

# Implementation of the WHO Framework Convention on Tobacco Control in mainland China

Jun Lv,<sup>1</sup> Meng Su,<sup>1</sup> Zhiheng Hong,<sup>1</sup> Ting Zhang,<sup>1</sup> Xuemei Huang,<sup>1</sup> Bo Wang,<sup>2</sup> Liming Li<sup>1</sup>

<sup>1</sup>Department of Epidemiology and Biostatistics, School of Public Health, Peking University Health Science Center, Beijing, China

<sup>2</sup>Health Science Popularization Research Center, Chinese Academy of Medical Sciences, Beijing, China

## Correspondence to

Liming Li, Department of Epidemiology and Biostatistics, School of Public Health, Peking University Health Science Center, 38 Xueyuan Road, Beijing, 100191, China; [lmlee@vip.163.com](mailto:lmlee@vip.163.com)

Received 24 September 2010

Accepted 17 March 2011

Published Online First

14 April 2011

## ABSTRACT

As per China's ratification of the *WHO Framework Convention on Tobacco Control* (FCTC), it should have implemented effective packaging and labelling measures prior to 9 January 2009 and enacted a comprehensive ban on all tobacco advertising, promotion and sponsorship prior to 9 January 2011. In addition, universal protection against secondhand tobacco smoke should have been implemented before 9 January 2011 by ensuring that all indoor workplaces, all indoor public places, all public transportation and possibly other (outdoor or quasi-outdoor) public places are free of secondhand smoke. The authors conducted a review of various sources of information to determine the current status of FCTC implementation in mainland China. Even though China has made considerable efforts to implement the FCTC, there is still a significant gap between the current state of affairs in China and the requirements of the FCTC. The Chinese tobacco monopoly under which commercial and other vested interests of the tobacco industry are jeopardising tobacco control efforts is thought to be the most crucial obstacle to the effective implementation of the FCTC across the country.

The *WHO Framework Convention on Tobacco Control* (FCTC)<sup>1</sup> officially took effect in China on 9 January 2006. The initiation of this law meant that China was expected to implement the packaging and labelling measures required by the FCTC prior to 9 January 2009, and enact a comprehensive ban on all direct and indirect tobacco advertising, promotion and sponsorship in both the traditional media and all other media platforms prior to 9 January 2011. In addition, FCTC regulations mandated that China should strive to provide universal protection to the public by ensuring that all indoor public places, all indoor workplaces, all public transportation and possibly other (outdoor or quasi-outdoor) public places are free of secondhand tobacco smoke before 9 January 2011.<sup>1 2</sup>

In recent years, the Chinese government, professionals from various circles and civil society organisations have made great efforts to implement the FCTC and have achieved good results. However, there is a large gap between the current state of affairs in China and the requirements of the FCTC. The process of implementing the FCTC has been very slow and difficult. In this article, we review the current status of FCTC implementation in mainland China with respect to five policies and interventions of the WHO MPOWER policy package<sup>3</sup> (with the exception of monitoring tobacco use), and discuss the major obstacles to FCTC implementation.

## SEARCH STRATEGY

We searched Medline (1950 to May 2010), WHO Library Database (WHOLIS; 1986 to May 2010), Chinese Biomedical Literature Database (CBMdisc; CBMDISC 1978 to May 2010), the internet and official government websites using the keywords 'tobacco use' and 'tobacco control' together with 'the Framework Convention on Tobacco Control', 'organising institutions', 'law', 'regulation', 'smoking cessation', 'package', 'label', 'advertising', 'promotion', 'sponsorship', 'tax', 'monopoly' and 'administration' in both Chinese and English. We also manually searched conference proceedings and reference lists, and we contacted specialists in the field of tobacco control. All the literature related to tobacco control or to the performance of the FCTC in China was read in its entirety.

## ORGANISING INSTITUTIONS

In China, the Implementation Coordination Mechanism (ICM), which was formed in April 2007, is responsible for coordinating the implementation of the FCTC around the country. The ICM is made up of eight ministries including the Ministry of Industry and Information Technology (MOIIT), the Ministry of Health (MOH), the Ministry of Foreign Affairs (MOFA), the Ministry of Finance (MOF), the General Administration of Customs (GAOC), the State Administration for Industry and Commerce (SAIC), the General Administration of Quality Supervision, Inspection and Quarantine (GAQSIQ) and the State Tobacco Monopoly Administration (STMA).<sup>4-6</sup> The MOIIT functions as the group leader, and the MOH and the MOFA act as associate group leaders.

In October 2006, the MOH established a Leading Group to implement the FCTC. In March 2007, an Executive Office of the Leading Group was set up in the Chinese Center for Disease Control and Prevention (CCDC). In May 2009, the MOH in concert with the State Administration of Traditional Chinese Medicine (SATCM), the Health Department of the General Logistics Department (GLD) of the Chinese People's Liberation Army (PLA) and the Logistics Department of the People's Armed Police Force (PAP) established a National Healthcare System Leading Group (NHSLG) for FCTC implementation.<sup>7</sup>

In addition, the Chinese Association on Tobacco Control (CATC) is a non-profit national academic organisation composed of people from various professional fields who have volunteered to engage in tobacco control activities. To help fulfil the promise of the FCTC, the CATC aims to provide

the government with advisory services for policy formulation and to enhance affiliation and cooperation with the local tobacco control associations. Its branches were subsequently set up in each province and city to form a national network, which plays an active role in tobacco control in China.

