

控烟与中国未来

——中外专家中国烟草使用与烟草控制联合评估报告

概要

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经济日报出版社



烟草业已成最大的健康危害型产业，全面控烟刻不容缓

The tobacco industry has become the greatest health endangering industry. Comprehensive tobacco control is urgently needed

全面控制烟害、保障人民健康，是典型的国家公共产品，也是典型的基本公共服务，需要政府有效及时提供

Comprehensive control of tobacco hazards and protection of people's health are a state's classical public products as well as public services, which should be effectively provided by government.

2000年后，我国男性人群在20多年的高吸烟率后，其负面健康效应正在显现：2005年中国人群中归因于烟草使用的死亡已达120万人，其中有33.8%在40-69岁之间死去

未来20年，中国将进入烟草归因疾病负担的高峰，且与我国“人口红利”期的结束一致；

由吸烟而产生的社会成本正在逐年增加，增幅不断扩大。虽然烟草业目前是政府的“纳税大户”，但其净效益已是负值。

The negative effects on health are emerging after more than 20 years of high smoking rates among Chinese men: The number of deaths attributed to tobacco use has increased rapidly since 2000 and has reached 1.2 million among the Chinese population at 2005, 33.8% of which occurred between 40-69 years of age.

In the next 20 years, tobacco-attributable deaths will continue to increase quickly. The peaking of the tobacco-attributable disease burden will coincide with the closure of China's 'population bonus' period.

Tobacco-related medical expenditures and loss of productivity are increasing by the year at an expanding rate. People may argue on the basis of 'big taxpayer' or numerous employees, but the integrated benefit analysis shows that the net benefit generated by the tobacco industry is already below zero.

报告的四点结论：

- 控烟效果微弱，吸烟率居高不下。
- 烟草流行后果严重，成为健康“第一大杀手”。
- 控烟履约绩效得分很低，与《公约》要求差距巨大。
- 烟草业阻挠控烟工作是导致控烟效果不佳的根本原因。

This report reaches main four conclusions:

- The impact of tobacco control has been insufficient and smoking prevalence in male remains at the top level;
- The health consequences of the tobacco epidemic are very serious and tobacco smoking has become the ‘Top Killer’ of the Chinese population;
- China is doing poorly in implementing the FCTC with a performance score of only 37.3 points of 100 possible points; and see a large gap from the FCTC requirements;
- Intervention of the tobacco industry is the underlying causes of the poor impact of tobacco control.

目前的“以税控烟”的政策既能控烟又能增加政府的税收，控烟并不会危害国家和地方的经济。

人群对烟草需求的变化需要一个较长的期限，中国的烟草业在未来20年完全有机会进行转型，这完全符合中国未来“十二五”经济发展方式转型的根本方向。

The current policy to ‘control tobacco via tax’ may increase government tax revenues without compromising the national or the local economy.

In fact, since the changes in the population’s demand for tobacco will take a long time to happen, the Chinese tobacco industry may have the next 20 years for transformation. This is entirely consistent with the basic orientation of the 12th Five-year National Plan.

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前言 Preface

为遏制烟草的流行，我国政府于2003年签署了世界卫生组织《烟草控制框架公约》（简称《公约》），全国人大常委会于2005年8月批准了《公约》并于2006年1月生效，这是中国烟草控制的一个里程碑。签署《公约》并善意履约是负责任大国的责任和义务，更体现了负责任大国的形象和尊严。通过控制吸烟提高国人的健康水平，符合以人为本科学发展观的整体理念和要求。

烟草使用是全球公认的导致多种疾病的危险因素，控制烟草流行一直是各级政府部门的重要工作。自2006年1月9日《公约》在中国正式生效以来，中国成立了由国家发展改革委（2008年改为工业和信息化部）、卫生部、外交部等8部委组成的履约协调机制，领导控烟履约工作。

烟草控制也得到了各级政府和社会各界的支持，为中国的控烟履约起到了积极的推动作用。但是烟草控制并不一帆风顺，还有很多困难、障碍，也面临巨大挑战。

2011年1月9日《公约》在中国生效5周年，总结《公约》生效5年来的成绩和不足，探讨中国目前控烟履约工作最主要的困难和障碍并分析产生的原因，是下一步更好履约的基础。为此，杨功焕教授和胡鞍钢教授牵头邀请了国内外多个领域的著名专家学者完成了此项工作。该报告重点回顾了中国烟草控制的现状，深入分析中国烟草控制的主要障碍，为有效控制烟草流行提出策略建议，推进中国的控烟履约进程。

此项工作得到了中国疾病预防控制中心的支持。

概要

导言

2011年1月9日《公约》在中国生效5周年，总结《公约》生效5年来的成绩和不足，探讨中国目前控烟履约工作最主要的困难和障碍并分析产生的原因，是下一步更好履约的基础。为此，杨功焕教授和胡鞍钢教授牵头邀请了国内外多个领域的著名专家学者完成了此项工作。该报告的主旨是在中国社会经济发展的背景下，讨论中国烟草流行与我国经济发展的关系。报告以翔实的数据证明，烟草流行是中国慢性病快速上升的主要危险因素，烟草业已成为中国最大的“健康危害型”产业；虽然在现阶段是“纳税大户”，但是其付出的社会成本很大，“净效应”已为负值。根据国家“十二·五”发展规划提出的“科学发展”主题、“转变经济发展方式”主线的精神，从“健康危害型经济”转向“健康友好型经济”，本报告提出限制烟草业发展，促进经济结构全面转型、实行全面控烟等系列政策建议。

Executive Summary

Preamble

January 9, 2011 marked the fifth year since the WHO Framework Convention on Tobacco Control (FCTC) entered into force. Now is the time to examine how to assure the future implementation of the FCTC by assessing the achievements and shortcomings over the last five years, giving consideration to the main obstacles encountered in its implementation. These "lessons learned" will be critical in looking for solutions to barriers encountered to date. For this purpose, Professors Yang Gonghuan and Hu Angang have taken the initiative and invited national and international experts and scholars in medicine, public health, law and economics areas to consider the situation at home and abroad around the FCTC.

One critical issue is the impact of tobacco smoking on health. This report explores the relationship between China's tobacco epidemic and its health consequences against the existing socioeconomic development background in China. With detailed and robust data, the report convincingly documents that the tobacco epidemic is the leading factor affecting the quickly increasing of morbidity and mortality from the main chronic diseases in China, making the tobacco industry the largest 'health hazard' to the country. While the industry remains a 'major taxpayer' today, it causes enormous social costs and overall poses a loss rather than a benefit to China. Following the spirit of China's 12th Five-year Development Plan to transform from a 'health hazard economy' into a 'health friendly economy', this report proposes a series of recommendations for comprehensive tobacco control, addressing not only the commitments of China under the FCTC but strategies for restricting development of the tobacco industry.

要点

本报告从经济和健康的不关系出发，系统回顾了中过控烟的机构、人力和资源的投入情况，重点回顾了世界卫生组织《烟草控制框架公约》（简称《公约》）在中国生效近5年的烟草控制和反控制活动，评价了控烟立法现状和执行效果，描述了人们烟草危害健康的知识、态度的变化，分析了人群吸烟、戒烟，以及二手烟暴露的变化；同时测算了中国烟草流行带来的疾病负担和社会经济成本。

评估结果显示，《公约》在中国生效后，政府相关部门给予了控烟工作一定的关注，使中国的烟草控制工作由专业人员的行为转化为政府的行为，使控烟工作成为社会主流，但总体控烟工作的效果与《公约》的要求还有相当大的差距，

具体表现为：

- ◆ 虽然控制经费有所增加，但依然与控烟的需求不相匹配；
- ◆ 虽然开展了大量的控烟工作，但被烟草相关利益集团的反控烟活动相抵消或消减其效果；
- ◆ 国内现有的法律法规与《公约》要求存在巨大差距且执行不力、效果不佳；
- ◆ 人们对吸烟和二手烟危害健康的认识存在大量的错误认识，吸烟仍然作为社会主流认可的行为广泛流行；
- ◆ 吸烟和二手烟暴露导致的健康危害效应已经逐步显现，并快速上升，产生了巨大的医疗成本和社会成本，烟草行业的“净效益”已呈负值。

顺应中国“十二五”经济发展方式转型思路，报告以确凿的证据显示，政府监管和投入严重缺位和不足是导致控烟效果不佳的主要原因，但根本原因是合二为一的国家烟草专卖局和烟草总公司作为中国政府履行

《公约》领导小组的主要成员单位，利用政府的公权力继续促进烟草的生产和销售，阻碍控烟履约相关政策、法律等的出台和实施，公开进行不利于控烟履约的工作和活动，如利用慈善进行烟草品牌的传播等，违背了中国社会经济发展的根本目标。

经过分析，得到以下四点结论：

- 1) 控烟效果微弱，吸烟率居高不下。
- 2) 烟草流行后果严重，成为中国人群健康的“第一大杀手”。
- 3) 控烟履约绩效得分很低，与《公约》要求差距巨大。
- 4) 烟草业阻挠控烟工作是导致控烟效果不佳的根本原因。

Key Points

From the perspective of the relationship of the economy with health, the report systematically reviews the tobacco control agencies and other parties that have been involved in tobacco control over the last five years. Some of these other parties have been attempting to counter tobacco control initiatives. The report covers the current state of tobacco control legislation and the effectiveness of enforcement; describes the changes in people's knowledge and attitudes regarding the health hazards of tobacco use; analyzes the changes in smoking, cessation and secondhand smoke exposure in the Chinese population; and estimates the health hazards and socioeconomic costs owing to the national epidemic of tobacco use.

