

## An Overview of Tobacco Control Policies in China

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The tobacco epidemic is a global public health concern as the toxic substances in tobacco pose a severe threat to human health. In response to this issue, countries around the world have adopted various strategies to control tobacco use. The Chinese government began to pay attention to the health hazards of smoking in the 1970s and joined the international community in tobacco control endeavors by becoming a signatory of the World Health Organization Framework Convention on Tobacco Control in the early 21st century. It has further intensified its tobacco control measures in recent years with its “Healthy China” strategy. This article gives an overview of tobacco control policies released by the Chinese government over the years, with a separate analysis of the provisions on smoking control stipulated in the Health China Action Plan (2019-2030). Also discussed are the outcomes of those policies and the challenges China faces in tobacco control, as well as the lessons China can learn from international experiences in this regard.

**Keywords:** Tobacco Control Policy; Smoking Control; China

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### Introduction

**H**EALTH RISKS associated with tobacco use are a major health concern for the global community. Smoking is hazardous not only to the health of the smoker but also to the health of the people in the vicinity and environmental safety. The Global Burden of Disease Study 2019 reveals that tobacco use (smoking, passive smoking, and tobacco chewing) was the second leading risk factor for attributable deaths, accountable for 15.4% of all deaths in 2019 (Murray et al., 2020).

In China, tobacco use also constitutes a tremendous threat to the health of its citizens. According to *The Report on the Health Hazards of Smoking in China 2020* (National Health Commission, 2021), China had more than 300 million smokers and a 26.6% smoking rate in the population aged 15 and older in 2018, with a 50.5% smoking rate in males in this category. Every year, tobacco use results in over one million deaths. This figure could rise to two million by 2030 and three million by 2050 without effective interventions.

