

出國報告（出國類別：開會）

第 15 屆國際菸害致疾病研討會  
15<sup>th</sup> Tobacco Induced Diseases Annual  
Conference  
出國報告

服務機關：衛生福利部國民健康署

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廖素敏科長

派赴國家/地區：日本東京

出國期間：108 年 10 月 12 日至 10 月 16 日

報告日期：109 年 1 月 2 日

(本項出國經費由菸品健康福利捐支應)

## 摘要

國際菸害疾病預防學會(International Society for the Prevention of Tobacco Induced Diseases, ISPID)、福岡齒科大學(Fukuoka Dental College)、日本癌症學會(Japan Cancer Society)、日本口腔衛生學會(Japan Society for Oral Health) 共同於 108 年 10 月 13 日至 10 月 15 日舉辦第 15 屆國際菸害致疾病研討會 Tobacco Induced Diseases Annual Conference，本研討會由國際菸害疾病預防學會(ISPID)每年舉辦一次，是國際性重要菸害疾病預防會議。

會議活動包括：專題演講、論文報告及工作坊。會議主軸包括：菸草控制框架之施行、菸之健康危害:包括口腔、心血管、肺部及胎兒、電子煙、加熱菸等新興菸品之發展現況與危害、增加菸稅抑制消費、戒菸服務、戒菸訓練之成效、二手菸、青少年吸菸之社會面探討等。(議程詳如附件1)。本次出國人員並進行3篇口頭報告，主題分別為「Use of Electronic Cigarettes and Heated Tobacco Products Among Junior and Senior High School Students in Taiwan」、「Assessment of 2018 Taiwan Tobacco Control Performance Based on WHO MPOWER Guidelines」、「Improvement of Tobacco-free Hospitals' Cessation Services with a Pay-for-performance Subsidy in Taiwan」，將臺灣菸害防制的成效與經驗與各國分享交流。另由本署合作專家臺北醫學大學高志文博士報告「The effect of industry- vs. government induced cigarette price increase on national cigarette consumption in Taiwan, 2011-2018」，及世新大學研究生陳昭容報告「The Tobacco Messages Exposure : Take 2018 Popular Movie as Examples」。

本次會議主辦國日本亦分享為配合2020東京無菸奧運之落實，將是使日本能在二手菸防制上更精進的一次契機。本次會議另有 Tobacco Control Medical Dental Research Network、Tobacco-Free Dental-Research Committee、WHO 口腔保健協作中心WHO Collaborating Center For Translation of Oral Health Science, Niigata University Graduate School of Medical and Dental Science等單位協辦參與。現場約有150位來自各國菸害防制之專家學者與會，本次會議因颱風影響有不少歐美專家不克前來，主辦單位透過視訊方式完成部分場次之演講，讓各國專家雖在天候阻撓下，仍有機會交流菸害防制之成果。

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## 壹、目的

- 一、透過參與國際菸害疾病預防學會(International Society for the Prevention of Tobacco Induced Diseases, ISPID)舉辦之年會-第15屆國際菸害致疾病研討會，瞭解國際菸害防制之最新發展及研究現況，尤其是快速變化之新興菸品，期藉由國際會議之交流，掌握各國最新進展。
- 二、結識各國菸害防制工作夥伴，建立聯繫之管道，學習其他國家因應對策經驗，作為規劃我國相關策略之參考。
- 三、進行論文發表，分享我國菸害防制工作成果，以提升我國國際能見度。

## 貳、過程

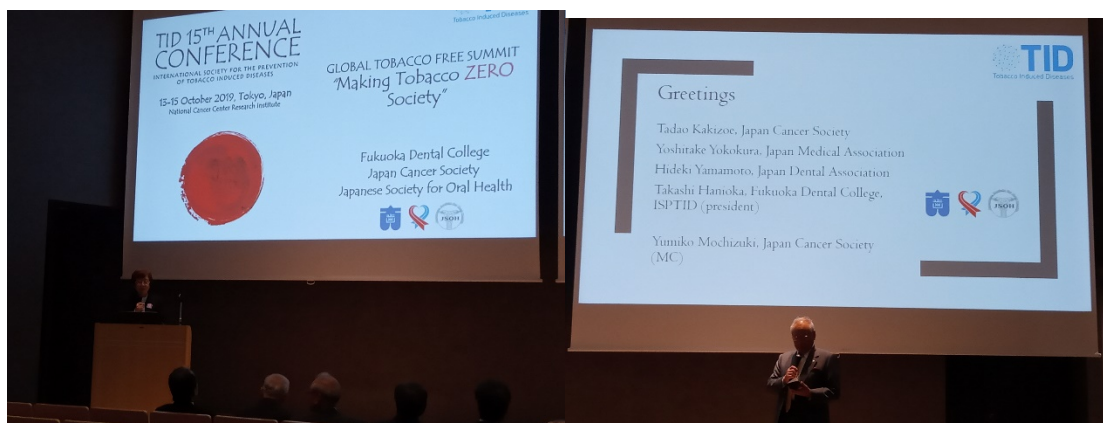
- 一、出國日期：108年10月12日至10月16日
- 二、出國人員：呂孟穎簡任技正、廖素敏科長
- 三、行程：議程詳附件1，簡報詳附件2

日期	行程
10/12(六)	啟程、準備論文發表
10/13(日)- 10/15(二)	參加研討會及發表論文 10/13(日) 參與大會開幕及專題演講 10/14(一) 參與分場會議及口頭報告 <b>11:00-13:00</b> 口頭報告 Assessment of 2018 Taiwan Tobacco Control Performance Based on WHO MPOWER Guidelines <b>16:00-17:30</b> 口頭報告 Use of Electronic Cigarettes and Heated Tobacco Products Among Junior and Senior High School Students in Taiwan 10/15(二) 參與分場會議及口頭報告 <b>9:00-10:30</b> 口頭報告 Improvement of Tobacco-free Hospitals' Cessation Services with a Pay-for-performance Subsidy in Taiwan <b>10:45-12:15</b> 口頭報告 The Tobacco Messages Exposure : Take 2018 Popular Movie as Examples
10/16(三)	返程

## 參、會議內容摘要

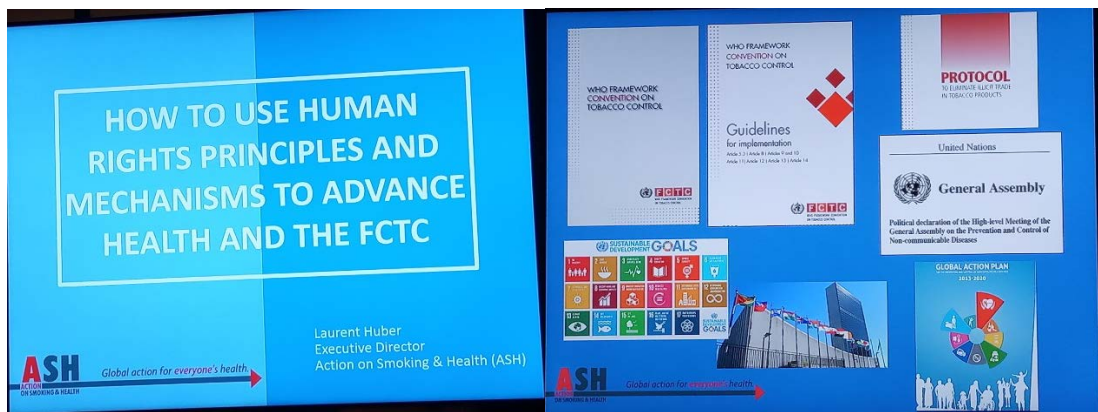
### 一、日本2020無菸奧運

本次國際菸害疾病預防學會(International Society for the Prevention of Tobacco Induced Diseases, ISPID)之年會於日本舉辦，恰逢隔年(2020年)日本舉辦奧運，日本各界希望藉此機會提升在二手菸防制的強度。日本與大多數國家一樣，菸害防制工作因菸草業勢力之影響面臨極大困難。日本在「MPOWER」控菸政策各層面之施行，主要有賴衛生專業領域人士之推動，因日本有世界第3大的菸草跨國公司(日本菸草公司，Japan Tobacco Inc.)，該公司在公共政策或非營利/非政府組織具影響力，讓日本衛生界推動菸害防制工作備受到阻力。而奧運二手菸的防制議題，被視為是一個契機，政府已透過更嚴格的法令禁止公共場所吸菸，最立即的成效就是許多大學已完全成為無菸環境，知名企業也陸續跟進。在這樣的氛圍下，衛生界更有信心透過社群媒體(Twitter, LinkedIn 及Facebook)來倡議日本的其他菸害防制對策。



