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# New Steps for Tobacco Control In and Outside of China

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## Abstract

In China during the last decade, citizens have rarely agitated against the ubiquity of cigarettes, at the same time that tobacco products have been responsible for killing more than a million people a year and tobacco-control programs have been enjoying a marked growth in logistical support, discursive attention, and funding. In this article, the author argues that China's ongoing popular quiescence regarding tobacco stems in part from strategic miscalculations that public health advocates are making. Favoring conceptual logics of expertise, population management, health economics, disease etiology, and rational choice, tobacco control in China is leaving unproblematized the political economic sources of cigarettes, the social suffering tobacco generates, and the ethics, everyday practices, and desires binding citizens and cigarettes together into webs of sociality. Bringing anthropological research to bear, the article describes ways that these strategic miscalculations have unfolded and makes suggestions for alternative ways that public health advocates can help Chinese citizens achieve the collective purpose to repudiate tobacco.

## Keywords

tobacco, China, political economy, social suffering

## Introduction

Tobacco control has been undergoing increasing institutional, discursive, and financial support in many parts of the world recently. This growth, however, pales in comparison with the massive shadow being cast by the global tobacco pandemic. In the 20th century, 100 million people perished prematurely as a consequence of tobacco exposure; in the 21st century, tobacco-induced deaths will likely rise 10-fold, with a billion people dying from smoking.<sup>1</sup> How and to what effect the tobacco-control movement unfolds in the years to come is thus of profound human consequence. This article argues that there are significant reasons to worry about not only how tobacco control is currently developing as an arm of global health intervention but also the effects it is having and whether it can produce sufficient momentum for ongoing expansion. Special attention is given here to the People's Republic of China (PRC), in an effort to provide a geographically

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grounded illustration; however, this analysis is not meant to be seen as inapplicable to other parts of the world.

The primary assertion here is that, as most often practiced in contemporary China, tobacco control rarely serves to promote popular mobilization against tobacco. It flounders because it insufficiently addresses the political economics of production, the social suffering that cigarettes generate, and the meanings, affects, and daily practices that make cigarettes intimate parts of people's social relationships. By ignoring these issues, public health advocates have been missing important opportunities to help Chinese citizens achieve the collective purpose of avoiding cigarettes and repudiating tobacco merchants.

Consider for a moment an interview that I conducted a few months ago with a former factory worker in China's southwest Yunnan Province:

MK: I'm curious about the people you know who smoke cigarettes. Could you tell me a little about them?

Lin Zixi: Who do I know that smokes? How long do you have to chat? I know some women who smoke, not as many as men, that's for sure, but [I know] some. With men, it's the opposite of course. Some don't smoke, but so many do. Men who I used to work with, ones in my family who I see during holidays, men in my residential building, my old classmates, the guys who I play chess with in the afternoons, who treat me when I'm sick, who cut my hair . . . most of them smoke. Men get together, cigarettes are passed back and forth and are lit up. We give each other a little face, we enjoy something together. The rest of the time, each of us are at home, out on the street, eating, working . . . we make all this time go a little easier by smoking.

MK: Are there people you know who've gotten sick and died from tobacco-related diseases?

Lin Zixi: Well, if you mean people who smoked for a long time and died from something like heart disease, stroke, respiratory ailments, or all the many kinds of cancer smoking can cause . . . lung, stomach, I heard on TV it can even cause kidney and bladder cancer! . . . well, I'm 65 this year . . . every direction I turn, I see that kind of thing. It's everywhere! My father died of heart disease. My uncle of stroke. My brother of lung cancer—leaving his wife and children in terrible economic difficulty. They've never recovered. What family doesn't confront that kind of trouble? One tries not to think about it.

The worldwide tobacco pandemic is not in the distant future, certainly not in China, as Mr. Lin's words attest. The pandemic has arrived, enveloping intimate corners of social experience, and wreaking devastation on families. Yet like people in regions of the world with far weaker public health services, all too often Chinese citizens like Lin remain demobilized regarding the carnage cigarettes are causing society. Whereas many apprehend that harm, to a greater or lesser degree, few citizens are inclined to go beyond dissuading themselves from smoking, in order to alter more significantly the terms undergirding the broader tobacco pandemic.

