

2014

Bridging the Law and Grassroots Efforts as an Effective Tactic for Non-Government Organizations to Regulate the use of Tobacco

Follow this and additional works at: <https://scholarship.law.marquette.edu/elders>



Part of the [Health Law and Policy Commons](#)

Recommended Citation

Amy B. Cheng, *Bridging the Law and Grassroots Efforts as an Effective Tactic for Non-Government Organizations to Regulate the Use of Tobacco*, 16 Marq. Elder's Advisor 213 (2014).

This Article is brought to you for free and open access by the Journals at Marquette Law Scholarly Commons. It has been accepted for inclusion in Marquette Elder's Advisor by an authorized editor of Marquette Law Scholarly Commons. For more information, please contact elana.olson@marquette.edu.

BRIDGING THE LAW AND GRASSROOTS EFFORTS AS AN EFFECTIVE TACTIC FOR NON-GOVERNMENT ORGANIZATIONS TO REGULATE THE USE OF TOBACCO

Amy B. Cheng*

Tobacco smoking is a preventable public health epidemic that is on the rise in many countries. Thus far, international non-profit organizations' efforts to curb tobacco-smoking focuses on initiatives that are either bottom-up or top-down approaches. As a result, none have been able to create a sustainable initiative that lasts after these non-profit organizations leave. China is the world's largest consumer and producer of tobacco smoking, and the Chinese government protects the public's health and is the regulator of the tobacco industry in China. This conflict of interest hinders the work of non-profit organizations in China, and no sustainable initiative has been created to successfully curb tobacco smoking. I argue that the solution to the sub-problem of battling tobacco smoking is for organizations to combine grassroots (bottom-up) efforts by public or private initiatives with reliance on a legal framework from

*Amy B. Cheng was raised in Charleston, South Carolina, and she graduated from Emory University where she obtained a BS in Biology and a minor in Comparative literature. She worked for Emory School of Medicine before deciding to pursue her Master's in Public Health at the University of South Carolina where she concentrated in Health Policy and Management. From there, she decided to combine a JD degree with her MPH and will be graduating from Emory School of Law in May 2015. Ms. Cheng would like to thank her parents: her mother, Dr. Li Li, and her father, Dr. Guangmao Cheng, for their unwavering support. Without them, she could not be the person she is today. Next, she would also like to thank Chad, Linda, and David Hume for their additional love, support, and care packages. She would also like to thank Pam Redmon at the Emory Global Health Institute-China Tobacco Control Program whose public health research sparked the idea for this comment. Ms. Cheng would like to thank her comment advisor at Emory School of Law, Professor Liza Vertinsky, who guided her through this writing process. This comment would not be the finished product without her professor's insight and input. Lastly, she would like to thank the *Marquette Elder's Advisor* staff and executive board for their assistance to ensure the publication of this comment.

the top-down.

Tobacco smoking is a part of the Chinese culture, and the national government remains passive in enforcing and policing tobacco industries in China. Grassroots efforts alone will do little to curb social behavior. Similarly, domestic and international laws alone do not change behavior. I suggest the only effective way to change social behavior is to combine grassroots and law by examining the Global Health Initiative-China Tobacco Control created through the partnership with Emory Global Health and the Bill and Melinda Gates Foundation.

TABLE OF CONTENTS

INTRODUCTION.....216

I. THE SOCIAL ATTITUDE TOWARDS SMOKING IN CHINA...220

A. TOBACCO USE IS A PART OF THE CHINESE CULTURE.....220

1. SOCIAL PRESSURES ENCOURAGE THE HABIT.....221

2. TRADITIONAL GIFTING OF CIGARETTES.....222

3. SPECIFIC GROUPS OF THE CHINESE POPULATION WHOSE SMOKING POSES A PARTICULAR PROBLEM.....222

a. PHYSICIANS.....222

b. ADOLESCENTS.....223

B. IMPLICATIONS OF THE SOCIAL ATTITUDE.....224

II. THE WORLD HEALTH ORGANIZATION’S FRAMEWORK CONVENTION ON TOBACCO CONTROL.....225

A. THE ROLE OF GOVERNMENT AND LEGISLATION.....225

B. THE FRAMEWORKS CONVENTION ON TOBACCO CONTROL.....226

C. BLOOMBERG GLOBAL INITIATIVE.....230

III. GRASSROOTS EFFORTS OR LEGISLATION ALONE LIKELY WILL NOT SUCCEED IN CHANGING BEHAVIOR.....231

A. WHY GRASSROOTS EFFORTS HAVE BEEN UNSUCCESSFUL IN CURBING TOBACCO USE.....231

B. WHY TOP-DOWN APPROACHES FAILED TO CHANGE SOCIAL BEHAVIOR IN CHINA.....235

IV. EMORY GLOBAL HEALTH INSTITUTE-CHINA TOBACCO PROGRAM: A MODEL FOR CHINA.....241

A. THE EMORY GLOBAL HEALTH INSTITUTE-CONTROL TOBACCO PARTNERSHIP (GHI-CTP).....241

B. RESULTS OF THE GHI-CTP INITIATIVE.....245

1. THE SHANGHAI EXPO BUREAU.....247

2. THE FIVE-YEAR PLAN OF THE PEOPLE’S REPUBLIC OF CHINA.....250

V. RECOMMENDATIONS AND NEXT STEPS.....252

CONCLUSION.....

252

INTRODUCTION

In China, it is projected nearly 2 million people will die annually from tobacco use by the year 2020.¹ Western countries have coined this epidemic the “Smoking Dragon,” with about 300 million of China’s population currently addicted to smoking.² Efforts to ameliorate this epidemic have largely failed because they have been unilateral; public and private initiatives have emphasized either top-down or bottom-up approaches, but not both. The key to solving this problem is combining bottom-up grassroots movements with top-down legislative action.

The effect of tobacco use is felt on a global scale. Throughout the world, nearly 6 million people die annually as a direct result of tobacco.³ While the majority of these deaths are attributed to direct tobacco use, 600,000 are the result of second-hand smoke.⁴ Premature deaths increase healthcare costs and hinder economic development causing smoking to become a substantial public health issue.⁵ If action is not taken, the annual death toll from tobacco use could rise to 8 million worldwide by 2030.⁶

Smoking remains a prominent health and social problem of

1. Pamela Redmon et al., *Challenges for Philanthropy and Tobacco Control in China (1986-2012)*, 22 TOBACCO CONTROL 1, 1 (2013), <http://tobaccocontrol.bmj.com/content/early/2013/05/24/tobaccocontrol-2012-050924.full.pdf+html> [hereinafter *Challenges for Philanthropy and Tobacco Control in China*].

2. Cheng Li, *The Political Mapping of China’s Tobacco Industry and Anti-Smoking Campaign*, 5 JOHN L. THORNTON CHINA CENTER MONOGRAPH SERIES, 1, 2 (Oct. 25, 2012), available at <http://www.brookings.edu/research/papers/2012/10/25-china-tobacco-li> [hereinafter *The Political Mapping*]; World Health Org., *Tobacco in China*, WHO REPRESENTATIVE OFFICE: CHINA, <http://www.wpro.who.int/china/mediacentre/factsheets/tobacco/en/> (last visited Jan. 9, 2015) [hereinafter *Tobacco in China*].

3. World Health Org., *Tobacco Fact Sheet No. 339*, WORLD HEALTH ORG.: MEDIA CTR., <http://www.who.int/mediacentre/factsheets/fs339/en/> (last updated May 2014).

4. *Id.*

5. *Id.*

6. *Id.*

the twenty-first century. Tobacco consumption is on the rise in many countries throughout the world — including China.⁷ Public and private initiatives attempt to battle tobacco use through grassroots movements.⁸ One significant reason initiatives have failed and smoking continues to rise in China “is the interference of the tobacco industry, whose representatives are part of a government panel that drafts and oversees the implementation of China’s tobacco control measures.”⁹

Grassroots efforts are crucial to changing an entrenched social behavior — in this case, smoking.¹⁰ One definition of grassroots is “the bottom of the political pyramid.”¹¹ A “defining feature is that grassroots movements have a wide popular base.”¹² Until recently, grassroots efforts have had little sustainable success in China.¹³ Similarly, Chinese legislative efforts to curb smoking have accomplished little due to a lack of enforcement and implementation by the government.¹⁴ To change Chinese smoking habits, it is imperative that nonprofit organizations combine grassroots efforts with more restrictive tobacco consumption legislative measures from their Government.

China has over 350 million smokers — more tobacco consumers than any other country in the world.¹⁵ This rate is

7. *Tobacco in China*, *supra* note 2.

8. Grassroots Change: Connecting for Better Health, *Grassroots Public Health: Q&A with Shannon Frattaroli*, ROBERT WOOD JOHNSON FOUND.: NEWPUBLICHEALTH (May 2, 2013), http://www.rwjf.org/en/blogs/new-public-health/2013/05/grassroots_publiche.html.

9. China Daily Info. Co., *Tobacco Industry blocks anti-smoking campaign*, CHINA DAILY, http://www.chinadaily.com.cn/china/2011-01/07/content_11806745.htm (last updated Jan. 7, 2011).

10. Grassroots Change: Connecting for Better Health, *supra* note 8.

11. *How the Grassroots Works*, RENEW AMERICA, <http://www.renewamerica.com/grassroots.htm> (last visited Jan. 9, 2015) (providing one political group’s interpretation of the definition of grassroots).

12. Grassroots Change: Connecting for Better Health, *supra* note 8.

13. *Challenges for Philanthropy and Tobacco Control in China*, *supra* note 1, at 4.

14. *Id.* at 1.

15. Zhang J et al., *Tobacco Smoking in China: Prevalence, Disease Burden, Challenges and Future Strategies* 16 RESPIROLOGY 1165, 1165 (2011), available at <http://www.ncbi.nlm.nih.gov/pubmed/21910781>.

increasing among the young and female populations.¹⁶ Despite the abundant data available on the health hazards of smoking, public awareness about the issue is low.¹⁷ According to a World Health Organization (WHO) report, "Only 25% of Chinese adults have a comprehensive understanding of the specific health hazards of smoking [and] [l]ess than one-third of adults are aware of the dangers of second hand [sic] smoke."¹⁸ With smoking as one of the most preventable causes of disease, it is important for the Chinese Government to enforce effective intervention efforts.