The assessment finds that since the FCTC entered into force for China the relevant government authorities have given some attention to tobacco control practice, changing it from an action of professionals to one of the government, placing tobacco control into the mainstream of society. However, there is still a considerable gap between the overall implementation efforts and FCTC requirements, as evidenced by the following:

- ◆ Despite increases in tobacco control funding, it remains very low compared with the national needs;
- ◆ Despite the significant effort that have been put into tobacco control so far, the counter activities of tobacco-related interest groups have been effective in resisting or cancelling out many of the positive effects;
- ◆ Existing laws and regulations do not meet FCTC requirements; their strengthening has been opposed; and they are inadequately enforced;
- ◆ Many misconceptions persist in the public awareness of the health hazards of smoking and of exposure to secondhand smoke; and Above all, smoking still is a very common behavior that is widely acceptable in Chinese society
- ◆ As a result, China faces quickly rising health consequences of smoking and of secondhand smoke exposure with massive medical and social costs. While there is a short-run view that the tobacco industry brings economic benefit, the losses to China from tobacco-caused morbidity and mortality will increasingly surpass these revenues.

Given the context of China's economic restructuring in the 12th Five-year Plan period, this report how insufficient government support and planning have led to the inadequate record in tobacco control to dates. Most critically, the China Tobacco Monopoly is the main member unit in the leading mechanism for implementing the FCTC. It has used its the public power and position to promote tobacco production and sales, counteracted development and enforcement of relevant policies and laws related to FCTC implementation, and openly conducted activities directed against tobacco control and FCTC implementation. For example, it has marketed tobacco brands by building "tobacco hope primary schools" as philanthropy.

This report reaches main four conclusions:

- 1)The impact of tobacco control has been insufficient and smoking prevalence in male remains at the top level;
- 2)The health consequences of the tobacco epidemic are very serious and tobacco smoking has become the 'Top Killer' of the Chinese population;
- 3)China is doing poorly in implementing the FCTC with a performance score of only 37.3 points of 100 possible points; and see a large gap from the FCTC requirements;
- 4)Intervention of the tobacco industry is the underlying causes of the poor impact of tobacco control.

建议

报告基于构建和谐社会和“健康友好型社会”的宗旨，提出系列控烟建议，核心是在“十二五”时期实施“全面控烟”国家战略，国家领导人应公开承诺强烈保护人民健康，控制烟草流行的政治意愿。

第一，将全面控烟目标正式纳入《国家“十二五”规划纲要》，作为各级政府履行和实现人民健康的约束性指标之一。在《卫生事业发展“十二五”规划纲要》中应在核心目标中凸显全面控烟的总目标和具体量化指标，充分体现“决心保护当代和后代避免烟草消费和接触烟草烟雾”。

第二，国家领导人充分表达全面控烟的政治意愿和政治承诺。国家领导人应当像关注艾滋病问题那样关注烟草流行和引起的健康危害，直接干预过问，亲自调查研究，了解控烟措施落实情况，向全国全世界公开宣布中国政府履行《烟草控制框架公约》、实行全面控烟、保障全体人民享有最高健康水平的政治承诺，凸显“以人为本”的科学发展观理念，体现“以全体人民生命健康为第一”的基本原则，保障“优先考虑保护公众健康权利”的政策措施。

第三，中国对全面控烟作出重大决策和战略部署。由国务院总理主持召开国务院常务会议研究部署全面的控烟工作，自上而下和自下而上地推动全国各地、各部门全面控烟。

第四，国务院有关部门应制定《国家全面控烟专项行动计划》，包括控制需方和供方，包括防止人们免受二手烟烟雾危害、提供戒烟帮助、警示烟草危害、全面禁止烟草广告、促销和赞助、

提高烟草税收和价格，以及烟草企业转产等一系列行动计划。全面履行和具体落实《烟草控制框架公约》；行动计划应提出中国全面控烟的总目标和可量化的指标；根据中国烟民消费特点制定有针对性、创新性的行动措施，帮助他们明显减少卷烟消费量、逐步改变吸烟消费行为，以保护公民健康。如果有13亿人的中国取得控烟成功，中国将为世界控烟提供“中国案例”、“中国经验”、“中国成果”。将控烟作为政府履行保护人民健康的最有价值的公共服务；在国家和各省设立烟草控制专项经费，提高烟草控制能力，按照行动计划促进烟草控制活动；鼓励社会公众广泛参与，公开征求社会意见，使之形成广泛的社会共识，指导全社会的控烟行动。

第五，全国人大常务委员会应尽快制定《室内公共场所和工作场所免受二手烟烟雾危害法律》，使中国成为世界最大的公共场所“无烟国”。1994年以来，已有100多个地方政府开始了无烟环境建设的实践，包括“无烟奥运”，“无烟世博”和“迈向无烟中国”等项目已经积累了大量的经验，卫生部、教育部已经出台了部门全面禁止吸烟的规定。2011年1月是中国履行《公约》5周年，《公约》第8条事实准则明确规定缔约国应采取相应措施，确保室内公共场所和工作场所全面无烟，因此中国出台国家一级室内公共场所和工作场所禁止吸烟法律的时机已经成熟。全国人大常务委员会教科文卫委员会检查和审议国务院及其有关部门履行《烟草控制框架公约》的执行情况，委托第三方调查并公布评估报告。

第六，改革行业烟草管理体制，明确政府全面控烟管理职能。实行政企分开，防止行政机构被经济利益所捕获；管理烟草生产的部门不应承担烟草控制的职能，建议在国家发展和改革委员会设立

国家控烟局，担负对全社会范围内的全面严格烟草控制的基本职能，监督烟草生产、流通、消费等环节的控烟过程，发布控烟信息，同时接受全国人大常委会和全社会的监督，并开展与国际间控烟合作。

第七，党政干部、公务员、公共机构人员必须带头在公共场所禁烟。中央纪律检查委员会、监察部、财政部及国家审计署应做出明文规定，严禁公共机构利用公款购买卷烟、收受礼品烟，鼓励和保护检举人，根本改变公共机构成为高级卷烟最大的买主，在反腐败方面真正取信于民。

第八，采取有力措施限制烟草产业、促进全面转型。烟草业已经是中国最大的健康危害型产业，需要在限制中主动转型，在转型中进一步限制。在现有的专卖体制下，对产业规模、投资、产量指标等进行严格控制，鼓励烟草行业转产和多元化经营；采用非价格政策、补贴和转产政策、贸易政策等多种政策工具及组合，组织和资助烟农转向替代性作物种植，或进入第二、三产业，或进入城镇就业；帮助烟草批发、专卖和零售企业转型；对烟草业垄断利润进行严格的、透明的政府管制；在过渡时期，通过中央财政转移支付对烟草业依赖度较高的省区进行补贴。启动“为烟草种植者开发经济上切实可行的替代生计”的工作。

第九，采用经济手段控烟，抑制烟草消费需求。逐步提高烟草消费税率，建立“价税联动”机制，有效利用市场手段，抑制私人消费需求，同时增加政府税收；加强对烟草健康危害的政府监管，全面履行《公约》关于烟盒包装和禁止烟草促销广告的要求。

Recommendations

With the overall goal of building a harmonious health-friendly society, the report proposes a series of recommendations on tobacco control. The core recommendations call for the state leaders to make an open commitment of political will to protecting the people's health, controlling the tobacco epidemic, and implementing the 'comprehensive tobacco control' national strategy in the 12th Five-year Plan period.

