

Smoking cessation programmes in China

The Editors¹ discuss China's commitment to improving the occupational health of its 776 million workers and outline a range of important health risks faced by this population (eg, dust, chemicals, and poison); however, they forget to mention one of the most critical hazards that they endure: smoking in the workplace.

In contrast to many parts of the western world, in China workplace smoking remains common and is a major source of environmental tobacco smoke exposure. According to a 2018 survey,² 50.9% of adults who worked indoors were exposed to smoke on the job. This statistic, though troubling, also represents an opportunity: the elimination of smoke from the workplace could simultaneously improve employee health, boost productivity, and decrease health-care costs.

According to WHO, in 2014, expenses from tobacco-related illnesses cost China ¥53 billion (about US\$9 billion), accounting for 1.5% of the total national health-care expenditures that year.³ Additionally, loss in productivity from smoking-related illnesses led to indirect costs of ¥297 billion (about \$48 billion).³ In this respect, efforts to reduce workplace smoking can be viewed as both a way to save lives and to save money.

If, as was reported by *The Lancet*, the Chinese Government plans to prioritise occupational health, it stands to reason that they should also prioritise tobacco control. And, on this front, the country has made some progress in recent years. Since 2017, 18 cities have introduced bans and other regulations that appear to be reducing the prevalence of smoking, albeit slowly. In Beijing, for example, smoking in adults has dropped from a rate of 23.4% in 2014 to a rate of 22.3% in 2019, which amounts to about 200 000 fewer

smokers.⁴ In Shanghai, between 2017 and 2018, smoking rates decreased by 0.3%—nudging the adult prevalence below 20% for the first time in decades.⁴

Still, erratically enforced bans will not suffice to improve working conditions, largely because a ban does not amount to a cessation strategy. Evidence from Public Health England shows that the most effective way to help smokers quit is through expert behavioural support at local clinics, combined with cessation aids.⁵ Taking this into consideration, Chinese health institutions should develop comprehensive smoking cessation programmes, and train physicians to implement them. Doctors and other health-care providers can play a key role in amplifying the effect of ongoing cessation initiatives—both by talking to their patients about the health consequences of tobacco, and by refraining from smoking in their offices.

Smoking in the workplace is an enormous health burden—and an enormous opportunity to improve workers' health. Better enforcement of smoking bans, access to effective cessation programmes, and the vocal leadership of doctors are needed. Gains to health and economic productivity will follow.

I declare no competing interests.

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- 1 The Lancet. Improving occupational health in China. *Lancet* 2019; **394**: 443.
- 2 Chinese Center for Disease Control and Prevention. Global adult tobacco survey. 2018. https://www.tobaccoreekids.org/assets/global/pdfs/en/GATS_China_2018_FactSheet.pdf (accessed Aug 30, 2019).
- 3 WHO. The bill China cannot afford: health, economic and social costs of China's tobacco epidemic. 2017. <http://www.wpro.who.int/china/publications/2017-tobacco-report-china/en/> (accessed Aug 30, 2019).
- 4 Beijing Municipal Health Commission, Shanghai Municipal Health Commission. Focus on smoke-free day: the "last mile" of the national tobacco control legislation. http://www.xinhuanet.com/yuqing/2018-05/31/c_1298883675.htm (accessed Aug 30, 2019).

- 5 O'Connor R. Health matters: stopping smoking—what works? Public Health England. Sep 25, 2018. <https://publichealthmatters.blog.gov.uk/2018/09/25/health-matters-stopping-smoking-what-works/> (accessed Aug 30, 2019).

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