### 二、菸草控制行動

世界衛生組織為協助各國對抗菸害及菸草業者之影響，透過《菸草控制框架公約》(Framework Convention on Tobacco Control, FCTC)，協助締約國推動菸害防制工作。為進一步協助各締約國落實菸害防制工作、保護人民健康，WHO 提出六項重要且證實可有效降低菸草使用的「MPOWER」抗菸政策。本次會議議題-Action On Smoking (ASH)以人有基本人權免於受菸草危害為出發點，期待各國從政策、法規、倡議、行動等層面將人權與菸害防制相連結，作為切入菸害防制行動的另一個立基。



我國發表台灣在MPOWER不同層面執行現況，相較於OECD及其他亞洲主要國家，台灣在監測吸菸率相關數據(Monitoring)，保護民眾免於受菸害威脅的無菸環境(Protect)，提供戒菸服務(Offer)，禁止菸品各種形式的直接和間接廣告、促銷與贊助(Enforce)等層面，都有相對較優之排名。然而，在菸品包裝危害警示(Warning)及提高菸價(Raise)方面，是台灣菸害防制亟待加強的部分。



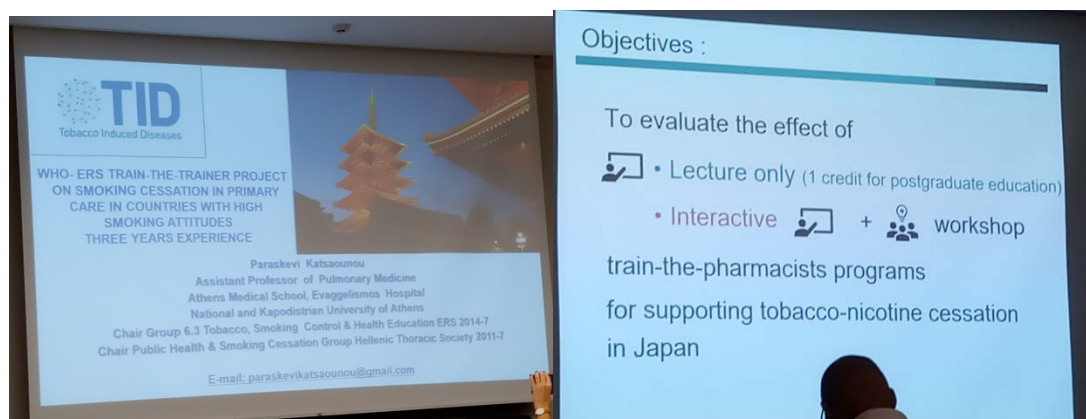
### 三、菸稅/價對菸品銷售的影響

提高菸稅/價增加購買菸品的門檻，是減少菸品消費量有效的對策，尤其對於經濟尚未自主的青少年，影響更是顯著。雖然世界衛生組織對此已有相關實證及論述，包括來自南非、甘比亞、喬治亞、印尼、蒙古等國，仍持續為菸價對各國菸品消費影響進行觀察研究，並了解菸價策略在不同經濟水準國家的落實及影響程度。低菸稅的環境，給予菸草業者更多價格彈性，訂定分眾行銷的策略，讓消費者可負擔得起，而保持菸草消費的行為。我國學者高志文研究員亦在該場次發表「The effect of industry- vs. government induced cigarette price increase on national cigarette consumption in Taiwan, 2011-2018」比較了產業與政府近年在菸價調漲上之角色及

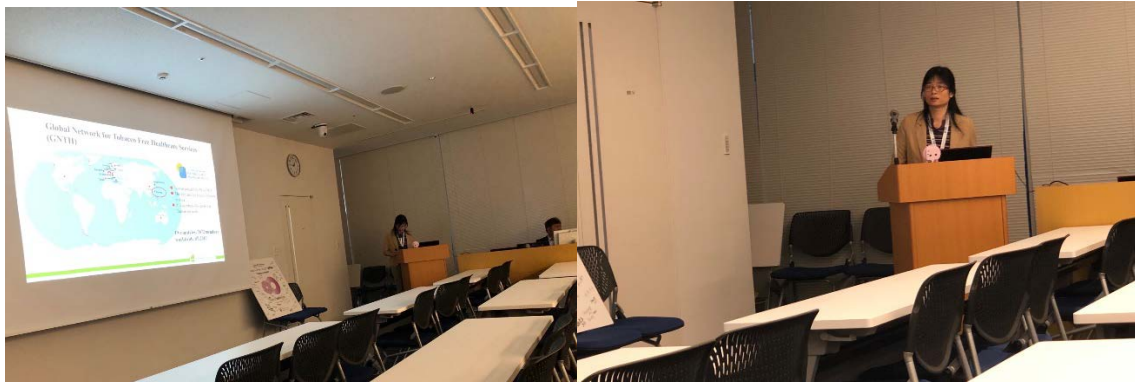
對台灣菸草消費的影響。台灣在2017年調漲菸稅新台幣20元，在不分品牌，全面菸價上升的狀況下，菸品的消費產生了明顯的下降。

#### 四、戒菸教育與戒菸服務

由世界衛生組織及歐洲呼吸學會合作主導的WHO-ERS (European Respiratory Society) train the trainer in smoking cessation戒菸教育3年計畫，選擇了5個菸草使用率高，戒菸服務尚待發展的國家(希臘，摩爾多瓦，孟加拉，厄瓜多爾，尼日利亞)。建立一個培訓健康照護專業人員在醫院及基層健康照護網絡，以及提供戒菸服務的培訓網絡；來自各個國家2-4個城市的專業人員，接受4-6次講習課程，一系列課程中，包括提供5A戒菸行動【5A：包括Ask(詢問)、Advice(建議)、Assess(評估)、Assist(協助)、Arrange(安排/追蹤)】。同時為了激發與增加戒菸的動機，給予5R對策【5R：相關性Relevance、危險性Risk、獎勵Reward、障礙Roadblocks、重複/再接再厲Repetition】。各國專業人員運用這個訓練計畫所教導的戒菸輔助實用技巧，已對超過12,000名戒菸者提供戒菸服務。日本學者另分別分享對藥師、護理人員及一般公共衛生人員進行的戒菸訓練課程，及相關成效評估，期待透過不同醫藥衛生專業人員投入戒菸服務行列，提高吸菸族群在不同場合接受戒菸服務的可近性。不同的訓練課程的評估結果顯示，光是線上e-learning尚不足以提供足夠的戒菸專業訓練，實體課程之進行仍是訓練課程重要的一環。



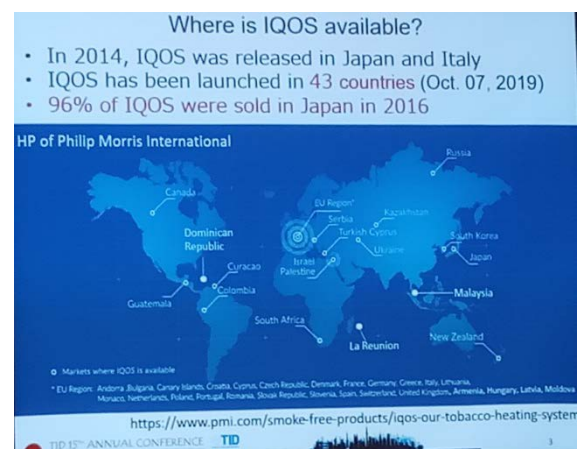
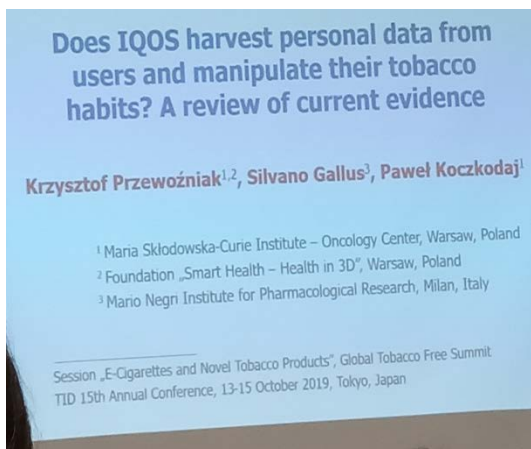
在戒菸服務部分，我國亦發表Improvement of Tobacco-free Hospitals' Cessation Services with a Pay-for-performance Subsidy in Taiwan，與其他國家分享台灣在健保既有的基礎體系上提供戒菸服務，並進一步透過無菸醫院補助計畫，提升醫院在戒菸訓練、無菸環境、品質控管、成效評估等方面之行動，結果顯示參與計畫之醫院有較佳之戒菸成功成效。