### **P—protect people from tobacco smoke**

At the time of writing this article, there has still been no national ban on tobacco use in public places in China. Some relevant judgments have merely appeared as specific items in other national laws and regulations enacted in the early years.<sup>8–12</sup> Mainland China administers 31 province-level divisions, including 22 provinces, 5 autonomous regions and 4 municipalities. Based on CCDC data,<sup>13</sup> legislation to ban smoking is in force in all four municipalities. There is no province-level legislation in any province or autonomous region. Thirty out of the 31 provincial capitals and 154 out of the 337 prefecture-level cities (45.7%) have legislation that bans smoking. The public places where smoking is prohibited are stipulated by the local government. Some additional no-smoking areas were identified on the basis of the principles in the national laws and regulations at that time. Although most of the smoking bans entered into force in the 1990s, smoking in public places, including places where smoking is prohibited, remains a serious problem, and the enforcement of the smoking ban is poor.<sup>14–22</sup>

In the past 3 years, to support major international and domestic events, and to build healthy cities, some cities including Beijing,<sup>23</sup> Shenyang,<sup>24</sup> Yinchuan,<sup>25</sup> Hangzhou,<sup>26</sup> Shanghai<sup>27</sup> and Guangzhou<sup>28</sup> have amended their local smoking bans or issued governmental circulars. The areas where smoking is prohibited and where smoking rooms are allowed to be set up still vary from city to city. The public places where smoking is totally prohibited are: (1) indoor medical institutions; (2) inside and outside nurseries and kindergartens; (3) short-distance public vehicles and (4) indoor public places for science, education, culture and art, as well as indoors at cultural relic sites. The public places where smoking bans in different cities show slight differences are: (1) primary and middle schools, colleges and universities; (2) stadiums and gyms; (3) waiting areas and areas selling tickets for short-distance public transportation and (4) indoor business halls for public utilities, finance and commerce. The public places where smoking areas or smoking rooms are allowed to be set up are waiting rooms for long-distance public transportation and hotels where smoke-free rooms or floors are designated. The public places where the lack of smoking rules results in large differences across the country are workplaces, restaurants, places for entertainment and recreation and business premises for internet access services. In the newly amended local regulations on smoking, which have been enacted over the last 3 years, the highest fines appear in Shanghai; they range from 10 000 to 30 000 RMB for corporate bodies and 50–200 RMB for individuals. The fines in other cities range from 1000 to 5000 RMB for corporate bodies and 5–50 RMB for individuals. On the whole, the punishment for violation is generally regarded as being too light for both corporate bodies and individuals.

Lacking the clear leadership for national legislation, local legislation on smoking is quite varied. In general, smoking is banned in a limited number of public places in China, which is far from what is required in the FCTC,<sup>1</sup> especially considering that ‘engineering approaches, such as ventilation, air exchange and the use of designated smoking areas, do not protect against exposure to tobacco smoke’.<sup>2</sup> There are difficulties in violation

reporting, law enforcement and monitoring. Because the national tobacco control legislation has not yet been brought into the legislative agenda of the National People’s Congress and the State Council, it will be hard to achieve large strides towards providing universal public protection from tobacco smoke in the near future. In 2009, the NHSLG issued *Resolutions on Achieving 100% Smoke-free around National Healthcare System in 2011*,<sup>7</sup> which requires a total smoking ban in departments of health administration and medical institutions in 2011. However, no specific funding has yet assigned for these antismoking efforts. These efforts also lack professional guidance, monitoring and external evaluation.

### **O—offer help to quit tobacco use**

In 2008, Yang *et al* surveyed 39 248 first-line doctors from 977 hospitals in 96 Chinese cities.<sup>29–30</sup> The results showed that 86.8% of the doctors erroneously believe that ‘nicotine in cigarettes is the chemical substance that causes cancer’, 50.3% believe that ‘filters reduce the harm of smoking’ and 38.9% believe that ‘lower tar and nicotine cigarettes are less harmful’. These misperceptions<sup>31</sup> may have an important impact on doctors’ knowledge concerning smoking cessation treatments, especially nicotine replacement therapy (NRT), and their willingness and ability to provide smoking cessation advice. Also, in this survey, 17.4% of the doctors reported that they never or seldom asked their patients about smoking, 37.4% checked smoking status only when patients’ diseases were associated with smoking and 45.2% checked smoking status most of the time. Only 2.4% of the doctors had ever prescribed a smoking cessation medicine to their patients. Between 2007 and 2009, several surveys found similar results, suggesting that the tobacco control capabilities of Chinese medical staff are weak.<sup>32–42</sup> Furthermore, the high prevalence of smoking among medical staff in China (ie, 38.7% of men, 1.1% of women and 20.4% in total are current smokers) is also a barrier to their ability to offer effective help to other smokers.<sup>30</sup>

The MOH and the Office of the National Patriotic Health Campaign Committee (PHCC) state that ‘healthcare providers should have the knowledge and skills to provide smoking-cessation services and at least give brief advice routinely to all smokers’ and that ‘healthcare providers who are specialists in smoking-cessation counseling and quitlines should be available in the hospital’ are two of the requirements for a smoke-free hospital.<sup>43</sup> All hospitals around the country are encouraged to meet these two requirements for a smoke-free hospital in 2011.<sup>7</sup>

### **W—warn about the dangers of tobacco**

The STMA and the GAQSIQ jointly enacted the *Provision on Cigarette Packaging and Labelling Selling within the Territory of the People’s Republic of China*, which came into effect on 1 January 2009.<sup>44</sup> However, there is still a considerable gap between the provisions and the FCTC requirements.<sup>2</sup> These gaps include:

1. Location: The FCTC requires the health warnings to be positioned at the top of the principal display areas on both the front and the back of each unit packet and package, but the Chinese provision requires them to be positioned at the bottom.
2. Size: The FCTC specifies that the area of the health warning should be 50% or more, but no less than 30%, of the principal display area, and the text should be in bold print in an easily legible font size. The provision takes the minimum requirement of no less than 30% of the principal display area. The height of Chinese characters is required to be not less than 2.0 mm and the text does not need to be in bold print.

