INHPF
INTERNATIONAL NETWORK OF HEALTH PROMOTION FOUNDATIONS

Report Card
TOBACCO CONTROL

Across the Asia–Pacific region, tobacco control remains one of the most pressing public health challenges. Despite long-standing legislation, smoking and vaping continue to evolve, driven by new nicotine products, aggressive marketing, online sales channels, and social norms that influence both adults and youth. The organizations featured in this report; Health Promotion Administration (Taiwan), Preventive Health SA (Australia), Tonga Health Promotion Foundation (Tonga), Victorian Health Promotion Foundation (Australia), and Thai Health Promotion Foundation (Thailand), operate in diverse contexts but face similar systemic issues such as rising e-cigarette use among young people, limited access to cessation services, weak enforcement, and misinformation about product safety.

In response, these Health Promotion Foundations introduced multifaceted solutions such as legislative reforms, enforcement operations, community-based interventions, financial-incentive cessation pilots, digital support platforms, early-childhood prevention, and collective-impact models. Together, they demonstrate how coordinated policy changes, frontline service improvements, community empowerment, and innovative communication can reshape national responses to tobacco and vaping harms.

Project:

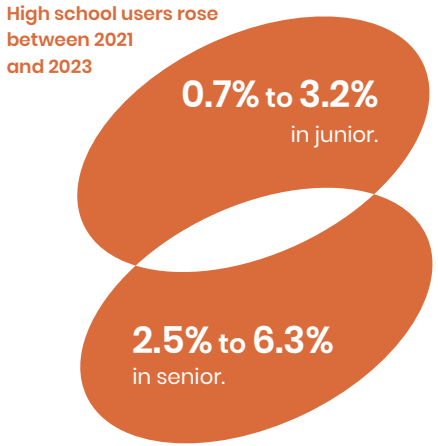
TOBACCO CONTROL STRATEGIES IN TAIWAN WITH NEW REGULATIONS AND MEASURES

Organization:

HEALTH PROMOTION ADMINISTRATION (HPA)

Context and Problem

- No updates on the Tobacco Hazards Prevention Act for over 15 years.
- Rise of e-cigarettes and new tobacco products.
- High school users rose between 2021 and 2023 => **0.7% to 3.2%** in junior and **2.5% to 6.3%** in senior.



Target Group

- **All citizens, especially young people and smokers**

Projects/Activities

1. Initiating legislative amendment process:

a. The Ministry of Health and Welfare (MOHW) drafted amendments to the Tobacco Hazards Prevention Act based on WHO FCTC, international experience, and multi-sector input.

b. Announced on May 29, 2020, passed by the Legislative Yuan on Jan 12, 2023, promulgated on Feb 15, 2023, and effected on Mar 22, 2023.

2. Reforming smoking cessation services:

Key measures include

a. **Since May 2022:** Co-payments for quit-smoking medicines were removed.

b. **Since July 2022:** Physician subsidies were introduced for the first time.

c. **Since Nov 2022:** Service certification processes were streamlined.

d. **Since Jan 2023:** Subsidies for cessation services were increased.

e. **Since Jan 2026:** Expand services to include heated tobacco (Medication & consultation) and e-cigarettes (Consultation only).

Tobacco Control Strategies in Taiwan with New Regulations and Measures

1. Amendment to the Tobacco Hazards Prevention Act

a. Total ban on E-cigarettes.
b. HTPs must pass a health risk assessment review before sold.
c. Smoking age raised from 18 to 20 years old.
d. Health warnings must cover ≥ 50% of tobacco packaging.
e. More public spaces for smoke-free areas.

(Ref: https://www.hpa.gov.tw/EngPages/Detail.aspx?nodeid=1054&pid=17534)

2. Central and Local Health Authority Collaboration for Enhanced Crackdown

a. Websites and social media monitoring using key search terms. Any detected is referred to local health authorities for investigation and action.
b. Local governments are evaluated on their efforts to crack down online distribution and handle related petitions.

(Ref: https://www.hpa.gov.tw/EngPages/Detail.aspx?nodeid=1054&pid=17913)

3. Enhancing online platform self-regulation and cooperation by working with platform partners on legal compliance and establishing self-monitoring mechanisms since 2024.

4. Reforming smoking cessation service:

a. Promote more smokers quit => Remove co-payment for quit-smoking medicines.
b. Promote participation of all medical specialties;
   i. Integrate services in National Chronic Disease Prevention project, with NT$1,000 subsidy for physicians offering the services for the first time.
   ii. Reduce training hours required for certification: Physicians (6) and non-physicians (10).
   iii. Develop online training courses and digital certificates for streamlined certification processes.
   iv. More subsidies for diagnostic fee, dispensing fee and case follow-up fee.

5. Promoting Tobacco Hazards Prevention:

a. Promote through key opinion leader and social media.
b. Strengthen the prevention across all education levels, from kindergarten to university.

(Ref: https://www.hpa.gov.tw/EngPages/Detail.aspx?nodeid=1078&pid=6210)

Project:

TOBACCO CONTROL STRATEGIES IN TAIWAN WITH NEW REGULATIONS AND MEASURES

(CONTINUED)

Organization:

HEALTH PROMOTION ADMINISTRATION (HPA)

Resources/ Collaboration

Central Cross-Ministerial/Departmental, and Local Health Authority Collaboration:

Topics	Resources	Collaborations
Border Check	Ministry of Finance, Ocean Affairs Council, Ministry of Transportation and Communications	Intercepting e-cigarettes and banning mails containing "e-cigarettes" at trading ports or coasts.
Source Tracking	HPA, Ministry of Transportation and Communications, Ministry of Interior	Tracking the source of e-cigarettes.
Circulation Audit	HPA, Ministry of the Interior, Ministry of Justice, Ministry of Finance	Working with local authorities to investigate physical stores and online platforms.
Monitoring and Control	HPA	Understanding the use of e-cigarettes through network monitoring, and the smoking behavior surveys on Teenager and National level.
Education and Communication	Respective Ministries and Departments	Developing materials on hazards of e-cigarettes targeting different groups, educating the public through mass media, including knowledge and skills on prevention in educational trainings.
Cessation and Treatment Counseling	HPA, Department of Mental and Oral Health, Ministry of Education	Nicotine cessation treatment, non-nicotine counseling and guidance, drug addiction treatment.

Outcomes/Impacts

- E-cigarettes or illegal products investigations (Mar 22, 2023 to Nov 30, 2025):
  - Over 890,000 audits were conducted.
  - 8,636 penalties were issued, totaling NT$740 million in fines.
- Major e-cigarette factories dismantled in New Taipei (2023), Taoyuan (2024), Taichung (2024) and Chiayi County (2025) seizing products worth over NT$220 million.
- After smoking cessation service reform, the number of visits in 2024 increased 24.1% compared with 2022. The smoking cessation success rate is 30% and remain stable.
- The e-cigarette rates in junior and senior high school users dropped from 3.9% and 8.8% in 2021 to 3.2% and 6.3% in 2023.