## 五、電子煙、新興菸品

電子煙及加熱菸在歐美日等國成人的使用越來越普遍，令人憂心青少年族群對新興菸品因認知不足，也逐漸呈現同樣使用情形。來自波蘭學者的觀察指出，身為歐洲最大電子煙市場之一的波蘭，目前使用菸霧器(vapers)估計為大約一百萬人，其中一半以上是雙重使用者。雖然成年使用者約有3%-5%為每日使用電子煙之使用者，屬相對低的水準，但在波蘭的小學生卻有5倍高的電子煙使用現況。《波蘭反菸草法》( Polish Anti-Tobacco Act)在2016年施行，依該法令，禁止向未成年人(未滿18歲) 銷售電子煙和電子煙配件，亦禁止透過網路銷售，並且僅能在允許吸菸的地方抽電子煙。學者指出，在此法令施行前，大約有一半的電子煙使用者在公共場所抽電子煙，法令執行後，成人使用電子煙的情況已有下降。

新興電子菸(煙)品除了本身做為菸草(煙油)製品的載具，還開發了記錄使用者習性的附加功能，包括每天抽菸次數和平均使用量，方便業者依消費者習性，針對產品進行改善以迎合消費者需求。學者警告，這種做法對個人資料保護的威脅應受到重視，相關法令的訂定及人權議題值得關注。



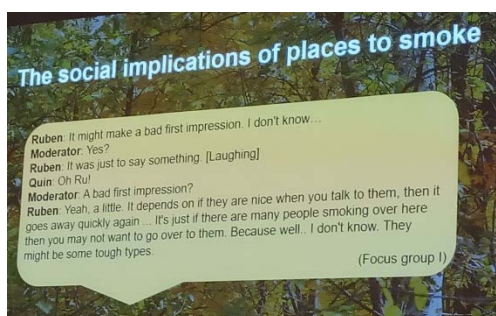


我國亦發表Use of Electronic Cigarettes and Heated Tobacco Products Among Junior and Senior High School Students in Taiwan，資料顯示過去幾年台灣青少年吸菸率下降，然而電子煙和加熱菸構成兒童和青少年嚴重的健康風險。台灣透過加強邊境攔檢、溯源追查、教育宣導、戒治輔導等工作，加強電子煙及新興菸品危害防制，並將進行菸害防制法修法，落實電子煙管理。



## 六、青少年和菸品議題

青少年和菸品的關聯，有時反應的是一種社會現象；青少年若來自貧窮的社區，比來自一般家庭更容易吸菸。在印尼對8個城市13-18歲青少年所做的調查顯示，男生吸菸率為53.2%，女生為7.7%，吸煙與財富之間的關係在男孩中並不顯著，但在女孩中顯著，較富裕的女孩吸菸率較低。相較於穆斯林青少年，基督徒男孩和佛教女孩的吸菸率較低。女孩的社會不平等在吸菸這件事中也顯現出來，吸菸環境在青少年的吸菸社交模式中有其重要角色。丹麥學者則以質性訪查針對44位8年級青少年，進行為期28天的8個焦點團體訪談與觀察，結果指出特定地點或群聚的青少年，是因社會環境而助長其吸菸行為。肯亞的研究一樣指出男生遠高於女生的吸菸率，因菸品取得8成主要來自市場，2成來自朋友，以及將近一半(48%)年青人吸菸是因為同儕壓力，並有超過一半(56.6%)的受訪者不知道吸菸的健康影響。



這些不同國家的研究，都是為了瞭解青少年吸菸的背後成因，以利設計相應的對策，印尼的研究建議考量男孩及女孩吸菸的因素並不相同，未來在推行青少年菸害防制行動時，需有差異化設計。丹麥的研究則指出應思考吸

菸相關的社會環境/地點，對青少年造成的影響。肯亞的研究呼籲要強化菸品危害宣導，減少年輕人菸品取得機會，並強化青少年友善活動。

## 肆、心得與建議

本次會議透過各國在菸害防制工作的發展及研究成果交流，對菸商繼傳統紙菸後，試圖以新興菸品繼續為其營利，戕害健康人權之伎倆，有更進一步的認識。將持續與國際社會合作，在世界衛生組織的政策引領下，與各國合作共同推行菸害防制工作。心得及建議如下：

### 一、因應新興菸品威脅，加強青少年反菸對策

新興菸品以迎合青少年喜好的型態問世，又結合電子產品的酷炫外型及功能，甚至還能蒐集個人資訊進行消費者導向優化，對青少年的誘惑已不僅止於是菸品，亦具備3C嚐鮮的吸引力。如何在考量青少年所處社會/家庭環境的情況下，發展適用青少年族群的抗菸對策，需持續結合學校與社區資源，進行跨部門合作。

### 二、持續落實菸草控制框架公約，推動菸害防制法修法

我國依世界衛生組織FCTC的準則推動菸害防制工作，並落實MPOWER防制策略。在國際社會面臨新興菸品的威脅下，我國亦持續依世界衛生組織建議之準則，推動菸害防制法修法，重點包括加強管制電子煙、加熱菸等新興菸品、菸品容器警示圖文擴大至85%、持續擴大室內公共場所禁菸等；並在菸害防制法修法完成立法程序前，協助地方衛生局進行電子煙自治條例之擬定。

### 三、多面向倡議推動菸害防制

健康是基本人權，菸害防制工作攸關國民健康的永續發展，免於菸害威脅即是健康人權的落實與展現；我國自1997年9月菸害防制法施行以來，成人吸菸率已從1996年29.2%下降至2018年的13%；然而面對全球新興菸(煙)品的威脅，以及菸商以吸食新興菸品取代傳統菸品視同戒菸等誤導民眾，本署除將持續蒐集發布新興菸品危害健康，導致嚴重肺傷害之實證資料外，並將與中央各部會、各地方政府及民間單位攜手合作，從邊境攔檢、溯源追查、流通稽查、監控管理、宣導傳播、戒治輔導等多面向，共同倡議推動菸害防制。

附件1：議程



TIME	LECTURE HALL	IF SEMINAR ROOM A	IF SEMINAR ROOM B
13:00-13:15	REGISTRATION		
13:15-13:20	MELINGOBI BEMBERS FROM A REPRESENTATIVE OF JAPAN CANCER SOCIETY, JAPAN MEDICAL ASSOCIATION AND JAPAN ONCOLOGICAL ASSOCIATION		
13:30-13:35	13:30-13:35	13:30-13:35	13:30-13:35



TIME	LECTURE HALL	IF SEMINAR ROOM A	IF SEMINAR ROOM B
13:40-13:45	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		
13:45-13:50	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		
13:50-14:00	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		



TIME	LECTURE HALL	IF SEMINAR ROOM A	IF SEMINAR ROOM B
13:40-13:45	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		
13:45-13:50	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		
13:50-14:00	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		



TIME	LECTURE HALL	IF SEMINAR ROOM A	IF SEMINAR ROOM B
14:00-14:05	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		
14:05-14:10	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		
14:10-14:15	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		



TIME	LECTURE HALL	IF SEMINAR ROOM A	IF SEMINAR ROOM B
14:00-14:05	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		
14:05-14:10	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		
14:10-14:15	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		



TIME	LECTURE HALL	IF SEMINAR ROOM A	IF SEMINAR ROOM B
14:00-14:05	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		
14:05-14:10	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		
14:10-14:15	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		



TIME	LECTURE HALL	IF SEMINAR ROOM A	IF SEMINAR ROOM B
14:15-14:20	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		
14:20-14:25	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		
14:25-14:30	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		



TIME	LECTURE HALL	IF SEMINAR ROOM A	IF SEMINAR ROOM B
14:15-14:20	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		
14:20-14:25	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		
14:25-14:30	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		



TIME	LECTURE HALL	IF SEMINAR ROOM A	IF SEMINAR ROOM B
14:15-14:20	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		
14:20-14:25	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		
14:25-14:30	TID 15 <sup>TH</sup> ANNUAL CONFERENCE		