3. Use of pictorials: Pictorial health warnings are not required in the provision.
4. Colour: The provision states that the background colour of the health warning area can be the same as that of other areas in the package, but it should be in a different colour class from the text of the health warning. By not requiring contrasting colours for the background of the text as required by the FCTC, this provision fails to enhance noticeability and maximise the legibility of text-based elements of health warnings and messages.
5. Message content: Two sets of health warnings are mandated. The first set states 'Smoking is harmful to your health' and 'Quit smoking reduces health risk', whereas the second set states 'Smoking is harmful to your health' and 'Quit smoking early is good for your health'. The warnings and messages do not fully address the specific health effects and the impact of exposure to tobacco smoke.
6. Language: The provision requires Chinese characters to be used on the front side, while English words are to be used on the back.
7. Information on constituents and emissions: Quantitative statements on cigarette packages about tobacco constituents and emissions are required in the provision, such as the amount of tar, nicotine and carbon monoxide. This is contrary to the FCTC standards.

In January 2009, Jiang *et al* developed prototypes of 10 sets of health warnings using the packaging of ChungHwa brand cigarettes as the background, including two sets of small, text-only health warnings used in mainland China (one old version before 2009 and one new version since 2009), four sets of larger warnings with pictures used in other countries (translated into Chinese) and the same four sets of larger, text-only warnings used in other countries (translated into Chinese).<sup>45</sup> A survey of these health warnings in four Chinese cities indicated that larger warnings with pictures were more likely to encourage tobacco users to quit smoking and to discourage smoking among youth than larger text-only warnings, although both these types of warnings were better than the small text-only warnings used in China. The new health warnings, which meet the requirements of the provision in 2009, have had a very limited impact compared with the old health warnings. This survey also showed that health warnings in English printed on the back of the package played little role in warning consumers. The percentage of smokers who could not correctly translate 'Smoking is harmful to your health' and 'Quit smoking early is good for your health' into Chinese was 73.2% and 89.9%, respectively.

In response to these weaknesses in the new Chinese health warnings on tobacco packages, in 2008 the Framework Convention Alliance (FCA) presented China a 'Dirty Ashtray Award' for attempting to mock the Article 11 guidelines by citing its preference for beautiful cigarette packaging over the health of its citizens.<sup>46</sup>

### **E—enforce bans on tobacco advertising, promotion and sponsorship**

The *Advertising Law of the People's Republic of China* enacted in 1995<sup>47</sup> and its *Provision on Tobacco Advertising*,<sup>48</sup> prohibits: tobacco advertisements on radio, television, movies, newspapers and magazines; tobacco advertisements in public places, including all types of waiting rooms, cinemas, theatres, conference halls, stadiums and gyms and advertisements for tournaments and shows named after the tobacco industry or tobacco products in the media mentioned above. In settings where

tobacco advertising is not banned, the warning 'Smoking is harmful to your health' must be included in the advertisement. The departments of administration for industry and commerce are responsible for monitoring advertisements. According to the *Ban on Smoking in Public Transport and Waiting Rooms* enacted in 1997,<sup>9</sup> tobacco advertising inside and outside public vehicles and in the waiting rooms for long-distance public transportation are prohibited. In the *Requirements for Ratification of National Tobacco Advertising-Free Cities*<sup>49</sup> issued by the MOH and the SAIC in February 2003, the requirements for tobacco advertising were extended. However, the application and ratification processes to be designated a *National Tobacco Advertising-Free City* were based on the principles of self-assessment and voluntary application; that is, this procedure was not audited by any independent third party to assess whether these standards were complied with.

An ITC survey in six Chinese cities in 2006 showed that, overall, 40.3% of Chinese smokers reported noticing messages designed to encourage smoking at least once in the last 6 months.<sup>50</sup> A total of 27.9% of respondents noticed tobacco sponsorships for sports and arts events, whereas 38.5% noticed tobacco promotion of various forms. In 2007, Li observed 73 outdoor tobacco advertisements in 19 administrative districts and counties of Shanghai, which were mainly promoting tobacco companies or tobacco products.<sup>51</sup> Most of these outdoor tobacco advertisements stood on both sides of major roads or on buildings along key streets.

The tobacco industry continually takes advantage of loopholes in the laws and plays 'edge ball' games. In addition to corporate image advertisements, brand extension advertisements and related sports events, film and TV programmes with tobacco brands through sponsorship or title sponsorship, tobacco companies frequently appear in the mass media by way of donating to the public welfare, thus gaining increasing influence. The first choice of these tobacco companies is to donate money to support schools, especially primary and middle schools. For instance, there are 17 Hope Primary Schools named after tobacco brands in China.<sup>52</sup> According to a report from the CATC, between September and December of 2009, there were 79 major public welfare, sports and entertainment events receiving donations from tobacco companies. Of these, 63 were public welfare donations that occurred in 40 cities and counties in 15 provinces, and 8 were sports and entertainment donations.<sup>53</sup> Moreover, eight tobacco companies were even praised by local governments in recognition of their public welfare donations.