To further complicate matters, smoking is a major part of China's culture; its citizens smoke wherever they please and cigarettes are readily available to children (even at the kindergarten age).¹⁹ Despite China's few previous nationwide initiatives to combat tobacco use, there has been little sustained success.²⁰ This outcome can be expected, as the Chinese Government regulates both the tobacco industry and tobacco control.²¹ The health crisis is not acknowledged because "the tobacco industry is one of the largest sources of tax revenue for the Chinese Government."²² This conflict of interest leads to relaxed enforcement of national initiatives to control tobacco use.²³

In 2003, the WHO developed and adopted an evidence-based treaty known as the Framework Convention on Tobacco Control (FCTC) in response to the growing worldwide tobacco epidemic.²⁴ With the number of smokers on the rise, the WHO

16. *Id.* at 2.

17. *Tobacco in China*, *supra* note 2.

18. *Id.*

19. The Lancet, *China's Unhealthy Relations with Big Tobacco*, 377 THE LANCET 180 (Jan. 15, 2011) <http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736%2811%2960028-7.pdf> (a report created for Chinese Centre for Disease and Control).

20. *Challenges for Philanthropy and Tobacco Control in China*, *supra* note 1, at 4.

21. *Id.* at 1.

22. *The Political Mapping*, *supra* note, 2 at x.

23. Zhang, *supra* note 15, at 1169.

24. World Health Org., *About the WHO Framework Convention on Tobacco Control*, WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL,

wanted to hold countries accountable.²⁵ Currently, 179 countries are party to this treaty, including China.²⁶

Even with the treaty signed by China, trying to curb tobacco use in China is a complex endeavor riddled with problems. One problem is the organizations that have tried to curb tobacco use focused on either grassroots efforts or on legislation, but not both.²⁷ Grassroots efforts alone have had little impact.²⁸ Top-down changes in both domestic and international law have slowed the increase in tobacco use, but not enough to impact the smoking habits of the Chinese.²⁹ It is based on these results that my proposea for the Chinese, to utilize both grassroots efforts and domestic and international legislation, would be successful.

The Emory Global Health Institute - China Tobacco Control Partnership (GHI-CTP) is a tobacco control initiative that illustrates the power of combining grassroots with legislative action. In 2008, the Emory Global Health Institute partnered with the Bill and Melinda Gates Foundation to create the "GHI-CTP".³⁰ The GHI-CTP's goal is to "to reduce . . . health, social, environmental, and economic burdens of tobacco use in China."³¹ One of its two main programs, the Tobacco-Free Cities Program, is a comprehensive city-level program that provides funding to seventeen selected cities in China.³² This program focuses on changing social norms through a "bottom up" approach "to establish tobacco control programs, with specific smoke free

http://www.who.int/fctc/signatories_parties/en/index.html (last visited Jan. 9, 2015).

25. See *id.*

26. World Health Org., *Parties to the WHO Framework Convention on Tobacco Control*, WHO FRAMEWORK CONVENTION ON TOBACCO Control (Jan. 5, 2015), http://www.who.int/fctc/signatories_parties/en/index.html.

27. See discussion *infra* Parts III.A-B.

28. See *infra* Part III.A.

29. *The Political Mapping*, *supra* note 2, at xii.

30. Emory Global Health Inst., *About Us: Overview Global Health Institute-China Tobacco Control Partnership*, EMORY UNIV. EMORY GLOBAL HEALTH INST., <http://www.ghi-ctp.emory.edu/about/index.html> (last visited Jan. 23, 2015) [hereinafter *About Us*].

31. *Id.*

32. *Id.*

policy, targeted programs and media and health education interventions selected by the cities themselves, aimed at changing the social norms of tobacco use.”³³ This Comment examines the GHI-CTP initiative to illustrate the effectiveness of utilizing grassroots efforts combined with legislative action to curb smoking, and demonstrates how the combination approach may succeed where each of the separate approaches has not.

Part I of this Comment describes the Chinese people’s social attitude toward smoking, highlighting why curbing tobacco use is so complex. Part II summarizes the current international legislation related to tobacco use. Part III examines why grassroots efforts and legislation alone have had little impact in changing the persistent smoking habits of the Chinese population. Part IV explores the effectiveness of the combined approach taken by the GHI-CTP in reducing tobacco use in China. Finally, Part V provides recommendations and next steps.

I. THE SOCIAL ATTITUDE TOWARDS SMOKING IN CHINA

The Chinese population is willing to sacrifice many personal freedoms — including free speech — but one concession they will not stand for is foregoing smoking.³⁴ As one media outlet explains, the Chinese people enjoy smoking so much that they would be willing to overthrow the government if it attempted to interfere with their access to tobacco.³⁵ To combat this health pandemic, it is important to understand how the Chinese people view tobacco use, and the role the government and legislation play in curbing this epidemic.

33. Pamela Redmon et al., *The Role of Cities in Reducing Smoking in China*, 11 INT’L JOURNAL OF PUBLIC HEALTH AND RESEARCH, 10062, 10064 (Sept. 26, 2014), <http://www.mdpi.com/1660-4601/11/10/10062> [hereinafter *The Role of Cities*].

34. Draconian Smoking Laws Could Save .009 of the China’s Population Over 40 Years, SCIENCE 2.0 (Feb. 19, 2014), http://www.science20.com/news_articles/draconian_smoking_laws_could_save_009_chinese_population_over_40_years-130011.

35. *Id.*

A. TOBACCO USE IS A PART OF THE CHINESE CULTURE

In China, smoking is a culturally significant, deep-rooted tradition.³⁶ Mao Zedong and Deng Xiaopong, two former leaders of the Chinese Communist party, were both known to be heavy smokers and were often photographed smoking cigarettes.³⁷ The trend is not exclusive to the country's leaders, as it is common for any man to be seen with "[o]ne cup of tea in hand, and a cigarette between fingers."³⁸ Smoking often serves as a common bridge to begin conversation.³⁹ Furthermore, tobacco products and accessories are ubiquitous; their uses range from wedding gifts to the popular hobby of collecting cigarette packaging that depicts Chinese icons.⁴⁰ In the past, even airlines and hotels freely distributed cigarettes as a standard amenity.⁴¹

1. Social Pressures Encourage the Habit

The Chinese live in a web of social relations that affect not only their friendships but also their daily interactions with superiors and potential connections; as a result, smoking as a means of social connection is very important for Chinese business people.⁴² In addition, smoking is often associated with government-assigned occupations — viewed as a sign of

36. Michelle FlorCruz, *China's Smoking Culture: A Nation's Struggle to Kick the Habit*, INT'L BUSINESS TIMES (Nov. 7, 2012), <http://www.ibtimes.com/chinas-smoking-culture-nations-struggle-kick-habit-861640>.

37. Richard S. Cyr, *Why do so Many Chinese Men Smoke*, MY HEALTH BEIJING, (Jan. 27, 2010), <http://www.myhealthbeijing.com/china-public-health/why-do-so-many-chinese-men-smoke/>.

38. *Smoking Culture Deeply Rooted in China*, CNTV.CN, (Jan. 9, 2011), <http://english.cntv.cn/program/newshour/20110109/104957.shtml>.

39. Zhenfeng Pan, *Socioeconomic Predictors of Smoking and Smoking Frequency in Urban China: Evidence of Smoking as a Social Function*, 19 HEALTH PROMOTION INT'L 309, 314 (2004).

40. CNTV.CN, *supra* note 38.

41. Jaime FlorCruz, *China Clouded in Cigarette Smoke*, CNN (Jan. 7, 2011), <http://www.cnn.com/2011/WORLD/asiapcf/01/07/florcruz.china.smokers/>.

42. See Pan, *supra* note 39.

prestige.⁴³ A research study conducted by sociologist Yanjie Bian concluded that Chinese people who smoke tend to hold positions of power with higher paying jobs as they can "afford" to smoke.⁴⁴ In this culture of smoking, it is almost universal for business people to smoke during meetings.⁴⁵ Researchers in the field argue that people in a profession that specifically utilizes smoking as a way to connect with others are more likely to smoke.⁴⁶

As a result of the seeming career benefits of smoking, many Chinese citizens are "social smokers": although they know the health hazards involved with smoking, they smoke when around friends and potential connections out of fear of damaging relationships if they did not.⁴⁷ These people will choose to partake in the habit because of social pressure.⁴⁸

2. *Traditional Gifting of Cigarettes*

Among the Chinese, cigarettes are often offered as gifts, allowing many people to have access to cigarettes at their fingertips.⁴⁹ It is customary for hosts to offer guests cigarettes as a signal of respect and hospitality.⁵⁰ Among friends and acquaintances, offering cigarettes can strengthen a relationship and reinforce a bond.⁵¹ This custom places a great amount of pressure on nonsmokers as it is not polite to decline the offer of a cigarette.⁵²

43. *Id.* at 312.

44. *Id.* at 313-314.

45. Cyr, *supra* note 37.

46. See Pan, *supra* note 41, at 313-314.

47. *Id.* at 314.

48. *Id.*

49. *Id.* at 312.

50. *Id.* at 314.

51. *Id.*

52. *Id.* ("For a non-smoker, it is very easy to suffer the agony and even humiliation of not accepting someone's polite but pushy offer of a cigarette because Chinese culture accepts repeated offerings of cigarettes as a gesture of hospitality.").

3. Specific Groups Whose Smoking Poses a Particular Problem

a. Physicians

Smoking among physicians is of particular concern — they should have a crucial role in this fight against tobacco use.⁵³ Aware of the health risks, physicians could be effective at persuading their patients to quit smoking.⁵⁴ However, despite their important role, “Previous studies have shown that smoking rates among male physicians range between 26% and 61%.”⁵⁵ This behavior affects the general population’s attitude towards smoking because physicians are role models for healthy lifestyles.⁵⁶

b. Adolescents

Adolescents are an important target group for a combined effort of grassroots efforts and top-down approaches. A study from 1988 found that three out of five Chinese smokers developed the habit during their adolescent years, specifically between ages fifteen – twenty.⁵⁷ It is projected that 50 million children who start smoking in their teenage years will die from tobacco related

53. Yuan Jiang et al., *Chinese Physicians and Their Smoking Knowledge, Attitudes, and Practices*, 33 AM. J. OF PREVENTATIVE MED. 15, 15 (2007), [http://www.ajpmonline.org/article/S0749-3797\(07\)00156-0/pdf](http://www.ajpmonline.org/article/S0749-3797(07)00156-0/pdf).