附件2：簡報

附件2：簡報

Promoting Your Health  
Health Promotion Administration,  
Ministry of Health and Welfare

## Use of Electronic Cigarettes and Heated Tobacco Products Among Junior and Senior High School Students in Taiwan

*Jia-Yu Zhong<sup>1</sup>, Sue-Ming Liou<sup>1</sup>, Shu-Ying Lo<sup>1</sup>, Shu-Li Chia<sup>1</sup>, Ying-Wei Wang<sup>1,2</sup>*

<sup>1</sup> Health Promotion Administration, Ministry of Health and Welfare, Taiwan  
<sup>2</sup> School of Medicine, Tzu Chi University, Taiwan

October 14, 2019

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## Outline

- An emerging issue:
  - E-cigarettes
  - Heated-not-burn tobacco products
- The status of adolescent use
- The way forward

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## An emerging issue: E-cigarettes and heat-not-burn tobacco products

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## Varieties of E-cigarettes

Various mode of e-cigarettes and devices to attract kids and teenagers



Lego mode



phone mode



E-liquids with attractive flavors



E-cigarettes and devices




Advertisements

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## Bad Things In An E-cigarette ~



- Nicotine**: Making teenagers become addicted to other substances easily, and probably causing irreversible brain damage.   
Nicotine is used in herbicides and pesticides.
- Anabasine**: Become the kind of Nitrosamines, leading cancerous cells to generate.
- Propylene glycol**: Causing contact dermatitis, hair loss, paresthesia, kidney damage and liver abnormalities.
- Diethylene glycol**: Damage the liver and kidneys if overdose on it.
- Cotinine**: Become the major cause of atherosclerosis and vascular re-obstruction.
- Formaldehyde**: Irritate eyes and respiratory tracts. The long-term effects of inhalation may cause chronic respiratory diseases.
- Acetaldehyde**: Formaldehyde is used in formalin.
- Myosmine**: Probably have the ability to inhibit male's aromatase enzyme, causing reproduction hormone disorder and the risk of cancer.

Source: [https://www.facebook.com/nosmokelove/2hc\\_ref=PAGE%20TIMELINE](https://www.facebook.com/nosmokelove/2hc_ref=PAGE%20TIMELINE)

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## They are Attractive !

- 1 Kids and teenagers may be particularly vulnerable to trying e-cigarettes due to an abundance of fun flavors such as cherry, vanilla, pina-colada and berry.
- 2 E-cigarettes are marketed to kids and teenagers, and are likely to be the gateway of tobacco smoking.
- 3 E-cigarette users had **6.17 times** the odds of initiating cigarettes as never e-cigarette users.

Source: <http://www.tobaccoindustryandpublichealth.com/2015/07/28/11-ways-why-children-are-attracted-to-e-cigarettes/>

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## Attention ! E-cigarettes Fires and Explosions

**STORY 1**



**STORY 2**



Source:  
 1. <http://www.dailymail.co.uk/news/article-3236201/James-Laurie-23-severely-injured-e-cigarette-blows-face.html>  
 2. <http://www.dailymail.co.uk/news/article-3330468/College-student-shatters-vertebrae-loses-teeth-suffers-facial-fractures-e-cigarette-exploded-mouth.html>

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## Public Health Consequences of E-cigarettes

Nicotine dependence and abuse

Increasing the frequency and intensity of subsequent combustible tobacco cigarette smoking

Increasing risk of cancer and adverse reproductive outcomes

Insufficient evidence about the effectiveness as cessation aids

Injuries(explode and burn) and poisonings

Source: Public Health Consequences of E-Cigarettes(2018). The National Academy of Sciences.  
Engineering - Medicine

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## WHO HTPs Fact Sheet

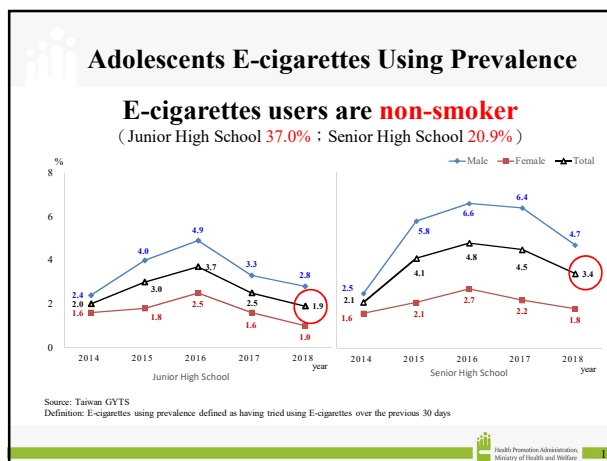
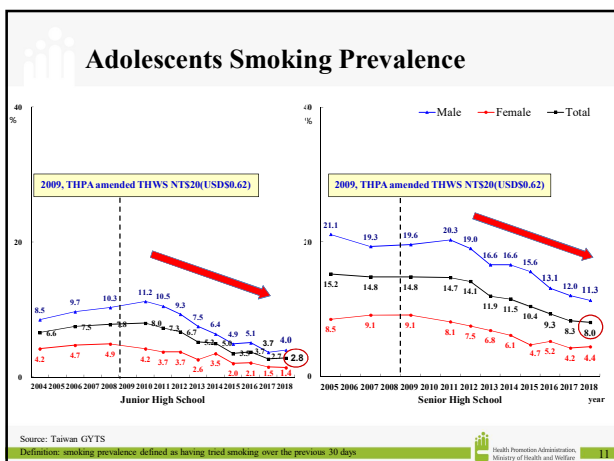
- HTPs are not e-cigarettes.
  - HTPs heat **tobacco** to generate nicotine. E-cigarettes heat **e-liquid**, which may or may not contain nicotine and in Most cases do not contain tobacco.
- Are HTPs safer than conventional tobacco?
  - there is currently **no evidence** to suggest that **reduced exposure to toxic chemicals translates to reduced risk in humans**. there is also **insufficient evidence on the potential effects of second-hand emissions** produced by HTPs. Additional independent studies will be required.
- **All forms of tobacco use are harmful**, including HTPs. Therefore, HTP s should be subject to policy and regulatory measures applied to all other tobacco products, in line with the WHO Framework Convention on Tobacco Control (WHO FCTC ).