Of the 140 most charitable domestic corporations that won the China Charity Award in 2008 as announced by the Ministry of Civil Affairs (MOCA), 6 were tobacco companies, and the China National Tobacco Corporation (CNTC) ranked first, as it had donated the most money of all of the companies considered.<sup>54</sup> Fortunately, the six tobacco companies were removed from the list of award winners thanks to the strong opposition from various circles.<sup>55</sup> In addition, there were no tobacco companies in the nomination list for the China Charity Award in 2009.<sup>56</sup> In May 2009, the Shanghai Tobacco (Group) Corporation donated 200 million RMB to the China Pavilion of the Shanghai 2010 World Expo. Twenty professionals wrote a letter to the Bureau of the Shanghai World Expo Coordination appealing for the return of the money to the donor. After the letter was disclosed to the public, the Bureau terminated the donation contract 74 days later.

### **R—raise taxes on tobacco products**

The MOF and the State Administration of Taxation (SAT) jointly issued the *Notice on Adjusting Consumption Tax of Tobacco*

## Special communication

*Products*, which came into force on 1 May 2009.<sup>57 58</sup> According to the statement, the purpose of this consumption tax adjustment was to 'increase government revenue from tobacco products and improve the consumption-based tax system'. Tobacco control was not taken into consideration.

All adjustments were levied on the producer price. After the adjustment, the consumption tax rate for Grade A cigarettes rose from 45% to 56%, Grade B cigarettes from 30% to 36% and cigars from 25% to 36%. Meanwhile, the price point that separates Grade A from Grade B cigarettes also rose from 50 RMB to 70 RMB. In addition, a 5% ad valorem tax was added to the wholesale price of cigarettes. According to a calculation by Hu *et al*,<sup>58</sup> the new tax rate on the retail sale of the product was 43.4%, which is 3.4% higher than the previous rate, but still much lower than the median tax rate (65–70%) in other countries.<sup>59</sup>

For the purposes of tobacco control, the tax rate on lower-priced cigarettes should have been increased by substantially raising the unit tax. However, the unit tax rate during this period of adjustment remained unchanged until the time of writing this article. Based on this new policy, the ad valorem tax on cigarettes with a production price below 7 RMB and 5 RMB increased by 11% and 6%, respectively, while the ad valorem tax on cigarettes at 5–7 RMB reduced by 9% instead.<sup>58</sup> Thus, it is obvious that this wave of adjustment mainly influences smokers who consume middle-priced or high-priced cigarettes above 7 RMB, and it has little influence on smokers who consume low-priced cigarettes.

Theoretically, increasing the tax rate on production should directly raise the sales price. However, both the wholesale and the retail prices of cigarettes have remained stable since the adjustment of the tobacco tax in May 2009. This indicates that tobacco companies have absorbed the tax adjustment, bearing the burden of the increased tax. The increased tax rate has little impact on the retail price of cigarettes and thus has no impact on consumers.<sup>60</sup>

### CRUCIAL OBSTACLES TO THE IMPLEMENTATION OF THE FCTC IN CHINA

China faces many challenges in implementing the FCTC. For example, smoking serves an important social function in reinforcing friendships and relationships in China.<sup>61</sup> Misconceptions and lack of awareness concerning the health risks of smoking are common in China.<sup>62 63</sup> The routine budget for tobacco control only accounts for 0.5% of the total budget for disease prevention and control,<sup>64</sup> which is quite insufficient compared with the harm caused by tobacco.<sup>65 66</sup> Many tobacco control activities must rely on domestic and international sources of funding for special programmes. The professional capabilities for tobacco control are weak.<sup>32–42</sup> Smoking bans lack powerful enforcement and monitoring.<sup>14–22</sup>

In the final analysis, however, the most crucial obstacle to the implementation of the FCTC is the tobacco monopoly. In China, the STMA and the CNTC have full control over tobacco production, sales and import–export business.<sup>67</sup> The STMA, a governmental administrative sector, controls the CNTC in name only. However, they both share the same leadership group, staff and functions. They are both the administrator of the national tobacco industry, performing the governmental functions of management and supervision, and the business operator with valuable commercial interests. The tobacco industry takes advantage of the identity of the STMA to maintain their own interests and to create obstacles to tobacco control efforts.

In 2001, the STMA set up a team to research countermeasures against the FCTC and allocated special funds for relevant research.<sup>68</sup> After the FCTC was implemented in China, national tobacco production and consumption increased rather than decreased.<sup>69–73</sup> In 2004, 1873.59 billion cigarettes were produced for the domestic market, and 1877.86 billion cigarettes were sold. In 2008, production increased to 2205.90 billion, and sales went as high as 2180.50 billion. The *Provision on Cigarette Packaging and Labelling within the Territory of the PRC* which came into force in 2009, was developed under the auspices of the STMA. In this provision, pictorial health warnings are not required. The small text-only warnings are an ineffective solution to tobacco control. The health warnings used on products for the domestic market are quite different from those for the export market. The suggestion in the FCTC that parties should not allow quantitative or qualitative statements on tobacco product packaging and labelling about tobacco constituents and emissions is ignored in the provision, which was claimed by the tobacco industry to be frank and forthright. The STMA also reports that 'lowering the tar to reduce the risk from smoking' is a goal of the tobacco industry, but scientific evidence has proven this to be useless in reducing overall disease risk among smokers.<sup>31</sup> Tobacco companies publicly state that this is a responsible behaviour for the benefit of consumers and an effective measure to meet the challenges of the WHO.

