

The FCTC in Taiwan



September 2007

CONTENTS

Reporting Instrument -----	1
Annex 1 “Smoking Rate on Youth Groups” Supplementary Information -----	19
Annex 2 “Taxation” Supplementary Information-----	20
Annex 3 “Price and Tax Measures to Reduce the Demand for Tobacco” Supplementary Information -----	22
Annex 4 “Regulation of Tobacco Product Disclosures” Supplementary Information-----	24
Annex 5 “Illicit Trade in Tobacco Products” Supplementary Information -----	25
Annex 6 “Regulations Related to Sales to and by Minors” Supplementary Information ----	26
Annex 7 ”Regulation of the Contents of Tobacco Products” Supplementary Information --	30
Annex 8 “Packaging and Labelling of Tobacco Products” Supplementary Information-----	31
Annex 9 “Tobacco Advertising, Promotion and Sponsorship” Supplementary Information	33
Annex 10 “Developed and Implemented Comprehensive Multisectoral National Tobacco Control Strategies, Plans and Programmes” Supplementary Information -----	34
Annex 11 “Education, Communication, Training and Public Awareness 12(a)(b)(c)(d)” Supplementary Information -----	36
Annex 12 “Demand Reduction Measures Concerning Tobacco Dependence and Cessation” Supplementary Information -----	39
Annex 13 “Provision of Support for Economically Viable Alternative Activities” Supplementary Information -----	41
Annex 14 “Research, Surveillance, and Exchange of Information 20.1(a)(b), 20.2, 20.3(a), 20.4(a)(b)” Supplementary Information -----	42
Annex 15 “Education, Communication, Training and Public Awareness 12(d)(f)” Supplementary Information -----	45
Annex 16 “Demand Reduction Measures Concerning Tobacco Dependence and Cessation 14.2(a)” Supplementary Information-----	47
Annex 17 “Technical and Financial Assistance” Supplementary Information -----	50

REPORTING INSTRUMENT

1. Origin of the report

(a) Name of Country	Taiwan
(b) Information on National Contact/Focal Point	
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(c) Information on contact officer submitting the national report if different from the above	
Name and title of contact officer	Mei-Ling Hsiao, Director-General, Bureau of Health Promotion, Department of Health, Taiwan
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Telephone number	886-2-29978616
Fax number	886-2-29985602
E-mail	hsiao@bhp.doh.gov.tw
(d) Signature of the officer responsible for submitting report	
Name and title of officer	Sheng-Mou Hou, Minister
Full name of the institution	Department of Health, Taiwan
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(e) Period reported	January 2005 - September 2007
(f) Date the report was submitted	September 2007

2. Demographics

(a) Age and sex:

Year (latest available)	Age groups ¹	Percentage of <i>male</i> population	Percentage of <i>female</i> population	Percentage of <i>total</i> population
2006	18-29	19.43%	19.08%	19.26%
2006	30-39	16.02%	16.21%	16.11%
2006	40-49	16.32%	16.55%	16.44%
2006	50-64	15.50%	16.24%	15.87%
2006	65 and older	9.75%	10.25%	10.00%

(b) Ethnicity (optional)—**No Data**

Name of ethnic group	Percentage of total population

3. Tobacco use

i. **Prevalence** (ref. **Article 19.2(a)**, **Article 20.2** and **Article 20.3(a)**)

(a) Smoking tobacco:

Definitions –

Daily smokers: Persons who reported ever smoked at least 100 cigarettes and who currently smoke every day of the past 30 days

Occasional smokers: Persons who reported ever smoked at least 100 cigarettes and who currently smoke on some days of the past 30 days

	Age groups (Adults) 18-29	Tobacco products included	Year of data (latest available)	Prevalence (%)
Males				
Daily smokers		cigarettes	2006	28.42
Occasional smokers		cigarettes	2006	6.18

¹ Preferably by 10-year categories; e.g. 25-34, 35-44, etc.

Females				
Daily smokers		cigarettes	2006	3.76
Occasional smokers		cigarettes	2006	1.50
Total (males and females)				
Daily smokers		cigarettes	2006	17.36
Occasional smokers		cigarettes	2006	4.09

	Age group (Adults) 30-39	Tobacco products included	Year of data (latest available)	Prevalence (%)
Males				
Daily smokers		cigarettes	2006	38.01
Occasional smokers		cigarettes	2006	9.66
Females				
Daily smokers		cigarettes	2006	4.15
Occasional smokers		cigarettes	2006	1.54
Total (males and females)				
Daily smokers		cigarettes	2006	20.57
Occasional smokers		cigarettes	2006	5.48

	Age group (Adults) 40-49	Tobacco products included	Year of data (latest available)	Prevalence (%)
Males				
Daily smokers		cigarettes	2006	39.59
Occasional smokers		cigarettes	2006	5.63
Females				
Daily smokers		cigarettes	2006	2.63
Occasional smokers		cigarettes	2006	1.35
Total (males and females)				
Daily smokers		cigarettes	2006	20.99
Occasional smokers		cigarettes	2006	3.48

	Age group (Adults) 50-64	Tobacco products included	Year of data (latest available)	Prevalence (%)
Males				
Daily smokers		cigarettes	2006	32.12
Occasional smokers		cigarettes	2006	6.26
Females				
Daily smokers		cigarettes	2006	1.66
Occasional smokers		cigarettes	2006	0.73
Total (males and females)				
Daily smokers		cigarettes	2006	16.64
Occasional smokers		cigarettes	2006	3.45

	Age group (Adults) 65 and older	Tobacco products included	Year of data (latest available)	Prevalence (%)
Males				
Daily smokers		cigarettes	2006	26.87
Occasional smokers		cigarettes	2006	5.36
Females				
Daily smokers		cigarettes	2006	2.37
Occasional smokers		cigarettes	2006	0.22
Total (males and females)				
Daily smokers		cigarettes	2006	16.66
Occasional smokers		cigarettes	2006	3.22

	Age group (Adults) 18 and older	Tobacco products included	Year of data (latest available)	Prevalence (%)
Males				
Daily smokers		cigarettes	2006	32.80
Occasional smokers		cigarettes	2006	6.71
Females				
Daily smokers		cigarettes	2006	2.96
Occasional smokers		cigarettes	2006	1.16

Total (males and females)				
Daily smokers		cigarettes	2006	18.12
Occasional smokers		cigarettes	2006	3.98

If available, please provide the average number of cigarettes smoked per day by the smoking population:

Definitions –

Smokers: Persons who reported ever smoked at least 100 cigarettes and who currently smoke every day or on some days of the past 30 days

	Age groups (Adults) 18-29	Tobacco products included	Year of data (latest available)	Average number of cigarettes smoked per day
Male smokers		cigarettes	2006	19.13
Female smokers		cigarettes	2006	14.40
Total smokers		cigarettes	2006	18.64

	Age group (Adults) 30-39	Tobacco products included	Year of data (latest available)	Average number of cigarettes smoked per day
Male smokers		cigarettes	2006	19.70
Female smokers		cigarettes	2006	12.51
Total smokers		cigarettes	2006	18.95

	Age group (Adults) 40-49	Tobacco products included	Year of data (latest available)	Average number of cigarettes smoked per day
Male smokers		cigarettes	2006	23.01
Female smokers		cigarettes	2006	14.71
Total smokers		cigarettes	2006	22.37

	Age group (Adults) 50-64	Tobacco products included	Year of data (latest available)	Average number of cigarettes smoked per day
Male smokers		cigarettes	2006	24.37
Female smokers		cigarettes	2006	16.94
Total smokers		cigarettes	2006	24.05

	Age group (Adults) 65 and older	Tobacco products included	Year of data (latest available)	Average number of cigarettes smoked per day
Male smokers		cigarettes	2006	19.55
Female smokers		cigarettes	2006	13.16
Total smokers		cigarettes	2006	19.19

	Age group (Adults) 18 and older	Tobacco products included	Year of data (latest available)	Average number of cigarettes smoked per day
Male smokers		cigarettes	2006	21.00
Female smokers		cigarettes	2006	13.86
Total smokers		cigarettes	2006	20.40

(b) Smokeless tobacco, including snuff and chewing tobacco (optional) – **No Data**

(c) If prevalence data is appropriate and available for ethnic groups, please provide.—**No Data**

(d) If prevalence data is appropriate and available for youth groups, please provide.

Definitions –

Prevalence: Persons who reported ever smoked cigarettes during the past 30 days

	Youth groups ² 15-17	Tobacco products included	Year of data (latest available)	Prevalence ³ (%)
Males		cigarettes	2005	20.73
Females		cigarettes	2005	7.84

Date resource: Program of Survey on the Smoking Behavior of Senior High and Vocational School Students (Annex 1)

⁵ Definitions to be provided by the Parties.

³ Parties should provide definition for youth smoking; e.g. at least one cigarette in the past 30 days.

ii. Supply

- (a) Licit supply of tobacco (ref. **Article 20.4(c)** and **Article 15.4(a)**) in accordance with **Article 15.5**)

	Domestic production	Exports	Imports
Year (latest available)	2006	2006	2006
Quantity (thousand of cigarettes)	16,718,857	948,435	24,827,182
Quantity (kilograms of cigars)	0	0	33,644

Note: licit supply = domestic production + (imports - exports)

Year of 2006, licit supply of cigarettes = 40,597,604 thousand of cigarettes

Year of 2006, licit supply of cigars = 33,644 kilograms

- (b) Please provide information regarding duty-free sales volumes, if available.