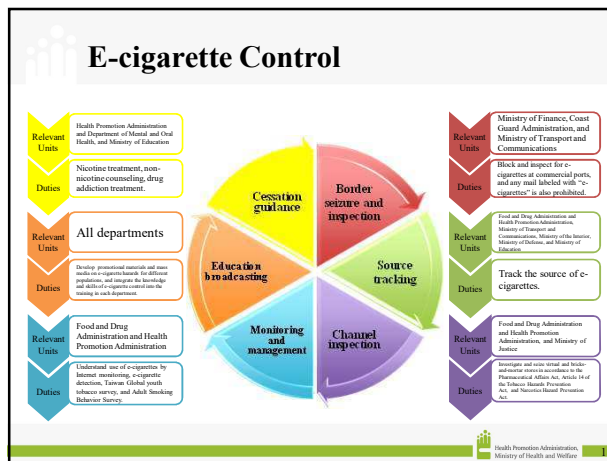
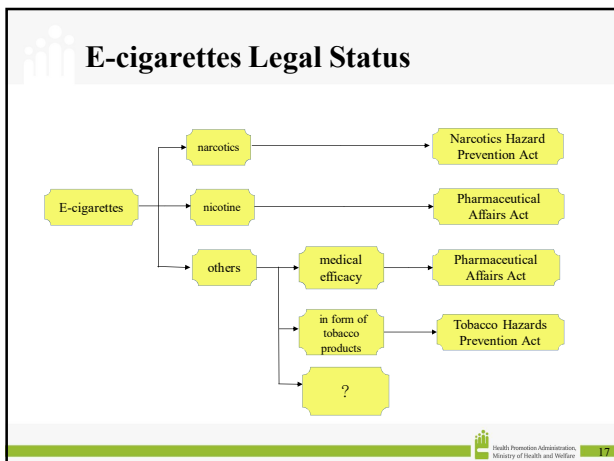
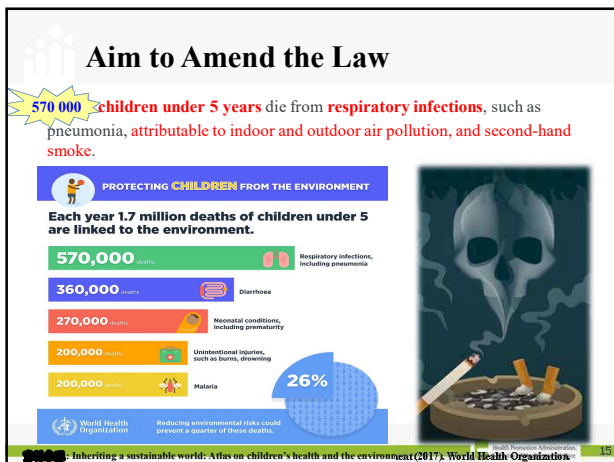
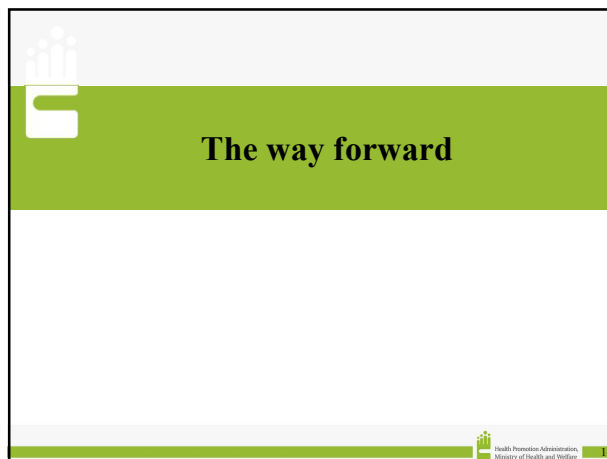
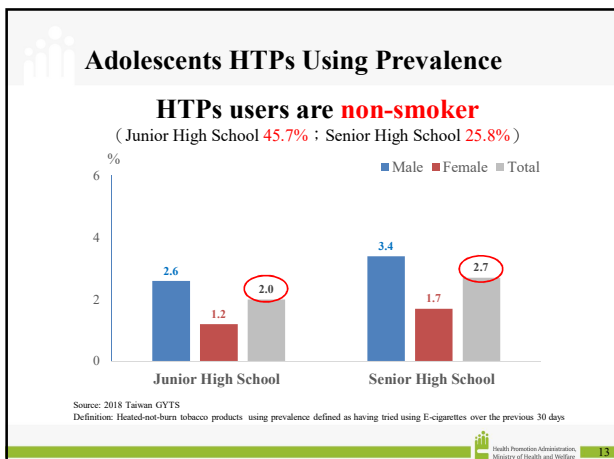
Source: Heated tobacco products (HTPs) information sheet  
[https://www.who.int/tobacco/publications/prod\\_regulation/heated-tobacco-products/en/](https://www.who.int/tobacco/publications/prod_regulation/heated-tobacco-products/en/)

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## The status of adolescent use

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## Interdepartmental cooperation

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## Inspection of e-cigarette by local government health bureaus

- Tobacco Hazards Prevention Act, Article 30:
  - Manufacturers or importers in violation of Article 14 shall be punished by a fine at an amount of no less than NTD 10,000 but no more than NTD 50,000, and shall be ordered to recall such tobacco products within a specified period of time. Those who failed to recall within the specified period of time shall be fined repeatedly and continuously for each failure to recall.
  - Any person who sells tobacco products as a business in violation of Article 14 shall be punished by a fine at an amount of no less than NTD 1,000 but no more than NTD 3,000.
- ◆ 292,312 inspections were conducted in 2018.
- ◆ Among them, 80 e-cigarette products were punished with a total fine of \$445,000 NTD (About \$15,000 USD).

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## E-cigarette prevention

- Launch an online campaign to highlight the most common issue: "things you should know about e-cigarettes."
- Show the animated films, extensive reports, illustrations and other interesting ways by integrated with internet media, popular web celebrity, graphic creators, English teaching materials and other cooperation to attract the attention of internet users and young people to publicize the harm of emerging tobacco products.

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## Tobacco Hazards Prevention Act, Revised- Regulation for E-cigarettes

- Notable regulatory actions under consideration by Taiwan government include:
  - Revised definition of "cigarette products", e-cigarette products will be included. Using of e-cigarettes is considered as smoking.
  - The dual management mode of drugs and tobacco products.
  - The production, import and sale of e-cigarettes and their components are prohibited, except for those who can provide medical drug license and medical device license.
  - E-cigarettes are banned in non-smoking area.
  - Pregnant women and those under 18 are prohibited from using e-cigarettes, and smoking cessation education should be given to those under 18 years of age who use e-cigarettes.
- Fines for violations
  - The existing fine of 300 ~ 1,600 USD for the manufacture and import of e-cigarettes will be proposed to 1,600 ~ 8,300 USD.
  - For dealers, there is an existing fine of 33-100 USD, which is increased to 333 ~ 1,600, and an additional fine of 333 ~ 1,600 USD for exhibitors.

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## Strengthen the regulation of e-cigarettes

**Nothing is more important than adolescent health**

- We are amending the law, according to international regulation and evidence-based strategies, to strengthen the regulation of e-cigarette and novel tobacco products to prevent teenagers from smoking and contacting the second hand smoke, including :
  - Banning on sale of e-cigarettes to persons under the age of 18
  - Prohibiting the manufacture, import, sale and display of e-cigarette
  - e-cigarette which is claimed for therapeutic use and proven according to Pharmaceutical Affairs Act would be exempted.
  - Banning on use of e-cigarettes in smoke-free areas
  - Advertisement, promotion of E-cigarette is banned.

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Promotion,  
Prevention,  
Protection,  
Participation,  
Partnership!

Ministry of Health & Welfare

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abstract code: AB-0161-ON

Promoting Your Health  
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Ministry of Health and Welfare

## Assessment of 2018 Taiwan tobacco control performance based on WHO MPOWER guidelines


I-Ying Hsiao<sup>1</sup>, Sue-Ming Liaw<sup>1</sup>, Meng-Ying Lu<sup>1</sup>, Shu-Ying Lo<sup>1</sup>, Shu-Li Chia<sup>1</sup>, Ying-Wei Wang<sup>1,2</sup>

<sup>1</sup> Health Promotion Administration, Ministry of Health and Welfare, Taiwan  
<sup>2</sup> School of Medicine, Tzu Chi University, Taiwan

### WHO tobacco control strategies

- Monitor Tobacco Use and Prevention Policies**
  - Adult Survey :Adult Smoking Behavior Survey (ASBS), Taiwan NHIS
  - School based Survey: Global School Personnel Survey (GSPS), Global Health Professional Student Survey (GHSPSS), GSHS/Taiwan Youth Health Survey (TYHS), Global Youth Tobacco Survey (GYTS)
- Protect People from Tobacco Smoke**
  - Regulation Enforcement on Smoking ban area to assure smoke-free environments, public awareness by mass media campaign
- Offer Help to Quit Tobacco Use:**
  - Second-generation Payment Scheme for Cessation Services and Quit Line
- Warn About Dangers of Tobacco**
  - graphic and text warnings on cigarette packs
- Enforce Bans on Tobacco Advertising, Promotion and Sponsorship**
- Raise Taxes on Tobacco:**
  - Tobacco Tax
  - Tobacco Health Welfare Surcharge

\*In 2008, WHO packaged and promoted six proven measures to reduce tobacco use worldwide. Known as MPOWER, the measures support scale up of specific provisions of the WHO FCTC on the ground.



