# Monitoring Epidemic of Tobacco Use, Promote Tobacco Control

GONG-HUAN YANG

*Chinese Center for Disease Control and Prevention, Beijing 102206, China*

Tobacco use is a major cause of preventable disease and premature death. The tobacco epidemic is responsible for 5.4 million deaths annually and killed 100 million people worldwide in the last century. It is estimated that by 2030 there will be more than 8 million deaths every year attributable to tobacco use and that more than 80% of these will occur in developing countries. By the end of the 21st century, 1 billion people will have died from cigarette smoke[1].

China is the world's largest consumer of tobacco products, with an estimated 300 million smokers. The annual number of deaths caused by tobacco use now exceeds 1 million[2], as China's smoking-related deaths have increased steadily over the past 30 years[3]. If the current trends are maintained, that number will rise to over 2 million by 2030, and to 3 million by 2050.

The World Health Organization (WHO) has provided global leadership to promote its Framework Convention on Tobacco Control (FCTC), in a bid to halt the worldwide tobacco epidemic. The FCTC was the first treaty negotiated under the auspices of WHO. The FCTC was adopted by the World Health Assembly on 21 May 2003 and came into force on 27 February 2005. It has since become one of the most widely embraced treaties in UN history and currently has 171 signatories[4]. The Chinese Government signed the FCTC in 2003 and it was ratified by the National People's Congress (NPC) in 2005. On 9 January 2006, the FCTC was enacted into Chinese law.

The FCTC is an evidence-based treaty that reaffirms the right of all people to enjoy the highest standard of health possible. It was developed by WHO in response to the globalization of the tobacco epidemic. The FCTC represents a milestone for the promotion of public health and provides new legal dimensions in international health cooperation; it also provides principles and frameworks for policymaking, intervention planning, and the promotion of political and financial resources.

171 countries, including the People's Republic of China, have actively ratified the Convention, meaning that the governments of the signed nations have agreed to act to reduce tobacco consumption as a key priority in protecting people's health. The policies of the FCTC are "human centered" and a key element of its development objectives is to address the issue of health.

The Convention has been ratified for more than 5 years now, so how has the implementation of the FCTC progressed and what have been its effects? Both questions are relevant to all signatory countries and their citizens.

Article 20 of the FCTC[5] requires that ratified countries develop regional, national, and global surveillance systems to monitor the epidemiology, risk factors, and consequences of tobacco consumption and secondhand smoke exposure, based on each country's current situation. The FCTC aims to make tobacco use surveillance part of a standardized regional, national, and global health monitoring system, so that cross-country comparisons and regional and national analyses can be made.

Based on the above principle, a global surveillance system has been established to obtain tobacco use indicators periodically for youths and adults, via a population-based, nationally representative program.

The Global Adult Tobacco Survey (GATS) is an important element of the comprehensive surveillance system. G lobal Tabacco Surveillance System (GATS) is a household survey that was launched in February 2007 as a new component of the ongoing Global Tabacco Surveillance System (GTSS). GATS will enable countries to collect data from the adult population on key tobacco control measures. The GATS results will assist countries in the formulation, tracking, and implementation of effective tobacco control interventions, and countries will be able to compare their results against other countries.

GATS was initially implemented in the 14

Gong-Huan YANG, Tel: 86-10-59361104. Fax: 86-10-59361525. E-mail: Yangghuan@vip.sina.com

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countries that had the highest rates of tobacco use and are home to more than half the world's smokers: Bangladesh, Brazil, China, Egypt, India, Mexico, the Philippines, Poland, the Russian Federation, Thailand, Turkey, Ukraine, Uruguay, and Vietnam.

China's Ministry of Health commissioned the Chinese Center for Disease Control and Prevention to organize and implement the survey. Funding was provided by the Bloomberg Initiative to Reduce Tobacco Use and the Bill & Melinda Gates Foundation. The US Centers for Disease Control and Prevention (CDC), WHO, John Hopkins Bloomberg School of Public Health, and RTI International provided technical assistance, while the CDC Foundation provided assistance in project management.

The results of the survey are as follows[6]. The smoking rate among adult males has dropped slightly, but remains high. The smoking rate among Chinese people aged 15 years or older is 28.1%, or 301 million people. The smoking rate for males is 52.9%, with the smoking rate among males aged between 15 and 69 years at 54%; a slight drop from that reported in 2002. More than half of daily smokers aged between 20 and 34 years began smoking before the age of 20 years.

The rates for smoking cessation are low and those for relapse are high. The smoking cessation rate among smokers is 16.9%. A further 36.4% of daily smokers have tried to quit smoking in the past 12 months. Of these, 91.8% did not use any cessation aids. 33.1% of smokers who have tried to quit are still smoking.

Exposure to secondhand smoke remains a serious problem; there are still large numbers of people who smoke inside workplaces and public places, with many smoking in areas where smoking is banned. 72.4% of nonsmokers reported being exposed to secondhand smoke and 38% are exposed to secondhand smoke on a daily basis. The incidence of indoor smoking at workplaces and public places is an issue of concern. 88.5% of respondents had noticed smoking inside restaurants in the 30 days prior to the survey and 58.4% had witnessed smoking in government offices. Of the respondents who work indoors, 37.7% said there was no policy banning indoor smoking. A further 31% of respondents stated there were regulations in place prohibiting smoking indoors, yet 25.5% said they had seen someone smoking on the premises. Overall, 63% of respondents had seen people smoking in public and workplaces.

Cigarette prices remain low. The survey results showed that cigarette prices in China have a skewed distribution. Although there are expensive cigarettes, 50% of people spend 5 Yuan or less on one pack of cigarettes. The average amount spent on 100 packets of manufactured cigarettes was only 2.0% of the 2009 per capita Gross Domestic Product (GDP).

Compared with other countries participating in GATS, cigarette prices in China were among the lowest.

The health warnings on China's cigarette packets are not effective. 63.6% of smokers who had read the health warnings on cigarette packs did not consider quitting.

The general public is still uncertain about the harms of smoking and secondhand smoke. More than 75% of adults surveyed did not fully understand the harms from smoking and secondhand smoke. 35.8% of respondents did not correctly understand and a further 50.2% (a total of 86%) were not aware that the claim that low-tar cigarettes are less harmful than regular cigarettes had been proven to be incorrect. Health care professionals (54.7%), teachers, and educated respondents were more likely to believe this claim than other groups.

Tobacco advertising is widespread. Approximately 20% of adults had seen tobacco advertising, promotions, or sponsored activities in the past 30 days. 8.7% of respondents had seen or heard tobacco advertising in the media, which is prohibited by law, including on television (7.4%) and the radio, and in newspapers and magazines.

There are three further articles with which to analyze the survey results: Population-Based Survey of Secondhand Smoke Exposure in China, Findings from 2010 Global Adult Tobacco Survey: Implementation of MPOWER Policy in China，and Awareness of Tobacco-Related Health Hazards among Adults in China

We hope that the information we have provided regarding the tobacco epidemic and the associated control measures can assist both governments and people to understand the seriousness of the situation and to work together to halt the epidemic and create a healthy and harmonious society.

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