(Ref: https://www.hpa.gov.tw/Pages/Detail.aspx?nodeid=1725&pid=9931)

Challenges and Barriers

1. Law enforcement agencies are not very familiar with the provisions of the Act, so HPA helps strengthen law enforcement through cross-ministerial/departmental coordination and communication with local governments.
2. Smoking cessation services are carried out mostly by family physicians. Medical professionals only focus on treating chronic disease and seldom dealing with unhealthy behavior.

Why It Works/ Lessons Learned

1. HPA continued to cooperate with central cross-ministries/ departments and local health authorities to prevent e-cigarettes or illegal products, including border check, source tracking, circulation audit, monitoring and control, education and communication, cessation and treatment counseling.
2. To strengthen smoking cessation service,
   a. Integrate the service into national chronic disease prevention program.
   b. Reduce training hours, focusing on core professional courses with re-certificated every 6 years.
   c. Provide online courses and E-certificate with subsidy, encouraging more medical specialty physicians and non-physicians to participate.

Future Directions and Recommendations

a. The central and local governments continue intensified inspections of illegal products.
b. Amend the Act to improve the control of illegal online advertising and marketing activities.
c. Post-marketing monitoring and control mechanisms for heated tobacco products.
d. Enactment of practical and enforceable regulations governing flavored tobacco products.
e. Raise public awareness through continuous and targeted communication on tobacco hazards prevention across different groups.
f. Promoting services to all sectors, applying IT to support process of smoking cessation services, and introducing new model for the services.

Acknowledgments and Contributors

MOHW and HPA work with Ministry of Finance, Ocean Affairs Council, Ministry of Transportation and Communications, Ministry of the Interior, Ministry of Justice, Ministry of Education, Ministry of Digital Affairs, National Communications Commission, 22 County and City Government Health Bureaus, Civil Society and Internet platform operators for collaborating on tobacco control.

Project:

THE 'INCENTIVE TO QUIT' ('I2Q') PILOT PROGRAM

Organization:

PREVENTIVE HEALTH SA

I2Q INCENTIVE TO QUIT

Context and Problem

High smoking and vaping rates in low socio-economic areas.

Target Group

- **High prevalence vulnerable groups (priority populations) of smokers and vapers.**

Why It Works/ Lessons Learned

- I2Q provides a simple system for health services to give a tangible reward to clients for reaching cessation milestones, and an engaging and innovative scheme for clinicians to support clients.

Projects/Activities

A pilot smoking and vaping cessation program to test the effectiveness of providing financial incentives to support quit attempts for high prevalence groups.

Resources/ Collaboration

- A contracted research body implementing and evaluating impact.
- A co-design process with clinicians, and the development of a digital registration platform, has refined the pilot's model to ensure utilization is streamlined.
- Supermarket vouchers up to $150, can be gained by a registrant who reaches all quitting milestones, such as calls to the Quitline or successful abstinence (Verified by carbon monoxide test for tobacco use/ smoking, or saliva cotinine mouth swab test for e-cigarette use/vaping).

Challenges and Barriers

- Maintaining skills and knowledge, despite staff movements.
- Integrating into existing systems and procedures rather than being a stand-alone program.

Future Directions and Recommendations

The program is scalable, offering the opportunity to expand across health systems.

Approaches/Strategies

- The program is a multi-strategy pilot initiative that provides financial (supermarket voucher) incentives and other quitting resources to encourage and support smokers/ vapers to quit.
- The program provides training, resources and a system for health professionals to deliver brief advice to encourage and support quit attempts.

Acknowledgments and Contributors

- The program is implemented by Preventive Health SA, through a contract with the Houd Research Group. It is currently operating and is co-designed with clinicians at the Northern Adelaide Local Health Network.

Outcomes/Impacts

In two years, the pilot:

- Recruited **526** clients.
- Achieved **30.3%** validated point prevalence.
- Enrolled **336** health professionals in training to deliver brief advice.

Project:

EDUCATIONAL ACTIVITY MEDIA SET TO BUILD IMMUNITY AGAINST E-CIGARETTES FOR YOUNG CHILDREN

Organization:

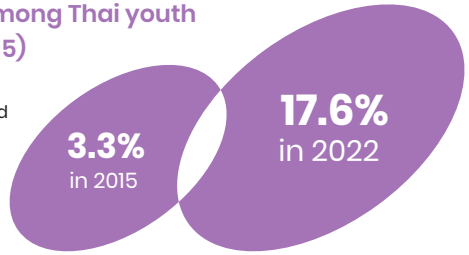
THAI HEALTH PROMOTION FOUNDATION (THAIHEALTH)

Context and Problem

- Global Youth Tobacco Survey (GYTS) 2022 found vaping among Thai youth (ages 13–15) jumped to 17.6% in 2022 from 3.3% in 2015. Youngest was 7 years old.
- Marketing targets youth with attractive scents, colors, and toy-like designs. Innovating products appealing to young people.
- Enforcement gaps remain despite Ministry of Education regulations promoting tobacco- and alcohol-free schools.
- Children aged 3–6 form attitudes about smoking by observing parental behavior.
- WHO recommends prevention begin in early childhood before experimentation occurs.

Vaping among Thai youth (ages 13–15)

Youngest was 7 years old



Target Group

- **965 trainees from 5 affiliated organizations and people from 7 groups** (Educational institutions, government agencies, and public networks).

Resources/ Collaboration

- Department of Local Administration: Issue provincial announcements promoting early childhood development centers' participation in teaching programs on tobacco and alcohol risk awareness, with ongoing pilot implementation.
- Border Patrol Police Region 1: Partnered to deploy educational materials on tobacco and alcohol awareness across 45 Border Patrol Police schools.

Projects/Activities

Strategy 1: Design Thinking Process

- Expanded the Activity Media Set from expert networks to teachers in 7 affiliated organizations: Islamic schools (southern border provinces), Department of Local Administration, Border Patrol Police Schools, Special Task Force "Santisut", and Demonstration School (Yala Rajabhat University).
- Results: 965 teachers trained; 514 activity media sets distributed.
- Emphasize adapting media to local contexts using Design Thinking to understand complex issues.

Strategy 2: Design-based Implementation Research

- 3 core prevention components:
  - Adapt: Ensure correct knowledge of e-cigarette harms (physical, mental, social, environmental) in long-short terms.
  - Provide: Prepare information for children to share with parents.
  - Reject: Train decision-making and communication skills to resist peer influence and media.

