

# 2018

## China Adult Tobacco Survey

Executive Summary

Chinese Center for  
Disease Control and Prevention  
May 2019

**2018**

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# Preface

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There are hundreds of toxic and hazardous materials in tobacco smoke, including at least 69 carcinogenic substances. Smoking is not only harmful to the health of smokers but also of nonsmokers around them. Increasing and indisputable scientific evidences over the past 50 years show that use of tobacco products or exposure to secondhand smoke can cause deaths, diseases and disabilities.

WHO Framework Convention on Tobacco Control requires all Parties to set up a tobacco epidemic surveillance system to provide accurate data on tobacco use at the national and global levels, so as to evaluate the impact of tobacco use on public health and economy and further assess the effectiveness of tobacco control policies. In 2010, the Chinese Center for Disease Control and Prevention worked with WHO and the US Centers for Disease Control and Prevention to conduct a country-representative Global Adult Tobacco Survey (GATS China 2010) using an internationally standardized methodology. Since then, with the support of the local health literacy promotion projects subsidized by central funding, China continued to use globally comparable survey indicators and sampling methods to conduct Global Youth Tobacco Survey, China Adult Tobacco Survey, key population tobacco survey, leading to the gradual development of a China tobacco epidemic surveillance system.

To understand the updated tobacco epidemics among adults in the country and evaluate the effectiveness of tobacco control policies, following the work plans of the National Health Commission and with the support of WHO, the Chinese Center for Disease Control and Prevention conducted the 2018 China Adult Tobacco Survey (GATS China 2018) between July and December 2018. The Survey was a household survey targeting Chinese residents aged 15 and above who do not live in groups. The findings from the Survey can be used to estimate tobacco epidemics among the population aged 15 and above in China, in general, by urban or rural areas, and by sex, which can be further used to compare vertically with the GATS China 2010 and 2015 China Adult Tobacco Survey, and horizontally with the data of other GATS countries.



# Survey Methods

The target population of 2018 China Adult Tobacco Survey are non-collective Chinese residents aged 15 and above (residents who do not live in groups). Stratified multi-phased randomized cluster sampling method was used. Internationally standardized core questionnaire with additional questions designed based on the Chinese context were used to reflect a comprehensive picture of tobacco use among population aged 15 and above and tobacco control situation against key indicators. The contents of the questionnaire included background information, tobacco use, use of electronic cigarettes, cessation, secondhand smoke, tobacco price, tobacco control campaigns, tobacco advertisement, promotion and sponsorship, knowledge, attitudes and perception of tobacco use, etc. The Survey was household survey with surveyors using tablet computer in the field to collect data through face-to-face inquiry.

The 2018 China Adult Tobacco Survey was organized by the Chinese Center for Disease Control and Prevention for implementation. With the great support from the provincial CDC and health educational institutes, the field work was conducted smoothly from July to December 2018. The Survey covered 19 640 households in 200 counties/districts in all 31 provinces/autonomous regions/municipalities with 19 376 people having completed the individual survey and an overall response rate of 91.5%.

**Figure 1 Stratified multi-stage cluster sampling design**



# Smoking Behavior

## Current smoking prevalence

The current smoking prevalence among the Chinese population aged 15 and above was 26.6%, with that of male (50.5%) higher than that of female (2.1%), that in rural areas (28.9%) higher than that in urban areas (25.1%). Of different age groups, people aged 45-64 had the highest current smoking prevalence of 30.2%. Of all groups with different educational levels, the current smoking prevalence among people with junior college and above education was the lowest (20.5%).

**Figure 2**  
Current smoking prevalence among population aged 15 and above, by sex and age groups

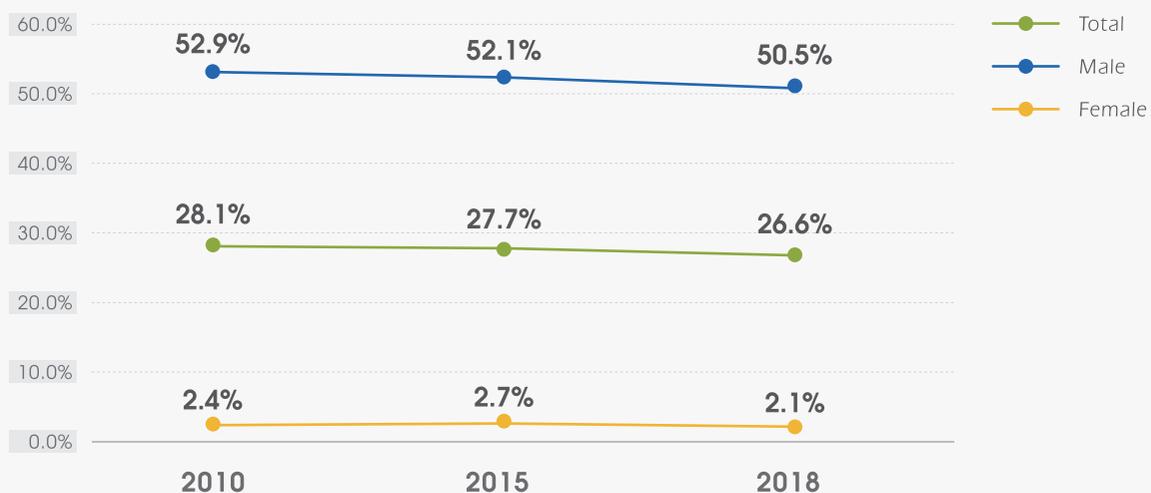
	Total	Male	Female
15-24	18.6%	34.0%	0.9%
25-44	27.5%	53.0%	1.1%
45-64	30.2%	57.1%	2.7%
65+	23.1%	44.0%	4.1%

**Figure 3**  
Current smoking prevalence among population aged 15 and above in urban and rural areas

	Total	Urban areas	Rural areas
Male	50.5%	47.4%	55.1%
Female	2.1%	2.0%	2.1%
Total	26.6%	25.1%	28.9%

The Survey data in 2010, 2015 and 2018 show that the current smoking prevalence among Chinese population aged 15 and above tends to decrease.

**Figure 4**  
Trend in current smoking prevalence among population aged 15 and above in 2010, 2015 and 2018



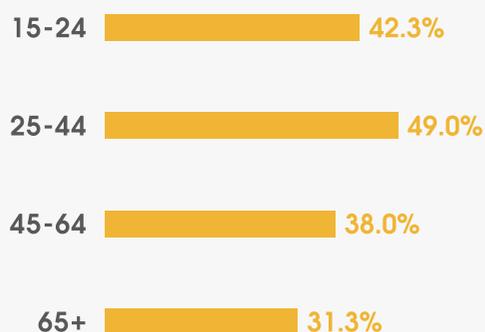
## Average daily smoking

On average, a current smoker smoked 16.0 cigarettes per day, with males smoking more (16.2 cigarettes) than females (11.3 cigarettes), rural smokers smoking more (16.6 cigarettes) than urban smokers (15.6 cigarettes) but without significant difference. Compared with that in 2015, the average daily smoking of current smokers increased from 15.2 cigarettes to 16.0 cigarettes, but with no statistical significance.

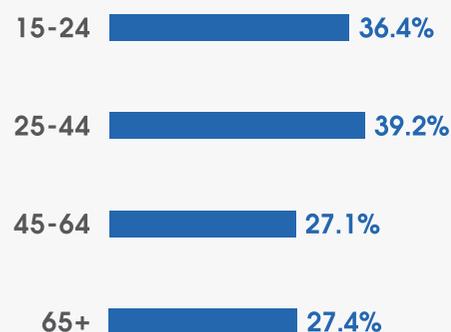
## Low-tar cigarettes and slim cigarettes

Of all smokers, 42.4% bought low-tar cigarettes in their last purchase; 33.0% bought slim cigarettes in their last purchase. The proportion of smokers using low-tar cigarettes and slim cigarettes was higher in young age groups than in older age groups, and higher in higher educated people than in lower educated people.