Statistics of duty-free sales are not available. However, according to Article 11.1(1) of Regulations Governing the Declaration, Inspection, Duty and Release of Personal Luggage or Goods of Inward Passengers, inward passengers are permitted to bring in without duty 200 cigarettes or 25 cigars or one pound of cut tobacco; this permission is for adults above the age of 20 only.

- (c) Seizures of illicit tobacco (ref. **Article 15.4(a)**) in accordance with **Article 15.5**)

	Year (latest available)	Quantity seized (specify unit, e.g., millions of pieces)
Cigarettes(latest available)	2006	132,136 thousand of cigarettes
Other tobacco products (optional; please specify product) :	none	none

- (d) Please provide information regarding illicit or smuggled tobacco (optional) (ref. **Article 15.4(a)**) in accordance with **Article 15.5**).

1. Cigarettes are smuggled into Taiwan primarily from the mainland China, North Korea and the Southeast Asian areas. In the past, the cigarettes smuggled in were mainly original cigarettes not properly declared for customs duty. In the recent years, with increase in cigarettes price, the original cigarettes have been replaced by counterfeit ones. Changchou of FuJian Province is the primary place of production of the counterfeit cigarettes smuggled into Taiwan.
2. Davidoff, Mi-ne and Mild Seven are the most cigarettes smuggled. The domestically manufactured cigarettes, the Long Life, are also a popular brand.
3. Cigarettes smuggled in are mainly sold at traditional markets, street vendors, betel nut stands, night markets, bars, KTVs and pubs.
4. Methods of smuggling uncovered in the years have been through carrying secretly in

containers, carrying secretly by fishing boats, and dropping in outer seas.

5. To face the problems of cigarettes smuggling, the customs authorities have increased the inspection rates of imported tobacco products; strengthened the monitoring and investigations of containers in transit; intensified spot-checking and inspections of inbound containers and containers in transit; strengthened inspections and seizures on seas; exchanged information with foreign customs; and increased awards for reporting.

4. Taxation

(a) Please provide your rates of taxation for tobacco products for all levels of government, and be as specific as possible (specify the type of tax: excise, VAT or sales, import duties) (ref. **Article 6.3**).

1. Tax on Domestically Manufactured Tobacco Products

- 1) Tobacco tax: levied in accordance with Article 7 of the Tobacco and Alcohol Tax Act as follows:

- (1) Cigarettes: NT\$ 590 per 1,000 sticks
- (2) Cut tobacco: NT\$ 590 per kilogram
- (3) Cigars: NT\$ 590 per kilogram
- (4) Other tobacco products: NT\$ 590 per kilogram

- 2) Health and Welfare Surcharge on tobacco products: levied in accordance with Article 22 of the Tobacco and Alcohol Tax Act 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

- 3) Business tax: levied in accordance with Article 10 and Article 41 of the Value-added and Non-value added Business Tax Act as follows:

Business tax = (amount sold) x business tax rate (5%)

Therefore, tax of the domestically manufactured tobacco products = (1) + (2) + (3)

2. Formulas for Tax Levied on Imported Tobacco Products

- 1) Tobacco product tax: levied in accordance with Article 7 of the Tobacco and Alcohol Tax Act; items and amounts of tax are as follows:

- (1) Cigarettes: NT\$ 590 per 1,000 sticks
- (2) Cut tobacco: NT\$ 590 per kilogram
- (3) Cigars: NT\$ 590 per kilogram
- (4) Other tobacco products: NT\$ 590 per one kilogram

- 2) Health and Welfare Surcharge on tobacco products: levied in accordance with Article 22 of the Tobacco and Alcohol Tax Act 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

- 3) Business tax: levied in accordance with Article 10 and Article 41 of the Value-Added and Non-Value Added Business Tax Act as follows:

Business tax = (price after customs duty + customs duty + tobacco tax) x business tax rate (5%)

- 4) Customs duty: Tax is levied in accordance with rates specified in the customs import duty regulations to levy tax by price. The formula is:

Customs duty = (price of tobacco products after tax) x tax rate (cigarettes:27%, cigars:20%)

The price after tax is used as a basis for the calculation of customs duty, commodity tax, service fees for the promotion of trade, and business tax.

- 5) Service fees for the promotion of trade: (price of commodity after tax) x 0.04%

Therefore, the duty of imported tobacco products = (1) + (2) + (3) + (4) + (5)

- (b) Please attach the relevant documentation (ref. **Article 6.3**). (Please provide documentation in one of the six official languages, if available.)

1. General Rules of the Customs Import Tariff, Rule 2
 2. Tobacco and Alcohol Tax Act, Article 7 and Article 22
 3. Value-added and Non-value-added Business Tax Act, Article 10 and Article 41
(Annex 2)

- (c) Please provide retail prices for the three most popular brands of domestic and imported tobacco products in your jurisdiction, and the relevant year (ref. **Article 6.2(a)**).

Domestic tobacco products	Retail Prices(NTD)	Year
Long Life Mild	40	2006
Long Life Classic	40	2006
Gentle 7	45	2006

Imported tobacco products	Retail Prices(NTD)	Year
Mild Seven Original	60	2006
Mi-ne Original	75	2006
Mild Seven Lights	60	2006

5. Legislative, executive, administrative and other measures

i. Core questions

It should be noted that the measures identified below are not exhaustive, but reflect the spirit and intent of the Convention.

Please check yes or no. For affirmative answers, you are asked to attach a brief summary and the relevant documentation. (Please provide documentation in one of the six official languages, if available.)

Article	Pursuant to Article 21.1(a) , have you adopted and implemented legislative, executive, administrative and/or other measures on:	Yes (please attach a brief summary and relevant documentation)	No	
Price and tax measures to reduce the demand for tobacco				
6.2(b)	Prohibiting or restricting sales to and/or importations by international travellers of tax- and duty-free tobacco products? (Annex3)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Protection from exposure to tobacco smoke		Full/Partial/None		
8.2	in indoor workplaces?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	- government buildings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- health care facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- educational facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- private workplaces	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	- other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	in public transport?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	in indoor public places?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	- cultural facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- bars and night clubs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	- restaurants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	- other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you responded "Partial" to the measures outlined in Article 8.2, please provide specific details of the partial ban here: The Amendments to the Tobacco Hazards Prevention Act (announced in July 2007, applicable in 2009) Article 15 Smoking shall be <u>completely prohibited</u> in the following places: (1) Schools with the level of senior high school and below, and other places with purposes mainly for education or activities for children and teenagers; (2) Colleges, universities, libraries, museums, art galleries and other indoor places where cultural or social education institutions are located; (3) Places where medical care institutions, nursing care institutions, other medical institutions and social welfare institutions are located. Welfare institutions for senior citizens that have smoking areas with independent air conditioning systems and individual compartments as well as the outdoor areas are not subject to the provision of this subparagraph; (4) Indoor areas where governmental offices and state-run business offices are located; (5) Public transport systems, taxis, tour buses, mass rapid transit systems, stations and passenger waiting rooms; (6) Places where inflammable or explosive items are produced, stored or sold; (7) Business locations such as financial institutions, post offices, and telecommunication companies;				

- (8) Places that accommodate indoor physical training, sport or workout;
- (9) Classrooms, libraries, laboratories, performance halls, auditoriums, exhibition rooms, conference halls (rooms) and elevators;
- (10) Indoor areas of opera houses, cinemas, audio-visual businesses, information entertainment businesses, and other public leisure entertainment locations;
- (11) Indoor areas of hotels, shopping malls, restaurants or other public shopping locations; with the exception that smoking rooms with independent air conditioning systems and individual compartments, restaurants with semi-outdoor open space, cigar houses, bars and audio-visual businesses which are open only after 9 pm and are only open to persons above 18 years of age are not subject to the provision of this subparagraph;
- (12) Indoor workplaces where three or more persons work together;
- (13) Any other indoor areas for public use as well as places and transport systems announced to be smoke-free by the competent authority at all levels.

All the places indicated above shall set up conspicuous smoking prohibition signs and shall not provide any instrument related to smoking.

The areas, facilities, and installment regulations of the indoor smoking rooms specified in the proviso of the third item and the eleventh item shall be prescribed by the competent authority of the central government.

Article 16 In the following places, smoking is prohibited unless it is conducted within the designated smoking areas. In the places where no smoking areas are installed, smoking is completely prohibited.

- (1) Outdoor areas of places where colleges, universities, libraries, museums, art galleries, or any other cultural or social education institutions are located;
- (2) Outdoor stadiums, swimming pools, or any other outdoor areas for the use of public leisure activities and entertainment;
- (3) Outdoor areas of places where welfare institutions for senior citizens are located;
- (4) Any other places and transport systems announced by the competent authority at all levels.

In the places specified in the preceding paragraph, conspicuous signs of smoking prohibition or signs that indicate smoking are only permitted in the designated smoking areas shall be placed. Except for the designated smoking areas, instruments related to smoking shall not be provided in other places.

The installment of smoking areas specified in the first paragraph shall conform to the regulations below:

- (1) There shall be conspicuous signs in the smoking areas;
- (2) The square measure of the smoking area shall not be larger than half of the outdoor area of the place. The smoking area shall not be installed on a necessary passing route of the place.