(Ref: Heart Smart Virginia: Tobacco and E-Cigarette Prevention, The Virginia Department of Education and Texas Health and Human Services, The Department of State Health Services)

Activities

- Integrate Executive Function (EF) framework to build self-regulation skills, creative problem-solving, flexible thinking, resisting temptations, maintaining focus, and impulse management.
  (Ref: Center of Child Development Center, Harvard University, 2018)
- Develop 3 activity structures:
  1. Build knowledge about e-cigarettes.
  2. Train observation and risk-identification skills.
  3. Teach self-regulation and refusal skills.
- Create 20 supplementary materials, pilot-tested with teacher training and ongoing follow-up.

Project:

EDUCATIONAL ACTIVITY MEDIA SET TO BUILD IMMUNITY AGAINST E-CIGARETTES FOR YOUNG CHILDREN

(CONTINUED)

Organization:

THAI HEALTH PROMOTION FOUNDATION (THAIHEALTH)

Outcomes/Impacts

1. Development of the Activity Media Set

Developed 5 core activities through mindfulness-based play aligned with natural child development:

1. Spark Through Musical Drama: Musical performance and role play to teach harms and risks; positions children as "protectors" with strong attitudes, knowledge, thinking, and skills.
2. Diagnose Children at Potential Risk: Role-play "shop setting" encourages children to share past experiences with alcohol or cigarettes, allowing teachers to identify and monitor at-risk children.
3. Stress Management: Trains children to manage negative thoughts and emotions under stress (Darkness, time pressure) using problem-solving, planning, and positive peer interactions.
4. Creative Self-Care: Encourages healthy self-care habits through activities like creating their own healthy menu.
5. Child as IDOL: Children express care toward adults who smoke or drink to encourage behavioral change in families and communities.

2. Scaling Up through Gamified Online Teacher Training

- Teachers design curriculum using 50 activities including body training, emotional and mental training, self-control (Social rules and daily life).
- Gamification Structure (3 Components)
  1. One Stop Content: Comprehensive teaching materials with integrated content delivery and evaluation systems.
  2. Embedded Plan: Lesson planning guidance for curriculum integration.
  3. Fun and Exciting: Gamified training system to enhance teacher engagement.

3. Project Reach and Evaluation

- 2,000 participants across 138 schools (Administrators, teachers, students, parents, and stakeholders).
- Teacher Feedback
  - 96% confirmed practical usability in schools.
  - 91% found materials age-appropriate for development.
  - 93% agreed theoretical foundation supports age-appropriate design.
- Student Outcomes: Increased awareness on tobacco (93%) and alcohol (92%) issues

Why It Works/ Lessons Learned

- Scalable Approach: Developing diverse awareness materials (songs, plays, stories, cartoons, art, educational games).
- Skill Development Focus: Refusal skills, self-control, and health literacy.
- Multi-Stakeholder Collaboration: Administrators, teachers, parents, and students.
- Youth-Centered Design: Design communication strategies, analyze media exposure, develop media literacy, become content creators, create age-appropriate, and impactful messages.
- Holistic approach: Combining prevention, monitoring, and intervention.

Challenges and Barriers

- Developmental limitations: Young children have limited abstract thinking and short attention spans; materials must be concrete, simple, and repetitive.
- Media and activity design: Children focus more on visuals, colors, and sounds; activities should be interactive, hands-on, or based on real situations.
- Complex risk factors: Topics like smoking, e-cigarettes, and alcohol are complex; using symbols or characters can support understanding.
- Role of teachers and parents: Learning relies on teachers and parents; if they do not understand or engage, children receive incomplete information. Materials should include guidance for adults.
- Diversity in language, culture, and resources: These differences require activity sets in ready-to-use and digital formats, with local languages and local materials.
- Evaluating outcomes: Young children cannot self-assess, and behavior change is not immediate; teacher training and activity-based assessment are necessary.

Future Directions /Recommendations and Acknowledgement

Ministry of Education (OBEC & OPEC): Support policy integration of life skills for substance avoidance in early childhood curriculum; promote 100% tobacco/e-cigarette-free school declarations at preschool level.

Local Government (Subdistrict Administrative Organizations & Municipalities): Provide early childhood development centers with health and safety learning materials addressing key risk factors (tobacco, e-cigarettes, alcohol).

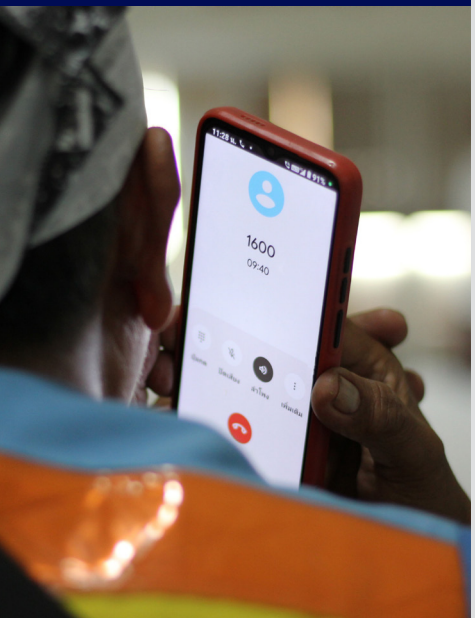
Civil Society & Media: Communicate e-cigarette information in accessible formats; publicize successful tobacco-free awareness programs in early childhood schools.

Project:

DEVELOPMENT OF THE NATIONAL QUITLINE SERVICE AND THE USE OF TECHNOLOGY AS AN INTERVENTION

Organization:

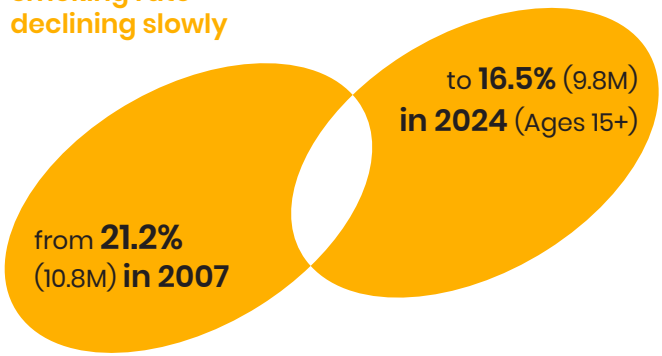
THAI HEALTH PROMOTION FOUNDATION (THAIHEALTH)



Context and Problem

Current Situation:

- Smoking rate declining slowly: from **21.2% (10.8M) in 2007 to 16.5% (9.8M) in 2024 (Ages 15+).**
- Still above national target of 15% by 2027.
- Working-age adults remain highest consumption group for over 20 years.
- Rapid increase in e-cigarette among primary, secondary, and vocational students.
- Strong correlation between socioeconomic status and tobacco consumption.