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### Nine MPOWER Performance Rating Indicators as defined in 2017 WHO Report on Global Tobacco Epidemic Study

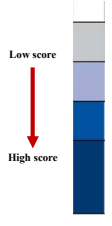
Performance Rating	M	P	O	W		E	R		
				Warning on tobacco	Tax on tobacco				
4th	2-20%	No tobacco ads on or near sites of sale, or no tobacco ads in public transportation	Complete absence of ban, or up to two public places completely smoke-free	None	No warning on small packages	No national coverage conducted with more than 50% of total population with duration of at least 3 months	Complete absence of policy, or ban that does not cover national advertising, radio and print media	2-25% of total population	YES Capable to meet all MPOWER goals in the top 20% of countries of the most advanced national average ranking between 2008 and 2015
3rd	20%-29.9%	Reason and representation ads for both adults and youth	Three to five public places completely smoke-free	NET and/or some cessation services (online and in-person)	Medium size warning covering some appropriate characteristics OR large warning covering many appropriate characteristics	National coverage conducted with more than 50% of total population	Ban on national advertising, radio and print media only	25-49% of total population	NO Capable to meet all MPOWER goals in the top 20% of countries of the most advanced national average ranking between 2008 and 2015
2nd	30%-39.9%	Reason and representation ads for both adults and youth	Five to ten public places completely smoke-free	NET and/or some cessation services (at least one of which is in-person)	Medium size warning with all appropriate characteristics OR large warning covering some appropriate characteristics	National coverage conducted with five to ten appropriate characteristics, or with some appropriate characteristics including along with electronic and radio	Ban on national advertising, radio and print media as well as some other small ads	50-74% of total population	NO Capable to meet all MPOWER goals in the top 20% of countries of the most advanced national average ranking between 2008 and 2015
1st	40%-49.9%	Reason	All public places completely smoke-free and private places for both adults and youth	National quit-line and ban, NET and some cessation services are available	Large warning with all appropriate characteristics	National coverage conducted with all appropriate characteristics including along with electronic and radio	Ban on all forms of advertising	75-100% of total population	4-9 Not capable to meet all MPOWER goals in the top 20% of countries of the most advanced national average ranking between 2008 and 2015

Note: Darker shades represent higher scores, lighter shades represent lower scores.  
Data sourced from WHO REPORT ON THE GLOBAL TOBACCO EPIDEMIC, 2017

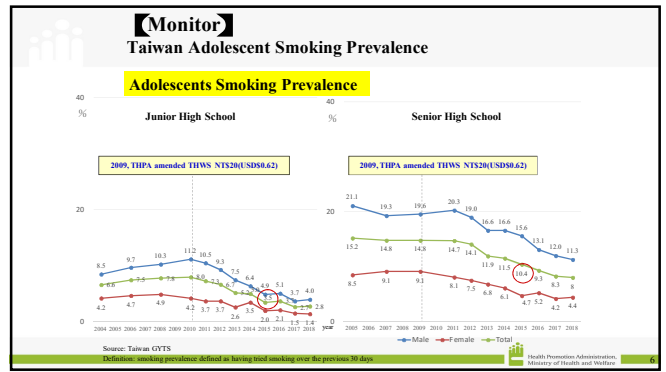
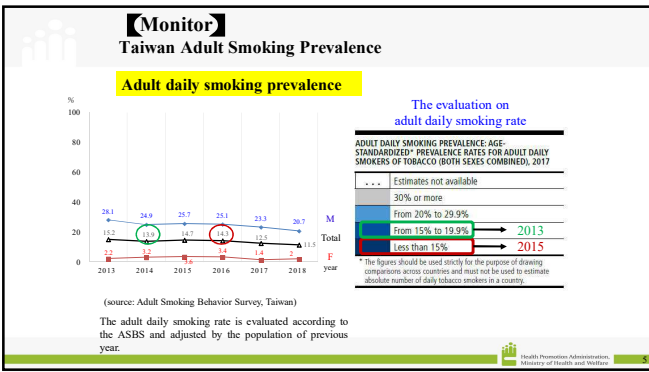
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### Study Objectives

- ◆ To grade 2018 Taiwan performance according to WHO guidelines
- ◆ Present and analyze data to explain areas of Taiwan MPOWER performance that showed significant progress



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### Protect

#### Protect People from Tobacco Smoke

Smoke-free legislation and 8 categories of public places where smoke-free laws employ:

1. Health-care facilities
2. Educational facilities except universities
3. Universities
4. Government facilities
5. Indoor offices and workplaces
6. Restaurants
7. Cafes, pubs and bars
8. Public transport

SMOKE-FREE POLICIES: POLICIES ON SMOKE-FREE ENVIRONMENTS	
Data not reported/not categorized	
Complete absence of ban, or up to two public places completely smoke-free	
Three to five public places completely smoke-free	
Six to seven public places completely smoke-free	
All public places completely smoke-free (or at least 90% of the population covered by complete substantial smoke-free legislation)	

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### Protect

#### Protect from Tobacco Smoke

SMOKE-FREE POLICIES: POLICIES ON SMOKE-FREE ENVIRONMENTS	
Data not reported/not categorized	
Complete absence of ban, or up to two public places completely smoke-free	
Three to five public places completely smoke-free	
All public places completely smoke-free (or at least 90% of the population covered by complete substantial smoke-free legislation)	

Source: Adult Smoking Behavior Surveillance System

Taiwan's smoke-free policies is ranked at the 1<sup>st</sup> tier countries which meets the standard as "completely" smoke-free places.

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### Offer

#### Offer Help to Quit Tobacco Use

The indicator is regarding the type of tobacco dependence, including help/service or treatment provided:

1. Nicotine replacement therapy
2. Other cessation support
3. Reimbursement for any of the above
4. National toll-free telephone quit line / help line

CESSATION PROGRAMMES: TREATMENT OF TOBACCO DEPENDENCE	
Data not reported	
None	
NRT and/or some cessation services (neither cost-covered)	
NRT and/or some cessation services (at least one of which is cost-covered)	
National quit line, and both NRT and some cessation services cost-covered	

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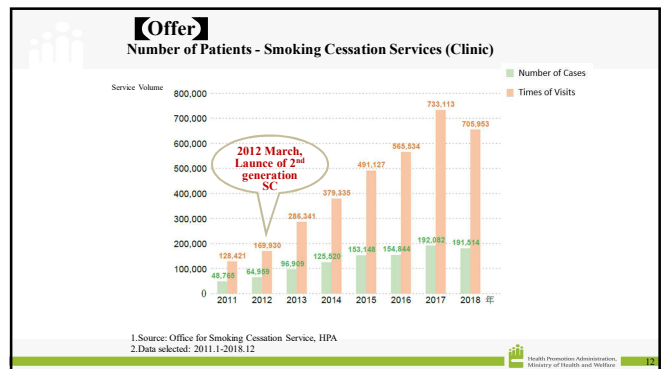
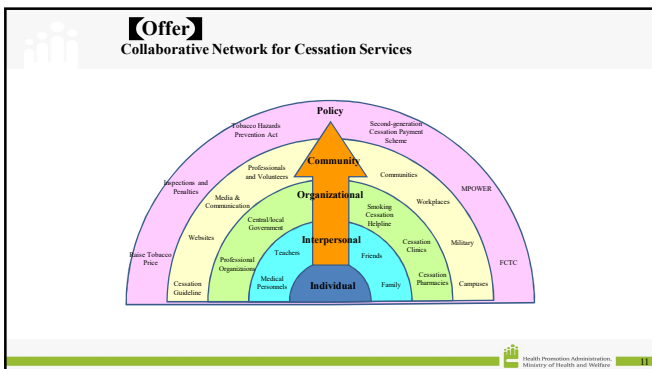
### Offer

#### Offer Help to Quit Tobacco Use

Type	Services paid by gov	Professionals
<b>Clinical treatment:</b> 2 <sup>nd</sup> generation cessation payment scheme -outpatient -hospitalization -pharmacy	1. Medication (NRT, non-NRT), with co-payment of medicine up to \$600 2. Physician fee 3. Cessation counseling 4. Cessation status follow-up 5. Extra pay for good performance 6. Assessment and counseling 7. Case management session around 30-30 minutes per week 8. A complete counseling procedure around 5 to 8 weeks.	1. Doctor 2. Dentist 3. Pharmacist 4. Health education personnel (nurse, pharmacist, MT, social worker) certified person for any of above
<b>Quitline</b> 0800-63-63-63	Telephone service	1. Counseling Psychologist 2. Counselor
<b>Quit &amp; Win campaign</b>	Campaign	NGO volunteer
<b>Community cessation classes</b>	Combine professional resources to provide cessation counseling	Special educator in smoking cessation class


CESSATION PROGRAMMES: TREATMENT OF TOBACCO DEPENDENCE	
Data not reported	
None	
NRT and/or some cessation services (neither cost-covered)	
NRT and/or some cessation services (at least one of which is cost-covered)	
National quit line, and both NRT and some cessation services cost-covered	

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**Warn**  
Warn about the Dangers of Tobacco


**W1: The evaluation of warn labels**  
**W2: Anti-tobacco mass media campaigns**



**Warn**  
**W1: Evaluation of Warning Label Display**

The evaluation on warn labels is regarding 8 characteristics:


- Whether specific health warnings are **mandated**;
- The mandated **size** of the warnings, as a percentage of the front and back of the cigarette pack;
- Whether the warnings appear on individual packages as well as on any outside packaging and labelling used **in retail sale**;
- Whether the warnings describe specific harmful effects of tobacco use on health;
- Whether the warnings are **large, clear, visible** and legible (e.g. specific colours and font style and sizes are mandated);
- Whether the warnings **rotate**;
- Whether the warnings are written in (all) the principal language(s) of the country;
- Whether the warnings include pictures or pictograms.