Article 5.3 of the FCTC states that in setting and implementing tobacco control policies, parties shall act to protect these policies from commercial and other vested interests of the tobacco industry.<sup>2</sup> However, currently in China, the implementation of the FCTC is under the leadership of the MOIT, which administers and oversees the STMA. One of the core members of the leader group in the MOIT is also the chief of the STMA and the president of the CNTC. This means that the governmental department that is responsible for the administration, production and sales of tobacco products is also

### What is already known on this subject

- ▶ China should have fulfilled its commitment to the WHO Framework Convention on Tobacco Control (FCTC) before 9 January 2011.
- ▶ Although China has made considerable efforts to implement the FCTC, there is still a huge gap between China's current state of affairs and the FCTC requirements.

### What this study adds

- ▶ This paper systematically reviews the up-to-date status of FCTC implementation in mainland China. The FCTC commitment has not been fully fulfilled. There is no national ban on tobacco use in public places and the ban on tobacco advertising, promotion and sponsorship is outdated.
- ▶ The updated legislations on cigarette packaging and labelling and adjusting consumption tax of tobacco products are a compromised result of favouring economic interests over the health of people.
- ▶ The Chinese tobacco monopoly is thought to be a hindrance to the effective implementation of the FCTC in the country.

responsible for tobacco control. This mechanism for the implementation of the FCTC cannot avoid conflicts of interest involving the tobacco industry. As a result, many tobacco control measures that may conflict with the interests of the group cannot be smoothly implemented. To date, the MOIIT as the group leader of the ICM has not led any in-depth discussions on tobacco control in China. Moreover, neither a national strategic plan nor a national law on tobacco control has been developed or put on the agenda. The ICM exists in name only.

In summary, the ability of the Chinese government to undertake unremitting efforts to establish an efficient and practical coordination mechanism that is free of interference from the tobacco industry and then to take radical actions is crucial to the successful implementation of the FCTC in China.

