereas 11.9% and 8.9% said they participated because of family encouragement and the desire for winning the prize. As for the targeted smoke-quitting people, 25.2% said that they wanted to reduce the quantity of cigarettes smoked a day, 60.8% expressed that they wanted to quit smoking for good, whereas 3.3% admitted that they had no purpose at all. As for the sources of information, 30% said that they learned the activity from TV broadcast. The next important sources of information were leaflets and posters issued by related organizations (24.3%), newspapers and magazines (22.2%), and Internet (17.3%). The one-year-after quitting rate was 32.5% (adjusted) and the quitting rate attributed to actual participation in the activity was

27.4%. Compared with other nations, the one-year-after tobacco-quitting rate of Taiwan was higher than that of Canada (2-22%), Japan (15%), and America (11%) but lower than that of Sweden's Trollhattan State

(32.8%) and China (38%). As for the one-year-after success rate, it was higher for females and males (OR=3.68, and the 95% credible range: 1.72 – 5.68). It was also found that the older the smoker is, the greater the chance of quitting and that it was easier to succeed for a smoker who had the experience of quitting in the previous year than the one who did not have such an experience

(OR=2.05, and the 95% credible zone: 1.53 – 2.77). Still, people who got tired easily were more likely to choose to smoke again. Chest pains were found related to smoking. It was easier for those participants who had no smoking during the period of the contest to succeed than those who had smoked during the period (OR=4.75, the 98% credible zone: 3.21 – 6.48). In another aspect, 77.1% of the respondents in the survey said the Quit & Win competition was meaningful, 74.3% of the respondents and their families said that thanks to the competition they had known more of the harm of second-hand smoking and nearly 75% would like to persuade others to participate in similar activities. As for the

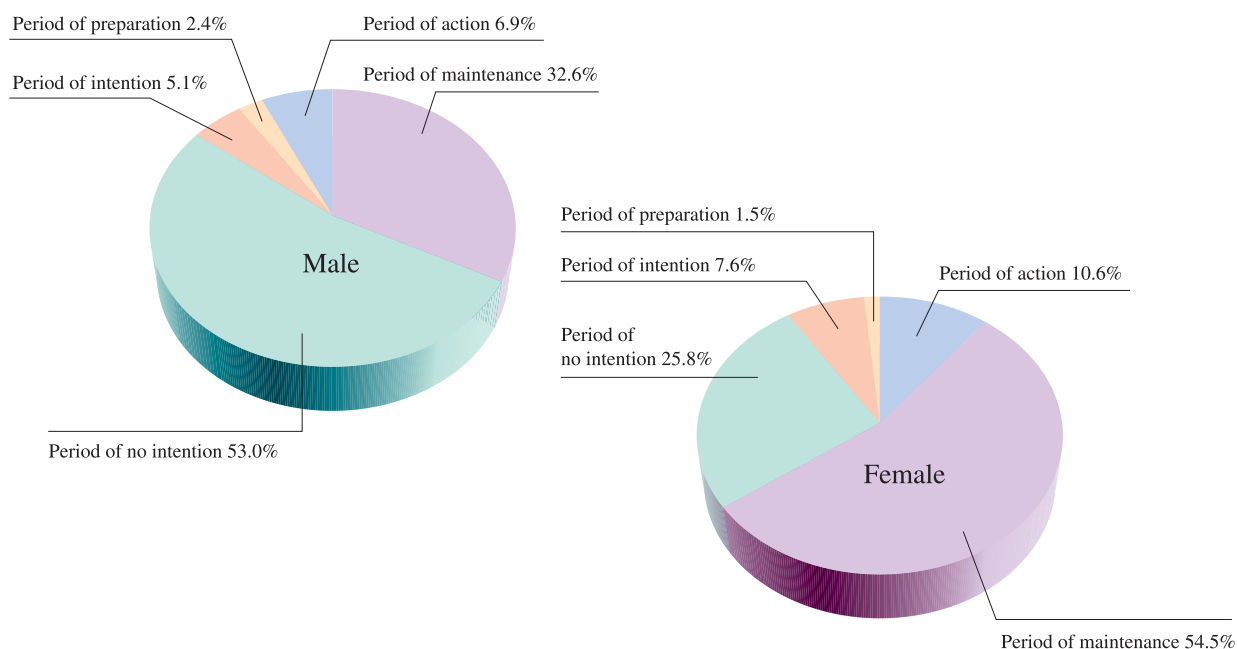


Emblem for Smoke-free Home

Smoking-Cessation Achievement

Country	4 weeks	6 months	1 year	
Taiwan	65.8%		27.4%	
Quebec (17)	66%	36%	22%	
Alberta (18)	56% (6 weeks)	27%	21%	
Osaka (19)	46%	20%	15%	
Minnesota (1)		20%		
Olmsted country (20)	42%		11%	
San Dingo (21)		35% (2 months)		
a panel (22)			21%	
Stockholm (23)			14.3%	smoking mothers
Trollhattan (24)	64.4%	45.2%	32.8%	
Ontario (25)			19.5%	
North Karelia (27)	75%	36%	28%	
China (26)			38% (Male:50% Female:9%)	
Barcelona (28)	41.8%	(Male:30% Female:25%)	12% (Male:14% Female:36%)	
Stockholm (29)	(Male:62% Female:59%)	10% (3 months)	28%	
Rhode Island (30)	20%	36%	38% (Male:50% Female:36%)	

Variable	Success in smoking cessation	
	Success rate	With in the 95% range of credibility
Sex difference (female vs. male)	3.08	1.72-5.68
Age (for every additional year of age)	1.03	1.02-1.04
Education background (junior high and under vs. senior high and above)	1.01	0.72-1.44
Have undergone smoke cessation or not (yes vs. no)	2.05	1.53-2.77
Self-statement on the worsening of health (no. vs. yes)	1.38	0.85-2.23
Self-statement on insomnia (no. vs. yes)	1.06	0.64-1.76
Self-statement on fatigue (no. vs. yes)	1.73	1.09-2.76
Self-statement on chest pressure (yes vs. no)	1.96	1.02-3.93
Does the activity make you think of ceasing smoking? (yes vs. no)	1.18	0.83-1.68
Do you family support your participation? (Yes vs. no)	0.77	0.53-1.12
Have you totally given up smoking during the period? (Yes vs. no)	4.75	3.51-6.48



correlation between the Transtheoretical model and smoke quitting, it was found that gender played a great part. A year after the competition, 51.4% of the participants had no intention to quit smoking, and among them there were more males than females (53.0% vs. 25.8%). Among the people who had given up smoking for more than six months, there were more women than men (54.5% vs. 36.2%).

It was found in the survey that the quitting rate of the participants and the quitting rate one year after the competition were 65.8% and 41.5% respectively, compared with the 27.4% for the actual participants in the 2004 Quit & Win contest. By comparison, among nations participating in the contest Taiwan's achievement ranked on the upper half of the list, and the mode and contents of the activities both had won approval from the people. We propose that when such activities are held again, publicity must be intensified to make more people aware of the significance smoke-quitting has to health and to encourage more of them to participate.

An Analysis of the Marketing Segmentation of the Health Information Audience

This project was designed to use scientific data and experiments to find out the cause for and motive of smoking among youth for reference by policy makers. Items surveyed included marketing activities, the most effective channel of communications, and the strategies employed in the anti-smoking drive. The results of the study are to be used for reference by the government in the formulation of anti-smoking policies and marketing strategies.

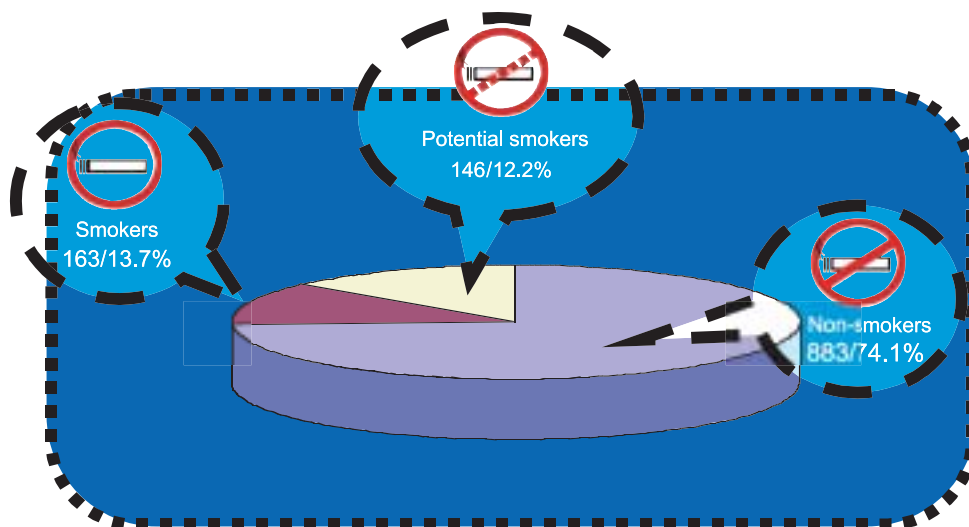
The questionnaires used in this project were targeted toward senior high students in Taiwan, not including those on the offshore islands. A total panel of 1,200 students were taken by class level in four regions, Taipei and Kaohsiung Cities (consisting of 662 senior high students and 538 vocational senior high students). Their ages ranged from 15 to 18. The major items of the survey included smoking behavior and media and lifestyle. It was designed to understand the way of presentation and the acceptance of the youth. A total of 1,400 people were interviewed aimed at knowing their attitude toward anti-smoking information and the anti-smoking appeal and strategy. These were the major emphases: (1) to compare the effectiveness of anti-smoking ads and embedded publicity, (2) to find out the most effective anti-smoking strategy from the responses of senior high students, and (3) to explore the anti-smoking appeal that can counteract the convincing power of new tobacco ads. To sum up, it was designed to discover the best strategy for building up young people's resistance and immunity to tobacco temptation.



Layout sample for testing youth's reaction to anti-smoking advertising

It was found in the survey that about 10.5% of the youth were regular smokers and that, among the various media, Web and TV were the most common sources of information for youth, accounting for more than 95%. Therefore, these are also the most effective means for approaching the youth. It was also found that harm to health was the most potent appeal in the anti-smoking drive and that the celebrity in a commercial got the greatest attention among the youth.

It was found that the use of media for anti-smoking publicity and the development of anti-smoking programs and activities must be focused on target groups (including smokers, potential smokers and non-smokers). This is especially true for potential smokers. Only when potential smokers are prevented from smoking, can the problem of smoking be solved. It is proposed that we must take into consideration of the thinking of youngsters and their propensity to participate in competitive activities by offering various contests. In so doing, we may use a popular star as a huckster and install Web sites to strengthen the contact and communication with them. We may even make cute mascots for youth collectors to attract their participation in the activities and their interest in the subject. It was also found that some schools had failed to provide student smokers with the necessary guidance. Instead, they even established smoking space as collective measure and connived on smokers influencing the potential smokers. The outpatient smoke-cessation establishments did not provide free service to youngsters. This is much like to raise the threshold for youngsters who want to quit smoking but cannot afford the service.



Smokers and potential smokers account for 25% of youth

The Three-Year Plan for Analyzing Secondary Information and Smoking Behavior Online Search System

Smoking is major cause of cancer and chronic diseases and has become a major topic in the world. The WHO urged member states to take nationwide control on smoking, and therefore the installation of a national smoking surveillance system can be considered the basic infrastructure in a nation's smoke control strategy. This is because a complete and comprehensive surveillance system can be used to pinpoint the high-risk group, to fashion a complete anti-smoking policy and activities, to assess the effectiveness of the anti-smoking efforts, to compare the international smoking behavior, and to point out the directions for future anti-smoke researches.

Case studies have continued to show that an anti-smoking strategy must be founded on an effective surveillance system. In retrospection, the surveys on smokers' behavior conducted in Taiwan in the past years all have been hampered by the insufficiency of samples and by the differences of methods used in the surveys; whether the survey was aimed at the adults or at youth. This has made it difficult to monitor, analyze, and compare the Taiwanese people's smoking behavior and to make long-term forecast.

Although smoking hazard has been included in the questionnaires on the national health survey, the survey is designed to target people above the age of 18. A survey on the smoking behavior of youth is still lacking, and the limited information is not enough for completing the studies of related subjects. For this reason, the Bureau of Health Promotion under the Executive Yuan's Department of Health has commissioned Taiwan Epidemiology Society to conduct a Global Youth Tobacco Survey (GYTS), a Global School Personnel Survey (GSPS), and a Behavioral Risk Factor Surveillance System (BRFSS). The findings of the surveys will be used for analyzing the behavior and related factors of junior high students and adults in the Taiwan region for comparison with the global



Picture of online inquiry on smoking

findings and for detecting prevalence rate of smoking and its long-term trend. In addition, through an analysis of samples taken from different counties and cities, we can understand the reality and trend of smoking control in the counties and cities for reference in the formulation and assessment of future strategies.

The analysis made under this project was based on the databank of the survey on the smoking behavior of junior high students provided by the Bureau of Health Promotion. The data was divided into Plan A and Plan B. Plan A (for surveillance purpose) was applied to senior high students of the Taiwan, Kinmen and Matsu in the school year of 2003. The samples were divided according to administrative districts into four levels:qu (a district of a big city), shi (an ordinary city), xiang (a rural township), and zhen (an urban township). The sampling, based on probability proportional to size, was taken in two stages. Samples were taken first from the sample schools and then from the sample classes of the schools. In the end, the whole body of the students of the selected classes was used as targets of the study. Altogether, 147 sample classes in 52 sample schools were chosen, involving about 5,400 students. There were 5,279 valid returned questionnaires, accounting for 97.76%.

Plan B (for monitoring purpose) was applied to junior middle school students in Taiwan, Kinmen and Matsu. The sampling was made on the county and city level, with each county and city as an independent unit. A random sampling was made on a system of two levels. First, a sample school was selected, and one class was selected from among the classes of each year class of the three-year school (two classes might be selected in case of a big school). The whole body of the sample class was used as the objects of study. There were 211 sample schools, 644 sample classes, and 23,072 sample students. Valid returned questionnaires totaled 22,339, accounting for 96.82%. As for the survey on the smoking behavior of school personnel, the analysis was focused on the database provided by the Bureau of Health Promotion. The samples in the database came from the 2003 survey on the smoking behavior of junior high students made under Plan A. The whole body of the teachers and the supporting staff of the sample schools were made the objects of study. There were 7,119 samples of school personnel and the valid returned questionnaires came to 5,280, accounting for 74.06 %.

As for the adult smoking behavior, the databank of the Bureau of Health Promotion's telephonic survey on adult smoking behavior was used as the basis of analysis. That databank came from the 2004 survey on smokers above the age of 18 in Taiwan, Kinmen and Matsu. The survey used the 2003

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Research and Monitoring Strategies of Tobacco Control

telephone directory of the Chunghwa Telecommunications Corp. as the basis, and the principle of “probability proportional to size” was adopted. First selected were the prefixes and then the succeeding two digits and the last four digits, which were created by jumbling the two digits and the four digits. Together, they formed the telephone directory used for the survey. After the call was connected, the interviewer selected, in accordance with the principle of sampling the numbers, the object of interview. Using the populations of the counties and cities as basis, the interviews were divided into five levels. Taipei County, Taoyuan County, Taichung County, Changhua County and Kaohsiung City were grouped as the first level. In each of them, more than 800 samples were made. Tainan County, Yunlin County, Pingtung County, Taichung City and Tainan City belonged to the second level. More than 700 samples were completed in each place. Miaoli County, Chiayi County, Nantou County, Yilan County, and Hsinchu County were the third level, where more than 600 samples were completed in each place. Hualien County, Taitung County, Jinmen County (Kinmen), Keelung City and Hsinchu City formed the fourth level. More than 500 samples were completed in each place. Lienchiang County (Matsu) was the fifth level, where more than 500 samples were made. The total number of samples was 16,688.

The smoking situations of junior high school students aged from 13 to 15, junior high school teachers and supporting staff, and adults above the age of 18 are shown in Figure 1. The 2004 survey on smoking behavior of junior high school students showed that among the samples taken from the 13-15 age group, age 14 smokers accounted for 32.21%, forming the largest number. Of these students, 51.63% were boys and 48.37% were girls. In terms of the year class, they were equally distributed among the first-year classes, second-year classes, and third-year classes, each accounting

Figure 1 : Smoking Rate amongst Junior High School Students aged 13-15, aged over 18 teacher, and Staff

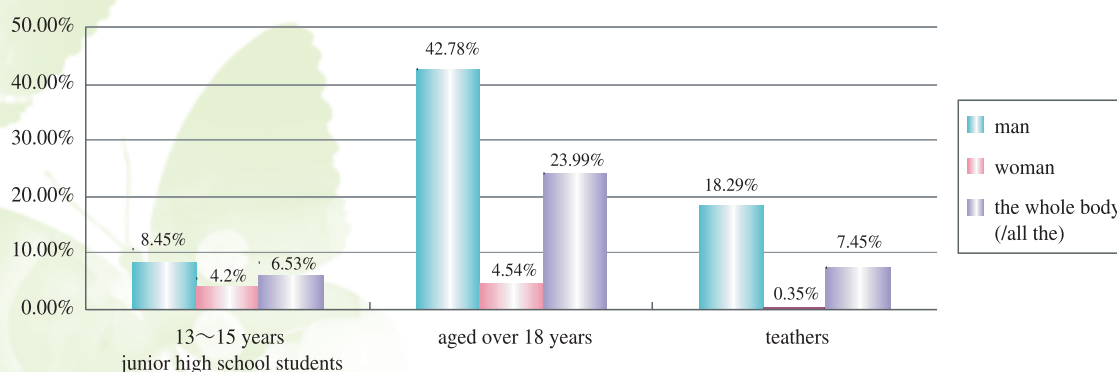


Table 1 : Comparison and distribution of smokers among first year, second year and third year junior high students, 2004

