

Report of China City Adult Tobacco Survey 2013–14

A 14-city experience



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The tobacco epidemic is one of the greatest public health challenges in the world. Six million deaths annually are attributable to smoking, more than the combined number of deaths caused by AIDS, tuberculosis and malaria. The Chinese government views tobacco control as a high priority, and ratified the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). In order to synchronize the efforts to fulfill the WHO FCTC obligation, the Inter-Ministry Coordination Team for Implementing WHO FCTC was established, consisting of eight government agencies, including the Ministry of Industry and Information, the National Health and Family Planning Commission, and the Ministry of Foreign Affairs. The China Tobacco Control Plan (2012–15) was developed, and tobacco control goals were included in the National Plan for Chronic Diseases Prevention and Treatment.

Since 2007, China has undertaken a series of tobacco control advocacy and health education efforts, focusing on creating smoke-free health care facilities, schools, workplaces, and government agencies. In late 2013, the General Office of the Chinese Communist Party's Central Committee and the General Office of the State Council jointly issued the Notice to the Leaders and Cadres to Take the Lead on Refraining from Smoking in Public Places (Bureau (2013) 19), demonstrating the central government's determination to implement the WHO FCTC and protect the health of the public. Fifteen cities have passed municipal-level tobacco control regulations that are close to the requirements of the WHO FCTC's Article 8. The National Regulation on Banning Smoking in Public Places is currently being drafted. In addition, there have been multiple capacity-building training sessions for tobacco control, and national tobacco surveys have been conducted, including the Global Adult Tobacco Survey and the Global Youth Tobacco Survey. Since 2014, the central government has started providing funds to pilot programs that offer cessation services. With efforts on multiple fronts, we have gradually created a social atmosphere against smoking, built a capable tobacco control workforce, and are making progress in reaching full compliance with the WHO FCTC.

However, we are alert to the fact that there are more than 300 million smokers in China, with the smoking prevalence being as high as 52.9% among males age 15 years and above, and that more than 740 million adults are exposed to secondhand smoke. In addition, the majority of the public lacks the knowledge of dangers caused by tobacco use, and misconceptions regarding smoking are pervasive. We still have a long way to go to fulfill our commitment to the WHO FCTC.

The current tobacco survey, conducted jointly by Chinese Center for Disease Control and Prevention and U.S. Centers for Disease Control and Prevention in 14 cities is vital in understanding the tobacco epidemic and tobacco control measures in these cities; it provides rigorous data to evaluate the tobacco control efforts and to support the passage of tobacco control regulations.

Chinese National Health and Family Planning Commission
March, 2015

In 2015, China is on the cusp of a major breakthrough on tobacco control. As this important report goes to print, national regulations to make all indoor and many outdoor public places 100 percent smoke-free are before the nation's lawmakers. Adoption of these regulations would represent a giant step forward for tobacco control in China – a step which is desperately needed to curb the devastating impact tobacco has on China's health, economy and society currently.

For years, many cities around China have been leading the way on pursuing the measures contained in the WHO Framework Convention on Tobacco Control (WHO FCTC) – implementing smoke-free and other tobacco control policies in an effort to reduce the terrible impact of tobacco use on the health of their communities.

In collecting and analyzing systematic data across 14 cities, the China City Adult Tobacco Survey (CCATS) shines a light on these city-level tobacco control efforts: both on where they have been successful, as well as on where more work is needed – for instance, in strong enforcement of smoke-free policies – to ensure that China's people are effectively protected from the dreadful health harms of tobacco use and exposure to secondhand smoke.

Encouragingly, the data presented in this report show strong support from the public for tobacco control: for example, the vast majority of adults in the cities surveyed support banning smoking in indoor public places, including workplaces and restaurants.

This report comes at a crucial time in China's tobacco control journey, as the impact of the city-level efforts documented here can serve as important markers for policies currently being considered at national level.

On behalf of WHO, I sincerely congratulate Chinese Center for Disease Control and Prevention on the completion of the CCATS. There can be few more important issues for China than protecting the health and wellbeing of its people through enacting stronger tobacco control policies. The results of this important survey will help China to do just that.



Dr Bernhard Schwartländer
WHO Representative in China
March 17, 2015

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) took effect in China on January 9, 2006. The Chinese government has since increasingly recognized the great impact that curbing the tobacco epidemic could have on preventing and controlling tobacco-related diseases and deaths, and has been proactively working towards fulfilling its commitment to the WHO FCTC. Cities are at the forefront of tobacco control efforts in China. Tobacco control regulations have been passed in 15 cities; many more cities are exploring smoke-free environments and anti-tobacco mass-media campaigns in various forms.

It is important to monitor and track the tobacco epidemic. An effective local surveillance system provides valuable data to understand the magnitude of the tobacco epidemic and evaluate the impact of local tobacco control interventions. The data can offer scientific evidence not only for local tobacco control policy changes but also for the establishment and implementation of future national tobacco control laws and policies.

Systematic tobacco control data are not available in the vast majority of the cities in China. Cities lacked the capacity and resources to systematically monitor and track the tobacco epidemic on their own. In response to this need, in 2013, CDC Foundation, the International Union against Tuberculosis and Lung Disease, and Emory University funded Chinese Center for Disease Control and Prevention (China CDC) to conduct the adult tobacco survey in Anshan, Changchun, Haerbin, Hangzhou, Kelamayi, Lanzhou, Luoyang, Nanchang, Qingdao, Shenyang, Shenzhen, Tangshan, and Tianjin. In addition, Beijing volunteered in joining the survey and provided full funds. China CDC, WHO, and U.S. Centers for Disease Control and Prevention co-developed the survey protocol and provided technical support, with the aim of obtaining comparable data through city-level representative samples, and improving the surveillance capacity to build a solid surveillance platform in local cities.

The release of this report concludes the work of China City Adult Tobacco Survey 2013–14, conducted over a span of two years. We hope this report provides a road map for systematic tobacco surveillance in other cities and regions to advance the tobacco control efforts nationwide.

Chinese Center for Disease Control and Prevention
March 25, 2015

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Introduction

Tobacco use is one of the major risk factors for preventable diseases and premature deaths. Numerous research has demonstrated that smoking can cause damage to almost all organs of the human body (MOH PRC, 2012; USDHHS, 2014), including the top three diseases causing death in China: cardiovascular diseases, tumors, and chronic respiratory diseases.

To curb the tobacco epidemic and the harms caused by tobacco use, the Member States of the World Health Organization (WHO) adopted the WHO Framework Convention on Tobacco Control (WHO FCTC) (WHO, 2003). The evidence-based MPOWER measures were later introduced by WHO to assist Member States in implementing the WHO FCTC articles to reduce demand for tobacco.

Tobacco Burden in China

China is the largest tobacco producer and consumer in the world. Findings from the 2010 Global Adult Tobacco Survey (GATS) in China showed that there are more than 300 million adult smokers (age 15 years and above); smoking prevalence among adult males was 52.9% and 2.4% among adult females (Yang, 2011).

Research on the health burden caused by tobacco use over the years indicated that deaths attributable to tobacco use in China increased from an estimated 700,000 in 1990 to 1.4 million in 2010 (Yang, 2013). By the middle of this century, this burden will peak at 3 million a year, posing an enormous challenge to the entire health care system in China (Liu, 1998).

In addition, tobacco use places a great financial burden on Chinese society. It is estimated that in 2008 the total cost attributable to tobacco use was US\$28.9 billion, a four-fold increase from 2000, including health care expenditure and the cost of premature death and lost productivity (Eriksen, 2012).

In 2008 the total cost attributable to tobacco use was US\$28.9 billion, a four-fold increase from 2000

Effective tobacco control programs, required by the WHO FCTC, are crucial for curbing the tobacco epidemic, and a systematic surveillance mechanism to monitor the epidemic should be an indispensable component of such programs.

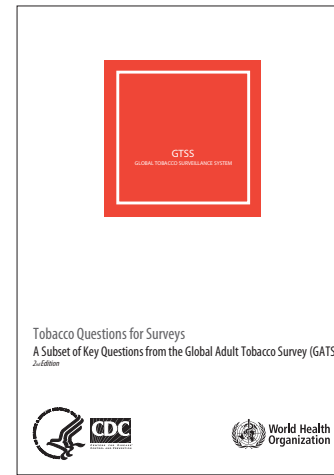
China City Adult Tobacco Survey (CCATS)

Cities are the hubs of economic and social development in a country. Tobacco control efforts in cities can influence surrounding areas and serve as examples for national measures (Redmon, 2014). Since the WHO FCTC entered into force in China in 2006, many cities such as Beijing have been leading the nation's tobacco control efforts by proactively developing and promoting local tobacco control regulations and interventions. To advance local tobacco control efforts, a city-based tobacco surveillance and evaluation system is critical to providing extensive data support. With the help of multiple international organizations, Chinese Center for Disease Control and Prevention (China CDC), in collaboration with U.S. Centers for Disease Control and Prevention (U.S. CDC), WHO, and 14 cities with

mpower

active tobacco control programs, used the Tobacco Questions for Surveys (TQS) to pioneer the China City Adult Tobacco Survey (GATSCG, 2011). Experiences and lessons from this project will serve as guidance for implementing the survey in other cities.

The TQS, a component of the Global Tobacco Surveillance System (GTSS), is a standard set of 22 key questions. It can either be incorporated into existing surveys, or used as a stand-alone survey.



The 14 cities participating in this study are: Anshan, Beijing, Changchun, Haerbin, Hangzhou, Kelamayi, Lanzhou, Luoyang, Nanchang, Qingdao, Shenyang, Shenzhen, Tangshan, and Tianjin. Before the data collection started, Anshan, Haerbin, Hangzhou, Kelamayi, Qingdao, Shenzhen, and Tianjin already had local tobacco control regulations in place for public places. Beijing, Changchun, Lanzhou, and Tangshan have implemented or established local tobacco control regulations since then. See Appendix III for details of local tobacco control regulations for public places in 14 cities.

SURVEY OBJECTIVES

The objectives of the survey were:

- To systematically monitor the tobacco epidemic and track key indicators of tobacco control among adults in 14 cities.
- To evaluate the implementation of key policies recommended by the WHO FCTC – and outlined in the MPOWER package.

Monitor tobacco use and prevention policies

Protect people from tobacco smoke

Offer help to quit tobacco use

Warn about the dangers of tobacco

Enforce bans on tobacco advertising, promotion, and sponsorship

Raise taxes on tobacco

METHODOLOGY

Questionnaire

The survey was developed using the standard TQS, with additional questions that included those regarding smoke-free policies in the cities, and awareness of these policies. It consisted of nine sections, as shown below.

CCATS 2013–14 Questionnaire Modules

- Background characteristics
- Tobacco smoking
- Smokeless tobacco
- Electronic cigarettes (e-cigarettes)
- Cessation
- Secondhand smoke
- Tobacco economics
- Tobacco advertising, promotion, and anti-tobacco messages
- Knowledge, attitudes, and perceptions

Target Population

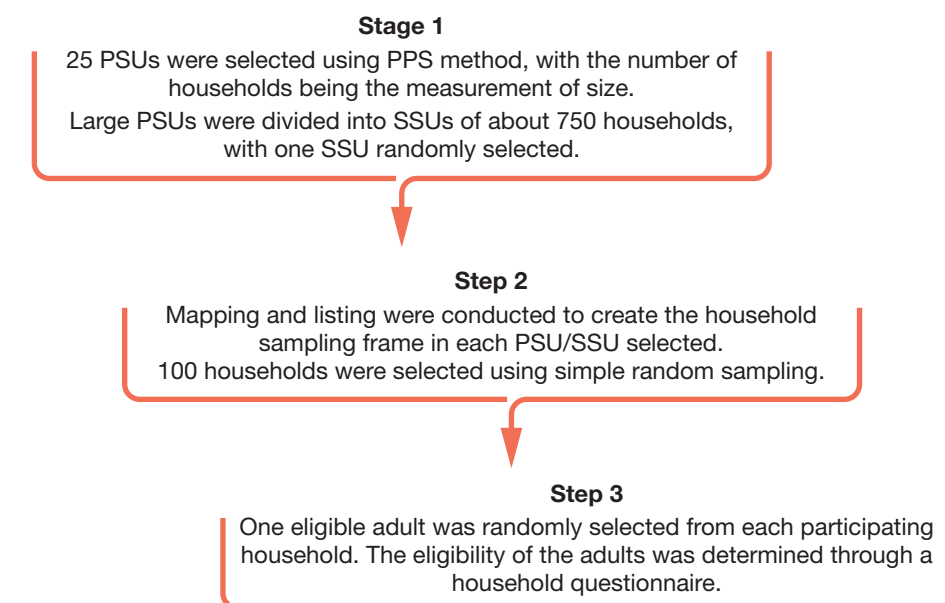
The target population of the survey was non-institutionalized adult residents in the urban areas of the participating cities, regardless of their nationality and household registration status. Adults in the survey refer to individuals age 15 or above. The survey did not include those who were visiting (e.g., tourists), or those who were institutionalized in hospitals, assisted-living facilities/nursing homes, college dorms, or military bases. Details of the coverage of urban areas for each city can be found in Appendix II.

Sample Design

The survey sample design followed the principles outlined in the *GATS Sample Design Manual*, using a multi-stage cluster sample design (GATSG, 2010). The ju-wei-hui, the geographically defined neighborhood by which urban Chinese residents are grouped, was used as the primary sampling unit (PSU). A typical ju-wei-hui encompasses 1,000 to 2,000 households. The sampling process is illustrated below. There may be variations between cities in sample design. It is worth noting that Beijing sampled 48 ju-wei-hui, 23 more than the standard 25 for other cities.

Although the survey was expanded to the rural areas in Beijing and Qingdao, all data described in this report are for urban areas unless specified otherwise.

CCATS 2013–14 Sampling Process



PSU: Primary sampling unit.
SSU: Secondary sampling unit.
PPS: Probability proportional to size.

Sample Size

A target sample size of 2,000 respondents was required for each city. The adjusted sample size was 2,500 after taking into account the potential loss due to ineligibility and non-response (assuming an 80.0% final response rate). In Beijing, the adjusted sample size was 4,800 in the urban areas. The total target sample size after adjustment was 37,300 for all 14 cities, with 31,151 respondents completing the survey. The final survey response rate in each city was calculated by multiplying three different response rates from each of the three sampling stages: PSUs, households, and individuals. The final response rate in Anshan was the highest at 97.5%,

and Kelamayı the lowest at 79.8%. For more information on the response-rate calculation, please refer to the *GATS Sample Design Manual*.

Data Collection

The 14 cities collected survey data individually between November 2013 and August 2014. In most cities, one project coordinator and 4 to 5 field supervisors were appointed, and one field interviewer was assigned to each participating PSU. The Tobacco Control Office at China CDC was responsible for training interviewers and supervisors in all cities, as well as coordinating all field work and quality assurance. Handheld computers were

THE 14 CITIES SURVEYED

Population size (age 15 and above), number of interviews completed, and response rate
CCATS 2013-14

- urban population (m: million)
- 00 number of interviews completed
- % response rate



used for data collection; and data were transmitted to China CDC weekly for data aggregation, cleaning, and quality check.

Statistical Notes

SPSS was used for data cleaning and data management; SAS-callable SUDAAN was used in data analysis to obtain point estimates and standard errors accounting for the survey's complex sample design features. For each respondent, weights were calculated, adjusting for non-responses at each sampling stage, following the weighting procedure outlined in the *GATS Sample Weights Manual* (GATS, 2010). To obtain the final sample weights, post-stratification was conducted to the total urban adult population of each city respectively, by gender and age groups, using population counts from the 2010 China National Population Census. The results contained in this report can be used to make inferences for the urban population in each city. The estimates are presented across the 14 cities without implications of statistical significance.

An interviewer conducting the survey.





Tobacco Smoking and E-Cigarette Use

In China, smoking is the main form of tobacco use, which includes products such as manufactured cigarettes, cigars, pipes, and waterpipes (Yang, 2011). Hence, this report focused on smoking behaviors among adults in the 14 cities. The use of e-cigarettes was also investigated due to its rapid rise in many countries in recent years (WHO, 2014).

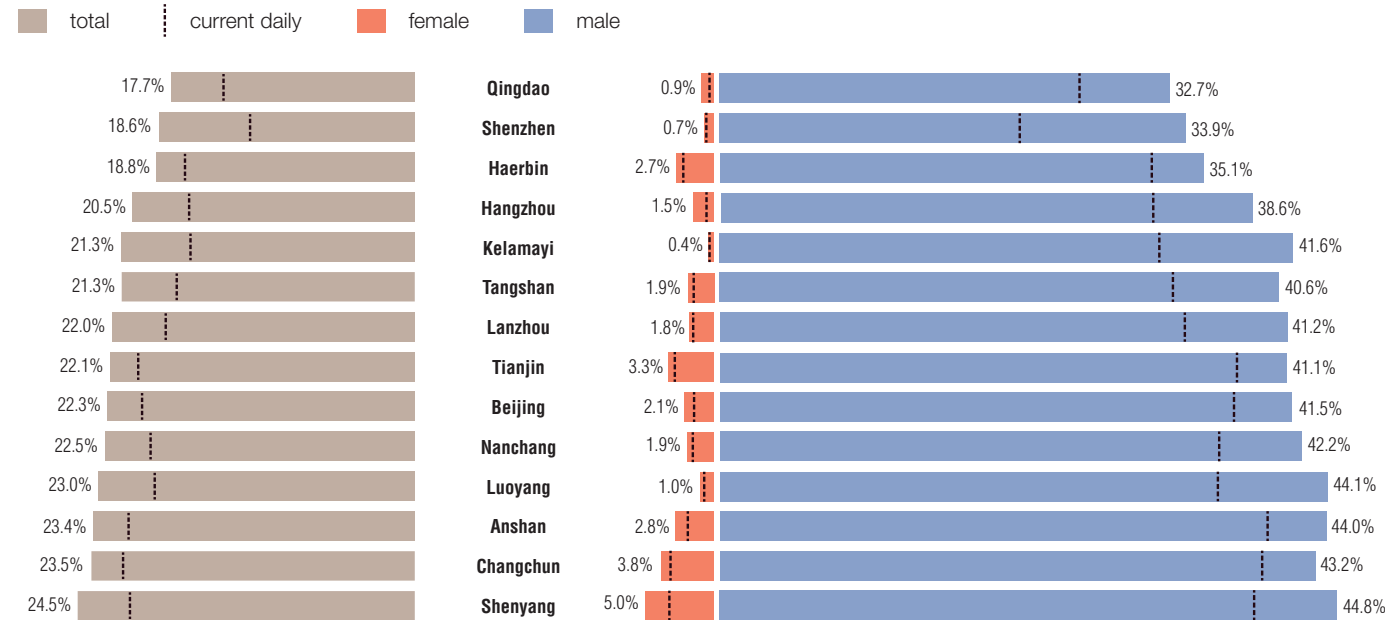
Current Tobacco Smoking

The current tobacco smoking prevalence (including daily and less than daily) in the 14 cities ranged from 17.7% in Qingdao to 24.5% in Shenyang. With the exceptions of Haerbin, Qingdao, and Shenzhen, it was above 20.0% in all cities. Among men, the cities with the highest smoking prevalence were Shenyang (44.8%), Luoyang (44.1%), and Anshan (44.0%), while the lowest was in Qingdao at 32.7%. Women's smoking prevalences were far lower than men's in all cities, ranging from 0.4% in Kelamayi to 5.0% in Shenyang, with the relatively higher prevalences found in cities from the north and northeastern regions.

Women's smoking rates were far lower than men's in all cities

The proportion of daily smokers among current smokers was high in all cities. With the exception of Shenzhen (64.5%), all cities had proportions higher than 75.0%; the highest was in Tianjin and Changchun (both above 90.0%).

CURRENT TOBACCO SMOKING PREVALENCE
Percentage of adults age 15 and above
CCATS 2013-14



All 14 cities showed a similar pattern regarding current smoking prevalence in different age groups. The smoking prevalence among those age 15-24 years was relatively low, was highest for those in the 45-64 age groups, and then decreased after age 65.

Cigarettes Smoked per Day

The average number of cigarettes smoked per day among daily smokers in each of the 14 cities exceeded 13.0 cigarettes, with the highest in Qingdao at 15.9, and the lowest in Lanzhou at 13.2. Heavy smokers (those who smoke 20 or more cigarettes per day) made up a large percentage of the current daily smokers, ranging from 49.3% in Qingdao to 32.0% in Lanzhou.