**Table 1. China's Tobacco Control Policies in Recent Decades.**

<b>Years</b>	<b>Policy Documents</b>	<b>Components Related to Tobacco Control</b>
1979	A Circular on the Publicity of the Hazards of Smoking and Tobacco Control (Ministry of Health of China, 1979)	Popularizing scientific knowledge on health hazards of smoking among the general public.
1985	A Circular on Strengthening the Publicity of the Health Hazards of Smoking and Promoting Smoking Cessation (Disease Prevention and Control Office of the Ministry of Health of China, 1985a)	Propagating the harm of smoking via multiple media including newspapers, magazines, films, TV programs, and bulletin boards.
1985	Regulations on Prohibiting Spitting, Littering, and In-Compartment Smoking on Passenger Trains (Disease Prevention and Control Office of the Ministry of Health of China, 1985b)	Smoking is prohibited in non-smoking compartments on passenger trains; those smokers refusing to move to the dedicated smoking area shall be fined 50 cents.
1987	A Circular on Prohibiting Smoking in Places for Children's Activities (Disease Prevention and Control Office of the Ministry of Health of China, 1987)	Adopting restrictive measures to make places for children's activities smoke-free; educating parents and other stakeholders on the harm of second-hand smoke to the child's health.
1991	The Tobacco Monopoly Law of China (Standing Committee of the National People's Congress of China, 1991)	The government and society are responsible for the publicity of the health hazards of smoking; smoking in public places shall be banned or restricted; smoking is not allowed among primary and secondary school students.
1991 (revised in 2020)	The Minors Protection Law of China (Standing Committee of the National People's Congress of China, 2020a)	Parents or other custodians of minors shall not allow or encourage the kids to smoke; no tobacco retail outlets are allowed to appear in the proximity of schools and kindergartens; tobacco sales to minors are prohibited; no smoking is allowed in schools, kindergartens, and other public places with the presence of minors.
1992	A Circular on Progressively Realizing Smoke-Free Cabins on Domestic Passenger Flights (Civil Aviation Administration of China, 1992)	Smoking is prohibited on domestic passenger flights.
1994	The Advertising Law of China (Standing Committee of the National People's Congress of China, 1994)	Tobacco advertising is prohibited on all media including the radio and TV.
1999 (revised in 2020)	The Juvenile Delinquency Prevention Law of China (Standing Committee of the National People's Congress of China, 2020b)	Parents or other custodians and the school have the responsibility to warn the juveniles against smoking and alcohol abuse; No tobacco and alcohol sales to minors are allowed at any commercial venue.
2003	The accession of China to The World Health Organization Framework Convention on Tobacco Control (WHO, 2003)	The Chinese government ratified the Convention in 2005, claiming there was to be a total ban on smoking in public places from January 2011.
2006	Regulations on the Censorship of Films and Film Scripts (Synopsis) (State Administration of Radio, Film, and Television, 2006)	Deleting or revising scenes of inordinate smoking behaviors in films and TV programs.
2009	A Total Ban on Smoking in Domestic Healthcare Institutions from 2011 (Ministry of Health of China, 2009)	Banning smoking in health administrative departments and healthcare institutions at all levels from 2011.
2011	Implementation Rules for Regulating Health Issues in Public Places (Ministry of Health of China, 2011)	Banning smoking in indoor public places; noticeable no-smoking signs deployed by the operators of public places; keeping the smoking area for outdoor public places away from the pathway for ordinary pedestrians; no automatic cigarette vending machines in public places; operators of public places being held responsible for monitoring the smokers' behaviors.
2014	Regulations on Smoking Control in Public Places (Draft) (National Health and Family Planning Commission of China, 2014)	A total ban on smoking in indoor public places. (Many provinces and cities have formulated comparable regulations in their respective regions).
2016	The Outline of the Healthy China Strategy 2030 (State Council of China, 2016)	Increasing efforts to fulfil tobacco control commitments at all levels; boosting smoking control outcomes by means of pricing, taxation, and legislation; strengthening smoking control publicity and education; improving surveillance of smoking behaviors in public places; progressively realizing the all-out ban on smoking in indoor public places; ensuring that staff with governmental agencies play the leading role in tobacco control, making their offices smoke-free; bolstering smoking cessation services; decreasing the prevalence of smoking in the population aged 15 and older to 20% by 2030.
2019	Healthy China Action Plan (2019-2030) (State Council of China, 2019).	Establishing tobacco control as one of the 15 chief actions and laying out pertinent measures based on the Outline of the Healthy China Strategy 2030.
2022	Regulations on Electronic Cigarette Use (State Tobacco Monopoly Administration, 2022).	Setting forth national compulsory criteria for electronic cigarette production and sales; the government and community being held responsible for publicity and education on the health hazards of electronic cigarettes adolescents; prohibiting primary and secondary school students from smoking electronic cigarettes.

A potent tobacco control policy is fundamental to the prevention and control of the hazards of tobacco used to public health. The World Health Organization Framework Convention on Tobacco Control (WHO FCTC), released in 2003, calls for international cooperation in managing the prevalence of smoking (WHO, 2003). China was a signatory of this convention, and the Chinese government ratified it in 2005. To execute the Convention, the Chinese government made certain relevant moves, including but not limited to mandating that the package of cigarettes be marked with health warnings and banning tobacco advertising and the use of automatic tobacco vending machines. To further increase the public awareness of healthy lifestyles, the Health China Action Plan (2019-2030) was advanced, which lists smoking control as one of the 15 chief actions and sets forth the responsibility of the individual, family, community, and government in combating the threat of tobacco smoking to public health (State Council of China, 2019).

This article gives an overview of tobacco control policies in China over the recent decades with a focus on the outcomes and challenges of the implementation of these policies in the context of the “Healthy China” strategy, aiming to assist with the understanding of China's endeavors in this area and provide implications for future tobacco control actions.

## The Evolution of Tobacco Control Policy in China

**Table 1** displays policy documents on or related to tobacco smoking control released by various departments of the Chinese government in recent decades. The Chinese government began to propagate the health hazards of tobacco in 1979 and pay special attention to the issue of adolescent smoking by formulating targeted legislation and regulations in the 1990s. The Advertising Law of China, enacted in 1994, has the provision of “prohibiting tobacco advertising on the radio, television, and other media” (Standing Committee of the National People's Congress of China, 1994). Nevertheless, the actual smoking control practice at that time was restricted to public places involving children's activities and public transportation environments. Also, in the early stage of the smoking control campaign, tobacco control organizations and medical experts were the leading actors, and relevant policies and regulations are insufficiently systematic or legally binding (Li & Zhai, 2016). After China's accession to 2003's WHO FCTC, the Chinese government took on the leading role in the nation's smoking control movement, continuously expanding the scope and intensity of tobacco control work in an effort to institutionalize it. Specific measures included more stringent regulation of smoking scenes in films and television programs, more comprehensive restrictions on smoking in public places, and the stipulation of “total bans on smoking in all indoor public places” as an official provision in policy documents.