First, the objective of comprehensive tobacco control should be included in the Outline of 12th Five-year National Plan as one of the binding indicators for governments at all levels to take action to benefit the people's health. The general objectives and specific quantitative indicators should be highlighted in the core objectives of the Outline to fully reflect the 'determination to protect the current and future generations from tobacco consumption and exposure to tobacco smoke.'

Second, the state leaders should fully express their political will for and commitment to comprehensive tobacco control. The state leaders should pay attention to the epidemic of tobacco use and the hazards of tobacco use as was done for HIV/AIDS. Specifically, the state leaders need to be directly involved with solving the tobacco problem. They need to be knowledgeable and engaged with tobacco control and to openly announce the Chinese government's commitments to implementing the FCTC, enforcing comprehensive tobacco control, and achieving the highest possible level of health for all people -- by highlighting the 'human-oriented' Outcast of Scientific Development, upholding the basic principle of the utmost priority of people's life and health, and further ensuring the policy measures to prioritize protection of the public health rights.

Third, the Chinese government should make major decisions and undertake strategic planning for comprehensive tobacco control at the highest levels. Meetings of the State Council Executive Committee chaired by the premiere should be held to plan an agenda for comprehensive tobacco control, driving comprehensive tobacco control practice across the nation and different government departments in both top-down and bottom-up fashions;

Fourth, the relevant ministries of the State Council should develop the National Special Action Plan on Comprehensive Tobacco Control, covering both demand and supply. Following global standards, the plan should include the protection of nonsmokers from secondhand smoke exposure, offering assistance



to quit tobacco use, warning about the dangers of tobacco use, banning tobacco advertisement, promotion and sponsorship completely, raising tobacco taxes and price, and transitioning of the tobacco industry in order to effectively implement the FCTC comprehensively. The plan should have clear general objectives and propose quantifiable indicators for comprehensive tobacco control in China; making specific innovative actions and measures to changing social norm and helping Chinese smokers to reduce their cigarette consumption and change their smoking consumption gradually according to their consumption characteristics. Successful tobacco control in China, given its population of 1.3 billion and its smoking population of more than 300 million would offer a model for tobacco control globally. The national and provincial authorities should provide special funding for improving tobacco control capacities and promoting the relevant activities on the plan and strategies, and encouraging wide public participation with open solicitation of social opinions to create widespread social consensus as a basis for action.

Fifth, Standing Committee of the National People's Congress should immediately establish a national law eliminating secondhand smoking exposure in all indoor public places and workplaces. Since 1994, more than 100 local governments have initiated measures to create smoke-free environments, including the Smoke-free Olympic Games in Beijing, the Smoke Free World Expo in Shanghai, and the various Smoke-Free China programs. There is substantial experience to draw on. The Ministry of Health and the Ministry of Education have published regulations that will completely ban smoking indoors in all medical units and educational institutions. Furthermore, January, 2011 is the deadline under the FCTC for implementing a law banning smoking indoors in public places and workplace. Consequently, it is time for a national law on smoke-free indoor environments. The Committee on Education, Science, Culture and Health of the Standing Committee of the National People's Congress should inspect and review the enforcement of the FCTC by the State Council and other related departments and commission a third party for investigation and releasing the assessment report;

Sixth, the administrative mechanisms of the tobacco industry should be reformed, and the government's roles in comprehensive tobacco control should be defined clearly. Governmental activities in tobacco control should be separated from enterprise management to prevent government agencies from being captured by economic interests; the department that includes the tobacco industry cannot take any responsibility for tobacco control. The National Tobacco Control

Bureau should be set up in the National Development and Reform Commission, which should take charge of the elements of comprehensive tobacco control countrywide. These elements include monitoring the tobacco control processes in tobacco production, circulation and consumption, and releasing tobacco control information, which should be subject to the supervision of the NPC Standing Committee and society and carry out international cooperation on tobacco control;

Seventh, Chinese Communist Party and government officials, civil servants and employees of public agencies must take the lead to ban smoking in public places and working places. The Central Disciplinary Committee, Supervision Department, Ministry of Finance and the National Audit Administration should develop explicit regulations on banning public agencies purchasing cigarettes with public funds and accepting gift cigarettes, encourage and protect whistleblowers. Public agencies are the largest buyer of high grade cigarettes, a situation that has to be changed to earn people's trust in anti-corruption;

Eighth, strong measures should be taken to restrain the tobacco industry and foster its comprehensive transformation. The need is clear as the tobacco industry is already the largest health-hazard industry in China, a situation that must be changed. In the existing monopoly system, the scale, investment and production indicators of the industry should be strictly controlled, and alternative industrial production and diversification of operations encouraged; multiple policy instruments, such as non-price policy, subsidy and production replacement policy, and trade policy should be employed to organize and support tobacco growers to switch to alternative crops, enter the secondary or tertiary industries, or move into the urban areas for employment. Assistance with transformation should be offered to the wholesale, monopoly and retail businesses. Additionally, strict and transparent government regulation should be imposed upon the monopoly profits of the tobacco industry; and the provinces highly reliant on the tobacco industry should be subsidized with funding transferred from the central finance during the transition period;

Ninth and last, an economic approach should be employed for tobacco control and restraint tobacco consumption demand. Steps should be taken to raise the tobacco consumption tax rate. A 'linked price tax' mechanism will not harm and increase the government's revenues. Such market measures, known to be effective in reducing personal consumption demand have not been sufficiently used. Additionally, the FCTC requirements on cigarette packaging and tobacco advertising and promotion should be fully enforced.

各章概要

第一章：放任烟草流行，中国已成为最大“健康危害型经济体”。

确立健康发展的目标和指标，识别重大健康风险因素，并明确干预策略和投入保障，不仅改善卫生服务、提高全体人民的健康水平，而且对于保证21世纪上半期中国经济和社会的可持续发展具有重要意义。全面控制烟害、保障人民健康，是典型的国家公共产品，也是典型公共服务，需要政府有效及时提供。经济发展方式转型是国家“十二五”规划的主线，调整经济结构成为“重中之重”。这就要求在“十二五”时期：从“健康危害型经济”转向“健康友好型经济”。保护人民健康、有利人民健康就成为产业结构调整和经济转型的新标准和最重要的标准之一。烟草消费的大流行已使中国成为世界上最大的“健康危害型经济体”。

Chapter Outlines

Chapter 1 The tobacco epidemic goes unchecked, China have become the largest ‘health endangering economy’

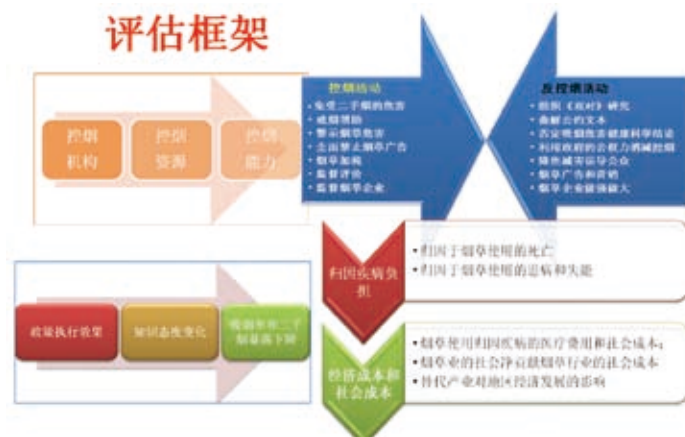
Defining the goals and indicators for health development, identifying major health risk factors, and determining intervention strategies and input provisions not only help improve the levels of health services and the health of the people, but they also bear crucial significance for the sustainable development of the Chinese economy and society in the first half of the 21st century. Comprehensive control of tobacco hazards and protection of people’s health are a state’s classical public products as well as public services, which should be effectively provided by government. Transformation of the economic development pattern is the mainstream in the 12th Five-year Plan with economic restructuring as a key priority. Thus, it is required that over the 12th Five-year Plan period, the economy should be transformed from a ‘health endangering’ economy into a ‘health friendly’ one. Protecting and improving people’s health has become a new and the most important standard for industrial restructuring and economic transformation. If unchecked, the approaching pandemic of tobacco consumption will turn China into the world’s largest ‘health damaging economy’.