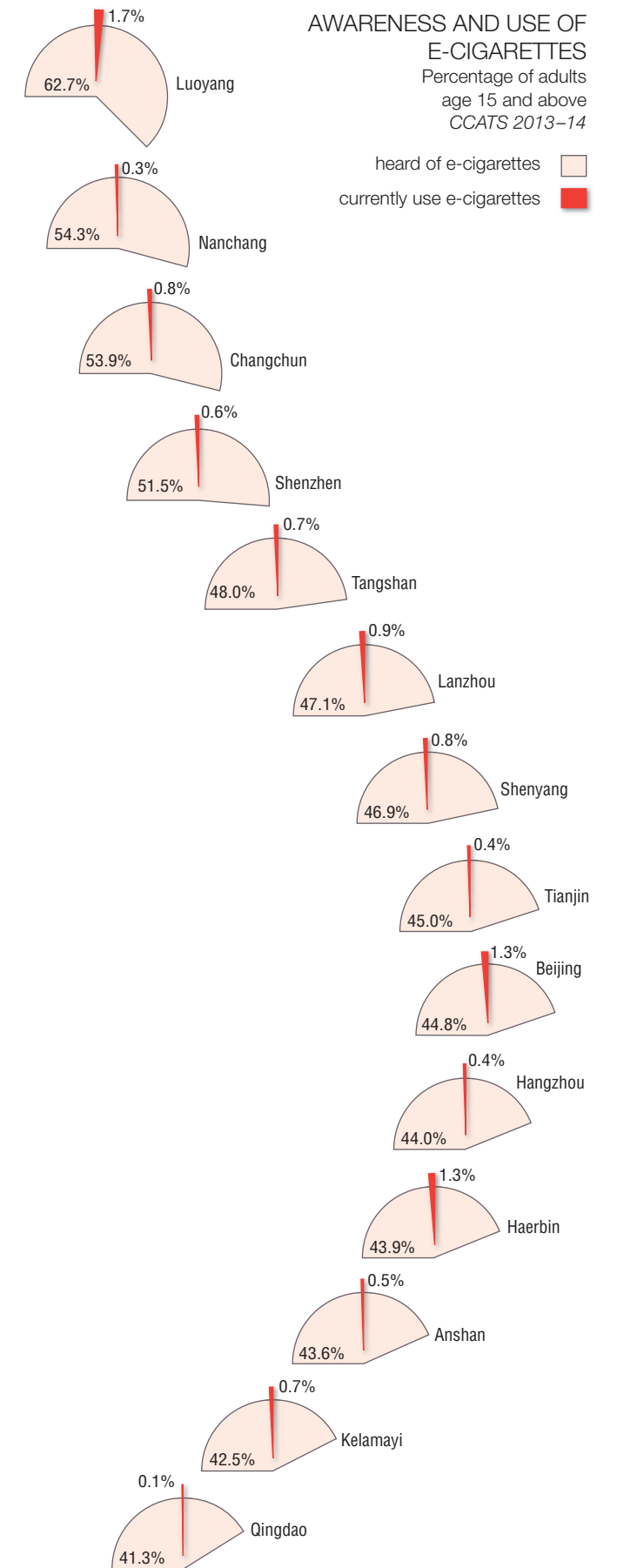


E-Cigarettes

E-cigarettes have become increasingly popular in China and many other countries worldwide in recent years. In the current survey, more than 40.0% of adults reported having heard of e-cigarettes in each of the 14 cities.

However, in all 14 cities, the percentage of adults who currently used e-cigarettes was low, with the highest found in Luoyang at 1.7%. The survey shows that the majority of current e-cigarette users were also current cigarette smokers (80.0% or more in all cities). Some e-cigarette users reported that they were not current tobacco smokers, including adults who had never smoked tobacco before.

The majority of e-cigarette users were cigarette smokers





3

Cessation

Quitting smoking has rapid effects in reducing harm to lung and cardiovascular function (USDHHS, 2010). Evidence suggests that smoking cessation can significantly lower smokers' risk of developing many diseases, including malignant tumors such as lung cancer and laryngeal cancer, as well as common chronic diseases such as coronary heart disease, stroke, and chronic obstructive pulmonary disease. Cessation improves the prognosis for those who have developed these diseases, and reduces the risk of premature death (Jha, 2014; MOH PRC, 2012). Encouraging smokers to quit through brief cessation advice by health care providers (HCP) is a cost-effective public health intervention (MOH PRC, 2012).

This section describes smoking cessation in the 14 cities in terms of quit ratio, quit attempt, intention to quit among current smokers, and receiving advice to quit from HCPs.

Quit Ratio

The quit ratio, defined as the percentage of former daily tobacco smokers among ever daily tobacco smokers, is an important indicator, reflecting the efficacy of the tobacco control efforts in a region.

The quit ratio was lower than 20.0% in all 14 cities, with five cities (Beijing, Changchun, Haerbin, Lanzhou, and Tangshan) having ratios below 10.0%.

Intention to Quit

Current tobacco smokers in the 14 cities showed little interest in quitting smoking in the next 12 months. Across all cities, most tobacco smokers did not consider

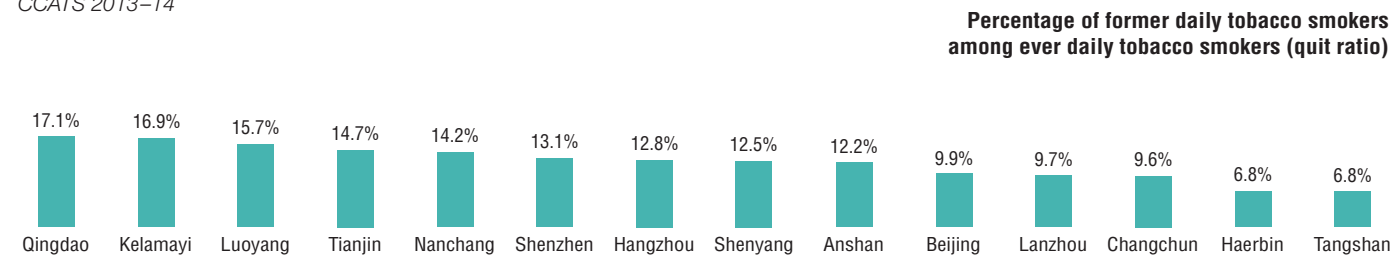
quitting. The highest percentage of those having intention to quit was in Shenzhen at 22.0%, and the lowest in Anshan at 7.9%.

Quit Attempts

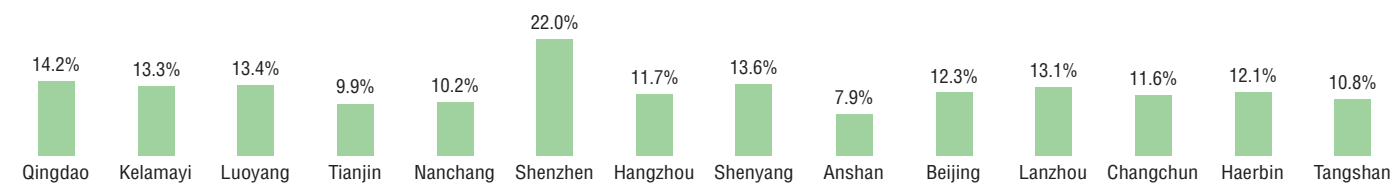
The percentage of current tobacco smokers who tried to quit smoking in the past 12 months was below 40.0% in all cities. The highest was found in Shenzhen (39.7%), followed by Kelamayi (39.6%); it was lowest in Tianjin (16.4%), followed by Anshan (17.6%). The percentage of those who tried at least once to quit for 24 hours or longer in the past 12 months, ranged from 30.0% in Shenzhen to 10.7% in Tianjin.

QUITTING TOBACCO SMOKING

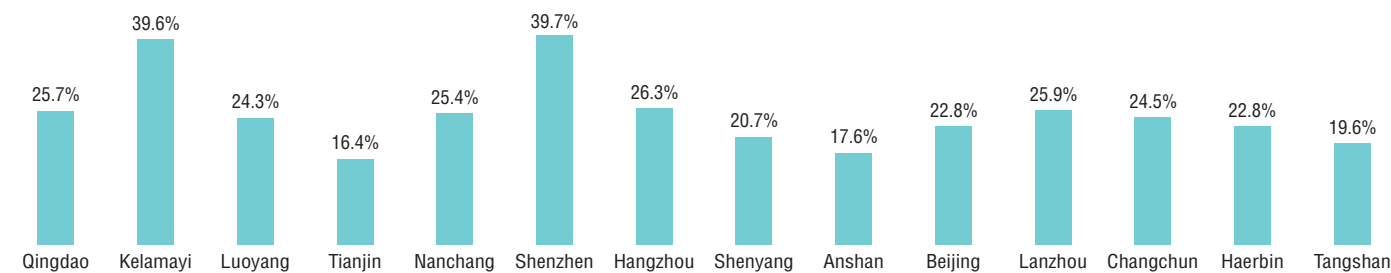
Percentage of tobacco smokers age 15 and above
CCATS 2013-14



Intending to quit in next 12 months among current tobacco smokers



Attempted to quit among current tobacco smokers in the past 12 months



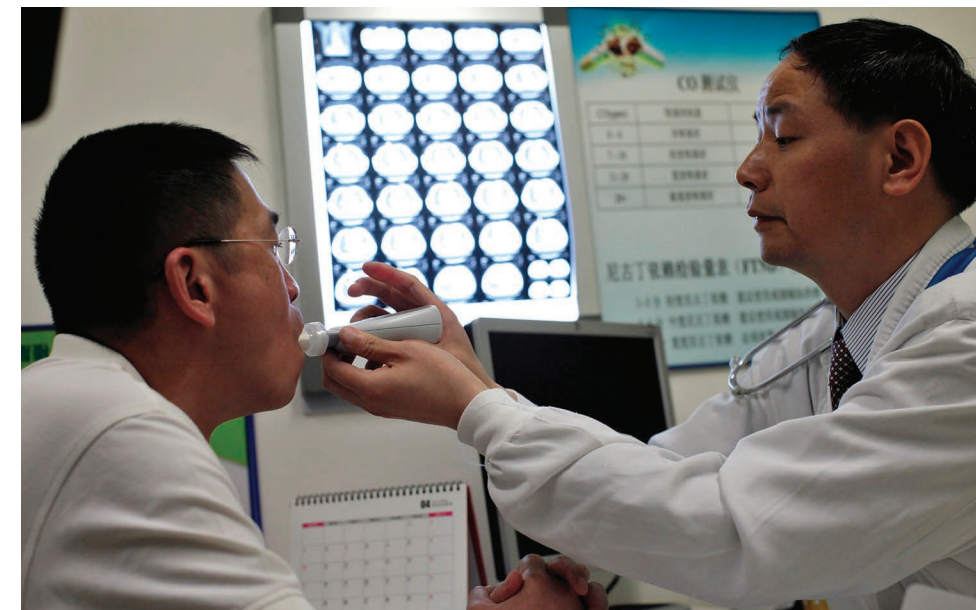
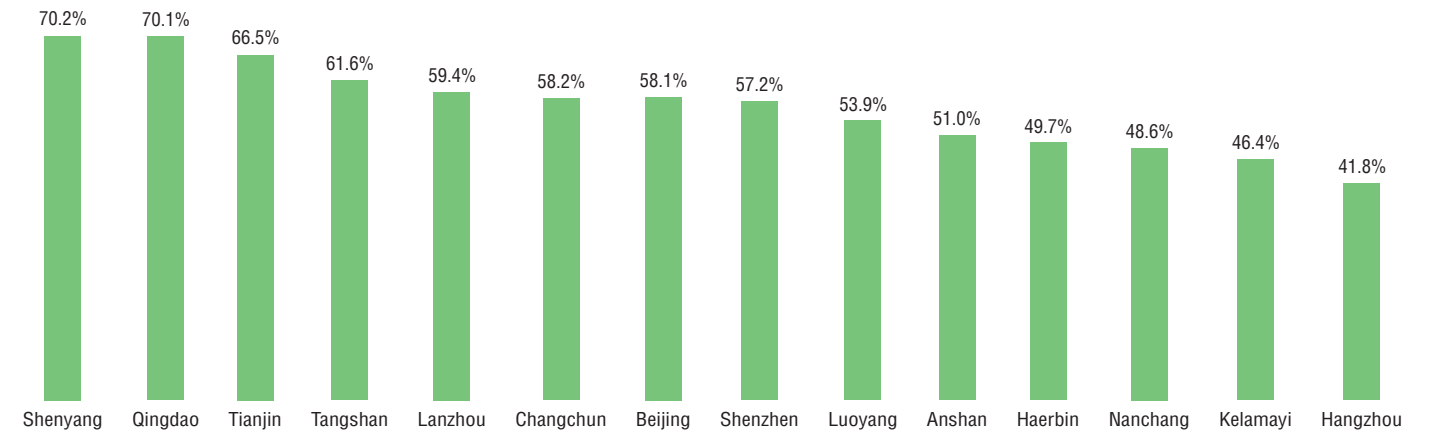
Advice from Health Professionals

Advice from health care providers (HCP) plays an important role in aiding smokers to quit. Evidence suggests that HCPs' advice, even brief cessation advice, can significantly increase the percentage of tobacco smokers attempting to quit, as well as the actual quit rate among smokers (Stead, 2013). Among current tobacco smokers who visited an HCP in the past 12 months, the percentage of those who received advice to quit smoking from the HCP varied greatly in the 14 cities. The highest was in Shenyang (70.2%) and Qingdao (70.1%), and the lowest was in Hangzhou (41.8%) and Kelamayi (46.4%).

Even brief cessation advice can significantly increase the percentage of smokers attempting to quit, as well as the actual quit rate

QUIT ASSISTANCE

Percentage of current tobacco smokers age 15 and above who visited an HCP in the past 12 months and were given quit advice by the HCP
CCATS 2013-14



A doctor checks a patient.



Secondhand Smoke Exposure

There is no safe level of secondhand smoke (SHS) exposure. Research indicates that exposure to SHS can cause lung cancer and also increases the risk of many other diseases in non-smokers (USDHHS, 2010). The only effective way to fully protect non-smokers from the harm of SHS is to prohibit smoking completely in all enclosed spaces (USDHHS, 2006).

This section examines SHS exposure (defined as noticing someone smoking in the past 30 days in the specific venues) among adults at home, at indoor workplaces, and on visits to indoor public places, including government buildings/offices, health care facilities, restaurants, bars/nightclubs, public transportation, universities, and primary, secondary, and high schools (both indoor and outdoor areas). Adults were also asked about their attitudes toward prohibiting smoking and their awareness of existing indoor smoking bans in the city where they were living.

Homes

The highest prevalence of exposure in the home was found in Anshan (49.5%) and the lowest in Kelamayi (27.1%).

Workplaces

With the exception of Beijing, Kelamayi, and Qingdao, the SHS exposure prevalence in indoor workplaces was higher than 40.0% across the cities, with the highest in Nanchang (59.6%). For the remaining three cities, the prevalence was 26.2% in Qingdao, 36.3% in Kelamayi and 36.4% in Beijing.

Government Buildings/Offices

The SHS exposure prevalence in government buildings/offices was highest in Nanchang (44.0%), and lowest in Kelamayi (9.3%), with most cities having exposure percentages higher than 20.0%.

Health Care Facilities

Among the 14 cities, only one city had an SHS exposure prevalence in health care facilities that was over 40.0% (Nanchang, 43.9%). The lowest percentage was found in Kelamayi at 7.3%.

Public Transportation

Among all public places examined in the study, public transportation had the lowest SHS exposure prevalence across all cities, with Nanchang having the highest percentage at 19.0%, and Beijing the lowest at 3.1%.

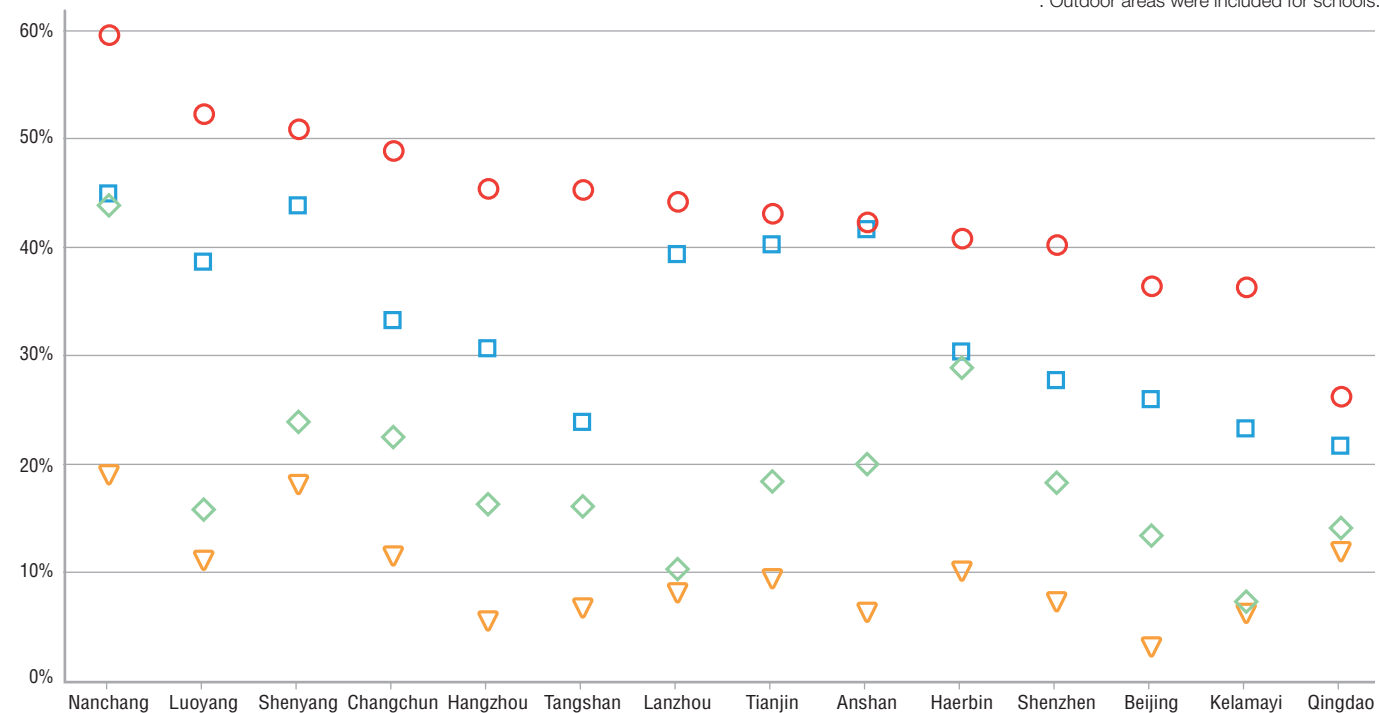
Schools

Exposure to SHS at primary, secondary, and high schools, including technical schools (both indoor and outdoor), was above 20.0% in all cities, with the highest prevalence of 45.0% in Nanchang. For the indoor areas in universities, the prevalence ranged from 32.5% in Nanchang to 13.8% in Tangshan.

Exposure to SHS at primary, secondary, and high schools, including technical schools, was above 20.0% in all cities

SHS EXPOSURE IN PUBLIC PLACES
Percentage of adults age 15 and above who were exposed to smoke in indoor public places* in the past 30 days
CCATS 2013-14

- workplaces ○
 - primary, secondary, and high schools □
 - health care facilities ◇
 - public transportation ▽
- *: Outdoor areas were included for schools.



Restaurants, Bars/Nightclubs

Our findings show that among all types of indoor public places surveyed, the SHS exposure prevalence was highest in bars/nightclubs across all cities. It was over 90.0% in half of the cities, with the lowest percentage still as high as 69.1% in Qingdao. The next highest SHS exposure prevalence was in restaurants, which ranged from 80.8% in Tianjin to 42.4% in Shenzhen. In half of the cities, this exposure prevalence surpassed 70.0%.

Support for Smoking Ban

Almost all adults supported prohibiting smoking completely inside health care facilities, workplaces, indoor areas of universities, primary, secondary, and high schools, including technical schools, and taxis, with prevalences being over 90.0% in all cities except for workplaces (88.1%) and taxis (86.2%) in Shenyang. Support for prohibiting smoking in restaurants was also very high across all the cities, with the majority of cities showing more than 80.0%.