There are signs recently of stirring, to be sure. Compared with a decade ago, the average Chinese citizen is better informed that cigarettes pose health risks, the well-educated are smoking at modestly lower rates, and a handful of individuals have filed lawsuits over the past few years against tobacco interests (thus far all summarily dismissed). Nonetheless, sales of cigarettes continue to grow nationwide, the total number of Chinese smokers is rising, smoking-cessation clinics established recently sit idle most of the year, and "No Smoking" signage is routinely flouted. Nearly everyone in the PRC is consistently exposed to secondhand and thirdhand smoke, and most people treat the ubiquity of toxic cigarettes as normative rather than something worthy of

public ire, legal complaint, petition, or additional forms of collective action. Chinese citizens, particularly urbanites, are hardly passive today when it comes to other health threats. Public heckoring, legal actions, grassroots institutional formation, and protests targeting other spheres of injury have become commonplace across China in recent years. Traffic accidents regularly erupt in verbal accusation. Major Chinese cities are now peppered with nongovernmental organizations (NGOs) addressing various risks to health like HIV/AIDS and pollution. Chinese citizens file tens of thousands of petitions, consumer rights claims, and lawsuits every year, a large percentage regarding threats to health and well-being. “Mass incidents” (as the Chinese government calls protests, riots, and sit-ins) flare up hundreds of times a day nationwide, fueled by disgruntlement over everything from cadre corruption, pension payments, ethnic tensions, to workplace injury, environmental spills, unsafe housing, garbage mismanagement, and food contamination.<sup>2,3</sup> Why, then, is there so little public outcry pertaining to tobacco?

It is not for a lack of quantitative information. China’s leading online search engine Baidu indexes for the period of 2007 through the end of 2009 more than 3000 news items in Chinese language with titles combining variants of smoking/tobacco + health/death/disease/cancer. During the past 30 years, there has been a 100-fold growth in academic journal publications (both English and Chinese language) addressing health and tobacco in China.<sup>4,5</sup> Why does all this discourse fail to incite greater popular action against tobacco? Is there something wrong with tobacco control as it is being deployed in China, both in terms of the knowledge produced and the overarching designs of interventions?

The main argument forwarded here is that tobacco control in China too often falls short because it emphasizes conceptual logics—expertise, population management, health economics, disease etiology, rational choice—while largely disregarding the political economic sources and histories behind the cigarette’s ubiquity in China, the social suffering it generates, and the ethics, everyday practices, and desires binding citizens and tobacco together into webs of sociality.

## Methods

Since 2003, qualitative and quantitative data have been collected on (a) interventions and discourses relevant to tobacco control in the PRC and (b) the production, marketing, uses, and effects of cigarettes in China. Data collection has occurred through various means common to anthropological research. These methods have been strategically deployed to best fit each area of inquiry. They have included techniques such as open-ended and structured interviews, participant observation, surveys, and focus groups. They have also entailed modes of textual accumulation, targeting materials, including archival records, marketing copy, academic documents, and governmental, intergovernmental, corporate, and NGO publications. Primary sites of field study have been the cities of Kunming and Beijing as well as tobacco-control conferences held in and outside of China.

## Representations From the Press and Academy

When it comes to tobacco and health, what is discussed in Chinese academic journals and newspapers? Topics are of course varied, but common features exist. Statistical data regarding smoking rates (eg, that upward of 60% of men and less than 4% of woman smoke nationwide), biological aspects of tobacco toxicity, and current and projected indices of smoking-related morbidity/mortality are often found. Also commonly discussed are programmatic efforts underway to control tobacco use. These efforts are usually depicted as carried out by experts on behalf of either the national population, subpopulations (eg, health care professionals, high school students, urbanites), or atomized individuals whose behaviors lead to cigarette addiction. In the rare case, such atomized individuals are represented as taking a programmatic role.

More often than not, they are characterized as isolates, in need of more knowledge and/or techniques to change personal behavior.