Regulation of tobacco product disclosures (Annex4)

10	Requiring manufacturers and/or importers of tobacco products to disclose to governmental authorities information about contents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Illicit trade in tobacco products (Annex5)

15.2(a)	Requiring marking of packaging to assist in determining the origin of the product?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	and to assist in determining whether the product is legally for sale on the domestic market?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15.3	Requiring that marking is in legible form and/or appear in its principal	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	language or languages?		
15.4(b)	Enacting or strengthening legislation against illicit trade in tobacco products?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15.4(e)	Enabling the confiscation of proceeds derived from the illicit trade?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15.7	Licensing or other actions to control or regulate production and distribution?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sales to and by minors (Annex6)			
16.1	Prohibiting the sales of tobacco products to minors?	<input checked="" type="checkbox"/> Specify legal age: 18	<input type="checkbox"/>
16.2	Prohibiting or promoting the prohibition of the distribution of free tobacco products to the public and especially minors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16.3	Prohibiting the sale of cigarettes individually or in small packets?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16.6	Providing for penalties against sellers and distributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16.7	Prohibiting the sales of tobacco products by minors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Liability			
19.1	Dealing with criminal and civil liability, including compensation where appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ii. Optional questions

It should be noted that responses to these questions are not required at the time of Group 1 reports, but may be answered at this time if applicable.

Article	Have you adopted and implemented legislative, executive, administrative and/or other measures on:	Yes (please attach a brief summary and relevant documentation)	No
Regulation of the contents of tobacco products (Annex7)			
9	Testing and measuring the contents of tobacco products?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Testing and measuring the emissions of tobacco products?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Regulating the contents of tobacco products?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Regulating the emissions of tobacco products?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Packaging and labelling of tobacco products (Annex8)			
11.1(a)	Requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.1(b)	Requiring that packaging and labelling also carry health warnings describing the harmful effects of tobacco use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.1(b)(i)	Ensuring that the health warnings are approved by the competent national authority?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.1(b)(ii)	Ensuring that the health warnings are rotating?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.1(b)(iii)	Ensuring that the health warnings are large, clear, visible and legible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.1(b)(iv)	Ensuring that the health warnings occupy no less than 30% of the principal display areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Ensuring that the health warnings occupy 50% or more of the principal display areas?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11.1(b)(v)	Ensuring that the health warnings are in the form of, or include, pictures or pictograms?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.2	Requiring that packaging and labelling contains information on relevant constituents and emissions of tobacco products?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.3	Requiring that the warnings and other textual information appear on each unit package, and on any outside packaging and labelling in your principal language or languages?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tobacco advertising, promotion and sponsorship (Annex9)			
13.2	Instituting a comprehensive ban of all tobacco advertising, promotion and sponsorship?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	including on cross-border advertising, promotion and sponsorship originating from its territory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.3	Applying restrictions, in the absence of a comprehensive ban, on all tobacco advertising, promotion and sponsorship?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Restricting or instituting a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.4(a)	Prohibiting all forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.4(b)	Requiring that health or other appropriate warnings or messages accompany all tobacco advertising and promotion and sponsorship?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.4(c)	Restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.4(d)	Requiring the disclosure to relevant governmental authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13.4(e)	Restricting tobacco advertising, promotion and sponsorship on radio,	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	television, print media and other media, such as the Internet?		
13.4(f)	Prohibiting or restricting tobacco sponsorship of international events, activities and/or participants therein?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you have any additional legislation or other measures not covered in Question 5, you may provide additional details here: **No additional data.**

6. Programmes and plans

i. Core questions

It should be noted that the measures identified below are not exhaustive, but reflect the spirit and intent of the Convention.

	Yes (please attach the relevant documentation) ⁴	No
Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes? (Article 5.1) (Annex 10)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If no, have some partial strategies, plans and programmes been developed and implemented? (Article 5.1)	<input type="checkbox"/>	<input type="checkbox"/>

If you responded yes to either of the first two questions, which of the following do these strategies, plans and programmes cover? Please check, and provide a brief summary. (Please provide the summary in one of the six official languages.)

General obligations		Yes
5.2(a)	A national coordinating mechanism or focal point(s) for tobacco control? Taiwan Council for Tobacco Control	<input checked="" type="checkbox"/>
5.3	Protection of policies from the commercial and other vested interests of the tobacco industry?	<input checked="" type="checkbox"/>
Education, communication, training and public awareness (Annex 11)		
12(a)	Broad access to effective and comprehensive educational and public awareness programmes on the health risks?	<input checked="" type="checkbox"/>
	... targeted at adults and/or the general public?	<input checked="" type="checkbox"/>
	... targeted at children and youth?	<input checked="" type="checkbox"/>
12(b)	Public awareness about the health risks of tobacco consumption and exposure to tobacco smoke, and about the benefits of the cessation of tobacco use and tobacco-free lifestyles?	<input checked="" type="checkbox"/>

⁴ Please provide these documents in one of the six official languages, if possible.

12(c)	Public access to a wide range of information on the tobacco industry?	<input checked="" type="checkbox"/>
12(e)	Awareness and participation of public and private agencies and nongovernmental organizations not affiliated with the tobacco industry in developing and implementing intersectoral programmes and strategies for tobacco control?	<input checked="" type="checkbox"/>
Demand reduction measures concerning tobacco dependence and cessation (Annex 12)		
14.1	Comprehensive and integrated guidelines based on scientific evidence and best practices to promote cessation of tobacco use and adequate treatment for tobacco dependence?	<input checked="" type="checkbox"/>
14.2(d)	Facilitation of accessibility and affordability for treatment of tobacco dependence including pharmaceutical products?	<input checked="" type="checkbox"/>
Provision of support for economically viable alternative activities (Annex 13)		
17	Promotion of economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers?	<input checked="" type="checkbox"/>
Research, surveillance and exchange of information (Annex 14)		
20.1(a)	Research that addresses the determinants and consequences of tobacco consumption and exposure to tobacco smoke as well as research for identification of alternative crops?	<input checked="" type="checkbox"/>
20.4(b)	Updated data from national surveillance programmes?	<input checked="" type="checkbox"/>

ii. **Optional questions**

Education, communication, training and public awareness (Annex 15)		Yes
12(d)	Appropriate training or awareness programmes on tobacco control addressed to persons such as health, community and social workers, media professionals, educators, decision-makers, administrators and other concerned persons?	<input checked="" type="checkbox"/>
12(f)	Public awareness of and access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption?	<input checked="" type="checkbox"/>
Demand reduction measures concerning tobacco dependence and cessation (Annex 16)		
14.2(a)	Design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as educational institutions, health care facilities, workplaces and sporting environments?	<input checked="" type="checkbox"/>
14.2(b)	Diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, plans and strategies, with the participation of health workers, community workers and social workers?	<input checked="" type="checkbox"/>
14.2(c)	Establishment in health care facilities and rehabilitation centres of programmes for diagnosing, counselling, preventing and treating tobacco dependence?	<input checked="" type="checkbox"/>
Protection of the environment and the health of persons		
18	Due regard to the protection of the environment and the health of persons in relation to the environment in respect of tobacco	<input type="checkbox"/>

	cultivation and manufacture within its territory?	
Research, surveillance and exchange of information (Annex 14)		
20.1(b)	Training and support for all those engaged in tobacco control activities, including research, implementation and evaluation?	<input checked="" type="checkbox"/>
20.2	Programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke?	<input checked="" type="checkbox"/>
20.3(a)	A national system for epidemiological surveillance of tobacco consumption and related social, economic and health indicators?	<input checked="" type="checkbox"/>
20.4	The exchange of publicly available scientific, technical, socioeconomic, commercial and legal information, as well as information regarding practices of the tobacco industry and the cultivation of tobacco?	<input checked="" type="checkbox"/>
20.4(a)	An updated database of laws and regulations on tobacco control, and information about their enforcement, as well as pertinent jurisprudence?	<input checked="" type="checkbox"/>

7. Technical and financial assistance

The goal of this section is to assist the Secretariat in facilitating the coordination of available skills and resources with identified needs.

Pursuant to **Article 21.1(c)**, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:

	Assistance provided (please give details below)	Assistance received (please give details below)
Development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control? (Article 22.1(a))	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No
Provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes? (Article 22.1(b))	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No
Appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12? (Article 22.1(c))	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No
Provision of the necessary material, equipment and supplies, as well as logistical support, for tobacco control strategies, plans and programmes? (Article 22.1(d))	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No
Identification of methods for tobacco control, including comprehensive treatment of nicotine addiction? (Article 22.1(e))	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No
Promotion of research to increase the affordability of comprehensive	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No

treatment of nicotine addiction? (Article 22.1(f))		
Other. Specify:		
<p>Additional details:</p> <p>If you answered no to any of the above, please identify any financial or technical assistance that may be under consideration.</p> <p>If you answered yes to any of the above, please identify the country or countries from/to which assistance was received/provided.</p> <p>Technical Cooperation Program on Tobacco Control in Cambodia (Annex 17)</p>		

Pursuant to **Article 21.3**, have you either provided or received financial or technical assistance to support developing country Parties and Parties with economies in transition in meeting reporting obligations?

Assistance provided	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No (please give details below)	Assistance received	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No (please give details below)
<p>Additional details:</p> <p>If you answered no to any of the above, please identify any financial or technical assistance that may be under consideration.</p> <p>If you answered yes to any of the above, please identify the country or countries from/to which assistance was received/provided.</p>			

Have you identified any specific gaps between the resources available and the needs assessed, for the financial and technical assistance provided or received?