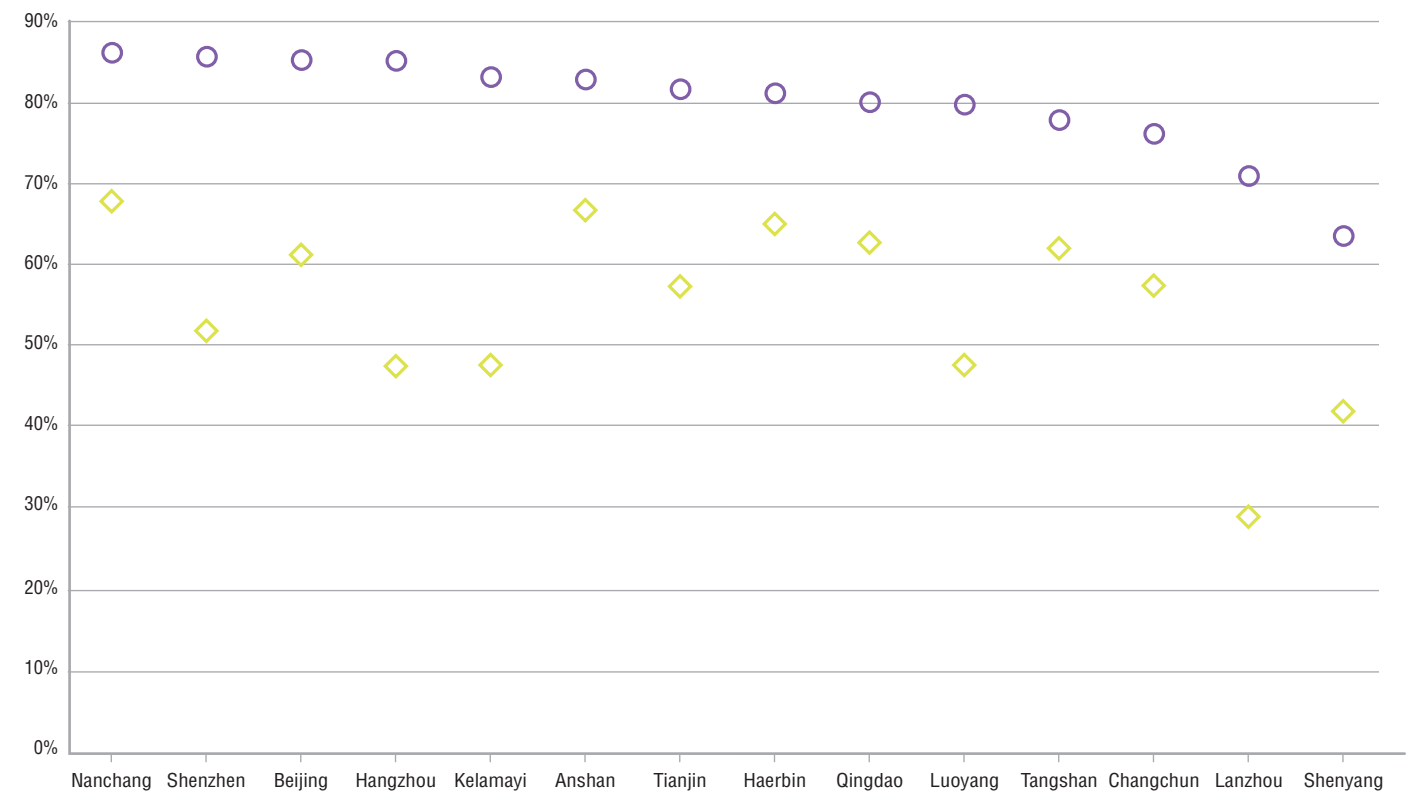
The support for prohibiting smoking in bars/nightclubs was lower, ranging from 29.0% in Lanzhou to 67.9% in Nanchang.

A young girl disseminates anti-smoking flyers.



SUPPORT FOR SMOKING BANS
Percentage of adults age 15 and above who supported complete smoking bans in restaurants and bars/nightclubs
CCATS 2013-14

- restaurants
- ◇ bars/nightclubs

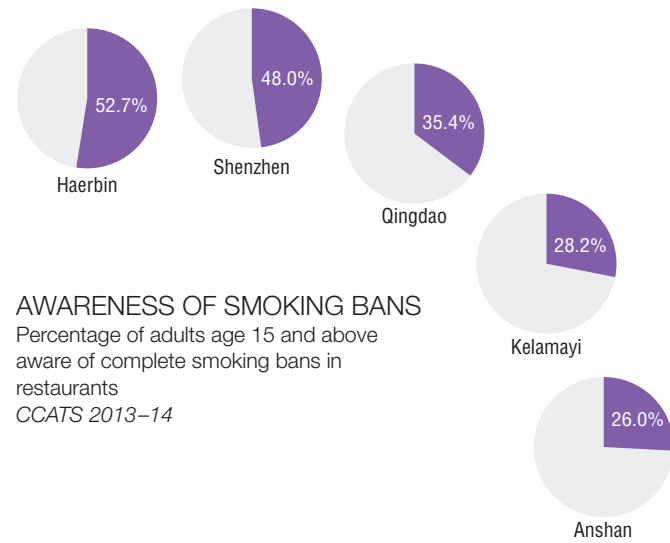


Awareness of Smoking Bans

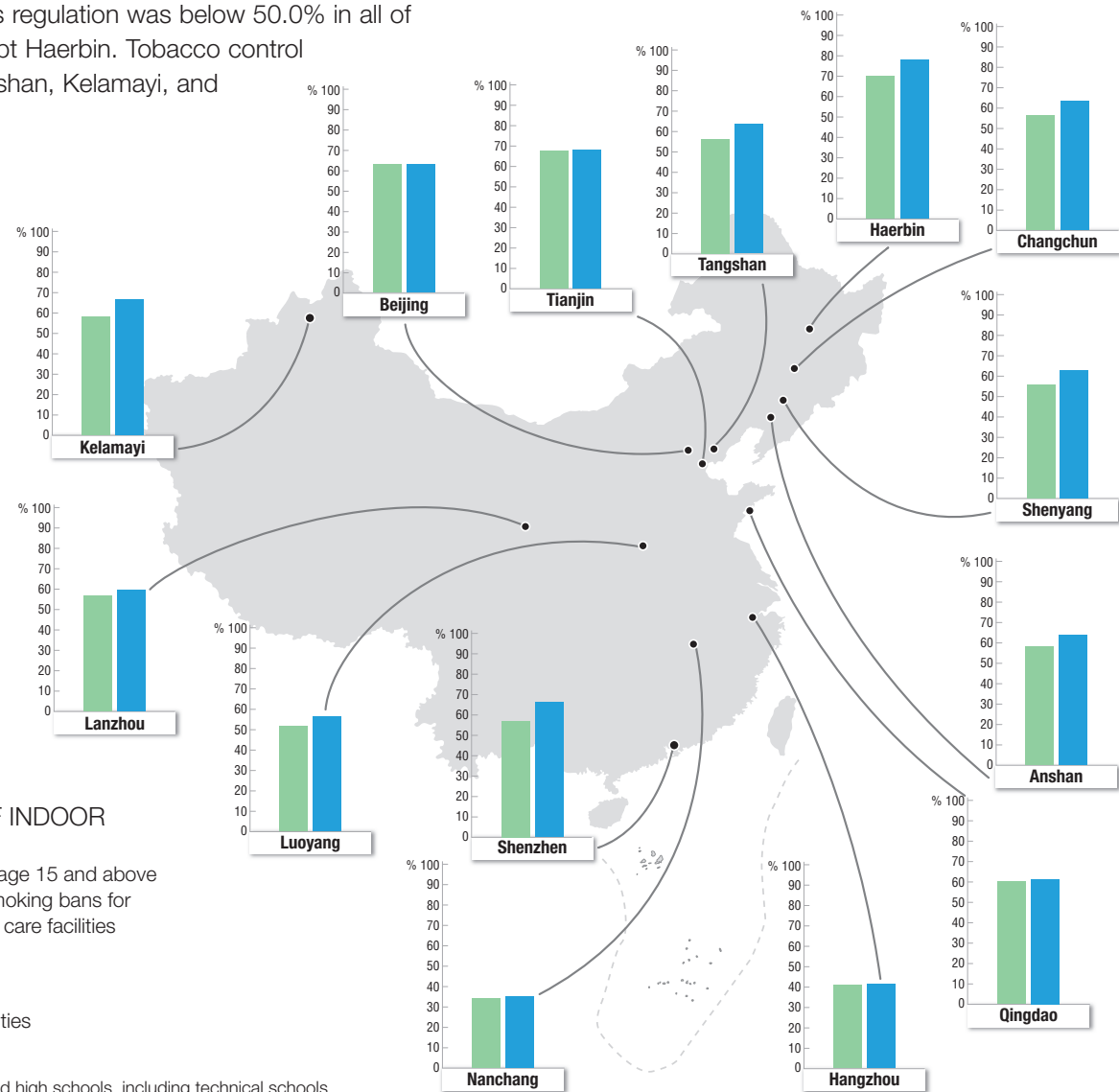
Participants from each of the 14 cities were asked whether they were aware of any regulations prohibiting smoking in indoor public places in the city where they were living. Although the National Health and Family Planning Commission and the Ministry of Education require that all indoor areas of hospitals and all areas (indoor and outdoor) in primary, secondary, and high schools, including technical schools, be smoke free, the percentage of adults who were aware of these smoking bans for indoor places was not very high. The lowest levels of awareness for such regulations in health care facilities and schools were 34.1% and 35.2% respectively (both found in Nanchang), and the highest were 69.7% and 77.9% respectively (both found in Haerbin).

Prior to the survey, Anshan, Haerbin, Kelamayi, Qingdao, and Shenzhen had tobacco control regulations in place that prohibited smoking completely in restaurants, but awareness of this regulation was below 50.0% in all of these cities except Haerbin. Tobacco control regulations in Anshan, Kelamayi, and

Qingdao also prohibited smoking in bars/nightclubs, but the level of awareness was only 24.0% in Qingdao, 19.5% in Anshan, and 13.5% in Kelamayi.



AWARENESS OF SMOKING BANS
Percentage of adults age 15 and above aware of complete smoking bans in restaurants
CCATS 2013-14



AWARENESS OF INDOOR SMOKING BANS
Percentage of adults age 15 and above aware of complete smoking bans for indoor areas in health care facilities and schools*
CCATS 2013-14

■ health care facilities
■ schools

*: primary, secondary, and high schools, including technical schools.



Tobacco Marketing and Anti-Tobacco Messages

Tobacco advertising, promotion, and sponsorship (TAPS) can attract new tobacco users, increase current smokers' consumption, weaken a smoker's intention to quit, and cause quitters to relapse. Research demonstrated that prohibiting all forms of TAPS reduces tobacco use and is a cost-effective tobacco control measure (NCI, 2008).

The present survey investigated the exposure to seven forms of TAPS activities among adults in the past 30 days, as well as the penetration rate of local tobacco control campaigns.

Tobacco Marketing

The seven forms of TAPS activities described in this section are: cigarette advertising at the point of sale (POS), free cigarette samples, sales prices, coupons, free gifts/discounts on other products, clothing/item with brand name or logo, and promotion of cigarettes through the mail.

Cigarette advertising at POS was the most prevalent among the seven forms, with the highest percentage of exposure found in Haerbin (14.1%) and lowest in Anshan (7.6%). The percentage of adults who noticed each of the further six TAPS activities was mostly lower than 2.0%, except for free gifts or discounts on other products.

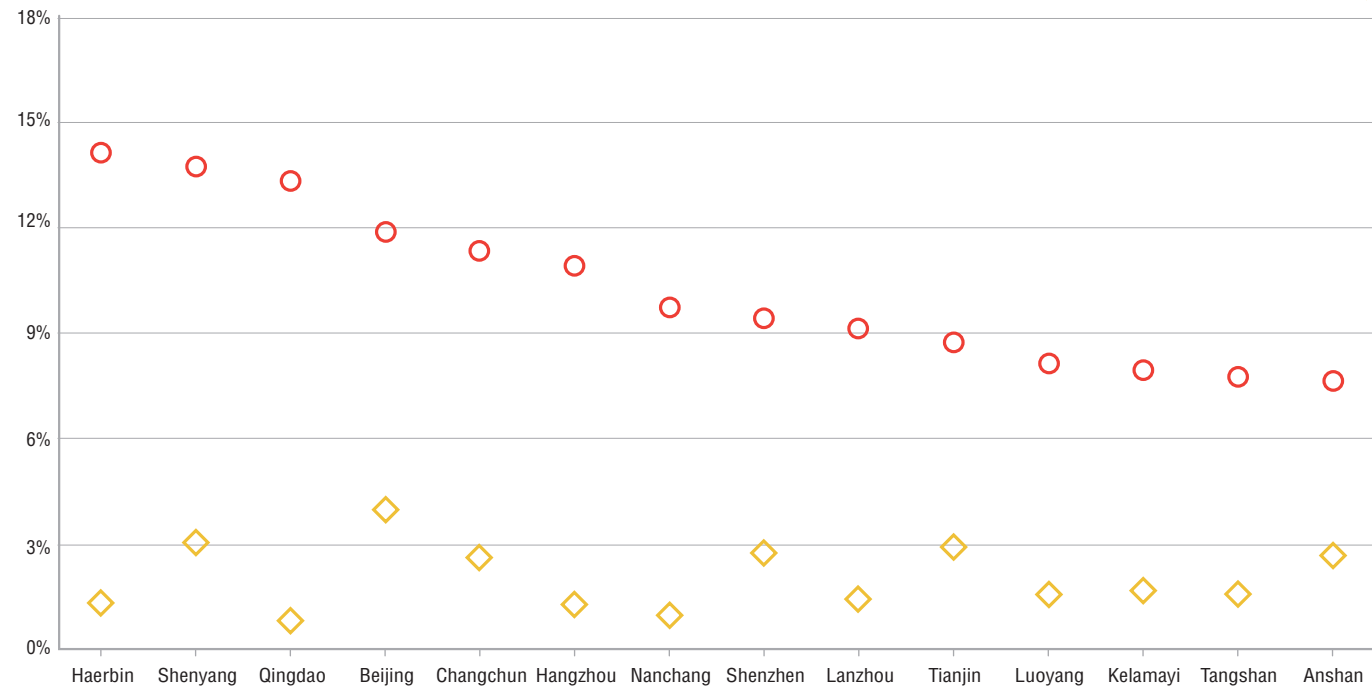
A relatively high percentage of adults reported seeing cigarette advertising at the point of sale, ranging from 7.6% to 14.1%

Cigarette advertising in a local tobacco shop.



CIGARETTE MARKETING
Percentage of adults age 15 and above who noticed cigarette marketing in the past 30 days
CCATS 2013-14

advertising at the point of sale ○
free gifts/discounts on other products ◇



Anti-Cigarette Messages

In recent years, all 14 cities have conducted various forms of anti-cigarette media campaigns. The survey asked participants whether they had been aware in the past 30 days of any information in newspapers/magazines or on the television (TV) explaining the dangers of smoking cigarettes or encouraging quitting.

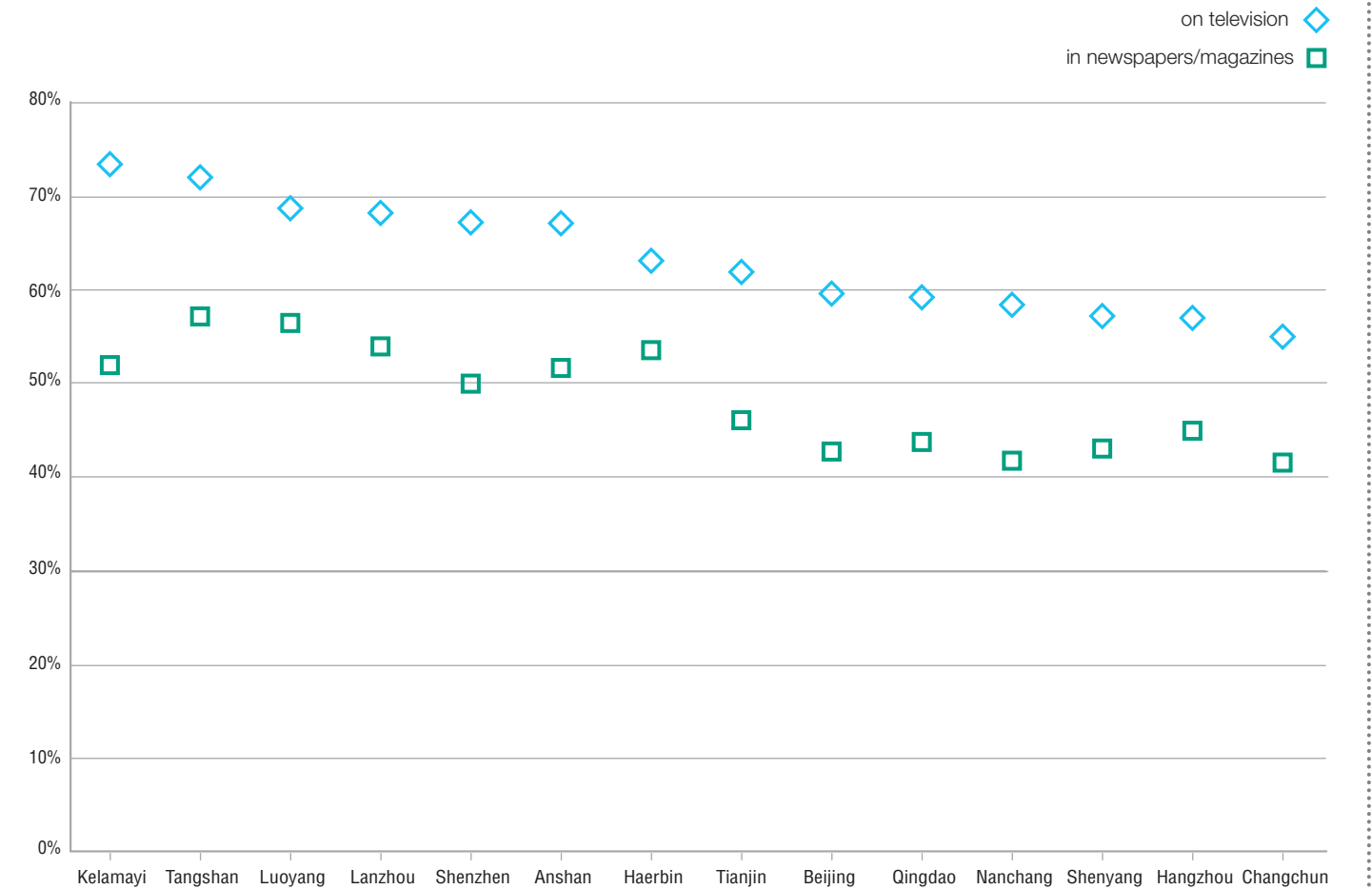
More than half of adults in each of the cities reported seeing anti-cigarette information either in newspapers/magazines or on TV in the past 30 days, ranging from 75.5% in Kelamayi to 58.1% in Changchun. Across all cities, the percentage of adults who reported seeing anti-cigarette information on TV was higher than for newspapers/magazines.

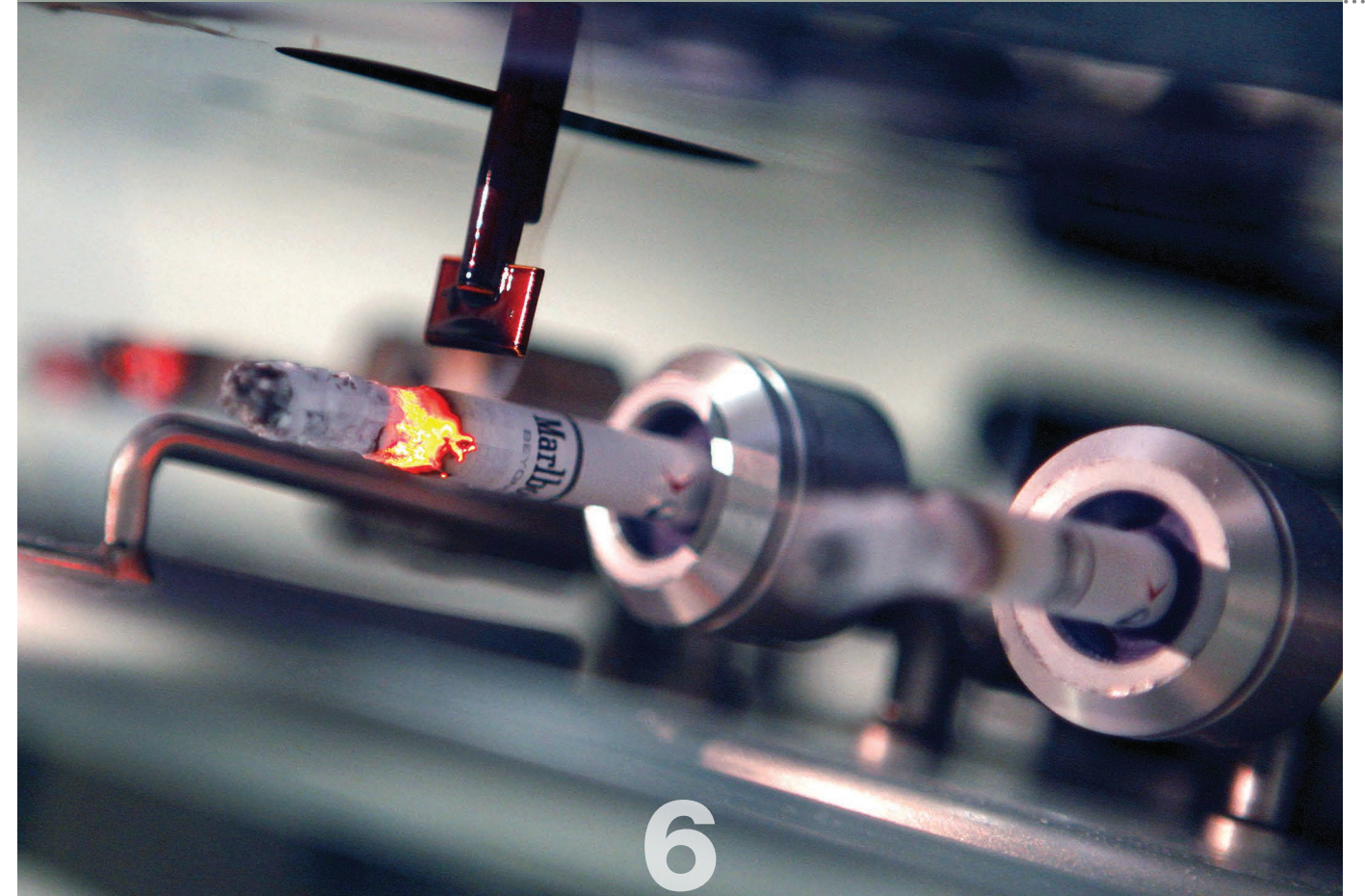


Health warning labels on cigarette packs (actual brand names and logos removed).