第二章：烟草使用与控制的评估策略、框架和指标

过去5年，中国开展了大量的烟草控制活动，且控制方式也十分多样，但另一方面，反控烟的活动也十分频繁，控烟与反控烟相互博弈和综合作用，使实际控烟效果相互抵消。因此要评价中国控烟形势和过去5年的控烟成效，使用针对单一活动效果的评价方式很难达到评估的目的，需要运用综合的评估策略，即运用生态学的方法，侧重社会的变化、关注烟草控制能力的变化、关注知识态度的变化等中间效果。该评估框架分为四个部分：第一部分投入，包括控烟或反控烟机构的组建、资源投入和能力的变化。第二部分为控烟和反控烟活动。第三部分为控烟的直接效果，包括与《公约》相关的5项政策修订和执行情况、有关控烟的知识态度变化和吸烟、戒烟与二手烟暴露流行水平的变化。第四部分估计烟草归因死亡和疾病负担，社会经济成本，并综合评估烟草经济的“净贡献”。

Chapter 2 Strategy, framework and indicators for assessment of tobacco use and control

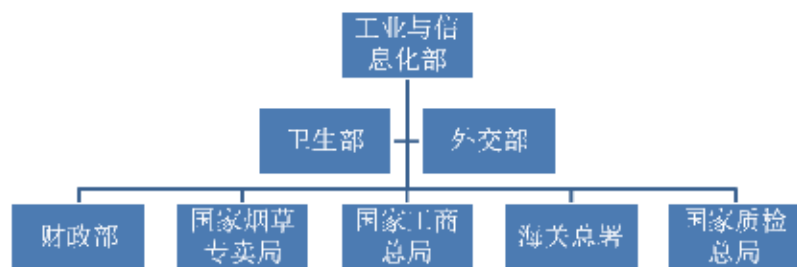
Over the last five years, China has carried out a lot of efforts for tobacco control in a variety of forms, but, at the same time counter-tobacco control activities have become more and more frequent. The effects of tobacco control are often cancelled out in the struggle involving interactions of the two. Therefore, in evaluating the tobacco control situation and the related achievements in China over the last five years, it would not serve the purpose to assess the effects of single activities. A more comprehensive strategy of assessment is needed. The assessment framework comprises four parts in the report: Part 1 focuses on the inputs, including the formulation, resource input and capacity changes of tobacco control vs. counter-tobacco control agencies. However, such data is hard to get for counter-tobacco control agencies. Part 2 is efforts and activities on the tobacco control and counter-tobacco control; Part 3 deals with the immediate effects of tobacco control, including policy revisions and enforcement related to 5 policies of FCTC implementation, changes in knowledge and attitudes relating to tobacco control, and changes in levels of smoking, cessation and exposure to secondhand smoke. Part 4 measures and estimates the number of tobacco-attributed deaths; related disease burden and social economic costs. Part 4 also assesses the comprehensive benefit of the tobacco industry as indicator of “net benefit.”



图：评估框架

第三章：控烟经费缺口很大，控烟人员能力不足

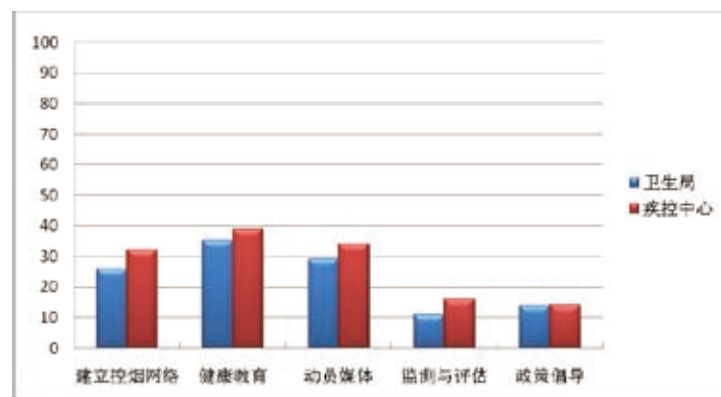
公约生效后，中国建立了《烟草控制框架公约》履约机制，卫生部也建立了履约领导小组。控烟工作从专家行为转变为政府行为。多个部门、机构积极参与控烟工作，包括控烟学术机构、民间社会、经济、法律专家也积极参与到烟草控制工作中来。《公约》生效后，中国用于烟草控制的经费有了一些增加，但与需求相比差距甚大。虽然开展了多种形式的控烟培训项目，但总的来说数量很少，控烟专职人员接受相关控烟培训的比例仍然非常低。目前开展的控烟活动主要是以宣传教育为主，多部门合作，特别是跨部门合作的活动更少，政策倡导和监测评估方面的能力也非常弱。



图：8部委履约协调组织结构

Chapter 3 The large funding gap and inadequate personnel capacities for tobacco control

After the FCTC entered into effect for this country, China set up the FCTC Implementation Mechanism and the Ministry of Health formulated a Leading Group for FCTC Implementation. Tobacco control has been transformed from an expert-driven action into an integral activity of the government. Multiple sectors and institutions have been actively participating in tobacco control through tobacco control academic institutions, social groups, economic and legal experts. China's investments in tobacco control have increased to some extent since the FCTC's entry into force. However, there is still a considerable gap in funding compared to what are needed. Though there have been various forms of tobacco control training programs, the total number seems small and the proportion of tobacco control professionals who have been trained remains low. Currently the main tobacco control activities are communication and education aimed at awareness-raising. Multi-sector activities are few and inter-departmental efforts are even fewer. The overall capacities for policy advocacy and monitoring are very weak.



图：中国20个省40个市县卫生局和疾控中心等机构控烟活动评估

第四章：控烟活动有序推进，反控烟活动无所顾忌

《公约》生效前，我国开展的控烟活动主要依靠公共卫生专家的研究和呼吁，而在《公约》生效后，控烟活动转变为一项政府行为。政府和各界积极履行《公约》，按照《公约》的要求开展了大量的控烟履约工作，主要表现为全国人大代表和全国政协委员积极提交提案和议案，支持控烟立法；创建全面无烟环境，开展大量的预防二手烟危害的工作；政府有关部门积极履约，抵制烟草企业的促销和赞助活动；促进采用图片形式的健康警示，提高吸烟者和非吸烟者对烟草危害健康的认识；推动媒体活动的介入，深入开展控烟活动；开展了提高卷烟税收进而提高烟草制品的价格的研究和探索，监测和评估烟草流行和控烟和反控烟活动。

烟草企业及其烟草相关利益集团实施了大量的反控烟活动：组织研究和撰写反《公约》的《双对方案》；曲解《公约》文本；否定吸烟危害健康的科学结论，歪曲宣称吸烟者的权利；利用政府的公权力，消解控烟政策；采取降焦减害宣传策略，误导公众；通过赞助和促销等活动的变相烟草广告和营销作用，推动烟草的消费；烟草产业做强做大，使卷烟生产量逐年增加。



图：烟草企业的反控烟活动

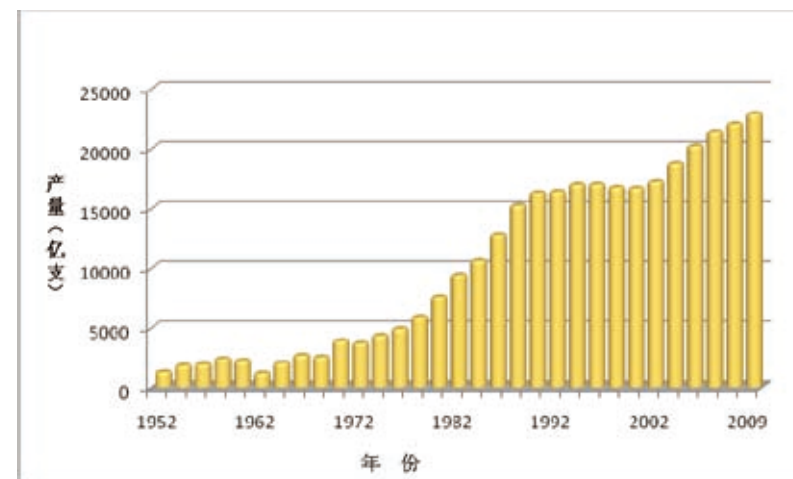
Chapter 4 Tobacco control activities continue to progress, while counter activities make unbridled attacks