These representations hardly ever problematize the sheer ubiquity of cigarettes in Chinese society today, the sources of that ubiquity, or the multifaceted roles tobacco has come to play in people's lives. Rarely chronicled is the way in which, since the early 20th century, a blend of state and corporate interests have systematically insinuated the cigarette into Chinese society making it a hallmark of Chinese masculinity. Seldom detailed are the ways that the PRC's variously named cigarette factories today, managed by the nation-state but in a pitched battle against each other for market share, fill China's media with deceptive marketing and flood local shops nationwide with nearly 3 trillion cigarettes a year. Never acknowledged is that scientists employed by these factories have tried for years to replicate fully the techniques developed by US tobacco companies in the 1960s to supercharge ("freebase") the contents of cigarettes, making them far more addictive than publically disclosed. And barely discussed are the ethically infused webs of social relationships, overlaid by commitments to, at once, family, gender, locality, class position, in which people and cigarettes circulate.<sup>6,7</sup>

Many times my husband has smoked, quit, smoked again. I prefer it when he's smoking than when he's quitting. He's less irritable. He's more manly (*nanzihan*, literally a man of Han), smoking fine brands—Zhonghua, Yunyan, Hongtashan. He gets along better with his pals and colleagues.

Only a detailed recognition of the ways sociality, etiquette, and addiction have come to fuse smoking and masculinity together in China can help make sense of this judgment shared with me during a dinner in 2007. The speaker was the wife of a large city government's Health Education Institute director.

Equally absent in journalistic/academic representations of cigarettes and health is a semiotics of suffering. Misses the combined social, economic, and psychological damage visited upon Chinese families by tobacco-related illness and death. A grammar of victimhood and blame is regularly communicated in China regarding other types of mass affliction—for example, the Nanjing Massacre of 1937-1938, the Cultural Revolution of 1966-1976, delayed economic development—and grammars of these kinds have in the past been central to Chinese mass mobilization, everything from the 1949 Chinese Communist Revolution to the protests that broke out in 1999 after the United States bombed the Chinese embassy in Belgrade. Annual deaths in China from tobacco now already exceed one million, but rarely if ever is a grammar of victimization provisioned to these people and their families. This is not to say no that blameology is depicted in journalistic and academic accounts. In fact, blame is transmitted, of a type quite familiar to other parts of the world.<sup>8</sup> When not depicted as a data point in a statistical matrix, the Chinese citizen who smokes and who dies from tobacco is typically portrayed as a luckless but ultimately culpable sovereign consumer: someone outfitted with all the necessary tools, information, policies, and material to avoid, consume, or quit cigarettes. He is painted as a player on an ostensibly rational field, one who is as much forewarned about the dangers of cigarettes as afforded the opportunity to buy them. So outfitted, he smokes at his own risk. And, by extension, it is only he who is held accountable for his "choices."

## Tobacco-Control Practice

Apart from the growing visibility of "No Smoking" signage, most tobacco-control efforts in China occur outside of common view and can only be well understood by studying scholarly journals, subscribing to email bulletins, spotting brief reports in the state media, attending conferences,

interacting with public health experts, and conducting fieldwork. I am not implying that little has been transpiring, only that it is not immediately patent to most citizens. Much of the activity underway in recent years relates to the Framework Convention on Tobacco Control (FCTC). The FCTC is the first treaty created under the auspices of the World Health Organization (WHO). Negotiations began in the 1990s with the accord being established in 2005. Like the WHO itself, the treaty is organized in terms of the membership structure of the United Nations. Members opt in and are then obliged to manage their national population in fulfillment of the treaty's requirements. To date, 167 of the United Nations' members, including China, have become FCTC participants.

The FCTC is largely designed around the logics of supply and demand, with weighting leaning decisively more in one direction than the other. The WHO summarizes the main features of the treaty as follows.<sup>9</sup>

The core demand reduction provisions in the WHO FCTC are contained in articles 6 to 14:

Price and tax measures to reduce the demand for tobacco, and nonprice measures to reduce the demand for tobacco, namely,

- protection from exposure to tobacco smoke;
- regulation of the contents of tobacco products;
- regulation of tobacco product disclosures;
- packaging and labeling of tobacco products;
- education, communication, training and public awareness;
- tobacco advertising, promotion and sponsorship; and
- demand reduction measures concerning tobacco dependence and cessation.

The core supply reduction provisions in the WHO FCTC are contained in articles 15 to 17:

- Illicit trade in tobacco products,
- Sales to and by minors, and
- Provision of support for economically viable alternative activities.