54. *Id.* (“Nearly all (95%) physicians believed that active smoking causes lung cancer. Most physicians also believed that passive smoking causes lung cancer (89%), passive smoking causes asthma in adults (84%) and children (82%), and that active smoking causes chronic obstructive pulmonary disease (89%). Current smokers were significantly less likely ($p<0.05$) to hold these smoking knowledge beliefs compared to never smokers.”).

55. Cheng Huang et al., *Smoking Behaviours and Cessation Services Among Male Physicians in China: Evidence from a Structural Equation Model*, TOBACCO CONTROL, 1, 1 (July 2, 2013), <http://tobaccocontrol.bmj.com/content/early/2013/07/01/tobaccocontrol-2012-050884.full.pdf+html>.

56. Jiang et al., *supra* note 53, at 15.

57. Tsung O. Cheng, *Teenage Smoking in China*, 22 J. OF ADOLESCENCE 607, 607 (1999).

diseases.⁵⁸ Chinese youth observe adults using tobacco for social and socioeconomic reasons causing the youth to view smoking as socially acceptable and as a symbol of status.⁵⁹

During initiation of tobacco use, many adolescents inhale as much of the toxins in cigarettes as an adult would, which leads to dependency and the development of nicotine addiction.⁶⁰ To start smoking at such an early age only perpetuates the cycle.⁶¹

B. IMPLICATIONS OF SMOKING AS A PREVALENT ASPECT OF CHINESE CULTURE

The growing prevalence of smoking explains the public health concern for China. Without fast action, the future looks grim.⁶² The country's tobacco industry is the largest cigarette maker in the world.⁶³ Not surprisingly, the number of Chinese tobacco-related deaths is the highest in the world.⁶⁴ Although, two thousand people die each day due to tobacco-related causes, sales continue to increase.⁶⁵ The increase in tobacco consumption is not shocking: Cigarettes in China are readily available and sell for as low as \$00.75 per pack (in American currency).⁶⁶ It has been suggested that one way to reduce the prevalence of smoking is by

58. *Id.* at 608.

59. *Smoking Culture Deeply Rooted in China*, *supra* note 38

60. Joseph DiFranza et al., *Initial Symptoms of Nicotine Dependence in Adolescents*, 9 TOBACCO CONTROL 313, 313 available at <http://tobaccocontrol.bmj.com/content/9/3/313.full.pdf+html>.

61. *Id.*

62. *Challenges for Philanthropy and Tobacco Control in China*, *supra* note 1.

63. Gillian Wong, *No Smoking in School: China Takes on Tobacco Battle*, NBCNEWS, <http://www.nbcnews.com/id/38593892/ns/health-addictions#.Uij7RWSSwZ4> (last updated Aug. 8, 2010).

64. *China's Cigarette Threat*, BBC NEWS: WORLD EDITION, (Nov. 19, 1998), <http://news.bbc.co.uk/2/hi/health/216998.stm>.

65. *Id.*

66. The Editors, *How Xi Can Help China Stop Smoking*, BLOOMBERG VIEW (Jan. 13, 2014, 6:19 PM EST) <http://www.bloombergview.com/articles/2014-01-13/how-xi-can-help-china-stop-smoking>.

increasing the price of cigarettes through higher taxes.⁶⁷ However, this proposition has been resisted by the Chinese National Tobacco Company, warning that this change would “cost billions of dollars in declining sales and bring job losses, perhaps even civil unrest if poorer workers could no longer afford cigarettes.”⁶⁸ Nevertheless, if this problem persists, WHO researchers project that the annual death toll in China from tobacco use “could rise to 8,000 a day — some three million people a year.”⁶⁹ If more is not done to curb this health epidemic, China will see an increase in “premature deaths, healthcare [*sic*] costs, environmental costs, economic costs, [and] family costs” at an alarming rate.⁷⁰ In a country like China, where there is little to no social stigma against smoking, it is not surprising that past efforts at tobacco control have been ineffective.⁷¹

II. THE WORLD HEALTH ORGANIZATION’S FRAMEWORK CONVENTION ON TOBACCO CONTROL

To seek real change, there needs to be international pressure on a country, like China, where the government is charged with protecting both the interests of its citizens and the tobacco industry.

A. THE ROLE OF GOVERNMENT AND LEGISLATION

Law is “any system of regulations to govern the conduct of the people of a community, society or nation.”⁷² In the United

67. *Id.*

68. *Id.*

69. *China’s Cigarette Threat*, *supra* note 64.

70. Amy Qin, *Smoking Prevalence Steady in China, but Numbers Rise*, N.Y. TIMES (Jan. 9, 2014, 3:11 AM EST), <http://sinosphere.blogs.nytimes.com/2014/01/09/smoking-prevalence-steady-in-china-but-numbers-rise/>.

71. Kaiman, Jonathan, *China Considers Nationwide Ban on Smoking in Public*, THE GUARDIAN (Dec. 11, 2013 10:46 EST), <http://www.theguardian.com/world/2013/dec/11/china-considers-nationwide-ban-smoking-public>.

72. *Search Terms and Definitions*, LAW.COM,

States, tobacco control laws aim to “reduce disease, disability, and death related to tobacco use” through a comprehensive approach aimed at changing social behavior.⁷³ In the 1950s, a cohort study done by two researchers for the American Cancer Society “led to sweeping tobacco policy changes in the United States and played a significant role in curbing smoking throughout the nation.”⁷⁴ Moreover, federal laws can delegate the responsibilities of implementation to agencies more familiar with the issues the laws address.⁷⁵ Federal laws would be extremely helpful in aiding nonprofit organizations’ grassroots efforts because such laws would demonstrate the government’s commitment to protecting its people, as well as utilizing its federal resources to educate the public.

B. THE FRAMEWORK CONVENTION ON TOBACCO CONTROL

The FCTC was the first use of a framework convention by the WHO to create a global public health approach.⁷⁶ A framework convention is a treaty passed by an intergovernmental organization, such as the United Nations (UN) or WHO, which creates a framework for confronting a problem.⁷⁷ Countries that

<http://dictionary.law.com/Default.aspx?selected=1111> (last visited Jan. 25, 2015) (defining what the law is).

73. *Laws/Policies*, BETOBACCOFREE (Aug. 18, 2014), <http://betobaccofree.hhs.gov/laws/>.

74. Elizabeth Mendes, *The Study that Helped Spur the U.S. Stop-Smoking Movement*, AMERICAN CANCER SOCIETY (Jan. 9, 2014), <http://www.cancer.org/research/acresearchupdates/the-study-that-helped-spur-the-us-stop-smoking-movement>

75. Charles R. Shipan & Craig Volden, *Bottom-Up Federalism: The Diffusion of Antismoking Policies from U.S. Cities to States* 50 AM. J. POLITICAL SCIENCE 825, 825 (Sep. 19, 2006), <http://onlinelibrary.wiley.com/doi/10.1111/j.1540-5907.2006.00218.x/pdf>.

76. World Health Org., *Framework Convention on Tobacco Control*, WORLD HEALTH ORG. FRAMEWORK CONVENTION ON TOBACCO CONTROL, at v, http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf (last visited Jan. 10, 2015) [hereinafter *FCTC*].

77. Kenneth E. Warner, *The Framework Convention on Tobacco Control: Opportunities and Issues*, 50 SALUD PUBLICA MEX S283, S285 (Jan. 20, 2008), <http://www.scielosp.org/pdf/spm/v50s3/a04v50s3.pdf>.

ratify any convention must follow a set of specific requirements.⁷⁸ To combat the rising popularity of tobacco, WHO created an international health treaty: FCTC.⁷⁹

The objective, principles, and obligations of the FCTC are codified in Article 3:

[T]o protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke by providing a framework for tobacco control measures to be implemented by the Parties at the national, regional and international levels in order to reduce continually and substantially the prevalence of tobacco use and exposure to tobacco smoke.⁸⁰

The FCTC is governed by the Conference of the Parties (COP), which includes all of the countries that have ratified the convention.⁸¹ The COP “keep[s] under regular review the implementation of the Convention and take[s] the decisions necessary to promote its effective implementation and may also adopt protocols, annexes and amendments to the Convention.”⁸² Additionally, committees such as the Intergovernmental Negotiating Body may be formed when needed to accomplish the objective of the FCTC.⁸³ The key obligations in the treaty encourage countries to “enact comprehensive bans on tobacco advertising, promotion, and sponsorship.”⁸⁴ Other tools to enact

78. *Id.* at S286.

79. World Health Org., *WHO Report on the Global Tobacco Epidemic: Enforcing Bans on Tobacco Advertising, Promotion and Sponsorship*, at 11, available at http://apps.who.int/iris/bitstream/10665/85380/1/9789241505871_eng.pdf?ua=1 (last visited Jan. 10, 2015).

80. FCTC, *supra* 77, at 5.

81. *Conference of the Parties to the WHO Framework Convention on Tobacco Control*, *supra* note 26.

82. FCTC, *supra* 77, at 21.

83. *Conference of the Parties to the WHO Framework Convention on Tobacco Control*, *supra* note 26.

84. R. Hammond & M. Assunta, *The Framework Convention on Tobacco Control: promising start, uncertain future*, 12 TOBACCO CONTROL: EDITORIAL 241, 241, <http://tobaccocontrol.bmj.com/content/12/3/241.full.pdf+html> (last updated Jan. 10,

a comprehensive legislation encourage countries to:

[O]bligate the placement of rotating health warnings on tobacco packaging that cover[s] at least 30% (but ideally 50% or more) of the principal display areas and can include pictures or pictograms; ban the use of misleading and deceptive terms such as 'light' and 'mild'; protect citizens from exposure to tobacco smoke in workplaces, public transport, and indoor public places; combat smuggling, including the placing of final destination markings on packs; [and] increase tobacco taxes.⁸⁵

The difficulty in managing these obligations stems from the fact that there are many protocols attached to the FCTC, but member countries have the option to pick and choose which protocols to implement.⁸⁶ Thus, the protocol becomes binding only on those countries that specifically choose to adopt and ratify.⁸⁷ "The Protocol to Eliminate Illicit Trade in Tobacco Products [was] the first Protocol" adopted to the FCTC by countries of the COP.⁸⁸ The objective of this first Protocol is "the elimination of all forms of illicit trade in tobacco products, in accordance with the terms of Article 15 of the WHO FCTC."⁸⁹ Once countries have bound themselves to the protocol, Article 4 of the FCTC requests the countries of the COP to propose guidelines for implementation within their own country.⁹⁰ In the international community, Protocols are viewed as a valuable tool for the implementation of the international convention on tobacco use.⁹¹

2015).