Item	First-year class				Second-year class				third-year class			
	Valid samples	Weighted	95% confidence range of weighted		Valid samples	Weighted	95% confidence range of weighted		Valid samples	Weighted	95% confidence range of weighted	
Ever smoker	n=7296				n=7128				n=7208			
Yes	1495	19.56	18.58	20.54	2031	27.66	26.54	28.78	2463	33.74	32.56	34.92
No	5801	80.44	79.46	81.42	5097	72.34	71.22	73.46	4745	66.26	65.08	67.44
Current smoker	n=7259				n=7077				n=7129			
Yes	288	3.75	3.29	4.22	477	6.53	5.92	7.15	642	9.12	8.39	9.84
No	6971	96.25	95.78	96.71	6600	93.47	92.85	94.08	6487	90.88	90.16	91.61
Have smoker>100cigarettes	n=7415				n=7229				n=7289			
Yes	201	2.73	2.32	3.13	310	4.20	3.70	4.69	464	6.49	5.88	7.11
No	7214	97.27	96.87	97.68	6919	95.80	95.31	96.30	6825	93.51	92.89	94.12
Cigarette smoked daily	n=310				n=494				n=669			
Fewer than 1	136	45.52	39.42	51.63	193	39.63	34.91	44.36	223	32.81	28.98	36.64
From 1 to 5	117	34.28	28.55	40.02	203	41.32	36.58	46.06	290	43.64	39.58	47.69
More than 5	57	20.19	15.20	25.19	98	19.05	15.13	22.79	156	23.55	20.09	27.02
First smoking age	n=1272				n=1856				n=2310			
Under 10	630	48.99	45.96	52.01	719	38.95	36.53	41.36	773	33.61	31.51	35.70
Over 10	642	51.01	47.99	54.04	1137	61.05	58.64	63.47	1537	66.39	64.30	68.49
Brand preferred	n=466				n=674				n=854			
No favored brands	98	19.38	15.51	23.26	104	15.62	12.63	18.61	137	15.52	12.91	18.12
Mild Seven	241	52.90	47.94	57.85	447	67.19	63.34	71.04	529	61.54	58.02	65.06
Long Life	57	11.95	8.77	15.13	39	5.26	3.47	7.05	44	5.50	3.82	7.18
David Doff	17	4.01	2.03	5.99	19	2.58	1.31	3.85	43	5.20	3.61	6.80
Marlboro	7	1.66	0.32	3.00	5	0.75	0.04	1.45	19	2.06	1.04	3.09
Virginia	12	2.51	0.91	4.11	8	1.42	0.40	2.43	20	2.05	1.08	3.01
Other brands	34	7.58	4.93	10.22	52	7.19	5.09	9.28	62	8.13	6.10	10.16

for about a third. About 45% of them had less than NT\$500 pocket money to spend each month. About 20% of the smoking students had NT\$500-1400 a month. The survey revealed that 27.04% of the students said that they had ever smoked, and about 6.53% of the students were still smoking at the time of survey. The smoking rates were 8.45% for boys and 4.20% for girls. They tended to go up with the progression of the year-class (see Table 1~2). Of the surveyed students, 5.18% said their close friends

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Table 2 : Distribution of future probable smokers among junior high students, 2004

Item	Class one				Class two				Class three			
	No. of valid samples	Weighted %	95% credibility range		No. of valid samples	Weighted %	95% credibility range		No. of valid samples	Weighted %	95% credibility range	
Brand preferred	n=7485				n=7308				n=7361			
Yes	1192	15.63	14.74	16.52	1718	23.07	22.03	24.11	1944	27.04	25.93	28.14
No	6293	84.37	83.48	85.26	5590	76.93	75.89	77.97	5417	72.96	71.86	74.07
Will think of smoking in the coming year	n=7455				n=7284				n=7331			
Yes	1128	14.80	13.93	15.67	1549	20.68	19.68	21.68	1706	23.73	22.67	24.78
No	6327	85.20	84.33	86.07	5735	79.32	78.32	80.32	5625	76.27	75.22	77.33
Will think of smoking in the next five years	n=7488				n=7313				n=7358			
Yes	1483	19.41	18.45	20.38	1950	26.09	25.01	27.18	2111	29.31	28.19	30.44
No	6005	80.59	79.62	81.55	5363	73.91	72.82	74.99	5247	70.69	69.56	71.81
May take up smoking again	n=5771				n=5084				n=4733			
Yes	637	10.90	10.03	11.76	675	13.09	12.09	14.09	633	14.03	12.95	15.11
No	5134	89.10	88.24	89.97	4409	86.91	85.91	87.91	4100	85.97	84.89	87.05

were smokers and 57.24% said their parents were smokers, indicating they were influenced by their smoking friends and parents. The most popular brand of cigarette for students was Mild Seven, accounting for 61.14%. A total of 52.04% of the surveyed students said that they had been exposed to second-hand smoking in the previous seven days. The survey also showed that among the students, those who had been taught about the hazard of smoking were more likely to smoke.

Regarding the 2004 survey on smoking behavior of school personnel, the dominant number of smokers fell in the 30-39 age group, accounting for 40.76%. The next largest group was those under 29 years of age, accounting for 28.97%. Among the people interviewed, women accounted for 62.12%. Some 68.67% of the interviewees were teachers and 24.98% were supporting staff. A total of 59.77% said they had never taught health subjects, and a mere 8.06% expressed that teaching health subjects was their main responsibility. Among the interviewees, 7.45% were still smoking, including 18.29% males and 0.35% females. The survey discovered that the percentage of smokers among the teachers with teaching health subjects as their main responsibility was higher than teachers for whom teaching health subjects was not their main responsibility (9.93% vs. 5.66%). Among the male teachers, the percentage of smokers mainly responsible for teaching health subjects was also larger than those who were not mainly responsible for teaching health subjects (21.05% vs. 14.83%). This phenomenon is worthy of attention by the educational authorities.

Among the interviewed school personnel, 72.28% had advised their students to give up the habit of smoking. A total of 96% of junior high school teachers and supporting staff knew that second-hand smoking is harmful, but only 64.14 understood that smoking may lead to heart conditions. The rate of those with correct perception was lower for male school personnel than female school personnel. Some 91.1% of the interviewed believed that their smoking behavior could affect the students' smoking behavior, but 15.52% of them thought that the school should not ban teachers and supporting staff to smoke. About 90% of the teachers and supporting staff knew the school's stipulations on smoking, but only 77.96% believed that the school had enforced the stipulations in earnest. Besides, only 46.30% of the teachers and supporting staff knew that the school banned them to smoke, indicating the school authorities should work harder to make non-smoking teachers into role models for students.

In the 2004 telephonic survey on smoking behavior, male and female interviewees were nearly equal in number, 50.87% vs. 49.43%. In age distribution, the dominant group was aged between 18 and 29, accounting for 28.12%, which was followed by the 30-39 age group (23.20%) and the 40-49 age group (20.82%). Of these interviewees, 71.63% were married and 26.14% were single. In terms of education, the dominant number was senior high school and senior vocational school graduates,

accounting for 30.10%, which was followed by the 28.42% of those who had received only primary and less schooling. In terms of smoking behavior, 30.10% of them had ever smoked, and 23.99% were still smoking at the time of interview. Of these people, 42.78% were males and 4.54% were females. Some 61.68% of them expressed that they smoked for the first time at 18 years of age or younger. As high as 45.99% of them began to smoke between age 13 and age 18, and 45.77% of the current smokers said they had the intention to give up the habit in the previous year. Of the smokers, 20.9% said that medical workers had advised them to stop smoking during the previous 12 months and 32.37% of the interviewees said they had experienced second-hand smoking, of whom males accounted for 27.62% and females, 37.29%. Of these, 47.55% were constantly exposed to second-hand smoking. In a week, 50.29% of males had encountered someone smoking in their presence, whereas only 25.54% of females had same experience. It is worthy to note that although the rate of women smokers was not high, their exposure rate to second-hand smoke at home was higher than males'. Therefore, a reduction of the percentage of smoking population is helpful to women's health.

Based on the discoveries of this project, we propose to move in the following directions in future effort: (1) prevention education should be advanced to the start during adolescence, i.e., to begin before the second year in the junior high school, (2) the smoke-free family program should be promoted by combining the social force in order to reduce the pollution of second-hand smoke, the chances of imitation by youngsters, and the smoking rate, (3) the health and educational organizations should review the smoking control strategies and stipulations of schools to reduce the smoking rate of teachers and their supporting staff and supervise the school authorities to enforce the stipulations strictly in order to absolutely stop smoking in schools, (4) local governments should help people who intend to kick the habit of smoking and should publicize their service, (5) the Tobacco Hazards Prevention Act should be amended to protect non-smokers' right in their working places to effectively reduce the smoking rate by borrowing the experience of foreign nations, (6) the information about the smoking behavior of adults aged over 18 should be built up through long-term surveillance for study and analysis by academic institutes and for the formulation of appropriate health policies.

Analysis of Tobacco Consumption Survey and Establishment of Database

This plan is aimed to survey and analyze the brands, content labels, consumers' behavior, budget and media for advertising, amount of sales of tobacco products.

With regard to consumers' behavior, the survey was implemented through telephone or the distribution of questionnaires. It was aimed at finding out smokers' views on specific subjects. The questionnaire covered "brand and sale," "media contact," "consumption pattern," and "basic information." The survey was targeted at smokers across the nation, but no specifications, such as district, age, sex, sample proportion, were set. Also, the military and prisons were excluded. To ensure all the targeted people could clearly understand the questions and give clear answers, the survey was directed at the smokers aged 15-64. The term "smoker" was defined according to US CDC standard. It means someone who is above the age of 18 and has smoked more than 100 cigarettes (five packs), whereas for smokers under 18 it means someone who has smoked in the recent 30 days.

CATI (Computer-Assisted Telephone Interviewing System) was used in the interviews. Using Taiwan residence telephone directory as the base and RDD (Random Digital Dial) as the method, the last to digits of the telephone numbers were sampled for use in the interviews. By controlling interviewees' age and smoking conditions, every interviewee that met the conditions had the same probability of getting interviewed. Altogether, 73,310 calls were made, successfully establishing 1,068 samples within a 95% range of credibility and with a 3% deviation rate either way.

It was discovered that all smokers did smoke every day and most of them consumed fewer than 30 cigarettes (a pack) a day. Most of these smokers began smoking before 25 years of age and many of them formed the habit at the age between 15 and 20. A great percentage (49.1%) of the smokers preferred mild cigarettes and 30% of them had used non-cigarette tobacco products, particularly cigars and pipe tobacco. Convenience stores were the main sources of supply, and among the smokers under age 18 only 25% said they had been refused by the store when they did the purchase. Tobacco ads on television and magazines were their main contacts with cigarettes. Some 75.2% said they were ignorant of the promotional activities of tobacco companies, and only 0.6% of them had taken part in such activities. Of the smokers, 37.5% had received gifts from tobacco industry, particularly the Mild Seven industry. Longlife and Mild

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Seven had been the most popular brands. When a smoker made a choice, he was more concerned about the taste and flavor than the price.

With the employment of a specially designed interface, the data obtained in this survey can be used for mono-variate analysis, cross-bivariate analysis, multi-layer lavariate analysis, and multi-layer bivariate analysis is open for free inquiries. The data can be transported in the form of Excel for further analysis and assortment.

品牌	品牌	品牌	品牌	品牌	品牌	品牌	品牌
紅雙喜	1000	0	10	000	0	0	00
紅塔山	1000	0.0	00	000	0.0	0.0	000
紅梅	1000	0.0	00	000	0.0	0.0	000
紅牡丹	1000	0.0	00	000	0.0	0.0	000
紅朝陽	1000	0.0	00	000	0.0	0.0	000
紅龍	1000	0.0	00	000	0.0	0.0	000
紅馬	1000	0.0	00	000	0.0	0.0	000
紅鹿	1000	0.0	00	000	0.0	0.0	000
紅鶴	1000	0.0	00	000	0.0	0.0	000
紅雁	1000	0.0	00	000	0.0	0.0	000
紅鷹	1000	0.0	00	000	0.0	0.0	000
紅熊	1000	0.0	00	000	0.0	0.0	000
紅兔	1000	0.0	00	000	0.0	0.0	000
紅魚	1000	0.0	00	000	0.0	0.0	000
紅鳥	1000	0.0	00	000	0.0	0.0	000
紅牛	1000	0.0	00	000	0.0	0.0	000
紅羊	1000	0.0	00	000	0.0	0.0	000
紅猴	1000	0.0	00	000	0.0	0.0	000
紅狗	1000	0.0	00	000	0.0	0.0	000
紅豬	1000	0.0	00	000	0.0	0.0	000
紅鼠	1000	0.0	00	000	0.0	0.0	000
紅牛	1000	0.0	00	000	0.0	0.0	000
紅羊	1000	0.0	00	000	0.0	0.0	000
紅猴	1000	0.0	00	000	0.0	0.0	000
紅狗	1000	0.0	00	000	0.0	0.0	000
紅豬	1000	0.0	00	000	0.0	0.0	000
紅鼠	1000	0.0	00	000	0.0	0.0	000
紅牛	1000	0.0	00	000	0.0	0.0	000
紅羊	1000	0.0	00	000	0.0	0.0	000
紅猴	1000	0.0	00	000	0.0	0.0	000
紅狗	1000	0.0	00	000	0.0	0.0	000
紅豬	1000	0.0	00	000	0.0	0.0	000
紅鼠	1000	0.0	00	000	0.0	0.0	000

Page of tobacco consumption survey databank

As said before, among the under-18 smokers only 25% had been refused by stores when they were buying cigarettes, indicating that the government policy of not selling tobacco to juniors was not implemented in earnest. In the future, local government should make greater efforts in this respect. As international tobacco businesses tend to develop women and youth markets in developing nations, we should bring

our effort in line with that of the world. This calls for the establishment of a surveillance system to monitor the effect of smoking on society, economy and health in keeping with the spirit of the WHO Framework Convention on Tobacco Control (FCTC).



BHP invites a Taiwanese painter to design anti-tobacco cards

We have used various means to alert people to tobacco hazard and strengthen the smoke-free environment. Wave upon wave of intensified publicity has been launched using terrestrial and cable televisions, nationwide hookup of radio broadcasts, local radio stations, magazines, newspapers, Webs, outdoor advertising, and public-benefit forums and platforms. The contents of the publicity included the harms of smoking, laws and regulations on tobacco hazard control, outpatient smoke-quitting services, a hotline for smokers, smoke-free restaurants, smoke-free workplaces, smoke-free campuses, and a smoke-free military. In addition, we have celebrated the “531 World No Tobacco Day” and published the 2005 Taiwan Tobacco Control Annual Report.

To create a smoke-free environment, we have helped establish 1,703 smoke-free workplaces (a 200% increase over the 2004 number of 563), recruited, in conjunction with city and county governments, more than 10,000 smoke-free restaurants (a 100% increase over the 2004 number of 5,000), and promoted health in 318 schools (an increase of 43% compared with the 2004 number of 222). In addition, 34 colleges and universities have joined the rank of smoke-free campuses. In the promotion of smoke-free armed forces, we have formulated a tobacco-control policy for the armed forces. This includes establishing a smoke-free environment, integrating the resources, enlarging the publicity, and seeking the military's direct involvement in medical treatment for smokers, tobacco control and research and the implementation of tobacco control policy in the three branches of the armed forces.

To counteract tobacco businesses' effort to target youth in marketing, we held an exhibition on tobacco control at National Science and Technology Museum in Kaohsiung from October 6, 2005, to January 1, 2006. That was the nation's first exhibition on the theme of tobacco and health aimed at youth. A total of 48,063 visits to the event were recorded. In 2006, a large touring exhibition will be held in Kaohsiung, Taipei, and Taichung, also aimed on youth, from June 27 to November 5.



A poster for an anti-tobacco exhibition

2 Tobacco Control Education and Advertising

531 World No Tobacco Day

A series of activities were conducted according to topic of the WHO's World No Tobacco Day, Health Professional Against Tobacco, to show Taiwan's active participation in international tobacco control. It is also intended to show the contribution of the governments and the private sector and the importance they have attached to public health.

Spontaneous responses came from medical institutions. Ten television channels covered the activity in their newscasts. Forty radio stations made strong publicity through public-benefit program and life broadcasts of press conferences. A "Tobacco Control Implementation Standard" was signed among non-government organizations, including the John Tung Foundation. After the 531 World No Tobacco Day activities, a survey on 21 medical centers shows that all of them had coordinated by posting the activities on their bulletin boards at their entrances, at the pharmacy and in other places. Of them, 15, over 70%, had doctors actively wearing the "Health Professionals Against Tobacco" badge on their chests, amply demonstrating their willingness to participate in the movement. Sixteen of the surveyed medical centers expressed that literary publicity was very helpful because it could prompt medical personnel to publicize tobacco harms on their own accord. These medical centers were willing to keep the anti-tobacco posters posted until the end of the year. They said that if they could be informed beforehand, they would coordinate with the activities closer next time.

One of the features of this activity was that for the first time the medical, dentistry, pharmaceutical, nursing circle and NGO's came together to pledge their support to the six appeals of smoke-free environments. The organizers of the activities have also asked the anchors of TV programs to wear their badges in order to increase their exposure for greater publicity. Participation of the media in the activities and the use of combined strength of medical circles can form a huge network against tobacco.



Professional health organizations joint announced their seven-point support at DOH invitation

Smoke-free Restaurants

Taiwan has cuisines from every country, and restaurants can be seen everywhere. Local residents and tourists can enjoy different cuisines in a smoke-free environment. According to a February 2003 poll, nearly 50% of the people used to dine out one to three times a week. Of these restaurant clients, 70% said they had been disturbed by second-hand smoking and 90% aired their support to the government's smoke-free restaurant program. Nearly 80% expressed their preference of eating at smoke-free restaurants.

Experiences in many foreign nations show that smoke-free restaurants can attract more patrons. For instance, since New York banned smoking in all its restaurants and bars, the business income of bars has increased 8.7%. In Massachusetts, tax revenue from restaurants increased 9% half a year after the ban was imposed on smoking. Now that the Legislature is revising the Tobacco Hazard Control Act, it is hoped that an all-out ban on smoking in restaurants will be included in the revisions to allow people to be free from second hand smoke and enjoy a high-quality environment while dining out.

To meet people's need for smoke-free environments and to safeguard their rights to refuse second-hand smoke, the Bureau of Health Promotion enlisted the support of many organizations in 2003, including the departments of food management, tourism, and restaurant management at universities, in its effort to create a smoke-free environment. They jointly evaluated and graded the restaurants. Outstanding smoke-free restaurants were awarded. Besides, the Bureau of Health Promotion published a map of smoke-free restaurants and established a Web site to promote smoke-free restaurants. In addition to recommending smoke-free restaurants to the people, it seeks to ban smoking in restaurants on a whole street.

By extending the program of smoke-free restaurants from individual restaurants to restaurants in a whole street and then to restaurants of the whole area, it hopes to build up a network of smoke-free restaurants. To succeed, it has printed publicity materials, engaged publicity in restaurants, and integrated the publicity on television, radio, Webs, and in newspapers and magazines. Besides successfully recruiting 10,068 restaurants for the program, it is using the mode of " smoke-free restaurants on the whole



Smoke-free emblem for restaurants

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street ” to extend the program to the whole country, by linking points (individual restaurants) into lines (street of smoke-free restaurants) and into a network (the whole area). This year it has attained the smoke-free goal in the following places: Renshou borough in Keelung, a street near National Taiwan Normal University, Neiwan rural township in Hsinchu County, Green Park Avenue in Taichung City, University Road in Tainan City, Love River in Kaohsiung City, and a seafood street at Donggang in Pingtung County. The distribution of these places shows that the various cities and counties have cudged their brains to create smoke-free environments with local characteristics.