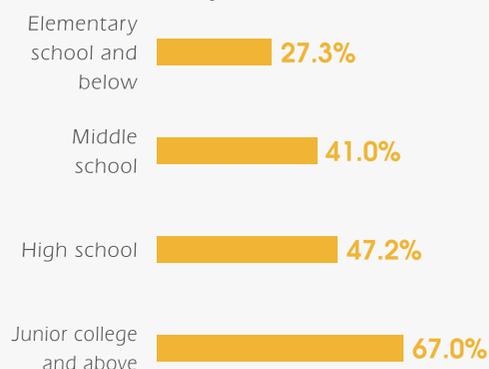
**Figure 5**  
Proportion of people using low-tar cigarettes among population aged 15 and above, by age groups



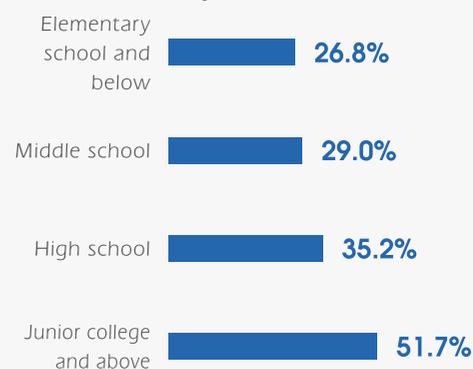
**Figure 6**  
Proportion of people using slim cigarettes among population aged 15 and above, by age groups



**Figure 7**  
Proportion of people using low-tar cigarettes among population aged 15 and above, by educational levels



**Figure 8**  
Proportion of people using slim cigarettes among population aged 15 and above, by educational levels

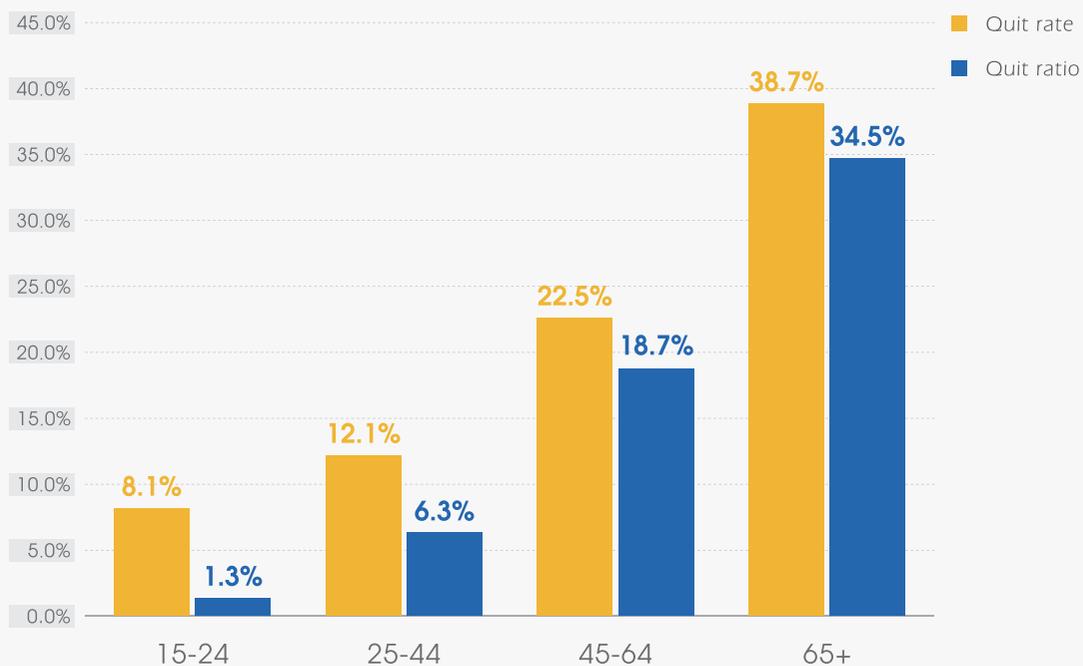


# Cessation

## Quit rate

The quit rate among population aged 15 and above in China was 20.1%. Of them, male smokers had a lower rate (19.6%) than female smokers (30.2%) and there was no significant difference between urban (20.0%) and rural areas (20.3%). The quit rate of daily smokers among people aged 15 and above was 15.6%, with male smokers having a lower rate (15.3%) than female smokers (23.0%) and there was no significant difference between urban (15.2%) and rural areas (16.2%). The quit rate and ratio among young age groups was relatively low. Between 2015 and 2018, the quit rate of smokers in China increased from 18.7% to 20.1%; the quit rate of daily smokers increased from 14.4% to 15.6% but without statistically significant difference.

**Figure 9**  
Quit rate and quit ratio of population aged 15 and above by age groups



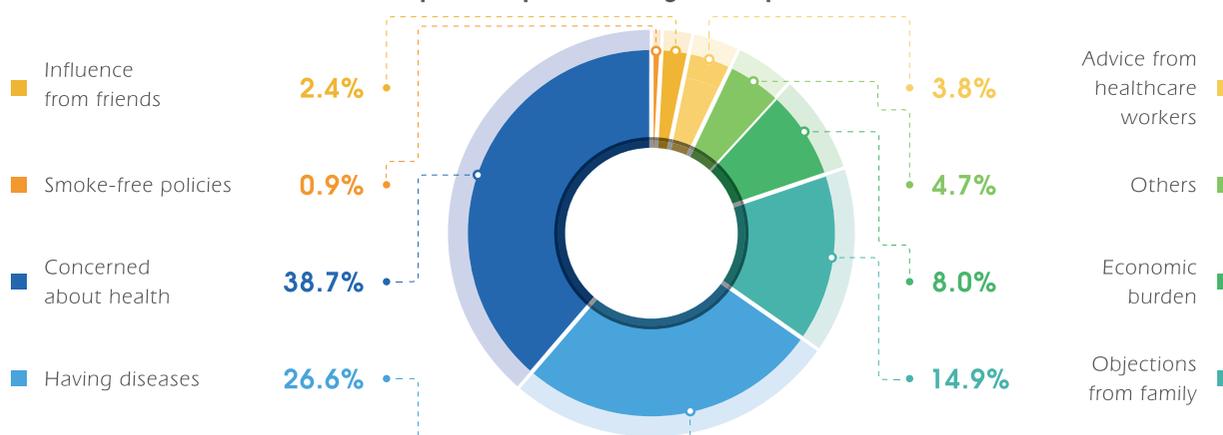
## Interest in quitting smoking and quit attempts

16.1% of the current smokers considered to quit smoking in the next 12 months, 5.6% within 1 month. Of people smoking in the past 12 months, 19.8% attempted to quit smoking. There was no significant difference between urban and rural areas with both being 19.8%. The higher the educational level, the higher the quit attempt rate, with the group of educational level at junior college and above having the highest rate (27.5%).

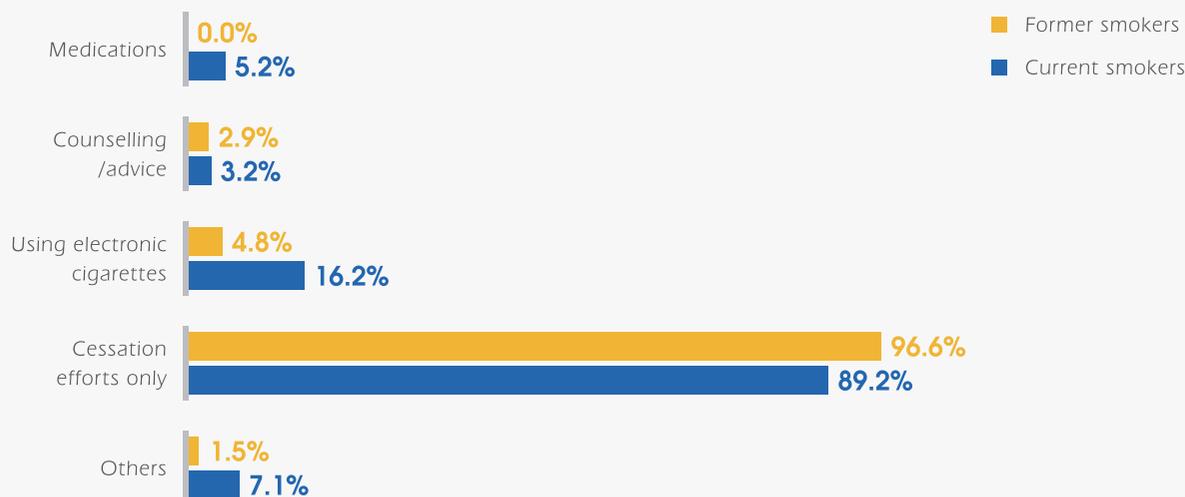
## Reasons and methods for cessation

Of the people who attempted to quit smoking in the past 12 months, over half did so due to their own health. The top three reasons were concerns about keeping smoking may harm health in the future (38.7%), having already fell ill (26.6%), and objections from family members (14.9%). Of the people who attempted to quit smoking in the past 12 months, 90.1% did not use any method; 4.6% used medications and 3.2% had cessation counseling services.