85. *Id.*

86. World Health Org., *Protocol to Eliminate Illicit Trade in Tobacco Products*, FCTC, <http://www.who.int/fctc/protocol/en/> (last visited Jan. 10, 2015).

87. *Id.*

88. *Id.*

89. *Protocol to Eliminate Illicit Trade in Tobacco Products*, *supra* note 87.

90. FCTC, *supra* 77, at art.6.

91. *See id.*

The FCTC provides guidelines for all the members of the treaty working toward tobacco control legislation.⁹² In 2013, the “Economic and Social Council (ECOSOC) adopted a resolution requesting the UN Secretary-General to establish a United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases.”⁹³ Because tobacco use is linked to many noncommunicable diseases, especially chronic respiratory diseases and cardiovascular diseases, this resolution is an important step toward accountability.⁹⁴

The FCTC has been effective in some countries with tobacco control problems. Similar to China, “[s]moking is the biggest cause of preventable death and disease in Ireland.”⁹⁵ In response to this epidemic, many domestic nongovernmental organizations (NGOs) in Ireland have advocated for years to raise awareness about the dangers of smoking.⁹⁶ The increased awareness by groups such as Action on Smoking and Health Ireland (ASH), the Irish Heart Foundation, and the Irish Cancer Society, eventually created enough public concern that the Irish Government commissioned an independent scientific study to assess “the risk posed to human health by environmental tobacco smoke in the workplace.”⁹⁷ The results of this study were so troubling that the Minister of Health and Children implemented a smoking ban.⁹⁸ After the adoption of FCTC, Ireland signed and ratified this Convention.⁹⁹ The issue was hotly debated in newspapers, on the

92. FCTC, *supra* 77, at art.6.

93. World Health Org., *UN to Establish WHO-led Interagency Task Force on the Prevention and Control of NCDs*, MEDIA CENTRE, (July 22, 2013), http://www.who.int/mediacentre/news/notes/2013/ncds_ecosoc_20130722/en/.

94. *Id.*

95. *Stop Smoking*, Irish Cancer Society, <http://www.cancer.ie/reduce-your-risk/mens-health/stop-smoking> (last visited Jan. 18, 2015).

96. Shane Allwright, *Republic of Ireland's Indoor Workplace Smoking Ban*, 54 *British J. of General Practice*, 811 (Nov. 2004), available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1324912>.

97. *Id.*

98. *Id.*

99. *Conference of the Parties to the WHO Framework Convention on Tobacco Control*, *supra* note 26.

radio, and on television throughout the country.¹⁰⁰ Wide media coverage informed the public of the ban on and the associated health risks of smoking.¹⁰¹ NGOs worked with Irish government departments to consistently promote the following messages: "[P]assive smoking causes serious harm to health, workplace smoking is a health and safety issue, and ventilation does not work."¹⁰² In 2004, Ireland became the first country in the world to fully ban smoking in workplaces, in compliance with Article 8 of the FCTC.¹⁰³ Any violation of compliance resulted in a fine of €3,000.¹⁰⁴ One month after enforcement of the ban, the Office of Tobacco Control performed an implementation inspection finding that 97% of premises inspected were compliant with the ban.¹⁰⁵ Twelve months after implementation of the ban, it was reported that seven thousand people quit smoking.¹⁰⁶ Ireland has led by example, demonstrating that when a country has the support of the international community and its government is willing to work with NGOs, it is possible to curb tobacco use.¹⁰⁷

C. BLOOMBERG GLOBAL INITIATIVE

The Bloomberg Global Initiative (the Initiative) was created to "reverse the global epidemic of tobacco use by enhancing tobacco control and capacity for tobacco control throughout the

100. Allwright, *supra* note 101.

101. *Id.*

102. *Id.* "Ventilation is one of the most important engineering controls available to the industrial hygienist for improving or maintaining the quality of the air in the occupational work environment[s]." United States of Labor, *Ventilation*, OSHA, <https://www.osha.gov/SLTC/ventilation/> (Last visited Jan. 18, 2014).

103. *Id.* The ban specifically prohibited smoking in workplaces as well as bars and restaurants. *Id.*

104. Anita Guidera, *No Smoking! Ireland makes history with cigarette ban*, INDEPENDENT.IE, (Jan. 20, 2014), <http://www.independent.ie/lifestyle/no-smoking-ireland-makes-history-with-cigarette-ban-29926186.html>.

105. Allwright, *supra* note 101.

106. Guidera, *supra* note 105.

107. *Id.* "A recent study showed that an estimated 4,000 lives had been saved by [the bans] introduction and thousands of smokers successfully quit the habit." *Id.*

world's low and middle income countries."¹⁰⁸ There are five institutions involved in the Initiative: the CDC Foundation, the Center for Tobacco Free Kids, the Johns Hopkins Bloomberg School of Public Health, the World Lung Foundation, and the WHO.¹⁰⁹ The Initiative is an additional tool to ensure the FCTC is part of tobacco control efforts in developing countries where the health burden from tobacco use is the highest.¹¹⁰

The Initiative supports four tobacco control measures: "(1) increasing tobacco prices and preventing smuggling; (2) changing the image of tobacco by banning direct and indirect advertising and by conducting hard-hitting anti-tobacco public education campaigns; (3) protecting nonsmokers from exposure to other people's smoke; and (4) helping smokers quit."¹¹¹ To successfully implement these measures, the Initiative created four key components to ensure its success: "supporting public sector efforts to implement key tobacco control interventions, supporting advocates' efforts to educate communities and to encourage policy change, rigorously monitoring the status of global tobacco use and countries' progress implementing key interventions, and optimizing tobacco control interventions."¹¹²

With the creation of the FCTC, the Initiative, and implementation and component steps, the international community has shown it is serious about aiding domestic and international initiatives to protect the public's health from tobacco use.

III. GRASSROOTS EFFORTS OR LEGISLATION ALONE LIKELY WILL

108. Jonathon M. Samet & Heather Wipfli, *The Bloomberg Initiative to Reduce Tobacco Use*, 49 SALUD PÚBLICA DE MÉXICO S312 (April 4, 2007), available at <http://www.scielosp.org/pdf/spm/v49s2/a22v49s2.pdf>.

109. *Id.*

110. See *id.*

111. *Id.*

112. *Id.* at S312-S313.

NOT SUCCEED IN CHANGING BEHAVIOR

There are several methods to change social behaviors such as smoking. One approach involves grassroots efforts, which involves the study of human behaviors from a local or community level.¹¹³ Another method is through a top-down approach, such as enacting a law or treaty. A top-down approach "is structured around the use of professional leadership provided by external resources that plan, implement, and evaluate development programs."¹¹⁴ It uses macro-scale initiatives such as policy and regulation that aim to improve the health of a population.¹¹⁵

A. WHY GRASSROOTS EFFORTS HAVE BEEN UNSUCCESSFUL IN CURBING TOBACCO USE

The definition of grassroots is "the bottom of the political pyramid, opposite the 'establishment,' which controls the top"¹¹⁶ with a wide popular base.¹¹⁷ It is a social movement organized around perceived threats like health. Grassroots efforts begin at the local level and are led by people who care about the community.¹¹⁸ Participants "make phone calls, label envelopes, knock on doors, organize their friends and relatives, e-mail everybody on their lists, march in the streets, put up yard signs," and contribute to the movement in various other ways.¹¹⁹ This form of community involvement allows people to have a voice in

113. RENEW AMERICA, *supra* note 11.

114. Christopher Larrison, *A Comparison of Top-down and Bottom-up Community Development Interventions in Rural Mexico: Practical and Theoretical Implications for Community Development Programs*, NATIONAL SYMPOSIUM ON DOCTORAL RESEARCH IN SOCIAL WORK 67-68 (12th ed. 2000), *available at* https://kb.osu.edu/dspace/bitstream/1811/36912/1/12_larrison_paper.pdf.

115. Oxford Health Alliance, *Tobacco Use Interventions*, COMMUNITY INTERVENTIONS FOR HEALTH, http://www.oxha.org/cih_manual/index.php/tobacco-reduction-intervention-evidence-evidence (last visited Jan. 18, 2015).

116. RENEW AMERICA, *supra* note 11.

117. Grassroots Change: Connecting for Better Health, *supra* note 8.

118. *Id.*; RENEW AMERICA, *supra* note 11.

119. RENEW AMERICA, *supra* note 11.

their society.¹²⁰

The use of legislation, prohibition, and fiscal incentives can promote health in groups, communities, and the overall population.¹²¹ A growing number of public health agencies have shown that community engagement is critical to the success of public health initiatives.¹²² When local residents, agencies, and institutions join together, it allows for sustainable community development because the focus is showing the community the impact a person can make.¹²³ Citizens join together to pursue a shared purpose through grassroots efforts; they can be organized by a person, a group, or an organization.¹²⁴ Specifically in public health, a grassroots movement involves professionals meeting to deal with what makes a person, group, or community vulnerable in dealing with either a risk, behavior, or lifestyle.¹²⁵ Through the public's engagement in policy issues or problems, grassroots efforts bring about social and policy change by influencing individuals to change their behavior through behavioral conditioning, rewards and punishment, communicative persuasion, or group pressure.¹²⁶

The grassroots efforts that influence public health change for the purpose of bettering the population's health are broken down into two different approaches: behavior change and

120. Constance Nathanson, *Social Movements as Catalysts for Policy Change: The Case of Smoking and Guns*, 24 J. HEALTH POL. POL'Y & L. 421 (June 1999), available at <http://www.unc.edu/~fbaum/teaching/articles/HPPL-1999-smoking-guns.pdf>.