Key Service Gaps:

- Limited access:
  Vulnerable and high-smoking groups struggle to access cessation services (both healthcare facilities and Quitline 1600).
- Weak comprehensive tobacco cessation services at provincial level.
- Low Awareness & Capacity: Community leaders, village health volunteers, families, and healthcare workers lack skills in brief advice and ongoing support for quitters.
- Inadequate Communication: Insufficient promotion of cessation service channels and locations to reach smokers and e-cigarette users.

Projects/Activities

1. Expanding Service Access (Started Sep'24):

- Develop comprehensive provincial cessation services integrated with healthcare facilities using U-Refer system (Web/mobile/LINE app).
- Expand services to community networks, schools, factories, and special groups focusing on those not ready to quit.
- Strengthen access through U-Refer & U-Quit by increasing literacy, awareness, and skills among community leaders, village health volunteers, families, and healthcare workers to provide brief advice and ongoing support for quitters.
- Launch marketing campaigns: Chatbot "Nong Wanmai" (QuitlineAI.or.th), social media outreach (TikTok/Facebook), and Voice of Your Favorite Person and 21 Days Challenge campaigns.

2. Quality Improvement:

- Establish Quality Service Team (QLSQ) with 11 members to continuously design services, develop protocols, and supervise service quality.

3. Service Innovation:

- Conduct research to develop comprehensive, effective cessation systems for patients, youth, and pregnant women.
- Update 12 clinical practice guidelines covering various user groups (Youth, e-cigarette users, mental health patients, proxy callers, ex-smokers, etc.).

4. Internal Management Reform:

- Invite external advisory board to guide on organizational management, strategy planning, and performance monitoring.

Target Group

1. Tobacco Users: All genders, ages, and regions across Thailand (Ready & not ready to quit) who use telephones and communication technologies. Mainly vulnerable groups (People with health issues and youth in educational institutions and communities).

2. Supporters and Service Providers: Close contacts of tobacco users, health personnel, and individuals interested in promoting cessation.

Resources/Collaboration

ThaiHealth funding:
Provincial and community-level cessation service development.

- Brief advice training for community leaders, village health volunteers, teachers, families, and healthcare workers.
- Marketing and PR campaigns, working with NIDA's School of Communication Arts and Management Innovation).
- Service innovation development and internal management system reform.

National Health Security Office funding:

- Quality and effectiveness development for Quitline 1600 telephone-based and technology-mediated cessation services.

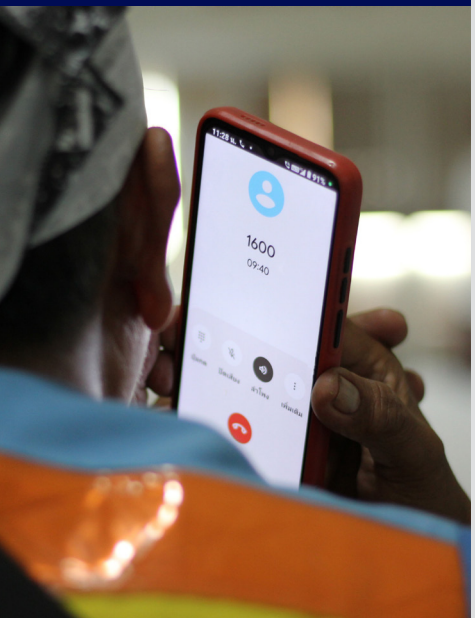
Project:

DEVELOPMENT OF THE NATIONAL QUITLINE SERVICE AND THE USE OF TECHNOLOGY AS AN INTERVENTION

(CONTINUED)

Organization:

THAI HEALTH PROMOTION FOUNDATION (THAIHEALTH)



Outcomes/Impacts

ThaiHealth, the Ministry of Public Health, and the National Health Security Office jointly established the National Quitline in Jan'09, offering both inbound and outbound services.

Partnerships extend to local health facilities, village health volunteers, community leaders, and civil society groups to support smoking reduction and cessation efforts.

Collaborate with multiple health professional networks to strengthen nicotine addiction treatment and referral systems.

Oct'23 - Feb'25, 1,428 service units provided cessation counseling (Inbound and outbound) to 5,531,662 individuals, with **15,924 successfully quit smoking for 6 months.**

Thailand became 2nd country in the Asia-Pacific with a quitline.

Why It Works/ Lessons Learned

This activity is a trial phase, so results may not yet clearly reflect the intended indicators.

The unclear outcomes are influenced by the widespread normalization of e-cigarette use among youth, especially young women along with the growing e-cigarette business, weak law enforcement, and limitations in the comprehensive cessation service system and professional networks.

Despite this, the National Quitline gained its first opportunity to work closely with partners and engage in lesson-learning activities.

This process improved understanding of service-access challenges and gaps in collaboration with tobacco-control networks, forming a foundation for future work.

Challenges and Barriers

- Collaboration across government and private-sector agencies toward national tobacco control targets remains weak, with unclear policy implementation.
- Tobacco control networks focus strongly on MPOWER measures but less focus on "O – Offer help," resulting in limited attention to cessation support.
- Despite NHSO certification, Quitline 1600 still has low reach because no agency promotes the service; most users call only after seeing the number on cigarette packs. The National Quitline lacks staff and resources to do so.
- Sep'24, ThaiHealth has funded a marketing-based communication project to expand access to cessation services; implementation and early monitoring are ongoing.

Future Directions /Recommendations and Acknowledgement

- Achieving the national target of reducing smoking rate to 14% by 2027 requires Quitline 1600 (population-based) to work with cessation services in the health system (individual-based).
- When integrated, smokers receive both medication support and behavioral counseling, plus follow-up to prevent relapse, increasing successful quit rates.
- A key challenge is developing a shared data system between the Fa Sai Plus Clinics (medical network) and Quitline 1600; currently uses Google Forms, no medical e-record system.
- Strengthening a cessation data system between Quitline 1600 and the Ministry of Public Health's Health Data Center to improve outcomes.

Project:

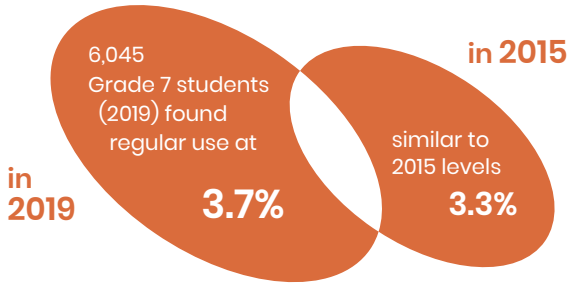
SMOKE/VAPE-FREE FAMILY PROJECT

Organization:

THAI HEALTH PROMOTION FOUNDATION (THAIHEALTH)

Context and Problem

- 6,045 Grade 7 students (2019) found regular use at 3.7%, similar to 2015 levels (3.3%).
- Key risk factors for youth vaping: Parents who vape (6× higher risk), peers who vape, peer acceptance, prior cigarette use, and misconceptions that it's harmless (5× higher risk).
- Fathers (primary smokers) increasingly want to quit to protect children from secondhand and thirdhand smoke, influenced by health issues, family relationships, and workplace restrictions.
- Many parents do not recognize e-cigarettes, underestimate risks, or lack skills to help children.
- Widespread use of e-cigarettes, cannabis, and kratom among students; some are sellers.
- Children often witness smoking/alcohol use at home and are sometimes asked to buy them.
- Positive messages and smoke-free home rules support parents/caregivers to quit.
- Multiple provinces (Ubon Ratchathani, Trang, Lampang, Nonthaburi) report large-scale illegal e-cigarette shops near schools, selling openly and in high volume to minors.
- Widespread online sales, cheap and easily accessible, and youth buying/selling is normalized.



