Commentary on Liu *et al*, 'Prevalence and patterns of tobacco smoking among Chinese adult men and women: findings of 2010 national smoking survey'

Steven D Stellman

LOOMINGS

I first became cognizant of the massive public health problem of tobacco use in China at a 1985 IARC conference in Moscow organised by David Zaridze and Richard Peto (later Sir Richard), where Yu-Tang Gao of the Shanghai Cancer Institute reported that "about half of the male adults in Shanghai are smokers."[1] Smoking prevalence in the USA had not been that high since the early 1970s; by 1985 it was 36.8% in US white males[2] and only 23.6% in more than half a million male participants in Cancer Prevention Study 2.[3]

THE LIU STUDY

In this issue of the *Journal of Epidemiology and Community Health*, Liu *et al*[4] show that smoking prevalence in China has remained relentlessly high, with 54% of men current smokers and only 8.4% ex-smokers. Although this is an improvement over the prevalence of 63% in a 1996 survey, it still has ominous implications for life expectancy, burdens on the healthcare system, social relationships in families and the broader economy. Given China's place as the world's most populous country, projections of new cases and deaths from lung and other cancers number are in millions.[5 6] As Paskett has dryly observed, "The worst is yet to come".[7]

WHAT IS NEW

The Liu study provides fresh data on exposure to tobacco promotion in many forms, including stores, print and broadcast media, and public transportation. One somewhat bright spot is that about half of the current male smokers who had visited healthcare providers in the preceding 12 months had been advised to quit smoking. However, it is likely that many were in such an institution because of existing illness. Cessation is far more effective in those who are still healthy. It is also disturbing that most current smokers did not express an intention to quit, since this is widely seen as an essential early step in the complex behavioural process leading to cessation.[8] A minuscule proportion of current male smokers (0.9%) had tried a 'Western' form of cessation therapy such as nicotine replacement therapy.

There is, however, opportunity for cautious optimism over the long term. This survey comes more than 10 years after China ratified the WHO Framework Convention on Tobacco Control, which in principle commits it as a country to a sweeping range of policies that have demonstrably contributed to the decline in tobacco use in Western countries, such as smoking bans and smoke-free environments, bans on advertising and sponsorship, health warnings on tobacco products and substantial increases in excise taxes.

Unmentioned in this report, however, is the elephant in the room, namely the Chinese government itself. The China National Tobacco Corporation, founded in 1982, is the largest single manufacturer of tobacco products in the world, and cigarette sales are an important domestic revenue source. Regulation in the sense that Americans or Europeans would recognise it is the province of the State Tobacco Monopoly Administration which, among other things, oversees warning labels and compliance with advertising restrictions. This could be considered an archetypical conflict of interest. As one commentator noted, "For all practical purposes, China National and its regulator are the same entity: They share headquarters in Beijing and have the same organizational structure, the same website, and even the same chief executive."[9]

WHAT IS TO BE DONE

Nevertheless, governments do respond to pressure. Yang reports a wide range of legislative responses in China, including adoption of many policies that have long been popular in Western countries such as bans on smoking in public places.[10] He advocates the formation of a National Tobacco Control Bureau to coordinate these activities. Success, however, ultimately depends on how inherent intragovernmental conflict plays out, and that in turn can rest on mobilisation of extragovernmental stakeholders. Chinese advocates might take a leaf from other countries, especially the USA, where the tobacco industry, though private, is firmly entrenched with historically strong governmental ties and support.[11] However, the USA is also home to a wide range of governmental and non-profit organisations that for decades have provided support, encouragement and education for smokers at all stages of cessation decisions. Countervailing pressure has long been bottom-up from a mixture of anti-tobacco advocacy groups, non-profit organisations such as the American Cancer Society and American Lung Association, working independently and in partnership with strong government agencies such as the Centers for Disease Control and Prevention and State and local health departments. These organisations are part of an extensive anti-smoking network in which countering the tactics of the tobacco industry politically takes place alongside providing cessation advice and services for individuals. Perhaps the newly formed non-governmental organisation China Tobacco Cessation Alliance, a nationwide clinical system that aims to provide hitherto unpopular cessation services, may spark such a movement.

Halting the juggernaut of tobacco-related deaths in China cannot be accomplished overnight. The extent of China's adherence to its commitments in the coming decades will, to a large extent, determine the dominance of tobacco as a cause of death and illness. Gao told the 1985 IARC conference "there is an urgent need to adopt effective measures against smoking in the general public." That warning stands today.

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Correspondence to Dr Steven D Stellman, Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, NY, USA; sds91@columbia.edu

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