**Figure 10**  
Main reasons for smoking cessation among people aged 15 and above who attempted to quit smoking in the past 12 months



**Figure 11**  
Different cessation methods used by people aged 15 and above who attempted to quit smoking in the past 12 months



## Cessation advice from healthcare workers

Of the smokers who sought medical care in the past 12 months, 58.3% were asked by healthcare workers if they smoked, which remained unchanged from 2015 (58.2%). 46.4% of the smokers received cessation advice from healthcare workers, and this is low than that in 2015 (64.9%).

# Electronic Cigarettes

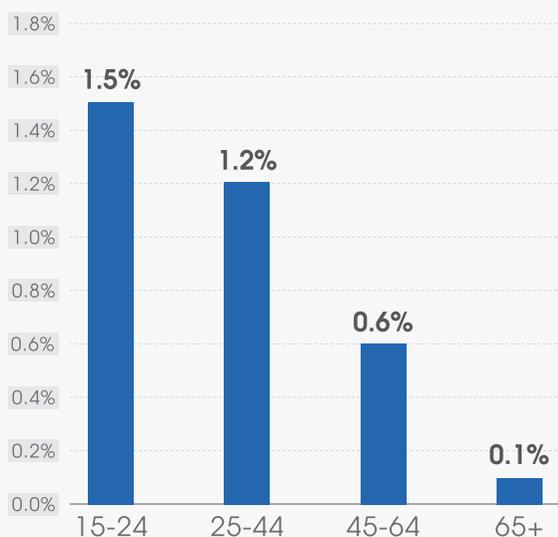
## Having heard of electronic cigarettes

Of the adults, 48.5% have heard of electronic cigarettes, with current smokers (62.3%) more than nonsmokers (43.6%), male (59.1%) more than female (37.7%), urban people (56.3%) more than rural people (37.0%). The higher the educational level, the higher proportion of people having heard of electronic cigarettes, with the group of junior college or above educational level having the highest proportion (77.0%). More young people had heard of electronic cigarettes with the group aged 15-24 having the highest proportion (69.9%) and only 16.9% among the group aged 65 and above. For the sources of hearing about electronic cigarettes, most people heard from friends (63.4%), followed by from the Internet (44.8%) and TV (42.7%).

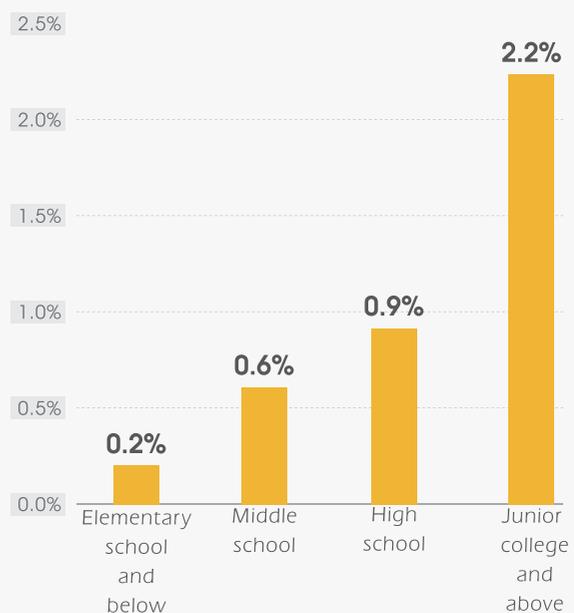
## Using electronic cigarettes

5.0% of the adults have used electronic cigarettes in the past; 2.2% of the adults used electronic cigarettes in the past 12 months. The currently prevalence of electronic cigarette use was 0.9%. Based on this, it can be estimated that the current electronic cigarette users aged 15 and above are 10.35 million, with higher proportion among male users (1.6%) than female users (0.1%). The higher the educational level, the higher the prevalence of electronic cigarette use, with the highest proportion among people with junior college and above educational level (2.2%). Prevalence was higher among young people with the highest among people aged 15-24 (1.5%).

**Figure 12**  
Proportion of people using electronic cigarettes among population aged 15 and above, by age groups

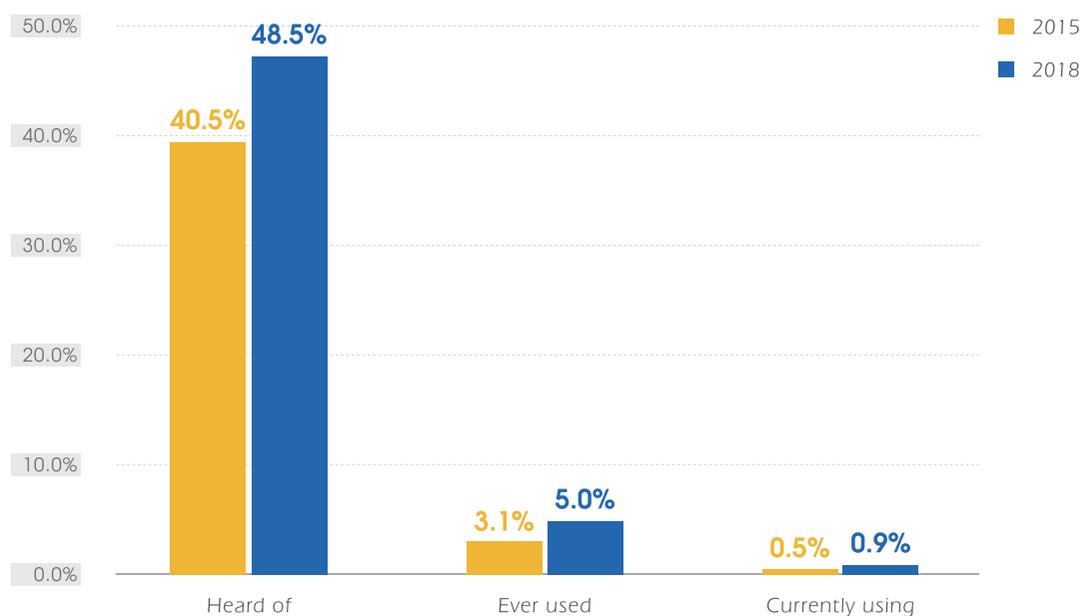


**Figure 13**  
Proportion of people using electronic cigarettes among population aged 15 and above, by educational levels



Although the prevalence of electronic cigarettes in China is still low, however, compared with data in 2015, the proportion of people having heard of electronic cigarettes, ever used and current users were increasing. The current use prevalence of electronic cigarettes nearly doubled.

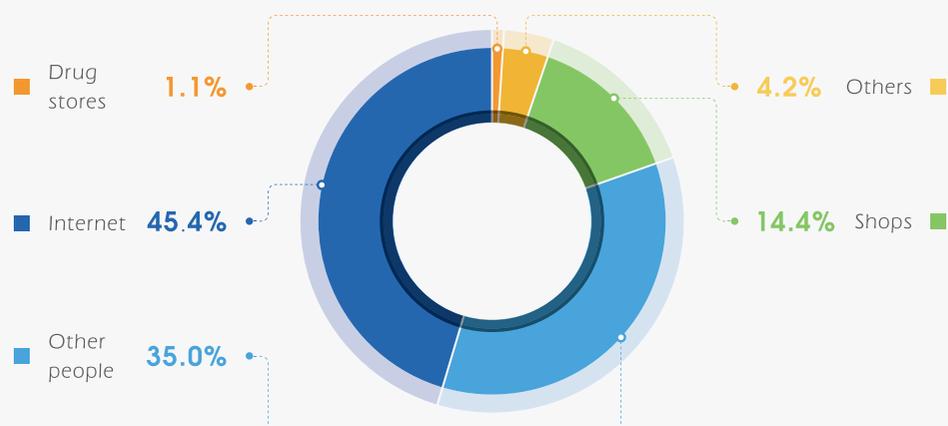
**Figure 14**  
People aged 15 and above who had heard of, used and are using electronic cigarettes in 2015 and 2018



## Access to electronic cigarettes

Electronic cigarettes were mostly accessed from internet (45.4%); the rest were from other people (35.0%).