121. Per-Anders Tengland, *Behavior Change or Empowerment: On the Ethics of Health-Promotion Strategies*, 5 PUB. HEALTH ETHICS 140, 140 (2012), available at <http://phe.oxfordjournals.org/content/5/2/140.abstract>.

122. See Barbara J. Zappia & Deborah L. Puntenney, *Grassroots Activism and Community Health Improvement*, SOCIETY FOR THE STUDY OF SOCIAL PROBLEMS (2010), available at <http://www.abcdinstitute.org/docs/PuntenneyZappiaActivism&Health.pdf>.

123. See *id.* at 7.

124. MSL Group, *Now & Next: Future of Engagement*, PEOPLE'S INSIGHTS ANNUAL REPORT (2012), available at <http://peopleslab.mslgroup.com/peoplesinsights/4-grassroots-change-movements-ten-frontiers-for-the-future-of-engagement>.

125. Tengland, *supra* note 122.

126. *Community Engagement: Definitions and Organizing Concepts from the Literature*, CDC (2013), available at <http://www.cdc.gov/php/po/pce/part1.htm>.

empowerment.¹²⁷ When working under the behavior-change approach, professionals seek to "influence (other) people to change their health-related behavior, be it to stop smoking, eat less, eat better, exercise more, [or] drink less alcohol."¹²⁸ Under the empowerment approach professionals act as enablers or facilitators, allowing the individuals themselves to have as much control over the health-change process as possible.¹²⁹ NGOs utilize these approaches when attempting to influence a community to change its habits.¹³⁰ To ensure that grassroots efforts remain effective, goals must be identified and measured.¹³¹

Numerous international organizations have been attracted to fix the problem in China because, as discussed above, China faces the largest tobacco epidemic of any country in the 21st century.¹³² Many public and private NGOs have tried to confront tobacco use in China using grassroots strategies.¹³³ However, the tobacco problem in China is unique because the Chinese Government's dual role of the unilateral marketer of tobacco as well as the public body responsible for protecting the health of the Chinese citizens.¹³⁴

As previously mentioned, grassroots efforts have not been successful on their own in China. A research study done by the Emory Global Health Institute summarized the early tobacco control efforts made in China.¹³⁵ The reason many philanthropic organizations have seized the opportunity to achieve major health gains in China is because these organizations recognize the burden of illness and how it effects healthcare costs.¹³⁶ In addition, proactive interventions can lead to successful tobacco

127. Tengland, *supra* note 122, at 141.

128. *Id.*

129. *Id.* at 142-143.

130. *See id.*

131. Grassroots Change: Connecting for Better Health, *supra* note 8.

132. *Challenges for Philanthropy and Tobacco Control in China*, *supra* note 1.

133. *Id.* at 1-2

134. *Id.* at 1.

135. *Id.* at 2-3.

136. *Id.* at 4.

intervention.¹³⁷

Between 1986 through 2008, international philanthropic organizations, such as the American Cancer Society, Fogarty International Center, the World Bank, and WHO, were able to build a tobacco control workforce in China.¹³⁸ These international organizations conducted collaborative surveys, and piloted projects, interventions, and policies that ushered the issue of tobacco control into the spotlight as a national public health issue.¹³⁹ Moreover, they were able to pave the way for future NGOs, gather data on tobacco use, and implement programs to educate the community on the harms of smoking.¹⁴⁰ These NGOs' efforts were not successful, however, because there was no national law to help strengthen their efforts.

After the NGOs left China, the programs often fell to the wayside due to a lack of funding and support from the Chinese Government.¹⁴¹ Moreover, due to the sheer size of the tobacco industry, its continual expansion, and the rising profits the industry brings to all levels of government, it was hard to make any progress without facing a roadblock from the Chinese Government.¹⁴² Pro-tobacco interest groups constantly question the motives of NGOs and portray them as hypocritical; for example, asking why American foundations would invest in tobacco control in China when the United States is one of the largest tobacco producers today.¹⁴³ These negative images cause the public to mistrust both international and domestic NGOs.¹⁴⁴ As a result, Chinese citizens are less likely to be educated or to participate in any programs associated with an NGO.¹⁴⁵

137. *Id.*

138. *Id.* at 2-3.

139. *Id.* at 2.

140. *Id.* at 2-4.

141. *Id.* at 4.

142. *Id.* at 1, 4.

143. *Id.*

144. *Id.*

145. *Id.*

Therefore, Chinese government officials "at all levels . . . [support] . . . tobacco as a crop, manufactured product, personal habit, source of employment, and source of government revenue," which makes it difficult for any NGOs to have sustained progress as the government is not in support of their grassroots efforts.¹⁴⁶

The China National Tobacco Corporation (CNTC) dominates the market as the world's largest tobacco firm and is responsible for regulating tobacco use.¹⁴⁷ The CNTC disguises its true actions under social responsibility of corporate philanthropy efforts.¹⁴⁸ In addition, the CNTC targets the Chinese youth in an effort to attract new smokers by providing support for schools and educational services.¹⁴⁹ An example of this can be found at the Sichuan Tobacco Hope School, the school's slogan is: "Talent comes from hard work — Tobacco helps you become talented."¹⁵⁰ All of CNTC's marketing strategies help engrain that smoking is good, it helps achieve dreams, and it makes you become smart.¹⁵¹ By disguising themselves as the good guys, the tobacco industry makes it harder for grassroots efforts to curb tobacco use.

B. WHY TOP-DOWN APPROACHES FAILED TO CHANGE SOCIAL BEHAVIOR IN CHINA

A top-down approach is a type of method used to help promote the social changes through "the use of professional leadership . . . [who] plan, implement, and evaluate" behavioral change.¹⁵² In a top-down approach, government policy and resources set the health promotion agenda; tension arises when

146. *Id.* at 4.

147. *How Xi Can Help China Stop Smoking*, *supra* note 66.

148. *Challenges for Philanthropy and Tobacco Control in China*, *supra* note 1, at 4. CNTC claim that because of the tobacco industry and its growth, they are able to do things such as offering to reduce poverty by investing in environmental sustainability, donating to education, and providing funding for disaster relief. *Id.*

149. *Id.*

150. *Id.*

151. See *id.*

152. Larrison, *supra* note 120, at 68.

these policies do not meet community concerns.¹⁵³ Health promotion practitioners are employed to design and deliver programs that improve the health of individuals, groups, and communities within the parameters set by government policy.¹⁵⁴ Even when the “top” structures agree with community level concerns, the agenda’s design and implementation can result in a failure to address the main issues.¹⁵⁵

Programs that use the top-down model allow a group of knowledgeable individuals to provide services that will support an externally-created development plan for the community.¹⁵⁶ Oftentimes, top-down approaches see political leaders of a country implementing legislation that has wide benefits to its citizens.¹⁵⁷ An example of the top-down model is the Kyoto Protocol,¹⁵⁸ a framework convention established to reduce greenhouse emissions and address the issue of global warming.¹⁵⁹ “Approaches to improving health . . . continue to rely . . . on top-down, issue-specific strategies.”¹⁶⁰

Although “top-down” approaches are needed to effect change, they routinely fail to adequately strengthen health services at the local level; this is because the approaches neglect to take community’s interests into account.¹⁶¹ Top-down approaches also lack the momentum to encourage and inspire people on a local level.¹⁶² Therefore, with top officials merely

153. See *id.* at 72..

154. Glen Laverack, *Promoting Health and Development: Closing the Implementation Gap*, 7TH GLOBAL CONFERENCE ON HEALTH Promotion, (Oct. 26-30, 2009), http://www.who.int/healthpromotion/conferences/7gchp/Track2_Inner.pdf

155. See Larrison, *supra* note 120, at 72.

156. *Id.* at 68.

157. *Id.*

158. *Kyoto Protocol to the United Nations Framework Convention on Climate Change* (1998), UNITED NATIONS, available at <http://unfccc.int/resource/docs/convkp/kpeng.pdf>.

159. Warner, *supra* note 78, at s286.

160. *Community Based Primary Healthcare*, American Public Health Association, <http://www.apha.org/membergroups/sections/aphasections/intlthehealth/cbphcw> (last visited Jan. 24, 2014).

161. *Id.*

162. Roger Bate, *Why the Top-Down Approach Has Failed*, TCS Daily (Dec. 1,

telling various communities how to act, without proper enforcement or enthusiasm on the local level, behavior will not change.

The Chinese Government downplays the seriousness of tobacco use. The tobacco industry in China has many stakeholders – from national leadership, to tobacco farmers, to consumers of the product.¹⁶³ In 2009, approximately 60 million people were employed by the tobacco industry.¹⁶⁴ Due to the tobacco industry's ability to generate billions in revenue for the Chinese economy, various bureaucratic institutions are hesitant to create legislation that would hinder the tobacco industry's profit, even if it would protect its people's health.¹⁶⁵

Because the CNTC is the tobacco industry, it adopted "a system of unified leadership, vertical management [*sic*] and monopolized operation."¹⁶⁶ Its total cigarette production is greater than the production of the next seven cigarette-producing countries combined.¹⁶⁷ The CNTC consistently generates 7-10% of the government's annual revenue.¹⁶⁸ It sells cigarettes both in China and abroad and also produces tobacco machinery.¹⁶⁹ In some provinces, such as the Yunnan Province, tobacco production is a large contributor to the provincial government's revenue; as a result, tobacco is viewed by these provincial governments as the "pillar of the economy."¹⁷⁰

The State Tobacco Monopoly Administration (STMA) is

2005), <http://www.fightingmalaria.org/article.aspx?id=134>.

163. *The Political Mapping* note 2 at x.

164. *Id.* at 4. The study was conducted by the Research Institute of Industrial Economy of the Chinese Academy of Social Sciences (CASS). *Id.*

165. *Id.* at xi.

166. *State Tobacco Monopoly Administration*, GOV.CN (2012), http://english1.english.gov.cn/2005-10/03/content_74295.htm.

167. *The Political Mapping*, *supra* note 2 at ix-x.

168. *Id.* at x. "The Chinese tobacco industry produces over 2.3 trillion cigarettes every year. China's total production of cigarettes accounts for 40 percent of the world's total – about four times more than the United States, the second largest tobacco-producing country." *Id.* at ix.