<input type="checkbox"/> Yes (please give details below)	<input checked="" type="checkbox"/> No
Additional details:	

8. Priorities for implementation of the WHO Framework Convention on Tobacco Control

What are the priority areas for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction? (Ref. **Article 21.1(b)**)

<ol style="list-style-type: none"> 1. Implementation of strategies on tobacco price and tax 2. Free from exposure to second-hand smoking and provision of smoking-cessation treatment 3. Testing, control and reporting of ingredients of tobacco products and their emissions 4. Exchange on tobacco hazards education, manpower development and public awareness 5. Regulating packing and labelling of tobacco products, prohibition of advertisements for the
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- promotion of tobacco products and sponsoring of events
6. Control of the illegal sales of tobacco products
 7. Control of sales of tobacco products to minors and protection of the less-privileged groups
 8. Study on the legal responsibilities of tobacco dealers
 9. International cooperation in science and technology and sharing of information

What, if any, are the constraints or barriers you have encountered in implementing the Convention? (ref. **Article 21.1(b)**)

For not being a member of the WHO or UN, Taiwan is barred from participating in COP or relevant technical meetings. Taiwan, therefore, has no access to sufficient information on the current international status and technology. This poses a considerable barrier on the tobacco control efforts of Taiwan either domestically or internationally. If Taiwan cannot participate in the relevant activities of FCTC, for her specific geographic features, Taiwan will become a leak in tobacco control in the Asia-Pacific area, particularly in the prevention of illegal trade and cross-national advertisements; it will also likely become a dumping target of international tobacco dealers.

9. Additional comments

Please provide any relevant information not covered elsewhere that you feel is important. –**No comments**

10. Questionnaire feedback

(a) Please provide feedback for improvement of the Group 1 questionnaire.

We hope that the WHO can feedback the information, after compilation, to countries that have provided reports.

(b) Please provide input for the future development of the Group 2 questionnaire. –**No comments**

Annex 1 “Smoking Rate on Youth Groups” Supplementary Information

Survey on the Smoking Behavior of Senior High and Vocational School Students

In 2005, Taiwan extended the partnership with Center for Disease Control and Prevention, U.S.A, and commenced the GYTS (Global Youth Tobacco Survey) project. This survey model and the core questionnaire thereof is the leading innovation around the world. The 2005 survey on the smoking behavior of adolescents targeted senior high and vocational school students. Samplings were chosen to represent counties and cities, and to be collected from counties and cities in two-step random sampling procedures. Sample schools were drawn first; and from them, one class each was drawn from each grade (sometimes two classes in large-size schools) as the sample class. All students of the sample classes were targets for survey. In sum, totaling 27,615 students were drawn out of 213 schools and 668 classes; and 25,618 effective self-administered questionnaires were collected out of all; response rate was 92.77%.

Table: Summary of the Survey

Variables	Options	Percentage
Ages	15	21.61%
	16	32.30%
	17	34.60%
Gender	Male	46.05%
	Female	53.95%
Ever-smoked rate	All	41.86%
	Male	50.67%
	Female	33.71%
Smoking rate (currently)	All	13.99%
	Male	20.73%
	Female	7.84%
Places exposed to second hand smokes	Family	48.37%
	Outside family	69.53%

Annex 2 “Taxation” Supplementary Information

1. General Rules of the Customs Import Tariff,

Rule 2

Customs duty shall be collected by Customs either on ad valorem basis or on a specific basis in accordance with the Customs Import Tariff.

The rate of this Nomenclature is divided into three columns. The first column applies to goods imported from WTO members or from countries or areas that have reciprocal treatment with the Republic of China. The second column applies to the specified goods imported from the specified underdeveloped or developing countries or areas, or from those countries or areas which have signed Free Trade Agreement with the Republic of China. When there is no suitable rate in the first and second columns for the imported goods, the rate in the third column shall apply.

If imported goods are subject to both the rates in the first and second columns at the same time, then the lower one shall apply.

2. Tobacco and Alcohol Tax Act

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 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.

3. Value-added and Non-value-added Business Tax Act

Article 10 Except as otherwise prescribed by this Act, the business tax rate shall be no less than 5% and no more than 10%. The applicable collection rate shall be determined by the Executive Yuan.

Article 41

The amount of business tax payable on imported goods shall be levied by Customs. With respect to the collection procedures and administrative relief of business tax, the provisions of the Customs Act and the Customs Smuggling Prevention Act shall apply mutatis mutandis.

Annex 3 “Price and Tax Measures to Reduce the Demand for Tobacco” Supplementary Information

According to Article 11.1(1) of Regulations Governing the Declaration, Inspection, Duty and Release of Personal Luggage or Goods of Inward Passengers, 200 pieces of cigarettes, 25 pieces of cigars or a pound of tobacco; however such privilege is limited to adult passengers, ages 20 and above. Besides, according to Article 4 of the same regulation, cigarettes over 1000 sticks, tobaccos over 5 lbs., or cigars over 125 sticks should be declared, inspected and imposing duties before released at customs.

1. Regulations Governing the Declaration, Inspection, Duty and Release of Personal Luggage or Goods of Inward Passengers

Article 4

The duty-free privilege for personal luggage of inward passengers is limited to goods for personal or home use only.

For details of the classification and allowed quantities of farm produce, cigarettes, products made in China, medicine for personal use, and environmental pesticides in the personal luggage of inward passengers, please refer to the attached reference table.

(attachment to Article 4 of the Regulations Governing the Declaration, Inspection, Duty and Release of Personal Luggage or Goods of Inward passengers)

1. Farm Produce and Liquor Products	
Product name	Quantity
Tobacco and liquor products	limited to adult passengers, ages 20 and above
A. Wine	5 kg.
B. Tobacco products	
cigarettes	5 reams (1,000 sticks)
or tobacco	5 lbs.
or cigars	125 sticks

Article 11

In addition to the items already exempted from duties pursuant to the Customs Act and General Rules of the Customs Import Tariff, inward passengers carrying luggage or goods for home and personal use into the country are likewise entitled to a duty-free allowance on the following items:

1. One liter of liquor product, 1 liter (regardless of the quantity of bottles), 200 sticks of cigarettes, 25 sticks of cigars or a pound of cut tobacco; however such privilege is limited to adult passengers, ages 20 and above.
2. All luggage or goods not placed under control importation, other than those stated in the foregoing subparagraph, under the possession of the passenger during his/her stay in another country, and such items have been used and are in rational quantities and types, moreover, the duty paid price of each item is less than Ten Thousand NT Dollars, such items may be imported duty-free following customs examination and approval.

Passengers carrying luggage or goods for personal or home use (except for control goods and tobacco or liquor products) outside the allowed duty-free items, and the total duty paid price value of which is under Twenty Thousand NT Dollars, such items are likewise duty exempt. However, this provision is not applicable where it is apparent that passenger is carrying goods for business or commercial use, or frequently travels in and out of the country and has prior customs violation record.

The term “frequently travels in and out of the country” stated in the foregoing paragraph refers to a departure and entry record of at least twice within a period of thirty days or at least six times within a period of six months.

Annex 4 “Regulation of Tobacco Product Disclosures” **Supplementary Information**

1. The Tobacco Hazards Prevention Act

Article 8

The manufacturers and importers of tobacco products shall report the following information:

- (1) Contents and additives of the tobacco products and relevant toxicity information of the ingredients and additives;
- (2) Emissions of the tobacco products and relevant toxicity information of the emissions.

The competent authority at the central government shall take the initiative in disclosing the information or the preceding paragraph periodically; if necessary, the authority shall sample the products for examination.

Regulations on the content, time frame, procedure, examination, and other matters of the preceding information reported shall be determined by the competent authority at the central government level.

Annex 5 “Illicit Trade in Tobacco Products” Supplementary Information

1.15.2(a): Requiring marking of packaging to assist in determining the origin of the product? and to assist in determining whether the product is legally for sale on the domestic market? 【YES】

Pursuant to Article 32 of the Tobacco and Alcohol Administration Act, for distribution and sale of packaged tobacco products, producers or importers shall specify the name and address of the producer on the label affixed directly on the tobacco containers. For imported tobacco products, the importer’s name and address shall also be included. As such, the abovementioned regulations may be used by consumers and the competent authority for determining whether the labeling of tobacco products is in compliance with regulatory requirements.

2.15.3: Requiring that marking is in legible form and/or appear in its principal language or languages? 【YES】

Pursuant to Article 34 of the Tobacco and Alcohol Administration Act, the Chinese language shall prevail and other languages will be secondary on labels of tobacco products.

3.15.4(b): Enacting or strengthening legislation against illicit trade in tobacco products? 【YES】

(1) Pursuant to Paragraph 4, Article 46 of the Tobacco and Alcohol Administration Act, any person who imports illegal tobacco products shall be punished by imprisonment for a period of up to 2 years, or by detention; further in lieu thereof or in addition thereto, a fine of between NT\$ 200,000 and NT\$ 2,000,000 may be imposed. Any person who sells, transports, transfers, or displays with the intention of selling illegal tobacco products shall be punished by a fine in accordance with Article 47 of the Act. Any illegal tobacco products shall be seized or confiscated in accordance with provisions of Article 58.

(2) In addition, the “Security and Health Projects” was put into practice by 10 public sectors on November 1st of 2006 to instruct each government organizations to enforce the inspection of and ban on, by its authority, tobacco smuggling. As to the smuggling products in the markets, for protecting public health, Joint Anti-smuggling Squad has been requested to unify members from each related sector to implement regulations for effectively obstructing their circulation. Among them, regulations and

implementations aimed at tobacco smuggling are as follows:

- A. Reinforce evidence collecting and carry out investigations in accordance with the Tobacco and Alcohol Administration Act to disintegrate smuggling organizations thoroughly.
- B. To insure safety of maritime spaces and sea shore and to maintain law and order, measures were taken to reinforce joint duty of sea and coast by key locations inspection and simultaneous prevention and obstruction.
- C. In order to effectively combat cross-border smuggling, we actively establish information exchange system and investigation cooperative mode with neighboring countries. Visits to foreign intelligence organization were also paid to advance case-conducting techniques and accumulate related experiences of domestic detective organizations
- D. Continually plan and make fishing service such as Maritime Service and Maritime Affairs. By holding informal discussion meeting for fisherman, the public, with a view to combating smuggling cooperatively, are encouraged to report to the authorities who are in need of obtaining more resources via e-mails or other methods any tobacco smuggling information.

