

Book review of *Smoking environments in China. Challenges for Tobacco Control* edited by Ross Barnett, Tingzhong Yang, Xiaozhao Y. Yang, Global Perspectives on Health Geography Series. Cham: Springer International, 2021 vii+353, £109.99 (cloth), ISBN 978-3-030-76142-4

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Tobacco Control is relatively recent in many countries (going back in origin to the 1980s in China's case). With economic globalisation and some now (on average) more middle-income countries (e.g., China and Indonesia) having become not just major importing but also producing countries of tobacco products, there is significant interest in healthy and unhealthy environments, producing and trading spaces, and particular places and settings on (active and passive) consumption. An adequate understanding of the relationships of particular places and smoking behaviours requires an appreciation of smoking as an (accepted) social practice [1, 2]. China is the world's largest cigarette consumer, with smoking accepted among social norms. China is also the world's biggest producer/manufacturer of tobacco for some time [3] by far. It is well ahead of Brazil, India, the United States, and the China National Tobacco Company is indeed the largest in the world by revenue.

There are significant concerns of a lung cancer epidemic in China [4 - 6]. Goodchild and Zheng [7] have offered a scenario-based evaluation of China's "Healthy China 2023" strategy viewed in a tobacco control perspective. These authors contend that although progress has been made many key measures are not fully used. They argue that non-price measures alone are unlikely to achieve the official target of a decrease in the smoking rate to 20% by 2030, which means perhaps 80 million fewer smokers compared to 2016. They suggest significantly higher tobacco taxes will be needed in China to achieve this. Chinese economist Zhao [8] is of the view that too high (above 17.5%) a macro-tax burden (personal tax, business tax, corporate revenue tax), made up of different components which he statistically tests for impact on economic growth (via a link to consumption, revenues/profits, employment and local/regional investment), may have unwelcome negative impacts on economic growth as well having adverse social policy impacts connected to population ageing (and employment of the elderly) if not carefully managed (increasing personal income tax related to tobacco, providing policy support and employment guaranteed and re-training for the elderly labour force).

Whether we are now finally at a 'tipping point' with regard to tobacco control in China is an open question, as progress has arguable been slow and the state-owned tobacco industry can be seen as a major obstacle. More recent events can be noted, such as a publication on tobacco by the ideological think-tank of the Chinese Communist Party (and thus government), instructions to officials, regulations regarding tobacco by the Ministry of Education, the Army, and on Healthy City Standards alongside the creation of "Smoke-free Beijing", as well as increase in tobacco (product) taxation, and legislation [9].

The tobacco industry is a major source of Chinese government revenue. Leng and Mu [10] diagnose an ambivalent attitude by national institutions and tobacco companies' development strategies which impede the enforcement of tobacco control policies. They also see a major hurdle in the Chinese government's unwillingness to raise value-added tax. Socially and culturally, they note the social customs of exchanging individual cigarettes and

gifting packaged cigarettes amongst both adults and juveniles as a barrier, although it is argued that the government can tackle this with a combination of top-down (regulatory) and bottom-up approaches (including awareness raising and education).

The context to this is illuminated by Liu et al. [11] with a large-scale study into smoking prevalence, the associated factors, and the burden of nicotine dependence (addiction) of the Chinese adult population. Their recent data [11] suggest that about half of a nationally representative sample in both men and women displayed nicotine dependency. Liu et al. [11] estimate that some 183.5 million adults in China, predominantly men, are dependent on / addicted to nicotine. Those smokers are viewed as less likely either to try or manage quitting smoking. Their interpretation of the data flags certain smoking characteristics (e.g. an earlier initiation in the life course, heavy smoking), as well as a number of socio-demographic factors (e.g. younger in age, having a lower socio-economic status), which are thought to be linked with a higher risk of being nicotine-dependent.

This book explores - with a range of contributors from China and 'the west' that include the editors - issues such as the influence of economic, cultural and social environmental factors on the expansion of smoking in China, smoking trends within the context of China's urbanisation and socio-economic transition, how it compares to trends in other transition countries which have undergone the globalisation of the tobacco industry, how and why regional and local tobacco control (as part of an overall political economy and regulation) has varied across China [12], the instances, nature and cultural and institutional contexts where tobacco control has conflicted with economic policy [13,14], and to explore why many tobacco control initiatives in China have been ineffective for cultural reasons [15].

Overall, this book fills a real research gap on China, and it demonstrates the range of mixed-methods – including place-sensitive qualitative ones – that can and should be brought to bear in researching these human health – cultural – socio-economic – political – trade relationships.

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