Approaches/Strategies

- Conduct qualitative research on smoking and vaping among secondary school students for school interventions, including surveys such as the Family Poll on perceptions of e-cigarettes.
- Implement smoke-free school activities and strengthen parent networks to support prevention, monitoring, and family-based learning sessions.
- Run "Smoke-Free Family Classroom" activities in communities and promote smoke-free zones.
- Train early childhood teachers to build awareness of tobacco harms among young children.
- Organize leadership dialogues with local administrators to support policies for smoke-free families and communities, including manuals for local implementers to run smoke-free family activities.
- Promote youth as communicators and advocates to prevent new smokers.
- Produce family communication tools (Positive communication guides, posters, 21-day smoke-free challenge) to strengthen family engagement.
- Study fathers' behaviors, needs, and expectations across regions and develop leadership programs for "Smoke-free Fathers", and document success cases.
- Create digital and social media content to raise awareness and mobilize public engagement.
- Lead campaigns and advocacy efforts both offline and online to promote smoke-free communities.

Target Group

- **Students**
- **Parents and those concerned about e-cigarettes**
- **Early childhood development (ECD) teachers**

Resources/ Collaboration

- Partnerships with secondary schools in Bangkok (Wat Nong Chok School, Wat Intararam School, Prachanukul School) through school administrators and parent networks.
- Collaboration with local governments and schools in Trang, Ubon Ratchathani, Lampang, Surin, and Nonthaburi, including multiple early childhood centers and community areas.
- Engagement with universities and academic experts from Mahidol University, Ramkhamhaeng University, and Thammasat University.
- Collaboration with the Araksa Project and the National Institute for Child and Family Development.
- Partnership with the Department of Women's Affairs and Family Development for national advocacy to protect children from e-cigarettes.
- Support from community networks in Romklao Housing, Wang Thonglang, Lampang, Surin, and Ubon Ratchathani.

Projects/Activities

- Partner with local governments, schools, and communities to expand smoke-free environments.
- Collaborate with academic institutions to generate and apply evidence for targeted interventions.
- Strengthen parents' awareness and capacity through learning programs and support spaces.
- Develop leadership programs for fathers as a positive role-model and support smoke-free community action.
- Use parent networks to build social pressure on government and online platforms to restrict e-cigarette advertising and sales.
- Produce strong storytelling and advocacy campaigns to influence public opinion on vaping.

Project:

SMOKE/VAPE-FREE FAMILY PROJECT

(CONTINUED)

Organization:

THAI HEALTH PROMOTION FOUNDATION (THAIHEALTH)

Outcomes/Impacts

- "Smoke-Free Family Classrooms" and school–community partnerships created supportive spaces that strengthened smoke-free policies, engaged parents and students, and improved student health literacy.
- Municipalities expanded and enforced smoke-free zones, improving community environments with strong public participation.
- Parent networks grew and became active contributors to school and community tobacco-free efforts.
- Smoking behavior improved: some participants quit for 6 months, many stopped smoking indoors, and families established shared rules and positive communication.
- Local working teams built stronger skills and became effective community champions, including motivating fathers to quit for family health.
- The project supported hospitals by helping identify smokers earlier and referring them for cessation support.
- Schools gained readiness and confidence to join and succeed in "White School" assessments.

Challenges and Barriers

- Frequent changes in school leadership and political conflicts in some areas disrupt continuity and stall local implementation.
- Parent networks depend heavily on school administrators, face annual turnover, and struggle with low participation due to parents' time constraints, limited awareness, or non-parent caregivers.
- Coordination with schools, especially in Bangkok, can be slow due to administrative procedures and varying levels of interest from school staff and parents.
- Parents often lack knowledge about e-cigarettes, and some view vaping as harmless, reducing advocacy power and engagement.
- Information on e-cigarette harms is scattered, making clear communication challenging.
- Some smokers are reluctant to join activities, requiring home visits to build trust.
- Working teams experience fatigue from high workloads and find it difficult to engage father leaders due to scheduling issues.
- Smoking behavior change is slow and requires long-term follow-up and support.

Why It Works/ Lessons Learned

- District-level coordination, especially through district hospitals and village health volunteers (VHVs), enabled wide expansion and strong community reach.
- Local government leaders and trusted community actors (village heads, VHVs, housing committees) played a central role in mobilizing communities and sustaining smoke-free efforts.
- Capacity building; knowledge, tools, and cessation aids, empowered community teams to provide counselling and support independently.
- Schools effectively applied the 7 smoke-free school models, strengthening collaboration among teachers, parents, and student leaders and contributing to White School development.
- Students were key peer advocates who could reach youth smokers more effectively than adults.
- Accessible, context-appropriate communication materials supported ongoing awareness in schools and communities.
- Positive family environments, along with emotional motivation and support, helped drive smoking reduction and cessation.
- Engagement from local administrators and community leaders enhanced coordination, resource mobilization, and overall project momentum.

Future Directions and Recommendations

- Track cessation progress in stages and record relapse reasons to strengthen tailored support.
- Expand successful project sites as models and integrate the smoke-free family approach with schools, ECD centers, community partners, and health services.
- Update and refine learning materials on e-cigarettes and ensure communication tools match audience needs.
- Create platforms for schools to share practices on the 7 smoke-free school models.
- Develop targeted strategies to engage fathers, including flexible scheduling and digital communication.
- Establish continuous follow-up systems such as digital groups or community mentors.
- Increase youth roles in advocacy and peer-to-peer activities.
- Build cross-area networks to exchange experiences and lessons learned.

Acknowledgments and Contributors

Araksa Project (Dr. Anjamanee Boonsue): Provided trainers and materials for early childhood teacher training.

Bang Rak Subdistrict Administrative Organization: Supported budget allocation under local policy to implement smoke-free schools and smoke-free families in the community.

Media Move: Assisted in producing media clips to share project stories through social media.