All 14 cities have recently conducted anti-cigarette media campaigns

ANTI-CIGARETTE MESSAGES IN THE MEDIA
Percentage of adults age 15 and above who noticed anti-cigarette messages in the past 30 days
CCATS 2013-14





6

Knowledge, Attitudes, and Perceptions

In order to encourage smokers to quit, and to discourage non-smokers from starting, it is important to make people aware of the harmful effects smoking can have on their health.

This section describes adults' knowledge of the harmful effects of tobacco use in the 14 cities, including whether they were aware that smoking or exposure to secondhand smoke (SHS) can cause specific diseases, and their perception of the harmful effect of low-tar cigarettes.

Knowledge of Harms Caused by Smoking

This survey measured adults' knowledge of the health risks associated with cigarette smoking, specifically: lung cancer, stroke, heart attack, and erectile dysfunction. The results show that adults in the 14 cities were most aware that smoking can cause lung cancer. With the exception of Kelamayi and Lanzhou, over 90.0% of adults in all cities had this knowledge.

Compared with lung cancer, the percentage of those who knew that smoking can cause stroke and heart attack

was lower, and the percentage who knew that smoking can cause erectile dysfunction was the lowest. The city with the lowest awareness that smoking can cause stroke and heart attack was Lanzhou (32.4% and 43.5%, respectively), and the city with the highest percentages was Tianjin (66.1% and 74.9%, respectively).

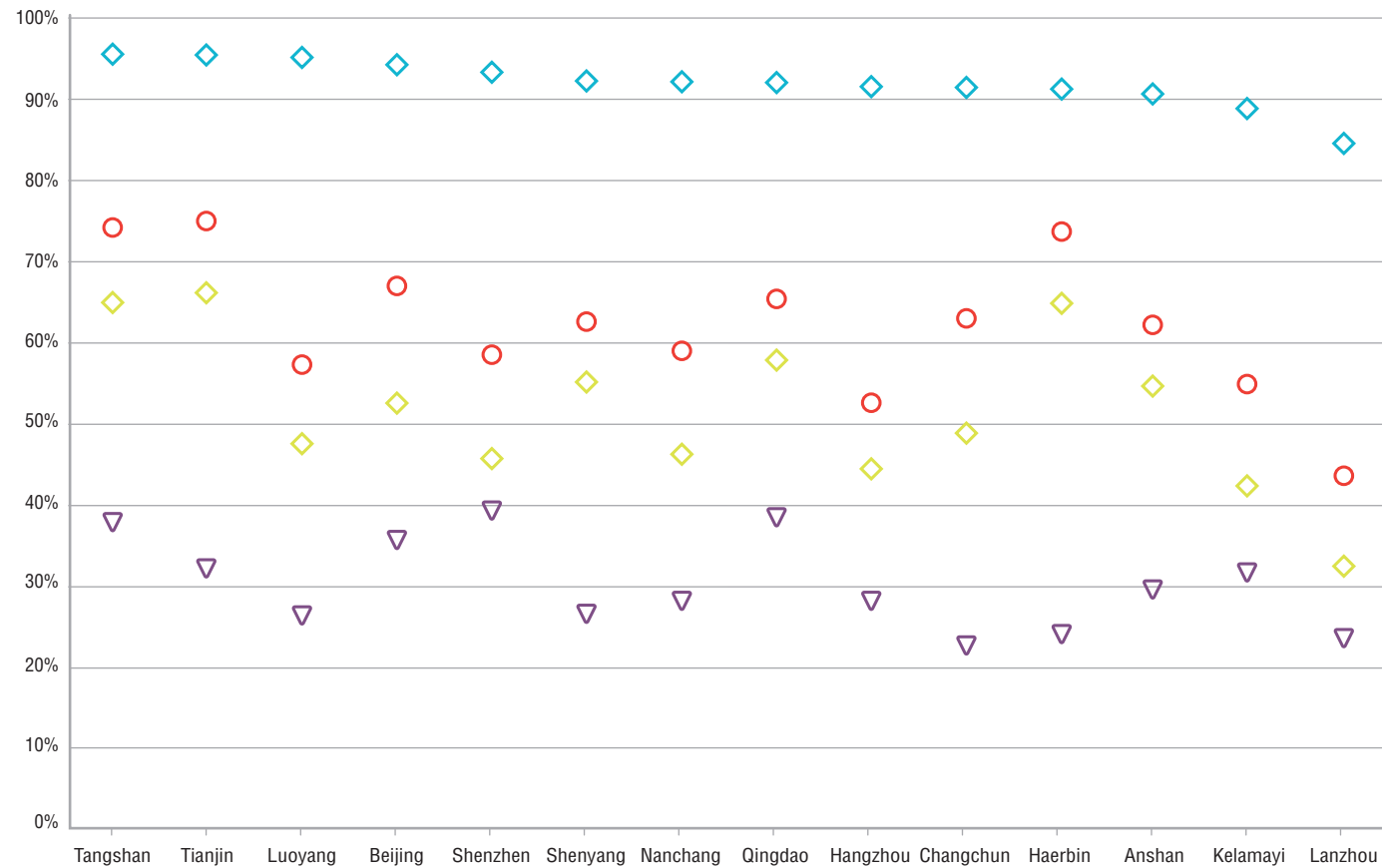
The percentage of adults who were aware that smoking can cause erectile dysfunction was only between 20.0% and 40.0%, with the highest found in Shenzhen (39.4%).

In all 14 cities, adults were least aware that smoking can cause erectile dysfunction

KNOWLEDGE OF TOBACCO HARMS

Percentage of adults age 15 and above who held various beliefs regarding the harms of smoking
CCATS 2013-14

- ◆ smoking can cause lung cancer
- smoking can cause heart attack
- ◇ smoking can cause stroke
- ▽ smoking can cause erectile dysfunction



Knowledge of Harms Caused by SHS

This survey also investigated the extent of the knowledge possessed by adults in the 14 cities regarding SHS causing lung cancer and heart disease in adults, and lung disease in children.

Of the three diseases, the highest percentage was for those who knew that SHS can cause lung cancer, reaching 80.0% and above in all 14 cities, with Lanzhou having the lowest percentage at 82.1% and Tangshan the highest at 92.7%. The percentage of those who knew that SHS can cause lung diseases in children trailed behind, ranging from 74.8% in Shenyang to 87.2% in

Tangshan. Across all cities, the percentage of those who knew SHS can cause heart disease in adults was the lowest, ranging from 49.9% in Lanzhou to 74.3% in Tianjin.

Overall, adults in Tangshan and Tianjin had the highest awareness that SHS can cause all three diseases, with a percentage of 70.5% and 70.4% respectively; the lowest percentage was in Lanzhou (46.9%).

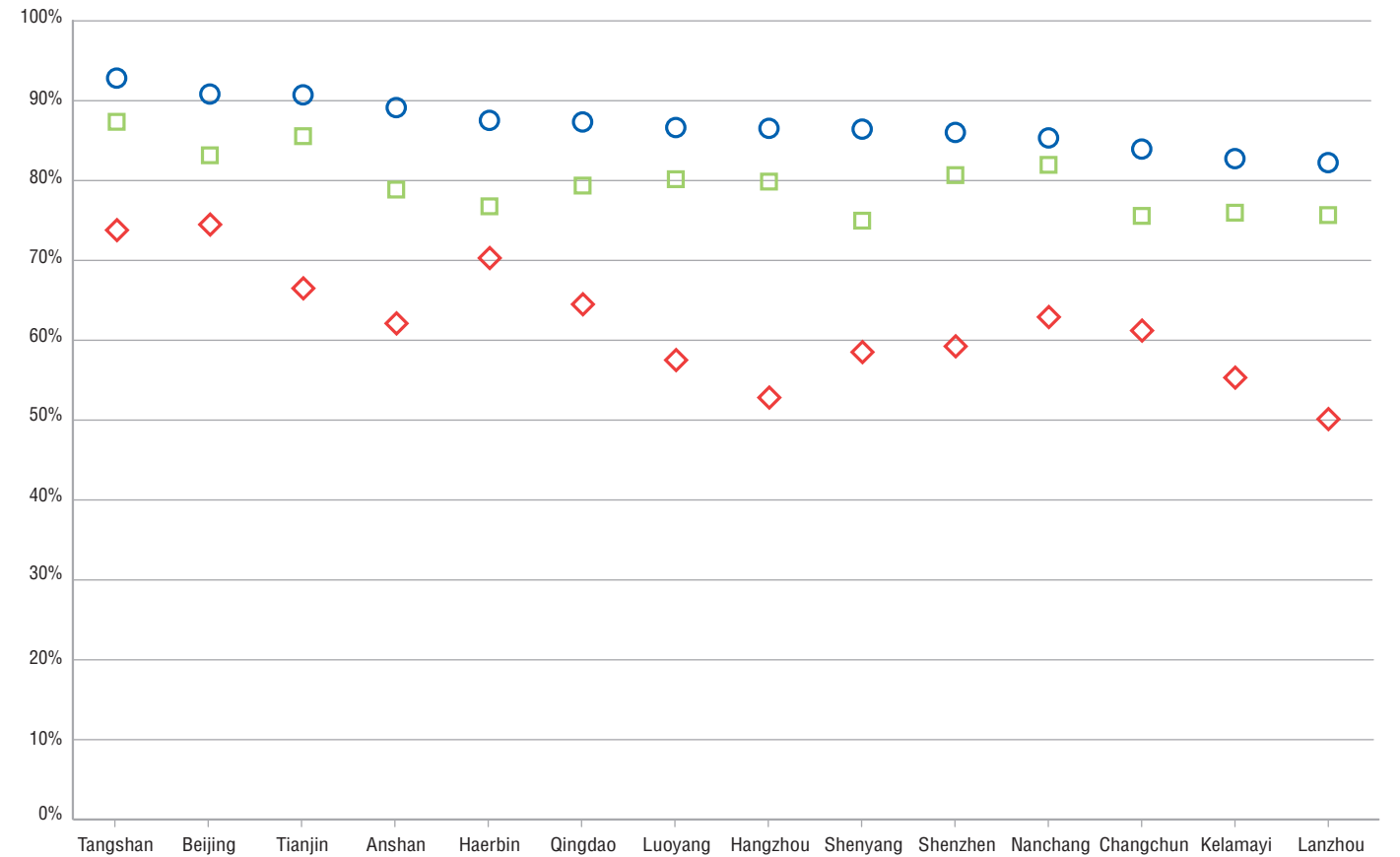
The difference in the awareness of the harms caused by SHS is also noticeable between smokers and non-smokers. In most cities, smokers were less aware of the harms of SHS than non-smokers.

Across all 14 cities, the percentage of adults who knew SHS can cause heart disease in adults was the lowest

KNOWLEDGE OF SHS HARMS

Percentage of adults age 15 and above who held various beliefs regarding the harms of SHS
CCATS 2013-14

- SHS can cause lung cancer in adults
- SHS can cause lung diseases in children
- ◇ SHS can cause heart disease in adults



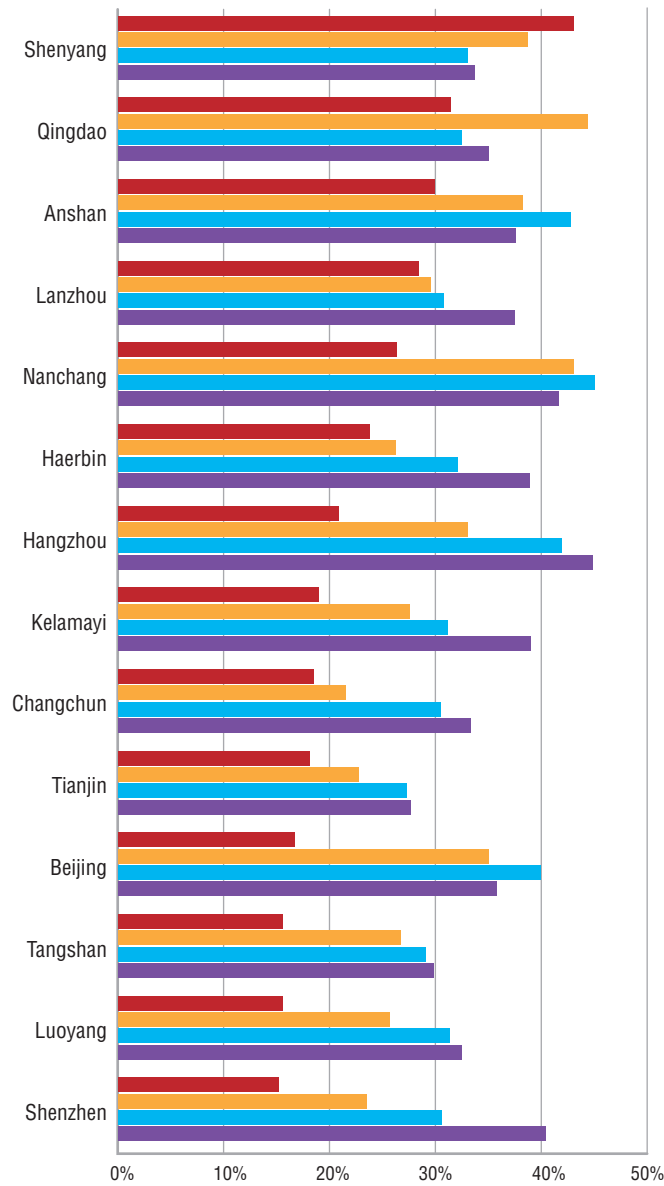


Tar content indicated on a cigarette pack.

EDUCATION AND FALSE BELIEF

Percentage of adults age 15 and above who falsely believed low-tar cigarettes are less harmful than regular cigarettes, by education level CCATS 2013-14

■ primary school or less ■ high school
 ■ secondary school ■ college or above



Perception of Harms Caused by Low-Tar Cigarettes

Low-tar cigarettes have been promoted by the tobacco industry in the West since the 1950s as a healthier alternative to regular cigarettes. Cigarette manufacturers in China have recently begun marketing low-tar cigarettes in an effort to assuage concerns about the negative health effects of smoking (Yang, 2014). However, research has shown that using low-tar cigarettes does not reduce the harm caused by smoking cigarettes (USDHHS, 2010).

The results of this survey show that many adults falsely believed that low-tar cigarettes were less harmful than regular cigarettes. Among the 14 cities, the highest percentage of respondents with this belief was found in Nanchang (42.7%) and the lowest in Tianjin (24.8%).

Our findings further suggest that this misperception about the harms associated with low-tar cigarettes may vary with adults' smoking status and level of educational attainment. A higher percentage of smokers than non-smokers tended to believe that low-tar cigarettes cause less harm. Furthermore, the pattern that as education level increased, the percentage of those with the false belief also increased, was observed in 9 out of 14 cities.

Many adults falsely believed that low-tar cigarettes are less harmful than regular cigarettes



Cigarette Economics

The cost of cigarettes can play an important role in reducing smoking prevalence through preventing initiation and promoting cessation. In each city, the median cost of 20 manufactured cigarettes (the number of cigarettes in a typical pack) and the median monthly expenditure on cigarettes were both estimated. The cost per 20 manufactured cigarettes was calculated by dividing the amount of money paid by the number of manufactured cigarettes bought during the last purchase, and then multiplying by 20. The monthly expenditure was acquired by multiplying the estimated cost per manufactured cigarette by the estimated number of manufactured cigarettes smoked per month.

Cigarette Affordability

Among current smokers in all 14 cities, the median cost of 20 manufactured cigarettes was less than ¥10.0, except in Hangzhou (¥19.9), Nanchang (¥12.6), Shenzhen (¥14.9), Haerbin (¥10.0) and Lanzhou (¥10.0).

The cost of 2,000 manufactured cigarettes as a percentage of GDP per capita measures the affordability of manufactured cigarettes, known as the relative income price (RIP). A small percentage indicates high affordability or that the cigarette price is relatively cheap, and vice versa. The results reveal that the RIP was slightly above 1.0% in most cities, with the highest RIPs in Haerbin (2.2%), Hangzhou (2.1%), Luoyang (2.1%), Lanzhou (2.0%) and Nanchang (1.9%).



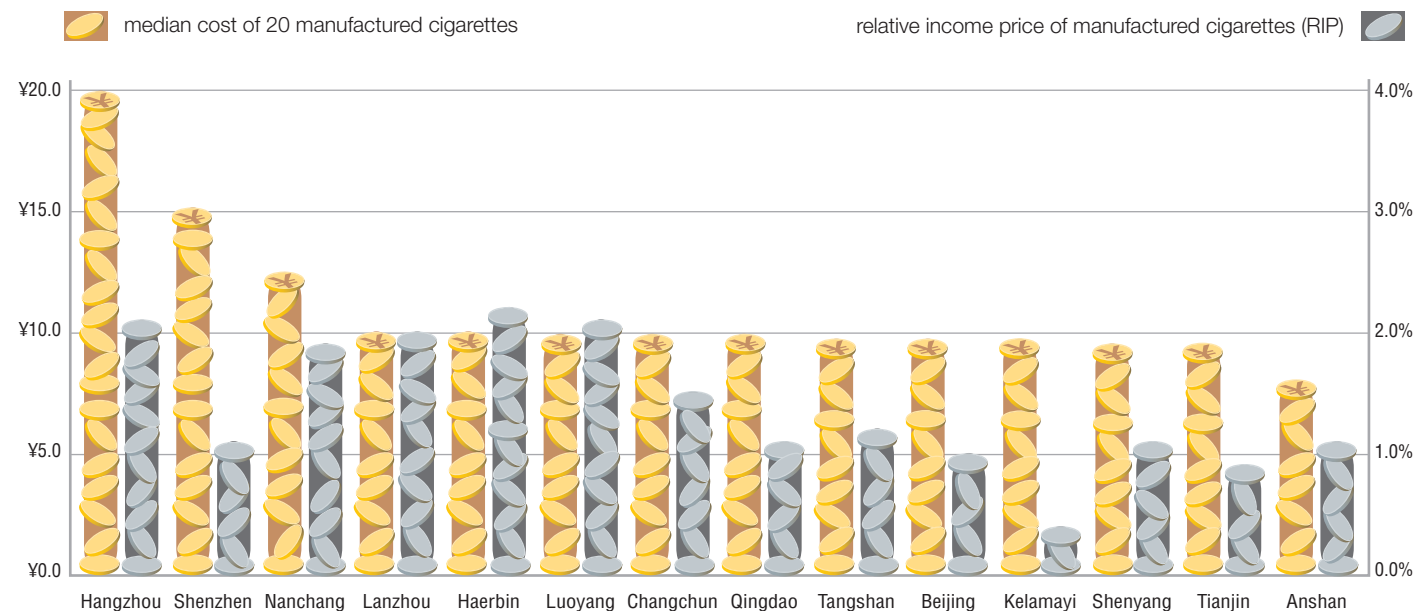
An interviewer working in the field.

Monthly Expenditure on Cigarettes

The median monthly expenditure on manufactured cigarettes was more than ¥150.0, except in Kelamayi and Tianjin. It was highest in Hangzhou at over ¥300.0, with Nanchang and Shenzhen both over ¥200.0. Kelamayi had the lowest figure at ¥144.0.

The monthly expenditure on cigarettes as a percentage of monthly disposable income per capita is often used to measure the budget share spent on cigarettes. Using the median monthly expenditure on manufactured cigarettes, this ratio was highest in Hangzhou and Nanchang (at 9.2% and 10.0%) and lowest in Beijing and Tianjin (5.2% and 5.5% respectively).

COST OF MANUFACTURED CIGARETTES AND RELATIVE INCOME PRICE
Among current smokers age 15 and above
CCATS 2013-14



Conclusions and Recommendations

China is the first country to conduct systematic, subnational tobacco surveillance in multiple cities using Tobacco Questions for Surveys. This survey covered the urban areas in 14 cities that have relatively advanced economies and robust tobacco control programs.

In this section, key survey findings are summarized and compared with the urban data from the Global Adult Tobacco Survey (GATS) in China, a nationally representative survey conducted in 2010. This is followed by some recommendations for future tobacco control work.

Current smoking prevalence among males lower than the national average

The vast majority of smokers in China are male. The current smoking prevalence among urban males in 14 cities ranged from 32.7% to 44.8%. Although still at a high level, all were below the 2010 national average (49.2%). Overall, smoking prevalence among urban females remained at low levels.

High awareness of e-cigarettes, some use among current tobacco smokers

In the past few years, there has been a rapid global increase in the use of e-cigarettes, which have been promoted by the e-cigarette manufacturers as an alternative to regular cigarettes (WHO, 2014). E-cigarettes attained a high degree of awareness in the 14 participating cities, while a small percentage of adults reported using the products. It is worth noting that current e-cigarette users consisted of current tobacco smokers and adults who were not current tobacco smokers, some of whom had never smoked tobacco before. The evidence on the health consequences of using e-cigarettes is still inconclusive. With strengthened tobacco control efforts, particularly the implementation of smoke-free policies in public places, it is possible that more smokers, and potentially some non-smokers, may initiate e-cigarette use in the future.

Smoke-free policy in public places taking roots, but secondhand smoke (SHS) exposure still a challenge

The results of the 14 cities indicate that SHS exposure in public places was lower than the 2010 national average, due possibly in part to the recent anti-smoking campaigns and efforts to promote smoke-free policies.