In 2015, the “Healthy China” strategy was launched, aiming to build a healthier and more harmonious social environment through implementing a range of health promotion and disease prevention and control measures. In the next year, the Outline of Healthy China Strategy 2030 was released, putting forth more smoking control measures, including establishing all governmental agencies as smoke-free workplaces and initiating smok-

ing cessation service provision by professional medical institutions, as well as setting an explicit goal for smoking control, namely, to decrease the prevalence of smoking in the population aged 15 and older to 20% by 2030 (State Council of China, 2016). Subsequent to the Outline, more policy documents were issued, including the Healthy China Action Plan (2019-2030), to lay out more specific requirements for the national tobacco control work. Furthermore, the Chinese government issued in 2018 and re-issued in 2021 the Circular on Strengthening Smoking Control in Adolescents to stress the importance of managing the smoking issue in teenagers. In response to the potential health risks of electronic cigarettes, the State Tobacco Monopoly Administration (2022) launched the Regulations on Electronic Cigarette Use in 2022 to regulate the electronic cigarette market.

In addition to the state-level policies, local governments have also introduced tobacco control policies tailored to the local circumstances to advance the construction of smoke-free environments, such as the Beijing Smoking Control Regulations and the Shanghai Regulations for Smoking Control in Public Places. Formulating and implementing these local-level tobacco control policies and regulations are of vital significance for raising the health awareness of society across the board and mitigating the damage of tobacco smoking to public health (Qiu et al., 2021; Zhang et al., 2024).

To sum up, our review of tobacco control policies in China finds a process of progressive advancements, from the early publicity of the harm of tobacco use and prevention of smoking in adolescents to later smoking control and prohibition in public places and more recent execution of comprehensive tobacco control measures in the context of the “Healthy China” strategy.

## Tobacco Control Policy under the “Healthy China” Strategy

The Healthy China Action Plan (2019-2030) is meant to provide guidelines for the implementation of the “Healthy China” strategy, setting the goal of realizing, by 2030, significant enhancement of health literacy in the whole population, basic popularization of healthy lifestyles, effective management of health risk factors, substantial reduction in premature mortality caused by major chronic diseases, considerable improvement in average lifespan, and popular health standards on a par with high-income countries. This document specifies the overall target and the responsibilities of all stakeholders in tobacco control in the ensuing years (State Council of China, 2019).

**The Overall Target:** By 2030, the smoking rate among the population aged 15 and older is to be decreased to or below 20%, and the proportion of people benefiting from smoke-free regulations (those who are protected from the damage of tobacco smoking in indoor public places, indoor workplaces, and public transportation spaces due to legislation on smoking control) is to reach 80% or more.

**Binding Duties on Governmental Departments:** (i) Advance the construction of smoke-free environments through multi-agency collaboration to realize a nation-wide total ban on smoking in indoor public places, indoor workplaces, and public transportation spaces, to strengthen the surveillance of smoking behaviors in public places, and first off, to make governmental offices smoke-free workplaces. (ii) Research into the potential