4.15.4(e): Enabling the confiscation of proceeds derived from the illicit trade? 【YES】

Provisions of Articles 46 and 47 of the Tobacco and Alcohol Administration Act impose a fine on any person who imports or produces illegal tobacco products. In addition, pursuant to Paragraph 2, Article 18 of the Administrative Penalty Act, any unlawful gain exceeding the maximum value of the statutory fine may be subject to heavier penalty with consideration given to the amount of gain and not be capped at the maximum amount of statutory penalty applicable.

5.15.7: Licensing or other actions to control or regulate production and distribution? 【YES】

Pursuant to Articles 10 and 18 of the Tobacco and Alcohol Administration Act, producers and importers of tobacco products shall apply to the central competent authority for a permit license prior to commencing business operation.

Annex 6 “Regulations Related to Sales to and by Minors”
Supplementary Information

1.16.1: “Prohibiting the sales of tobacco products to minors?”

The Tobacco Hazards Prevention Act

Article 13

No one shall provide persons under eighteen years of age with tobacco products.

No one shall make pregnant women smoke through force, seduction or any other method.

2.16.2: “Prohibiting or promoting the prohibition of the distribution of free tobacco products to the public and especially minors?”

(1) The Tobacco Hazards Prevention Act

Article 11

Free tobacco products shall not be provided in business location for promotion or profit purposes.

(2) Children and Youth Welfare Law

Article 26

Children and youth are prohibited from the following conducts or behaviors:

1. Smoke, drink alcohol or chewing betel nut....

No party shall supply and provide any substances or products mentioned in paragraph 1 to the children and youth.

3.16.3: “Prohibiting the sale of cigarettes individually or in small packets?”

The Tobacco Hazards Prevention Act

Article 9

The following methods shall not be used for the promotion or advertising of tobacco products:

- (6) Distributing or selling tobacco products in individual form, in loose packs or in packs.

4.16.6: “Providing for penalties against sellers and distributors?”

The Tobacco Hazards Prevention Act

Article 26

1. Any manufacturer or importer in violation of any one of the items of article 9 shall be imposed with an administrative fine of not less than NT\$ 5,000,000 but not more than NT\$ 25,000,000. An administrative fine may be imposed for each consecutive violation.
2. Advertising businesses or mass communication businesses which produce advertisements for tobacco products or accept them for broadcasting, dissemination or printing in violation of any one of the items of Article 9 shall be imposed with an administrative fine of not less than NT\$ 200,000 but not more than NT\$ 1,000,000. An administrative fine may be imposed for each consecutive violation.
3. Except as otherwise provided in the preceding two paragraphs, any person in violation of any one of the items of Article 9 shall be imposed with an administrative fine of not less than NT\$ 100,000 but not more than NT\$ 500,000. An administrative fine may be imposed for each consecutive violation.

Article 29

Any person in violation of Article 13 shall be imposed with an administrative fine of not less than NT\$ 10,000 but not more than NT\$ 50,000.

5.16.7: “Prohibiting the sales of tobacco products by minors?”

No.

6.19.1: “Dealing with criminal and civil liability, including compensation where appropriate?”

Punishment toward tobacco manufacturers, importers and other individuals are provided in Chapter 6 of the Tobacco Hazards Prevention Act. However, the relating articles are only regulations for an administrative fine and are irrelevant to their civil and criminal liability. That is to say, there is not a specific chapter or article dealing with the civil and criminal liability of the tobacco industry in the Tobacco Hazards Prevention Act.

Despite the lack of clear provision in the Tobacco Hazards Prevention Act, our torts

law codified in the Civil Law and the Consumer Protection Law still provides an access to relief and reasonable compensation for the victims. Also, the statutes of battery or mayhem in the Criminal Law can be applied to injury caused by tobacco as well. By means of these enactments other than the Tobacco Hazards Prevention Act, our government can still inflict criminal penalties on people with misconduct, and consumers can ask for proper civil indemnification.

However, there is not yet any practical suit regarding tobacco hazards could be referred to in Taiwan for the time being.

Annex 7 "Regulation of the Contents of Tobacco Products" **Supplementary Information**

1. Related Provisions:

The Tobacco Hazards Prevention Act

Article 7

The level of nicotine and tar contained in the tobacco products shall be indicated, in Chinese, on the tobacco product container. Products exclusively for export are not subject to the provision of this paragraph.

The nicotine and tar levels referred to in the preceding paragraph shall not exceed the maximum amount. The maximum amount, testing method, and labelling method for nicotine and tar as well as other regulations shall be prescribed by the competent authority at the central government level.

2. Testing and R&D of Tobacco Products

Since 1995, in order to understand the contents of nicotine and tar of cigarettes on market, the DOH has monitored the cigarettes on market. Furthermore, since 2006, CO and PAHs have been included in the monitoring.

Laboratory testing of nicotine and tar contents follows the testing requirements decided by the International Standard Organization (ISO). According to test results, it is noted that the nicotine and tar contents of cigarettes on market have decreased year by year; the decline in the domestically manufactured cigarettes has been significant than that of the imported cigarettes.

As for the quality control of testing, CM4, a quality control chemical agent, is used to monitoring the procedure to assure the accuracy of laboratory testing. The results are that the test values of nicotine, tar and the repetitive-rate test are all in the range of quality control.

Annex 8 “Packaging and Labelling of Tobacco Products”

Supplementary Information

1. The Tobacco Hazards Prevention Act

Article 6

Words or labels such as mild cigarettes, low tar or any other words that is capable of misleading people over the danger of smoking as harmless or less harmful shall not be used on tobacco products, brand names, and messages on tobacco product containers. Brand names of tobacco products established before the amendment of this Act are not subject to this prohibition.

Tobacco product containers shall carry warning images and words that indicate smoking is harmful as well as relevant smoking cessation information, in Chinese, in conspicuous places on both the front and the back exterior surface. The area with the image and words should not be smaller than 35% of each side.

The label contents, the area, and other regulations shall be prescribed by the competent authority at the central government level.

Article 7

The level of nicotine and tar contained in the tobacco products shall be indicated, in Chinese, on the tobacco product container. Products exclusively for export are not subject to the provision of this paragraph.

The nicotine and tar levels referred to in the preceding paragraph shall not exceed the maximum amount. The maximum amount, testing method, and labelling method for nicotine and tar as well as other regulations shall be prescribed by the competent authority at the central government level.

2. Fair Trade Act

Article 21

No enterprise shall make or use false or misleading representations or symbols as to price, quantity, quality, content, production process, production date, valid period, method of use, purpose of use, place of origin, manufacturer, place of manufacturing, processor, or place of processing on goods or in advertisements, or in any other way making known to the public.

No enterprise shall sell, transport, export or import goods bearing false or misleading representations referred to in the preceding paragraph.

The two preceding paragraphs shall apply mutatis mutandis to the services of an enterprise.

Where any advertising agency makes or designs any advertisement that it knows or is able to know is misleading, it shall be jointly and severally liable with the principal of such advertisement for damages arising therefrom. Where any advertising medium communicates or publishes any advertisement that it knows or is able to know is likely to mislead the public, it shall be jointly and severally liable with the principal of such advertisement for the damages arising therefrom.

3. Consumer Protection Law

Article 7

Business operators engaging in the design, production or manufacture of goods or in the provisions of services shall ensure that goods and services provided by them meet and comply with the contemporary technical and professional standards of the reasonably expected safety prior to the sold goods launched into the market, or at the time of rendering services.

Where goods or services may endanger the lives, bodies, health or properties of consumers, a warning and the methods for emergency handling of such danger shall be labeled at the conspicuous place.

Business operators violating the two foregoing two paragraphs and thus causing injury to consumers or third parties shall be jointly and severally liable therefor, provided that if business operators can prove that they are not guilty of negligence, the court may reduce their liability for damages.

4. Trademark Act

Article 23, paragraph 11

A trademark application shall be rejected if the proposed trademark satisfies any of the following:

.....

11. One that is likely to mislead the public with respect to the nature, quality, or place of origin of the designated goods or services;

Annex 9 “Tobacco Advertising, Promotion and Sponsorship” **Supplementary Information**

The Tobacco Hazards Prevention Act

Article 2, paragraph 4 and 5

- (4) “Tobacco product advertising” refers to any form of commercial advertising, promotions, recommendations, or actions, the purposes or effects of which, whether direct or indirect, are to market or promote tobacco use to general consumers.
- (5) “Tobacco sponsorship” refers to any events, activities or individual donations of any form, the purposes or effects of which, whether direct or indirect, are to encourage or promote tobacco consumption to general consumers.

Article 9

The following methods shall not be used for the promotion or advertising of tobacco products:

- (1) Advertising through radio, television, film, electronic message, the Internet, newspaper, magazine, billboard, poster, leaflet, notification, announcement, reference manual, sample, posting, display or in any other written words, illustrations, electronic forms or items;
- (2) Advertising through interviewing, reporting or making use of others’ name to introduce tobacco products;
- (3) Using discount to promote tobacco products or using other items as gifts or prizes for the sale of tobacco products;
- (4) Using tobacco products as gifts or prizes for the sale of other products or activities;
- (5) Packaging tobacco products together with other products for sale;
- (6) Distributing or selling tobacco products in individual form, in loose packs or in packs;
- (7) Advertising through using products that have the same or similar brand names or logos as some tobacco products;
- (8) Advertising through tea parties, luncheons, orientations, testing events, concerts, lectures, sport events, public welfare events, or other similar channels;
- (9) Other channels announced to be prohibited by the competent authority of the central government.