Sidestepping cigarettes' sources, the treaty prioritizes curbing consumer demand, having experts disrupt tobacco use across populations and among individuals. As such, a strong synergy is present between the FCTC's design and the inclinations of tobacco-control discourse regarding China—to emphasize experts acting on populations and individuals, ignore the sociality of smoking, circumvent tobacco-induced suffering, and underplay the responsibility of cigarette suppliers.

As with any treaty, implementation is the key. Pursuit of FCTC fulfillment within China remains spotty and is severely hamstrung in several ways. During the present era of marketization, Beijing expects much from provincial leaders, with keeping the economy humming being at the top of the list; and, particularly in tobacco growing regions, local leaders inherently deem FCTC implementation at odds with that principle mandate. Not surprisingly, the central government has delegated FCTC day-to-day management to an acutely understaffed office, however well-meaning, lead by epidemiologists inside the Beijing headquarters of the China Center for Disease Control and Prevention (CDC). What's more, Beijing has granted oversight of the FCTC to the Ministry of Industry and Information Technology (MIIT), the very agency that now supervises the China's State Tobacco Monopoly Administration. Under this arrangement, MIIT oversaw China's tobacco companies generate more than US\$ 60 billion in taxes in 2009, a growth of 26% year-on-year.<sup>10</sup> "It is hard to protect the chickens when the fox is not only living in the

farmer's house but buying him BMWs," one Chinese government official quipped during an interview recently.

What types of interventions have been developed in China under FCTC auspices to date? To some degree, China's CDC and its growing network of domestic and international professional tobacco-control allies have pursued nearly all treaty priorities save for illicit trade, the interdiction of which law enforcement arms of the Chinese government feebly manage. Efforts that have seen the clearest modicum of traction have all been of the "nonprice" demand flavor, as the treaty deems them, measures such as

- smoking-cessation programming, including promoting a financial-incentive program called Quit & Win and creating city-based clinics;
- reducing exposure to smoke by creating new laws and ordinances in cities, including ones requiring smoke-free public venues and workplaces;
- changing packaging and labeling of tobacco products, involving moving what remain meager text-only warnings from the side to the front of packs;
- reducing tobacco advertising, promotion and sponsorship; and
- running quantitative population studies to assess smoking-related behavior, ideation, and intervention efficacy.

## New Funding

Adding to tobacco control's visibility worldwide and certainly enhancing its role in China during recent years has been new sources of funding. Modest financing for FCTC-related programming has been forthcoming from China's central government, and token support for research has been issued by the likes of China's Ministry of Health, the American Cancer Society, International Unions Against Cancer, and the US National Institutes of Health. The greatest source of new funding, however, has been from philanthropists, who have identified China as a priority country for tobacco-control support. At the forefront have been Michael Bloomberg's bequests to the *Bloomberg Global Initiative to Reduce Tobacco Use* and to a lesser degree the Bill and Melinda Gates Foundation, which in 2008 began to recognize tobacco in its funding priorities. Since 2007, these agencies have infused US\$500 million into global tobacco control, a large sum on face value. However, with more than 1 billion cigarette smokers existing worldwide today, at least 360 million of whom live in China, that is nowhere enough money with which to run meaningful programming providing direct services to every person worldwide addicted to tobacco. The fallback logics employed for disbursing these funds, in step with the logics of FCTC implementation, most often have been those of population management, epidemiological surveillance, health economics, and mass messaging pertaining to risk.

Regarding China, Bloomberg/Gates funding has usually gone to cultivate expertise: the training, gathering, and networking of antitobacco-savvy Chinese academics, public health officials, and journalists; their surveillance projects; and their research and lobbying regarding policy changes on matters such as smoke-free venues and tax increases. This support, it is hoped, will serve to gradually galvanize local and national Chinese government leaders to implement FCTC-related policies and messaging on behalf of the respective populations they are charged with serving, and in turn change consumer demand. Significant funding has also gone to US- and European-based institutes of expertise. Major beneficiaries have included the Johns Hopkins Institute for Global Tobacco Control, the CDC Foundation, the WHO Collaborating Center for Global Tobacco Surveillance, and the International Union Against Tuberculosis and Lung Disease. Such funding is often contingent on these institutions working in China, with several recently establishing offices in Beijing staffed by local citizens trained in population sciences. In late 2008, the Gates Foundation issued US\$14 million to Emory University to help Chinese cities

devise new tobacco-control measures and US\$10.5 million to the Boston-based China Medical Board to help Chinese medical universities “conduct economic research and test models that influence smoking cessation among male healthcare professionals.”<sup>11</sup> Institutional recipients of Gates/Bloomberg multimillion dollar grants are usually interdisciplinary, employing experts with a variety of backgrounds, but in general their dominant orientations are epidemiology, applied public health, and health policy.