Indoor SHS exposure in public transportation and health care facilities was lower than in other public places. This finding is likely to be the result of the 1997 directive from the National Commission of Patriotic Sanitation Campaign, which prohibited smoking in public transportation, and the guideline released by the former Ministry of Health in 2009, which required the indoor areas of all health care facilities to be smoke-



A water cup bearing cigarette advertisement.

free. These two regulations were also relatively well enforced. SHS exposure was relatively lower in cities with smoke-free regulations when compared to those without regulations, such as Nanchang, underscoring the protective effects of the smoke-free policies on non-smokers.

However, opportunities exist to further improve tobacco control regulations and their enforcement. For example, in many cities the tobacco control regulations currently in place do not prohibit smoking in certain indoor public places such as restaurants, bars, and nightclubs. SHS exposure was very prevalent in these settings. Furthermore, many of these smoke-free policies are poorly enforced. A high percentage of adults were not aware that local smoke-free policies were in effect. Poor enforcement of the regulations significantly reduces their effectiveness, posing a challenge to tobacco control efforts.

Quit rate low, cessation services need strengthening

In many of the 14 cities, fewer than half of smokers who had visited health care providers (HCPs) in the past 12 months received advice to quit from the HCPs. These findings suggest that there is a lack of training or willingness among HCPs to provide cessation services. It could also be attributed to cessation services not being included in basic medical services, and cessation drugs not being listed in the catalogue of national basic medicines. China started building the smoking cessation service in 2006 by establishing quitlines and cessation clinics, and by training HCPs to offer cessation interventions. The service could be strengthened in the future.

Knowledge of the harms of tobacco use can be further improved

Knowledge of the harms of smoking and SHS among adults has improved across all 14 cities in comparison to the results from the GATS 2010. The extensive tobacco control mass-media campaigns and interventions in recent years have effectively raised population-level awareness of the harms caused by smoking and SHS. This progress is reflected in the survey results. Yet, people's knowledge of tobacco harms is

far from adequate. About half of the adults did not know that smoking can cause stroke or heart disease. The awareness of smoking causing erectile dysfunction was even lower. In addition, many people falsely believed that low-tar cigarettes are less harmful than regular cigarettes, a likely consequence of the tobacco industry's promotion of "low tar, low harm". Moreover, adults with higher education were more likely to hold this misperception than the less educated.

Tobacco advertising and promotion still visible

The survey findings demonstrate that tobacco advertising and promotion are still present in various forms, especially cigarette advertising at the point of sale. The percentage of adults who were exposed to tobacco advertising would be even higher if we were to consider the display of tobacco products, which is a hidden form of tobacco advertising. Tobacco advertising and promotion glamorizes smoking, thwarting the impact of bans on other forms of tobacco marketing, and of tobacco prevention and control efforts in general (NCI, 2008; USDHHS, 2012). Therefore, the prohibition of tobacco marketing in all forms, direct and indirect, could be beneficial.

Cigarette prices very low and affordable

The relative income price (RIP), which represents the cost of purchasing 2,000 manufactured cigarettes as a percentage of GDP per capita, in all cities was well below the 2010 national estimate (2.4%). The RIP ranged from 1.0% to 2.0% in most cities. It is worth noting that in the RIP calculation we used the city-wide GDP per capita (including the rural areas, which had lower GDP per capita) to approximate the urban GDP per capita. Therefore, the actual urban RIP in the 14 cities is even lower.

The survey findings demonstrate that the current prices of manufactured cigarettes in China are low, with cigarette products becoming more affordable as the economy grows.

Recommendations

Although China ratified the WHO FCTC as early as in 2005, the survey data demonstrate that male adult smoking prevalence and adult SHS exposure in public places are still high. The full implementation of WHO FCTC articles can reduce the harms caused by tobacco use. Therefore, we propose the following in accordance with the WHO FCTC and the survey results:

- 1. Continue to promote comprehensive tobacco control regulations locally and nationally, developing a new social norm of smoke-free public places.** As of 2012, 44 countries have passed comprehensive smoke-free laws for public places, covering 1.1 billion people worldwide (WCTOH, 2015). There is currently no national smoke-free law in China and most regions do not have local legislation conforming to the WHO FCTC articles. Effective and enforceable tobacco-free policies are critical in protecting the public from the harms caused by tobacco smoking. Experiences and lessons from local legislations and enforcement could help establish the national tobacco control regulations.
- 2. Ongoing monitoring and research on e-cigarettes.** The evidence on the health consequences of e-cigarette use, particularly over the long term, is still evolving. There is also insufficient evidence



An interviewer conducting the survey.

to conclude whether e-cigarettes help users quit smoking or not. Additional research is needed on multiple areas of e-cigarette use. Even while the evidence base is evolving, stronger regulations of e-cigarettes and similar devices could address potential health concerns.

- 3. Sustain effective long-term public-education campaigns on the dangers of tobacco use, with the utilization of both traditional and social media.** Mass-media campaigns are an effective way to warn the public about the dangers of tobacco use, encourage smokers to quit, and mobilize public support for tobacco prevention and control. In response to the lack of knowledge about the harms of tobacco use among the general public, it would be beneficial to conduct educational campaigns focusing on information that people are less aware of.

Graphic health warnings on tobacco packages were shown to be one of the most cost-effective ways to deliver messages on the harms caused by tobacco use, and have been adopted by a third of the countries in the world to date (CCS, 2014). China could adopt graphic health warnings in an effort to discourage smokers and potential smokers from smoking.

- 4. Enforce tobacco control policies and best practices.** The effectiveness of tobacco control regulations depends largely on how well they are enforced. It is critical that cities monitor and evaluate the enforcement of these policies and identify best practices. Through the synergy of effective law enforcement and public-education campaigns, the acceptance of smoking could be reduced and eventually reversed. Cities could help transform the social norms regarding smoking in the surrounding areas and eliminate smoking in public places.

- 5. Monitor tobacco marketing activities, stop tobacco advertising, promotion and sponsorship (TAPS) in all forms.** Prohibiting all forms of direct and indirect tobacco advertising, promotion and sponsorship is effective in reducing the prevalence of tobacco use. The new *National Advertising Law*, effective September 1, 2015, prohibits tobacco advertising in the media, in venues such as public places, public transportation and other outdoor areas, and towards minors in any form. However, the tobacco industry is unlikely to spare any efforts in exploring new ways to promote their products and to expand their consumer base (WHO, 2013). Therefore, it is important to monitor the tobacco industry's marketing activities in order to stop all forms of TAPS.

- 6. Improve the cessation service system.** Cessation services can provide valuable and effective assistance to smokers in their efforts to quit. To make cessation services accessible and affordable, the following measures could be taken: incorporate brief cessation advice into the routine medical procedures offered by health care providers; include cessation assistance as part of the national basic medical services; and enlist cessation drugs as national basic medicines.

- 7. Raise tobacco taxes and prices.** Raising tobacco prices is the single most effective way to reduce consumption, particularly among the low-income population. Increasing the prices of tobacco through taxation can not only discourage people from smoking, but can also increase government revenues (WHO, 2014). The survey findings indicate that cigarette prices are very low in China. Therefore, opportunities exist to increase cigarette prices by raising taxes, particularly for non-premium cigarettes, thus reducing tobacco consumption.



City Profiles

The results of the CCATS survey have been presented so far by specific topics. In this section, the most significant features about each city are listed, including the most notable survey results, updates on the tobacco control regulations, as well as essential demographic and economic indicators. Note that when an estimate for a city is described as the “highest” or “lowest”, the comparison is made only among the 14 participating cities of the study.

Northeast Region



Anshan

Urban population: **1,680,279**

Annual urban disposable income per capita: **¥26,662**

Current tobacco smoking prevalence: male **44.0%** female **2.8%**

17.6% Percentage of current tobacco smokers who tried quitting smoking in the past 12 months was second lowest

49.5% Highest percentage of SHS exposure among adults at home

Anshan Municipal Ordinance on Smoking Control in Public Places took effect in January 2013

Changchun

Urban population: **2,190,387**

Annual urban disposable income per capita: **¥26,034**

Current tobacco smoking prevalence: male **43.2%** female **3.8%**

21.2% Highest percentage of adults who were daily smokers

Lowest percentage of adults who noticed anti-smoking messages in newspapers/magazines **41.6%** or on TV **55.0%**

First city to conduct the **China City Adult Tobacco Survey**

Changchun Municipal Ordinance on Preventing Harms of Tobacco Smoke took effect in March 2014

Haerbin

Urban population: **3,237,874**

Annual urban disposable income per capita: **¥25,197**

Current tobacco smoking prevalence: male **35.1%** female **2.7%**

6.8% Quit ratio among ever daily smokers ranked lowest along with Tangshan

Second highest percentage of SHS exposure among adults in health care facilities **28.9%**

14.1% Highest percentage of adults who noticed tobacco advertising at point of sale

Haerbin Municipal Legislation on Preventing Harms by Secondhand Smoke took effect in May 2013

Shenyang

Urban population: **3,404,717**

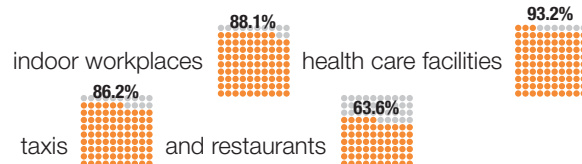
Annual urban disposable income per capita: **¥29,074**

Current tobacco smoking prevalence: male **44.8%** female **5.0%**

Highest current smoking prevalence, overall and for male and females

70.2% Highest percentage of current smokers who visited HCPs in the past 12 months and were advised to quit by HCPs

Lowest percentage of adults who supported prohibiting smoking in:



As of October 2014, no tobacco control legislation for public places.

North Region



Beijing

Urban population: **14,251,804**

Annual urban disposable income per capita: **¥40,321**

Current tobacco smoking prevalence: male **41.5%** female **2.1%**

3.1% Lowest percentage of SHS exposure among adults on public transportation

Beijing Municipal Legislation on Tobacco Control, the most comprehensive local tobacco control legislation so far, will take effect on June 1, 2015

Tangshan

Urban population: **942,069**

Annual urban disposable income per capita: **¥26,647**

Current tobacco smoking prevalence: male **40.6%** female **1.9%**

6.8% Quit ratio among ever daily smokers lowest, along with Haerbin

Highest percentage of adults who noticed anti-cigarette smoking messages in newspapers/magazines **57.2%** Second highest for TV **72.0%**

70.5% Highest awareness of the diseases caused by SHS among adults

Tangshan Municipal Ordinance on Managing Harms of Secondhand Smoke took effect in May 2014

Tianjin

Urban population: **4,070,148**

Annual urban disposable income per capita: **¥32,658**

Current tobacco smoking prevalence: male **41.1%** female **3.3%**

16.4% Lowest percentage of current smokers who attempted to quit in the past 12 months

80.8% Highest percentage of SHS exposure among adults in restaurants

24.8% Lowest percentage of adults who mistakenly believed low-tar cigarettes are less harmful than regular cigarettes

Tianjin Municipal Legislation on Smoking Control took effect in May 2012



East Region

Hangzhou

Urban population: **4,543,188**

Annual urban disposable income per capita: **¥39,310**

Current tobacco smoking prevalence: male **38.6%** female **1.5%**

41.8% Lowest percentage of current smokers who visited hospitals in the past 12 months and were advised to quit by HCP

Highest cost of purchasing 20 manufactured cigarettes: **¥19.9**

Highest monthly expenditure on manufactured cigarettes: **¥301.7**

Hangzhou Municipal Legislation on Smoking Control in Public Places took effect in March 2010

Nanchang

Urban population: **1,967,024**

Annual urban disposable income per capita: **¥26,151**

Current tobacco smoking prevalence: male **42.2%** female **1.9%**

Highest percentage of SHS exposure among adults in the following indoor public places:

primary, secondary, and high schools (outdoor included) **45.0%** government buildings/offices **44.0%** health care facilities **43.9%** universities **32.5%** public transportation **19.0%**

42.7% Highest percentage of adults who mistakenly believed low-tar cigarettes are less harmful than regular cigarettes

Has been struggling to pass the **Nanchang Municipal Legislation on Controlling Harms by Secondhand Smoke** since 2010

Qingdao

Urban population: **4,801,971**

Annual urban disposable income per capita: **¥35,227**

Current tobacco smoking prevalence: male **32.7%** female **0.9%**

17.7% Lowest current smoking prevalence

15.9 Highest average number of cigarettes smoked per day among daily smokers

17.1% Highest quit ratio among ever daily smokers

Lowest percentage of SHS exposure among adults in the following indoor public places: primary, secondary, and high schools (outdoor included) **21.7%** indoor workplaces **26.2%** bars/nightclubs **69.1%**

Qingdao Municipal Legislation on Smoking Control took effect in September 2013



Northwest Region

Lanzhou

Urban population: **1,976,428**

Annual urban disposable income per capita: **¥20,767**

Current tobacco smoking prevalence: male **41.2%** female **1.8%**

29.0% Lowest percentage of adults who supported banning smoking in bars/nightclubs

Lowest awareness of diseases caused by smoking **14.6%** and SHS **46.9%**

Lanzhou Municipal Legislation on Smoking Control in Public Places took effect in January 2014

Kelamayi

Urban population: **256,607**

Annual urban disposable income per capita: **¥25,249**

Current tobacco smoking prevalence: male **41.6%** female **0.4%**

39.6% Second highest percentage of smokers who attempted to quit in the past 12 months

Lowest percentages of SHS exposure among adults in:

government buildings/offices, health care facilities **<10.0%** at home **27.1%**

Kelamayi Municipal Ordinance on Banning Smoking in Public Places took effect in March 2013



Mid-South Region

Luoyang

Urban population: **905,150**

Annual urban disposable income per capita: **¥24,820**

Current tobacco smoking prevalence: male **44.1%** female **1.0%**

56.5% Second highest percentage of adults who noticed anti-cigarette smoking messages in newspapers/magazines

Compared to non-smokers, smokers were significantly more likely to mistakenly believe that low-tar cigarettes are less harmful than regular cigarettes: smokers **48.9%** non-smokers **22.5%**

As of October 2014, no regulations on tobacco control established

Shenzhen

Urban population: **8,609,968**

Annual urban disposable income per capita: **¥44,653**

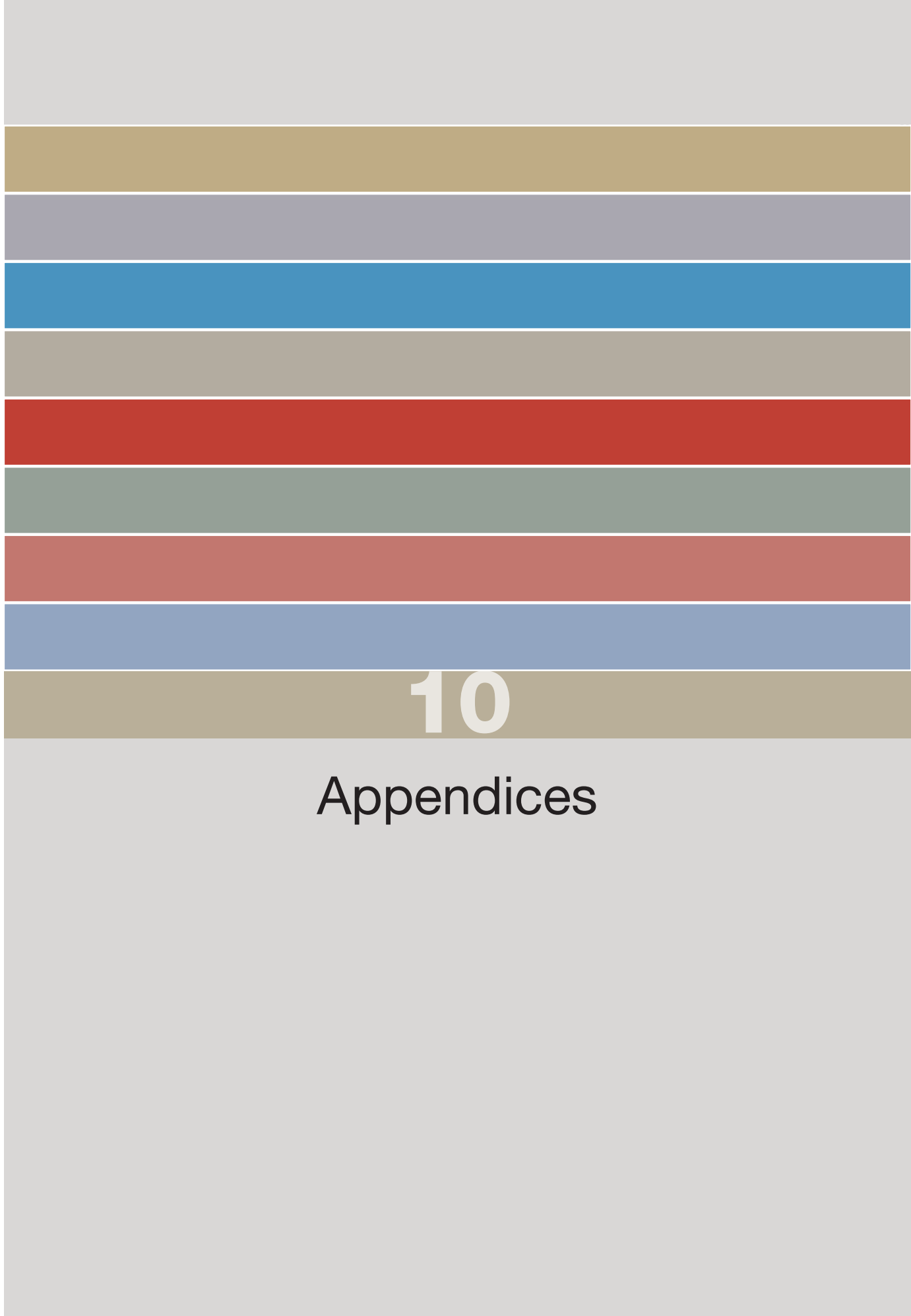
Current tobacco smoking prevalence: male **33.9%** female **0.7%**

39.7% Highest percentage of smokers who attempted to quit in the past 12 months

Second lowest prevalence of current tobacco smoking for overall **18.6%** and males

42.4% Lowest percentage of SHS exposure among adults in restaurants

Shenzhen Municipal Legislation on Smoking Control took effect in March 2014



I: Data Tables, CCATS 2013-14

Location	Population and Sample Characteristics						
	Population of urban adults 15 Years and above (in thousands)			Number of interviews			Response rate (%)
	Overall	Male	Female	Overall	Male	Female	Overall
Anshan	1,680	841	840	2,346	1,178	1,168	97.5%
Beijing	14,252	7,297	6,955	3,838	1,885	1,953	85.9%
Changchun	2,190	1,096	1,095	2,213	1,026	1,187	92.2%
Haerbin	3,238	1,613	1,625	1,966	958	1,008	82.0%
Hangzhou	4,543	2,333	2,210	2,029	948	1,081	85.9%
Kelamayi	257	130	127	1,970	992	978	79.8%
Lanzhou	1,976	1,013	963	2,166	1,026	1,140	90.6%
Luoyang	905	463	442	2,188	1,019	1,169	91.4%
Nanchang	1,967	1,006	961	2,282	1,071	1,211	96.2%
Qingdao	4,802	2,526	2,276	2,041	984	1,057	84.7%
Shenyang	3,405	1,671	1,733	1,957	965	992	81.4%
Shenzhen	8,610	4,634	3,976	2,043	953	1,090	89.0%
Tangshan	942	473	469	2,135	1,041	1,094	80.2%
Tianjin	4,070	2,026	2,044	1,977	962	1,015	85.7%
GATS 2010 Urban	492,389	248,600	243,789	5,832	2,787	3,045	-

-: Data not available.