Annex 10: “Developed and Implemented Comprehensive Multisectoral National Tobacco Control Strategies, Plans and Programmes” Supplementary Information

1. Organizations Related to Tobacco Control

(1) Council of Tobacco Control, Department of Health

In order to effectively promote tobacco control campaigns, lower smoking rates, reduce environment tobacco smoke and protect public health, the multisectoral Council of Tobacco Control, Department of Health has been established since 2005 and conferences are held a time a half year. Besides the participation of public sectors, experts, NGOs and local groups are also invited to participate in the Council. The mission of the Council includes:

- A. To coordinate affairs regarding tobacco tax and Health & Welfare Surcharge of Tobacco Products.
- B. To inspect illicit trade in tobacco products, including smuggling, illicit manufacturing and counterfeiting and to deal with related affairs.
- C. To coordinate multisectoral tobacco control tasks, campaigns and related affairs.
- D. To deal with other relevant tobacco control affairs.

(2) The Bureau of Health Promotion, Department of Health

The Bureau of Health Promotion, Department of Health is the competent authority in charge of tobacco control projects in Taiwan.

(3) Working Agenda of Local Government’s Tobacco Control

Apart from the central government, in Taiwan, local governments, especially referring to the health bureaus in 25 counties, also cooperate with the central government’s policy of tobacco control to formulate the working agenda of tobacco control that meets with the character and need of locality, by which local governments may evaluate the achieved percentage of scheduled progress. The performance of local governments is included as one of the criterion to distribute funds for coping with tobacco control by the central government each year.

2. Strategies, Plans and Programmes

(1) National Conference of Tobacco Control

Responding to the FCTC's entering into force, the Bureau of Health Promotion, Department of Health trusts the National Health Research Institutes to work together with experts to review the current situation and tobacco control policies, and provide a comprehensive proposal related to tobacco control policy, mass media, regulations, basic construction, and resource incorporation. While the final report of the Conference was finished, a forum was held in order to review and improve the report. The forum includes discussions and lectures by scholars and experts from Australia, the US, Canada, Hong Kong and Singapore.

(2) Strategies for Tobacco Control Implementation

- A. To promote the amendment and implementation of law and regulations related to tobacco control.
- B. To adopt workable measures concerning tobacco control implementation in local areas.
- C. To reinforce the training and human resource arrangement for tobacco control.
- D. To promote public awareness and protect the environment.
- E. To provide multiple and accessible tobacco cessation services.
- F. To develop channels for international interchange and multilateral cooperation.
- G. To adopt researches and surveillances related to tobacco control.

Annex 11 “Education, Communication, Training and Public Awareness 12(a)(b)(c)(d)” Supplementary Information

1. Broad Access to Effective and Comprehensive Educational and Public Awareness Programmes on the Health Risks

In Taiwan, Article 20 of the Tobacco Hazards Prevention Act provides that governmental organizations and schools shall actively conduct education and publicity on tobacco control.

In 2006, under the Special Procurement Project for Mass Media on Tobacco Hazards, hours of mass media were bought to advocate two main themes, “hazards of tobacco to health”, and “hazards of second-hand smoking”, hoping that through diversified promotional approaches and messages, the public could be made to understand more the hazards of smoking and second-hand smoking to health, and thus to urge the society to place more attention on issues of tobacco hazards. Messages of tobacco control specifically tailored to different target groups are advocated through commercials, talks, and programs on wireless and cable televisions; interviews and commercials on radios, magazines, newspapers, outdoor media and other diversified channels. Activities have been designed for specific target groups through various channels to transmit the concept of smoke-free environment and thus to protect the public from hazards of tobacco products.

Local governments and NGOs also cooperate with the central government to conduct study workshops through local mass media, community activities, community traditional culture activities and other workshops to increase public understanding of hazards of tobacco and tobacco prevention.

Information about tobacco control is available on health99 education website (<http://health99.doh.gov.tw>).

2. Raising Public Awareness on Adults Above Age 18

(1) Project of Promoting “Refuse Tobacco” on Female Above Age 18

It is promoted through posting posters, hanging signs in more than two thousands salons to advocate 100% smoke free workplaces, no-smoking at workplaces and no-smoking participating by industries. Moreover, the propaganda publicity were given to women through campuses, workplaces, subway stations, pharmacies to increase the opportunity for women to receive the message of no-smoking.

(2) Tobacco and Betel Nut Control in Armies

The Department of Health promoted in 2003, in collaboration with the Ministry of National Defense, a project on tobacco and betel nut control in armies. The project focused on two major groups, the newly enrolled students of military

academies and the draftees under training in the military training center. Education programs on tobacco and betel nut control were organized for them to help them develop more positive attitude toward anti-smoking and anti-betel nut chewing. Outstanding works were used for various educational activities and also posted on the Youth Daily, the Chugang Garden and the website (<http://mab.mnd.gov.tw/tobacco/index.asp>) for more extensive promotion.

(3) International Youth Workshop on Anti-Smoking

To develop manpower resources for tobacco control on campus, since 2003, the Taiwan International Medical Alliance (TIMA) has been commissioned to organize an Anti-Smoking Ambassadors Program (ASAP). In 2006, theory and practice-combined intensive training was offered to students of colleges and universities to train the youth leaders of the tobacco prevention project.

(4) Smoke-free Colleges

The government began to promote "Smoke-free Colleges" plan since 2005, in order to encourage colleges to take tobacco hazard prevention tasks voluntarily and create a health environment without intervening the autonomy of colleges.

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. These students have advanced their novel ideas and established campus tobacco prevention blogs.

Through the analysis of self-evaluation questionnaire before and after the implementation of institute project, we discovered that institutes participating in anti-tobacco activities and setting up clear signs or slogans around the non-smoking areas had increased from 88.9% to 96.2%. In the non-smoking areas such as classrooms and reading rooms, the smoking rate also dropped from 30.9% to 15.5%. As to the tobacco sale on campus, 5.5% institutes that sold tobacco products before the anti-tobacco project all quitted selling afterward. In respect of tobacco cessation consultation or referral services, schools or institutes that provide these services to smokers have increased from 61.6% before the project to 88.5% afterward. These data and statistics all revealed a successful performance of the smoke-free movement in colleges and universities program.

3. Raising Public Awareness on Children and Youth

(1) "Say No to Tobacco" Programs for 13 to 18 Year-old Young Girls

In 2006, a "Non-smoking Models trial" was held in the wish to train those 13 to 18

year-old teenagers to be non-smoking spokesmen. The selected candidates of the "Non-smoking Models trial" are responsible for publicizing the concepts of tobacco control and holding related campus activities.

(2) Tobacco Control Exhibition – the “Youth Paradise of Oxygen and No Smoking”

In order to enhance the awareness of 10-18 years old teenagers on tobacco control issues, circuit exhibitions of “Youth Paradise of Oxygen and No Smoking,” were held in 2005, which are the first exhibition focus on tobacco hazards prevention and healthy life in Taiwan. By explaining profound theories in simple language and creating an interactive, interesting environment, such exhibitions were expected to enhance the public awareness on tobacco hazards and the understanding on how to resist and quit smoking.

A guidance CD-ROM with the contents of the exhibition was published, including three sectors: description of the exhibition, interactive sector, and science education sector. The publication was designed for teachers who direct the team to the exhibition on the purpose of guidance and teaching. Furthermore, the contents of the exhibition were digitalized by photographing and building interactive sectors, and could be found in the website: (<http://tobacco.bhp.doh.gov.tw:8080/nonsmokingparadise>) in order to enhance the accessibility.

(3) Smoke-Free Campus

The Smoke-Free Campus project was started since 2002. In 2006, there were 516 schools joined the project. "Health and Sport" course in elementary and junior high school and "Health and Nursing" course was added into the official curriculum for one or two classes in order to have the notion of tobacco hazards publicized. In order to focus the project on campuses, a platform of health promotion was established, and tobacco control work issue should be set as the required class.

From the 2005 Self-Evaluation of Analysis on Effectiveness of Popularization of 316 Schools, as to the enforcement of tobacco control work, schools are between good and superiority in the enforcement of tobacco control work and the education opportunities relating to tobacco control (such as the education and activities of tobacco deduction). Evidences show that the promotions on tobacco control work of schools are effective and successful whether in health policy, health service and environment aspects.

Annex 12 “Demand Reduction Measures Concerning Tobacco Dependence and Cessation” Supplementary Information

Both Article 21 of the Tobacco Hazards Prevention Act and Article 14 of the WHO FCTC state that diagnosis of tobacco addiction, treatment and counseling should be included in the national health plans. Currently, smokers in Taiwan can access through multiple channels to smoking-cessation services such as pharmacotherapy at outpatient clinics, counseling by toll-free telephone help lines, and behavioral therapy of the community smoking-cessation classes.

1. Services at Smoking Cessation Outpatient Clinics

In Taiwan, services at smoking cessation clinics began in 2002 to provide nicotine-addicted individuals (scoring 4 and above on the Fragerström scale or smoking more than 10 cigarettes a day) from 18 years old and above with two treatment courses a year. Each treatment contains pharmacotherapy and brief counseling services for eight weeks. Costs for smoking-cessation drugs and service fees of physicians are subsidized. Doctors are qualified to provide smoking-cessation services at medical care institutions under contract for the services only after they have taken smoking-cessation courses and are certified. Fees are paid through the National Health Insurance. Medical care institutions providing the services are subject to quality review, satisfaction surveys, follow-up of success rate, and cost-benefit analysis.