**Competing interests** None.

**Provenance and peer review** Not commissioned; externally peer reviewed.

## REFERENCES

1. **World Health Organization.** *WHO Framework Convention on Tobacco Control*. Geneva: World Health Organization, 2003.
2. **World Health Organization.** *WHO Framework Convention on Tobacco Control: Guidelines for Implementation Article 5.3; Article 8; Article 11; Article 13*. Geneva: World Health Organization, 2009.
3. **World Health Organization.** *MPOWER: A Policy Package to Reverse the Tobacco Epidemic*. Geneva: World Health Organization, 2008.
4. *Letter Reply by the State Council on Agreement to Found the Inter-Ministerial Coordination and Leading Group for FCTC Performance (No. 41 by the State Council)*. The Central People's Government of the People's Republic of China, 2007. [http://www.gov.cn/zwgg/2007-04/30/content\\_603299.htm](http://www.gov.cn/zwgg/2007-04/30/content_603299.htm) (accessed 20 Jun 2010).
5. *The State Council's Announcement on Organization Establishment (No. 11 by the State Council)*. The Central People's Government of the People's Republic of China, 2008. [http://www.gov.cn/zwgg/2008-04/24/content\\_953471.htm](http://www.gov.cn/zwgg/2008-04/24/content_953471.htm) (accessed 20 Jun 2010).
6. *The State Council's Announcement on Sub-Ministerial Bureaus Establishment (No. 12 by the State Council)*. The Central People's Government of the People's Republic of China, 2008. [http://www.gov.cn/zwgg/2008-04/24/content\\_953474.htm](http://www.gov.cn/zwgg/2008-04/24/content_953474.htm) (accessed 20 Jun 2010).
7. *Decisions on Completely Prohibiting Smoking in the National Health Care System from 2011 (No. 48 by Department of Maternal and Child Health Care and Community Health of the Ministry of Health)*. The Central People's Government of the People's Republic of China, 2009. [http://www.gov.cn/zwgg/2009-05/22/content\\_1321944.htm](http://www.gov.cn/zwgg/2009-05/22/content_1321944.htm) (accessed 20 Jun 2010).
8. *By-Laws of Sanitation Administration Ordinance in Public Places (No. 11 by the Ministry of Health)*. The Central People's Government of the People's Republic of China, 1991. [http://www.gov.cn/banshi/2005-08/02/content\\_19159.htm](http://www.gov.cn/banshi/2005-08/02/content_19159.htm) (accessed 20 Jun 2010).
9. *Ban on Smoking in Public Transport and Waiting Rooms (No. 1 by National Patriotic Health Campaign Committee)*. The National Tobacco Control Office, 1997. <http://www.notc.org.cn/n4772065/n5001153/n5028783/35661.html> (accessed 20 Jun 2010).
10. *Law of the People's Republic of China on the Protection of Minors*. The Supreme People's Court of the People's Republic of China, 1991. <http://www.chinacourt.org/flwk/show.php?id=13440> (accessed 20 Jun 2010).
11. *Law of the People's Republic of China on the Protection of Minors*. The Central People's Government of the People's Republic of China, 2006. [http://www.gov.cn/flfg/2006-12/29/content\\_554397.htm](http://www.gov.cn/flfg/2006-12/29/content_554397.htm) (accessed 20 Jun 2010).
12. *Administrative Ordinance of Business Premises for Internet Access Services*. Internet Society of China, 2002. <http://www.isc.org.cn/20020417/ca102648.htm> (accessed 20 Jun 2010).
13. **Cui X**, Li X. *Legislation on Tobacco Control in China: Urgent*. Think Tank Research Center for Health Development, 2010. <http://www.tc.alliance.org.cn/home/?action=viewthread-tid-6382> (accessed 20 Jun 2010).
14. **Xu L**, Ai X, Yao X, *et al.* Survey of smoking and passive smoking in public places in some parts of Qinghai Province. *Health Education and Health Promotion* 2010; **1**:5–7.
15. **Liu R**, Yang Y, Travers MJ, *et al.* A cross-sectional study on levels of secondhand smoke in restaurants and bars in five cities in China. *Tob Control* 2010; **19**(Suppl 2): i24–9.
16. **Zhang Z**, Wu Y, Zhao X, *et al.* Survey on the cognition status of star-rated hotel clients toward passive smoking in public places. *Chin J Health Educ* 2009; **4**:270–3.
17. **Ren Y**, Kong J. Investigation of passive smoking status in Ma'anshan city of Anhui Province. *Anhui J Prev Med* 2009; **3**:193–4. 203.
18. **Zhou G**, Wang W, Zhang K, *et al.* The current situation of passive smoking in the public places in Henan Province. *Chin J Prev Control Chron Dis* 2009; **1**:16–18.
19. **Xu W**, Tian A, Hua Y, *et al.* Secondhand smoke exposure among customers in restaurants in Shanghai. *Chin J Prev Control Chron Dis* 2008; **1**:7–10.
20. **Zheng P**, Xu W, Li G, *et al.* Secondhand smoke exposure among restaurant workers and its impact on health in Shanghai. *Chin J Prev Control Chron Dis* 2008; **1**:3–6.
21. **Hou J**, Sun T, Xiao Z, *et al.* Status of smoking and passive smoking at public places in some areas of Shandong Province. *Chin J Health Educ* 2009; **9**:690–2.
22. **Cui X**, Sun X, Li C, *et al.* *Rules on No Smoking in Public Places in Beijing: A Survey on Implementation in 2004. The 12th National Seminar on Smoking and Health and the 2nd Framework Convention on Tobacco Control Forum*. Shenzhen, China, 2005:34–42.
23. *Rules on the Range of Places Where Smoking is Prohibited (No. 204 by Beijing Government)*. The Supreme People's Court of the People's Republic of China, 2008. <http://www.chinacourt.org/flwk/show.php?id=126518> (accessed 20 Jun 2010).