Following adoption of the FCTC, the Chinese government and people from all walks of life have been working to actively implement the FCTC. Much work is reflected in the actions of the Members of the National People's Congress, Participants to the National Political Consultative Conference and relevant Government authorities who have submitted proposals and carried out activities to:

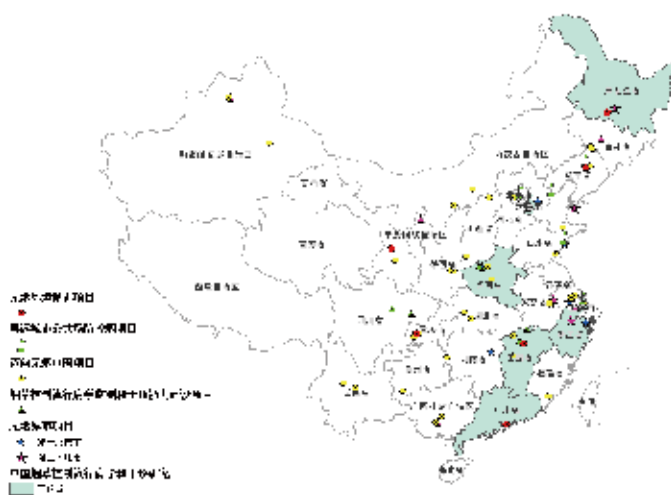
- Support for tobacco control legislation;
 - Create 100% smoke-free environments and prevent secondhand smoke hazards;
 - Reject tobacco industry promotion and sponsorship activities;
 - Promote the use of picture health warnings to improve awareness of tobacco health hazards among smokers and non-smokers;
 - promote media involvement and further the depth of tobacco control activities;
 - Conduct studies and explore how to raise tobacco tax revenues and increase tobacco product pricing;
 - Conduct surveillance and assessments of the prevalence of tobacco use and the impact of tobacco control interventions; and,
 - Reveal counter-tobacco control activities of tobacco industry.
- The tobacco industry and its related interest groups have launched many counter-tobacco-control activities, including:
- Organizing research into and preparation of the Counterproposal and Countermeasure Scheme against FCTC;
 - Distorting the Chinese version of FCTC;
 - Denying the scientific conclusions on the health hazards of smoking and

claiming smoking as smoker's right;

- Abusing the public powers of government to counteract tobacco control policies;
- Using 'low tar and low harm' marketing strategies to mislead the public;
- Encouraging tobacco consumption through disguised advertising and marketing effects of sponsorship and promotion; and,
- Making the industry bigger and stronger, including increasing cigarette production each year.



图：1952-2009年中国卷烟消费量²



图：中国开展的部分控烟项目及覆盖地区



图：烟草企业“捐助”的烟草希望小学



北京青少年发展基金会希望工程北京捐助中心与北京卷烟厂“中南海爱心基金”共同主办的“2010中南海一份爱心传递行动——蓝色风尚 为爱起跑”大型活动，采用青少年喜爱的“跑酷”形式，选择北京等5个城市进行，并将以为中南海卷烟品牌冠名的希望学校举行揭牌仪式结束。

烟盒包装违背《公约》规定，违反国内相关法规

烟草企业甚至将所谓“公益赞助”直接印在烟包上，明目张胆借“公益”推销烟草。使用多种宣传语言和图片诱导消费者。



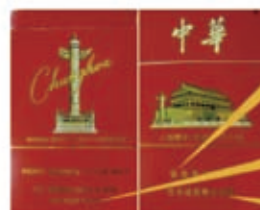
公益赞助

情感基之品牌

标出焦油含量诱导消费者

烟盒包装内外有别

图：国内销售的卷烟包装



警示信息被会蒙，没有告知具体有害因素。

警告用英文，大部分国人不懂。

警告字体依然很小，背景颜色相同。

警示面积尺寸确定模糊，实际面积未达会的要求。

国内香烟出口到国外，使用了图形标识。

图：出口到国外的卷烟包装



国内销售的卷烟包装拒绝使用图片形式的健康警示。被国际舆论批评为“只要美丽的烟盒，不要公民的健康”。



第五章：控烟政策效果不佳，与《公约》要求差距甚大

尽管《公约》在中国生效已近五年，但国内现有法律法规与《公约》的要求相距甚远，还未有国家级室内公共场所、室内公共场所禁止吸烟的法律法规，也没有单独的有关控烟的法规；广告法迟迟未修订，烟草税率和卷烟价格偏低，且税价不联动，《执业医师法》中未把劝诫患者戒烟作为规定写入，以履约名义出台的《我国境内卷烟包装标识规定》基本上是烟草企业反对公约的纲领文件《双对方案》相关条款内容的翻版。

使用10项指标，对烟草控制的5个关键政策：保护人们免受二手烟危害，帮助戒烟，警示烟草危害、全面禁止烟草广告、促销和赞助，烟草加税的执行情况进行评价。评价结果显示，5项政策履行的平均分为百分制的37.3分，和100多个《公约》缔约国比较，各项政策的执行情况均排在最后几名。室内工作场所和公共场所过去30天有人吸烟的比例分别达到63.3%和72.7%，即使在那些有完全不准吸烟的场所，依然有25.5%人发现有人吸烟。过去12个月就医的吸烟者中，将近60%医生没有询问他们的吸烟习惯，67%没有得到医生劝诫戒烟。60%的吸烟者过去30天注意到烟盒上的健康警句，但其中63.6%并不会使他们考虑戒烟。20%的人过去30天注意到烟草广告、促销和赞助。其中76.3%注意到直接烟草广告，50%都从电视上看到烟草广告。烟草加税不加价，卷烟价格仍然偏低，中国人群中，有1.5亿（占吸烟者的50%）的吸烟者购买5元一盒或更低价位的卷烟，每百盒卷烟的花费仅占2009年人均国内生产总值的2.0%。充分地证明了中国控烟履约政策的执行十分不力。

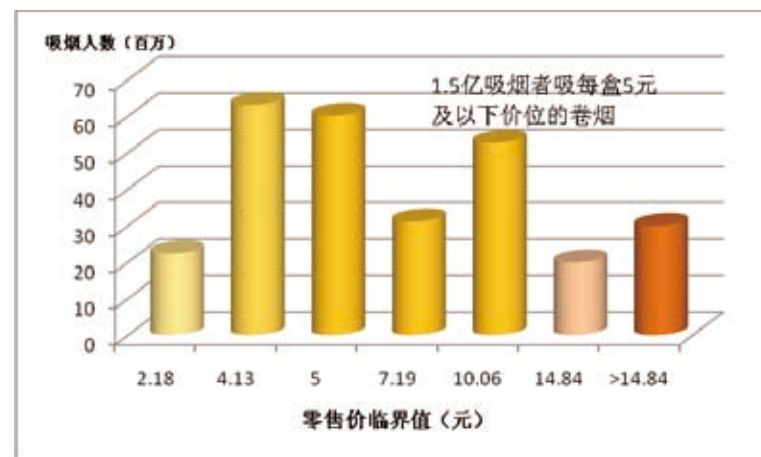
以履约名义出台的《中华人民共和国境内卷烟包装标识的规定》与《公约》要求差距明显，而和烟草企业出版的反控烟的“双对”方案一致

	《公约》和实施 准则要求	中华人民共和国境内 卷烟包装标识的规定	《双对方案》的建议
位置	正、背面应在烟盒 包装的上部	下部	建议警句面积达到30% 的底线即可，放置位置 可灵活掌握，最好放置 在整个侧面，其达到 30%的要求，不宜放在 正面，可考虑背面。
面积	尽量保证占可见部分 的50%及以上	30%的面积，仅划线范围	
警句	应是大而明确、醒目 和清晰	中文字体采用黑体字， 英文采用Arial Narrow 字体，中文字体高度不 得小于2.0mm，英文不得 大于相应汉字。	
图像使用	采用图片或象形图	不采用图像	建议我国不采取图片或 象形图的形式
颜色	文字背景使用对比色	颜色采用与警句区域底 色有一定差异的色组。	建议不能采取黑框白底 的形式，警句底色最好 与原包装色统一。
轮换	健康警示的图像部分 应轮换+显现多种健康 警示与信息	同义轮换，没有规定轮 换的时间	建议轮换周期最低为一 年。
信息内容	具体、明确揭示的烟 草危害	放置的警句为“吸烟有 害健康，尽早戒烟有益 健康”	警句内容应结合中国国 情，不可采取欧盟、加 拿大等过于偏激的用 语。“其他适宜的信 息”是可以有发挥空间 的，可做一定研究。
语言	主要语言（当地主 要语言）	一面是英文、英文非中 国主要语言	以中文为主
成分与释放物的信息	不应在包装和标签上 作出关于烟草成分和释 放物的定量或定性说明， 暗示某一种品牌比其他 品牌更少危害	注焦油量、烟气烟碱量 及烟气一氧化碳量等烟 气成分和释放物的信息	可尝试采用颜色标识来 区分“低焦油”“淡 味”、超淡味”、“柔 和”，并做好对消费者 的宣传，是消费者真正 了解包装用语的含义。