There are currently 2,259 medical care institutions providing outpatient smoking cessation services. In the period between September 2002 and March 2006, 29,636 cases had been followed-up; and the success rate of smoking-cessation within six months was about 20%.

2. Smoker’s Helplines

To provide smokers with accessible smoking-cessation services, following the help line models of California, USA, Taiwan started the first smoker’s helpline service plan in Asia in 2003. Using the convenience and privacy of telephones, professional psychological counseling on smoking-cessation is provided through toll-free telephones (0800-636363).

Services are provided Monday through Saturday from 9 in the morning till 9 in the evening in Chinese Mandarin, Taiwanese, Hakka and English languages. Upon request, services in referral, counseling, and educational materials are provided. Acceptors of services are interviewed first, and when necessary, brief counseling is

given. Smokers who accepted smoking-cessation counseling will work out together with psychological counseling workers a smoking-cessation plan. They are given information related to smoking-cessation. Counseling for 30-50 minutes per week is then arranged; and the total course takes about 5-8 weeks. Follow-up by telephone of cases is made after the counseling to understand the smoking-cessation success rate of cases at the time-points of one, three, six months and one year. Cooperation with medical care institutions is maintained for two-way referral of cases.

In 2006, of those who had accepted several sessions of counseling, their success rate at the six-month time point was 22.1%.

3. Community Smoking-Cessation Classes

The local governments have cooperated with central government to set up 312 smoking cessation courses in 2006, including 5,511 people participating in this program.

Annex 13 “Provision of Support for Economically Viable Alternative Activities” Supplementary Information

As tobacco was once among the domestic special-use crops in Taiwan, tobacco production was secured before the abolishment of the exclusive possession of the tobacco and alcohol trade by making contract with farmers to purchase tobacco with a fixed price from the government. After joining WTO, tobacco has been categorized back to general crops without purchasing with government budget since the new tobacco and alcohol enactment on January 1st of 2001, with a view to cope with WTO AMS and privatization of tobacco and alcohol trade.

The government provides tobacco growers with compensation and assistance in growing alternative crops. For cultivated lands in consistent with regulation in the Adjustment Program of Paddy and Upland Field Utilization, farmers are provided with assistance and guidance to alternative crops growing or fallow, and given reward 22,000 to 45,000 NT dollars per hectare.

There are some successful examples of alternative crops in Taiwan. Mei-nong, is a small town in the south of Taiwan. People there used to live on tobacco farming started to cultivate other crops such as organic rice, papaya, guava and banana. Papayas growing there are branded “Moonlight Mountain”, which are nationally famous and had been awarded the best prize among all fruits in Taiwan from 2004 to 2006. In 2004, “Moonlight Mountain” papaya succeeded to export to Japan, which is the first kind of papaya in Taiwan exported to Japan. Moreover, some farmers grow lavenders to develop recreational agriculture and promote local farm tourism. The role of government is essential to encourage tobacco farmers to take the initiative step to cultivate alternative corps with thorough considerations of local economic, market, environmental characteristics and conditions as well as the farming system.

Annex 14 “Research, Surveillance, and Exchange of Information 20.1(a)(b), 20.2, 20.3(a), 20.4(a)(b)”
Supplementary Information

1. Smoking Behavior Online Search System

The surveys currently in progress on smoking behavior in Taiwan and elsewhere include surveys on the smoking behavior of Junior high school students and faculties, surveys on the smoking behaviors of adults, and the first-in-the-world survey on senior high school and vocational school students and faculties. These surveys help the authority to build a smoking behavior database on Taiwanese adults and teenagers so that it could be used to analyze the factors of smoking behaviors. Also, these analyses can be used to compare with data from other countries, to monitor mid-term and long-term trend of Taiwanese smoking prevalence, and to be a reference to evaluate and adjust government’s tobacco control policies.

Beside the survey and analysis, Taiwan also built a website providing information about the monitoring of smoking behavior (Smoking Behavior Online Search System, SBOSS, <http://tobacco.bhp.doh.gov.tw:8080/sboss/>). Results and reports of every smoking behavior survey are put and left open on the website. This website provides reliable, accurate, and accessible information about smoking behavior to expand the application of these data. The website is also available in English version so that visitors from other countries could realize the status quo of smoking behavior in Taiwan.

2. Analysis of the Characteristic of Audiences of Health Information: Taking Tobacco Control for instance

Because of the marketing strategies of tobacco industries, Taiwan, as other countries, has a serious concern about the rising smoking prevalence in teenagers. Thus, we conducted a research called “Analysis of the Characteristic of Audiences of Health Information: Taking Tobacco Control for instance” toward teenagers in 2006. This project aimed to (1) realize the smoking behavior of senior high school students; (2) clarify the social and psychology incentives and other factors that stimulate high school students to smoke; (3) realize how marketing strategies of the tobacco companies attract teenagers; (4) recognize the form of life of high school students and their contact with the media; (5) provide several efficient anti-tobacco message strategies or communicative strategies based on the research result of aforementioned (1) to (3) and other domestic/foreign researches and anti-tobacco strategies. By testing these messages, the authorities try to find out the most persuasive message and communicative strategy toward teenagers.

3. The Assessment of the Enforcement of the Tobacco Hazards Prevention Act

In order to realize how local governments apply the Tobacco Hazards Prevention Act, and to evaluate the effect of the Act, the authorities conducted the assessment of the implementation of the Tobacco Hazards Prevention Act in 25 countries in Taiwan. The result shows that the general applying rate of every article in the Tobacco Hazards Prevention Act in 2004-2006 is rising every year. In 2006, the average applying rate on the sales pattern, sales target, packaging labels, advertisement and sponsorship, and the sign and insulation of smoke-free area is 85.10%. It is improving compared to the rate 82.8% in 2005. The provisions on sales patterns, warning labels, and the information of nicotine and tar contained are all 100% executed while the executive rate of the provision on tobacco advertising and sponsorship is 98.9%. Accordingly, it is obvious that Article 5, 7, 8, and 9 of the Tobacco Hazards Prevention Act are put into practice. Nevertheless, the provisions asking for signs of “100% non-smoking” and “smoking area with insulation” are only 83.3% and 87.2% executed respectively and are required to be reinforced.

4. The Assessment of the Impact on Tobacco Products Consumption Market after the Adjustment of the Health Welfare Surcharge on Tobacco Products

The amended Tobacco and Alcohol Tax Act was brought into effect on February 16, 2006. The Health Welfare Surcharge on tobacco product was raised to 10 NT dollars per package. In order to realize the effect toward tobacco market after the rising of Health Welfare Surcharge, and to provide a reference for drafting future policies, the authorities conducted the project named “Assessment of the Impact on Tobacco Products Consumption Market after the Adjustment of Health Welfare Surcharge on Tobacco Products”. Interviews, investigations and the work of information collecting are now processing for this project. The primary result is expected to be delivered on October, 2007. This report will be employed to evaluate the change of people’s behavior on tobacco consumption and will be a reference for adjusting the strategy of health taxes.

5. System of Examining, Reporting and Case Managing of the Tobacco Hazards Prevention Act

Since the Tobacco Hazards Prevention Act came into effect in 1997, the Health bureaus in each county are obligated to work on the examinations, exhortations, corrections, arrangement of smoke-quitting education, and the execution of the fine ticket for breaking the act. In order to provide timely information about the

implementation of the Tobacco Hazards Prevention Act for the authorities to come up with proper respondent strategies, the system of Examining, Reporting and Case Managing of the Tobacco Hazards Prevention Act was built in 2003.

Since 2004, the Health bureau officers have used this paper-free system to enquire for and process information about the examination and then provided relative statistics.

6. Other

Actions have been taken to maintain the database on tobacco control policies, to collect relevant domestic and international information on tobacco control, and to disseminate information through newsletters and websites. In respect of the researches concerning tobacco control, issues on tobacco advertising, smoking cessation are discussed, and studies on legislation relating to tobacco consumption, tobacco trade, and tobacco smuggling are taken into account as well.

7. Public available websites with information of tobacco control

website	homepage
Information network of Management on tobacco and alcohol	http://www.nta.gov.tw/dbmode93/
Special zone for Tobacco hazard prevention	http://tobacco.bhp.doh.gov.tw:8080/
Tobacco control Data base	http://tobacco.bhp.doh.gov.tw:8080/tcic/
Smoking Behavior Online Search System (SBOSS)	http://tobacco.bhp.doh.gov.tw:8080/sboss/
Taiwan smoker's helpline	http://www.tsh.org.tw/
The management center of smoking cessation clinic	http://tobacco.bhp.doh.gov.tw/quit/
Service center for Complaint on tobacco hazard	http://www.0800531531.com.tw/
Control on tobacco and betel nuts in military	http://mab.mnd.gov.tw/tobacco/
Counseling center for tobacco hazard in work places	http://health.cish.itri.org.tw/nosmoking/main.php
Nonsmoking paradise	http://tobacco.bhp.doh.gov.tw:8080/nosmokingparadise/

Annex 15 “Education, Communication, Training and Public Awareness 12(d)(f)” Supplementary Information

1. Tobacco Hazards Prevention Act, Article 20 and 21

Article 20

Organizations and schools shall actively conduct education and publicity on the hazards of tobacco.

Article 21

Medical care institutions, mental health counselling institutions and public interest groups may provide smoking cessation services.

The subsidies or incentives of the services referred to in the preceding paragraph shall be prescribed by the competent authorities at all levels.