## Recommendations and Conclusion

The critique offered in this article does not come easily. I have the utmost respect for those working on tobacco control in China. They deserve far more praise and support than usually flows their way. More than a few are my friends. Some have funded or collaborated on projects I have designed, projects, which in a number of ways, are in step with the problems outlined above. How should we move forward? What are new tacks to pursue? Here are four recommendations:

1. *Generate a new grammar of tobacco-induced suffering and victimhood:* Health advocates are always constrained by limited budgets. A portion of those budgets, however, must be devoted to highlighting the multifaceted forms of suffering that tobacco is wreaking not just on the individual smoker but also family members. Narratives of familial victimization should be disseminated far more regularly, as much if not more than a statistical semiotics of individual risk and injury. In this regard, special attention should be given to how tobacco-induced diseases are generative of suffering among spouses and children.
2. *Denormalize China’s tobacco industry and its tactics:* In countries where tobacco control has had the greatest success recently, public health advocates have significantly denormalized not simply the behavior of smoking but also the producers and marketers of cigarettes.<sup>12,13</sup> This needs to occur in China at every turn. Too politically risky? In fact, there is ample room for such denormalization for several reasons, including that tobacco companies in China are highly localized. In the quickly changing Chinese polity, even though the Chinese domestic tobacco industry is state managed, there is structural daylight for public health advocates to tar local cigarette companies for acting immorally. One or two Chinese-run health NGOs like *Think Tank* in Beijing have started to do just this recently, without backlash because they are criticizing the local companies and not “the government” or “the Party.”
3. *Desocialize smoking:* In addition to disseminating risk information and creating smoke-free environments, tobacco-control advocates need to challenge the ethical stature of the cigarette in everyday social life. In too many contexts today across China, asking someone not to smoke is seen as impolite, smoking among males is celebrated as cool and manly, and the moral suasion of cigarette gifting induces people to light up. New public messaging projects need to turn these ethics on their head, transmogrifying the presence of the cigarette into a social affront, playing up the cigarette as a demasculating scourge, and recoding cigarette gifting as unseemly.
4. *Promote self-sustaining formal and informal networks and institutions:* Tobacco-control advocates and funders need to nurture more fully formal and informal networks and institutions to act against tobacco along the recommendations described here. This should involve cultivating new NGOs. It should entail organizing tobacco-survivor support groups, with logistical assistance from institutions such as All-China Women’s Federation or Chinese social networking Web sites. It should also involve tapping preexisting grassroots networks. For example, hundreds of local independent anticancer associations have developed across China over the past decade, with most run by cancer patients. These associations are ripe for tobacco-control mobilization.



These recommendations, even if public health leaders begin to follow them immediately, will not cause changes overnight in Chinese society. A redesign of tobacco-control programming along the lines suggested here will not suddenly trigger China's hundreds of millions of current cigarette smokers to lose their nicotine addiction and become tobacco-control activists. Nor will it cause Chinese and foreign tobacco merchants to summarily walk away from a market that generated more than US\$ 75 billion in profits and taxes last year.<sup>10</sup> Nonetheless, the strategies that public health advocates are currently deploying against tobacco are inadequate; they are failing to generate much if any popular, organized mobilization against cigarettes. Favoring conceptual logics of expertise, population management, health economics, disease etiology, and rational choice, these strategies are leaving unproblematized the political economic sources of cigarettes, the social suffering tobacco generates, and the ethics, everyday practices, and desires binding citizens and cigarettes together into webs of sociality. Only once those factors are forcefully problematized will more of the people who are being affected by tobacco's devastation—smokers, secondhand smokers, their spouses, children, parents, friends—begin to feel sufficient purpose to collectively repudiate tobacco.

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