169. *Id.* at ix-x, 85, 88.

170. *Id.* at ix.

responsible for monitoring the tobacco industry in China.¹⁷¹ STMA represents the central government as well as regional bureaus, which represent various local governments, making STMA the largest stakeholder in the tobacco business.¹⁷² “Often referred to as ‘the last bastion of China’s planned economy,’ [STMA] controls 98[%] of the [Chinese] cigarette market”¹⁷³ and is responsible for various parts of the tobacco industry including: development strategies; regulations and policies; and importation and exportation.¹⁷⁴

Since STMA, promulgated via legislation that allowed for the monopolization of the tobacco industry in 1983, the global market share of CNTC is now 43%, dominating its competitors.¹⁷⁵ Due to its growth and size, CNTC has become a major taxpayer and employer.¹⁷⁶ “In recent years, publicly traded tobacco companies have consolidated through privatization and mergers . . . [CNTC] is the largest state-owned tobacco company, producing more cigarettes than any other company in the world.”¹⁷⁷ According to a National Development and Reform Commission (NDRC), in 2009, while most industries in China experienced a substantial drop in revenue, the CNTC had a landmark year and exceeded 500 billion yuan.¹⁷⁸

In addition to economic conflicts of interest, the Chinese Government also has familial conflicts of interest that affect its

171. *Id.*

172. See GOV.CN, *supra* note 167.

173. *The Political Mapping*, *supra* note 2, at xi.

174. *Id.* at 103.

175. *The Global Cigarette Industry*, GLOBAL.TOBACCOFREEKIDS.ORG (Aug. 2014) http://global.tobaccofreekids.org/files/pdfs/en/Global_Cigarette_Industry_pdf.pdf The company profits total more than 320 million Yuan (HK\$393 million) every day on cigarette sale. Will Clem, *State tobacco monopoly makes 320m yuan a day*, South China Morning Post (Mar. 8, 2012), <http://www.scmp.com/article/994787/state-tobacco-monopoly-makes-320m-yuan-day>.

176. GOV.CN, *supra* note 167. The industry covers over thirty provincial tobacco monopoly administrations and companies and employs 510,000 people. *Id.*

177. Anna Gilmore, *Tobacco Companies*, THE TOBACCO ATLAS, http://www.tobaccoatlas.org/industry/tobacco_companies/text/ (last visited Jan 21, 2015).

178. *The Political Mapping*, *supra* note 2, at 5-6.

ability to confront the tobacco problem. Efforts to change behavior are continuously hindered by realities such as the deputy director of the CNTC being the brother of the next China premier, or the CNTC finding loopholes in the few Chinese laws regarding tobacco advertising.¹⁷⁹

Tobacco-control legislation has only been around since the 1990s.¹⁸⁰ China's antismoking campaign has largely involved agencies such as the Chinese Center for Disease and Control, the Chinese Academy of Prevention Medicine, and other domestic and international NGOs.¹⁸¹ A group of researchers have consistently urged the Chinese Government to invest in a tobacco control venture to reduce the economic and health costs that result from tobacco use.¹⁸² This group of experts recommended passing legislation that prohibited the sale of tobacco products and imposed a fine for any violation of that law.¹⁸³ After various suggestions, the Chinese Government passed legislation banning the tobacco industry from advertising in the media or during sporting events.¹⁸⁴ However, legislation contained loopholes allowing CNTC to market their brand at sporting events, rendering the legislation moot.¹⁸⁵ Two years later, the Chinese Government banned smoking in schools, yet compliance was low and enforcement was almost nonexistent.¹⁸⁶ Thus, the law was viewed as a mere suggestion because there was no penalty in place for violations; officials and citizens alike largely ignored this

179. *Id.* at xv.

180. *Id.* at 7.

181. See generally, *The Political Mapping*, *supra* note 2 at 5-6.

182. Grace X. Ma et al., *Tobacco Use in China: Prevalence, Consequences and Control*, 2 CAL. J. HEALTH PROMOTION 107 (2004), available at http://cjhpf.fullerton.edu/Volume2_2004/Issue1-TEXTONLY/107-119-ma.pdf.

183. *Id.* at 115.

184. Li Hui and Ben Blanchard, *China Tobacco Monopoly Blocks Full Ban on Tobacco Ads: Sources*, REUTERS (Sep. 4, 14), <http://www.reuters.com/article/2014/09/05/us-china-smoking-idUSKBN0H001N20140905>.

185. *Id.*

186. *Id.*

tobacco use prohibition.¹⁸⁷

Part of the problem is that not enough money is allocated toward curbing tobacco use.¹⁸⁸ For example, the Chinese Government generated \$21 billion in taxes from tobacco use cigarette sales in 2003, but only spent \$1 million on tobacco control.¹⁸⁹ In contrast, the government in Hong Kong actively promotes tobacco cessation, spending close to \$4 million on tobacco control in the same year.¹⁹⁰ One reporter wrote, "In fact, the ban on smoking in restaurants, pubs, coffee shops and karaoke bars has largely been ignored. The government is said to have deployed 100,000 inspectors nationwide to enforce the ban, but the fines (about \$1.40 per offense) are too low to make a difference."¹⁹¹ The report goes on to describe how many citizens return from restaurants smelling like smoke because the restaurants and bars fail to distinguish between the smoking and nonsmoking sections — both sections feature ashtrays on the tables.¹⁹² The government's hesitance is driven by the substantial tax revenue derived from the tobacco industry.¹⁹³

A proactive government could curb the preventable health epidemic China is experiencing. Unfortunately, the Chinese Government is willing to sacrifice the health of millions for continued economic profit. Efforts to ameliorate this situation will be fruitless unless the international community forces China to act. An effective approach to implementing policies that curb tobacco use is to utilize both grassroots efforts with the support of national and international law.

IV. EMORY GLOBAL HEALTH INSTITUTE-CHINA TOBACCO

187. *Id.*

188. *The Political Mapping*, *supra* note 2, at 34.

189. *Id.* at 11.

190. *Id.*

191. FlorCruz, *supra* note 36.

192. *Id.*

193. Bloomberg News, *China's Tobacco Monopoly Bigger by Profit Than HSBC*, BLOOMBERG (Mar. 6, 2012, 3:06 AM), <http://www.bloomberg.com/news/2012-03-06/china-s-tobacco-monopoly-bigger-by-profit-than-hsbc.html>.

PROGRAM: A MODEL FOR CHINA

There has not been a successful, sustainable program to curb tobacco use in China. However adoption and ratification of the FCTC provided the backbone for raising awareness and implementing enforcement mechanisms towards tobacco use.

A. THE EMORY GLOBAL HEALTH INSTITUTE-CONTROL TOBACCO PARTNERSHIP

With tobacco use growing exponentially in China the GHI recognized that neither a focus on either grassroots or domestic legislation had been unsuccessful in the past to change smoking behavior. Thus, "GHI-CTP" was established.¹⁹⁴ The goal was to create a sustainable program that utilized the FCTC to back its program.¹⁹⁵ The Bill and Melinda Gates Foundation funded a five-year grant allowing the GHI to pursue new tobacco cessation programs in China using an evidence-based approach.¹⁹⁶ Under this system, "The practice of evidence-based public health (EBPH) is an integration of science-based interventions with community preferences for improving population health."¹⁹⁷ More and more, public health goals are met through this decision making process because it examines the best available research evidence, expertise of people in the field, and the community's needs, wants, and desires.¹⁹⁸

GHI-CTP launched the Tobacco-Free Cities Program in 2009.¹⁹⁹ The main objective of the Tobacco-Free Cities Program is to "decrease tobacco-related disease and death by changing the social norms around tobacco use," through a sustainable

194. *About Us*, *supra* note 30.

195. *See The Role of Cities*, *supra* note 33.

196. *Id.*

197. Julie A. Jacobs et al., Tools for Implementing an Evidence-Based Approach in Public Health Practice, CENTERS FOR DISEASE CONTROL AND PREVENTION *available at* http://www.cdc.gov/pcd/issues/2012/11_0324.htm.

198. *Id.*

199. *About Us*, *supra* note 30.

approach.²⁰⁰ This objective is achieved through partnerships and collaborations of various Chinese partners including the Chinese Center for Disease and Control and Prevention, and the Ministry of Health of the People's Republic of China.²⁰¹ The Tobacco-Free Cities Program focuses on the various burdens of tobacco use—health, social, environmental, and economic—in seventeen selected cities.²⁰² These initiatives are locally tailored to meet the needs of each community.²⁰³

The researchers involved in the GHI-CTP believed that for their NGO's goals to be sustainable in China, their implementation needed to be different from their predecessors.²⁰⁴ In public health, there are several avenues that an NGO can choose to ensure its goals are met.²⁰⁵ Besides the previously addressed grassroots and topdown a third approach, the combination of using top-down and grassroots approaches, but targeting and implementation occurs at the grassroots level.²⁰⁶ For example, the United States' tobacco free movement first began with grassroots advocates that did not want people smoking in public places.²⁰⁷ From there, twenty-seven states adopted various policies that prohibited people from smoking in public places in those individual states.²⁰⁸ Furthermore, other states, such as West

200. Holly Korschum, *Emory Global Health Institute snuffing out smoking in China*, EMORY NEWS CENTER (Aug. 29, 2013), http://news.emory.edu/stories/2013/08/china_tobacco_partnership_success.

201. Emory University, *Building Partnerships for a Healthier Tomorrow*, EMORY UNIV. GLOBAL HEALTH INSTITUTE-CHINA TOBACCO CONTROL PARTNERSHIP (last modified 2013), http://ghi-ctp.emory.edu/documents/CapStone_spreads.pdf [hereinafter *Building Partnerships*].

202. *About Us*, *supra* note 30.

203. *Building Partnerships*, *supra* note 202.

204. *The Role of Cities*, *supra* note 33 at 10071.

205. Biswambhar Panda, *Top Down or Bottom Up? A Study of Grassroots NGOS' Approach*, 9 J. HEALTH MGMT 257 (2007), <http://jhm.sagepub.com/content/9/2/257.full.pdf+html>.

206. *Id.* at 267-268.

207. Thomas E. Novotny & Hadii M. Mamudu, *Progression of Tobacco Control Policies: Lessons from the United States and Implications for Global Action*, WORLD BANK HEALTH NUTRITION & POPULATION DISCUSSION PAPER SERIES, May 2008, at 2.