2. Nursing Personnel in Tobacco control

This plan was promoted in 2003, hoping that through the professional care of nurses, the knowledge and educational skills of nurses on control of tobacco hazards and smoking cessation can be further improved.

A manual, Practice Guideline for Nurses to Manage Tobacco Use in Taiwan, was compiled in 2006 as a teaching guide. Two training courses lasting for six months each for seed teachers in nursing schools and clinical nursing on tobacco control was then organized. After the six-month training and follow-up, 98 participants had been qualified. It shows that the outcome is apparent that the nursing personnel’s professional knowledge increases greatly.

3. Smoking-Cessation Education and Tobacco Hazards Prevention Lecturer Training Program

The “Tobacco-Cessation Education and Tobacco Hazards Prevention Lecturer Training Program” has successfully trained 400 seeded staffs, who serve in various health bureaus, health stations or local hospitals to assist people to quit smoking. Meanwhile, this program has also developed tobacco-cessation device, DVDs, posters and tobacco-cessation booklets in order to achieve our objectives.

4. Training on Laws and Regulations for Law Enforcement Personnel of the Tobacco Hazards Prevention Act

To prepare them in legal matters and to strengthen their skills in law-enforcement, the plan has been conducted since 2004.

The focus of the plan is to assess the legal knowledge of the law-enforcement personnel and the difficulties encountered. Curricula and contents are designed by

their needs, and basic and advanced courses are offered by region. Outcomes of the courses are followed-up and evaluated. In the basic courses, discussions with analysis of practical cases focus on interpretation of the contents of the Tobacco Hazards Prevention Act and its Implementation Regulations, the Administrative Procedure Act, the Administrative Penalty Regulations, and relevant laws and regulations concerning appeals and law suits. In the advanced courses, more focuses are placed on skills of practical inspections, preparation of administrative penalty reports and appeals, replies to administrative suits, and case studies to improve their knowledge and skills.

5. Training of Personnel in Coast Guard Administration, Executive Yuan

Coast Guard Administration, in cooperation with National Treasury Agency holds “Central and Local Tobacco Activities” which selects elites to attend training courses. Training sessions are provided by British American Tobacco Taiwan, Imperial Tobacco Taiwan, JT International S. A, Philip Morris, Taiwan Tobacco and Liquor Corporation to enforce training and improve investigation significantly.

The Coast Guard Administration holds “Intelligent Agents Practical Training Workshop” aiming at training those responsible for investigating smuggling and invites experienced senior coworkers or expertise to share their work experience in order to enforce and promote overall efficiency to adjust the change of crimes in society and to achieve the mission effectively.

6. Other Training Projects

In regard to the health educational training course of smoking cessation for respiratory therapists in 2004, there were 145 respiratory therapists who completed this training course; As for the training project of therapists of smoking cessation for physicians from department of family medicine, psychiatry, and internal medicine in 2004, there were 532 physicians who completed the entry-level training program, while there were 477 physicians who completed the advanced-level training program.

About the educational training project of smoke-free workplace held by local governments (health centers from 25 districts) in 2006, there were 418 showings, with 103,058 participants; in total 3,536 volunteers from different places were trained for smoking prevention.

Annex 16 “Demand Reduction Measures Concerning Tobacco Dependence and Cessation14.2(a)” Supplementary Information

1. The Tobacco Hazards Prevention Act in Taiwan

Article 21:

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.

2. Workplace Tobacco Control

Taiwan began to promote smoke-free workplace since 2003. Practical promotion program has been designed according to interviews and survey on status quo, and different needs of each workplace are designated to meet. Some important achievements in 2006 were: 189 workplaces *implemented* no-smoking or *smoking restriction* policies, and 66 among them conducted health promotion activities in the meantime; 78 tobacco control workshops and 136 training courses related to health promotion at workplace were organized together with county/city *public* health bureaus, in order to develop workers *who are seeds* for health promotion and tobacco control at workplace. Besides, various smoking-cessation services educational materials on health promotion and tobacco control at workplace are widely provided, as website and database on health promotion and tobacco control at workplace have been set up. The national assessment and appraisal of workplace excellent in tobacco control have been continued, and 113 smoke-free workplaces are publicly commended, which was widely reported on mass media. The commendation served as a valuable opportunity for experience sharing and initiated a successful model for the promotion.

A national sampling survey in 2006 of workers in the Taiwan Area gave a smoking rate of employees at 22.8%; 2.2% lower than that of 2003 when the promotion of tobacco control at workplace was initiated. The ratios of those who had either quit or were in the process of quitting had increased from 8.7% in 2003 to 9.9% in 2006. One opinion poll conducted in 2006 also showed that 86.6% of the interviewed supported that any indoor working area shared by more than three persons should be totally banned from smoking, and even 68.9% of current smokers shared the same opinion.

3. Tobacco Control in Armies

A project on tobacco and betel nut control in armies has been promoted since 2003, and 74 policies and plans on tobacco and betel nut control in armies went into enforcement in the year of 2006. With respect to smoke-free environment, complete prohibition of indoor smoking was practiced, while outdoor smoking was only allowed in certain smoking areas. Furthermore, the number of smoking areas was reduced year by year. Regarding smoking-cessation and service, through the active smoking-cessation service mechanism, physicians had been trained on smoking-cessation counseling, and clinic service on smoking-cessation had been offered. Among them, some cases used the nicotine patch; and some accepted health education. In the three-month follow-up, the smoking-cessation rate was 10.63%. Resources of local health stations and hospitals were integrated to operate smoking-cessation classes to provide diversified options in smoking-cessation service. Several diversified smoking-cessation models specific to the special features of various armed forces and their work environment had been tried out. For instance, the Navy Command Headquarters and the Tzu-Chi University worked together on a behavioral change by stage smoking-cessation model. Of them, 24 had succeeded in smoking-cessation for one year, at a smoking-cessation rate of 24%. For submarine officers and soldiers, supervisors on board such as medical officers and other medical personnel were requested to distribute oral nicotine chewing tablets, to conduct health education and to follow the cases. In 2006, 30 officers and soldiers had participated in this project; and eight of them had succeeded in smoking-cessation for eight weeks, at a smoking-cessation rate of 27%.

4. Smoking-Cessation Services in Hospital and Clinics

In January 2002, Taiwan began to impose a NT\$5 health and welfare 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, while 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, the Bureau of Health Promotion 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.

5. Tobacco Control Plan on Mass Transportation

In order to supervise implementation of tobacco control in mass transportation services, promotion on the hazards of tobacco is held in related assemblies and meetings held by (boards of) unions and/or associations or mass transportation services. Besides, smoking is forbidden in any public transport system, designated smoking area is divided in stations and control rooms, conspicuous notices prohibiting the use of tobacco products should be carried, and tobacco control self monitor and check is implemented.

While receiving report of driver smoking in smoke-free areas from the public, demand for correction according to inner regulation is imposed upon the mass transportation company.

Annex 17 “Technical and Financial Assistance” Supplementary Information

Technical Cooperation Program on Tobacco Control in Cambodia

Launched by civil association, Taiwan International Medical Alliance (TIMA), a stationed tobacco control project was started since 2003 in Cambodia. The goals of the project are as follows: giving assistance on fund raising; providing tobacco control techniques; legislation and policy lobbying for smoke-free environment, fostering the awareness on tobacco control work for common people; training for tobacco cessation instructors and providing tobacco cessation service. All the activities are to help Cambodia stimulate the tobacco control at any aspect.

About the prospect of legislative progress, Cambodia had ratified the FCTC in November 2005. For the purpose to urge the Cambodian Health Ministry to submit the tobacco hazards prevention act to the parliament for legislation, in 2006, TIMA and the SEATCA co-organized the Tobacco control Policy Advocacy Symposium, which achieved positive recommendations that is to be served for policy lobbying purpose. Besides, assistance has also provided to the Cambodia Movement for Health to set up in November 2006 an indigenous anti-smoking professional group.

Besides, TIMA also provided assistance in organization establishment. The indigenous anti-smoking professional group called the Cambodia Movement for Health was just established and registered as a local anti-smoking group in November 2006 under such background.

While building up the smoke-free environments, a set of guidelines on the “Establishment of Smoke-free Environment” has been developed jointly with the Adventist Development and Relief Agency (ADRA), the National Center for Health Promotion (NCHP), the Phnum Penh Tricycle Center, and the Cambodia Movement for Health. Training of seed teachers has been conducted under the smoke-free army plan; Actions have also been taken to the regional follow-up evaluation. Other activities such as holding policy advocacy workshops, organizing smoking-cessation classes, and inaugurating smoke-free military hospitals are also in progress as well. Through the smoke-free tricycle and small loan plan, two tobacco control awareness courses (with 214 cyclists), and two smoking-cessation classes (with 50 cyclists accepting the services) were organized jointly with the Tricycle Center. Through the loan, 30 smoke-free tricycles have been purchased; a KAP (knowledge of attitude toward and practice) survey of cyclists on tobacco products was conducted; a Troey Koh-TIMA smoke-free school project was

initiated as well.

As for the media campaign on anti-smoke propaganda, in order to coordinate with the lobbying for the legislation of the tobacco control law, 12 advocacy radio programs have been produced jointly with the Cambodia Movement for Health and the Women's Media Center for broadcasting on radios. In the development of educational materials, some fact sheets and pamphlets have been produced for policy-makers. They are also placed on the newly-established NCHP website for the reference of the general public. Souvenirs have also been distributed at the water festival to advocate the concepts, such as "quit smoke to quit poverty", "hazards of second-hand smoking", and the "healthy lifestyles".