**Figure 15**  
Routes to access electronic cigarettes among population aged 15 and above



# Secondhand Smoke Exposure

## Exposure to secondhand smoke

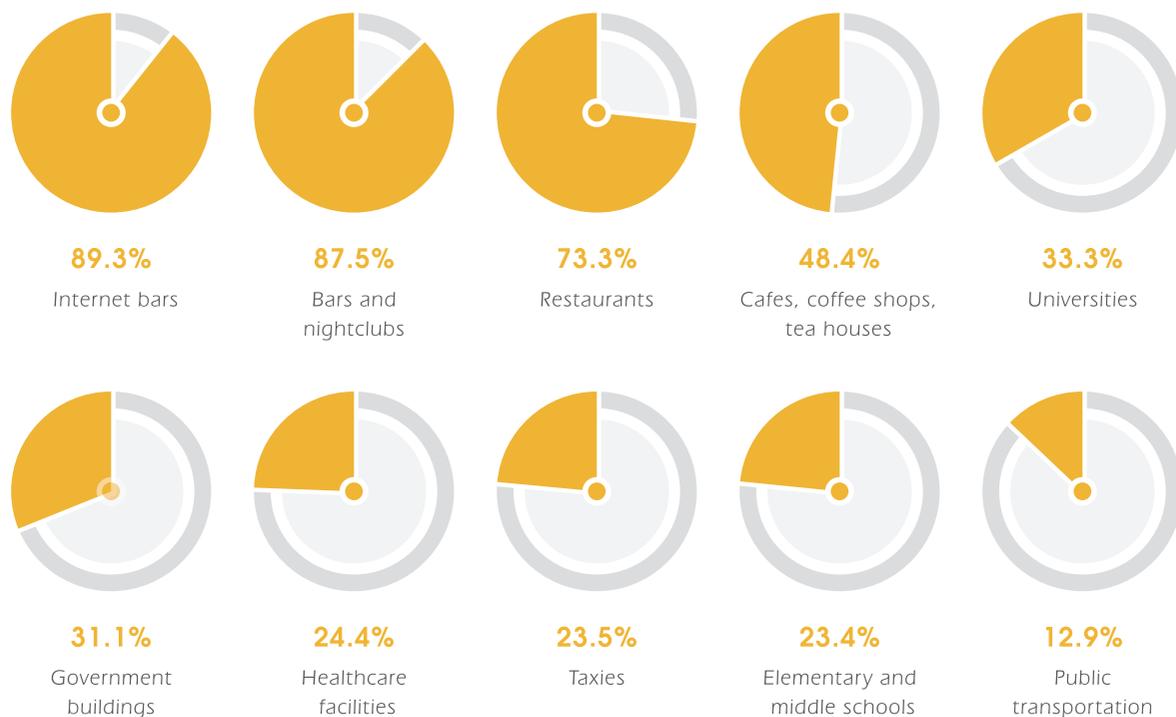
Of nonsmokers, 68.1% were exposed to secondhand smoke; 35.5% of them were exposed on a daily basis. In general, secondhand smoke exposure in China was improving, with a slight decrease compared with that in 2010 (72.4%).

## Exposure to secondhand smoke in various settings

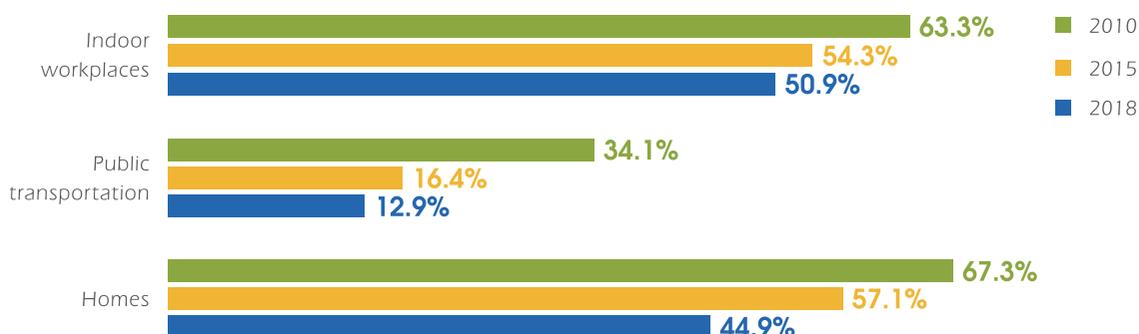
Of people surveyed, 44.9% reported people smoking in their home; 50.9% reported seeing people smoke in indoor workplaces.

Indoor public places with the worst secondhand smoke exposure include Internet bars (89.3%), bars and nightclubs (87.5%), and restaurants (73.3%). Distribution of spotting people smoking in cafes, coffee shops, tea houses, universities, government buildings, healthcare facilities, taxis, elementary and middle schools, and public transportation were 48.4%, 33.3%, 31.1%, 24.4%, 23.5%, 23.4% and 12.9% respectively. Compared with findings in the past, it was improving in general.

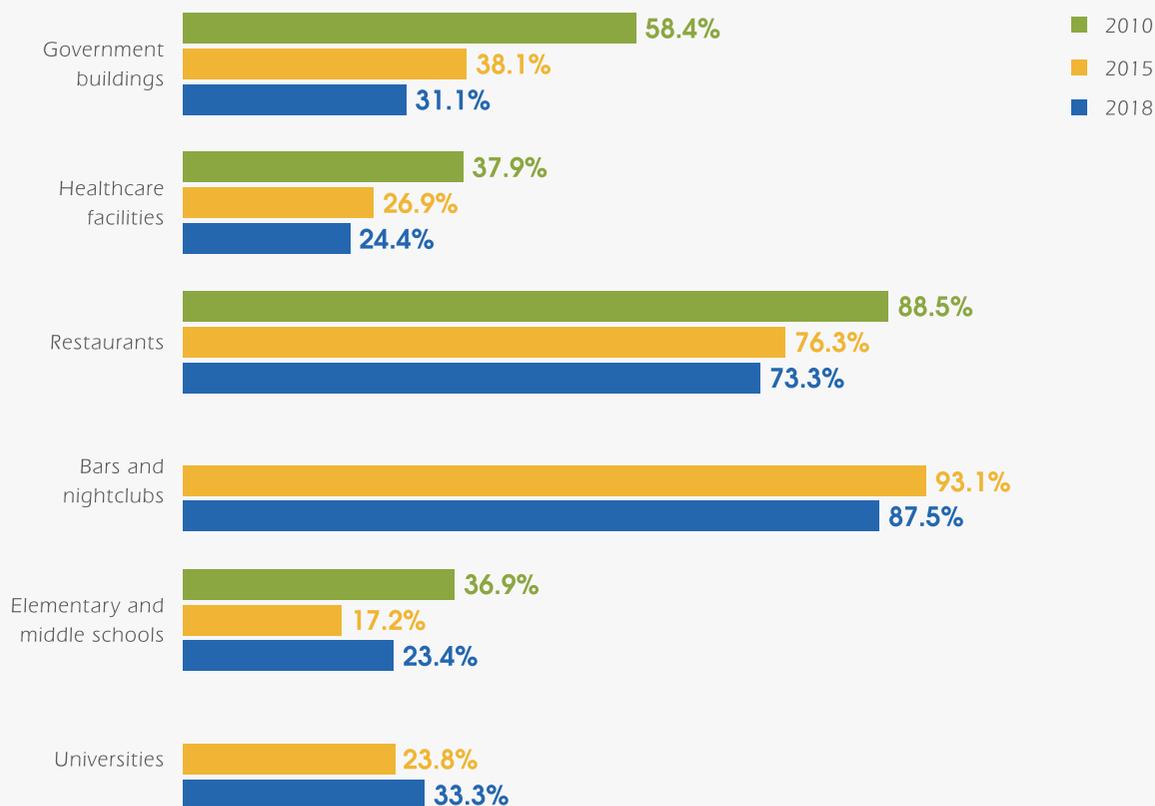
**Figure 16**  
Secondhand smoke exposure in indoor public places and public transportation



**Figure 17**  
**Secondhand smoke exposure in indoor workplaces, public transportation and homes in 2010, 2015 and 2018**