Chapter 5 The poor effects of tobacco control policies, with considerable gaps in relation to FCTC requirements

Though the FCTC has been in effect in China for nearly five years, there are still considerable gaps between the existing laws and regulations and the FCTC requirements. There is no national-level law on banning smoking in indoor public places and workplaces, and there is no designated law on tobacco control; the Advertisement Law remains unrevised, tobacco taxes and cigarette prices are still low and not linked with each other; the requirement to encourage patients to quit smoking is not yet included in the Medical Practitioner Law; and the Regulations on Cigarette Packaging and Labeling in China issued in the name of FCTC implementation are basically duplicates of the corresponding items of the Counterproposal and Countermeasure Scheme, which is a principal document of the tobacco industry against the FCTC.

Ten indicators were used to evaluate the enforcement of five key policies: protecting people from hazards of secondhand smoke; offering assistance to quit; warning about the harms of tobacco use; banning tobacco advertisement, promotion and sponsorship comprehensively; and raising tobacco tax and price. The results indicate that the average enforcement score of the five policies is 37.3 out of 100 PTS, which ranks very low among over 100 FCTC Parties, indicating poor FCTC implementation and tobacco control enforcement. A recent survey indicates that overall, 63.3% and 72.7% of adults noticed people smoking in indoor workplaces and public places in the last 30 days, respectively. Even where there is a complete ban on smoking, 25.5% of the survey respondents reported to have noticed smoking. Approximately 60% of smokers were not asked about their smoking habits and approximately 67% were not advised to quit on their visit to their doctors. Sixty percent of adults noticed health warning messages on cigarette packaging and in the media in the last 30 days, 63.6% stated that they would not consider quitting. Twenty percent of respondents noticed tobacco advertising, promotion, and/or sponsorship activities in the 30 days prior to the survey. Among them, 76.3% noticed the direct advertising and 50% noticed from TV programs. Raising tobacco tax without raising the retail price of products correspondingly keeps cigarette prices very low in China, where some 150 million (50% of smokers) among the Chinese population buy one pack of cigarettes for 5 Yuan or less and the expenditure for 100 packs occupied merely 2.0% of the per capita GDP of 2009.



图：中国吸不同价位卷烟的吸烟人数，2010

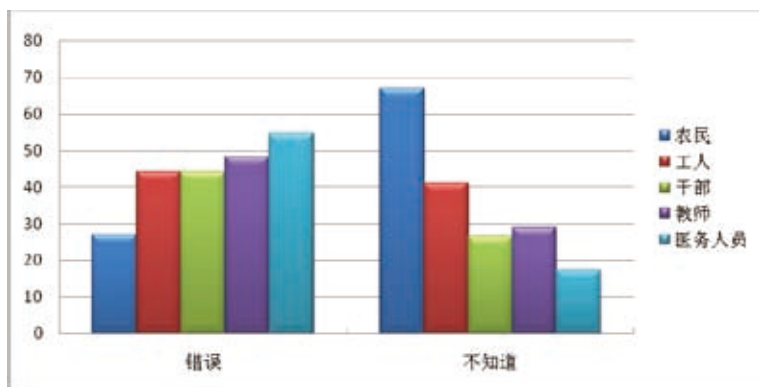


第六章：烟草危害认识欠缺，控烟意识薄弱

一、人们对吸烟和二手烟危害的认识不足。2010年全球成人烟草调查表明：3/4以上的中国人不能全面了解吸烟对健康的危害，2/3以上的中国人不了解二手烟的危害。二、中国人群对吸烟和二手烟危害的认知略有改善，但未发生根本性变化。过去15年，中国人群对吸烟和二手烟带来的健康风险的认识情况有所提高，但是仍然有很多人对吸烟和二手烟暴露的具体健康风险不了解或不知道。三、大部分中国人对“低焦油等于低危害”的错误观点缺乏认识，2010年全球成人烟草调查表明，86%的人对“低焦油等于低危害”的错误观点缺乏认识，并且教育程度高者，如医生、教师等人群有错误认识的比例更高，主要与烟草企业误导宣传有关。

Chapter 6 Inadequate awareness of hazards of tobacco use and weak awareness of need for tobacco control

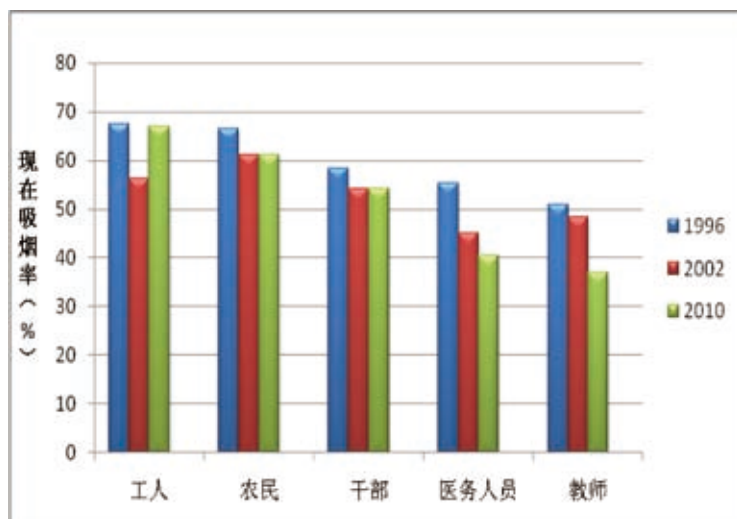
The people's awareness of the hazards of smoking and secondhand smoke is insufficient. The findings of the Global Adult Tobacco Survey (GATS) 2010 indicated that more than 3/4 of Chinese people do not know the health hazards of smoking comprehensively, and over 2/3 do not know the hazards of secondhand smoke. While over the last 15 years, awareness of the health risks from smoking and secondhand smoke among the Chinese population has improved, many still don't know the specific health risks comprehensively or at all. The GATS 2010 findings also indicate that 86% of the Chinese people have misperceptions about 'low tar and low harm', and these misperceptions are more common among the better-educated groups such as medical professionals and teachers. This is mainly with the result of the misleading communications introduced by the tobacco industry.



图：不同职业人群对“低焦油等于低危害”的认识，2010

第七章 男性烟草使用率居高不下，二手烟暴露问题突出

一、我国男性人群烟草流行水平居高不下，吸烟人群依然高达3亿人，与2002年相比没有变化，男性吸烟率虽有微弱下降，但仍处于高平台期，以2000年人口普查数据进行标化，我国近十年来标化吸烟率几乎没有变化。二、1996年、2002年和2010年的三次调查结果显示，戒烟率和戒烟人数和戒烟水平虽有所上升，但复吸比例高，戒烟成功率极低。三、1996、2002、2010年三次调查结果显示：中国近十几年的二手烟暴露水平基本没有变化，2010年估计大约7.4亿不吸烟人群遭受二手烟暴露。女性暴露略有降低，家庭中的二手烟暴露略有好转，但公共场所和工作场所的二手烟暴露十分严重。



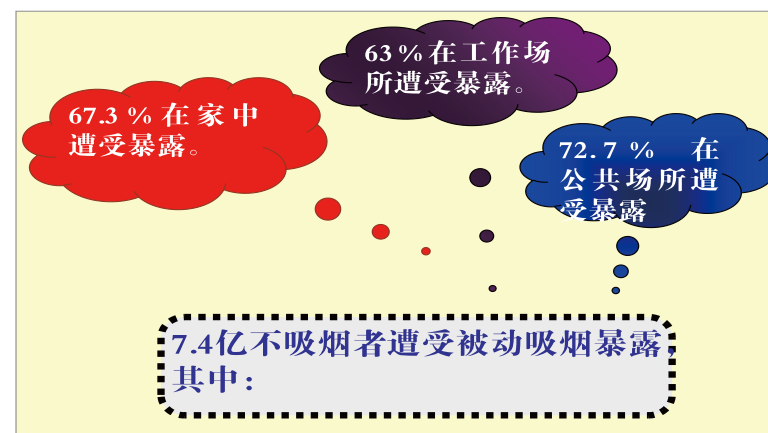
图：中国五种职业男性现在吸烟率 (%)

Chapter 7 Tobacco use prevalence in males remains very high and exposure to secondhand smoke remains very serious

Tobacco use prevalence among males remains at a very high level in China. The GATS 2010 report shows that the number of current smokers in China is over 300 million, which is almost the same as in 2002. Despite a very slight reduction, the male smoking rate still remains at a high plateau stage. In fact, when adjusted with the 2000 National Census Data, the standardized Chinese smoking rate sees no change over the last decade or so. Although the proportion and number of quitters has been increasing, the relapse rate is high based on survey findings from 1996, 2002 and 2010.