Sustainability and spontaneity are emphasized in the program of smoke-free restaurants. The Bureau of Health Promotion has used performance evaluation and publicity to encourage smoke-free restaurants. It has held smoke-free activities, designed slogans, and put out publications for its own publicity and also for use by city and county bureaus of health when promoting the program on local level.

To understand the effectiveness of the program, the Bureau of Health Promotion has conducted surveys across the nation, targeting on operators of restaurants, staff members of restaurants, the general public, and consumers of smoke-free restaurants (Table 1). The results of the surveys are used for cross-sectional study and for evaluating the degree of the goal attained, change in behavioral aptitude, business state of the restaurants, environmental change and so on and so forth for future reference.

Among the interviewees, 54% were women, and 46% were men. Most of them had senior high school education, accounting for 78.99%. Up to 80% of these restaurants sold Chinese food and among them 68.4% knew the Tobacco Control Hazard Act provision that if a restaurant is closed structure, smoking, unless in the smoking room, shall be banned.

Most of the surveyed restaurants occupied a space of less than 29 pings (a ping equals to 36 square feet), accounting for 63.4%. About 79.3% of the surveyed restaurants lived up to the provisions of the Tobacco Hazard Control Act, and 9.5% failed to do so. About 44.8% of the restaurants banned smoking in the eating area, and 48% imposed no, whatsoever, restrictions on smoking.



" One man moves one family to join to form a 10 thousand family network across the nation." With this slogan, the smoke-free campaign was launched in a press conference.

Table 1 : A Five-Count Survey of Restaurants Across the Nation and the Study Methods Used

	Survey targets	Random sampling	Method used
Restaurant owners	On the basis of the 2001 business survey of the Executive Yuan, restaurants in the category of food caterers were used as targets. Altogether 23680 restaurants were selected as stock, from which restaurants were selected for survey, and interviews were made with the persons in charge of business	This survey used city/county as unit for layered proportional random sampling. A total of 1657 restaurants were interviewed. The error rate is within 1.7% either way.	By telephone
Restaurant workers	The restaurants used as the stock were based in the 2001 national business survey. From this stock the interviewed restaurants were picked out. Their staff workers were the target of this survey.	This survey used city/county as unit for layered proportional random sampling. The sampling error is within 1.7% either way. A total of 1633 samples were taken and interviewed.	By telephone
General public	People over 12 years of age were used as targets of this survey.	The interviews in this study were made by telephone. Then, random sampling was made using county/city as layer unit. The error is within 2.7% either way.	By telephone
Smoke-free restaurant owners	The stock of this survey was the participants in the Bureau of Health Promotion's smoke-free restaurant program.	This study was made by random sampling, using the 8,000 no-smoke restaurants on the October name list. The error was within 2.4% either way.	By telephone
Smoke-free restaurant consumers	All clients of smoke-free restaurants in Taiwan were used as targets of this survey.	Using every one of the restaurants selected in the 2005 evaluation as unit. Secret interviews were made with one or two clients or a questionnaire survey was made in selected restaurants. A total of 1659 clients were interviewed.	This survey was made by letting the interviewees to fill out questionnaires. The interviewees were selected from among the clients eating at the restaurants.

Three years after the program of smoke-free restaurants was launched, 87% of restaurant operators and the general public agreed that the number of smokers in the restaurant had become fewer and fewer. The smoke-free awareness rate among restaurant operators was about 70%, marking an increase from the 71.9% of 2004 to 75% in 2005. As high as 90% of the operators of the smoke-free restaurants had

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maintained in the surveys, three years in a row, that their business was not affected and even changed for the better. It was discovered in the 2005 survey, however, that 74% of the operators of usual restaurants also held the view that an all-out ban on smoking in restaurants would not adversely affect their business and even make it better. The restaurants' willingness to join the rank of smoke-free restaurants increased to 40.3% from the 2004 rate of 21.4%.

Among the restaurant workers interviewed in the nationwide survey, 71.0% were women and 29.0 were men. A total of 49.7% had received senior high education. Most of them, 84.4%, did not smoke. Of these interviewees, 90.2% were waitresses, and most of the surveyed restaurants, 79.5%, sold Chinese food. A total of 56.4% of the restaurant workers said smoking was totally banned during business hours and 30% of them admitted they had been exposed to second-hand smoke. About 69.9% said they felt uncomfortable when exposed to second-hand smoke and hoped that the restaurants would improve the situation. Some 77.7% knew the government was pushing the "smoke-free restaurant" policy, 84.5% of them supported the policy, and 62.3% even supported government legislation to ban smoking in restaurants.



The smoke-free Love River parade held in Kaohsiung

In the survey of the general public, 52.48 of the interviewees were women, and 47.52, women. Most of them, 57.45%, were aged 20-49. Those who were 50 and older accounted for 29.30%. In

Table 2 : A Comparison of the Results of Four-Wave Surveys Made Between 2003 and 2005

Variable items	Wave (%)(92.2)	Wave II (%)(92.11)	Wave (%)(93.11)	Wave (%)(94.10)
Exposure to second-hand smoke in restaurants	70.1	57.1	48.9	54.6
Smoke-free restaurant awareness	43.9	59.2	57.6	65.6
Participation in smoke-free restaurants	--	16.3	34.6	43.1
Making smoke-free restaurant the first choice	--	87.3	91.6	71.4
Support for the smoke-free restaurant program	96.8	98.7	98.5	96.2
Support for legislation on smoke-free restaurants	--	--	84.7	80.0
Choosing smoke-free restaurants for Eating because of media influence		84.4	78.3	80.5

Remarks : The percentages of variable items were calculated on the basis of valid answers

education, 30.31 received junior high and less schooling, 31.63% had studied in senior high middle schools, and 36.67 had attended colleges and universities. It was discovered that 47.29% had dined out one to three times a week and 9.48% of them had dined out more than 10 times a week. In a comparison of the 2003-2005 information (Table 2), it was found that the percentage of people having been exposed to second-hand smoke had come down from the 70.1% in 2003 to the 54.6% in 2005, and the awareness rate of the existence of smoke-free restaurants had increased from 43.9% to 65.6% in the same period, whereas the participation rate of smoke-free restaurants also increased, from 16.3% in 2003 to 43.1% in 2005. Some 73.39% of people believed that an all-out ban on smoking in restaurants would have no negative effect on their business. These figures indicate that the enforcement of smoke-free restaurants could develop more consumers for the restaurants. Public support to the policy was as high as 96.2%, and 80.0% of them supported government legislation for an all-out smoking ban in restaurants.



Enjoying a feast at a smoke-free restaurant, an activity on the street of smoke-free restaurants

Among the people interviewed in the surveys, 62.1% were women and 37.9%, men, and 49.0% having senior high education. Of these people, 16.6% were smokers. Of the surveyed restaurants, 54% sold Chinese food. It was discovered that 87.5% of the restaurants believed that their business was not affected by the smoke-free measures and they even had a good effect. As high as 98.1% of the smoke-free restaurants supported the continuation of the policy and 68.2% were happy with the effect of smoke-free publicity. Some 54.6% said that the benefits they had received were what they had anticipated. As high as 97.8% of the smoke-free restaurant operators were willing to have the program continued and 60.7% attributed their willingness mainly to the health of their staff workers. Of these restaurant operators, 44.4 said the program could raise the quality of dining in smoke-free restaurants and 18.7% believed that smoke ban in restaurants was the international order of the day.

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Among the interviewees in the client survey of smoke-free restaurants, there were 62.99 women and 34.30% men, and 76.73% of them were aged 20.49. In education, most of them, 70.16%, had went to college and university. As many as 95.81% of the clients agreed that second-hand smoking affected their emotions, and 84.64% agreed that smoking in restaurants declined in the previous three years, and 90.58 said that in the previous three years more and more people in society could accept the smoke ban in all restaurants of the nation. Some 70.17% of the general public upheld an all-out smoking ban in restaurants and support from restaurant goers was as high as 96.36%, of whom 82.35% supported government legislation for the purpose. Among the supporters for all-out ban on smoking in restaurants, 96.36% were non-smokers and 82.34% were smokers. Some 56.30% said that the lack of tobacco stink was the main reason for their choice of a smoke-free restaurant to eat, indicating that smoke-free environment was a consideration along with sanitary and health factors. All this shows that the measures and activities of smoke-free restaurants have received concrete responses from the public.

Smoke bans in restaurants have become the international order of the day, and the concept of not smoking in a restaurant has gradually been embraced by restaurant owners as well as clients. It is believed that legislation and popular support will thoroughly change the outdated concept of “Smoking a cigarette after meal is heavenly.” It will be replaced by the new concept that “A restaurant without tobacco stink will make dishes delicious and clients healthier.” This program has successfully recruited the participation of 10,068 restaurants and won the collaboration of county and city government to promote the “smoke-free restaurant street.” Judging from the foregoing findings, future efforts in the promotion of smoke-free restaurants should take the following directions: (1)

integrating the county and city resources to promote independent management and establish a sustainable mechanism; (2) strengthening the perception and support of restaurant operators and clients; (3) including tobacco hazard in the curriculums of food and drink schools to etch it in the hearts of food and drink caterers; (4) classifying publicity for different types of restaurants; and (5) pushing for the revision of the Tobacco Hazard Control Act to ban smoking in all restaurants.



Smoke-free restaurant contest

Smoke-free Colleges

According to a 2002 survey on the health knowledge, attitudes and behavioral of the people, 14.4% of youth aged from 15 to 17 had ever smoked, 17% for boys and 4.0% for girls. Some 40.7% of them smoked for the first time at school and 76.9% were mainly influenced by their friends and schoolmates. Among the students aged 18-22, smokers accounted for 22.6%, 39.7% for males and 8.7% for females. These figures show the massive increase of smokers in the period from senior high to college. Article 14 of the Tobacco Hazard Control Act provides that in a college or university smoke-free is allowed except in a smoking room or a smoking area. Therefore, it is important to promote smoke-free movement in colleges and universities. It is hoped that colleges and universities will actively strengthen their tobacco hazard control to make their campuses healthier.

To strengthen tobacco hazard control on campuses, the Bureau of Health Promotion in 2005 organized four assistance groups in northern, central, southern and eastern Taiwan. After an evaluation, 34 colleges and universities were selected for the implementation of novel tobacco hazard control plans. On these campuses, 231 activities have been held for 111,421 man/participations. The priorities of the campus programs included the formulation of a tobacco hazard control policy for colleges and universities, publicity on the prevention of tobacco hazard and development of the best way to quit smoking, implementation of novel tobacco control activities, cultivation of seed teachers, installation of a broadcast and resource Web for the control of tobacco hazard, conduction of a survey on the current state and difficulties of tobacco control, and organization, in conjunction with the Ministry of Education, of exhibitions on the achievements of tobacco hazard control in campuses themed on “ Make the campus tobacco free for the good health of you and I. ” In the exhibition, five outstanding campuses were awarded



Poster for recruiting college participation in tobacco control

2 Tobacco Control Education and Advertising

and exchanged their experiences. Also included were the performance of a smoke-free Rap song and a smoke-free puppet show.

This year marks the beginning of the program, attracting 38 colleges and universities to participate in the selections. Of them, 34 have obtained budgetary subsidies. These schools have advanced their novel ideas. These included staging a scene of 10 thousand people swearing to refuse tobacco, erecting a bulletin board for publishing words from the depth of the heart, making a novel show of clothes change, pursuing an anti-smoking society, producing anti-tobacco posters and visual arts, formulating the norms on the prevention of tobacco pollution, and surveying tobacco hazard on campuses. These activities indicated that tobacco hazard control is feasible in campuses. As all the teachers, students, and supporting staff on a campus are independent individuals, the future tasks should be the establishment of personal values, perception of tobacco harms, respect for non-smokers, and pursuit of the point of balance in campus work. Judging from this year's experience, in the future we should move in the following directions: (1) encouraging student bodies to promote and carry out the smoke-free program from bottom to top, (2) formulating a policy of not selling cigarettes by campus stores, (3) soliciting more faculty and student participation in the program by strengthening the publicity, (4) including tobacco hazard into the military training and general curriculums, and (5) fashioning an image of health for campuses.



Yuan Pei College of Science and Technology's
"Anti-smoking dress show"



Performance staged by student bodies of a southern
Taiwan university of science and technology

The Contest on Creative Anti-Tobacco Teaching Materials Design

In the 2004 GYTS, it was discovered that 6.53% junior high students in Taiwan did smoke, including 8.45% of boy students and 4.20% of girl students. In the 2005 survey, the smoking rate among senior high vocational students was 17.1%, including 22.70% for male students and 10.7% for female students. These figures show the important role schools play in preventing youth from smoking. A Chinese old saying has it, “If you want to have your job well done, you first have to make your tool efficient.” Last year, the Bureau of Health Promotion cooperated with the Ministry of Education to hold a “contest on novel teaching designs for tobacco hazard control.” Thanks to the enthusiastic participation, a number of novel teaching materials were developed. The only difference of this year's activity from last year's was that the products were divided into thematic products and embedded products. The aim was to attract participation by teachers of more disciplines and develop multi-faceted teaching anti-tobacco activities. The contest received 225 entries. After careful screening by scholars and experts on the basis of the theories based, practicability, and appropriateness for teaching, 50 were selected as prize-winning novel teaching materials.



Award ceremony for 2005 achievements



A quit-tobacco-to-become-rich game

Of these 50, primary schools and junior high schools each contributed 16, and the rest 18 came from senior high and senior high vocational schools. Teachers used their ingenuity to cleverly embed the idea of tobacco hazard control into teaching activities. Whether they are used for teaching Mandarin, English, Biology, the Arts, or Humanities, the winning products represented the cream of mind. The thematic products were perfect, whereas the embedded products were marvelous. The products this time took different approaches but, invariably, adopted the mode of games. There was a play entitled the “Legend of a White Prince Going Black with Tobacco Smoke” and a switch called a smoke-dampening wizard. There was also a game of getting rich by refusing tobacco. All this has the effect of leading

2 Tobacco Control Education and Advertising



Anti-tobacco chemical laboratory,
Curriculum One



Anti-tobacco chemical laboratory,
Curriculum Two



Anti-tobacco chemical laboratory,
Curriculum Three

students to give up smoking. The students fed back by competing to answer the teacher's questions in the class and by plunging into heated discussions when the class was over. The prize-winning teacher tasted the sweet of his hard work and felt satisfied to see the value of stealth education of his brainchild on the students. The winning products were put in book form and made into DVD for distribution to primary, and junior and senior middle schools and at the same time were posted on the Bureau of Health Promotion's Web site, <http://health99.doh.gov.tw>, for free download.

To sum up, the Bureau of Health Promotion see the following as worthy efforts for the future: (1) recognizing the teachers' novelty and esprit de corps by continuing this plan, (2) sorting out the prize-winning products posted on the Web to facilitate the users, (3) finding out the best publicity channel by analyzing the marketing of the media, (4) inviting the prize winners to serve as seed teachers by conducting demonstrations and experience exchange, and (5) evaluating the accomplishments for reference in future promotion of the program.



Anti-tobacco creational art curriculum



Primary school on-spot teaching demonstration



Junior high school on-spot teaching demonstration

Not Selling Tobaccos to Youth Under 18

Tobacco businesses promote their products by different means including the use of gifts, advertising, embedded marketing, and trial smoking. They even attract youth to smoke by making smoking into a fad. It was discovered in surveys that the tobacco used by youth was either bought by them or given by their schoolmates. It was also discovered that 73% of the youth were not asked about their age when buying tobacco products, and 75% were not refused. This indicates that it is very easy for youth to get tobacco. Statistics of 2005 show that there were 2,975 breaches (accounting for 77.6% of the annual crackdowns) of the provision that a youth under 18 shall not smoke and there were 398 violations (accounting for 10.4% of the annual crackdowns) of the provision that tobacco shall not be sold to youth under the age of 18. Of the shops violating the law, the five major chain stores accounted for 44.7%, indicating that chains stores were the main sources of tobacco used by youth.



Disguised probe into selling tobaccos to youth under 18

The Bureau of Health Promotion commissioned Consumer's Foundation to make a field survey in 25 cities and counties in 2005. The survey workers, two in a team, pretended to be college students under 18 years old by wearing student uniforms and approached tobacco shops (convenience stores, supermarkets, and betel nut stalls) to find out whether they would sell tobacco to buyers under the age of 18. They found that

81% (81/100) of the stores, including 66.7% (322/48) of the five most believed law-abiding chain stores, had sold the product to under-aged youth.

To prevent under-aged youth from being attracted by the advertising and embedded marketing of tobacco businesses and to increase their difficulty in getting the product, the Bureau of Health Promotion and the county and city bureaus of health have increased the check on tobacco-selling stores near primary and middle schools and stepped up anti-tobacco publicity there. In addition, it has made various



Emblem for not selling tobaccos to youth under 18

2

Tobacco Control Education and Advertising



A device placed in a convenience store warning under-18 tobacco buyers

publicity and educational products for use and assembled the operators of the five major chain stores to attend press conferences at which they made a vow that they were determined not to sell tobacco to juniors. It is hoped that all the store operators are equipped with the concept of tobacco hazard control and the technique of rejecting junior tobacco buyers.

In 2005, the Bureau of Health Promotion cooperated with the five major chain stores – Seven-Eleven, Familymart, Hi-Life, OK, and Nikomart – to design a set of training materials for use by their staff. These materials include the tricks for refusing selling tobacco to juniors, harms of tobacco, and provisions of the Tobacco Hazard Control Act, enabling their store keepers to deal with junior tobacco buyers with ease.

According to the experience learned from promoting this plan, the Bureau of Health Promotion will move forward in the following directions: (1) urging the operators and workers of these stores to strictly abide by the provisions for not selling tobacco to youth under the age of 18 and to include this in their regular on-the-job training program and (2) strengthening auditing work made by county and city governments.



Representatives of five convenience chain stores join up to break a cigarette to vow not selling tobacco to youth under 18

3

Multiple Smoking-cessation Counseling Service

In the 2002 “ Survey on Health Promotion Knowledge and Behavioral Attitude of People in the Taiwan Area, ” it was discovered that 46% of smokers said they wanted to give up the habit. A 2005 telephonic survey on adults ’ smoking behavior revealed that 66.5% of the smokers expressed their willingness to break the habit and 56% of them knew that the government provides smoke-cessation service.