**Warn**  
Warning Label Displays in Taiwan (W1)

**Warning Labels 8 at least 35% of the tobacco package surfaces**


2009.1 enact      2019.6 enact



2014.6 enact

**Meaning**

- Smoking accelerated skin aging
- Difficult to get rid of addiction
- Sexual dysfunction
- Fetal harm
- Smoking causes the loss of money, health, work, love, family and the loss of life
- The hazards of passive smoking on children's health
- Smoking affects oral health
- Smoking on the health of family members and their hazards



**Warn**  
Warning of the Dangers of Tobacco Usage (W1)


**W1: Warn about the dangers of tobacco**

Taiwan's warning labels on tobacco products were legislated to cover **35%** of principal pack display areas and include all major characteristics outlined in MPOWER

**2nd Tier**

HEALTH WARNINGS: HEALTH WARNINGS ON CIGARETTE PACKAGES	
Data not reported	
No warnings or small warnings	
Medium size warnings missing some appropriate characteristics OR large warnings missing many appropriate characteristics	
Medium size warnings with all appropriate characteristics OR large warnings missing some appropriate characteristics	
Large warnings with all appropriate characteristics	


Legislator suggest to increase the area of warning labels to 60%. plain package was suggested to increase to 80%.



**Warn**  
W2: Anti-tobacco Mass Media Campaigns

The evaluation on anti-tobacco mass media campaign is regarding 8 characteristics:


- Whether it was part of a **comprehensive** government tobacco control program;
- Whether it utilized **media planning strategies**;
- Whether **research** was conducted to develop campaign messaging and materials;
- Whether campaign materials were **pre-tested** before use;
- Whether the campaign was **monitored** during implementation to ensure that materials were used as planned;
- Whether it was **evaluated to assess impact**;
- Whether **earned media** was used as an adjunct to the campaign.
- Whether the campaign was aired **on television and/or radio**.



**Warn**  
Anti-tobacco Mass Media Campaigns (W2)

Taiwan's media campaign has features of all characteristics required and is ranked at the **1st tiered** countries

MASS MEDIA: ANTI-TOBACCO CAMPAIGNS	
Data not reported	
No national campaign conducted between July 2014 and June 2016 with duration of at least 3 weeks	
National campaign conducted with one to four appropriate characteristics	
National campaign conducted with five to six appropriate characteristics, or with seven characteristics excluding airing on television and/or radio	
National campaign conducted with at least seven appropriate characteristics including airing on television and/or radio	



**Warn**  
Examples of Anti-tobacco Usage Mass Media Campaigns in Taiwan (W2)

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**Warn**  
Examples of Anti-tobacco Facebook in Taiwan (W2)

- Establishment : Feb 25, 2013
- Address : <https://www.facebook.com/hpagov>
- Number of fans: 223,370 (as of September 19, 2019)

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**Warn**  
Examples of Anti-tobacco Facebook in Taiwan (W2)

- Establishment : April 25, 2015
- Address : <https://www.facebook.com/nosmokeitoveu>
- Number of fans: 135,069 (as of June)

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**Warn**  
Monitoring the Smoking Messages in Television and Movies (W2)

- Movie: identifies 100 popular movies and movies replayed on TV channel to review the frequency and character of smoking scenes each year
- TV program: particular monitoring on the TV programs for youths to identify inadequate smoking scenes

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**Warn**  
NCC Guidelines on Prohibiting Media Promotion on Tobacco Usage (W2)

- HPA worked with NCC (the National Communications Commission) to establish the guideline of tobacco image appearing in Radio and TV program in 2009.
- Under the NCC guideline, the tobacco image appearing the TV programs are required to add the Anti-Tobacco textual message.
  - Targeting: avoid children and adolescents
  - Show-time: not suitable for children and adolescents
  - Frequency: high frequency should be avoided
  - Close-up view should be avoided
  - Duration: Long duration of scene should be avoided
  - Characters: The leading actors or actress in the smoking image or scene should be avoided

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**Warn**  
Warning Messages (6 Kinds of Messages ) (W2)

Anti-tobacco messages are displayed directly in the beginnings and each break of cartoons

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**Warn**  
Warning Messages (Anti-tobacco Textual Message on the TV Programs) (W2)



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**Enforce**  
Enforce Bans on Tobacco Advertising, Promotion & Sponsorship

**Ban on TAPS**

Based on whether the bans covered the following types of advertising:

- national television and radio;
- local magazines and newspapers;
- billboards and outdoor advertising;
- point of sale;
- free distribution of tobacco products in the mail or through other means;
- promotional discounts;
- non-tobacco goods and services identified with tobacco brand names (brand extension);
- brand names of non-tobacco products used for tobacco products;
- appearance of tobacco products in television and/or films;
- sponsored events.

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**Enforce**  
Ban on TAPS

E: Enforce bans on tobacco advertising, promotion & sponsorship

- ◆ Taiwan is ranked at the 1<sup>st</sup> tiered performance
- ◆ Bans on all forms of direct and indirect advertising - Taiwan followed Tobacco Hazards Prevention Act 2009, strengthened the enforcement of bans on national television, radio and print media

ADVERTISING BANS: BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP	
	Data not reported
	Complete absence of ban, or ban that does not cover national television, radio and print media
	Ban on national television, radio and print media only
	Ban on national television, radio and print media as well as on some but not all other forms of direct and/or indirect advertising
	Ban on all forms of direct and indirect advertising (or at least 90% of the population covered by subnational legislation completely banning tobacco advertising, promotion and sponsorship)

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**Enforce**  
Penalties of Tobacco Advertising, Promotion & Sponsorship



Ban on tobacco displays

Ban on Advertising and Promotions

A fine of NT\$5 million for tobacco promotion ads.  
County and city health bureau audit & penalty results (2009-2018): NT\$268 million (US\$3.9 million)

Health Promotion Administration, Ministry of Health and Welfare

**Enforce**  
Penalties of Tobacco Advertising, Promotion & Sponsorship



Fine NT\$5 million (US\$165,000) for Sponsorship

Health Promotion Administration, Ministry of Health and Welfare

**Enforce**  
Number of Penalty Cases and Total Fines Reported by City /County Health Bureau in Taiwan between 2009 and 2017

- Tobacco products shall not employ the advertising through radio, television, film, video, electronic signal, internet, newspaper, magazine, or through any other written, illustrated form, item or digital recording device.
- Penalty (2009-2017)

City/county health bureau	Penalties	Fined (NT\$)
Taichung City	39	48,960,000
Taipei City	22	31,605,000
Kaohsiung City	10	3,950,000
New Taipei City	10	15,526,850
Tainan City	7	710,000
Nantou County	5	490,000
Miaoli County	4	22,800,000
Yilan County	3	15,000,000
Taoyuan City	2	150,000
Kimmon County	2	150,000
Changhua County	1	5,000,000
Chiayi County	1	100,000
Pingtung County	1	100,000
Keelung City	1	5,000,000
Total	108	171,541,850

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### Raise Taxes on tobacco

Countries are grouped according to the percentage contribution of taxes to the retail price. Taxes assessed include excise tax, value added tax (sometimes called "VAT"), import duty (when the cigarettes were imported) and any other taxes levied. Only the price of the most popular brand of cigarettes is considered. In the case of countries where different levels of taxes are applied to cigarettes are based on either length, quantity produced or type (e.g. filter vs non-filter), only the rate that applied to the most popular brand is used in the calculation.