**Figure 18**  
**Secondhand smoke exposure in indoor public places in 2010, 2015 and 2018**



## Support for smoke-free indoor places

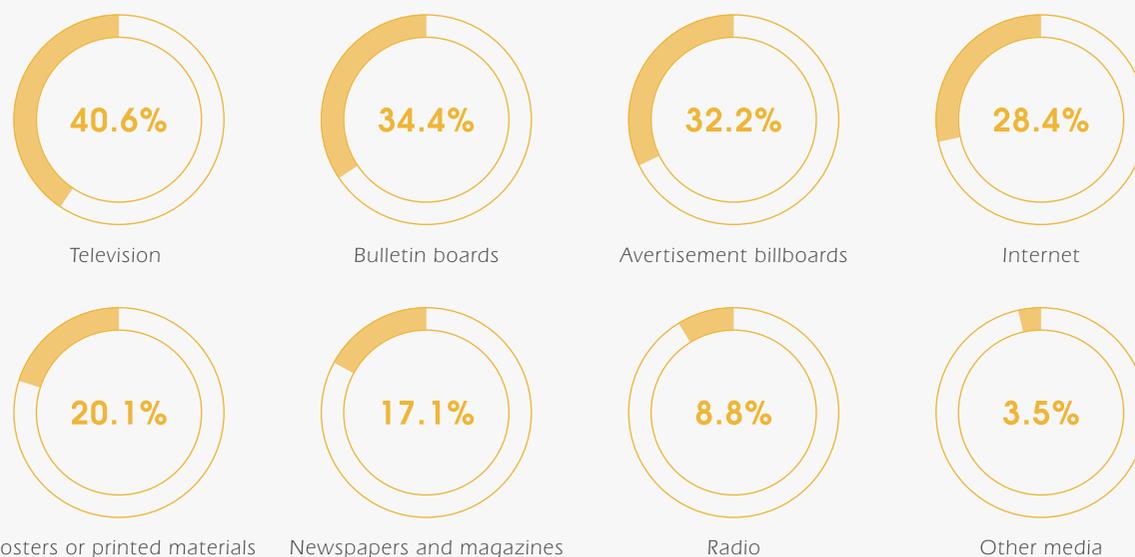
Of the public, 90.9% supported 100% smoke-free in workplaces. Over 90% of the public supported 100% smoke-free in hospitals (97.1%), elementary and middle schools (96.7%), taxis (92.9%) and universities (92.7%). 96.1% of people supported smoke-free public transportation. Compared with the data in 2015, public support for smoke-free indoor public places, workplaces and public transportation further increased.

# Tobacco Control Campaigns

## Tobacco control educational campaigns

In the last 30 days, 63.0% of the surveyed people noticed anti-cigarette smoking information with urban areas (69.7%) higher than rural areas (53.1%), people aged 15-24 (75.8%) higher than people aged 25 and above (60.9%). The sources of information were television (40.6%), advocacy boards (34.4%), advertisement billboards (32.2%), Internet (28.4%), posters or printed materials (20.1%).

**Figure 19**  
Sources of anti-cigarette smoking information seen by people aged 15 and above in the last 30 days



## Current health warnings on cigarette packages

In the last 30 days, 88.2% of smokers noticed the health warnings on cigarette packages, but only 36.3% of them reported considering quitting after seeing health warnings. Compared with 36.4% in 2010, there was no much difference.

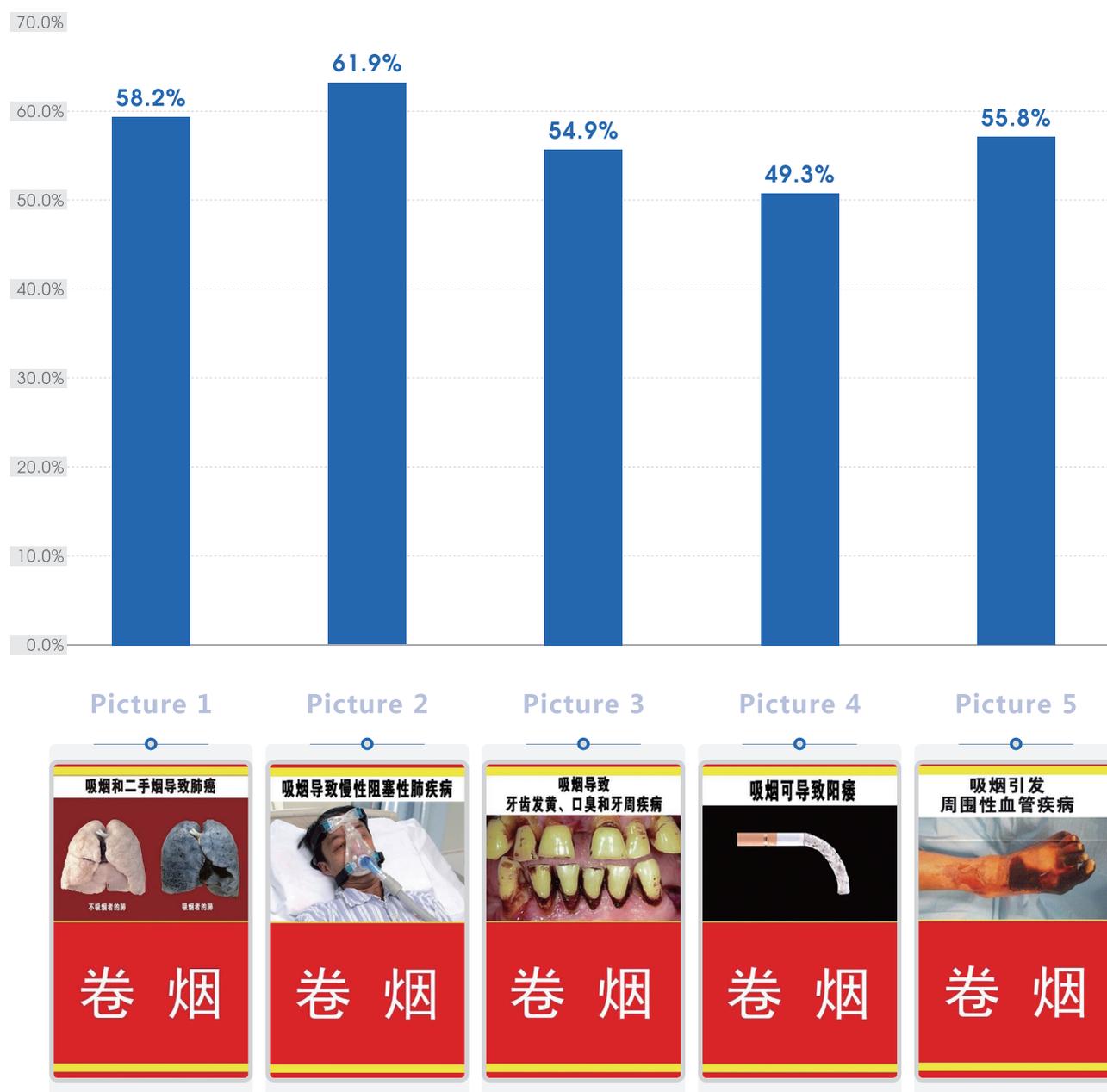
**Figure 20**  
Health warnings on Chinese cigarette packages



## Graphic health warnings on cigarette packages

In this Survey, electric device was used to randomly present 5 cigarette packs with graphic health warnings on them. 56.1% of the smokers reported they would consider quitting after seeing the graphic health warnings. Different graphics had different warning effects on smokers, with Picture 2 resulting in the highest proportion of viewers who reported considering quitting (61.9%). That proportion from seeing Pictures 1, 5, 3 and 4 was 58.2%, 55.8%, 54.9% and 49.3% respectively. 69.6% of people supported having such graphic health warnings on cigarette packs.