leverage of taxation and price regulation in improving the effectiveness of tobacco control. (iii) Heighten tobacco control publicity and education, including cigarette packaging management (such as mandatory health warnings on packages), to enhance public awareness of the health hazards of smoking while also restricting smoking scenes in films and television programs. (iv) Assist medical institutions in developing smoking cessation services, including minimal intervention on smoking (such as queries about patients' smoking histories in regular outpatient consultations) and the diagnosis and treatment of tobacco-dependent disorders. (v) Strengthen the regulation of tobacco advertising, banning tobacco advertising on the mass media and in public places and posing rigid restrictions on tobacco promotion and sponsorship. (vi) Accelerate the research and development of a reliable procedure for disclosing information on tobacco product ingredients in accordance with the requirements of WHO FCTC regarding tobacco control progress; enhance the impartiality and credibility of the state's supervision and monitoring of tobacco products; and improve the tobacco product safety testing and evaluation system, ensuring its transparency and informed decisions by the public. (vii) Heightening tobacco control for adolescents by including businesses that sell tobacco products to minors and advertise cigarettes on mass media in the "blacklist" of the national integrity system and punishing them with relevant laws and regulations. (viii) Establish a smoking prevalence monitoring and evaluation system to support regular surveys for obtaining reliable knowledge of the tobacco epidemic in the Chinese population.

**Responsibilities of Non-Governmental Entities:** Ordinary citizens should pay attention to knowledge of health, especially knowledge about the hazards of passive smoking, try to build smoke-free homes to protect their family members, and contribute to the maintenance of non-smoking areas in public places by stopping those violators. Professionals, such as medical staff, teachers, and civil servants, should act as good role models in the tobacco control movement. Doctors and nurses, who have the responsibility to provide smoking cessation advice and instructions to patients, shall not smoke in their workplaces; teachers must not smoke in the schools, particularly with the presence of their students; and civil servants shall not smoke or share cigarettes in official activities. Furthermore, local communities should devote more effort to spreading the smoke-free culture, utilizing occasions like the health-themed day to amplify smoking control publicity. Businesses and services have the responsibility to create smoke-free working environments for their employees.

The above details demonstrate that the tobacco control policy proposed by the Healthy China Action Plan (2019-2030) is more specific and better structured than previous ones. It sets an explicit target for tobacco control endeavors in the ensuing years. Moreover, it encompasses more comprehensive implementation pathways, including taxation and pricing regulation, legislation efforts, publicity and education amplification, and more, as opposed to prior policies that tend to focus on a unitary measure like a penalty. There is a growing consensus that smoking control through regulation of tobacco taxes and prices is a promising strategy (Flor et al., 2021). Most importantly, it places a heavy emphasis on the coordination between the gov-

ernment, communities, and individuals in tobacco control to increase the participation of society as a whole and boost the overall outcomes of the tobacco control work.

## **Achievements and Challenges of Tobacco Control in China**

China's progressively intensified tobacco control in recent years has resulted in noticeable achievements. According to existing research findings, the implementation of tobacco control policies in China has led to an ongoing reduction in crude mortality rate and standardized mortality rate among urban populations and has brought exceptional health benefits to the 55-59 age group, among whom there have been significant decreases in all-cause mortality, heart disease mortality, and cerebrovascular disease mortality (Chen et al., 2023). Also, tobacco control in adolescents has produced remarkable outcomes. As per The Report on Chinese Adolescent Tobacco Use 2023, China had a 4.2% cigarette smoking rate in secondary school students in 2023, a 1.7% decrease from the 5.9% in 2019, and a 2.4% electronic cigarette smoking rate in this group, a 1.2% decrease from 2021. In the meantime, there was a significant drop in the incidence of on-campus smoking (National Health Commission of China, 2024). Furthermore, the accessibility of smoking cessation services has considerably improved, with approximately 600 smoking cessation clinics in place and the dedicated smoking cessation help lines deployed by 30 provinces. In addition, the size of the population benefiting from tobacco control legislation is ever expanding in China. As of 2021, 29 provinces had established provincial-level tobacco control laws and regulations, and 155 cities had formulated city-level tobacco control regulations.

Despite the progress made in its tobacco control, China has major issues to resolve to reach the aforementioned tobacco reduction target, a vital component of the Healthy China Strategy 2030. First, the Chinese government faces a pronounced issue in tobacco control: the trade-off between health and economy, a challenge that other countries also face (Peruga et al., 2021). The increased fiscal spending induced by tobacco control and the curbing effects of raised tobacco taxes on the tobacco industry are deemed impediments to further tobacco control efforts. Second, China lacks state-level specialized legislation and regulations on smoking bans in public places. The Draft Regulations on Smoking Control in Public Places from 2014 have yet to receive official enactment. Local governments have their own policies for controlling smoking in public places, leading to regional differences in implementation measures (Chen et al., 2023). This situation hinders the realization of a nationwide total ban on smoking in public places. Moreover, local regulations on tobacco control have relatively low binding power. A more potent, unified smoking control policy is warranted to ensure the authoritativeness of this public health initiative (Qiu et al., 2021). Third, there is a lack of established instruments for evaluating the effectiveness of the tobacco control work (Zhuang & Lao, 2023), which hampers the advancement of tobacco control endeavors. Lastly, dissuading the smoker from smoking is never easy. Relevant research findings suggest that information about the damage of tobacco smoking per se does not help change the smoking behavior of ordinary people,