208. Michelle Griffin et al., *State Preemption of Local Tobacco Control Policies Restricting Smoking, Advertising, and Youth Access — United States*, 60 CDC

Virginia, may not have a statewide policy, but rather a city-by-city policy — an effective example of a bottom-up approach.²⁰⁹

When implementing a public health goal, there is no wrong approach, but rather an approach that the NGO determines works best with the target audience.²¹⁰ Because the combination of top-down and bottom-up approaches worked so well in the United States in curbing tobacco use, GHI-CTP researchers decided to use this as their template in curbing tobacco use in China.²¹¹ GHI-CTP researchers particularly advocate for a strong bottom-up approach because execution will always happen at the local level, where education, foundational to any social behavioral change, is really more about capacity building.²¹² Capacity building is an important tool used by many nonprofits that help identify efficient uses of technology and encourages collaboration with community members.²¹³ GHI-CTP is working to educate the Chinese public health workforce and prepare them to address issues dealing with tobacco use.²¹⁴ This is an important tactic that can be used with the youth to ensure that they do not engage in tobacco use.²¹⁵ An example of this tactic was used in Ireland where similar grassroots efforts, to ensure future generations do not continue the current trend, have successfully changed smoking behaviors used.²¹⁶

There were several requirements, created after gathering information about the social norms involving tobacco use in China, to ensure the GHI-CTP would be sustainable.²¹⁷ The first

MORBIDITY & MORTALITY WKLY. RPT., 1124, 1124 (August 26 2011).

209. Break Free Alliance & Health Education Council, *Addressing Dual Tobacco Use in West Virginia*, 1, 7 (Dec. 13, 2011).

210. Thomas E. Novotny, *supra* note 208, at 267-269.

211. *See The Role of Cities*, *supra* note 33 at 10064-10066.

212. *Id.* at 10063-10064.

213. National Council of Nonprofits, *What is Capacity Building?*, NAT'L COUNCIL OF NONPROFITS, <http://www.councilofnonprofits.org/capacity-building/what-capacity-building> (last visited Feb. 21, 2014).

214. *Building Partnerships*, *supra* note 202.

215. *Id.*

216. *The Political Mapping*, *supra* note 2, at 144-145.

217. *About Us*, *supra* note 30.

requirement was the need for implementation at the subnational level.²¹⁸ While China has a national policy, through its ratification of the FCTC, to curb tobacco use, the Chinese Government has done little else to combat tobacco use.²¹⁹ GHI-CTP wanted to initially focus and target efforts, at provisional and city levels.²²⁰ The researchers believed that by focusing their efforts in these communities, they could better provide sustainable training and technical support to health bureaus.²²¹ By including local communities in the planning process, it ensured that promotion of smoking cessation will last long after the program has ended.²²²

There are seventeen cities all across China that agreed to participate in GHI-CTP's program in an effort to curb tobacco use within their city.²²³ The cities GHI-CTP chose for their initiative range from urban cities to rural villages, wealthy to poor, and cities that have had or continue to have tobacco influence.²²⁴ Each of the seventeen cities started small and slowly expanded their knowledge and ideas of a tobacco-free city.²²⁵ For example, one of the goals set forth by GHI-CTP for each of the cities they are targeting is to partner with that city's public health officials.²²⁶ Together, GHI-CTP and each city's public health officials aim to create end goals such as making hospitals smoke-free zones.²²⁷ The steps to a successful implementation of their various goals is for the cities to start out with small gatherings and eventually expand their message so that eventually they gather enough support from the cities' citizens to enact a smoke-free policy in the

218. *Building Partnerships*, *supra* note 202 at 3.

219. *See The Role of Cities*, *supra* note 33, at 10063.

220. *Building Partnerships*, *supra* note 202, at 3.

221. Emory University Emory Global Health Institute, *Tobacco-Free Cities*, CHINA TOBACCO CONTROL PARTNERSHIP, <http://www.ghi-ctp.emory.edu/cities/index.html> (last updated 2014)[hereinafter *Tobacco-Free Cities*].

222. *Id.*

223. *Building Partnerships*, *supra* note 202, at 3.

224. *Tobacco-Free Cities*, *supra* note 222.

224. *Tobacco-Free Cities*, *supra* note 222.

225. *Building Partnerships*, *supra* note 202, at 3.

226. *Id.*

227. *Id.* at 13.

hospital.²²⁸ Through educating the community on the hazards of tobacco use, these city public health officials will have gone a long way toward creating a smoke-free environment.

While the GHI-CTP's accomplishments are ongoing, one of its major achievements is that the chosen seventeen cities are now prepared to educate the public about the health effects of tobacco use.²²⁹ Another accomplishment for the GHI-CTP initiative has been convincing the planners of the annual Folk Festival not to accept money from the tobacco industry.²³⁰ The Folk Festival is celebrated on the fifteenth day of the first month of the Chinese New Year with Chinese lanterns, an event heavily sponsored by the Chinese tobacco industry.²³¹ By convincing the festival — an event thousands of Chinese people flock to — not to accept CNTC's money, the festival can hinder the CNTC from marketing at the event, resulting in the Chinese public health force having the ability to educate the public about the risks and harms of tobacco use.

As GHI-CTP continues to work and create a sustainable program with local health organizations through the next several years, changed behavior toward tobacco use has been significant given the problems of the past, and the program looks to be continuing its successes.

B. RESULTS OF THE GHI-CTP INITIATIVE

GHI-CTP and its Chinese partners have been able to create many successful policies and programs with the backing of

228. *Id.*

229. *Id.* at 3.

230. Jun Shan, *Chinese Folk Lantern Festival*, ABOUT.COM, <http://chineseculture.about.com/library/weekly/aa070998.htm> (last visited Jan. 24, 2015); Hongta Group, *Hongta Group Holds Variety Show to Mark Mid-Autumn Festival*, CHINA TOBACCO: HONGTA GRP. (Sept. 28, 2012), http://www.hongta.com/language/en/aboutus/Marketing/201301/t20130123_176472.htm.

231. *Id.*

China's ratification of the FCTC.²³² The Tobacco-Free Cities Program has accomplished "the adoption of smoke-free policies and significant social norm change in" the seventeen cities including: Anshan, Changchun, Hangzhou, Kelamayi, and Qingdao.²³³ These cities have created many smoke-free public areas including hospitals, workplaces, schools, and more.²³⁴ In addition to these achievements, three cities have passed legislation involving total bans on smoking in public places, with the expectation of three more cities to follow suit in the near future.²³⁵ The media has served as a crucial piece to the program's success in changing social behaviors toward tobacco smoking.²³⁶ Similar to what occurred in Ireland, the media in China helps to ensure that everyone is educated about the harms of smoking.²³⁷

The WHO's creation of a public health treaty helped strengthen the initiatives and goals of GHI-CTP.²³⁸ The Chinese Government's ratification of the FCTC helps NGOs like GHI-CTP create sustainable policy because now NGOs can show local organizations evidence of the Chinese Government's willingness to reduce tobacco use in China.²³⁹ NGOs can influence those local governments that are unwilling to conform on the grounds that their national government has the same goals as the GHI-CTP for reducing tobacco through its ratification of the FCTC.²⁴⁰

Thus far, the program has had great success with the partnership of the Think Tank Research Center to educate and promote health to Chinese citizens.²⁴¹ The widely popular

232. *The Political Mapping*, *supra* note 2, at xii; *Building Partnerships*, *supra* note 202, at 3.

233. AsianScientist, *17 Chinese Cities Join Smoke-Free Program*, ASIANSCIENTIST (Sept. 2, 2013), available at <http://www.asianscientist.com/2013/09/topnews/emory-global-health-institute-china-tobacco-control-partnership-2013/>.

234. *Id.*

235. *Id.*

236. *Id.*

237. *Id.*; Allwright, *supra* note 97.

238. *The Political Mapping*, *supra* note 2, at xii.

239. *Id.*

240. *Id.*

241. *Id.* at 7.

grassroots effort and China's new accountability to the international community has lead to bans on Communist Party Officials from smoking in public places (such as government offices, schools, hospitals, and sports and cultural venues) by asking to these officials to "lead by example".²⁴² This program will also help the Chinese Government, previously tainted with tobacco influence, to gain credibility for the Communist Party going forward.²⁴³

With a successful NGO in place to help enforce the work of Chinese public health officials, many cities are willing to turn down tobacco industry's money to protect the health of its citizens. This has resulted in the Chinese Government re-evaluating its goals for the next five years.²⁴⁴

1. *The Shanghai Expo Bureau*

On March 1, 2010, the Shanghai Public Places Smoking Control Regulations went into force.²⁴⁵ This piece of legislation was the first successful provincial piece of legislation: it set a legal foundation for creating a smoke-free environment.²⁴⁶ According to this regulation, "smoking is totally prohibited in [all] public places such as medical institutions; inside and outside nurseries and kindergartens; primary and secondary schools; indoor public places for science, education, culture and art; and public transportations."²⁴⁷

"The Shanghai Expo Bureau adopted a series of measures

242. Mia Li, *China Orders Officials to Stop Smoking in Public*, N.Y. TIMES (Dec. 30, 2013), <http://sinosphere.blogs.nytimes.com/2013/12/30/china-orders-officials-to-stop-smoking-in-public/>.

243. *Id.*

244. He Ming-guo et al., *Smoking ban adopted in 12th five-year plan*, WANT CHINA TIMES (Mar. 7, 2011 4:42PM), <http://www.wantchinatimes.com/news-subclass-cnt.aspx?id=20110307000048&cid=1101>.

245. Xiang Li et al., *Results from an Evaluation of Tobacco Control Policies at the 2010 Shanghai World Expo* 22 TOBACCO CONTROL ii 21 (2013), available at http://tobaccocontrol.bmj.com/content/22/suppl_2/ii21.full.pdf+html.