Since 2004, the subsidized smoke-cessation outpatient service has been enlarged. All those who belong to a class-5 low-income household as defined in the National Health Insurance Act can claim a subsidy, which has been increased from NT\$250 to NT\$500 a week. In 2005, 2,020 contract healthcare providers in 356 townships (96%) in Taiwan, Penghu, Kinmen and Mats, started smoke-cessation outpatient service. By the end of 2005, these healthcare providers had reported 364,477 smoke-cessation cases to the National Health Insurance Bureau (NHIB), registering a 21.0% success rate in June.



Smoking cessation outpatient service



Emblem of smokers' helpline service

To help smokers who want to kick their habit but do not bother to go to a hospital, the Bureau of Health Promotion has installed a consultation hotline (0800-636363) to help them around the clock. In 2005, 32,320 calls were received and the service volume came to 8,119 people, marking a 121% increase over the 6002 people registered in 2004. On average, the approval rate of the service was 86.52 in 2005, higher than the 83.36 rate of 2004.

At the same time, 339 smoke-cessation classes were opened in the counties and cities, enrolling 5,774 people.



3 Multiple Smoking-cessation Counseling Service

Smoking Cessation Outpatient Service

In January 2002, Taiwan began to impose a NT\$5 health surcharge on tobacco product. One-tenth of the revenue (about NT\$1 billion) is assigned for tobacco control. In keeping with the principle of justice, the government was feverishly planning to use the money to subsidize the rehabilitation of addicted smokers (smoking-cessation treatment was not covered in national health insurance). The pilot plan for smoking-cessation outpatient service started in September 2002, and NHI (Bureau of National Health Insurance) is in charge of the disbursement service. In December of the same year, BHP set up the “ Monitor Center for Smoking-cessation Outpatient Treatment Service ” to assure the quality of outpatient treatment for smokers. The spending on smoking-cessation outpatient treatment accounted for about 13% of the total expense for tobacco control.

According to a report, Reimbursement for Smoking Cessation Therapy – A Healthcare Practitioner's Guide, published in the U.S. by Professional Assisted Cessation Therapy (PACT), the service volume is estimated by multiplying the smoking population with the estimated rate of people accepting the service (1-2% or 5%), whereas the budget is compiled by multiplying the estimated rate of accepting people with the expense of 6-8 weeks’ treatment. Prof. Robert West at London University in an article titled “ Achieving smoking prevalence reduction in the UK through smoking cessation (2003), ” pointed out that, in the UK, 8% of smokers would get their smoking-cessation medications from a medical institution and 9% of them would buy non-prescription nicotine. Taiwan began to offer smoking-cessation service in 2002, aimed to serve 40,000 smokers, about 1% of the smoking population. To encourage smokers to accept cessation treatment, the Bureau of Health Promotion in 2005 launched an “ Enlarged plan for subsidizing medical institutions providing smoking-cessation service. ”

Table 1: Details of 2005 Subsidies to Smoking-cessation Service

Subsidy item	Subsidy amount	Remarks
Smoking- cessation service	NT\$350 per visit	Paid only when smoking-cessation medication is prescribed
Medication	NT\$400 per week	Subsidized with a fixed amount. Medications are prescribed by the week. Subsidy is provided for two treatment courses in a year, and each course is limited to 8 weeks, and the treatment given by one institution must be completed in 90 days.
	NT\$500 per week	For low-income households
Referral fee for a pregnant woman smoker	NT\$100 per person each time	If there is a safety concern in medication for a pregnant woman smoker, a fee has to be paid for referring the case to BHP Smokers' Helpline (a data referral form should be filled out and an agreement be signed)
Pharmacy charge		Paid according to the current NHI rate and depending on whether a prescription is issued

The plan has these features: (1) setting forth the smoking-cessation services, targets of application, and qualification of a service provider; (2) compiling the “ Guidelines for Clinical Smoking-cessation ” for reference by service-providing medical personnel; (3) conducting training and accreditation for smoking-cessation seed teachers, doctors and other medical personnel; (4) establishing an “ Monitor Center for Smoking-cessation Outpatient Treatment Service ” to take charge of contracting medical institutions, filing the treatment records, monitoring the quality of the service (success rate and approval rate), doing statistics and analyses, publishing seasonal information, carrying out service publicity and Web maintenance; and (5) coordinating the NHI to reimburse the expenses, reviewing the service and auditing the expenses.

The targets of the outpatient service are limited to people over 18 years of age who have participated in the National Health Insurance, who have registered 4 in nicotine addiction test (using Fagerstroem Test for Nicotine Dependence, FIND), and who smoke at least 10 cigarettes a day. The application for subsidy is limited to two treatment courses. The medical institutions contracted for providing outpatient service for smokers must also be the healthcare provider under the National Health Insurance Program. The service-providing doctors must possess a license for professional medical practitioner and also the certificate testifying that he has undergone smoking-cessation training and acquired credits. The said doctors must receive basic education and training, including six hours for the subjects on a smoker's behavioral change, clinic skills for treating smoking and tobacco dependency, medical treatment for smoking, individual case discussion, and mass strategy for treating smoking and tobacco dependency. To raise the service quality, the doctors providing outpatient service are also required to study such subjects as the analysis on outpatient service, communication skills for clinic consultations on smoke cessation, practice of outpatient smoking-cessation, and the mechanism of nicotine addiction and its clinic meaning. To ensure the service quality, the treated smokers are subjected to the annual and semi-annual sampling for telephonic tracking survey on the success rate. Another telephonic survey is made on the approval rate for the quality of the service provided.

By December 2005, the number of doctors applying for providing outpatient service for smoke cessation had reached 3,548. As shown in Table 2, more of them came from medical institutions on the base level, totaling 2,017 or 56.85%. The smallest number came from medical centers, 361 or 10.17%. Most of the doctors providing actual treatment (based on reports) for smoking-cessation also came from the base level, numbering 1,747, accounting for 63.32%, and those from medical centers were the

3 Multiple Smoking-cessation Counseling Service

Table 2 : The Number of Contract Doctors and the Number of Doctors Actually Giving Smoking-cessation Treatment

Level	Contract doctors	Doctors giving treatment	2005 execution rate
Medical centers	361 (10.17%)	207 (7.50%)	57.34%
Regional hospitals	603 (17.00%)	382 (13.85%)	63.35%
District hospitals	567 (15.98%)	423 (15.33%)	74.60%
Base level hospitals	2,017 (56.85%)	1,747 (63.32%)	87.84%
Total	3,548	2,759	77.76%

Note: A doctor serving as contract doctor for two institutions is considered as two doctors

smallest in number, 207, or 7.50%. A total of 2,759 were providing smoking-cessation treatment, accounting for 77.76% of contract doctors.

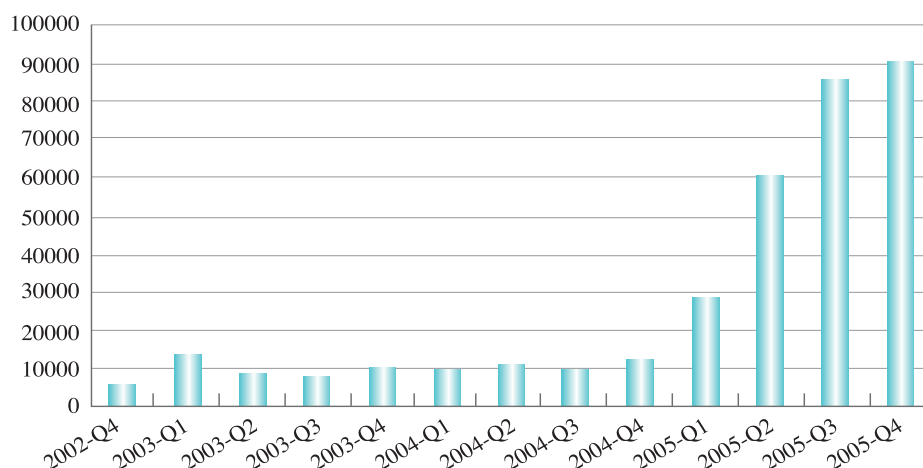
An analysis of the execution state of outpatient smoking-cessation treatment is shown in Table 3. In December 2005, among the 2,005 providers of smoking-cessation treatment, 1,703 were base level medical institutions, but on average only 1.03 doctors of each institution were engaged in the treatment. In comparison, there were more doctors who could provide the treatment, 11.50 doctors on average. In terms of the number of patients treated, medical institutions on the base level were also the main providers of the service. On average, each doctor of these institutions contributed 69.97 courses of treatment, and the bigger the institution was, the less the number of the courses of treatment. A doctor of a medical center gave 35.42 courses of treatment on average.

Table 3 : State of Smoking-cessation Treatment Given by Contract Hospitals, Sept. 2002 – Dec. 2005

Hospital level	No.	No. of execution doctors	Average courses of treatment reported	Average courses of treatment given by a doctor
Medical centers	18	11.50	407.33	35.42
Regional hospitals	70	5.46	232.11	42.53
District hospitals	214	1.98	97.28	49.22
Base level hospitals	1,703	1.03	70.85	69.07
Total	2,005	1.38	82.33	59.83

Since the outpatient service for smoking cessation started in September 2002, 149,220 smokers had sought treatment by December 2005, 3,731 people a month on average. There had been 364,476 visits to doctors, or 9,112 a month on average. In 2003, because SARS broke out in the second quarter of the year, fewer people went to hospital, and the number of hospital visits by smokers declined remarkably, to 36%. The number began to pick up not until the third quarter. In January 2005, the enlarged plan was implemented, leading to great increases of hospital visits by smokers. By

Figure 1 : Quarterly Number of Treatment, Sept. 2002 – Dec.2005



December 2005, the average visits were 2.18 a treatment course. In 2005, the number of medical institutions joining the outpatient program for smoking cessation increased 111%. The contract providers for outpatient treatment for smokers stood at 19.7% of the total number of healthcare providers. A total of 120,000 smokers received the service, marking an increase of 400%.

A telephonic survey was made on the 6 – 12 months ' success rate. Between September 2002 and August 2005, there were 4,988 smokers seeking smoking-cessation treatment and their success rate was 20.69 as shown in Table 4. In terms of medical level, medical centers registered the least cases of service, 7,332 only, but the success rate of these cases was the highest, reaching 26.68%. Still, their average cost for each success case, NT\$6,059, was the lowest. By comparison, base-level hospitals gave the greatest

Table 4 : Six-Month Success Rates of Outpatient Smoking Cessation Discovered Through Telephonic Survey

Hospital level	No. of cases	6-month success rate	Converted to success rate	Average subsidy per case	Average subsidy per success case
Medical centers	7,332	26.68%	1,956	1,616.39	6,059.00
Regional hospitals	16,248	23.37%	3,797	1,535.20	6,569.36
District hospitals	20,818	20.53%	4,274	1,547.79	7,539.02
Base-level hospitals	120,666	19.16%	23,120	1,757.34	9,171.79
Total	165,064	20.69%	34,152	1,702.79	8,229.94

Data period: Sept. 2002 to Aug. 2005

3 Multiple Smoking-cessation Counseling Service

numbers of service, totaling 120,666 cases, with an average success rate of 19.16%, at a cost of NT\$9,174 each. If it is converted to success case, medical centers contributed only 1,956 cases of six-month treatment, whereas base-level hospitals had registered 23,120 cases, indicating that the number of cases treated by base-level hospitals was more important than the success rate scored by medical centers. The effect of service propagation is more conspicuous than the effect of the rate of successful treatment. It is estimated that since September 2002, the Bureau of Health Promotion has helped 340,000 people to successfully cease smoking at an average cost of NT\$8,229 as shown in Table 4. The overall approval rate was 7.8 in a range of 1 to 10.

The execution rate of the hospitals contracted for providing smoking-cessation services was maintained somewhere at 75%. They have raised the quantity and quality of their outpatient service. Five hospitals were selected as models. The Bureau of Health Promotion helped them changed their computer programs to facilitate more doctors to engage in smoking-cessation outpatient service. On the other hand, it assisted them in establishing a smoking-cessation environment, strengthening smoking-cessation publicity, holding demonstrations, and supplying their mode to other hospitals for reference. A total of 393 people from 274 hospitals and clinics participated in the demonstrations. Besides, the Bureau of Health Promotion printed 5,000 copies of smoking-cessation posters, another 5,000 copies of no-smoke posters, and 10,000 pieces of outpatient smoking-cessation logos, and installed a Web site (<http://www.bhp.doh.gov.tw/asp/quit/>) to strengthen publicity.

At present, 32 nations provide nicotine substitutes to smokers, indicating that smoking-cessation service has become a priority of tobacco control in developed nations. But in the Taiwan case, we give the priority to raising smokers' willingness to accept smoking-cessation treatment, encouraging hospitals to provide more services, and controlling the quality of the service and making the publicity more effective. Using the data of September 2002 to June 2003, we analyzed the direct benefit and indirect benefit, which showed our total investment of NT\$75,000,000 will generate a benefit of about NT\$650 million in 15 years, indicating this is a worthy long-term investment.



Hospital installation of smoking-cessation environment



Participants of outpatient smoking-cessation tour intently learning other hospitals experience and achievements

Smokers' Helpline Service

To offer smokers more friendly services, the Bureau of Health Promotion commissioned The Teacher Chang Foundation to conduct “smokers' helpline service.” Taking advantage of telephone convenience, it gets psychologists and smokers together to formulate smoking-cessation plans and provide smoking-cessation information. The helpline also provides outpatient referral business. After the consultation period is closed, the helpline continues to track those who have quit smoking. The helpline hopes that after a smoker gets the right information and knowledge of smoking, he can strengthen his motivation and preparation for getting rid of the bad habit and, hence, attain his goal.

The helpline, 0800636363, is toll free. It operates from nine in the morning until nine in the evening, using Mandarin, Hakka, Taiwanese, and English for consultations. The consultants first make preliminary conversation and provide brief advice depending on the circumstances. After a smoker enters into the real phase of consultation, he has to accept a week's conversation, 30–50 minutes a session, which is to be completed in five to eight weeks. To grasp the situation of an individual case, they use telephonic interviews for tracking surveys. The tracking is conducted in the first month, third months, sixth months and 12th months. When they find the smoker has picked up the habit again and that the smoking-cessation effort has failed, they will stop the tracking.

The service volume of the helpline was 32,320 people, and the consultation volume was 8,229 in 2005, most of callers were males aged between 21 and 40, who accounted for 62.41%. Among the smokers who received several consultations, the one-year success rate reached 25%. Among individual cases, the approval rate of the helpline service content and service attitude topped 92.81% and its overall approval rate was 86.52%.



3

Multiple Smoking-cessation Counseling Service

To sustain the professional consultation service, the helpline regularly holds training courses for preliminary consultation personnel and reserve personnel and also offers on-the-job training. For this purpose, it has compiled a training handbook and a manpower bank. To attract smokers to use this hotline, it has issued four news releases, held 19 publicity activities, given 17 lectures, distributed 289,778 handbills, broadcast commercials on 16 stations, and posted its service information on 80 Web sites.

This helpline, established under the guidance of California Smokers Hotline, is the first of its kind in Asia. Since it has attracted inspectors from many nations, the 2005 analysis of this service showed that health is the key factor of the success or failure of smoking cessation. It also showed that if the smoker can cooperate with the helpline's consultants, the success rate can reach 19%, not bad in comparison with the 9% in Australia, 7% in New Zealand, and 9.9% in California (see Table 1). After five complete sessions of consultations, the success rate increased markedly ($p < 0.05$). In comparison

Table 1 : A Comparison of the Effect of Taiwan's Smokers' Helpline Service with Those of Other Countries

Hotline	No. of calls	Survey sample	Success rate		Rate of sustained success	
			6 mos.	12 mos.	6 mos.	12 mos.
Starting point of tracking						
South Australia	731 (4 wks)	464	34%	38%	16%	9%
New Zealand	146,000 (7 mos.)	2,000	22%	13%	13%	7%
California	14,000	1046	N/A		N/A	9.9%
Scotland	82,782 (1 yr.)	848	23%	N/A	N/A	
Taiwan	12144 (1 yr.)	2865	23.1%	27.2%	13.5%	19%

Table 2 : A Comparison Between USCDC-Proposed Index and the State of Smokers' Helpline Service

Service index	USCDC-proposed Index	State of smokers' helpline service
Connection rate	90%-95%	92%
Connection rate in 30 seconds	100%	100%
Rate of on-the-day reply promised	100%	100%
Time for delivering handbook and other materials	Within 48 hours	Within 48 hours
People asking for immediate consultation	50%	receiving single-session consultation immediately if people ask for multiple consultations, they can be scheduled within a week

with the service quality suggested by US Center for Disease Control (see Table 2), the standard of the helpline is higher than the USCDC standard in the “rate of immediate consultation requested by people” and the “index of multiple consultations arranged within a week.”

The 2005 cost-effect analysis of this service shows that when the long-term direct effect is combined with the long-term indirect effect, the total cost-effect is about NT\$155 million. This means a NT\$1 investment can generate a benefit generated from NT\$3-4 medical cost.



Call connection of smoking-cessation hotline

An analysis of the service volume indicates that the number of calls is proportional to the volume of TV commercials. Nevertheless, TV commercials are very expensive, so in the future it is advisable to couple the publicity effort with the publicity for tobacco control and to employ the public benefit channels. It is also important to strengthen the referral mechanism with hospitals and schools to increase people's use of the consultation service and foment a willingness for smoking cessation.



A poster of smokers' helpline service

4

Personnel Cultivation and International Exchange

The WHO Framework Convention on Tobacco Control (FCTC) came into effect on February 27, 2005. By May 10, 2006, 126 nations had completed the procedure of ratification. To bring Taiwan in line with the world, we had worked hard to seek ratification of the document. It was done by the legislature and signed by the President on March 30, 2005.

In bilateral and multi-lateral international activities, we have participated in the 2nd Open-Ended Intergovernmental Working Group on the WHO Framework Convention on Tobacco Control, the Third Australian Tobacco Control Conference, the 13th European Conference on Public Health, the 2005 Behavioral Risk Factor Surveillance System, the 12th Asian Collaborative Study Meeting, the 55th International Communication, the 4th Annual Conference of the International Society for the Prevention of Tobacco Induced Disease, and the 133rd Annual Meeting of American Public Health Association. Also in 2005, Taiwan invited scholars and experts of other nations to attend the International Tobacco Control and Health Promotion Conference and the Regional Workshop on "Women and Tobacco Control". Participation in these activities was intended to exchange experience and information of tobacco control and promote the mechanism of international cooperation. In that year, Taiwan implemented the work plan of the Asia-Pacific Association for the Control of Tobacco and Technical Cooperation of Tobacco Control in Cambodia and held an International Anti-Smoking Youth Campaign Program aimed at developing bilateral relations.