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### Raise Taxes on Tobacco Tax

**2<sup>nd</sup> Tier**

TAXATION: SHARE OF TOTAL TAXES IN THE RETAIL PRICE OF THE MOST WIDELY SOLD BRAND OF CIGARETTES

WHO recommends that at least 70% of the retail price of tobacco products

Source: WHO REPORT ON THE GLOBAL TOBACCO EPIDEMIC, 2017

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### Overall marking of Taiwan tobacco control performance based on the state of selected tobacco control policies in the world, 2019

THE STATE OF SELECTED TOBACCO CONTROL POLICIES IN THE WORLD, 2018

Note: red markings represent the status of Taiwan tobacco control performance

Source: WHO REPORT ON THE GLOBAL TOBACCO EPIDEMIC, 2017

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Promoting Your Health  
Health Promotion Administration,  
Ministry of Health and Welfare

## Improvement of tobacco-free hospitals' cessation services with a pay-for-performance subsidy in Taiwan

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## Outline

- Cessation services in Taiwan
- Monitoring the quality indices
- Conclusions

## Tobacco Use-Related Mortality

- Fact sheet from WHO
  - Tobacco kills more than 8 million people each year.
  - Direct tobacco use: more than 7 million
  - Non-smokers being exposed to second-hand smoke: around 1.2 million
- Epidemiological analyses in Taiwan
  - Tobacco kills approximately 27,000 people each year.
  - Direct tobacco use: 24,000
  - Non-smokers being exposed to second-hand smoke: 3,000

## Global Network for Tobacco Free Healthcare Services (GNTH)

GLOBAL NETWORK FOR TOBACCO FREE HEALTHCARE SERVICES

- Taiwan joined GNTH in 2011.
- The first and the largest network in Asia.
- 213 members (hospitals) in Taiwan network.

**19 countries, 1672 members worldwide till 2019**

## GNTH Standards for Tobacco-free Healthcare Services

**#1**

Governance & commitment

**#2**

Communication

**#3**

Education & training

**#4**

Identification, diagnosis & tobacco cessation support

## GNTH Standards for Tobacco-free Healthcare Services

**#5**

Tobacco-free environment

**#6**

Healthy workplace

**#7**

Community engagement

**#8**

Monitoring & evaluation

### Pay-for-performance Subsidy for Tobacco-free Hospitals (1)

**The subsidy for hospitals**

- Hold training course for employees.
- Budget for incentives for cessation service users.
- Hold tobacco control activities.

**The inspection of hospitals' cessation services**

- Service quantity.
- Abstinence rate.

**Establishing tobacco-free healthcare services and environments**

- Improvements to tobacco controls.
- Self-monitoring systems of non-smoking environments.
- Identifies the tobacco use status of patients.

**Domestic & international experience sharing**

- Gold Forum (international).
- Regional workshop.

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### Pay-for-performance Subsidy for Tobacco-free Hospitals (2)

- 348 hospitals providing cessation services in Taiwan in 2018.
- Subsidized by HPA: 119 hospitals
- Not subsidized: 229 hospitals

Subsidy (US dollars)	Service quantity in 2017 (subjects)	Abstinence rate in 2017 (%)
16,000	2,100	30
13,000	1,400	25
10,000	965	29
6,000	500	22
3,000	Lower than 500	Lower than 22

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### Quality Indices of Cessation Services

- Number of cessation service subjects
- Cost for cessation services
- Point prevalence abstinence rate (PPAR) at 6 month

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### Number of Cessation Service Subjects

- The hospitals with subsidy provide cessation services to more outpatients and inpatients when compared with the hospitals without subsidy.

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### Cost for Cessation Services

- The cost for each abstinent case in the hospitals with subsidy is 41% less when compared with the hospitals without subsidy.

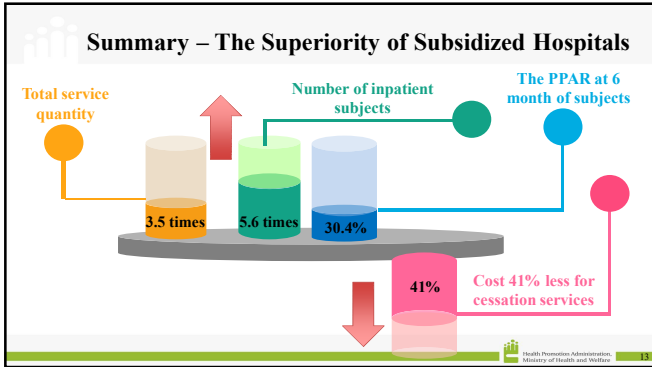
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### Point Prevalence Abstinence Rate (PPAR) at 6 Month

- The hospitals with subsidy kept subjects abstinent more effectively in follow-up when compared with the hospitals without subsidy, leading to higher 6-month point prevalence abstinence rate.

The boxes and middle lines indicate abstinence rate (95% confidence interval).

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- ### Conclusions
- The pay-for-performance subsidy offered by HPA facilitated tobacco-free hospitals to serve more subjects.
  - The subsidy made them have more resources to improve cessation services, enabling them to help subjects quit smoking with more practical and more effective approaches.
- Health Promotion Administration, Ministry of Health and Welfare





TID 15th Annual Conference #224

# The tobacco messages exposure: take 2018 popular movie as examples




Chi-Hui Chung, Yang-Chou Yu, Shu-Ying Lo, Chao-Jung Chen, Shu-Li Chia, Ying-Wei Wang

**Presenter: Chao-Jung, Chen** 15, October, 2019



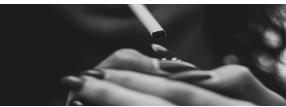
## Outline

1. Research Background
2. Research Methods
3. Results
4. Conclusions & Suggestions



The tobacco messages exposure: take 2018 popular movie as examples

# 1 Research Background

**Smoking Content**

Analyze the smoking content in the movies.

**Rank Movies**

We rank the movies according to the cigarette images counts and analyze their production background.

**Analyze Ratings**


Analyze the ratings of movies containing cigarette images.

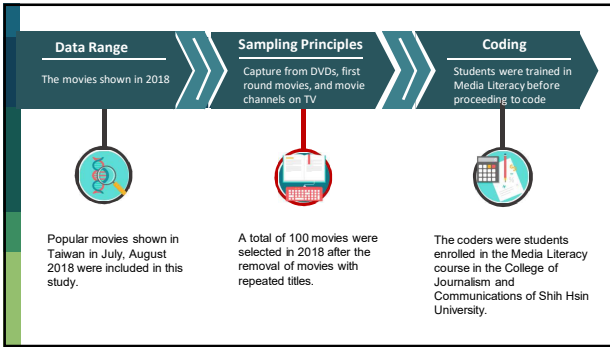
**Discuss**

Discuss the cigarette imagery portrayed in movies.

The tobacco messages exposure: take 2018 popular movie as examples

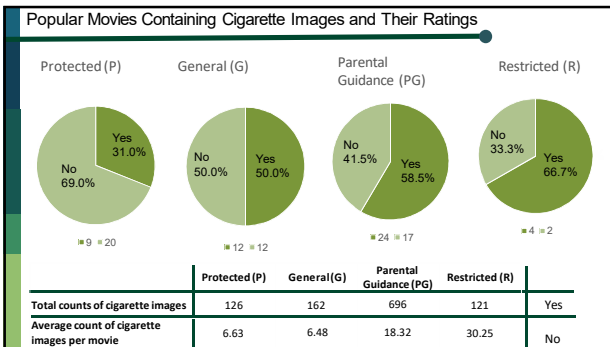
# 2 Research Methods





The tobacco messages exposure: take 2018 popular movie as examples

# 3 Results



### Top 10 Popular Movies Contained Cigarette Images

Movie Title	Cigarette Image Counts	Rating	Director	Leading Actors	Headquarter Location of Production Team
GATAO 2: The New Leader Rising	235	R	Yen Cheng-Kuo	Wang Shih-Sian	Taiwan
Darkest Hour	134	P	Joe Wright	Gary Leonard Oldman	UK
Terminal	121	PG15	Vaughn Stein	Margot Elise Robbie	Hungary, Ireland
Molly's Game	94	PG15	Aaron Benjamin Sorkin	Jessica Michelle Chastain	USA
Den of Thieves	78	PG15	Christian Gudegast	Gerard James Butler	USA
All the Money in the World	73	PG15	Sir Ridley Scott	Michelle Ingrid Willians	USA
Call Me by Your Name	71	PG15	Luca Guadagnino	Timothée Chalamet	Italy, USA
The Trough	40	PG15	Nick Cheung Ka Fai	Nick Cheung Ka Fai	China, Hong Kong
The Post	31	P	Steven Allan Spielberg	Meryl Louise Streep	USA
The Music of Silence	29	G	Michael Radford	Toby Sebastian	Italy

The tobacco messages exposure: take 2018 popular movie as examples

# 4 Conclusion & Suggestion

- The findings suggest that cigarette images should be continually monitored in both Hollywood and Chinese-language movies.
- The findings should be revealed in international health promotion agencies in order to raise awareness of cigarette images in movies for global antismoking organizations.

附件3：與會照片



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