Project:

ALCOHOL, DRUGS AND TOBACCO ENFORCEMENT OPERATION 2024

Organization:

TONGA HEALTH PROMOTION FOUNDATION (TONGAHEALTH)

Context and Problem

- The Crime Prevention Unit (CPU) and TongaHealth promote healthy lifestyles and reduce substance abuse nationwide.
- Although rates of drunkenness, tobacco smoking, and illicit drug use began declining in 2022, the reduction fell short of the Ministry of Tonga Police's expectations.
- Limited capacity of community engagement efforts, particularly through the Community Patrol Volunteer initiative constrained progress.
- The Illegal Drugs Control (Amendment) Act 2020 and the Crime Prevention Strategy 2020–2024 both require police to work closely with communities and engage youth in enforcement and crime reduction, though resource constraints limit these efforts.
- The denial of overseas work opportunities to youths with substance-related records underscores the urgent need to address alcohol, tobacco, and illicit drug misuse.
- To respond, CPU seeks support from donors to strengthen the enforcement of key legislation, expand public awareness campaigns, and enhance collaboration with schools and community groups to build a safer, healthier Tonga.

Projects/Activities

- Enforce the liquor and Tobacco legislation
  a. Monitor alcohol retailers, wholesalers, bars, and restaurants in Tongatapu and outer islands for compliance.
  b. Train business owners on legal obligation and violation consequences.
- Raise Awareness on the harms of alcohol abuse, tobacco smoking and vaping in school
  a. Conduct weekly health education in target school.
  b. Hold education seminars for parents on supporting their children.
- Stop illegal marketing activities and ensure public safety
  a. Work with community leader and police to identify hotspot and illegal market
  b. Control drink driving behavior and public drunkenness to ensure community safety.

Approaches/Strategies

- **Community – School - Business Owner**

Target Group

- **Youth, local community and business owner in Tongatapu, Vava'u, Eua, and Haapai.**

Resources/ Collaboration

- $68,894 TOP from TongaHealth
- Police Crime Prevention Staff implemented the project with provided training materials and tools.
- Police collaborated with schools and government agencies to achieve project goals.

Why It Works/ Lessons Learned

- Integrated approach combining education, enforcement, and community engagement created shared responsibility for reducing substance-related harm.
- Talanoa sessions and school programs effectively raised awareness and built trust between police and communities.
- Targeted education increased business owner compliance with regulations.
- Locally tailored strategies addressed unique challenges across different islands.
- Balanced education and enforcement approach prevented repeat offenses, especially youth.
- Strong stakeholder collaboration enhanced project reach and impact.
- Resource limitations (staffing, transport) hindered operations in some areas.

Acknowledgments and Contributors

The Australian Government on funding, commitment to improving public health and safety in Tonga, and contribution to build local capacity, promote healthier lifestyles, and empower communities and young people to actively prevent substance abuse and support a safer, healthier Tonga.

Outcomes/Impacts

- Increased awareness and knowledge among business owners of legal obligations regarding alcohol, tobacco, vaping, and illicit drugs.
- Enhanced knowledge among students and parents about substance abuse risks, promoting healthier lifestyle choices and early prevention.
- Strengthened enforcement to identify, apprehend, and prosecute repeat offenders, reinforcing accountability and deterring violations.
- Reduced crime, particularly drug and alcohol-related offenses, through improved law enforcement and community engagement.
- Empowered communities through Talanoa sessions, encouraging active participation in combating illegal substances and improving public safety.
- Greater compliance with alcohol and tobacco regulations through collaboration with businesses, reinforcing legal and social responsibility.

Challenges and Barriers

- Staffing shortages and lack of vehicles limited enforcement and awareness activities.
- Natural disasters delayed operations.
- Prevalence of first-time drunk-driving offenders indicates need for early intervention and prevention.
- Increased alcohol consumption among returning seasonal workers harmed community well-being.
- Rising unlicensed sales of locally grown tobacco require stricter regulation and enforcement.

Future Directions and Recommendations

- Increase budget for vehicles and staffs to ensure smooth operations in remote areas.
- Regulated Sunday alcohol sales through licensed businesses to reduce black market trading while meeting community needs.
- Strengthen preventive education for youth and lighter penalties for first-time offenders may reduce repeat violations.
- Ongoing community engagement through interactive school activities to sustain awareness.
- Continue collaboration with police, local leaders, and stakeholders to ensure coordinated efforts.
- Operational improvements: Surveillance vehicle for Tongatapu, dedicated one-month timeframe for Vava'u, and unannounced enforcement visits in 'Eua.

Project:

ANTI-TOBACCO CAMPAIGN 2020

Organization:

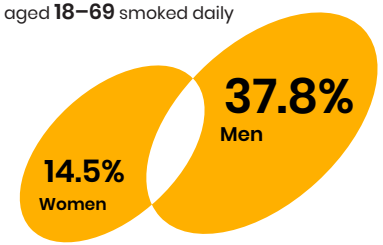
TONGA HEALTH PROMOTION FOUNDATION (TONGAHEALTH)

Context and Problem

- High smoking rates remain a major issue: In 2017, **22.8%** of Tongans aged 18–69 smoked daily, men (37.8%) higher than women (14.5%).
- COVID-19 disrupted planned activities: The 2020 Anti-Tobacco Mass Media Campaign and survey were delayed. The originally assigned agency, Tonga Statistics Office, was unavailable to lead the study.
- Limited time and capacity to conduct the survey: TongaHealth had to assume leadership of the campaign and urgently assemble and train a new team to conduct the final evaluation across Tonga's main island groups.

In 2017

22.8% of Tongans aged **18–69** smoked daily



Why It Works/ Lessons Learned

- COVID-19 Disruptions: Lockdowns and repatriation flights caused significant campaign delays.
- Delayed Delivery to Remote Islands: Campaign materials for the two Niuas were only transported halfway through the six-week campaign period due to the unpredictable ferry schedule.
- Vandalism of Campaign Materials: Many core flute signs were displayed on private fences led to damage and removal before campaign completion, highlighting the need for more secure and strategic placement in future campaigns.

Projects/Activities

- Tonga ratified the WHO Framework Convention on Tobacco Control (FCTC) in 2005 and developed the National NCD Strategy 2015–2020, with support from the Ministry of Health, TongaHealth, and international donor agencies.
- Mass media campaigns increase intentions to quit, reduce uptake, and increase knowledge on the dangers of secondhand smoke.

Target Group

- **Male youths at the age of** 18 –35

Resources/ Collaboration

- **$120,000**

Approaches/ Strategies

Approaches

1. Public awareness
2. Inclusive

Strategies

1. Partnership building with the Civil Society
2. Close collaboration with the town officers
3. Close collaboration with the Health Promotion Unit – Ministry of Health
4. Advocates to influence policymakers, partners, and stakeholders
5. Advocacy to influence behavior change

Outcomes/Impacts

- Mass Media Campaigns remain a cost-effective strategy for preventing and reducing tobacco use in Tonga, with greater impact when integrated with;
  - Cessation support services
  - School-based education programs
  - Community workshops
  - Bans on tobacco advertising and promotion
  - Enforcement of smoke-free public areas
  - Increased tobacco taxation
  - Prominent health warnings on cigarette packaging

Future Directions and Recommendations

- Strengthen staff capacity in social media engagement to support tobacco control campaign implementation, promotion, and enforcement.
- Develop primary care-based support systems integrating tobacco cessation and health education into routine clinical services.
- Enhance campaign planning to minimize unnecessary spending and adopt targeted approaches for maximum reach and impact.
- Strengthen monitoring and evaluation framework for data-driven decision-making and tracking campaign outcomes.
- Hire consultants and experts in specialized fields.