In personnel cultivation, the Bureau of Health Promotion has continued to raise the quality of the manpower of local government health departments and bureaus, encourage the participation by more professional personnel, and win the participation by public benefit organizations, involve nurses in tobacco control, conduct training for tobacco control lecturers and for raising the quality control of county and city tobacco control projects.



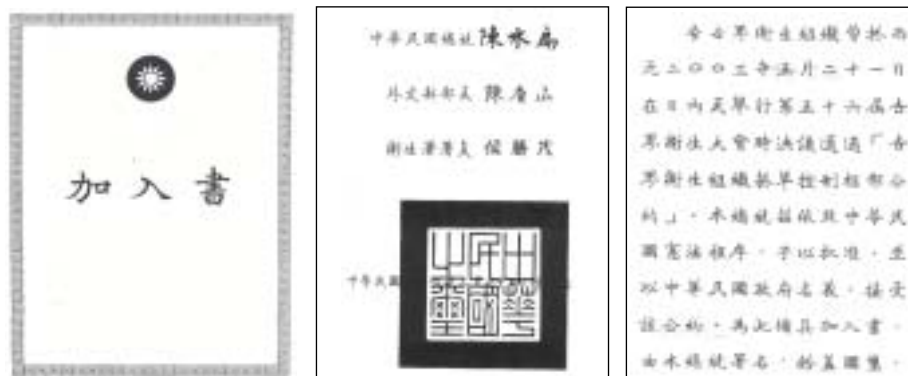
An international conference on health promotion and tobacco control is held at Taipei International Convention Center on March 29, 2005, which was attended by 11 specialists from foreign nations.

Joining WHO Framework Convention on Tobacco Control

The WHO FCTC came into effect on February 27, 2005. The convention is aimed to address the global health, social, economic and environmental problems caused by tobacco. By May 2005, a total of 126 nations had completed the procedure of ratification. Although Taiwan is not yet a member of the WHO, we completed the ratification procedure because we believe that the pursuit of health should not be discriminated against by race or obstructed by politics and / or national borders. Today, the convention has become the international norm for tobacco control. Our ratification of the convention is to declare to the world that we are determined to abide by the convention in tobacco control and to effectively ensure the good health of our people.

Since 2001, Taiwan has sent experts to participate in the third, fifth, and sixth Inter-governmental Negotiating Body on the WHO FCTC to collect related information. Still, it has used the supra-ministerial mechanism to complete the administrative and legislative procedures. Finally, the convention was approved and signed by the President on March 30, 2005. On May 12, 2005, the Ministry of Foreign Affairs notified, through the good offices of a friendly nation, the UN Secretary General of the effect and sent the ratification instrument to the UN for deposit.

Although the UN has not yet officially accepted our participation, we have continued to push tobacco control and legislative revision in keeping with the spirit of the convention. In the future, we will continue to strive to participate in related activities through different channels. We will actively contact related organizations to get the participant status.



The Instrument of Accession to the WHO FCTC by Taiwan

Plan for All-Out Nurse Participation in Tobacco Control

In 2000, the WHO promoted an alliance on reducing tobacco dependence. It held the view that tobacco control is a part of everybody's life. In 2003, the International Council of Nurses (ICN) and the International Association of Nurses in Cancer Care (ISNCC) issued a joint statement on the role and function of nurses in tobacco control and smoking cessation. They clearly pointed out that nurses should participate in all-out tobacco control on every level.

Because nurses have the most contacts with patients and people in general (community residents, people in working places, and students), if they have abundant tobacco control knowledge and skills they can contribute to the full implementation of the plan for tobacco control and cessation. In 2003, because most nurses lacked the related training, the Bureau of Health Promotion has pushed forward this plan of all-out nurse participation in tobacco control. Following were the major measures:

1. Developing a questionnaire on the knowledge, aptitude, and feeling barriers of nurses not participating in tobacco control. The information will be used for the establishment of four databanks: cancer-care nurses, clinic nurses, community nurses, and instructional nurses
2. Compiling the Guideline for Nurses Practicing Tobacco Control and Smoke Cessation
3. Conducting four echelons of training for tobacco control core teachers for teaching in nursing schools and for cultivating clinical nurses. The whole training course lasts for eight months. The curriculum includes (1) three days' intensive training on recognition of tobacco hazard, correlations between smoking and diseases, tobacco control policy, and practices and

techniques of implementation; (2) assisting the trainees to share their preliminary reports on the implementation of the program and to overcome their difficulties after they have completed two months' intensive training; and (3) strengthening the trainees' implementation capability by asking them to complete at least three of the following items: (a) assistance and tracking of referral cases and preparation of reports, (b) conduction of health education at wards or in outpatient quarters, (c) preparation and



A core nursing teacher promoting tobacco control and smoking cessation to nurses in a hospital.

implementation of curriculums for nursing personnel of the hospital, (d) conduction of smoke-cessation classes, (e) no-smoke management of the hospital, and (g) designing and implementation of outlines and contents of tobacco control curriculums.

In the survey on Taiwanese nurses' knowledge, attitude, and feelings with regard to tobacco control, the sampling was made in consideration of business nature and locality. Questionnaires were distributed to the four groups – clinical nurses, cancer-care nurses, community nurses and teachers of nursing schools. The numbers were 1795, 1050, 513, and 683 respectively. The survey showed: (1) more than 50% of nursing personnel had no or little experience with tobacco control; (2) they believed that the greatest problem of smoking cessation lies in the lack of motive on the part of the smokers and the lack of ability and skills on the part of nursing personnel; (3) over 50% of nursing personnel believed that nursing personnel should not smoke and they should help smokers to give up smoking and they should increase their tobacco control knowledge and skills; (4) most of them believed that realization of the harm of smoking to health was the cause for smoking cessation and that smoking cessation could reduce the side-effect of treatment and reduce the risk of relapse in cancer patients; (5) in a list of 50 questions, the average correct answers were 28.2 questions (59.6%) by nurses before training and 37.9 (75.8%) by nurses after training. A dependent t-test showed the score of knowledge level was remarkably different before and after training ($t=-18.0, p=0.0001$).

The first edition of the Guideline for Taiwan Nurses Participating in Tobacco Control was developed on the basis of ICN and ISNCC “Tobacco Control and Smoking Cessation: The Role of the Nurse,” and documents of the WHO, USCDC and Taiwanese government and non-government



A core nursing teacher collaborating with an outpatient doctor to promote tobacco control and education



A core nursing teacher is testing carbon monoxide for a pregnant woman.

organizations. The contents were decided after several meetings among experts. They are divided into: (1) tobacco epidemiology and impact, (2) nurses in tobacco control in Taiwan, (3) the role and function of nurses in tobacco control, (4) how nurses should help individuals to quit smoking, (5) procedure for guiding an individual case of smoking cessation, (6) medications for smoking-cessation treatment, (7) control of second-hand smoke for expectant mothers and for babies, and (8) Taiwan's current tobacco control laws and regulations.

About the training of core teachers for nursing schools and clinical nurses participating in tobacco control, a total of 200 peoples were enrolled and among them 188 (94%) completed the eight months' training course. They have (1) established referral systems in 84 hospitals and referred a total of 4,633 smoking cessation cases; (2) given 987 sessions of collective health education to 83,385 people, registering an implementation rate of 95%; (3) conducted 340 sessions of on-the-job training for 12,974 people, registering an implementation rate of 96%; (4) conducted 102 smoking-cessation classes for 2,152 people, representing an implementation rate of 100%, (5) promoted no-smoke management in 14 hospitals; and (6) completed teaching materials on internal and external medicine, obstetric and pediatric medicine, obstetric and pediatric medicine and neurology, which have been adopted by two nursing schools. The approval rate for the training was 4.26 in a range of 1 to 5.

It was discovered that, thanks to the systemic guidance of teachers, the nursing trainees had a more solid understanding of the tobacco control strategies and they had strengthened their willingness to take part in the effort, indicating that the training had a positive effect on these people. But, we must admit that there is little tobacco control subjects in the current education for nurses and that actual participation in tobacco control by nurses is very limited. Therefore, in the future, we must move forward in the following directions: (1) asking nursing schools to include tobacco control in their curriculums, (2) continuing practical training for nurses to let them play a new role in tobacco control, and (3) applying different strategies, steps, information and training to different targets, such as clinical nurses, community nurses, and nurses attending schools. We must find a feasible way to deal with the problem of smoking cessation among youngsters. This done, the positive influence of nurses on tobacco control can be brought to the fore.



Core nursing teachers conduct a community smoking-cessation class

The Technical Cooperation of Tobacco Control in Cambodia

Since 2003, the Bureau of Health Promotion has helped Taiwan International Medical Alliance (TIMA) to implement a three-year technical cooperation of tobacco control. The aim is to cultivate NGOs in Taiwan to engage in tobacco control and establish an international network and alliance.

While implementing this international health cooperation program, when TIMA cannot directly supply the required resources, it has to play the role of an intermediary to introduce the resources into the country. TIMA has also participated in the formulation and implementation of tobacco control plans and provided Cambodia with preventive medicine and professional expertise aimed at arousing the local people's health awareness and persuading them to adopt healthy behavior for the improvement of their health.

TIMA does not maintain an office in Cambodia, because for a long time tobacco control in the country has received aid from foreign governments, private organizations, international sources (including AusAid of Australia, CIDA of Canada, and the Rockefeller Foundation), and the WHO. In the 2005 plan, TIMA served as the chief coordinator to get money and technology for tobacco control. A WHO technology consultant is responsible for integrating the resources and for supplying the technology. When the plan is enlarged and money is required, the WHO comes to the help. Communication between Taiwan and Cambodia is mainly through e-mail and the once every two months face-to-face working meetings. Most of such meetings are held in Phnom Penh, or occasionally on the sideline of international conferences. TIMA personnel would go to Cambodia every two or three months and stay there for a month. During the stay, it works by joining the local working group. Their work includes calls on related organizations, conduction of activities, convocation of working meetings, fulfillment of



On World No Tobacco Day, Cambodia's doctors and medical students announced no smoke in the nation's largest military hospital

administrative affairs, and confirmation of plans and implementation progress. Following is a brief introduction:

Through this cooperation, Taiwan can provide Cambodia National Centre for Health Promotion (NCHP) with the information and experience about conducting tobacco control activities. Globalink's ASEAN (Association of Southeast Asian Nations) network of Adventist Development and Relief Agency Cambodia (ADRA Cambodia) is used to report on the various activities of the Cambodia plan. The Bureau of Health Promotion (BHP) invited Thai and Vietnamese tobacco control experts met at SEATCA to come to Taiwan to attend the International Tobacco Control and Health Promotion Conference held in March 2005.

In Cambodia, the BHP has helped local tobacco control experts to establish an anti-smoking organization, ASH Cambodia (Action on Smoking or Health, Cambodia). It has also collaborated with ADRA Cambodia and other international NGOs to implement smoke-free armed forces, smoke-free working environment, smoke-free hospital, and smoke-free community plans.

In response to the World No Tobacco Days call for “health professionals against tobacco”, TIMA and ADRA Cambodia held a “national conference on participation in tobacco control by medical personnel in the armed forces.” They invited the superintendents of Cambodia's major military hospitals and ministers to attend the conference, greatly enhancing military medical personnel's willingness to participate in tobacco control and their commitment. After the national conference, regional conferences were held to explain the non-smoking policy to high-ranking military officials. To enforce a smoke-free armed forces, they have also held 30 smoke-cessation classes and conducted a survey on smokers' behavior and influence in the armed forces.

In the five Cambodia's provinces (Kampot, Mondul Kiri, Pursat, Siem Reap and Svey Rieng), they have enlisted 9 smoke-free hospitals, smoke-free temples, and smoke-free schools. In addition, they have established a no-smoke training center, held five training courses for the cultivation of tobacco control core teachers, and prepared the guidelines for creating a smoke-free environment, handbooks, posters, T-shirts and anti-tobacco logos for use as teaching materials or for publicity.

Under the smoke-free school program, core teachers held smoke-cessation classes and organized health theaters at schools to spread anti-smoking messages with the use of traditional dance and drama.

TIMA and ADRA cooperated to publish in local language the “ Tobacco Q&A ” and the “ Handbook for core Teachers of Tobacco Control ” as teaching materials in training courses. They have also invited experts from the public health sectors, NGOs, and international organizations to organize an advisory group for the development of teaching materials. Under TIMA insistence and proposal, NCHP is now working on a guide to the establishment of smoke-free environment, which will be reviewed in 2006. After completion, NCHP will send copies to medical, educational, religious organizations, and smoke-free establishments for reference.

In media publicity, TIMA, WHO, NCHP, ADRA, WMC (Women's Media Centre) join hands to buy TV and radio slots to publicize tobacco-control activities. ADRA has produced two commercials targeted on the military and made the “ smoke-free world program. ” They have also established a consultation committee to provide them with information.

Besides the foregoing activities, TIMA has cooperated with Cyclo Centre to conduct smoke-cessation classes for tricycle cab operators. Those who have successfully quit smoking among the operators are given the opportunity of getting a petit loan to buy new cabs. The loan project was launched in July 2003 according to an idea of the WHO office in Cambodia and is implemented through the Cyclo Centre. When WHO did not have enough resources, TIMA took over the operation in July 2004. The project uses the “ non-smoking ” logo attached to the tricycle cabs to spread anti-smoking information and to raise the cab operators ’ awareness of tobacco hazard. Because of its outstanding contributions, Cyclo Centre was cited by the WHO's



Smoke-free cyclo

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Personnel Cultivation and International Exchange

western Pacific office on May 31, 2005. By the end of 2005, nearly 500 cab operators had joined the tobacco control plan.

Thanks to three years painstaking promotion of technical cooperation in Cambodia, TIMA has enhanced Taiwan's professional capability in the field of international tobacco control. We will continue to use multi-government mechanism and NGO strength to help tobacco control in the Asia-Pacific region. We will establish a communication network with FCA and SEATCA and actively participate in SEATCA meetings. In 2005, TIMA became a formal FCA member in its NGO capacity and was invited to attend the First Session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control to be held in Switzerland in 2006.

Although the social and economic conditions are not satisfactory in Cambodia, many foreign organizations, including WHO, economic aid and development agencies in America, Australia, and Japan, and non-profit bodies like MSF Holland/Belgium and Aid Medical International (AMI) have operated in the country. TIMA's acquaintances with experts of these organizations through technical cooperation have increased our international resources for tobacco control. They have also promoted our relations with the government and non-government organizations of Southeast Asian nations. This has helped us to publicize our achievements in tobacco control and to establish the mode international technical cooperation in case of emergency rescue and relief and for mutual support in resources.



Students holding placards parade in the street urging medical personnel to pay more attention to tobacco control

The 2005 International Anti-Smoking Youth Campaign Program

To cultivate the vanguards and leaders in for future tobacco control, beginning in the second half of 2004, the Bureau of Health Promotion has used different means (domestic workshops, workshops abroad, and domestic tours and other practical activities) to train the freshmen and sophomores at colleges and universities for tobacco control in campuses. TIMA was selected to take charge of the three-year program of “ International Anti-Smoking Youth Campaign Program. ” The 2004 workshop spent a month to instill anti-smoking knowledge into the participating students. After the workshop was over, outstanding students were selected for overseas tours in hopes that they could engage in tobacco-control activities after their return. After review, it was discovered that this activity had limited effect and promotion of tobacco control through them was difficult. Consequently, the program was revamped in 2005 in an attempt to change the traditional mode of making the passing of knowledge the primary task and practice a secondary approach. In the new training, diverse subjects, including basic subjects, special studies, group discussions, and problem-oriented learning, are offered for the passing of knowledge. More important, practice was strengthened to impart the concept of tobacco control to the students and equip them with the required skills. This has increased the participating students ’ capability of conducting activities.



Poster for recruiting participants in 2005 International Anti-Smoking Youth Campaign Program

It is expected that 40 freshmen and sophomores from colleges and universities will be trained as new blood of the tobacco-control program. By spreading the information on the Web and through the media, 60 students were recruited for a four-day basic training program, and 40 of them have completed the first two phases of the training.

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Personnel Cultivation and International Exchange

The 531 World No Tobacco Day adopted the theme of “Health professionals against tobacco.” On that day, TIMA personnel took the students to call on the president of Taipei City Doctors Association, who affixed his signature on the petition for “smoke-free hospitals” to show his support for the drive. The petition, designed by the students, won more than 4,000 signatures and 10 organizations. Eleven students conducted tobacco-control activities on campuses scattered in northern, central, southern, and eastern Taiwan and the nearby communities. The activities included parades, anti-smoking skits, and an exhibition on films exposing the real face of tobacco companies.



China Medical University students parade in the street for tobacco control

During the summer vacation, two workshops on specific subjects were held, each lasting three days. The workshops were designed to boost students’ capability of distinguishing and presenting things. The curriculum stressed group discussion, field inspection, and capability of making plans. The first workshop was held in Taipei on the theme of “monitoring tobacco companies and developing anti-smoking action plans.” Because 2005 was the year in which the grading of smoke-free films attracted international attention, the students were taught to use the tobacco film observation table developed by University of California, San Francisco for film surveillance. The second workshop was held at Hualien for cultivation of tobacco-control leaders themed on international exchange of experiences. Under the assistance of American Campaign for Tobacco-Free Kids, it invited two young teachers who had engaged in tobacco control for a long time to come to Taiwan to share their experience with local students. The workshop employed many a group game, like Human Knot, You Say and I Draw, in training the students. The two American youth were well-prepared for the occasion. Their teaching materials and mature performance left a deep impression on the participants. It is hoped that the workshop would produce local young lecturers for training in campuses across the nation.



Anti-smoking youth are in class.

To create a smoke-free environment, the students posted posters and placed signature books at the congress of Taiwan chest medicine association to remind chest doctors of the need for their

support to the revision of the Tobacco Hazards Prevention Act and to smokers seeking to get rid of smoking. Besides, the students participated in the contest of “ King recruiter of smoke-free restaurants. ” The program participants recruited 150 restaurants to join the “ smoke-free restaurant ” program.



National Yangming University student join hands against smoking

Under the encouragement of tobacco control personnel, three students have passed the screening of smoke-free campus plans. It was the students who implemented as well as designing these plans for tobacco control in the campuses. Especially noteworthy were the two inventive female students, who took the advantage of the sports event of their school to publicize their smoke-cessation experiences. They used the emotional appeal of small cards and anti-smoking dolls to bridge their distance with their schoolmates. That was indeed a very successful activity.

Sixteen students participated in the surveillance of tobacco companies. The activities included static study, collection of local and foreign data related to the subject, translation of major documents, and knowledge of using the surveillance tool developed by TIMA. They monitored the activities sponsored by tobacco companies, their sales points, and advertising on print media. They also visited the Internet cafes frequented by youngsters and used the Internet cafe second-hand smoke observation table developed by TIMA to make second-hand smoke observations.