Location	Tobacco Smoking								
	Prevalence of current tobacco smoking (%; 95% CI)						Weighted number of tobacco smokers (In thousands)		
	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female
Anshan	23.4	[20.9 - 26.0]	44.0	[39.4 - 48.7]	2.8	[1.8 - 4.3]	393	370	23
Beijing	22.3	[20.5 - 24.1]	41.5	[38.7 - 44.3]	2.1	[1.4 - 3.2]	3,174	3,026	147
Changchun	23.5	[20.6 - 26.7]	43.2	[38.6 - 47.9]	3.8	[2.5 - 5.6]	515	473	41
Haerbin	18.8	[15.5 - 22.6]	35.1	[28.6 - 42.3]	2.7	[1.6 - 4.5]	610	566	44
Hangzhou	20.5	[16.6 - 25.1]	38.6	[30.8 - 46.9]	1.5	[0.8 - 2.8]	932	900	32
Kelamayi	21.3	[18.5 - 24.3]	41.6	[36.1 - 47.4]	0.4	[0.1 - 1.2]	55	54	1
Lanzhou	22.0	[18.4 - 26.0]	41.2	[34.6 - 48.2]	1.8	[1.1 - 3.0]	435	417	17
Luoyang	23.0	[19.6 - 26.9]	44.1	[37.5 - 50.9]	1.0	[0.3 - 2.7]	209	204	4
Nanchang	22.5	[20.3 - 25.0]	42.2	[38.1 - 46.3]	1.9	[1.3 - 2.8]	443	425	19
Qingdao	17.7	[14.8 - 20.9]	32.7	[27.0 - 39.1]	0.9	[0.4 - 2.1]	849	827	21
Shenyang	24.5	[21.7 - 27.6]	44.8	[39.5 - 50.2]	5.0	[3.1 - 8.0]	835	749	86
Shenzhen	18.6	[15.9 - 21.6]	33.9	[29.1 - 39.1]	0.7	[0.4 - 1.2]	1,600	1,571	28
Tangshan	21.3	[17.2 - 26.1]	40.6	[32.8 - 48.9]	1.9	[1.0 - 3.4]	201	192	9
Tianjin	22.1	[19.4 - 25.0]	41.1	[36.3 - 46.0]	3.3	[2.3 - 4.7]	899	832	67
GATS 2010 Urban	26.1	[24.0 - 28.3]	49.2	[46.1 - 52.2]	2.6	[1.9 - 3.7]	128,676	122,268	6,408

Location	Tobacco Smoking											
	Prevalence of current daily tobacco smoking (%; 95% CI)						Percentage of daily smokers among current tobacco smokers (%; 95% CI)					
	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female
Anshan	20.8	[18.3 - 23.6]	39.8	[34.7 - 45.1]	1.9	[1.2 - 3.0]	89.1	[83.9 - 92.8]	90.5	[84.9 - 94.1]	68.1	[49.4 - 82.4]
Beijing	19.8	[18.2 - 21.5]	37.3	[35.1 - 39.6]	1.4	[0.9 - 2.3]	89.0	[85.9 - 91.4]	90.0	[86.9 - 92.4]	67.8	[44.9 - 84.4]
Changchun	21.2	[18.6 - 24.1]	39.4	[34.8 - 44.1]	3.1	[2.1 - 4.6]	90.4	[84.6 - 94.2]	91.1	[84.8 - 95.0]	82.4	[67.7 - 91.2]
Haerbin	16.7	[13.4 - 20.6]	31.3	[24.9 - 38.4]	2.2	[1.2 - 4.0]	88.7	[82.7 - 92.8]	89.1	[82.2 - 93.5]	83.3	[59.4 - 94.4]
Hangzhou	16.4	[12.2 - 21.6]	31.4	[23.5 - 40.6]	0.5	[0.2 - 1.1]	79.9	[70.2 - 87.0]	81.5	[72.6 - 88.1]	~	~
Kelamayi	16.3	[13.9 - 19.0]	31.9	[26.4 - 38.1]	0.3	[0.1 - 0.9]	76.6	[67.8 - 83.6]	76.7	[68.0 - 83.7]	~	~
Lanzhou	18.1	[14.8 - 21.9]	33.8	[27.7 - 40.6]	1.5	[0.9 - 2.4]	82.1	[75.6 - 87.3]	82.2	[75.8 - 87.1]	~	~
Luoyang	18.9	[15.6 - 22.7]	36.2	[29.5 - 43.4]	0.7	[0.2 - 2.4]	81.9	[72.1 - 88.8]	82.1	[72.2 - 89.0]	~	~
Nanchang	19.2	[17.2 - 21.4]	36.2	[31.9 - 40.7]	1.5	[1.0 - 2.2]	85.4	[79.1 - 90.0]	85.8	[79.3 - 90.5]	75.5	[52.8 - 89.5]
Qingdao	13.9	[11.0 - 17.5]	26.2	[20.1 - 33.2]	0.3	[0.1 - 1.0]	78.8	[70.0 - 85.6]	79.9	[71.3 - 86.4]	~	~
Shenyang	20.7	[18.1 - 23.6]	38.8	[33.5 - 44.5]	3.2	[1.9 - 5.4]	84.5	[78.0 - 89.4]	86.7	[79.8 - 91.5]	65.4	[51.8 - 76.9]
Shenzhen	12.0	[9.8 - 14.6]	21.8	[17.8 - 26.5]	0.5	[0.3 - 1.0]	64.5	[57.5 - 71.0]	64.4	[57.3 - 70.9]	~	~
Tangshan	17.3	[13.4 - 22.0]	32.9	[25.5 - 41.3]	1.5	[0.8 - 2.9]	81.1	[73.5 - 87.0]	81.0	[73.4 - 86.9]	83.0	[61.4 - 93.7]
Tianjin	20.1	[17.6 - 22.8]	37.5	[33.1 - 42.1]	2.8	[2.0 - 3.9]	90.9	[86.2 - 94.1]	91.3	[86.9 - 94.3]	86.7	[70.0 - 94.8]
GATS 2010 Urban	22.0	[19.8 - 24.4]	41.7	[38.4 - 45.1]	2.0	[1.4 - 2.9]	84.4	[80.7 - 87.5]	84.8	[81.1 - 87.8]	77.1	[60.0 - 88.3]

-: Indicates estimate based on less than 25 unweighted cases and has been suppressed.

Location	Tobacco Smoking											
	Average number of cigarettes smoked per day among current daily cigarette smokers* (mean; 95%CI)						Percentage of current daily cigarette smokers who smoke 20 or more cigarettes per day* (%; 95% CI)					
	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female
Anshan	15.5	[13.7 - 17.3]	15.6	[13.7 - 17.4]	13.5	[10.4 - 16.5]	43.0	[33.3 - 53.2]	43.3	[33.3 - 54.0]	36.3	[18.5 - 58.9]
Beijing	14.0	[12.3 - 15.8]	14.1	[12.3 - 15.9]	11.8	[9.2 - 14.5]	35.9	[27.0 - 46.0]	36.7	[27.0 - 47.5]	16.5	[6.7 - 35.2]
Changchun	14.9	[13.5 - 16.3]	15.3	[13.8 - 16.7]	10.7	[8.0 - 13.5]	39.5	[31.0 - 48.5]	40.7	[31.8 - 50.3]	23.5	[10.1 - 45.8]
Haerbin	13.7	[12.6 - 14.8]	13.9	[12.8 - 15.1]	~	~	34.6	[28.4 - 41.4]	35.2	[29.0 - 41.9]	~	~
Hangzhou	13.5	[12.2 - 14.8]	13.6	[12.3 - 14.9]	~	~	33.1	[26.1 - 41.0]	33.3	[26.1 - 41.3]	~	~
Kelamayi	13.9	[12.4 - 15.4]	13.9	[12.4 - 15.4]	~	~	34.8	[27.8 - 42.5]	35.1	[28.1 - 42.8]	~	~
Lanzhou	13.2	[11.6 - 14.8]	13.3	[11.7 - 14.9]	~	~	32.0	[24.6 - 40.4]	32.5	[24.9 - 41.1]	~	~
Luoyang	14.6	[12.6 - 16.5]	14.4	[12.5 - 16.2]	~	~	41.3	[31.7 - 51.7]	40.6	[31.0 - 51.0]	~	~
Nanchang	15.6	[14.8 - 16.5]	15.8	[14.9 - 16.6]	11.8	[9.1 - 14.5]	47.5	[40.8 - 54.3]	48.4	[41.7 - 55.1]	25.0	[9.5 - 51.5]
Qingdao	15.9	[14.8 - 16.9]	15.9	[14.8 - 16.9]	~	~	49.3	[40.9 - 57.8]	49.4	[41.0 - 57.9]	~	~
Shenyang	14.8	[13.2 - 16.4]	15.1	[13.2 - 16.9]	12.2	[8.7 - 15.8]	39.5	[31.8 - 47.8]	40.4	[32.1 - 49.3]	28.7	[13.1 - 51.8]
Shenzhen	15.0	[13.6 - 16.4]	15.1	[13.7 - 16.5]	~	~	44.4	[38.5 - 50.5]	44.8	[38.6 - 51.1]	~	~
Tangshan	15.0	[13.7 - 16.3]	15.0	[13.6 - 16.4]	~	~	45.8	[38.4 - 53.4]	45.7	[37.5 - 54.2]	~	~
Tianjin	15.0	[13.8 - 16.3]	15.3	[14.0 - 16.6]	11.8	[9.0 - 14.6]	41.6	[35.2 - 48.3]	42.6	[36.0 - 49.4]	29.3	[13.2 - 52.9]
GATS 2010 Urban	15.7	[14.8 - 16.5]	15.8	[14.9 - 16.7]	13.1	[11.5 - 14.6]	42.5	[36.9 - 48.4]	43.0	[37.2 - 48.9]	33.4	[20.5 - 49.2]

-: Indicates estimate based on less than 25 unweighted cases and has been suppressed.

*: Estimates are calculated with outliers removed.

Location	Electronic-Cigarette Use									
	Percentage of adults who ever heard of e-cigarettes (% , 95% CI)		Percentage of adults who currently use e-cigarettes (% , 95% CI)						Percentage of adults who were current tobacco smokers among current e-cigarette users (% , 95% CI)	
	Overall		Overall		Smoker		Non-smoker		Overall	
Anshan	43.6	[32.4 - 55.5]	0.5	[0.2 - 1.0]	1.9	[0.9 - 3.9]	0.1	[0.0 - 0.5]	90.1	[51.4 - 98.7]
Beijing	44.8	[40.4 - 49.3]	1.3	[0.7 - 2.5]	5.7	[3.2 - 10.1]	0.1	[0.0 - 0.4]	94.8	[85.5 - 98.3]
Changchun	53.9	[47.1 - 60.6]	0.8	[0.4 - 1.5]	3.3	[1.6 - 6.6]	0.0	-	100.0	-
Haerbin	43.9	[34.3 - 54.0]	1.3	[0.7 - 2.4]	5.8	[3.1 - 10.5]	0.3	[0.1 - 0.7]	83.4	[66.3 - 92.8]
Hangzhou	44.0	[40.8 - 47.3]	0.4	[0.1 - 0.9]	1.7	[0.6 - 4.5]	0.0	[0.0 - 0.1]	97.1	[76.9 - 99.7]
Kelamayi	42.5	[37.1 - 48.1]	0.7	[0.4 - 1.4]	3.0	[1.6 - 5.4]	0.1	[0.0 - 1.0]	86.8	[42.3 - 98.3]
Lanzhou	47.1	[34.5 - 60.0]	0.9	[0.5 - 1.6]	3.5	[2.0 - 6.2]	0.1	[0.0 - 0.7]	88.7	[57.2 - 97.9]
Luoyang	62.7	[54.0 - 70.7]	1.7	[0.7 - 4.3]	6.8	[2.4 - 17.5]	0.2	[0.1 - 0.6]	92.1	[69.0 - 98.4]
Nanchang	54.3	[49.5 - 59.0]	0.3	[0.2 - 0.7]	1.2	[0.5 - 2.8]	0.1	[0.0 - 0.3]	~	~
Qingdao	41.3	[33.4 - 49.6]	0.1	[0.0 - 0.3]	0.4	[0.1 - 1.9]	0.0	-	~	~
Shenyang	46.9	[38.3 - 55.7]	0.8	[0.4 - 1.6]	2.8	[1.4 - 5.4]	0.2	[0.0 - 1.1]	82.2	[41.6 - 96.8]
Shenzhen	51.5	[44.1 - 58.8]	0.6	[0.4 - 1.1]	3.3	[2.0 - 5.6]	0.0	[0.0 - 0.2]	97.2	[78.8 - 99.7]
Tangshan	48.0	[40.8 - 55.3]	0.7	[0.3 - 1.6]	3.0	[1.5 - 6.0]	0.0	[0.0 - 0.3]	95.5	[77.5 - 99.2]
Tianjin	45.0	[39.0 - 51.2]	0.4	[0.2 - 1.0]	1.9	[0.7 - 4.6]	0.0	[0.0 - 0.1]	97.7	[80.9 - 99.8]
GATS 2010 Urban	-	-	-	-	-	-	-	-	-	-

-: Data not available.
~: Indicates estimate based on less than 10 unweighted cases and has been suppressed.

Location	Cessation											
	Percentage of former daily tobacco smokers among ever daily tobacco smokers (% , 95% CI)				Percentage of current tobacco smokers attempting to quit in past 12 months (% , 95% CI)							
	Overall		Male		Female		Overall		Male		Female	
Anshan	12.2	[7.7 - 18.8]	11.0	[6.6 - 17.7]	32.2	[16.4 - 53.5]	17.6	[11.6 - 25.7]	16.6	[10.6 - 24.9]	34.3	[17.0 - 57.0]
Beijing	9.9	[6.6 - 14.5]	9.6	[6.4 - 14.2]	15.5	[9.1 - 25.1]	22.8	[17.4 - 29.2]	22.5	[16.8 - 29.6]	27.3	[14.0 - 46.3]
Changchun	9.6	[6.2 - 14.6]	8.7	[5.6 - 13.3]	19.7	[10.1 - 34.8]	24.5	[18.4 - 31.8]	23.2	[17.3 - 30.4]	39.2	[22.7 - 58.7]
Haerbin	6.8	[4.0 - 11.2]	7.1	[4.2 - 11.8]	1.5	[0.2 - 11.0]	22.8	[16.0 - 31.4]	22.0	[15.1 - 30.8]	33.7	[20.6 - 49.9]
Hangzhou	12.8	[8.0 - 19.9]	12.7	[8.0 - 19.6]	~	~	26.3	[21.7 - 31.6]	26.6	[21.5 - 32.3]	~	~
Kelamayi	16.9	[11.4 - 24.4]	16.2	[11.1 - 23.1]	~	~	39.6	[33.0 - 46.5]	39.2	[32.5 - 46.3]	~	~
Lanzhou	9.7	[5.4 - 16.9]	9.7	[5.5 - 16.7]	~	~	25.9	[20.5 - 32.1]	25.7	[20.4 - 32.0]	~	~
Luoyang	15.7	[10.4 - 23.0]	15.2	[9.9 - 22.6]	~	~	24.3	[17.7 - 32.4]	24.0	[17.4 - 32.2]	~	~
Nanchang	14.2	[11.4 - 17.6]	14.3	[11.4 - 17.7]	13.6	[2.2 - 52.4]	25.4	[20.0 - 31.6]	25.7	[20.3 - 32.0]	18.3	[7.9 - 36.6]
Qingdao	17.1	[11.8 - 24.1]	17.4	[12.1 - 24.4]	~	~	25.7	[19.2 - 33.6]	25.8	[19.1 - 33.7]	~	~
Shenyang	12.5	[8.5 - 18.0]	11.7	[7.7 - 17.4]	20.3	[10.3 - 36.2]	20.7	[15.1 - 27.6]	21.4	[15.6 - 28.7]	14.2	[6.3 - 28.8]
Shenzhen	13.1	[6.6 - 24.4]	12.9	[6.3 - 24.6]	~	~	39.7	[34.2 - 45.4]	39.7	[34.3 - 45.4]	~	~
Tangshan	6.8	[3.8 - 11.6]	6.1	[3.3 - 11.0]	19.0	[7.5 - 40.6]	19.6	[14.1 - 26.4]	19.7	[14.1 - 26.8]	17.1	[8.2 - 32.3]
Tianjin	14.7	[10.5 - 20.2]	13.7	[9.6 - 19.2]	26.1	[14.5 - 42.2]	16.4	[11.9 - 22.2]	16.2	[11.4 - 22.5]	19.2	[6.9 - 43.4]
GATS 2010 Urban	13.8	[10.9 - 17.3]	13.7	[11.0 - 17.1]	14.3	[6.5 - 28.4]	9.4	[7.3 - 12.1]	9.1	[7.0 - 11.8]	14.7	[8.0 - 25.5]

~: Indicates estimate based on less than 25 unweighted cases and has been suppressed.

Location	Cessation											
	Percentage of current tobacco smokers attempting to quit for 24 hours or longer in past 12 months (% , 95% CI)					Percentage of current tobacco smokers intending to quit in next 12 months (% , 95% CI)						
	Overall		Male		Female	Overall		Male		Female		
Anshan	14.6	[9.4 - 21.9]	14.2	[9.0 - 21.6]	22.3	[11.0 - 39.9]	7.9	[5.1 - 12.1]	7.1	[4.4 - 11.4]	20.7	[7.2 - 46.7]
Beijing	15.2	[11.5 - 19.8]	15.0	[11.4 - 19.4]	20.2	[8.4 - 41.1]	12.3	[8.2 - 17.9]	11.7	[7.5 - 17.9]	22.9	[9.1 - 46.9]
Changchun	18.8	[13.2 - 26.0]	17.8	[12.4 - 24.9]	30.8	[16.6 - 50.0]	11.6	[7.9 - 16.8]	10.8	[6.9 - 16.3]	21.3	[12.7 - 33.7]
Haerbin	15.0	[8.7 - 24.5]	14.4	[8.2 - 24.0]	~	~	12.1	[7.7 - 18.5]	12.7	[7.9 - 19.8]	4.9	[1.0 - 20.8]
Hangzhou	21.0	[16.5 - 26.3]	21.2	[16.4 - 27.0]	~	~	11.7	[5.5 - 22.9]	11.4	[5.2 - 23.2]	~	~
Kelamayi	23.7	[17.0 - 32.1]	23.8	[17.0 - 32.1]	~	~	13.3	[9.3 - 18.7]	13.4	[9.4 - 18.8]	~	~
Lanzhou	17.6	[12.7 - 23.8]	17.5	[12.7 - 23.8]	~	~	13.1	[8.8 - 19.1]	13.1	[8.7 - 19.2]	~	~
Luoyang	17.9	[11.4 - 27.1]	17.8	[11.2 - 27.0]	~	~	13.4	[9.0 - 19.4]	13.4	[9.1 - 19.2]	~	~
Nanchang	17.9	[13.1 - 24.0]	18.5	[13.5 - 24.7]	5.6	[1.3 - 20.8]	10.2	[6.7 - 15.2]	10.5	[6.9 - 15.7]	3.0	[0.4 - 18.3]
Qingdao	17.8	[11.9 - 25.7]	17.9	[11.9 - 26.0]	~	~	14.2	[8.1 - 23.7]	14.6	[8.3 - 24.3]	~	~
Shenyang	11.1	[7.4 - 16.4]	11.9	[7.7 - 17.8]	4.5	[1.2 - 14.7]	13.6	[8.8 - 20.4]	14.6	[9.6 - 21.5]	5.0	[1.1 - 19.6]
Shenzhen	30.0	[22.8 - 38.3]	29.9	[22.7 - 38.3]	~	~	22.0	[16.7 - 28.5]	22.3	[16.8 - 28.8]	~	~
Tangshan	12.5	[8.3 - 18.4]	12.7	[8.3 - 19.0]	7.5	[2.2 - 22.7]	10.8	[7.0 - 16.3]	9.9	[6.2 - 15.6]	29.2	[12.0 - 55.6]
Tianjin	10.7	[7.0 - 16.2]	10.3	[6.4 - 16.2]	16.2	[4.6 - 43.4]	9.9	[7.1 - 13.7]	10.2	[7.5 - 13.6]	7.4	[1.8 - 25.8]
GATS 2010 Urban	-	-	-	-	-	-	13.5	[10.0 - 18.1]	13.1	[9.3 - 18.0]	22.2	[13.2 - 34.7]

-: Data not available.
~: Indicates estimate based on less than 25 unweighted cases and has been suppressed.

Location	Cessation									
	Percentage of current tobacco smokers who visited health care providers in past 12 months (% , 95% CI)		Percentage of current tobacco smokers advised to quit by health care providers in past 12 months* (% , 95% CI)				Distribution of ever tobacco smokers by quit status (% , 95% CI)			
	Overall		Overall		Former smoker		Current smokers intending to quit in 12 months		Current smokers not intending to quit in 12 months	
Anshan	27.3	[15.8 - 42.8]	51.0	[22.4 - 79.0]	15.4	[10.5 - 21.9]	6.7	[4.3 - 10.3]	77.9	[71.4 - 83.4]
Beijing	29.3	[21.3 - 38.8]	58.1	[49.1 - 66.5]	14.6	[10.0 - 20.8]	10.5	[7.0 - 15.4]	74.9	[68.1 - 80.7]
Changchun	27.8	[19.7 - 37.7]	58.2	[45.8 - 69.5]	13.5	[9.2 - 19.3]	10.0	[6.9 - 14.4]	76.5	[69.2 - 82.5]
Haerbin	19.9	[14.9 - 26.2]	49.7	[32.9 - 66.7]	12.3	[8.1 - 18.2]	10.7	[6.7 - 16.6]	77.1	[71.3 - 82.0]
Hangzhou	25.1	[16.8 - 35.7]	41.8	[22.9 - 63.5]	19.2	[13.4 - 26.8]	9.4	[4.4 - 18.9]	71.4	[62.4 - 78.9]
Kelamayi	30.4	[22.6 - 39.5]	46.4	[29.5 - 64.1]	20.0	[14.5 - 26.9]	10.6	[7.4 - 15.1]	69.4	[62.5 - 75.4]
Lanzhou	26.1	[16.9 - 38.0]	59.4	[34.4 - 80.3]	14.7	[8.7 - 23.6]	11.2	[7.3 - 16.7]	74.2	[66.5 - 80.6]
Luoyang	41.9	[29.1 - 55.8]	53.9	[33.3 - 73.2]	20.8	[14.5 - 29.0]	10.6	[7.2 - 15.3]	68.6	[59.9 - 76.1]
Nanchang	25.9	[21.4 - 31.0]	48.6	[39.3 - 58.0]	17.7	[14.5 - 21.5]	8.4	[5.5 - 12.5]	73.9	[69.1 - 78.2]
Qingdao	39.9	[28.8 - 52.2]	70.1	[51.4 - 83.9]	22.9	[16.3 - 31.2]	11.0	[6.3 - 18.5]	66.1	[56.8 - 74.3]
Shenyang	25.3	[18.7 - 33.2]	70.2	[48.3 - 85.6]	16.8	[12.2 - 22.9]	11.3	[7.4 - 16.8]	71.9	[63.6 - 78.9]
Shenzhen	44.4	[35.9 - 53.2]	57.2	[34.1 - 77.6]	20.2	[14.2 - 28.0]	17.6	[13.5 - 22.6]	62.2	[54.0 - 69.8]
Tangshan	18.8	[13.4 - 25.7]	61.6	[46.0 - 75.1]	14.2	[9.4 - 21.0]	9.3	[6.1 - 13.9]	76.5	[68.9 - 82.8]
Tianjin	30.1	[21.6 - 40.2]	66.5	[56.0 - 75.5]	18.3	[13.6 - 24.2]	8.1	[5.7 - 11.4]	73.6	[68.3 - 78.2]
GATS 2010 Urban	27.1	[22.7 - 32.0]	30.7	[25.6 - 36.4]	16.9	[13.7 - 20.6]	11.2	[8.5 - 14.7]	71.9	[65.8 - 77.2]

*Among current smokers who visited health care providers in past 12 months.