**Figure 21**  
Proportion of current smokers considering quitting after viewing different graphic warnings on cigarette packages



# Tobacco Advertisement, Promotion and Sponsorship

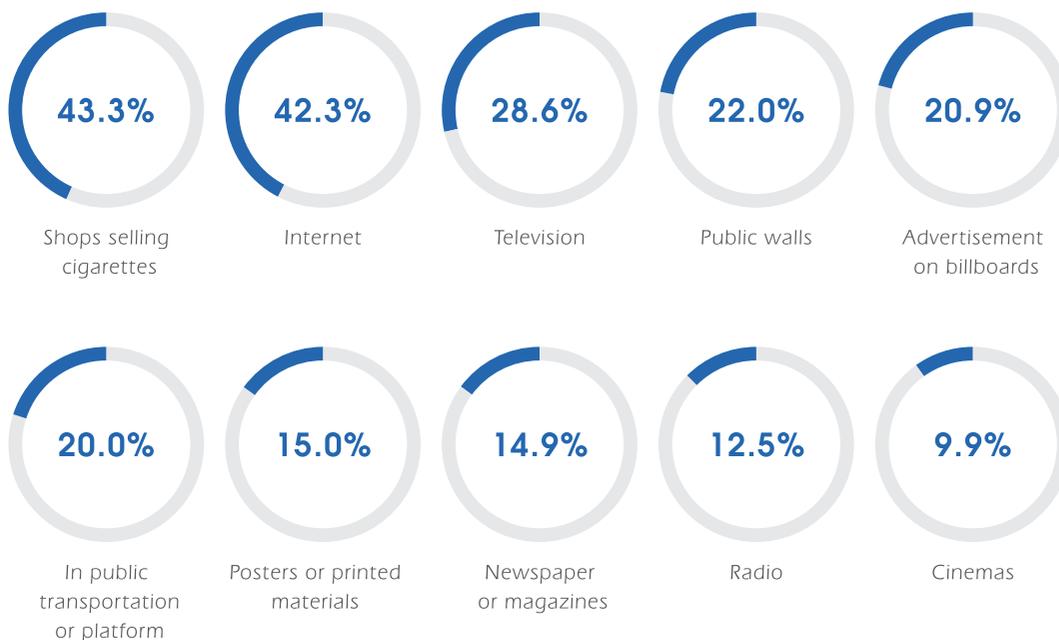
## Proportion of people seeing tobacco advertisement, promotion and sponsorship

In the last 30 days, 18.1% of the people saw tobacco advertisement, promotion and sponsorship; of them, 28.5% were people aged 15-24, with 19.1% in urban areas and 16.8% in rural areas. Compared with that in 2010 (19.6%), there was no significant change.

## Proportion of people seeing tobacco advertisement

In the last 30 days, 10.7% of people reported having seen tobacco advertisement, with male (12.8%) more than female (8.6%), more in urban areas (11.8%) than in rural areas (9.2%), and people aged 15-24 (19.4%) more than people aged 25 and above (9.3%). Places with tobacco advertisement seen included cigarettes shops (43.3%) and on Internet (42.3%). In addition, other sources included television (28.6%), public walls (22.0%), on billboards (20.9%), public transportation or platforms (20.0%), posters or printed materials (15.0%), newspapers or magazines (14.9%), radio (12.5%) and in cinemas (9.9%).

**Figure 22**  
Places where people aged 15 and above had seen tobacco advertisement



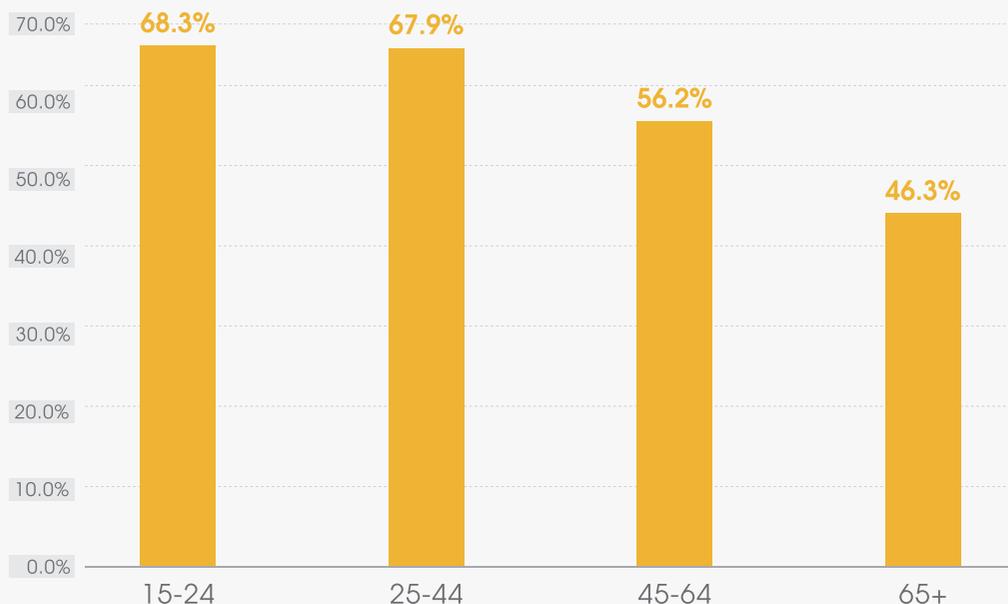
## Proportion of people seeing tobacco promotion

In the last 30 days, 4.1%, 3.3% and 2.3% of people reported having seen cigarettes sold at discounted price, as free gifts, or with other product discounts when buying cigarettes, as well as cigarettes sold by single sticks. Of them, people aged 15-24 noticed cigarettes sold by single sticks most frequently (6.3%), followed by discounted price (5.0%).

## Smoking scenes

In the last 30 days, 61.1% noticed smoking scenes on TV, videos or in movies, higher proportion among males (65.9%) than females (56.2%), higher in urban areas (65.9%) than in rural areas (53.8%), highest among the group aged 15-24 (68.3%).

**Figure 23**  
People aged 15 and above noticed smoking scenes on TV, videos or in movies in the last 30 days, by age groups

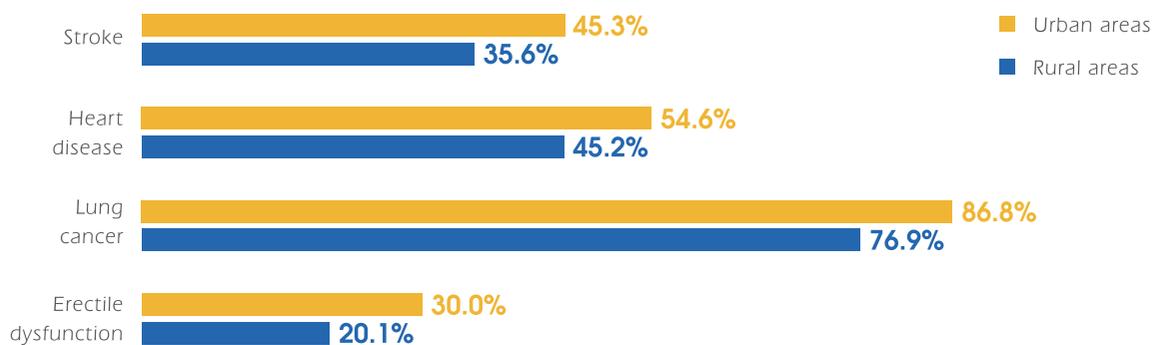


# Knowledge, Attitudes And Perceptions

## Perception of harms from smoking

86.0% of people believed smoking causes severe diseases. Diseases recognized as being related to smoking were lung cancer (82.8%), heart disease (50.8%), stroke (41.4%) and erectile dysfunction (26.0%). Only 20.1% of people were aware that smoking causes all the above four diseases. The awareness rate among the urban population was higher than among the rural population. The higher the educational level, the higher the awareness.

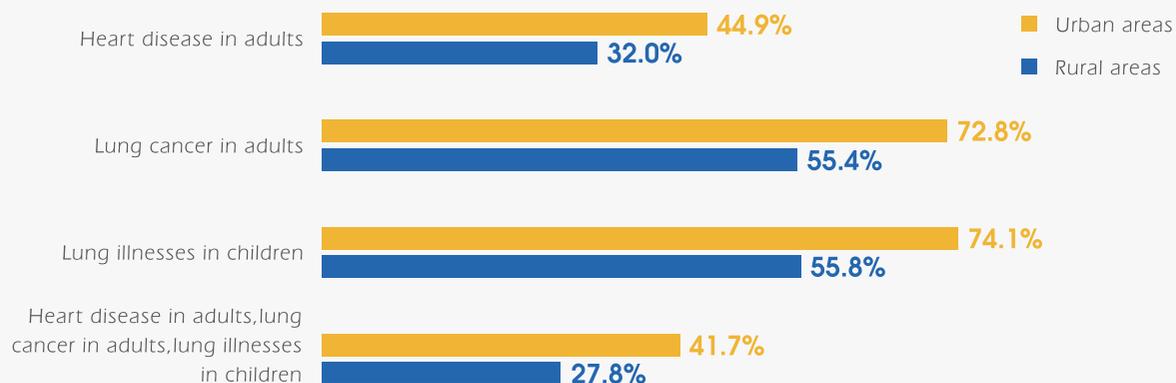
**Figure 24 Awareness rate of smoking harms among population aged 15 and above in urban and rural areas**