The tobacco film exhibition was intended to explore the responsibilities of business enterprises and how tobacco companies embedded their tobacco marketing in television programs and educational films. Especially impressive were the documentaries which showed how tobacco companies exploited the tobacco growers. The effect of these films on motivating the people was more powerful than persuasion with words, oral and written alike. As all the films were made in English without subtitle and script, preliminary translation was done by students from the department of foreign language. The review of the translations and the addition of



A poster of anti-smoking film exhibition

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Personnel Cultivation and International Exchange

Chinese subtitle were unimaginably tough tasks. Thanks to the hard work and patience, these were done and an exhibition was opened on December 3, 2005. Permission for the translation and the use of these films were obtained from their producers and directors. It was hoped these films would expose more facts that would shock the students of primary and middle schools and their teachers.

TIMA established a youth anti-smoking Web (asap.tima.org.tw) to disseminate news about the activities and the announcements on the progression of curriculums for reading and download. There is also a discussion area on the Web site. TIMA trains the students to use computer and the media, unleash their inventiveness in the anti-smoking movement, and disseminate anti-smoking information.



Homepage of Youth Anti-smoking Network:<http://www.asap.tima.org.tw>

International tour is a vital part in the establishment of an international network. When the Singaporean School Health Promotion Department held the first workshop of Southeast Asian Tobacco Control Alliance (SEATCA) at Penang, Malaysia, in April 2003, Zhou Zong-han, a



Six anti-smoking youth exchanging experience in Singapore with local anti-smoking youth.

student of the first year program, presented the anti-smoking knowledge and skills he had learned. The listeners were impressed by his zeal and immersion. He was invited by the Singapore youth anti-smoking workshop in December 2005 to share his experience in tobacco control, which led to the invitation of six other students of the international anti-smoking workshop for a tour of the Singaporean health extension organizations. They spoke on Taiwan's anti-smoking experiences, contributing to Taiwan's international exchange effort.

Before the 13th World Conference on Tobacco or Health to be held in 2006, two non-government organizations, the Campaign for Tobacco Free Kids and Essential Action, will assemble 100 youth for pre-conference training. TIMA recommended the programs students to attend the conference. They have obtained full subsidy from America to make the trip. In March 2006, TIMA cooperated with SEATCA to hold the SEATCA regional workshop on “ Women and Tobacco Control ” in Taipei. In the workshop, two students reported on young women smoking in Taiwan and Taiwan's strategy for the problem. This is to say that international tours by youth are not for courtesies calls. We will continue to let them get in contact with anti-smoking personnel in the world so that they can learn from them and lay the foundation of working with them.



Group picture of the 2005 International Anti-tobacco Workshop

TIMA will serve as the liaison in the Youth Forum of the 2007 Asia Pacific Alliance for the Control of Tobacco (APACT). TIMA expects that students will work hard to actively establish connections with other youth organizations in the Asia-Pacific region to jointly prepare the forum on the policy of tobacco control for youth. In the course, TIMA will continue its connections with, and learn from, American youth organizations like the Campaign for Tobacco Free Kids. This policy is to expose local youth organization in the arena of international cooperation in order to increase the depth and magnitude of anti-tobacco activities.

This year's achievement is greater than that of short-term tours of the past. It is hoped that the youth of the nation will learn a complete knowledge of tobacco control through cooperation with foreigners.

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Total Implementation of Tobacco Control by Local Governments

In 2005, the Bureau of Health Promotion (BHP) earmarked NT\$330 million of revenue from health and welfare surcharge to local government health bureaus for tobacco control. The amount was a NT\$100 million (17.8%) increase over 2004. The money was intended to bring to bear the audit work on the extent of law enforcement, enlarge the network of smoking-cessation service, continue tobacco education for specific community groups, and strengthen tobacco-control communication and publicity.

To beef out the tobacco-control manpower at the county and city level, 127 people were added, increasing 30 (32%) over 2004. In addition, the BHP tried to raise the quality of tobacco-control personnel by holding workshops, seminar, and training courses and by compiling a law-enforcement handbook. It conducted 91 training courses to cultivate 4,074 volunteers. As for the creation of smoke-free environments, it coordinated with the special conditions of different localities to push for “smoke-free restaurants,” “smoke-free working places,” and “smoke-free schools.” It held 10,097 sessions of education, marking an increase of 181.3% over 2004.

In 2005, 412,743 inspections were made and 5,850 crackdowns enforced. Most of the crackdowns involved smoking by youth under 18 years of age, the second largest number of cases concerned about sales of tobacco to juniors, and the third largest number involved the partition and designation of the smoking areas. Compared with the total of 353,409 inspections and 5,378 crackdowns made in 2004, the 2005 increases in the two categories were 11.7% and 9.2% respectively. The bureau continued to install the “reporting and case management system about the inspections and punishments made under the Tobacco Hazards Prevention Act” and establish a Tobacco complaint accusation processing center, which helped county and city health bureaus and department to conduct lawsuits with business operators and helped individual tobacco complainants with legal advice. There were 1,018 cases of complaints, increasing about 92% over the 530 cases in 2004. Besides, the Bureau of Health Promotion commissioned the Consumer Cultural Foundation to evaluate the enforcement of the Tobacco Hazards Prevention Act on local level. The information was used for making improvement proposals.



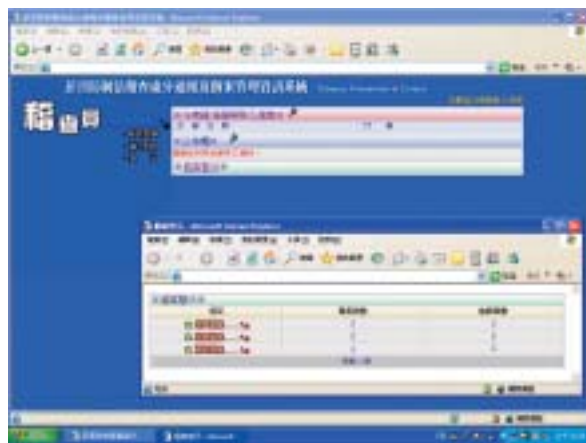
Service Center for Complaints on Tobacco Hazards

The Reporting and Case Management System About the Inspections and Punishments Made Under the Tobacco Hazards Prevention Act

Since the Tobacco Hazards Prevention Act was put into effect in 1997, county and city health bureaus and departments have actively engaged in inspection, persuasion, correction within set time, organization of smoking-cessation education, and collection of fines. Nevertheless, they lacked a management, statistics, reporting, and tracking system. To make up the deficiency and to enable the central and local authorities to grasp the enforcement of the Tobacco Hazards Prevention Act, the Bureau of Health Promotion conducted an open bidding for the establishment of a “reporting and case management system about the inspections and punishments made under the Tobacco Hazards Prevention Act.” Taifull Technologies Corporation won the bidding. The system was installed and inaugurated in January 2004.

In 2005, the priority of the system was given to security, stability, and practicality in the processing of information. The major tasks involved hardware maintenance; user security control; and interview conference, and training and education for users in connection with the implementation of a trial plan for the PDA system.

To ensure security, stability and convenience, the software and hardware of the system were tested and maintained every week. This system uses Microsoft IE browser code for log-in and Hinet system for search. All the processing is done in a secured environment. The security is ensured with the use of an account mechanism and through control on the users. Interview conferences were held in northern, central and southern Taiwan to sound out users’ need. The version of the system was adjusted, and personnel training were conducted, all according to the findings of the system. In coordination with the introduction of PDA, a preliminary program-writing plan was made for the



Log-in page of the system

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Total Implementation of Tobacco Control by Local Governments

functions of discussion, confirmation, and system analysis. Online operation and educational training were included in the list of checks. The system is being tried in Kaohsiung County and will be put online in September. It will be evaluated after half a year.

The system has the following functions: report on the cases of accusation and referral, bulletin, work calendar, discussion area for sharing inspection experiences, registration and statistics of inspected information, registration and enquiry about business firms, accusation and referral enquiry and statistics, printing of forms, and administrative punishment.

The system provides instant inquiry about national statistics. There were 412,743 checking inspections and 5,850 crackdowns, accounting for 1.42% of the total checking inspections. The three leading items of violation were under-age smoking, improper installation of smoking rooms, and sale of tobacco to the under-aged. For details, see Table 1.

In a further analysis of the three leading violations with the use of this system, it was found: (1) among the smokers under the age of 18, there were more males (83.38%) than women (16.62%), 45.41% and 34.21% of them studying in junior middle and senior middle schools respectively and there was little statistical difference in schooling between the male and female smokers ($\chi^2=2.879$, $P=0.411$, see Table 2); (2) in the crackdowns on smoking room violations, the three leading violators were leisure and recreation businesses, restaurants and hotels, of which electronic game firms dominated the list of violators, which were followed by Internet cafes; (3) among the crackdowns on tobacco supplier, shops were found to be the chief culprits.

Table 1: Itemized Statistics on the Results of 2005 Tobacco Control Inspections

Item inspected	Not qualified		Qualified		Total Cases audited
	cases	(%)	cases	(%)	
Ad violation	20	(0.05)	40093	(99.95)	40113
Sale with age unidentifiable	6	(0.02)	27463	(99.98)	27469
Smoker under 18	4765	(9.74)	44174	(90.26)	48939
Smokers disclosed	39	(0.05)	71192	(99.95)	71231
Selling tobacco to (those) customers under the age of 18	521	(1.30)	39571	(98.70)	40092
Installing remarkable no-smoking sign	78	(0.08)	100618	(99.92)	100696
Installing smoking area	407	(2.63)	15075	(97.37)	15482
Warning sign for health	13	(0.04)	34067	(99.96)	34080
Nicotine and tar indications	1	(0.00)	34640	(100.00)	34641
Total	5850	(1.42)	406893	(98.58)	412743

In a further analysis of the three leading violations with the use of this system, it was found: (1) among the smokers under the age of 18, there were more males (83.38%) than women (16.62%), 45.41% and 34.21% of them studying in junior middle and senior middle schools respectively and there was little statistical difference in schooling between the male and female smokers ($X^2=2.879$, $P=0.411$, see Table 2); (2) in the crackdowns on smoking room violations, the three leading violators were leisure and recreation businesses, restaurants and hotels, of which electronic game firms dominated the list of violators, which were followed by Internet cafes; (3) among the crackdowns on tobacco supplier, shops were found to be the chief culprits.

Table2 : Schooling and Sex Distribution of Smokers Under 18 Cracked in 2005

Item	Total	Primary school		Junior high		Senior high and college		Dropout		X ² (P-value)
	Cases cracked	Cases cracked	(%)	Cases cracked	(%)	Cases cracked	(%)	Cases cracked	(%)	
male	3973	59	(1.49)	1794	(45.15)	1374	(34.58)	746	(18.78)	2.879
female	792	8	(1.01)	370	(46.72)	256	(32.32)	158	(19.95)	(0.411)
Total	4765	67	(1.41)	2164	(45.41)	1630	(34.21)	904	(18.97)	

Detailed statistics on selling tobacco to youth under 18 years of age showed shops and recreation businesses contributed 930 (88.99%) cases (Table 3). Of these recreation businesses, electronic game shops topped the list, which were followed by Internet cafes and KTV and MTV businesses (Table 4). Among the crackdowns on chain stores selling tobacco to juniors, shops topped the list, which were followed by groceries and betel nut stalls (Table 5).

To increase the efficiency of this system, it was connected to the PDA trial plan, which was formally put online in Kaohsiung County in September 2005. The major functions of the system include accusation, calendar of case review, registration of and inquiry about inspections, registration of and inquiry about information on business firms, inquiry about laws and regulations, photography of inspection cases, signature file and data transmission.

Since the system was installed in 2003, it has been operating smoothly. All the penalty cases of county and city health bureaus and departments were entered and the system has fulfilled its statistical function. Now, a feasibility evaluation of across-the-board use of PDA is being made to make the system more efficient.



PDA log-in

Table 3: Distribution of the 2005 Tobacco Control Crackdowns

Business nature	Supplying tobacco to smokers under 18	Installing smoking area	Installing remarkable no-smoke signs	Smokers discovered	Total
	No. cracked	No. cracked	No. cracked	No. cracked	No. cracked (%)
Organization					
Cultural	0	4	4	0	8 (0.76)
Transportation	0	0	0	1	1 (0.10)
Recreation	42	343	56	23	464 (44.40)
Shopping	459	6	1	0	466 (44.59)
Restaurant/hotel	3	34	8	4	49 (4.69)
Health	1	0	4	0	5 (0.48)
Others	16	20	5	11	52 (4.98)
Total	521	407	78	39	1045 (100.00)

Table 4: Distribution of Recreational Businesses in the 2005 Tobacco Crackdowns

Item	Supplying tobacco to smokers under 18	Installing smoking area	Installing remarkable no-smoke signs	Smokers found	Total
	No. cracked	No. cracked	No. cracked	No. cracked	No. cracked (%)
Recreational businesses					
KTV /MTV	0	33	3	2	38 (8.19)
Kara OK	0	12	5	0	17 (3.67)
Disco	0	1	1	0	2 (0.43)
PUB	0	4	0	0	4 (0.86)
Opera theater	0	0	0	0	0 (0.00)
Movie theater	0	0	0	0	0 (0.00)
Gym	0	8	7	0	15 (3.23)
Indoor swimming pool	0	0	0	0	0 (0.00)
Electronic game	19	151	26	9	205 (44.18)
Child playground	0	0	0	0	0 (0.00)
Internet cafe	23	115	13	12	163 (35.13)
Others	0	19	1	0	20 (4.31)
Total	42	343	56	23	464 (100.00)

Table 5: Distribution of Tobacco Suppliers to Junior Uncovered in the 2005 Crackdown

Supplier	No. of crackdowns	(%)
Department store	0	(0.00)
Supermarket	11	(2.40)
Shopping center	10	(2.18)
Chain store	270	(58.82)
Grocery	80	(17.43)
Betel nut stalls	68	(14.81)
Vending machines	0	(0.00)
Others	20	(4.36)
Total	459	(100.00)

Taiwan Service Center for Complaints on Tobacco Hazards

According to the WHO, five million people would die from smoking in the world every year. If nations do not strengthen tobacco control, the annual deaths would reach 10 million. According to a study of the National Health Research Institutes, 18,000 people die from smoking in Taiwan every year, causing a financial loss of NT\$3.56 billion. USCDC pointed out that 30% of cancer cases are related to smoking or second-hand smoke. A long-time exposure to second-hand smoke would increase the chance of cancer by 30%. In 1993, the US Environmental Protection Agency verified that second-hand smoke is Class A source of cancer.

Beginning on January 1, 2002, the Ministry of Finance levies a surcharge on tobacco tax for health and welfare purposes. Of the revenue, 10% was earmarked for tobacco control, including support to Taiwan Service Center for Complaints on Tobacco Hazard.



Taiwan Service Center for Complaints on Tobacco Hazards

The plan was implemented by John Tung's foundation, which has had 20 years' experience in tobacco control. The aim is to effectively solve the problem of second-hand smoke. The information about the accusers is kept confidential according to law. The center, which was inaugurated on July 14, 2003, maintains an accusation hotline 0800-531-531 (matching with the 531 World No Tobacco Day) and an e-mail account to take complaints from the general public. In addition, the center assists local health authorities in the enforcement of the Tobacco Hazards Prevention Act and actively detects tobacco advertising that breaches the law. It provides consultations on legal affairs and helps the competent organizations on all levels to bring the Tobacco Hazards Prevention Act to bear.

The major tasks of the center included (1) providing people with legal advice on tobacco hazard and actively detecting the violations by tobacco companies, (2) actively detecting chain stores' breaches of the law by selling tobacco to buyers under the age of 18, (3) offering local authorities advice on lawsuits, preparation of appeals and administrative replies and conducting regional discussions on special cases and attorney discussions, (4) issuing monthly an electronic bulletin, installing Chinese and English Web sites and conducting polls and publicity via the Web, and (5) conducting surveys on approval rate and other surveys for analysis and research.

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Total Implementation of Tobacco Control by Local Governments

 線上民調

調查議題	調查期間	投票	結果
政府機關菸害大調查	2005-10-18 ~ 2005-11-17	已過期	查看
住宅菸害大調查	2005-07-22 ~ 2005-09-21	已過期	查看
餐廳菸害大調查	2005-05-01 ~ 2005-06-30	已過期	查看
職場菸害大調查	2004-03-01 ~ 2005-04-27	已過期	查看



The center handled 1,018 complaints in 2005, most of which (48.65%) belonged to smoking in working places, a violation set forth in Paragraph 1, Article 14, of the Tobacco Hazard Control Act. The second largest category (34.12%) was about the failure to clearly partition the smoking room as provided in Paragraph 2 of Article 14 of the same law. The third largest violations (9.46%) were about advertising, of which 50 were detected by the center, mostly from BBS. (Attachment 2)

In legal consultation service, the center provided 26 legal consultations and administrative replies and convened 12 attorney discussions and 4 special-case regional discussions for health inspection units. These were put into booklet in the Q&A form.

In the survey on the four subjects, it was discovered: (1) about 70% of the people suffered from second-hand smoke in working places and 80% of them agreed to regulate smoking in working places; (2) nearly 90% of the people knew that a restaurant should set up a smoking area, 90% saw people smoking in a smoke-free area, and 85% approved of a total smoking ban in restaurants; (3) in residential areas, about 60% people had suffered from second-hand smoke and most of them believed it would not be effective to include tobacco ban in the self-governance rules of a building; and (4) 44% of people in government agencies had suffered second-hand smoke and 90% of people believed that smoking should be banned totally in government agencies.

In publicity service, the center conducted broadcasts through 118 radio stations, distributed 24,500 sets of emblems to taxis, disseminated 15,000 copies of handbills, sent out about 3,000 smoke-free posters to primary schools across the nation, and published an electronic newspaper every month.



poster advertising the complaint hotline

In the survey on the approval rate, the center found 82.9% of the respondents were happy with the attitude of the center's service personnel, 44.6 were satisfied with the processing speed for their cases, and 39% believed there was practical improvement.

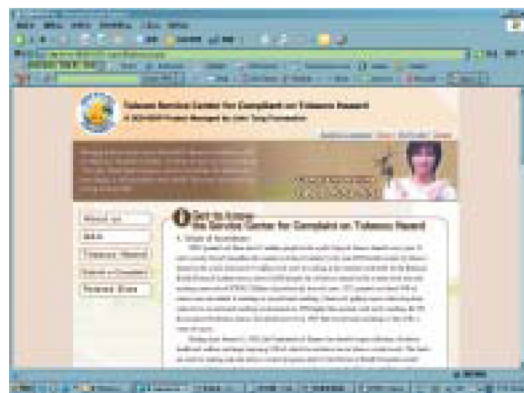
The hotline not only has helped central and local government agencies in gauging the enforcement of the Tobacco Hazards Prevention Act but also has provided people on the street a platform for registering complaints. In this respect, it won the recognition of international scholars and experts, who believed that it is worthy to expand the service. Now that the international situation and the time and spatial conditions have changed, the revision of the Tobacco Hazards Prevention Act is still waiting for approval by the legislature. As there is some discrepancy between the interpretation of the law and the anticipation of the people, not all complaints can be solved. We must move toward this goal of solving all complaints in the future.

