

Marketing bans

Ban on both direct advertising and indirect marketing strategies (brand stretching, sponsorship, and free samples)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total ban on direct advertising on all forms of media	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	100%	100%	100%	100%	100%	100%	100%
Partial ban on direct advertising	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%	0%	0%	0%	0%	0%
No restrictions	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Enforcement [0-10]	7	7	7	7	7	7	7	7	7	8	8	8	8	8	8	8	8

Health warnings

Very strong health warnings	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Strong health warnings	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	100%	100%	100%	100%	100%	100%	100%
Mild health warnings	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%	0%	0%	0%	0%	0%
No warnings	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Youth access

enforcement

Vending machine ban	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Self-service ban	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Strongly enforced	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Well enforced	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	100%	100%	100%	100%	100%	100%	100%
Low enforced	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	0%	0%	0%	0%	0%	0%	0%
Community based publicity campaign	50%	50%	50%	50%	50%	50%	50%	50%	50%	70%	70%	70%	70%	70%	70%	70%	70%
Merchant awareness campaign	50%	50%	50%	50%	50%	50%	50%	50%	50%	70%	70%	70%	70%	70%	80%	80%	90%

Cessation -

pharmacotherapy

NRT																	
[2=provided without Rx;	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
1=provided with Rx;																	
0=otherwise]																	

Bupropion and																	
Varenicline																	
[2=provided without Rx;	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
1=one provided with Rx;																	
0=otherwise]																	

Cessation - financial coverage
[0=None; 1=Yes in some; 2=Yes in most]

Primary care facilities	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Hospitals	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Offices of health professionals	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Community	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Other	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Cessation – quit-line																	
Quit-line	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1
[0=None; 1=Yes]																	

Quit-line type																	
[0=None; 1=Passive;	0	0	0	3	3	3	3	3	3	3	3	3	3	3	3	3	3
2=Active; 3=Active with follow up]																	

Free NRT	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
[2=Yes; 1=No]																	

Cessation - brief interventions																	
Health care provider involvement																	
[0=None; 1=required or adequately subsidized intervention with follow	0	0	0	0	0	0	0	0	0	0.1	0.1	0.1	0.1	0.2	0.2	0.2	0.2

up by health care
providers and with
training and reminder
systems]

Appendix B Taiwan SimSmoke sources of data

Table B-1 Full list of data sources used in Taiwan SimSmoke.

Module	Data	Source
Population	Population	Department of Household Registration, Ministry of the Interior, Taiwan. Statistics 2017 [Available from: http://www.ris.gov.tw/en/web/ris3-english/history]
	Fertility Rates	Department of Household Registration, Ministry of the Interior, Taiwan. Statistics 2017 [Available from: http://www.ris.gov.tw/en/web/ris3-english/history]
	Mortality Rates	Department of Household Registration, Ministry of the Interior, Taiwan. [Demographics] 2017 [Available from: http://www.ris.gov.tw/346]
Smoking	Smoking Rates by Age, Gender, and Smoking Status	Chang Y-H, Fu Y-C. 2000 Taiwan Social Change Survey (Round 4, Year 1): Interpersonal Relations, Leisure, Family, Life Experiences, Mental Health (C00108_2)[Data file]. Taipei City (Taiwan): Survey Research Data Archive, Center for Survey Research, Research Center for Humanities and Social Sciences, Academia Sinica, 2001 Wen C-P, Levy DT, Cheng T-Y, et al. Smoking behaviour in Taiwan, 2001. <i>Tob Control</i> 2005;14(Suppl 1):i51-i55. doi: 10.1136/tc.2004.008011 GBD 2015. Global Burden of Disease Study 2015 Smoking Prevalence 1980-2015. Seattle (United States of America): Institute for Health Metrics and Evaluation (IHME), 2017
	First Year Cessation Rates by Age and Gender	GBD 2015. Global Burden of Disease Study 2015 Smoking Prevalence 1980-2015. Seattle (United States of America): Institute for Health Metrics and Evaluation (IHME), 2017
	Relapse Rates by Age, Gender, and Years Since Quitting	Gilpin EA, Pierce JP, Farkas AJ. Duration of Smoking Abstinence and Success in Quitting. <i>J Natl Cancer Inst</i> 1997;89(8):572-76. doi: 10.1093/jnci/89.8.572 Hughes JR, Keely J, Naud S. Shape of the relapse curve and long-term abstinence among untreated smokers. <i>Addiction</i> 2004;99(1):29-38. doi: 10.1111/j.1360-0443.2004.00540.x U.S. Department of Health and Human Services. The Health Benefits of Smoking Cessation - a report of the Surgeon General. DHHS Publication No (CDC) 90-8416. Rockville (United States of America): U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health, 1990
Policy	Relative Risks of Mortality from Smoking by Age and Gender	Wen C-P, Tsai S-P, Chen C-J, et al. The mortality risks of smokers in Taiwan Part I: cause-specific mortality. <i>Prev Med</i> 2004;39(3):528-35. doi: 10.1016/j.ypmed.2004.02.010
	Taxation	Levy DT, Wen C-P, Cheng T-Y, et al. Increasing taxes to reduce smoking prevalence and smoking attributable mortality in Taiwan: results from a tobacco policy simulation model. <i>Tob Control</i> 2005;14(suppl 1):i45-i50. doi: 10.1136/tc.2003.005660 Directorate-General of Budget, Accounting and Statistics, Executive Yuan, Taiwan. Consumer Price Index 2017 [Available from: https://eng.stat.gov.tw/ct.asp?xItem=12092&ctNode=1558&mp=5]
	Clean air laws Mass media campaigns Advertising bans Youth access enforcement Cessation	Tobacco Control Reports annually released by the Health Promotion Administration Public Health Experts, Scholars, and Anti-Smoking Non-Governmental Organizations in Taiwan

Appendix C Taiwan SimSmoke Key Assumptions and Limitations

Table C-1 Taiwan SimSmoke Assumptions and Limits.

Key Assumptions	Limitations
Dynamic Simulation Model	E-Cigarette Use Not Considered
Yearly Time Step	Constant Mortality Rates
Estimates by age and gender	Net Migration Not Considered
First-Order Markov Processes	Consumption Not Considered
Population divided in Current, Never, and Former Smokers by Years of Cessation	No Taiwan Data available for Yearly Cessation Rate, Relapse Rate, and Percentage of Former Smokers by Years of Cessation
Tobacco Control Policies affect Cessation and Relapse Rates	Smuggling and Duty Free Purchase Not Considered
Smoking Attributable Mortality is estimated from Relative Risks	
No Formers Smokers before age 30	