as the hazardous effects of tobacco are typically delayed ones, and that young smokers are more likely to disregard this health risk (Pei & Yang, 2022). To influence the popular smoking behavior, the Chinese government needs to adopt more stringent control measures.

### International Experiences in Tobacco Control

Learning lessons from other nations' tobacco control experiences is beneficial for tobacco control policy development and implementation in China. Levy et al. (2018) conducted a narrative review of relevant literature published between 2000 and 2017 to find that cigarette taxes, smoke-free air laws (applied to workplaces and designated public places), marketing bans, comprehensive tobacco control programs, cessation treatment policies, and graphic health warnings on packaging were all effective in reducing smoking prevalence in high-income countries. Raising cigarette taxes was one of the most productive measures. However, this study highlights that the impact on public health from raising cigarette taxes hinges on the size of the tax increase and its transfer to consumers in the form of higher cigarette prices. It also suggests that tobacco tax policies may lose their effectiveness if fees do not rise in line with consumers' incomes. Bertollini et al. (2016) argued that despite there being ample knowledge and instruments to stop the epidemic of tobacco-related diseases, stronger and more consistent action is needed to enforce those policies that have been proven effective in controlling the tobacco epidemic. Many countries have endeavored to develop additional tobacco control pathways. For instance, the Indian government initiated a research project on alternate crops to tobacco for the purpose of curtailing the sources of tobacco supply (Kaur & Jain, 2011).

On the other hand, countries across the world have encountered certain common obstacles to tobacco control. According to Mackey et al. (2013), these obstacles include but are not limited to a focus on curative, not preventive, measures; reports of tobacco tax revenue but not the debit; misperceived concerns about potential economic losses resulting from the implementation of tobacco control measures; and governments' preoccupation with other events or diseases that cause far fewer deaths than tobacco (such as severe acute respiratory syndrome,

Avian influenza, or financial crises). Some researchers argued that the changes in the characteristics of smokers were another pivotal source of difficulties with the implementation of smoking control policies. Warner and Mendez (2010) noted that today's smokers differ significantly from yesterday's, with the former being more susceptible to mental illness and substance abuse and being more dependent on nicotine or other substances in tobacco for self-treatment, making smoking cessation more difficult for them. This finding implies that a more in-depth understanding of the cause of the individual's smoking behavior is needed in order to provide a more targeted smoking cessation service. Additionally, the rapid development of new media has generated new channels for tobacco advertising, necessitating new regulation models to manage the marketing behavior of the tobacco industry (Freeman, 2012).

### Conclusion

Our review of China's tobacco control policies reveals the determined input of the Chinese government in this area over the past several decades. Amid ongoing improvements, China has developed a multi-dimensional tobacco control framework, which includes regulatory policies (e.g., smoking bans in public places), economic policies (e.g., raising the cost of smoking by means of taxation), and informational policies (e.g., publicity and education on the health hazards of smoking). These policies are in line with the principals of the WHO FCTC, manifesting China's active reaction to and participation in international tobacco control cooperation. By engaging the entire society, including the government, communities, and individuals, they aim to facilitate the construction of smoke-free environments. Yet, there remain serious inadequacies in China's tobacco control policies, with the most pronounced one being the absence of a nationally unified policy document for tobacco bans in public places. Also, it is imperative to improve the execution and supervision mechanisms for greater productivity of these policies. Looking to the future, the Chinese government needs to further increase its investment in tobacco control and strengthen its involvement in international endeavors in this regard as reactions to the global threat of tobacco epidemic. ■

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