Challenges and Barriers

- Limited tracking and evaluation due to the complexity and scale of required large-sample surveys, highlighting the need for improved planning, tools, and resources in future campaigns.

Acknowledgments and Contributors

The Australian Government on funding Tuku Ifi Leva' 2020 campaign to significantly raised awareness across multiple areas, empowering individuals and communities to make healthier, more informed choices.

Project:

TOBACCO ENFORCEMENT FOR OUTER ISLAND 2020

Organization:

TONGA HEALTH PROMOTION FOUNDATION (TONGAHEALTH)

Context and Problem

- The Tongan government, through the Tobacco Control Unit and Police, implements the Tobacco Control Act (TCA) to reduce tobacco-related harm across the country.
- Regular compliance checks on Tongatapu monitor retail outlets, enforce smoke-free zones, prevent sales to minors, and raise awareness, supported by community engagement with local leaders and educational campaigns.
- However, the outer islands—Vava'u, Ha'apai, and 'Eua—have had no compliance checks for over 12 months, resulting in widespread violations => Visible display and sale of Tapaka Tonga, smoking in smoke-free areas, and sales of loose cigarettes.
- This enforcement gap undermines tobacco control effectiveness and increases public health risks, particularly for youth and vulnerable populations.

Projects/Activities

- Compliance check of Smoke Free Areas (SFAs) and tobacco outlets in Vava'u, Ha'apai and 'Eua.
- Enforcement activities across Vava'u, Ha'apai, and 'Eua to ensure TCA compliance through;
  - Inspections of smoke-free areas, monitoring of tobacco promotions and signage, and sales-to-minors checks.
  - Smoke-free signs were printed, distributed, and verified through routine site visits.
  - Community leaders; church ministers, town officers, and school principals, were engaged to support enforcement and promote tobacco-free environments.
  - A final report was submitted to TongaHealth for evaluation and future planning.

Approaches/ Strategies

- Regular compliance checks
- Community engagement & education
- Public awareness through signage
- Youth protection measures

Resources/ Collaboration

- $19,791.50

Target Group

- **TongaHealth will install smoke-free signs in areas mandated by the TCA and remind shop owners not to sell loose cigarettes or tobacco to underage kids.**

Outcomes/Impacts

- Improved compliance with the TCA and reduced second-hand smoke exposure will significantly decrease tobacco use in Tonga.

Why It Works/ Lessons Learned

- Community Engagement is Key: Involving local leaders; church pastors, town officers, and kava club presidents, built trust and improved compliance. Their influence was instrumental in raising awareness and changing behaviors.
- Consistency and Follow-Up are Crucial: The enforcement gap in outer islands underscored the need for annual follow-ups. Sustained efforts maintain awareness and prevent backsliding into non-compliance.
- Education Strengthens Enforcement: Combining enforcement with health education in schools and churches enhanced understanding of smoking and second-hand smoke harms, shifted attitudes, and fostered community-wide support for tobacco control.

Challenges and Barriers

- Lack of Dedicated Personnel in Outer Islands: The absence of Health Promotion Officers or designated personnel prevents regular follow-ups. Without monthly visits or local oversight, consistently supporting church leaders and town officers in maintaining smoke-free spaces is difficult, weakening enforcement and sustainability of tobacco control.
- Limited Police Support and Inconsistent Enforcement: Police involvement has been inconsistent despite their mandate to enforce the TCA. Sometimes, officers have been observed smoking themselves, undermining their enforcement role and setting a poor community example.
- Enforcement Fatigue and Competing Priorities: Community leaders such as town officers and church ministers juggle multiple responsibilities. Without regular reinforcement from health authorities, smoke-free policies often become a lower priority over time.

Acknowledgments and Contributors

The Ministry of Health, Tobacco Control Unit, local enforcement agencies, and community organizations. Funding and support from the Australian Government. Stakeholder collaboration was crucial for project success and offers a strong model for future initiatives.

Future Directions and Recommendations

Establish a Permanent Health Promotion Officer Post in the Outer Islands: A permanent Health Promotion Officer based in the outer islands is essential for consistent follow-up and monitoring of TCA compliance. Local presence will significantly improve compliance and strengthen community engagement in health promotion.

Conduct Regular Compliance Checks: Until a dedicated post is established, enforcement visits should occur at least twice annually, including compliance checks, community education, and collaboration with local authorities to reinforce tobacco control measures.

Ensure Sustainable Funding and Support: Annual funding is critical to maintain project effectiveness and momentum. Long-term support will sustain enforcement, training, community awareness, and inter-agency coordination, ultimately improving health outcomes in Tonga.

Project:

VAPING PREVENTION COLLECTIVE IMPACT PROJECT

Organization:

VICTORIAN HEALTH PROMOTION FOUNDATION (VICHEALTH)

Context and Problem

- Across Australia in 2022–23, 1 in 5 people (19.8%) aged 14 and over reported ever using E-cigarettes, and the proportion increased between 2019 and 2022–23. Both adult smokers and non-smokers.
- In 2022, vaping rates increased 5% from 2019 (22% of adults in Victoria have used)
- To tackle this, VicHealth designed and developed a collaborative approach using a collective impact (CI) methodology to engage a range of key players to harness energy and momentum to reduce vaping-related harms for young people in Victoria.

Across Australia in 2022–23

1 in 5 people

reported ever using E-cigarettes

Projects/Activities

- This project was developed in 2024 to reduce harms of vaping for young people aged 10-25 years.
- Consisting 3 streams of work;
  - Place-based sites led by local councils who develop local vaping prevention activities.
  - Universities who develop vaping prevention activities and use an existing youth-based peer-to-peer campaign called UNCLOUD.
  - State sporting associations (SSAs) and elite sport teams (ESTs) who deliver the existing UNCLOUD campaign.
- All projects aimed to utilize and amplify the UNCLOUD campaign to varying extents, which is an evidence-based peer-to-peer youth anti-vaping campaign that uses youth voices to communicate the harms of vaping to other young people.