Location	Secondhand smoke exposure													
	Percentage of adults who were exposed to smoke in indoor public places in the past 30 days (% , 95% CI)													
	Government buildings/offices		Health care facilities		Restaurants		Bars/nightclubs		Public transportation		Primary/secondary/high/technical schools (indoor & outdoor)		Universities	
Anshan	21.7	[10.2 - 40.2]	20.0	[10.8 - 34.0]	74.0	[64.2 - 81.8]	95.7	[83.3 - 99.0]	6.3	[4.3 - 9.2]	41.7	[26.7 - 58.5]	19.6	[8.1 - 40.5]
Beijing	19.9	[15.0 - 25.9]	13.4	[10.9 - 16.4]	65.3	[57.8 - 72.1]	89.1	[81.2 - 93.9]	3.1	[2.2 - 4.5]	33.4	[25.3 - 42.6]	26.0	[19.5 - 33.8]
Changchun	32.1	[25.3 - 39.7]	22.5	[16.3 - 30.3]	72.7	[62.0 - 81.3]	78.9	[61.4 - 89.8]	11.5	[7.4 - 17.5]	33.3	[24.4 - 43.5]	17.9	[12.2 - 25.6]
Haerbin	38.2	[24.4 - 54.3]	28.9	[19.6 - 40.4]	65.0	[53.3 - 75.1]	74.7	[58.7 - 85.9]	10.1	[6.0 - 16.6]	30.4	[19.7 - 43.7]	24.5	[15.9 - 35.8]
Hangzhou	20.6	[14.9 - 27.8]	16.3	[12.7 - 20.6]	58.1	[52.0 - 63.9]	92.5	[86.3 - 96.0]	5.5	[3.5 - 8.8]	30.7	[22.2 - 40.7]	20.5	[12.8 - 31.2]
Kelamayi	9.3	[5.7 - 14.9]	7.3	[4.9 - 10.7]	53.6	[43.5 - 63.4]	90.2	[73.8 - 96.8]	6.2	[4.2 - 9.0]	23.3	[16.3 - 32.3]	23.5	[8.3 - 51.1]
Lanzhou	40.0	[31.7 - 49.0]	10.3	[6.9 - 15.2]	69.9	[58.7 - 79.1]	89.1	[77.5 - 95.1]	8.1	[5.3 - 12.3]	39.4	[24.2 - 56.9]	24.9	[14.7 - 38.8]
Luoyang	31.6	[18.7 - 48.0]	15.8	[11.2 - 21.9]	78.2	[70.0 - 84.6]	90.2	[73.3 - 96.9]	11.1	[6.7 - 18.0]	38.7	[26.7 - 52.3]	23.9	[14.4 - 37.0]
Nanchang	44.0	[36.3 - 52.1]	43.9	[38.3 - 49.7]	79.9	[74.9 - 84.1]	95.3	[82.0 - 98.9]	19.0	[15.2 - 23.4]	45.0	[37.8 - 52.5]	32.5	[23.5 - 42.9]
Qingdao	14.7	[9.1 - 23.0]	14.1	[8.3 - 23.0]	59.0	[48.3 - 69.0]	69.1	[46.8 - 85.0]	11.9	[4.7 - 27.0]	21.7	[14.2 - 31.6]	26.6	[16.5 - 40.1]
Shenyang	29.6	[17.2 - 46.0]	23.9	[16.6 - 33.1]	78.1	[66.6 - 86.4]	99.2	[92.8 - 99.9]	18.1	[9.9 - 30.7]	43.9	[29.0 - 60.0]	27.2	[14.6 - 44.9]
Shenzhen	23.6	[19.6 - 28.1]	18.3	[14.9 - 22.3]	42.4	[36.7 - 48.3]	76.9	[70.6 - 82.1]	7.3	[3.9 - 13.3]	27.9	[20.7 - 36.4]	14.5	[8.8 - 23.1]
Tangshan	21.2	[14.1 - 30.6]	16.1	[10.3 - 24.3]	71.8	[62.6 - 79.5]	86.0	[72.5 - 93.5]	6.7	[3.9 - 11.1]	23.9	[14.6 - 36.5]	13.8	[7.2 - 24.9]
Tianjin	34.6	[24.4 - 46.4]	18.4	[12.4 - 26.5]	80.8	[75.6 - 85.1]	95.5	[89.7 - 98.1]	9.4	[6.9 - 12.7]	40.3	[27.6 - 54.4]	18.0	[10.9 - 28.3]
GATS 2010 Urban	56.3	[47.5 - 64.7]	32.2	[27.0 - 37.9]	88.5	[85.5 - 91.0]	-	-	26.8	[19.2 - 36.0]	36.2	[28.6 - 44.7]	-	-

--: Data not available.

Location	Secondhand smoke exposure									
	Exposure to smoke at indoor workplaces* (% , 95% CI)		Exposure to smoke in the home* (% , 95% CI)		Percentage of adults supporting smoking bans in indoor public places: (% , 95% CI)					
	Overall		Overall		Workplaces		Health care facilities		Restaurants	
Anshan	42.3	[32.5 - 52.6]	49.5	[43.8 - 55.2]	94.9	[90.8 - 97.2]	97.8	[95.2 - 99.0]	82.9	[74.9 - 88.7]
Beijing	36.4	[31.0 - 42.1]	37.2	[31.4 - 43.4]	94.2	[89.7 - 96.8]	98.7	[97.8 - 99.2]	85.4	[79.3 - 89.9]
Changchun	48.9	[41.2 - 56.6]	45.8	[37.2 - 54.6]	91.3	[86.4 - 94.6]	97.1	[95.3 - 98.2]	76.2	[69.4 - 81.8]
Haerbin	40.8	[31.8 - 50.5]	37.2	[30.7 - 44.1]	92.9	[86.1 - 96.5]	94.9	[87.3 - 98.1]	81.2	[70.8 - 88.4]
Hangzhou	45.4	[41.7 - 49.2]	29.6	[23.0 - 37.3]	92.4	[90.1 - 94.2]	98.2	[97.0 - 98.9]	85.3	[79.7 - 89.6]
Kelamayi	36.3	[27.7 - 46.0]	27.1	[22.8 - 31.9]	95.4	[92.7 - 97.2]	97.7	[95.6 - 98.8]	83.2	[75.7 - 88.7]
Lanzhou	44.2	[33.9 - 55.0]	39.7	[32.0 - 47.9]	91.4	[78.1 - 96.9]	96.0	[87.6 - 98.8]	71.0	[60.9 - 79.3]
Luoyang	52.3	[42.6 - 61.8]	30.7	[23.7 - 38.7]	94.8	[90.0 - 97.3]	99.1	[98.2 - 99.5]	79.8	[72.4 - 85.6]
Nanchang	59.6	[54.2 - 64.7]	43.6	[39.2 - 48.1]	93.3	[91.3 - 94.8]	98.0	[96.7 - 98.9]	86.2	[82.3 - 89.3]
Qingdao	26.2	[21.3 - 31.6]	37.8	[29.6 - 46.9]	92.8	[88.6 - 95.5]	95.3	[89.9 - 97.8]	80.1	[71.1 - 86.8]
Shenyang	50.9	[39.3 - 62.5]	41.6	[35.7 - 47.8]	88.1	[73.3 - 95.2]	93.2	[74.0 - 98.5]	63.6	[48.0 - 76.7]
Shenzhen	40.1	[35.2 - 45.3]	28.9	[23.6 - 34.8]	92.5	[89.4 - 94.7]	98.0	[96.3 - 98.9]	85.8	[80.7 - 89.8]
Tangshan	45.3	[37.6 - 53.2]	35.2	[29.2 - 41.7]	95.0	[91.2 - 97.2]	97.5	[94.3 - 99.0]	77.9	[65.4 - 86.8]
Tianjin	43.1	[34.8 - 51.7]	37.0	[29.7 - 44.9]	92.7	[85.5 - 96.4]	97.4	[95.9 - 98.3]	81.7	[73.7 - 87.6]
GATS 2010 Urban	62.4	[57.0 - 67.6]	60.0	[56.4 - 63.5]	-	-	-	-	-	-

--: Data not available.
*: In the past 30 days.

Location	Secondhand smoke exposure											
	Percentage of adults supporting smoking bans in indoor public places (% , 95% CI)								Percentage of adults aware of current complete smoking bans in indoor public places (% , 95% CI)			
	Bars/nightclubs		Taxis		Primary/secondary/high/technical schools		Universities		Workplaces		Health care facilities	
Anshan	66.8	[55.0 - 76.8]	93.8	[90.1 - 96.2]	98.6	[97.0 - 99.3]	97.3	[93.8 - 98.8]	38.7	[25.7 - 53.4]	57.9	[43.3 - 71.3]
Beijing	61.2	[50.6 - 70.8]	94.5	[90.8 - 96.8]	99.0	[97.8 - 99.5]	95.3	[91.4 - 97.5]	~	~	61.7	[48.8 - 73.2]
Changchun	57.5	[48.4 - 66.1]	90.8	[86.2 - 94.0]	98.5	[96.6 - 99.3]	95.8	[93.8 - 97.1]	~	~	56.3	[44.3 - 67.5]
Haerbin	65.1	[51.0 - 77.0]	92.0	[86.8 - 95.3]	95.8	[90.6 - 98.2]	94.5	[89.5 - 97.2]	64.6	[51.9 - 75.6]	69.7	[58.1 - 79.3]
Hangzhou	47.4	[40.7 - 54.3]	95.9	[94.3 - 97.1]	98.3	[97.4 - 98.8]	95.6	[94.0 - 96.8]	~	~	40.9	[30.5 - 52.3]
Kelamayi	47.7	[39.7 - 55.9]	91.5	[87.4 - 94.4]	96.5	[93.6 - 98.1]	93.3	[89.1 - 96.0]	44.7	[33.9 - 56.0]	58.1	[45.3 - 70.0]
Lanzhou	29.0	[21.6 - 37.8]	91.7	[82.6 - 96.3]	95.9	[83.6 - 99.1]	91.6	[80.4 - 96.7]	~	~	56.9	[43.0 - 69.8]
Luoyang	47.7	[37.4 - 58.3]	93.8	[89.8 - 96.3]	98.9	[97.9 - 99.4]	96.7	[94.7 - 98.0]	~	~	51.7	[37.2 - 65.9]
Nanchang	67.9	[62.6 - 72.7]	93.1	[90.3 - 95.2]	97.5	[95.6 - 98.5]	94.8	[91.7 - 96.8]	~	~	34.1	[23.7 - 46.4]
Qingdao	62.8	[52.8 - 71.8]	92.7	[87.4 - 95.9]	95.2	[91.0 - 97.5]	92.0	[85.9 - 95.6]	44.7	[33.0 - 57.0]	60.1	[47.9 - 71.2]
Shenyang	42.0	[29.2 - 55.9]	86.2	[77.8 - 91.8]	95.3	[82.0 - 98.9]	92.8	[81.1 - 97.5]	~	~	55.7	[40.5 - 69.9]
Shenzhen	52.0	[45.7 - 58.3]	93.0	[88.4 - 95.9]	98.7	[97.9 - 99.2]	94.7	[92.8 - 96.2]	47.4	[40.0 - 55.0]	57.6	[50.1 - 64.8]
Tangshan	62.1	[49.2 - 73.5]	94.0	[88.9 - 96.9]	97.5	[95.2 - 98.7]	96.6	[94.5 - 98.0]	~	~	56.1	[43.0 - 68.4]
Tianjin	57.4	[48.1 - 66.3]	95.0	[91.9 - 96.9]	98.3	[97.4 - 98.9]	97.3	[96.3 - 98.1]	48.9	[40.1 - 57.8]	67.3	[56.1 - 76.8]
GATS 2010 Urban	-	-	-	-	-	-	-	-	-	-	-	-

--: Smoking bans not in place.
--: Data not available.

Location	Secondhand smoke exposure									
	Percentage of adults aware of current complete smoking bans in indoor public places (% , 95% CI)									
	Restaurants		Bars/nightclubs		Taxis		Primary/secondary/high/technical schools		Universities	
Anshan	26.0	[15.1 - 41.0]	19.5	[10.5 - 33.4]	61.6	[45.2 - 75.7]	63.9	[48.4 - 77.0]	55.7	[41.4 - 69.1]
Beijing	~	~	~	~	57.8	[46.5 - 68.4]	64.6	[48.1 - 78.3]	~	~
Changchun	~	~	~	~	~	~	63.1	[50.5 - 74.2]	~	~
Haerbin	52.7	[38.6 - 66.3]	-	-	79.6	[71.3 - 85.9]	77.9	[66.7 - 86.1]	74.0	[62.4 - 83.0]
Hangzhou	~	~	~	~	72.2	[66.4 - 77.4]	41.1	[29.5 - 53.8]	~	~
Kelamayi	28.2	[19.4 - 39.0]	13.5	[7.4 - 23.2]	69.6	[59.7 - 78.0]	66.6	[56.9 - 75.1]	49.4	[38.7 - 60.2]
Lanzhou	~	~	~	~	~	~	59.4	[41.3 - 75.2]	~	~
Luoyang	~	~	~	~	~	~	56.2	[40.4 - 70.9]	~	~
Nanchang	~	~	~	~	~	~	35.2	[25.1 - 46.8]	~	~
Qingdao	35.4	[24.8 - 47.6]	24.0	[15.1 - 35.8]	63.9	[53.1 - 73.5]	61.2	[49.0 - 72.2]	55.2	[42.4 - 67.4]
Shenyang	~	~	~	~	~	~	62.8	[46.9 - 76.3]	~	~
Shenzhen	48.0	[40.4 - 55.7]	~	~	56.5	[49.7 - 63.0]	65.7	[57.8 - 72.9]	54.9	[46.0 - 63.4]
Tangshan	~	~	~	~	~	~	63.3	[51.5 - 73.7]	~	~
Tianjin	~	~	~	~	77.2	[67.5 - 84.6]	67.9	[59.4 - 75.4]	62.7	[54.2 - 70.5]
GATS 2010 Urban	-	-	-	-	-	-	-	-	-	-

--: Smoking bans not in place.
--: Data not available.

Location	Tobacco Marketing and Anti-Cigarette Messages									
	Percentage of adults who noticed cigarette advertising at point of sale and various types of cigarette promotion in the past 30 days (%, 95% CI)									
	Ad at POS		Free sample		Sales prices		Coupons		Free gifts/discount on other products	
Anshan	7.6	[4.5 - 12.7]	0.4	[0.2 - 0.9]	0.7	[0.4 - 1.3]	0.2	[0.1 - 0.5]	2.7	[1.4 - 4.9]
Beijing	11.8	[6.1 - 21.8]	0.9	[0.4 - 2.0]	2.6	[1.2 - 5.6]	0.4	[0.2 - 0.9]	3.9	[1.8 - 8.3]
Changchun	11.3	[6.8 - 18.4]	1.4	[0.7 - 3.1]	1.6	[1.0 - 2.5]	0.4	[0.1 - 1.4]	2.6	[1.1 - 5.7]
Haerbin	14.1	[9.2 - 21.1]	2.8	[1.6 - 4.6]	1.8	[0.9 - 3.8]	1.4	[0.6 - 3.2]	1.3	[0.6 - 2.9]
Hangzhou	10.9	[8.9 - 13.3]	1.1	[0.5 - 2.3]	0.8	[0.4 - 1.9]	0.3	[0.1 - 0.7]	1.3	[0.7 - 2.6]
Kelamayi	7.9	[5.3 - 11.4]	0.9	[0.5 - 1.8]	1.1	[0.5 - 2.6]	0.3	[0.1 - 0.6]	1.7	[0.7 - 3.9]
Lanzhou	9.1	[6.8 - 12.2]	2.0	[1.1 - 3.6]	1.0	[0.5 - 2.0]	0.6	[0.3 - 1.3]	1.4	[0.8 - 2.5]
Luoyang	8.1	[5.5 - 11.7]	0.8	[0.3 - 2.4]	1.4	[0.6 - 3.0]	0.3	[0.1 - 1.6]	1.6	[0.9 - 2.8]
Nanchang	9.7	[7.0 - 13.3]	0.9	[0.4 - 1.6]	0.3	[0.1 - 1.2]	0.1	[0.0 - 0.3]	0.9	[0.4 - 1.9]
Qingdao	13.3	[6.0 - 26.9]	1.0	[0.5 - 2.1]	0.7	[0.3 - 1.6]	0.6	[0.3 - 1.1]	0.8	[0.3 - 2.4]
Shenyang	13.7	[8.6 - 21.1]	1.7	[0.8 - 3.4]	1.9	[0.8 - 4.6]	1.0	[0.2 - 4.1]	3.0	[1.3 - 6.7]
Shenzhen	9.5	[7.7 - 11.7]	1.1	[0.6 - 2.1]	1.3	[0.8 - 2.3]	0.6	[0.3 - 1.5]	2.8	[1.9 - 4.2]
Tangshan	7.7	[5.2 - 11.2]	1.5	[0.8 - 2.8]	1.1	[0.6 - 2.0]	0.6	[0.2 - 1.3]	1.6	[0.5 - 4.9]
Tianjin	8.7	[6.2 - 12.0]	1.2	[0.5 - 2.7]	2.9	[1.4 - 6.2]	0.8	[0.3 - 2.4]	2.9	[1.8 - 4.7]
GATS 2010 Urban	4.9	[3.7 - 6.5]	0.8	[0.4 - 1.3]	0.8	[0.4 - 1.4]	0.0	[0.0 - 0.1]	1.1	[0.7 - 1.7]

Location	Tobacco Marketing and Anti-Cigarette Messages									
	Percentage of adults who noticed cigarette promotion in the past 30 days (%, 95% CI)					Percentage of adults who noticed anti-cigarette messages in the past 30 days (%, 95% CI)				
	Items with cigarette brand logos		Mail promotion		In newspapers/magazines		On TV		Either	
Anshan	0.2	[0.1 - 0.4]	0.2	[0.1 - 0.4]	51.7	[37.9 - 65.2]	67.1	[52.7 - 78.9]	70.8	[56.1 - 82.2]
Beijing	3.9	[0.9 - 15.3]	0.8	[0.3 - 2.1]	42.8	[36.4 - 49.5]	59.7	[53.6 - 65.5]	64.8	[58.6 - 70.6]
Changchun	1.4	[0.6 - 3.4]	0.4	[0.1 - 1.1]	41.6	[31.7 - 52.2]	55.0	[43.8 - 65.7]	58.1	[46.6 - 68.8]
Haerbin	1.7	[0.8 - 3.4]	1.0	[0.4 - 2.6]	53.6	[45.4 - 61.5]	63.1	[53.3 - 72.0]	67.4	[58.7 - 75.1]
Hangzhou	1.8	[1.2 - 2.7]	0.4	[0.2 - 0.8]	45.0	[38.3 - 52.0]	57.0	[49.2 - 64.5]	63.0	[53.7 - 71.5]
Kelamayi	0.8	[0.4 - 1.5]	0.2	[0.1 - 0.4]	52.0	[44.5 - 59.5]	73.4	[63.7 - 81.2]	75.5	[66.4 - 82.9]
Lanzhou	1.8	[0.9 - 3.5]	0.8	[0.3 - 2.0]	54.0	[42.6 - 65.0]	68.2	[54.8 - 79.1]	72.0	[59.2 - 82.0]
Luoyang	1.0	[0.5 - 1.9]	0.4	[0.1 - 1.2]	56.5	[46.8 - 65.7]	68.7	[59.1 - 77.0]	74.6	[64.3 - 82.8]
Nanchang	1.6	[0.7 - 3.5]	0.1	[0.0 - 0.6]	41.8	[34.9 - 49.0]	58.4	[52.2 - 64.4]	63.3	[56.9 - 69.3]
Qingdao	0.7	[0.4 - 1.3]	0.6	[0.3 - 1.2]	43.8	[35.6 - 52.3]	59.2	[48.2 - 69.4]	63.1	[52.1 - 72.9]
Shenyang	0.6	[0.3 - 1.4]	6.0	[0.9 - 32.2]	43.1	[30.5 - 56.8]	57.2	[44.8 - 68.8]	62.4	[50.7 - 72.9]
Shenzhen	3.5	[1.7 - 7.2]	0.9	[0.5 - 1.9]	50.0	[43.5 - 56.5]	67.2	[61.3 - 72.7]	74.7	[69.3 - 79.3]
Tangshan	2.6	[0.6 - 11.5]	0.6	[0.3 - 1.4]	57.2	[48.4 - 65.6]	72.0	[62.6 - 79.8]	75.4	[66.5 - 82.5]
Tianjin	1.4	[0.6 - 3.3]	0.5	[0.1 - 2.4]	46.2	[37.9 - 54.8]	61.8	[52.9 - 70.0]	64.6	[55.5 - 72.8]
GATS 2010 Urban	0.9	[0.6 - 1.5]	0.0	[0.0 - 0.1]	30.3	[26.1 - 34.9]	49.2	[43.6 - 54.9]	55.9	[49.6 - 62.1]