The 1996, 2002 and 2010 survey results also indicate that: Exposure to secondhand smoke has not changed over the last ten years or so. It is estimated that some 740 million non-smokers suffered from exposure to secondhand smoke in 2010. While, the exposure rate has dropped a little among women reflecting an improved situation in home environments, secondhand smoke exposure remains serious in public places and workplaces.

中国人群的二手烟暴露 - 2010



第八章 烟草使用的健康危害巨大，社会经济负担沉重

对烟草使用带来的健康效应分析显示，2000年后，我国男性人群在20多年的高吸烟率后，其负面健康效应正在显现：烟草归因死亡人口众多，疾病负担沉重，2000年后归因于吸烟相关疾病的死亡上升迅速，2005年中国人群中归因于烟草使用的死亡已达120万人，其中有33.8%在40—69岁之间死去；2030年烟草归因死亡估计占40岁以上人口死亡的25%，超过300万人。这些疾病都会带来相当程度的劳动力损失，以脑卒中为例，在存活的脑血管病患者中，约有四分之三不同程度地丧失劳动能力，其中重度致残者约占40%。烟草归因的疾病负担（DALY）占了这些疾病负担的23%。在未来20年，烟草归因死亡将继续快速上升，进入烟草归因疾病负担的高峰，将与我国“人口红利”期的结束一致，这无疑将使全社会面临沉重的疾病负担，对医疗服务和医疗保障体系带来严峻挑战。

由吸烟而产生的医疗费用和吸烟导致的生产力损失正在逐年增加，而且增加的幅度持续不断扩大。虽然以“纳税大户”和涉及的就业人员众多为理由反对控烟，但综合效益分析表明，现在烟草行业带来的净效益已是负值。目前的“以税控烟”的政策既能控烟又能增加政府的税收，控烟并不会危害国家和地方的经济。

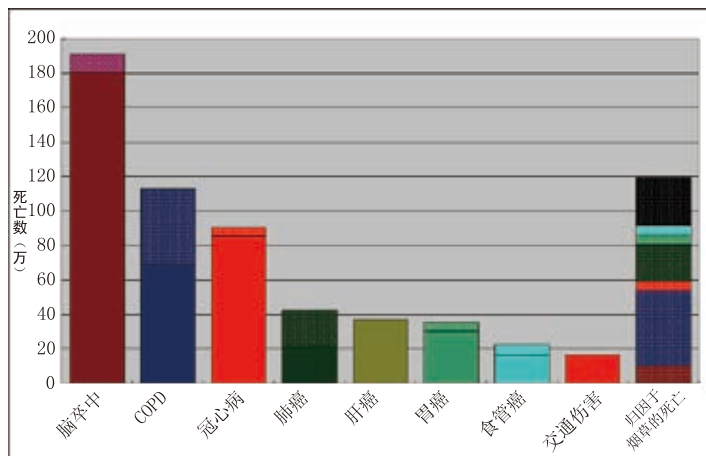
烟草行业已经成为中国最大的健康危害型产业，成为经济转型、产业转型的“重中之重”。而且人群对烟草需求的变化需要一个较长的期限，中国的烟草业在未来20年完全有机会进行转型，这完全符合中国未来“十二五”时期经济发展方向转型的根本方向。

Chapter 8 Tobacco use causes enormous health hazards and a heavy social and economic burden

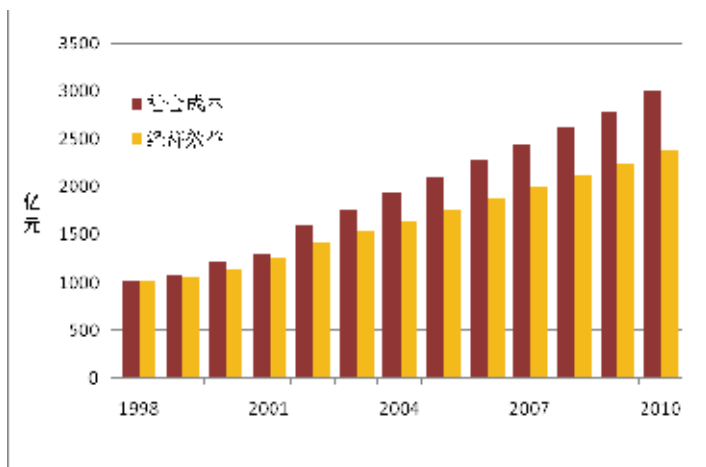
The study on the health effects of tobacco use revealed that the negative effects on health are emerging after more than 20 years of high smoking rates among Chinese men: The number of deaths attributed to tobacco use has increased rapidly since 2000 and has reached 1.2 million among the Chinese population, 33.8% of which occurred between 40-69 years of age. Tobacco-attributable deaths are now estimated to account for 25% of total deaths among those aged 40 years or older. Tobacco-related diseases cause considerable loss among the labor force. Take stroke for example. Among the surviving cerebra-vascular patients, three out of four have lost some of their ability to work, with 40% suffering severe disabilities. Tobacco-attributable disability adjusted life years (DALY) account for 23% of the disease burden. In the next 20 years, tobacco-attributable deaths will continue to increase quickly. The peaking of the tobacco-attributable disease burden will coincide with the closure of China's 'population bonus' period, which will undoubtedly cause intense disease burden upon the entire society and pose serious challenges for the medical services and medical insurance system.

Tobacco-related medical expenditures and loss of productivity are increasing by the year at an expanding rate. People may argue on the basis of 'big taxpayer' or numerous employees, but the integrated benefit analysis shows that the net benefit generated by the tobacco industry is already below zero. The current policy to 'control tobacco via tax' may increase government tax revenues without compromising the national or the local economy.

The tobacco industry has become the largest industry endangering health in the country. This should be a key priority in relation to economic transformation and industrial restructuring. In fact, since the changes in the population's demand for tobacco will take a long time to happen, the Chinese tobacco industry may have the next 20 years for transformation. This is entirely consistent with the basic orientation of the 12th Five-year National Plan.



图：中国人群烟草归因死亡（2005年）



图：我国烟草业社会成本与社会收益评估（1998-2010）（亿元）

第九章 结论与建议

→ 经过分析，得到以下四点结论：

- 1) 《公约》在中国正式生效近5年（2006年1月-2011年1月）中，但控烟效果微弱，距离目标差距甚远。虽然各界做了大量工作，但反控烟力量消解了控烟的效果。
- 2) 烟草流行后果严重，成为“第一大杀手”。持续不降的高吸烟流行水平造成了巨大的全民健康危害和社会经济负担，后果十分严重。
- 3) 控烟履约绩效得分很低，与《公约》要求差距巨大。这与中国控烟履约后，法规修订工作基本没有进行，甚至借履约之名，发布反控烟政策等因素有关。
- 4) 烟草业阻挠控烟工作是导致控烟效果不佳的主要原因，但根本原因是合二为一的国家烟草专卖局和烟草总公司作为中国政府履行《公约》领导小组的主要成员单位，利用政府的公权力继续促进烟草的生产和销售，阻碍控烟履约相关政策、法律等的创建和实施，公开进行不利于控烟履约的工作和活动，如利用慈善进行烟草品牌的传播等，违背了中国社会经济发展的根本目标。

→ 具体建议：

中国在“十二五”时期开始应该实施“全面控烟”国家战略，国家领导人应公开承诺保护人民健康，控制烟草流行的强烈政治意愿；中国政府对全面控烟做出重大决策和战略部署；制定国家全面



控烟专项规划，明确国家全面控烟的总目标和具体的量化约束性指标；在相对短的时间内（即“十二五”、“十三五”规划期间）从最大的烟草生产和消费国转变为主动控烟国，从局部控烟国转变为全面控烟国；从世界最大烟草生产消费国转变为世界上最积极、最有效控烟大国；国家公务人员带头控烟，起到示范所用；限制烟草产业发展、促进企业转型；采用经济手段控制烟草消费等系列控烟政策。

中国控烟只能成功不能失败！

Chapter 9 Conclusions and Recommendations

→ The Report highlights four main conclusions:

1. The impact of tobacco control has been insufficient and smoking prevalence in male remains at the top level;
2. The health consequences of the tobacco epidemic are very serious and tobacco smoking has become the ‘Top Killer’ of the Chinese population;
3. China is doing poorly in implementing the FCTC with a performance score of only 37.3 points of 100 possible points; and see a large gap from the FCTC requirements; and
4. Intervention of the tobacco industry is the underlying causes of the poor impact of tobacco control.