24. *Announcement by Shenyang Government on no Smoking in Public Places*. Shenyang Daily, 2008. [http://epaper.syd.com.cn/syrb/html/2008-05/23/content\\_362143.htm](http://epaper.syd.com.cn/syrb/html/2008-05/23/content_362143.htm) (accessed 20 Jun 2010).
25. *Rules on Tobacco Control in Public Places in Yinchuan*. Ningxia Government, 2009. [http://www.nx.gov.cn/structure/zfxx/zfjs/zfjssx\\_14214\\_1.htm](http://www.nx.gov.cn/structure/zfxx/zfjs/zfjssx_14214_1.htm) (accessed 20 Jun 2010).
26. *Rules on Tobacco Control in Public Places in Hangzhou*. Hangzhou Government, 2010. <http://www.hangzhou.gov.cn/main/zwdt/zfj/ykyl/wyrcf/1312850.shtml> (accessed 20 Jun 2010).
27. *Rules on Tobacco Control in Public Places in Shanghai*. Law Library, 2009. [http://www.law-lib.com/law/law\\_view.asp?id=307998](http://www.law-lib.com/law/law_view.asp?id=307998) (accessed 20 Jun 2010).
28. **Deng Y**. *Adoption of Rules on Tobacco Control in Guangzhou: No Smoking Indoors will Become Finality*. People's Daily, 2010. <http://health.people.com.cn/GB/11768229.html> (accessed 20 Jun 2010).
29. **Yang Y**, Wu X, Jiang Y, *et al.* Study on the awareness of tobacco harms among Chinese physicians. *Chin J Prev Control Chron Dis* 2009; **5**:469–72.
30. **Wu X**. *Study on Chinese Physicians—the Knowledge and Attitudes Related to Tobacco Harms and their Abilities to Provide Smoking Cessation Services*. Beijing: Peking Union Medical College, 2009.
31. **U.S. Department of Health and Human Services.** *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.
32. **Peng H**, Xu Q, Fu D. Understanding and preparation status in medical workers of community health service center in Pudong New District in Shanghai of the implement of Framework Convention on Tobacco Control. *Chin Prim Health Care* 2008; **22**:6–9.
33. **Ding R**, Liu H, Chen G. Investigation on smoking status among medical personnels and smoking cessation service in Weifang City. *Occup Health* 2008; **19**:2060–2.
34. **Nimaquuo P**, Xiong H, Bai G-X. Knowledge, attitude and practice of tobacco control among doctors in Tibet. *Chin J Health Educ* 2008; **7**:547–9.
35. **Sun J**, Wu X, Zhang F, *et al.* Study on smoking-related health knowledge and attitudes and behaviors among doctors in Hebei Province. *Chin J Prev Control Chron Dis* 2009; **3**:240–3.
36. **Jiang G**, Li M, Shang X, *et al.* Smoking status among medical staff in Heilongjiang Province. *Chin J Health Educ* 2009; **12**:913–18.
37. **Lin Y**, Li S, Liu H. Investigation on smoking status of clinical doctors in Qingdao City and treatment activities on tobacco control. *Chin J Health Educ* 2009; **6**:427–30.
38. **Li H**, Cheng Q, Guo L, *et al.* Analysis on the situation of smoking and smoking control among medical workers in Sanmenxia. *Modern Prev Med* 2009; **20**:3903–5.
39. **Xu Y**, Xu S, Wu Q, *et al.* Status of doctors' smoking behavior and knowledge of tobacco control in Zhejiang Province. *Chin J Health Educ* 2009; **8**:577–9.
40. **Ai X**, Yao X, Xing M, *et al.* A survey on smoking behavior among medical staff of health providers in Qinghai in 2009. *Chin J Health Educ* 2010; **3**:183–6.
41. **Yang X**, Wang C, Wang H, *et al.* Investigation of recognition about smoking and smoking cessation in medical staff in Chengde. *Zhongguo Wei Sheng Jian Yan* 2010; **1**:188–9.
42. **Zhang J**, Sun F, Qiu S, *et al.* Study on the status of smoking among doctors in Hefei. *Chin J Dis Control Prev* 2010; **3**:272–4.
43. *Standards of Smoke-Free Healthcare Facilities (A Trial Draft) (No. 15 by Department of Maternal and Child Health Care and Community Health of the Ministry of Health)*. The Central People's Government of the People's Republic of China, 2008. [http://www.gov.cn/gzdt/2008-03/21/content\\_925476.htm](http://www.gov.cn/gzdt/2008-03/21/content_925476.htm) (accessed 20 Jun 2010).
44. *Provision on Cigarette Packaging and Labelling Selling within the Territory of the People's Republic of China (No. 511 by the State Tobacco Monopoly Administration)*. Tobacco China, 2007. [http://www.tobaccochina.com/law/nation/wu/20084/20084153948\\_297463.shtml](http://www.tobaccochina.com/law/nation/wu/20084/20084153948_297463.shtml) (accessed 20 Jun 2010).
45. **Jiang Y**, Fong GT, Li Q. Effectiveness evaluation of health warnings on cigarette packs in China, 2008. *Chin J Health Educ* 2009; **6**:411–13. 430.
46. **Framework Convention Alliance.** *Dirty Ashtray Award*. FCA Bulletin, 2008; **82**: Geneva: Framework Convention Alliance. [http://fctc.org/index.php?option=com\\_docman&task=doc\\_view&gid=296&tmpl=component&format=raw&Itemid=21](http://fctc.org/index.php?option=com_docman&task=doc_view&gid=296&tmpl=component&format=raw&Itemid=21) (accessed 7 Apr 2011).
47. *Advertising Law of the People's Republic of China*. People's Daily, 1994. <http://www.people.com.cn/GB/168602/10231798.html> (accessed 20 Jun 2010).
48. *Provision on Tobacco Advertising*. Law Library, 1995. [http://www.law-lib.com/law/law\\_view.asp?id=61611](http://www.law-lib.com/law/law_view.asp?id=61611) (accessed 20 Jun 2010).
49. *Requirements for Ratification of National Tobacco Advertising-Free Cities*. Law Library, 2003. [http://www.law-lib.com/law/law\\_view.asp?id=42647](http://www.law-lib.com/law/law_view.asp?id=42647) (accessed 20 Jun 2010).