## Perception of harms from secondhand smoke

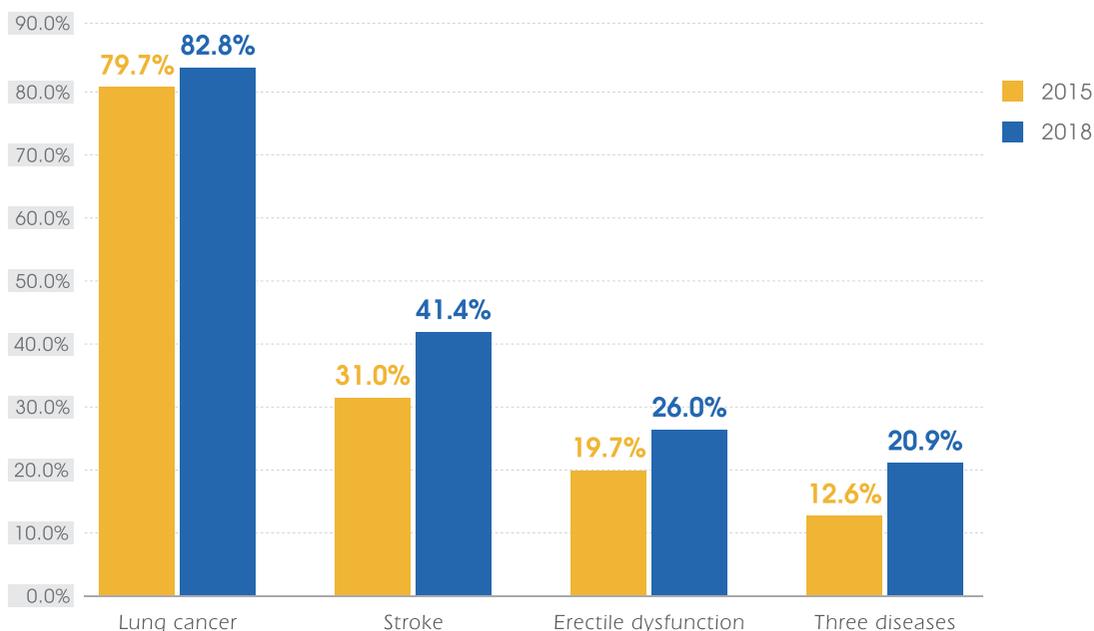
71.4% of people perceived that secondhand smoke causes serious in adults diseases. Diseases recognized in adults as being related to secondhand smoke included lung illnesses in children (66.7%), lung cancer in adults (65.8%), and heart disease in adults (39.7%). Only 36.1% of people were aware that secondhand smoke causes all the above three diseases. The awareness rate of secondhand smoke related diseases among the urban population was significantly higher than among the rural population. The higher the educational level, the higher the awareness rate.

**Figure 25 Awareness rate of harms from secondhand smoke among population aged 15 and above in urban and rural areas**

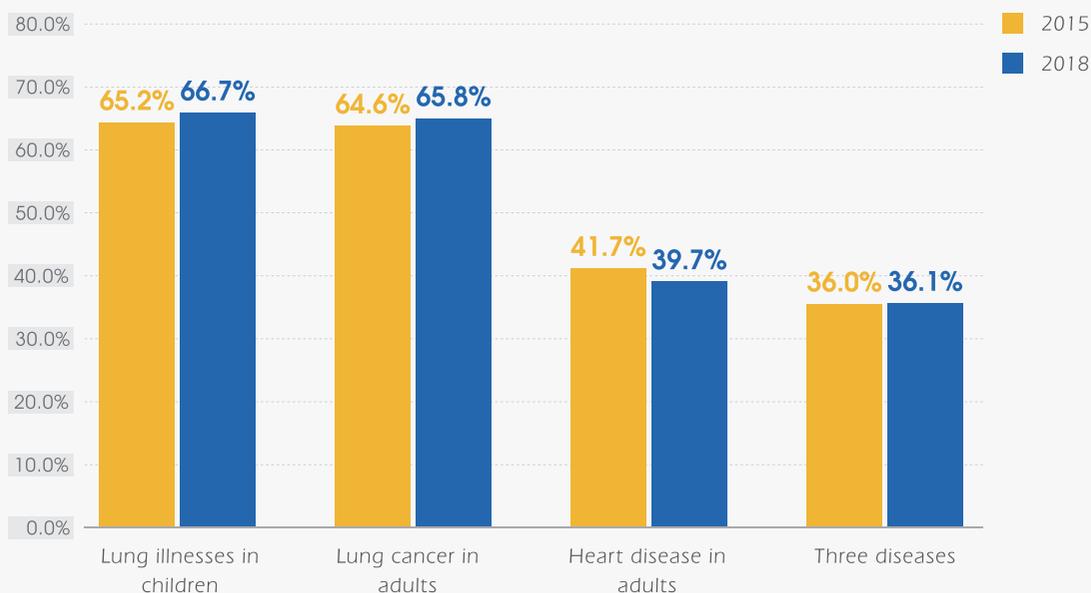


From 2015 to 2018, public perception of the harms from smoking has been improving; however, the perception of the harms from secondhand smoke has remained unchanged.

**Figure 26**  
Public awareness of harms from smoking in 2015 and 2018



**Figure 27**  
Public awareness of harms from secondhand smoke in 2015 and 2018



## Perception of harms from low-tar cigarettes

Only 18.1% of adults were aware that “low-tar does not equal low harms”. Compared with the figure in 2015, it decreased from 24.5% to 18.1%.

# Tobacco Economy and Tax Revenue

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## Expenditure on buying cigarettes

50% of the smokers purchased one pack of cigarettes at no more than 9.9 yuan, with 10.0 yuan in urban areas and 8.4 yuan in rural areas. Based on this, it can be estimated that the median spending on buying 100 packs of cigarettes by smokers accounted for 1.5% of GDP per capita of the year.

Between 2015 and 2018, the median spending of smokers on purchasing one pack of cigarettes remained unchanged. However, the spending on purchasing 100 packs of cigarettes as a proportion of GDP per capita of the year declined from 2.0% to 1.5%.

## Public support for raising tobacco tax

41.8% of the respondents agreed to raise cigarette tax, with higher proportion in urban areas (46.0%) than in rural areas (35.5%). The higher the educational level, the higher the support, with the highest rate among the group with junior college and above level education (61.1%). 72.8% agreed that the cigarette tax revenue could be partially used for tobacco control. 83.2% agreed that the increased tax revenue could be partially used for paying for health insurance.

# Conclusions

## **1. Compared with survey data in the past, the smoking prevalence among people aged 15 and above tends to decrease. However, there is still a big gap to close to achieve the tobacco control target set out in Healthy China 2030 Outlines.**

The Survey findings show that the smoking prevalence among people aged 15 and above in China in 2018 was 26.6%, with that among males (50.5%) higher than that among females (2.1%), and higher in rural areas (28.9%) than in urban areas (25.1%). Compared with survey data in the past, the smoking prevalence among people aged 15 and above tends to decrease; however, there is still a big gap to close to achieve the tobacco control target set out in Healthy China 2030 Outlines. Data in the 2017 WHO Global Tobacco Epidemic Report show that the average current smoking prevalence among people aged 15 and above in 195 countries in 2015 was 20.7% with the prevalence among males being 35.0%. In contrast, both figures in China were higher than the global average.

It is clearly stated in the Healthy China 2030 Outlines that by 2030 the smoking prevalence among people aged over 15 shall be decreased to 20%. This means between 2019 and 2030, the smoking prevalence among people aged over 15 in China must be reduced by 0.6 percentage point on average each year. However, between 2015 and 2018, the speed of decrease did not meet this requirement. This means that if tobacco control work is done in the same way as between 2015 and 2018, China would fail to meet the tobacco control target set out in the Healthy China 2030 Outlines. Therefore, efforts in tobacco control should be enhanced.

## **2. Achievement in smoke-free environments is significant; secondhand smoke exposure is reduced but the situation is still challenging.**

Since 2015, the National Health Commission has been strongly promoting smoke-free environments, particularly smoke-free hospitals and smoke-free government offices. Beijing, Shanghai and other cities have developed or amended smoke-free regulations, which has greatly promoted the development of a smoke-free environment and is important for raising public

awareness and protecting more people from the harms of secondhand smoke.

The Survey findings show that exposure to secondhand smoke of non-smokers aged 15 and above decreased to 68.1%, which was 4.3 percentage points lower than that in 2010. In addition, compared with 2015, the proportion of the public seeing people smoke in all kinds of indoor public places, except for universities, elementary and middle schools, in the last 30 days decreased by various degrees, with the most significant decrease in government office buildings from 38.1% down to 31.1%. This indicates significant improvement in smoke-free environment development and general improvement in the protection from secondhand smoke exposure.