In regards to the enforcement of the Tobacco Hazards Prevention Act, because the evidence in the some cases of complaints was not kept intact, the cause for complaints was often found as non-existent in field investigation. In other cases, because the complainants were unwilling to give their true names and the ways of contact with them, the concerned county or city health bureau could not handle these cases and could not make a reply. This was the major restriction to this plan. Therefore, how to strengthen the publicity and increase people's trust are also the challenges of the future.

Note : Through an open bidding, implementation of this project has been switched to an attorney office. The service of registering complaints by hotline is maintained, but the emphasis of the operation has been shifted to the provision of legal service. It Web site is: [This website ceases to function since Dec. 31,2008.](#)



▲Chinese homepage of the Taiwan Service Center for Complaints on Tobacco Hazard



▲English homepage of the Taiwan Service Center for Complaints on Tobacco Hazard

An Assessment of the Enforcement of the Tobacco Hazards Prevention Act

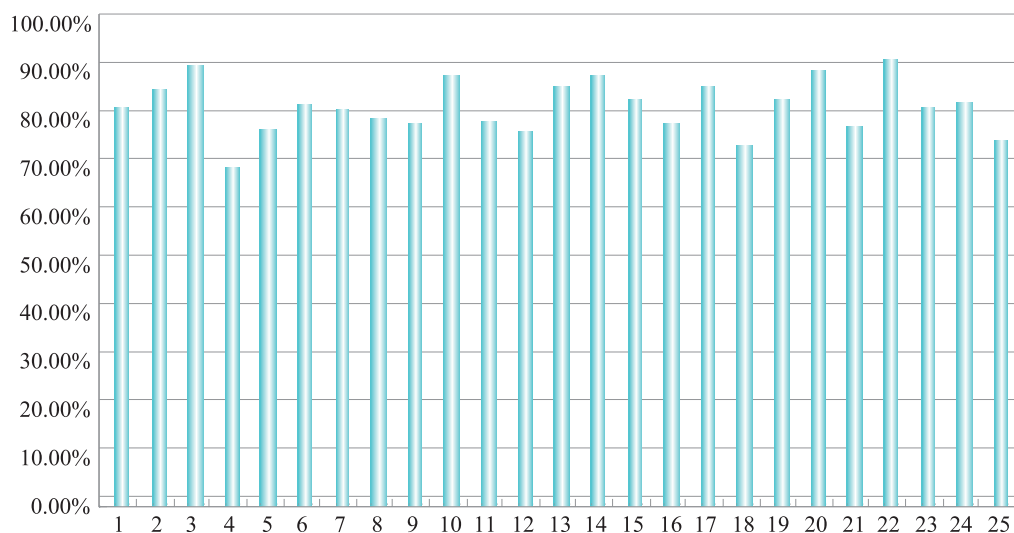
To understand the enforcement state of the Tobacco Hazards Prevention Act, the Bureau of Health Promotion entrusted the Consumer Cultural Foundation to make an assessment. The foundation recruited experts from government agencies, industry and academia to organize a small group to do the errand. They jointly worked out a set of standard and index for the assessment and went to the administrative districts of 25 counties and cities to discover the truth. They wanted to know the problems involved in the implementation of the law as well as the progress.

The task involved the establishment of index and method of assessment, and a test on selling tobacco to youth under the age of 18, and taking sample from three levels. This involved (1) the selection of xiang (rural districts), zhen (urban districts), and qu (a subdivision of a city) from 25 counties and cities, (2) selection of streets in a business district, and (3) selection of location according to standardized procedure. In the test on selling tobacco to youth under the age of 18, a disguised approach was used. College students wearing high school uniform were sent to shops to buy tobacco in order to test shopkeepers' responses. Altogether, 100 samples were completed.

It was found that 82.62% of the samples had met the provisions of the Tobacco Hazard Control Act in sales method, objects of sales, labeling, promotional advertising, and installation of smoke-free place, marking a 21% improvement compared with 2004. Taipei City, Taoyuan County and Chiayi City were outstanding among the counties and cities. In the way of selling tobacco, all the selling points had met the provisions of the law. About 97.7% had lived up to the standard for putting health warning and indicating nicotine and tar contents on the label, 96.7% had abided by the advertising provisions, 78.4% of the no-smoke locations had heeded the smoking ban, and 84% of the locations had divided their space into smoking and no-smoking areas (Figure 1). Anyhow, about 81% of the shops had violated the provisions of not selling tobacco to youth under 18 years of age. The breakdown was 67.7% by chain stores, 94.1% by betel nut stalls, and 90% by ordinary shops (Figure 2).

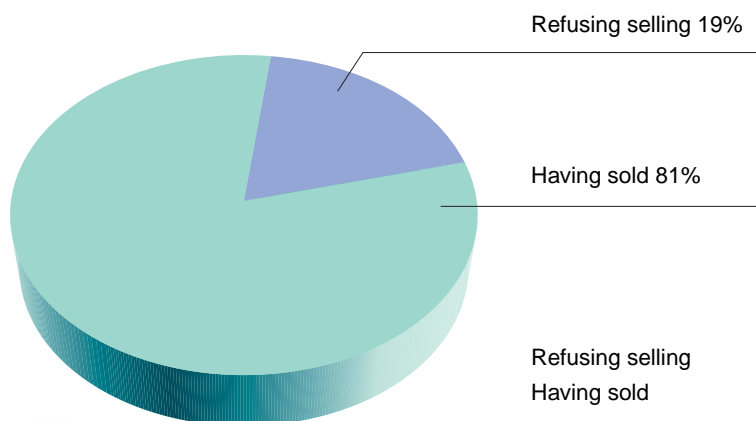
The 2005 survey showed that there was little discount for tobacco sold in counties and cities, nor was there the marketing way in which age of the buyer could not be identified, indicating the regulation prescribed under the Tobacco Hazards Prevention Act was effective. Smoking ban in the

Figure 1 : The Total Fulfillment Rate of Enforcing the Tobacco Hazards Prevention Act in 25 Counties and Cities



Code:
 01=Taipei County 02=Ilan County 03=Taoyuan County 05=Miaoli County 06=Taichung County
 07=Changhua County 08=Nantou County 09=Yunlin County 10=Chiayi County 11=Tainan County
 12=Kaohsiung County 13=Pingtung County 14=Taitung County 15=Hualien County 16=Penghu County
 17=Keelung City 18=Hsinchu County 19=Taichung City 20=Chiayi City 21=Tainan City
 22=Taipei City 23=Kaohsiung City 24=Kinmen County 25=Lienchiang County

Figure 2 : Test on Selling Tobacco to Smokers Under 18 – Proportion of Selling Shops to Not Selling Shops



5

Total Implementation of Tobacco Control by Local Governments

whole area or in a designated area was indicated in the no-smoke emblem. In the future, publicity should be strengthened and fines and penalty for violators should be included in the design of new emblems. This will increase the extent of cooperation and make people better aware of the Tobacco Hazards Prevention Act, so as to suppress the increasing rise of smoking among youngsters.

As the qualifying rate was the lowest in the category of selling tobacco to under-aged youth, the Bureau of Health Promotion has launched an education and publicity plan for chain stores. It is hoped this will make it difficult for a minor to buy tobacco and, hence, suppress the rising rate of junior smoking.

This plan can serve as a vital reference to the central authorities when they evaluate the enforcement of the Tobacco Hazards Prevention Act on county and city level. The result of the assessment under this plan will make the local authorities know their insufficiencies for improvement. This plan should be continued to bring to bear tobacco control in the counties and cities.



Anti-smoking publicity on a magazine



Conclusion



After four years' hard work, achievements have been made in tobacco control, either in reducing adult smoking rate or in enhancing people's smoke-free awareness. Yet, youth and woman smoking has increasingly become a problem urgently needing to be solved. In the future, our efforts will be directed at the following subjects: law and policy, organizational structure, human resources, communication media and education, treatment for smoke cessation, international exchange and cooperation, and research and surveillance. These are our goals:

1. Formulate sound policies and laws to safeguard people's health.
2. Enforce division of labor between central and local governments to strengthen the organization and working corps
3. Integrate public and private resources to cultivate manpower and raise its quality
4. Provide accessibly smoking-cessation service to support smokers' smoking-cessation effort
5. Promote a smoke-free culture by hammering on the health subject
6. Heighten Taiwan's international visibility to bring it in line with world trend



Tobacco control can benefit the family, the nation as well as an individual. It is the most important health topic of the twenty-first century. Taiwan is not a member of the United Nations, but unavoidably it has to join in the international column of tobacco control to fulfill its responsibility as a member of the international community. Our effort is made in response to the global trend and based on the belief that the pursuit of health is not conditioned on race and politics. We hope that, through this annual report, we can share our experience with our partners engaged in global tobacco control. Let us be never absent in the global war against tobacco and contribute our part to the health of all people in the world.



Smoke-free Home



Smoke-free Armed Forces



Smoke-free Restaurants



Smoke-free Working Places



Not Selling Tobacco to Youth under 18



Smoking Cessation Outpatient Service



Smoker's Helpline Service



Service Center for Complaints on Tobacco Hazards



NO SMOKING, YES TAIWAN

CHAPTER 1 General Provisions

- Article 1 This Act is specifically enacted to prevent and control the hazards of tobacco in order to protect the health of the people. Any matters not mentioned in this Act shall be governed by others laws and regulations.
- Article 2 For the purposes of this Act, the terms used herein are defined as follows:
- (1) "Tobacco products" refer to products which are made of or processed from tobacco plants, including cigarettes, cigars, cut tobacco, snuff, chewing tobacco and any other products made of tobacco.
 - (2) "Smoking" refers to smoking or chewing tobacco products or the act of carrying lit tobacco products.
 - (3) "Tobacco product containers" refer to boxes, cans and any other objects used to carry tobacco products.
- 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.
- Matters provided in this Act which concern or are related to the jurisdiction of other relevant organizations shall be handled by the competent authority at the central government level in conjunction with the relevant organizations.
- Article 4 The competent authority at each level shall set up a specific unit or appoint a specific individual to be fully responsible for the execution of matters concerning the prevention and control of tobacco hazards.

CHAPTER 2 Management of Tobacco Products

- Article 5 Tobacco products shall not be sold through automatic vending machines, by mail orders, electronic shopping or any other channels through which the age of the purchaser cannot be identified.
- Article 6 Tobacco products shall not be imported, manufactured or sold without prior approval by the relevant competent authority.
- Article 7 Tobacco product containers shall carry health warnings, in Chinese, in conspicuous places on the largest exterior surface.
- The health warnings referred to in the preceding paragraph and the method of display shall be prescribed by the competent authority at the central government level.
- Article 8 The level of nicotine and tar contained in the tobacco products shall be indicated, in Chinese, on the tobacco product container.
- The nicotine and tar levels referred to in the preceding paragraph shall not exceed the maximum amount. The maximum amount and testing method shall be determined by the competent authority at the central government level after consultation with the relevant agencies.
- Article 9 The following methods shall not be used for the promotion or advertising of tobacco products:
- (1) Advertising through radio, television, film, video, newspaper, billboard, poster, leaflet, notification, announcement, reference manual, sample, posting, display or in any other written, illustrated form or item.
 - (2) Using discount as a form of promotion.
 - (3) Using other items as gift or prize for selling tobacco products. However, situations where the price of the gift or prize is under one-quarter of the price of the tobacco products shall be excluded.
 - (4) Using tobacco products as gift or prize for the sale of other products.
 - (5) Packaging tobacco products together with other products for sale.
 - (6) Distributing tobacco products in individual form, in loose packs or packed.
 - (7) Sponsoring or organizing sports, cultural or any other events under the brand name of the tobacco products.
 - (8) Sponsoring or organizing testing events, concerts and lectures under the brand name of the tobacco products.
 - (9) Any other methods prohibited and announced by the competent authority at the central government level.
- Manufacturers, importers or retailers of tobacco products using periodicals as medium for the promotion and advertising of tobacco products shall not place more than one hundred and twenty items per year on the periodicals. In addition, such items shall not be placed in periodicals where the primary readers are juveniles under the age of eighteen.
- Manufacturers, importers or retailers of tobacco products may sponsor or organize various activities under the

name of the company. However, no tasting, selling or sales promotion of tobacco products may be conducted at the site of the activity.

Article 10 The display of tobacco products, placement of posters or demonstrating or explaining the tobacco products with words or illustrations at places where tobacco products are sold shall not be regarded as the promotion or advertising of the tobacco products referred to in the preceding article.

CHAPTER 3 Prohibition of Tobacco Use by Children and Minors

Article 11 Persons under eighteen years of age shall not smoke.
Parents and/or guardians shall forbid persons under eighteen years of age from engaging in the activities referred to in the preceding paragraph.

Article 12 Persons in charge of or employees responsible for the sale of tobacco products shall not supply tobacco products to persons under eighteen years of age.

CHAPTER 4 Places Where Tobacco Use Are Restricted

Article 13 Smoking is prohibited in the following places:

- (1) libraries, classrooms and laboratories;
 - (2) performance halls, auditoriums, exhibition rooms and conference halls (rooms);
 - (3) indoor gymnasiums and swimming pools;
 - (4) civil air-crafts, passenger buses, cable cars, taxis, ferry boats, elevators, closed-ventilation trains, stations and carriages of mass transit systems and any other closed-ventilation public transport systems;
 - (5) day care centers, kindergarten's;
 - (6) medical care institutions, nursing care institutions and any other medical institutions and welfare organizations for the disabled;
 - (7) the business areas of banks, post offices and offices of telecommunication businesses;
 - (8) places for the manufacturing, storage or sale of flammable and explosive items; and
 - (9) any other places designated and publicly announced by the competent authority at the central government level.
- The places set forth in the preceding paragraph shall carry conspicuous notices prohibiting the use of tobacco products.

Article 14 Smoking in the following places is permitted only in the designated smoking areas (rooms):

- (1) schools, social education halls, memorial halls, libraries, museums, art galleries, cultural centers;
- (2) opera houses, movie theaters and other places of performance;
- (3) tourist hotels, department stores, super-markets, shopping centers and restaurants with a floor area exceeding 200 square meters;
- (4) non-closed ventilation trains and ferry boats;
- (5) ticket offices and passenger waiting lobbies of train stations, ports and airports;
- (6) government offices and state-owned enterprises;
- (7) social welfare institutions; and
- (8) any other places designated and publicly announced by the competent authority at the central government level.

The smoking areas (rooms) referred to in the preceding paragraph shall be conspicuously segregated and marked.

Article 15 Persons in charge of government agencies, public and private businesses as well as persons in charge of or employees of the premises where smoking is prohibited shall persuade and stop those smoking in prohibited areas from doing so. Any other person on the scene may also persuade and stop those from smoking in the areas.

Article 16 The competent authorities at the municipal level and the county (city) level shall periodically send officials to inspect the facilities and management of the non-smoking and smoking areas (rooms) specified in paragraph 2, article 13 and paragraph 2, article 14.

CHAPTER 5 Education and Publicity on Tobacco Hazards

- Article 17 Organizations and schools shall actively conduct education and publicity on the hazards of tobacco.
- Article 18 Medical care institutions, mental health counseling institutions and public interest groups may provide counseling services on methods to stop smoking.
The competent authorities shall set incentive measures to the institutions referred to in the preceding paragraph that provide counseling services.
- Article 19 The image of smoking shall not be specifically emphasized in television programs, drama or theatrical performances, audio-visual singing and professional sports events.

CHAPTER 6 Penalties

- Article 20 Any person in violation of article 5 shall be penalized by a fine of not less than NT\$ 10,000 but not more than NT\$ 30,000. The violator shall be fined on a daily basis until the termination of the violating practices.
- Article 21 Any person in violation of paragraph 1, article 7, paragraph 1, article 8 or the method prescribed according to paragraph 2, article 7 shall be penalized by a fine of not less than NT\$ 100,000 but not more than NT\$ 300,000. The manufacturers, importers or retailers shall be notified to recall the tobacco products and make corrections within a specified period of time. Those who failed to comply within the specified period of time shall be ordered to suspend the manufacturing, importation or sale of tobacco products for six months to one year. The tobacco products found to be in violation shall be confiscated and destroyed.
- Article 22 Any person in violation of any one of the items of article 9 shall be penalized by a fine of not less than NT\$ 100,000 but not more than NT\$ 300,000. Violators who have been penalized for three times shall be ordered to suspend the manufacturing, importation or sale of tobacco products for six months to one year.
Advertisers or mass communication businesses which produce advertisements for tobacco products or accept them for broadcasting, dissemination or printing in violation of item 1 of article 9 shall be penalized by a fine of not less than NT\$ 50,000 but not more than NT\$ 150,000. A fine may be imposed for each violation.
- Article 23 Any person in violation of paragraph 1 of article 11 shall receive education on ways to stop smoking. The educational program referred to in the preceding paragraph shall be prescribed by the competent authority at the central government level.
- Article 24 Any person in violation of article 12 shall be penalized by a fine of not less than NT\$ 3,000 but not more than NT\$ 15,000.
- Article 25 Any person in violation of item 1 of article 13 or item 1 of article 14 by smoking in an area where it is prohibited and refuse to cooperate after persuasion as prescribed by article 15 shall be penalized by a fine of not less than NT\$ 1,000 but not more than NT\$ 3,000.
- Article 26 The violation of item 2 of article 13 or item 2 of article 14 by the failure to display signs prohibiting the use of tobacco products or the lack of distinctly segregated and indicated smoking and non-smoking areas shall be penalized by a fine of not less than NT\$ 10,000 but not more than NT\$ 30,000 and to make corrections within a specified period of time; failure to do so shall be penalized on a daily basis until the relevant corrections are made.
- Article 27 Where payment is overdue for an administrative fine imposed under this Act, the case shall be transferred to the court of justice for enforcement.
- Article 28 The cease and desist order issued by the competent authorities to suspend the manufacturing, importation or sales of tobacco products as prescribed by the provisions of this Act shall be transferred to the relevant government agency responsible for the particular business for enforcement.

CHAPTER 7 Supplementary Provisions

- Article 29 The enforcement rules of this Act shall be prescribed by the competent authority at the central government level after consultation with the relevant agencies.
- Article 30 This Act shall come into force six months from the date of promulgation.
The amendments to this Act shall come into force upon promulgation.