## Special communication

50. **Li L**, Yong HH, Borland R, *et al*. Reported awareness of tobacco advertising and promotion in China compared to Thailand, Australia and the USA. *Tob Control* 2009;**18**:222–7.
51. **Li M**. Survey on outdoors tobacco advertisement status in Shanghai. *Chin J Health Educ* 2008;**9**:728–9.
52. **Wang H**. 17 Hope Primary Schools Named After Tobacco and Suggestion by Experts to Prohibit Sponsorships from Tobacco Industry, 2009. <http://finance.ifeng.com/roll/20091213/1576095.shtml> (accessed 20 Jun 2010).
53. *Appeals by the Chinese Association on Tobacco Control for Accomplishing Tobacco Control Laws and Regulations to Prevent Propagating Tobacco Industry in Disguised Form*. The Chinese Association on Tobacco Control, 2010. <http://www.catcprc.org.cn/xiehuizhangcheng/2010-01-18/2105.html> (accessed 20 Jun 2010).
54. *Publicity on China Charity Award of 2008*. Ministry of Civil Affairs of the People's Republic of China, 2008. <http://www.mca.gov.cn/article/zwgk/tzl/200811/20081100022815.shtml> (accessed 20 Jun 2010).
55. **Li H**. *Removal of Tobacco Enterprises from China Charity Award*. Rong Weekly, 2008. <http://www.rong-weekly.com/20107/detail.html> (accessed 20 Jun 2010).
56. *Nomination List of 2009 China Charity Award: 80 Institutions and Individuals Selected*. Ministry of Civil Affairs of the People's Republic of China, 2010. <http://www.mca.gov.cn/article/zwgk/mzyw/201003/20100300062792.shtml> (accessed 20 Jun 2010).
57. *Notice on Adjusting Consumption Tax of Tobacco Products (No. 84 by the State Taxation Administration)*. General Office of Finance of Jiangxi Province, 2009. <http://www.jxf.gov.cn/visit.php?nevid=20090616112845188137817> (accessed 20 Jun 2010).
58. **Hu T**, Mao Z, Shi J. Recent tobacco tax rate adjustment and its potential impact on tobacco control in China. *Tob Control* 2010;**19**:80–2.
59. **Hu TW**, Mao Z, Shi J, *et al*. Tobacco taxation and its potential impact in China. *Tob Control* 2010;**19**:58–64.
60. **Zheng R**. Application of tobacco tax in tobacco control in the world and reform of tobacco tax in China. *Taxat Res J* 2009;**293**:54–8.
61. **Pan Z**. Socioeconomic predictors of smoking and smoking frequency in urban China: evidence of smoking as a social function. *Health Promot Int* 2004;**19**:309–15.
62. **ITC Project**. ITC China Survey Summary (February 2009). University of Waterloo, Ontario, Canada, and China: CDC Tobacco Control Office, Beijing, China, 2009.
63. *Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion*. China: Global Adult Tobacco Survey (GATS): Fact Sheets, 2010. [http://www.cdc.gov/tobacco/global/gats/countries/wpr/fact\\_sheets/china/2010/pdfs/china\\_2010.pdf](http://www.cdc.gov/tobacco/global/gats/countries/wpr/fact_sheets/china/2010/pdfs/china_2010.pdf) (accessed 20 Jan 2011).
64. **Yang GH**. China wrestles with tobacco control. Interview by Weiyuan Cui. *Bull World Health Organ* 2010;**88**:251–2.
65. **Wang J**, Jiang Y, Wei W, *et al*. Estimation of cancer incidence and mortality attributable to smoking in China. *Cancer Causes Control* 2010;**21**:959–65.
66. **Gu D**, Kelly TN, Wu X, *et al*. Mortality attributable to smoking in China. *N Engl J Med* 2009;**360**:150–9.
67. *Law of the People's Republic of China on Tobacco Monopoly*. Law Library, 1991. [http://www.law-lib.com/law/law\\_view.asp?id=226](http://www.law-lib.com/law/law_view.asp?id=226) (accessed 20 Jun 2010).
68. **Zhou R**, Cheng Y. *Counterproposals for WHO FCTC and Countermeasures for the Effect of WHO FCTC on Tobacco in China*. Beijing: Economic Science Press, 2006.
69. *210 Billions RMB Tax from Tobacco Industry in 2004*. Tobacco China, 2005. [http://www.tobaccochina.com/news/China/highlight/20051/200511316463\\_99185.shtml](http://www.tobaccochina.com/news/China/highlight/20051/200511316463_99185.shtml) (accessed 20 Jun 2010).
70. *Economic Operating Situation of Industry During the Time from Jan to Dec 2005*. Tobacco China, 2006. [http://www.tobaccochina.com/news/China/data/20062/200622816207\\_140714.shtml](http://www.tobaccochina.com/news/China/data/20062/200622816207_140714.shtml) (accessed 20 Jun 2010).
71. *Economic Operating Situation of Industry in Dec 2006*. Tobacco China, 2007. [http://www.tobaccochina.com/news/China/data/20072/2007226155225\\_244888.shtml](http://www.tobaccochina.com/news/China/data/20072/2007226155225_244888.shtml) (accessed 20 Jun 2010).
72. *Economic Operating Situation of Industry During the Time from Jan to Dec 2007*. Tobacco China, 2008. [http://www.tobaccochina.com/news/China/data/20082/200821992417\\_289683.shtml](http://www.tobaccochina.com/news/China/data/20082/200821992417_289683.shtml) (accessed 20 Jun 2010).
73. *Economic Operating Situation of Industry During the Time from Jan to Dec 2008*. Tobacco China, 2009. [http://www.tobaccochina.com/news/China/data/20092/200921132535\\_344880.shtml](http://www.tobaccochina.com/news/China/data/20092/200921132535_344880.shtml) (accessed 20 Jun 2010).

BMJ  
**open**  
 accessible medical research

**SUBMIT  
 NOW**

The BMJ Group is delighted to announce the launch of **BMJ Open**, a new and exciting open access online journal of medical research.

**BMJ Open** publishes the full range of research articles from protocols and phase I trials to meta analyses.

### Accessible to everyone

- Fully open transparent peer review
- Open access means maximum exposure for all articles
- Article-level metrics showing use and impact
- Rate and comment on articles

For more details visit  
[bmjopen.bmj.com](http://bmjopen.bmj.com)

BMJ Journals



## Implementation of the WHO Framework Convention on Tobacco Control in mainland China

Jun Lv, Meng Su, Zhiheng Hong, et al.

*Tob Control* 2011 20: 309-314 originally published online April 14, 2011  
doi: 10.1136/tc.2010.040352

---

Updated information and services can be found at:  
<http://tobaccocontrol.bmj.com/content/20/4/309.full.html>

---

|                               |  |
|-------------------------------|--|
|                               | <i>These include:</i>  |
| <b>References</b>             | This article cites 30 articles, 5 of which can be accessed free at:<br><a href="http://tobaccocontrol.bmj.com/content/20/4/309.full.html#ref-list-1">http://tobaccocontrol.bmj.com/content/20/4/309.full.html#ref-list-1</a> |
| <b>Email alerting service</b> | Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.   |

---

### Notes

---

To request permissions go to:  
<http://group.bmj.com/group/rights-licensing/permissions>

To order reprints go to:  
<http://journals.bmj.com/cgi/reprintform>

To subscribe to BMJ go to:  
<http://group.bmj.com/subscribe/>