→ Specific recommendations:

- 1) The objective of comprehensive tobacco control should be included in the Outline of the 12th Five-year National Plan as one of the binding indicators for government action at all levels to enhance people’s health.
- 2) State leaders should fully express their political will for and commitment to comprehensive tobacco control.

- 3) The Chinese Government should make major decisions and strategically plan for comprehensive tobacco control.
- 4) The relevant ministries of the State Council should develop the National Special Action Plan on Comprehensive Tobacco Control.
- 5) The Standing Committee of the National People’s Congress should establish the National Law on Avoiding Secondhand Smoke Exposure in Indoor Public Places and Workplaces as soon as possible.
- 6) The administrative mechanism of the tobacco industry should be reformed, and the government’s roles in comprehensive tobacco control should be defined clearly.
- 7) The Chinese Communist Party and government officials, civil servants and employees of public agencies must take the lead to ban smoking in public places and work places.
- 8) Potent measures should be taken to restrain the tobacco industry and foster its comprehensive transformation.
- 9) An economic approach should be employed for tobacco control and restraining tobacco consumption demand.



专家点评

Comments by Members of Expert Panel

China has the opportunity to become a global leader in tobacco control by showing that it can be successful in addressing the world's largest tobacco epidemic. The world is watching and waiting with hope that China will take strong steps to end the epidemic. This assessment provides timely guidance on how to do so.

Jonathan M. Samet, MD, MS
Professor of University of Southern California

吸烟的危害性众所周知。但是我国控烟进展极为落后。其中必有原因。据我看，一是烟草管理机构的官员有自身利益的考虑。其利益可能和戒烟有矛盾。

——经济学家 茅于軾

报告中观点的提出和对策建议的运作，需要政府、学者、企业共同努力，需要人们素质提高和全社会共同参与，控烟事业发展任重道远，呼唤更多的人像杨功焕、胡鞍钢两位教授推动民生事业不断发展。

——国务院参事，全国人大教科文卫委员会委员 马力

认真履约，搞好中国的控烟，不仅是坚持预防为主的卫生工作方针，预防疾病，确保国民健康的需要，更是坚持党的“以人为本”的科学发展观的需要。

——中国控制吸烟协会常务副会长 许桂华

当我们做出了“要健康，不要烟草”的正确选择之后，必须要有政策法规的保证、必须开展健康促进和健康教育，也绝对需要政府、公众、全社会的共同努力。

——新探健康发展研究中心主任 王克安

发动广大医务人员投入控烟的宏伟事业，带头戒烟，用医生的健康形象影响公众与患者。

——著名心血管病专家 胡大一

If the plague of tobacco use were a dangerous infectious disease, all such elements of Chinese society would band together to control it immediately. We can do no less given the threat and certain burden of tobacco.

Jeffrey P. Koplan, MD, MPH Vice President For
Global Health at Emory University

This report would move China closer to fulfilling its treaty obligations and would advance the long-term health and economic well-being of its citizens.

Professor Dr. Judith Mackay Senior Advisor,
World Lung Foundation

● 中共十七届五中全会提出加快转变经济发展方式要坚持把保障和改善民生作为根本出发点和落脚点。我认为对控烟的立场和态度，反映出我们的发展是否真正为了人民的利益。衷心希望我国的控烟工作能在“十二五”期间取得突破性的进展。

——全国人大常委会副委员长 韩启德

● 尽管目前的控烟工作还存在着方方面面的压力和阻力，法学界在控烟领域的研究工作还面临一系列挑战，但通过借鉴相关国家和地区的先进立法经验和制度，逐步摸索出一套符合中国国情的烟草控制和健康促进法律体系是我们的最终目标。

——中国政法大学副校长 马怀德

● 《评估报告》提出的一系列建议采取的控烟措施，都是根据《公约》我国应当采取的，也是我们为了控烟必须采取，而且也是切实可行的。

——中国社会科学院国际法研究所教授 刘楠来 赵建文

● “今天的努力 明天的希望”——控烟与中国的未来紧密相连。我们今天的控烟行动一定会在将来获得丰厚的回报。

——中华预防医学会会长 王陇德

● 烟草之害远大于地震，SARS和海啸！

——中国医师协会会长 殷大奎



杨功焕，中国疾病预防控制中心副主任，控烟办公室主任，中国控制吸烟协会副会长兼学术委员会主席，研究员，博士生导师。在慢性病防控与疾病监测方面有多项贡献。在烟草控制方面，主持1996、2002和2010三次全国人群吸烟行为调查，吸烟与健康，社区为基础的综合干预实验等多项研究，曾获世界卫生组织烟草控制杰出贡献奖、中华医学科技奖二等奖等多项奖项，出版了23多部专著和合著，在JAMA，LANCET等权威医学杂志上发表了70多篇学术文章。



胡鞍钢，现任中国科学院-清华大学国情研究中心主任，清华大学公共管理学院教授、博士生导师，兼任国家规划专家委员会委员、国家减灾委员会专家委员会委员、国家环保部专家咨询委员会委员等社会职务。曾出版各类专著、编著图书61部，学术论文近300篇。曾获得国家自然基金委杰出青年基金、复旦光华管理学杰出贡献奖、国家科技进步三等奖、中国科学院科技进步一等奖、北京市科技进步二等奖等奖励。

控烟与中国未来

| 内容简介 |

本报告从经济和健康的不关系出发，系统回顾了中过控烟的投入情况，回顾了世界卫生组织《烟草控制框架公约》在中过生效近5年的烟草控制和反控制活动，评价了控烟立法现状和执行效果，描述了人们烟草危害健康的知识、态度的变化，分析了人群吸烟、戒烟，以及二手烟暴露的变化；同时估算了中过烟草流行带来的健康危害和社会经济成本。

顺应“十二五”经济发展方式转型思路，报告显示，政府监管和投入严重缺位和不足是导致控烟效果不佳的主要原因，但根本原因是合二为一的国家烟草专卖局和烟草总公司作为履行《公约》领导小组的主要成员单位，利用政府的公权力促进烟草的生产和销售，阻碍控烟履约相关政策、法律等的创建和实施，公开进行不利于控烟履约的活动，违背了中国社会经济发展的根本目标。

结论：

- 1) 控烟效果微弱，吸烟率居高不下。
- 2) 烟草流行后果严重，成为中国人群健康的“第一大杀手”。
- 3) 控烟履约绩效得分很低，与《公约》要求差距巨大。
- 4) 烟草业阻挠控烟工作是导致控烟效果不佳的根本原因。

建议：

- 1) 将全面控烟目标正式纳入《国家“十二五”规划纲要》，作为各级政府履行和实现人民健康的约束性指标之一。
- 2) 国家领导人充分表达全面控烟的政治意愿和政治承诺。
- 3) 政府对全面控烟作出重大决策和战略部署。
- 4) 制定《国家全面控烟专项行动计划》。
- 5) 尽快制定国家级《室内公共场所和工作场所免受二手烟烟雾危害法律》。
- 6) 改革行业烟草管理体制，实行政企分开，明确政府全面控烟管理职能。
- 7) 党政干部、公务员、公共机构人员必须带头在公共场所禁烟。
- 8) 采取有力措施限制烟草产业、促进全面转型。
- 9) 采用经济手段控烟，抑制烟草消费需求。