Location	Knowledge, Attitudes, and Perceptions									
	Percentage of adults who were aware of specific diseases caused by smoking (%, 95% CI)									
	Stroke		Heart attack		Lung cancer		Erectile dysfunction		All four diseases	
Anshan	54.6	[40.9 - 67.6]	62.1	[47.7 - 74.6]	90.6	[82.9 - 95.0]	29.5	[20.2 - 40.7]	23.8	[15.2 - 35.2]
Beijing	52.5	[45.0 - 59.9]	66.9	[58.8 - 74.1]	94.2	[92.5 - 95.6]	35.6	[29.1 - 42.6]	28.0	[21.9 - 35.1]
Changchun	48.8	[39.6 - 58.1]	62.9	[53.4 - 71.6]	91.4	[85.5 - 95.0]	22.6	[14.2 - 33.9]	17.1	[11.0 - 25.8]
Haerbin	64.8	[56.1 - 72.7]	73.6	[65.9 - 80.1]	91.2	[86.3 - 94.5]	24.0	[15.4 - 35.3]	21.1	[13.2 - 32.0]
Hangzhou	44.4	[39.4 - 49.6]	52.5	[45.9 - 58.9]	91.5	[88.5 - 93.8]	28.1	[21.9 - 35.4]	20.0	[15.1 - 26.0]
Kelamayi	42.3	[34.2 - 50.7]	54.8	[45.8 - 63.4]	88.8	[80.4 - 93.9]	31.6	[23.8 - 40.5]	22.4	[16.4 - 29.8]
Lanzhou	32.4	[23.6 - 42.7]	43.5	[32.4 - 55.3]	84.5	[62.6 - 94.7]	23.5	[15.4 - 34.3]	14.6	[9.5 - 21.8]
Luoyang	47.5	[39.5 - 55.6]	57.2	[48.3 - 65.6]	95.1	[93.2 - 96.5]	26.3	[18.5 - 36.0]	19.4	[13.5 - 27.2]
Nanchang	46.2	[41.9 - 50.6]	58.9	[55.5 - 62.2]	92.1	[89.9 - 93.9]	28.1	[24.6 - 31.8]	22.9	[19.4 - 26.9]
Qingdao	57.8	[47.7 - 67.3]	65.3	[55.2 - 74.3]	92.0	[87.6 - 94.9]	38.4	[27.0 - 51.2]	34.1	[23.3 - 46.9]
Shenyang	55.1	[43.5 - 66.2]	62.5	[50.9 - 72.9]	92.2	[88.9 - 94.6]	26.5	[17.8 - 37.5]	21.1	[13.0 - 32.4]
Shenzhen	45.9	[39.5 - 52.4]	58.5	[50.9 - 65.6]	93.1	[90.3 - 95.2]	39.4	[31.6 - 47.8]	27.2	[20.0 - 35.8]
Tangshan	64.9	[54.3 - 74.2]	74.1	[65.4 - 81.2]	95.5	[92.6 - 97.3]	37.8	[26.9 - 50.2]	34.6	[23.8 - 47.3]
Tianjin	66.1	[56.2 - 74.8]	74.9	[67.6 - 81.1]	95.4	[93.2 - 96.8]	32.1	[23.0 - 42.9]	28.3	[19.1 - 39.6]
GATS 2010 Urban	33.8	[29.1 - 38.7]	47.5	[43.3 - 51.8]	87.6	[85.5 - 89.5]	-	-	-	-

-: Data not available.

Location	Knowledge, Attitudes, and Perceptions							
	Percentage of adults who were aware of specific diseases caused by secondhand smoke (%, 95% CI)							
	Heart diseases in adults		Lung cancer in adults		Lung diseases in children		All three diseases	
Anshan	61.9	[48.2 - 74.0]	89.0	[82.7 - 93.2]	78.7	[68.7 - 86.2]	59.0	[45.7 - 71.1]
Beijing	66.3	[59.4 - 72.5]	90.6	[88.8 - 92.1]	85.4	[82.3 - 87.9]	62.8	[56.4 - 68.8]
Changchun	61.0	[51.8 - 69.5]	83.8	[74.9 - 89.9]	75.4	[64.6 - 83.8]	55.2	[46.7 - 63.3]
Haerbin	70.1	[61.6 - 77.5]	87.4	[81.9 - 91.4]	76.6	[66.7 - 84.3]	62.7	[52.5 - 71.9]
Hangzhou	52.6	[44.7 - 60.4]	86.4	[84.5 - 88.2]	79.7	[70.7 - 86.5]	49.6	[42.3 - 57.0]
Kelamayi	55.1	[46.1 - 63.8]	82.6	[73.8 - 88.9]	75.8	[66.8 - 83.0]	50.4	[41.7 - 59.2]
Lanzhou	49.9	[37.8 - 62.0]	82.1	[62.2 - 92.8]	75.5	[59.1 - 86.9]	46.9	[35.3 - 58.8]
Luoyang	57.3	[48.7 - 65.5]	86.5	[80.2 - 91.0]	80.0	[74.2 - 84.8]	50.9	[42.2 - 59.5]
Nanchang	62.7	[59.4 - 65.9]	85.2	[82.2 - 87.7]	81.8	[78.5 - 84.8]	58.0	[54.4 - 61.6]
Qingdao	64.3	[55.2 - 72.4]	87.2	[82.2 - 90.9]	79.2	[70.8 - 85.6]	58.9	[49.1 - 68.1]
Shenyang	58.3	[46.3 - 69.4]	86.3	[81.6 - 89.9]	74.8	[63.8 - 83.3]	54.8	[42.7 - 66.3]
Shenzhen	59.2	[52.5 - 65.6]	85.8	[81.7 - 89.1]	80.6	[74.3 - 85.6]	53.9	[47.2 - 60.4]
Tangshan	73.6	[65.7 - 80.3]	92.7	[89.0 - 95.2]	87.2	[82.1 - 91.1]	70.5	[62.7 - 77.4]
Tianjin	74.3	[66.6 - 80.7]	90.7	[86.3 - 93.8]	83.0	[77.7 - 87.3]	70.4	[62.3 - 77.5]
GATS 2010 Urban	36.1	[31.9 - 40.5]	66.5	[62.6 - 70.1]	64.0	[59.8 - 68.0]	32.9	[28.6 - 37.5]

Location	Knowledge, Attitudes, and Perceptions													
	Percentage of adults who believed low-tar cigarettes less harmful than regular cigarettes (% , 95% CI)						Percentage of adults who believed low-tar cigarettes less harmful than regular cigarettes by education* (% , 95% CI)							
	Overall	Current smoker	Non-smoker	Primary school or less	Secondary school	High school graduate	College graduate or above							
Anshan	37.1	[26.1 - 49.7]	49.3	[36.2 - 62.5]	33.4	[22.7 - 46.3]	29.9	[15.7 - 49.3]	38.2	[25.1 - 53.3]	42.8	[31.4 - 55.0]	37.6	[25.7 - 51.1]
Beijing	33.5	[26.7 - 41.1]	46.7	[39.2 - 54.4]	29.7	[22.7 - 37.8]	16.7	[9.8 - 26.9]	35.0	[22.8 - 49.6]	39.9	[27.2 - 54.2]	35.8	[30.2 - 41.9]
Changchun	27.4	[21.9 - 33.6]	38.2	[28.2 - 49.2]	24.1	[18.6 - 30.6]	18.5	[11.9 - 27.6]	21.5	[16.2 - 28.0]	30.5	[22.7 - 39.7]	33.3	[26.8 - 40.7]
Haerbin	32.7	[23.2 - 43.9]	47.4	[33.4 - 61.8]	29.3	[20.3 - 40.2]	23.8	[15.2 - 35.2]	26.2	[17.2 - 37.7]	32.1	[21.0 - 45.8]	38.9	[26.9 - 52.6]
Hangzhou	40.5	[34.8 - 46.3]	52.0	[46.7 - 57.1]	37.5	[31.4 - 43.9]	20.8	[13.1 - 31.5]	33.0	[26.4 - 40.3]	41.9	[33.8 - 50.5]	44.8	[38.1 - 51.7]
Kelamayi	30.3	[23.9 - 37.7]	42.2	[32.2 - 52.9]	27.1	[20.8 - 34.6]	18.9	[12.0 - 28.5]	27.5	[20.5 - 35.7]	31.1	[22.1 - 41.9]	39.0	[33.0 - 45.3]
Lanzhou	31.5	[21.2 - 44.1]	43.4	[28.4 - 59.8]	28.2	[18.4 - 40.5]	28.4	[15.9 - 45.4]	29.5	[16.5 - 47.0]	30.8	[21.4 - 42.1]	37.5	[26.3 - 50.3]
Luoyang	28.6	[22.9 - 35.0]	48.9	[38.8 - 59.2]	22.5	[17.0 - 29.0]	15.5	[9.9 - 23.4]	25.7	[19.0 - 33.8]	31.3	[24.4 - 39.2]	32.5	[25.9 - 39.9]
Nanchang	42.7	[36.3 - 49.4]	54.3	[46.8 - 61.5]	39.3	[32.2 - 46.9]	26.3	[19.4 - 34.7]	43.0	[36.0 - 50.4]	45.0	[36.1 - 54.2]	41.6	[35.3 - 48.2]
Qingdao	36.0	[27.1 - 46.1]	49.4	[36.4 - 62.5]	33.1	[24.4 - 43.2]	31.4	[22.3 - 42.2]	44.4	[33.9 - 55.4]	32.5	[23.0 - 43.7]	35.0	[23.3 - 48.9]
Shenyang	36.1	[23.0 - 51.6]	51.9	[36.4 - 67.0]	30.9	[18.4 - 47.1]	43.0	[21.3 - 67.8]	38.7	[22.1 - 58.5]	33.0	[20.6 - 48.2]	33.7	[21.0 - 49.2]
Shenzhen	34.1	[28.6 - 40.1]	41.7	[34.2 - 49.7]	32.4	[26.7 - 38.6]	15.2	[9.7 - 23.1]	23.5	[15.7 - 33.5]	30.6	[23.9 - 38.3]	40.4	[31.7 - 49.7]
Tangshan	25.1	[18.2 - 33.6]	38.7	[30.4 - 47.7]	21.5	[14.1 - 31.2]	15.5	[10.1 - 22.9]	26.7	[20.7 - 33.7]	29.1	[20.8 - 39.1]	29.8	[19.7 - 42.3]
Tianjin	24.8	[17.3 - 34.3]	34.1	[25.4 - 44.0]	22.2	[14.5 - 32.4]	18.1	[10.2 - 30.0]	22.7	[13.9 - 34.8]	27.3	[19.1 - 37.5]	27.6	[18.8 - 38.5]
GATS 2010 Urban	41.8	[36.8 - 47.0]	60.1	[52.8 - 66.9]	35.4	[30.4 - 40.6]	27.4	[21.3 - 34.5]	45.2	[40.0 - 50.5]	45.7	[38.7 - 52.9]	46.5	[40.1 - 53.0]

*: Respondents age 25+.

Location	Economics*							
	Median monthly expenditure on manufactured cigarettes as percentage of monthly dispensable income per capita (% , 95% CI)		Median cost of 2,000 manufactured cigarettes as percentage of GDP per capita (% , 95% CI)		Median monthly expenditure on manufactured cigarettes as percentage of monthly GDP per capita (% , 95% CI)		Estimated annual urban dispensable income per capita (¥)	Estimated annual GDP per capita** (¥)
	Overall	Overall	Overall	Overall	Overall	Overall	Overall	
Anshan	7.1	[6.8 - 8.6]	1.1	[0.9 - 1.2]	2.5	[2.4 - 3.1]	26,662	74,940
Beijing	5.2	[4.6 - 6.8]	1.0	[1.0 - 1.1]	2.2	[2.0 - 2.9]	40,321	93,213
Changchun	8.1	[7.0 - 10.7]	1.5	[1.5 - 1.5]	3.2	[2.7 - 4.2]	26,034	66,286
Haerbin	8.5	[7.1 - 10.6]	2.2	[2.2 - 2.6]	4.8	[4.0 - 5.9]	25,197	45,010
Hangzhou	9.2	[8.2 - 11.0]	2.1	[2.1 - 2.1]	3.9	[3.4 - 4.6]	39,310	94,000
Kelamayi	6.8	[5.8 - 8.3]	0.4	[0.4 - 0.4]	0.8	[0.6 - 0.9]	25,249	227,115
Lanzhou	8.7	[6.3 - 8.8]	2.0	[1.9 - 3.1]	3.7	[2.6 - 3.7]	20,767	49,195
Luoyang	7.3	[6.7 - 11.1]	2.1	[2.1 - 2.1]	3.8	[3.5 - 5.8]	24,820	47,589
Nanchang	10.0	[9.1 - 12.7]	1.9	[1.5 - 2.0]	4.0	[3.6 - 5.1]	26,151	65,412
Qingdao	6.8	[5.2 - 8.2]	1.1	[1.1 - 1.1]	2.7	[2.0 - 3.2]	35,227	89,797
Shenyang	6.2	[6.0 - 7.5]	1.1	[0.9 - 1.1]	2.1	[2.0 - 2.5]	29,074	86,850
Shenzhen	5.9	[4.8 - 8.4]	1.1	[1.0 - 1.4]	1.9	[1.6 - 2.7]	44,653	137,477
Tangshan	8.0	[6.4 - 11.5]	1.2	[1.1 - 1.5]	2.6	[2.1 - 3.7]	26,647	82,605
Tianjin	5.5	[4.7 - 6.2]	0.9	[0.7 - 1.0]	1.8	[1.5 - 2.0]	32,658	101,689
GATS 2010 Urban	9.5	[8.1 - 9.5]	2.4	[2.1 - 3.3]	6.0	[5.2 - 6.1]	19,109***	30,015***

*: Estimates are calculated with outliers removed.

**: Includes both urban and rural areas.

***: Source: National Bureau of Statistics of China. <http://data.stats.gov.cn>. Last accessed Jan 06, 2015.

Location	Economics*					
	Median cost of 20 manufactured cigarettes (¥)		Median monthly expenditure on manufactured cigarettes (¥)		Median cost of 2,000 manufactured cigarettes as percentage of dispensable income per capita (% , 95% CI)	
	Overall	Overall	Overall	Overall	Overall	Overall
Anshan	8.0	[6.9 - 9.4]	158.2	[150.1 - 192.1]	3.0	[2.6 - 3.5]
Beijing	9.7	[9.6 - 9.9]	174.0	[155.2 - 228.3]	2.4	[2.4 - 2.5]
Changchun	9.9	[9.8 - 10.0]	174.6	[151.7 - 231.3]	3.8	[3.8 - 3.8]
Haerbin	10.0	[9.8 - 11.7]	179.4	[149.4 - 222.0]	4.0	[3.9 - 4.6]
Hangzhou	19.9	[19.9 - 20.0]	301.7	[269.1 - 361.5]	5.1	[5.1 - 5.1]
Kelamayi	9.7	[9.5 - 9.8]	144.0	[121.4 - 173.8]	3.8	[3.8 - 3.9]
Lanzhou	10.0	[9.6 - 15.4]	150.0	[108.4 - 152.1]	4.8	[4.6 - 7.4]
Luoyang	9.9	[9.9 - 10.0]	150.8	[137.6 - 230.2]	4.0	[4.0 - 4.0]
Nanchang	12.6	[10.0 - 12.8]	218.8	[197.5 - 277.2]	4.8	[3.8 - 4.9]
Qingdao	9.9	[9.7 - 10.0]	198.5	[151.9 - 239.7]	2.8	[2.8 - 2.8]
Shenyang	9.5	[7.9 - 9.7]	150.7	[146.5 - 182.5]	3.3	[2.7 - 3.4]
Shenzhen	14.9	[13.3 - 19.2]	220.6	[180.2 - 312.8]	3.3	[3.0 - 4.3]
Tangshan	9.7	[9.3 - 12.6]	178.3	[142.4 - 254.7]	3.7	[3.5 - 4.7]
Tianjin	9.5	[7.5 - 9.7]	148.5	[128.1 - 170.0]	2.9	[2.3 - 3.0]
GATS 2010 Urban	7.3	[6.2 - 9.8]	150.9	[128.9 - 152.1]	3.8	[3.3 - 5.1]

*: Estimates are calculated with outliers removed.

II: Urban Areas Defined in the Survey in the 14 Participating Cities, CCATS 2013–14*

City	Survey date	District
Anshan	Nov 2013 – Dec 2013	Tiedong, Tiexi, Lishan
Beijing	Jun 2014 – Aug 2014	Dongcheng, Xicheng, Chaoyang, Haidian, Fengtai, Shijingshan, Mentougou, Fangshan, Daxing, Tongzhou, Shunyi, Changping, Pinggu, Huairou, Miyun, Yanqing
Changchun	Nov 2013 – Jan 2014	Kuancheng, Erdao, Nanguan, Luyuan, Chaoyang
Haerbin	Mar 2014 – May 2014	Daoli, Daowai, Nangang, Xiangfang
Hangzhou	Mar 2014 – Jun 2014	Shangcheng, Xiacheng, Jianggan, Gongshu, Xihu
Kelamayi	Mar 2014 – Aug 2014	Kelamayi, Baijiantan, Dushanzi
Lanzhou	Dec 2013 – Mar 2014	Xigu, Anning, Chengguan, Qilihe
Luoyang	Dec 2013 – Mar 2014	Jianxi, Xigong, Laochen, Chanhe
Nanchang	Nov 2013 – Dec 2013	Qingshanhu, Donghu, Xihu, Qingyunpu
Qingdao	Apr 2014 – Jul 2014	Huangdao, Chengyang, Licang, Laoshan, Shibe, Shinan, Sifang
Shenyang	Nov 2013 – Mar 2014	Heping, Shenhe, Tiexi, Dadong, Huanggu
Shenzhen	Mar 2014 – Apr 2014	Luohu, Baoan, Futian, Yantian, Nanshan, Longgang
Tangshan	Apr 2014 – Jul 2014	Lunan, Lubei
Tianjin	Dec 2013 – Mar 2014	Heping, Hexi, Nankai, Hebei, Hedong, Hongqiao, Tanggu

*: Coverage of the urban area is determined by local cities.

III: Local Regulations on Smoking in Indoor Public Places in the 14 Participating Cities, CCATS 2013–14

City	Regulation/Legislation	Effective date	Type of Act
Anshan	Anshan municipal ordinance on smoking control in public places	January 1, 2013	Ordinance
Beijing	Beijing municipal legislation on tobacco control	June 1, 2015	Local legislation
Changchun	Changchun municipal ordinance on preventing harms of tobacco smoke	March 1, 2014	Ordinance
Haerbin	Haerbin municipal legislation on preventing secondhand tobacco smoke	May 31, 2012	Ordinance
Hangzhou	Hangzhou municipal legislation on smoking control in public places	March 1, 2010	Local legislation
Kelamayi	Kelamayi municipal ordinance on banning smoking in public places	March 1, 2013	Local ordinance
Lanzhou	Lanzhou municipal legislation on smoking control in public places	January 1, 2014	Local legislation
Luoyang	–	–	–
Nanchang	–	–	–
Qingdao	Qingdao municipal legislation on smoking control	September 1, 2013	Local legislation
Shenyang	–	–	–
Shenzhen	Shenzhen municipal legislation on smoking control	March 1, 2014	Local legislation
Tangshan	Tangshan municipal ordinance on managing harms of secondhand smoke	May 1, 2014	Ordinance
Tianjin	Tianjin municipal legislation on smoking control	May 31, 2012	Local legislation

–: No current city-level regulations.

City	Indoor public places							
	Workplace	Restaurant	Bar/nightclub	Government building/office	Health care facility	Public transportation	School*	University
Anshan	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited
Beijing	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited
Changchun	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited
Haerbin	Prohibited	Prohibited	Partially prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited
Hangzhou	Partially prohibited	Partially prohibited	Partially prohibited	Partially prohibited	Prohibited	Partially prohibited	Prohibited	Partially prohibited
Kelamayi	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited
Lanzhou	Prohibited	Partially prohibited	Partially prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited
Luoyang	–	–	–	–	–	–	–	–
Nanchang	–	–	–	–	–	–	–	–
Qingdao	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited
Shenyang	–	–	–	–	–	–	–	–
Shenzhen	Prohibited	Prohibited	Partially prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited
Tangshan	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited
Tianjin	Prohibited	Partially prohibited	Partially prohibited	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited

*: Primary, secondary, and high schools, including technical schools.

–: No current regulations.

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