In contrast, the survey conducted one year after the implementation of the Beijing Tobacco Control Regulations showed that the secondhand smoke exposure rate in indoor public places was 20.0%, reduced by 15.7 percentage points. The survey conducted in Shanghai one year after the amendment of Shanghai Regulations on Tobacco Control in Public Places showed that the secondhand smoke exposure rate of nonsmokers decreased from 58.5% in 2016 to 50.6% in 2017. Compared with 2016, the proportion of the public seeing people smoking in workplaces, public places, public transportation and homes in 2017 all decreased, indicating that smoke-free legislation can significantly promote a smoke-free environment to reduce exposure to secondhand smoke.

## **3. The public support smoke-free policies and need a smoke-free environment.**

The Survey data show that there was strong public support for smoke-free public place policies in 2018: 97.1% of the public expressed support for 100% smoke-free in indoor areas in hospitals, 96.7% for 100% smoke-free elementary and middle schools, 92.9% for 100% smoke-free taxis, 92.7% for 100% smoke-free in indoor areas in universities, 79.9% for 100% smoke-free restaurants. In addition, 90.9% supported 100% smoke-free indoor workplaces and 96.1% supported 100% smoke-free public transportation.

The Survey also revealed that in 2018, 44.9% of adults were exposed to secondhand smoke at home in the last 30 days whereas this figure in 2015 was 57.1%, indicating that the proportion of smoke-free homes increased rapidly and the public demand for a smoke-free environment also increased.

#### **4.Public awareness of the harms of smoking is improving; however, the awareness rate of harms of smoking and secondhand smoke is still low in general.**

Between 2015 and 2018, the National Health Commission organized massive tobacco control campaigns, including the World No Tobacco Day campaign every year, health literacy promotion campaigns; Healthy China Tours, healthy lifestyle initiatives and other public mass media educational campaigns. The Survey findings show that public awareness of smoking related harms increased compared with that in 2015; however, the awareness rate of smoking leading to stroke, heart disease and lung cancer in 2018 was only 36.4%; the awareness rate of secondhand smoke leading to heart disease in adults, lung cancer in adults and lung illnesses in children was just 36.1%.

Printing large, clear and visible graphic health warnings on cigarette package is believed to be the most cost-effective measures in health education. The messages on health risks and harms of tobacco use can be delivered to every smoker and nonsmokers around him/her; even illiterate people can understand clearly the harms of smoking. This can hardly be achieved by any other educational measures. The tobacco control policy of printing graphic health warnings on cigarette packs is greatly important for China to further improve the effectiveness of tobacco control campaigns.

#### **5.Graphic health warnings on cigarette packages can significantly increase the willingness to quit.**

Clinical cessation practice shows that smokers who plan to quit smoking within the next month are more likely to have cessation attempt. However, the Survey findings show that only 5.6% of smokers in China considered quitting smoking within the next month, indicating that if no effective tobacco control measures are taken to raise smokers' willingness to quit, the proportion of current smokers who will attempt to quit smoking will not increase.

During the Survey, smokers were presented the graphic health warnings on cigarette packages. It was found that 56.1% of smokers reported that they considered quitting after seeing the graphic health warnings on cigarette packages. In contrast, only 36.3% of smokers considered quitting after seeing the current health warnings text on cigarette packages. This indicates that graphic health warnings can significantly enhance the willingness of smokers to quit and in turn improve the effectiveness of tobacco control efforts.

#### **6.The capacity to provide cessation services is low and availability of cessation services is poor, making it hard to help more smokers quit effectively.**

Since 2015, the National Health Commission has been actively promoting the delivery of cessation services. These efforts included organizing the annual capacity building workshop on cessation, scaling up the brief cessation service, using the central-subsidizing-local project to support 31 provinces/autonomous regions/municipalities in the country to set up 12320 Cessation Hotlines; standardizing cessation clinic services by gradually setting up over 400 cessation clinics. The Survey data show that in the past 12 months, 46.4% of the smokers received doctor's cessation advice; however, only 4.6% of them used cessation medications or sought treatment from cessation clinics when they attempted to quit; only 3.2% called the Cessation Hotlines. At present, most of the smokers who tried to quit were struggling by themselves (90%).

#### **7.The prevalence of electronic cigarette use is still low but is increasing, calling for more attention.**

Currently only 0.9% of people aged 15 and above use electronic cigarettes; however, compared with the figure in 2015, the proportions of people having heard of electronic cigarettes, using it in the past and currently using electronic cigarettes, have all increased significantly, particularly among the young age groups. The Survey data show that 7.6% of people aged 15-24 have used electronic cigarettes in the past, which is worth more attention. The main source of accessing electronic cigarettes was Internet. In addition, it was found in the Survey that the main reason for using electronic cigarettes was to quit smoking; however, there is no clear evidence that electronic cigarettes can help smokers quit.

#### **8.The affordability of smokers for cigarettes is increasing and cigarettes are "cheaper".**

The Survey shows that 50% of the smokers purchased cigarettes at no more than 9.9 yuan, remaining unchanged compared with that in 2015. However, if the indicator of "the proportion of the median spending of smokers on purchasing 100 packs of cigarettes in GDP per capita of the year" is used for analysis, then the proportion in 2018 was 1.5% whereas that in 2015 was 2.0%, indicating that cigarettes are becoming "cheaper" in the context of rapid economic development.

### **9. Tobacco advertisement on Internet and at tobacco retail sale points needs better management; various promotion of cigarettes needs more attention.**

In September 2015, the amended Advertisement Law became officially effective. According to Article 22 of the Advertisement Law, tobacco advertisement is banned on mass media or in public places, public transportation and outdoors. It is prohibited to use the advertisement of other products or services and public good advertisement to advertise the name, trademark, packaging, decoration and similar attributes of tobacco products. Any relocation, renaming or recruitment notice of tobacco manufacturers or sellers should not contain tobacco product names, trademarks, packaging and designs, and other related contents. However, the Survey data show that in the last 30 days, 10.7% of adults saw tobacco advertisement; of them, 43.3% saw the advertisement at tobacco retail sale points and 42.3% on the Internet.

In addition, 4.1% of adults noticed cigarettes at discounted

prices in the last 30 days; 3.3% noticed free gifts or discount offers on other products when buying cigarettes; 2.3% noticed sales of single sticks; 0.7% noticed free samples of cigarettes. The large variety of cigarette promotions will inevitably compromise the effectiveness of tobacco control efforts and should be given more attention.

### **10. Nearly two thirds of people are exposed to smoking scenes in movies or on TV; smoking scenes should be strictly regulated.**

Movies and TV products have special and significant impacts on the healthy development of the youth. The smoking scenes in movies and on TV, in particular the smoking scenes of the idols of the young generation, have a great impact on the youth and this cannot be neglected. However, the Survey shows that 61.1% of people noticed smoking scenes in movies or on TV in the last 30 days, with the group aged 15-24 having the highest proportion (68.3%), suggesting the smoking scenes in movies and on TV should be strictly regulated.

## Recommendations

Based on the findings of this Survey, to accelerate tobacco control efforts in China and ensure the achievement of the tobacco control target in the Healthy China 2030 Outlines, the following strategies are recommended:

1. To take multisectoral approach in comprehensively implementing various tobacco control measures to ensure a steady decline in smoking prevalence and tobacco consumption among the population.
2. To strictly implement the Notice on Government Officials Taking Lead in Not Smoking in Public Places jointly issued by the CPC Central Committee General Office and the State Council General Office. Promote legislation on smoke-free environments and realize 100% smoke-free in indoor public places.
3. To strengthen capacity building of cessation networks and include cessation services into basic healthcare services to improve access to cessation services.
4. To further raise tobacco tax and price to reduce the affordability for cigarettes.
5. To further enhance regulations on tobacco advertisement, especially that on Internet and at tobacco retail sale points; ban tobacco promotion and strictly regulate smoking scenes on TV and in movies.
6. To print graphic health warnings on cigarette packs to raise public awareness of tobacco-related harms and willingness to quit smoking.
7. To develop electronic cigarette regulation plans as soon as possible and address emerging issues in tobacco control.
8. To develop tobacco epidemic surveillance system to understand tobacco epidemic among the population and the effectiveness of tobacco control policies on a regular basis, so as to provide evidence for effective tobacco control policy-making.