Approaches/ Strategies

- CI methodology is an evidence-based framework for collaboration, enabling VicHealth to engage community groups, universities, state sporting teams and associations, local government and health and wellbeing service providers to implement place-based initiatives to address a complex social issue.
- The approach provides scaffolding and governance for coordinating collective efforts with the following elements:
  - Shared and agreed values
  - A shared understanding of the problem
  - An agreed goal/s
  - Continuous communication
  - Consistent outcomes are sured and collected
  - Actions that are aligtowards agreed goal

Why It Works/ Lessons Learned

- Investing with multiple stakeholders and communities working on a common goal in specific geographies.
- Investing in multiple organizations at the same time create greater impact than funding individually.
- Enabling common data measurement across programs, improving consistency in tracking impact and outcomes.
- High volume of activity helped reinforce key messages (repeated exposure to anti-vaping narratives).

Target Group

Young people aged between **10** to **25 years**

Resources/ Collaboration

- Quit Victoria
- Alcohol & Drug Foundation
- LaTrobe evaluation partner as Australian Institute of Primary Care and Aging
- The Behaviour Change Collaborative
- The UNCLOUD Campaign

Outcomes/Impacts

- This project is underway. Early reports show an improved perception of the harms of vaping.
- National evidence (Mar 2025) suggests that Australian vaping laws are positively impacting young people, with vaping rates decreasing.
- Sustained vaping prevention efforts may be a positive contributing factor to reduce local vaping rate.

Challenges and Barriers

- This project involved managing complex stakeholder needs and requirements

Future Directions and Recommendations

- Continue to work in vaping prevention initiatives, to combat this public health issue. For example, expand the scope and timelines for a second round of CI funding to harness the momentum for the university and sporting stream partners into 2028.

Acknowledgments and Contributors

To acknowledge the efforts of all partners involved in this project, all funded partners, and partners Quit Victoria and the Victorian Department of Health.

CONCLUSION

KEY LEARNINGS

1. **Strong legislative and regulatory frameworks drive system-wide change.**
   Taiwan's amendment of the Tobacco Hazards Prevention Act; banning e-cigarettes, regulating heated tobacco products, raising the legal age, and expanding smoke-free areas, demonstrated how comprehensive reforms can significantly reduce youth vaping and dismantle illegal manufacturing networks.
2. **Cessation access improves when systems reduce cost, increase provider participation, and streamline certification.**
   Removing co-payments, increasing subsidies, simplifying training, and integrating cessation into chronic disease services led to increases in quit-service utilization and stable quit rates.
3. **Incentives and simple service models can motivate quit attempts among vulnerable groups.**
   Preventive Health SA's financial-incentive pilot showed that tangible rewards and clinician-supported milestones can help high-prevalence populations initiate and maintain cessation efforts.
4. **Community engagement is a critical enabler of sustained enforcement and prevention.**
   Across Tonga, involving town officers, police, church leaders, business owners, and youth proved essential for raising awareness, reducing violations, and building trust, especially in outer islands where formal enforcement capacity is limited.
5. **Collaborative, multi-sector approaches amplify prevention messages.**
   VicHealth's Collective Impact approach; uniting universities, councils, sports associations, and youth campaigns, demonstrated how shared goals, common data measures, and coordinated communications strengthen vaping-prevention outcomes.
6. **Early childhood interventions are essential as experimentation now begins earlier.**
   ThaiHealth's activity media sets; integrating Design Thinking, developmental science, and EF-based learning, show that young children can develop foundational health literacy and refusal skills when materials are age-appropriate and supported by teachers and parents.
7. **Family environments and social norms strongly shape youth behavior.**
   Projects from Thailand highlight that fathers' smoking, peer acceptance, and misconceptions about vaping are major predictors of youth uptake. Strengthening parent networks, family communication, and community norms is therefore vital.

CONCLUSION

CHALLENGES/ BARRIERS

1. **Enforcement capacity gaps remain a major obstacle.**
   Local law enforcement across multiple settings (Taiwan, Tonga, Thailand) is unfamiliar with regulations, understaffed, or inconsistent. Outer island territories often lack designated personnel and vehicles, making regular compliance checks difficult.
2. **Rapidly evolving e-cigarette markets outpace regulation and monitoring.**
   Online sales, social media marketing, youth-targeted flavors, and illegal distribution networks make enforcement complex. Large-scale seizures in multiple provinces illustrate the magnitude of the problem.
3. **Limited public awareness, especially among parents and high-risk groups.**
   Parents often cannot identify vaping products, underestimate harm, or lack confidence to support children. Many adult smokers have low health literacy or limited access to cessation services.
4. **Fragmented or insufficient cessation support systems.**
   Across many settings, cessation relies heavily on a few provider types (e.g., family physicians). Referral pathways, data systems, and follow-up mechanisms are underdeveloped. Quitline 1600, although effective, suffers from limited promotion and low reach.
5. **Organizational and political instability disrupts continuity.**
   Changes in school leadership, local political tensions, and high staff turnover often delay or halt implementation, especially for school- and community-based projects.
6. **Youth perceptions of vaping remain influenced by peers, misinformation, and normalization.**
   Despite campaigns, many adolescents see vaping as harmless, trendy, or socially accepted, reinforcing initiation and making prevention more challenging.

SOLUTIONS

CONCLUSION

1. **Strengthen cross-ministerial enforcement and digital monitoring systems.**
   HPA's coordinated system; across customs, finance, police, digital authorities, and local governments, shows the effectiveness of joint surveillance, source tracking, and crackdown operations. Expanding these mechanisms can close enforcement loopholes.

2. **Improve accessibility and integration of cessation services. Key solutions include:**
   a. No-cost access to medications.
   b. Streamlined certification for providers.
   c. Digital referral pathways (U-Refer, U-Quit).
   d. Stronger linkages between community networks, schools, workplaces, and clinics.
   e. Modernized clinical protocols for diverse user groups.

   These strategies expand reach and improve service quality.

3. **Use targeted incentives and behavioral techniques for high-prevalence groups.**
   Financial incentives, milestone-based rewards, and clinician-supported brief advice can motivate quit attempts in socioeconomically disadvantaged groups.
4. **Institutionalize community-led enforcement and education.**
   Establish permanent Health Promotion Officer posts in remote areas, support community leaders with training and resources, and ensure annual compliance checks to maintain momentum.
5. **Expand multi-stakeholder collaboration under shared goals.**
   Collective Impact frameworks, as applied in Victoria, provide structure for coordinating universities, councils, health bodies, youth groups, and sports organizations around unified anti-vaping objectives.
6. **Strengthen early childhood and family-based prevention.**
   Solutions include developing curriculum materials, improving teacher training, supporting parent learning, and embedding life-skill development (refusal skills, EF skills) into early education.
7. **Enhance communication and social marketing strategies.**
   Examples include UNCLOUD youth campaigns, Chatbot Nong Wanmai, mass media campaigns in Tonga, and parent storytelling initiatives. Tailoring content to specific groups; youth, parents, vulnerable populations, ensures relevance and impact.