- Article 1 These Enforcement Rules are prescribed pursuant to Article 29 of the Tobacco Hazards Prevention Act (hereinafter referred to as “ the Act ”).
- Article 2 The competent authorities at all levels may consult with other pertinent agencies to establish joint investigation teams for the purpose of implementing the Act
- Article 3 Where the levels of nicotine and tar contained in a tobacco product exceed the maximum authorized amount provided in Paragraph 2, Article 8 of the Act, the competent authorities in the cities with provincial status and at the county (city) level shall, after investigation and report, turn over the case to the government agency in charge of the particular business to impose penalties on the manufacturer, the importer, or the retailer of the nonconforming product, pursuant to the pertinent laws governing the regulation of tobacco products.
- Article 4 The phrase “ the places where tobacco products are sold ” referred to in Article 10 of the Act means the places where tobacco products are displayed for sale.
- Article 5 Pursuant to Article 12 of the Act, the person in charge of or the employees handling the sale of tobacco products shall ask to see a proper identification where a customer's age is in doubt; the said person or employees shall not provide tobacco products to those who cannot or refuse to present a proper identification.
The person in charge of the sale of tobacco products shall set up, at conspicuous locations in the places where tobacco products are sold, warning signs with statements similar to the following: “ it is illegal to provide tobacco products to persons under the age of eighteen. ”
- Article 6 Pursuant to Paragraph 2, Article 13 of the Act, the non-smoking signs shall be placed at the entrances of or other conspicuous locations in the premises, with clearly visible graphics or text.
- Article 7 The smoking areas (rooms) provided in Paragraph 2, Article 14 of the Act refer to places with open and unobstructed air circulation or equipped with independent ventilation or air conditioning systems; the said areas (rooms) shall carry conspicuous warning signs with statements similar to the following: “ smoking area (room) ” or “ smoking is strictly prohibited except in this smoking area (room). ”
- Article 8 The officials from the competent authorities shall present proper identifications while conducting investigations or interdictions in pursuance of the Act.
Where a violation is ascertained, the said officials shall issue a charge notice on-site, which shall carry the signatures of the said officials and the violator or any other person on the scene; where the violator is absent, an official record shall be established as the basis for assessing penalties.
- Article 9 The penal provisions of the Act, which provide penalties by assessing fines, by obligating a violator to rectify a violation within a prescribed period of time or to recall a nonconforming tobacco product for rectification, by confiscating and destroying the said product, or by issuing a desist order to stop the manufacture, importation, or sales of the said product, shall be enforced by the competent authorities in the cities with provincial status and at the county (city) level.
The competent authorities in the cities with provincial status and at the county (city) level shall, after issuing a desist order to stop the manufacture, importation, or sales of the nonconforming tobacco product, submit the case pursuant to Article 28 of the Act to the competent authority at the central government level, which shall turn over the case to the government agency in charge of the particular business for enforcement.
- Article 10 The time periods of compliance for the penalties that obligate a violator to rectify a violation within a prescribed period of time, to recall a nonconforming tobacco product for rectification, or to pay an assessed fine shall be prescribed, according to the characteristics of each violation, by the competent authorities in the cities with provincial status and at the county (city) level. The prescribed time period of compliance in each case, however, shall not be more than sixty days.
- Article 11 These enforcement rules shall come into force upon promulgation.



Chapter 1 General Provisions

Article 1 Tobacco and alcohol products listed in this Act, whether manufactured domestically or imported from abroad, shall be subject to tobacco and alcohol tax in accordance with this Act.

Article 2 The definitions of terms used in this Act are as follows:

1. "Manufacture" includes activities related to manufacturing or re-packaging.
2. "Tobacco products" refers to products made, wholly or in part, with tobacco plants or other tobacco plant substitutes as ingredients, in a form suitable for smoking, chewing, keeping in the mouth or snuffing. Tobacco products are classified into the following categories:
 - (1) Cigarettes: tobacco products made by cutting tobacco plants into shreds which, after processing, are rolled with cigarette paper, with or without a filter added thereto.
 - (2) Cut tobacco: tobacco products made by cutting tobacco plants into shreds which, after processing, are suitable for smoking.
 - (3) Cigars: tobacco products made with cigar tobacco plants which, after processing, are wrapped and rolled into an elongated form by using filling leaves as buds and wrapping with center leaves and outer leaves, or non-leaf-rolled cigars made with cigar tobacco plants as the primary ingredients and having a distinctive cigar aroma.
 - (4) Other tobacco products: tobacco products other than cigarettes, cut tobacco or cigars.
3. "Alcohol products" refers to beverages having an alcohol content in excess of 0.5 percent by volume, or un-denatured ethyl alcohol and other ethyl products which can be used for manufacturing or preparing the aforesaid beverages. However, this does not include medicated wines as prescribed in Article 4 of the Tobacco and Alcohol Administration Act. Alcohol products are classified into the following categories:
 - (1) Brewed alcoholic beverages: following alcoholic beverages brewed from cereals, fruits or other plants containing starch or sugar, either by saccharification or not.
 - (i) Beer: saccharized and fermented carbonated alcoholic beverages brewed from malt and hops as primary ingredients, with or without other cereals or starch as supplementary ingredients; complementary plant ingredients may or may not be added.
 - (ii) Other brewed alcoholic beverages: Brewed alcoholic beverages other than beer, including various fruit-brewed alcoholic beverages, cereal-brewed alcoholic beverages and other alcoholic beverages made by using the brewing method.
 - (2) Distilled spirits: alcoholic beverages made with cereals, fruits or other plants containing starch or sugar as ingredients upon fermentation and distillation, after or without saccharification.
 - (3) Reprocessed alcoholic beverages: alcoholic beverages made by using ethyl alcohol, brewed alcoholic beverages or distilled spirits as the base liquor, and adding supplemental ingredients of a zoological or botanical nature, herbs or minerals or other food additives for purposes of seasoning. Extracts of added ingredients should not be less than or equal to 2% of total volume.
 - (4) Rice spirits: distilled spirits made from rice utilizing the Amyl Process. This process involves cooking, saccharification, fermentation, distillation and blending with ethyl alcohol. Alcohol content of the produced spirits does not exceed 20% of the total volume, and the label on the container shall specify for cooking use only.

(5) Cooking alcoholic beverages: alcoholic beverages utilizing liquor made from cereals or other starch-containing plants added with ethyl alcohol after saccharification as a base, or utilizing brewed alcoholic beverages, distilled spirits or ethyl alcohol directly as a base; with a salt content of more than 0.5% of the total volume, and with or without other flavors.

(6) Other alcoholic beverages: alcoholic beverages other than those specified in items (1) to (5), including powder liquors, honey liquors and other unlisted liquors.

(7) Ethyl alcohol: un-denatured ethyl alcohol with an alcohol content in excess of 80 percent of the total volume.

4. "Alcohol content" refers to the volume percentage of ethyl alcohol at 20 degree Celsius.

Article 3 Tobacco and alcohol tax shall be levied upon removal of tobacco or alcohol products from the factory or upon importation.

The taxable tobacco or alcohol products shall be deemed as "removal from the factory" in any of the following conditions:

1. Goods provided in the factory for consumption.
2. Goods processed in the factory into non-taxable products.
3. Goods in the factory transferred to another person upon the court's compulsory execution or for other purposes.
4. Goods in stock when the manufacturer applies for de-registration.

Article 4 The taxpayers of tobacco and alcohol tax are as follows:

1. For tobacco and alcohol products manufactured domestically: the manufacturer.
2. For tobacco and alcohol products manufactured on consignment basis: the consigned manufacturer.
3. For tobacco and alcohol products imported from abroad: the receiver of the goods, the holder of the bill of lading or the holder of the goods.
4. For untaxed tobacco and alcohol products auctioned off by the court or other agencies: the purchaser.
5. For exempted tobacco and alcohol products, which are resold or used for other purposes, having lost their tax-exempt status and on which tax shall be paid: the holder of the goods.

For the tobacco and alcohol products specified in subparagraph 2 of the preceding paragraph, if the consignor is a manufacturer of taxable tobacco or alcohol products, the consignor may apply to the competent tax collection authority for taking the consignor as taxpayer.

Article 5 Tobacco or alcohol products which meet any of the following conditions shall be exempt from tobacco and alcohol tax:

1. Goods used for the manufacturing of other taxable tobacco or alcohol products.
2. Goods exported abroad.
3. Goods used for exhibition purposes and following the exhibition, either taken back in its original form to the factory or exported.
4. Goods brought in from abroad as personal effects by either travelers or crewmembers for personal use, whose quantity does not exceed the limitation prescribed by the government.

Article 6 The tobacco or alcohol tax paid on tobacco and alcohol products which meet any of the following conditions shall be refunded:

1. Goods exported abroad.
2. Goods used as raw materials for manufacturing export goods.
3. Goods returned to the factory for reprocessing or refining into taxable tobacco or alcohol products.
4. Goods destroyed due to damage or the quality not conforming to the standard prescribed by the government.
5. Goods physically destroyed by flood, fire or other uncontrollable force while in transit or storage.

Chapter 2 Taxable Items and Tax Amounts

Article 7 The taxable tobacco products and their corresponding tax amounts are as follows:

1. Cigarettes: NT\$ 590 per 1000 sticks.
2. Cut tobacco: NT\$ 590 per kilo.
3. Cigars: NT\$ 590 per kilo.
4. Other tobacco products: NT\$ 590 per kilo.

Article 8 The taxable alcohol products and their corresponding tax amounts are as follows:

1. Brewed alcoholic beverages:
 - (1) Beer: NT\$ 26 per litre.
 - (2) Other brewed alcoholic beverages: NT\$ 7 per litre, per degree of alcohol content.
2. Distilled spirits: NT\$ 185 per litre.
3. Reprocessed alcoholic beverages: alcohol content exceeding 20% by volume at NT\$ 185 per litre; alcohol content less than 20% by volume at NT\$ 7 per litre per degree of alcohol content.
4. Rice spirits:
 - (1) Starting from the year 2000: NT\$ 90 per litre;
 - (2) Starting from the year 2001: NT\$ 120 per litre;
 - (3) Starting from the year 2002: NT\$ 150 per litre;
 - (4) Starting from the year 2003: NT\$ 185 per litre.
5. Cooking alcoholic beverages: NT\$ 22 per litre.
6. Other alcoholic beverages: NT\$ 7 per litre per degree of alcohol content.
7. Ethyl alcohol: NT\$ 11 per litre.

Chapter 3 Tax Collection

Article 9 In addition to obtaining a permit in accordance with the relevant provisions of the Tobacco and Alcohol Administration Act, tobacco or alcohol manufacturers shall, prior to commencing manufacture, apply to the competent tax collection authority at the place where the factory is located for registration as a tobacco or alcohol manufacturer and for its tobacco and alcohol products.

Article 10 Where there is a change to any registered items of the manufacturer, or where there is a merger, transfer of

ownership, dissolution or discontinuance, the manufacturer shall apply to the competent tax collection authority for amendment or cancellation of the registration and shall pay the tax payable within 15 days from the day the event takes place.

Article 11 The manufacturer shall, according to regulation, set up and keep account books, evidential documents and relevant records sufficient for the accurate calculation of tobacco and alcohol tax.

Article 12 The manufacturer shall pay to the government treasury, prior to the 15th of the following month, the tax payable on the tobacco or alcohol products removed from the factory in the current month, and file with the competent tax collection authority a tax return in the form prescribed by the Ministry of Finance, setting out the tax payable and attaching the tax payment receipt thereto. This provision also applies to the case where there is no tax payable.

In the case of importation of taxable tobacco or alcohol products, the taxpayer shall file a report with the customs office, and the tobacco or alcohol tax shall be collected by the customs office on behalf of the competent tax collection authority.

In the case of untaped tobacco or alcohol products auctioned off by the court or other agencies, tax shall be paid to the competent tax collection authority at the place where the tobacco or alcohol products are located prior to delivery thereof.

Article 13 Any additional tax payable and surcharges for belated filing or non-filing as provided in this Act shall be made known to the taxpayer by the competent tax collection authority through a payment notice demanding payment to the government treasury within 15 days following receipt of the notice.

Article 14 If the manufacturer does not pay the tax payable and file the report required within the prescribed time limit, as prescribed in Article 12, paragraph 1, the competent tax collection authority shall immediately notify the manufacturer to pay or file within 3 days. If the manufacturer still fails to do so within the specified time limit, the competent tax collection authority shall immediately proceed to investigate and, where there is tax payable, assess the tax payable. If the manufacturer does not pay the assessed tax within the prescribed time limit, the competent tax collection authority may prohibit the manufacture from removing the tobacco or alcohol products from the factory until the tax is fully paid.

Article 15 In the event that a tobacco or alcohol case is suspected of tax evasion, the competent tax collection authority shall state the facts and apply to the judicial authority to issue a search warrant and, in conjunction with the local police or self-governing personnel, enter the premises where the account books, documents or evidence are kept in order to conduct a search. During the search, persons who are not personnel of the aforesaid agencies shall not be allowed to participate in it. The relevant account books, documents or evidence obtained from the search shall all be taken back by the personnel participating in the search to the said tax collection authority for processing according to act.

When the judicial authority receives the application referred to in the preceding paragraph from the tax collection authority and considers it reasonable, it shall promptly issue the search warrant; the tax collection authority shall complete the search within 10 days after the search warrant has been issued and shall return the search warrant to the judicial authority.

Chapter 4 Penalties

Article 16 In any of the following circumstances, the taxpayer shall be subject to a fine of not less than NT\$10,000 but not more than NT\$50,000, in addition to being notified to comply with the requirements or make corrections; a continuous fine may be imposed if the correction is not made within the specified time limit.

1. Failing to apply for registration as prescribed in Articles 9 or 10.
2. Failing to make statements or making false statements as prescribed in the Tobacco and Alcohol Tax Collection Regulation.
3. Failing to set up and keep account books, evidential documents and relevant records as prescribed in Article 11.

Article 17 Where the manufacturer fails to file a tax return within the time limit prescribed in Paragraph 1 of Article 12 but has filed the tax return and paid the Tobacco and Alcohol Tax and the Health and Welfare Surcharge owed within the time limit as prescribed in Article 14 upon the notification of the competent tax collection authority, a surcharge of one percent for belated filing shall be added to the total amount of the Tobacco and Alcohol Tax and the Health and Welfare Surcharge owed; the amount of such surcharge shall not exceed NT\$100,000 but shall not be less than NT\$10,000.

Where the manufacturer still fails to file the return and pay the Tobacco and Alcohol Tax and the Health and Welfare Surcharge owed within the time limit as prescribed in Article 14, a surcharge of two percent for non-filing shall be added to the total amount of the Tobacco and Alcohol Tax and the Health and Welfare Surcharge owed as assessed by the competent tax collection authority upon investigation; the amount of such surcharge shall not exceed NT\$200,000 but shall not less than NT\$ 20,000.

Where the manufacturer as referred to in the preceding two paragraphs has no Tobacco and Alcohol Tax and Health and Welfare Surcharge owing, the surcharge shall be NT\$5,000 for belated filing and NT\$10,000 for non-filing.

Article 18 A taxpayer who fails to pay the tax payable, surcharges for belated filing or non-filing within the prescribed time limit shall be subject to a surcharge for belated payment from the day following the date on which the time limit for payment expires, calculated at one percent of the surcharge amount for every two days of delay. If payment is not made beyond a delay of 30 days, the case shall be sent to the court for compulsory execution.

Any amount of tax payable or surcharges for belated filing, non-filing and belated payment not paid thirty days after the time limit as provided in preceding paragraph shall be subject to interest, calculated on a daily basis at the interest rate set for a one-year time deposit by the Bureau of Postal Savings and Remittances. The period of time, during which interest shall be charged, shall start from the date following the date of expiration of the belated payments time period, until the date the taxpayer makes the payment or until the date the court executes compulsory collection.

Article 19 In any of the following circumstances, the taxpayer shall be pursued for payment of taxes and fined from 1 to 3 times the amount of tax evaded:

1. Manufacturing taxable tobacco or alcohol products and removing the goods from the factory without applying for registration as prescribed in Article 9.
2. Manufacturing taxable tobacco or alcohol products and removing the goods from the factory within the

time limit, as prescribed in Article 14, during which goods are forbidden to be removed from the factory.

3. Failing to declare imported goods and pay the tobacco and alcohol tax and the Health and Welfare Surcharge at the time of importation.
4. Failing to pay the tobacco and alcohol tax and the Health and Welfare Surcharge while selling or using exempt goods for a purpose not originally intended.
5. The quantities of raw materials or finished products in stock differ from those recorded in the account books.
6. Failing to report or under-reporting the taxable quantity of the goods.
7. Falsely reporting the classification of tobacco or alcohol products.
8. Other evasion of the Tobacco and Alcohol Tax and the Health and Welfare Surcharge.

Chapter 5 Supplementary Provisions

Article 20 Matters pertaining to registration and tax collection, as set forth in this Act, shall be governed by the Tobacco and Alcohol Tax Collection Regulations prescribed by the Ministry of Finance and promulgated upon the approval of the Executive Yuan.

Article 21 The rice spirits which constituted a monopoly prior to the implementation of this Act shall be sold at the regulated price under the TTWMB regime. If the selling price of the aforementioned rice spirits is higher than the regulated price, the vendor shall be subject to a penalty of NT\$2,000 per bottle.

Article 22 The Health and Welfare Surcharge shall be imposed on tobacco products as follows:

1. Cigarettes: NT\$500 per 1,000 sticks.
2. Cut tobacco: NT\$500 per kilogram.
3. Cigars: NT\$500 per kilogram.
4. Other tobacco products: NT\$500 per kilogram.

The aforementioned Health and Welfare Surcharge amounts shall be subject to a review two years after the implementation of this Act.

The funds accumulated from the collected surcharge shall be apportioned as follows: ninety percent shall be placed in the safety reserve of the National Health Insurance Program with the remaining ten percent being used for the implementation of tobacco hazard-related preventive measures at both national and provincial levels of government, for the promotion of social welfare, for the audit of illegal tobacco products, for the prevention of tax evasion in relation to tobacco products, and for public health programs.

The regulation of distribution and utilization in dealing with the collected surcharge shall be formulated by the competent authority of the central government within one year following the enactment of this Act, and shall be submitted to the Legislative Yuan for examination.

Article 22-1 Articles 3 to 6 and the rules of tax collection, taxpayers, exemption, refund and enforcement prescribed in Chapter 3 shall apply mutates mutandis to the Health and Welfare Surcharge.

Article 23 This law shall come into force from the date determined by the Executive Yuan.

Implementation of the amendments made to Articles of this law shall come into force when determined by the Executive Yuan, except in the case of those Articles amended on 12th June, 2002.

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