246. *Id.*

247. *Id.*

that were much stricter than [any] tobacco control legislation” set by the national government.²⁴⁸ Shanghai decided to comply with this provincial tobacco control policy, and the World Expo had to ensure that “all indoor public areas in the Expo would be 100% smoke-free.”²⁴⁹ To ensure this regulation was complied with, the Expo took many preventative measures such as requiring that “lighters were confiscated at the security posts at the [Shanghai] Expo venue entry gates in order to reduce the risk of . . . violating the smoke-free policy” ranging from volunteers and tour guides reminding visitors of the smoke-free policy to individual text messages sent to visitors phones.²⁵⁰

For researchers working with GHI-CTP, it was important to measure the visitors’ understanding of tobacco control measures in the Expo. In order to do so, visitors were asked the following questions: (1) whether they understood that tobacco use was banned from the Expo and (2) whether they supported this ban.²⁵¹ In addition, a follow-up assessment was used to evaluate tobacco control attitudes among visitors.²⁵²

The results showed that the majority of the visitors understood that smoking was prohibited in the Expo area.²⁵³ Overall, visitors at the Expo showed awareness and understanding toward the policy and seemed to support a smoke-free policy.²⁵⁴ Since the Expo, the Expo Bureau kept reminding visitors of the new tobacco control policies through text messages.²⁵⁵

Between the new nonsmoking policies in Shanghai and the nonsmoking marketing before and at the Expo, citizens

248. *Id.*

249. *Id.*

250. *Id.* at ii21-ii22.

251. *Id.* at ii23.

252. *Id.*

253. *Id.*

254. *Id.* at ii24.

255. *Id.*

understood the health risks.²⁵⁶ The researchers did an assessment of the visitors' attitudes toward these new policies related to nonsmoking, and it turned out they were widely supported by the public.²⁵⁷ This assessment was an important indicator in evaluating the effect of tobacco control policies because nonsmokers gave more indication of their satisfaction towards a nonsmoking policy.²⁵⁸ Additionally, this Expo successfully promoted a "smoke-free" social norm because visitors agreed that by attending the Shanghai Expo, it raised their awareness towards the hazards of smoking.²⁵⁹

Another sign that the Shanghai Expo was successful in promoting a tobacco-free Shanghai was the Expo Bureau's decision to refuse 200 million Renminbi (about \$32 million) donation from the city's tobacco industry.²⁶⁰ The year this experiment was conducted, marked the first time the Expo did not allow any sale or marketing of tobacco products in any of the public places within the Expo.²⁶¹ The pavilions, restaurants, and souvenir shops were not only smoke-free but also tobacco-free.²⁶² When Shanghai citizens were asked the same questions that they were asked when they attended the Expo in October, the proportion of people who understood the prohibition of smoking in public places had increased by 10%.²⁶³ This increase can be attributed to news dissemination in the mass media and public health staff reminding Shanghai citizens about the new nonsmoking policy.²⁶⁴ A great example is when local citizens made observations in Nanjing Road, Shanghai, where smoking occurrences are high, and they applied the same methods as those

256. *Id.* at ii23.

257. *Id.*

258. *Id.*

259. *Id.*

260. *Id.* at ii23.

261. *Id.* at ii21.

262. *Id.* at ii23.

263. *Id.*

264. *Id.*

used in the Expo.²⁶⁵ The smoking occurrence was higher outside than within the Expo, which could be attributed to the fact that outside: (1) nonsmoking signs were generally not displayed; and (2) staff and volunteers were not available to give reminders about the new nonsmoking policy.²⁶⁶

The Shanghai Expo and its refusal to accept tobacco industry money is a monumental and historic change because this had never been achieved before.²⁶⁷ No other philanthropic organization was able to accomplish this result until GHI-CTP started its program in China.²⁶⁸ While this is an impressive beginning, GHI-CTP's work is by no means over, as this was not a comprehensive public ban.²⁶⁹ Progress still needs to be made since there are no governmental policies regarding public places like restaurants and hotels.²⁷⁰ The experience of the people who attended the Shanghai Expo provides evidence that a smoke-free environment is achievable in China.²⁷¹ With an increase in people's health literacy and awareness in a densely populated area such as Shanghai, the information on hazards of tobacco use has motivated the public to participate and advocate for tobacco-free public areas.²⁷²

2. Five-Year Plan of the People's Republic of China

The efforts of the GHI-CTP have not gone unnoticed. These efforts have influenced the national government five-year plan, which includes initiatives to curb tobacco use. The five-year plans of the People's Republic of China are a series of social and economic development initiatives in China that go all the way

265. *Id.* at ii24.

266. *Id.*

267. *Id.* at ii21.

268. *See id.*

269. *Id.*

270. *Id.*

271. *Id.* at ii24.

272. *Id.*

back to the rule of Mao.²⁷³ Three of the major priorities are: (1) sustainable growth, (2) industrial upgrading, and (3) promotion of domestic consumption.²⁷⁴ Part of the challenge this plan seeks to tackle is upgrading social welfare, which includes healthcare.²⁷⁵

In its twelfth iteration of the five-year plan, China plans to ban smoking in public places as well as look into raising tobacco tax as part of its commitment to the FCTC.²⁷⁶ The Chinese government hopes to integrate a no-smoking campaign into its national economic development plan after hearing that smoking related deaths will kill more than 50% of its workforce in the next twenty years.²⁷⁷ Specifically, the law passed in 2012 banning smoking in all indoor workplaces, indoor public locations, and public transportation throughout 2011-2015 with clear and harsher punishments so citizens know to take the law seriously.²⁷⁸ Currently, thirty-two cities have already passed their own rules to restrict public smoking.²⁷⁹ Moreover, the government has asked party officials to set an example by not smoking in public places such as schools, hospitals, and public transportations and by not giving cigarettes as gifts.²⁸⁰

The five-year plan had to be altered since China adopted the FCTC. The Chinese Government's adoption of the FCTC has started a movement where two prominent Chinese intellectuals published a report that gave the Chinese Government's

273. *The Political Mapping*, *supra* note 2, at 49; KPMG, *China's 12th Five-Year Plan (2011-2015)*, KPMG INSIGHT SERIES (Mar. 2014), <http://www.kpmg.com/cn/en/issuesandinsights/articlespublications/publicationseries/5-years-plan/pages/default.aspx>.

274. *China's 12th Five-Year Plan (2011-2015)*, *supra* note 274, at 3.

275. *Id.* at 3-4.

276. *Id.* at 4-5.

277. He Ming-guo et al., *Smoking ban adopted in 12th five-year plan*, WANT CHINA TIMES (Mar. 7, 2011 4:42PM), <http://www.wantchinatimes.com/news-subclass-cnt.aspx?id=20110307000048&cid=1101>.

278. *Id.*

279. Madison Park, *China, world's leading tobacco user, moves to ban indoor public smoking*, CNN WORLD (Jan. 9, 2014), <http://www.cnn.com/2014/01/09/world/asia/china-smoking-ban/>.

280. *Id.*

implementation of tobacco control a very low score.²⁸¹ Since the issuance of this report, media outlets have released substantial content regarding the government's nonenforcement of smoking in public places, which has led to awareness of tobacco-related deaths.²⁸² It started so many conversations that within two weeks, over nine-hundred articles had been published discussing the harm of smoking and the need for more effective control.²⁸³ All of these conversations have made the Chinese Government realize that it needs to be more proactive in curbing tobacco use in China.

V. RECOMMENDATIONS AND NEXT STEPS

One of the best ways to curb tobacco use is to raise the price of cigarettes through higher taxes.²⁸⁴ CNTC does not support this approach, arguing that raising the price of cigarettes will lead to declining sales and job loss.²⁸⁵ However, studies show that an increase in taxes on tobacco would actually generate more revenue and less job loss; a mere one yuan tax on cigarettes would bring in \$8 billion of additional revenue and the costs saved as a result of saving 3 million lives.²⁸⁶

Another area of focus for tobacco control is educating the public about the harms of tobacco use. In 2012, the Ministry of Health released a report that outlined the hazards of tobacco use, dangers of secondhand smoking, and importance of tobacco cessation.²⁸⁷ As Chinese officials begin to crack down on tobacco use, it is important to realize the role that the international community has played in applying pressure on the Chinese government. The WHO awarded the Chinese Minister of Health a certificate recognizing his contribution to the establishment of a

281. *The Political Mapping*, *supra* note 2, at 9.

282. *Id.* at 9-10.

283. *Id.* at 10.

284. *How Xi Can Help China Stop Smoking*, *supra* note 66.

285. *Id.*

286. *Id.*

287. *Tobacco in China*, *supra* note 2.

tobacco-free system in China; two months later, the Ministry of Health created a partnership with the United States Department of Health and Human Services to create a smoke-free workplace.²⁸⁸

CONCLUSION

The key to combating tobacco use for NGOs is to combine grassroots efforts and legislation. Successful behavioral change takes time as health promotion and education are key players in bringing about behavioral changes like decreasing smoking.²⁸⁹ In China, to ensure international philanthropic initiatives' efforts are not discontinued after the international funds are no longer available, it is important to have the Chinese government create national laws that will re-enforce these initiatives. Since China adopted the FCTC passed by the WHO in 2006, China and its government officials are now accountable to the international community by an updated report of their progress every two years.²⁹⁰ This development is important because through signing the FCTC, the Chinese Government legally acknowledges that smoking is harmful to public health and that cigarette smoking could have devastating consequences for many people.²⁹¹ This ratification has led to increased conversations by the public about the harms of tobacco use.²⁹² The success of Ireland can be mirrored by China if the Chinese Government continues its commitment to protect the health of the Chinese people.

When the GHI-CTP Tobacco-Free Cities Program was created, it aimed to create "sustainable national tobacco control

288. *Id.*

289. *Tobacco Use: A Tool to Help You and Your Patients Change Unhealthy Behaviors*, AMERICAN MEDICAL STUDENT ASSOCIATION/FOUND., (2002), available at http://www.amsa.org/AMSA/Libraries/Committee_Docs/TobaccoUse.sflb.ashx.

290. World Health Org., *Fourth session of the Conference of the Parties to the WHO FCTC*, FCTC (2010), available at http://www.who.int/fctc/cop/sessions/fourth_session_cop/en.

291. *The Political Mapping*, *supra* note 2, at 8-9.

292. *Id.* at 9-10.

resource centers in China” through grassroots efforts in seventeen cities.²⁹³ By giving local governments the support they need for reducing tobacco use through sustainable programs and national government accountability, China is well on its way to seeing a reduction in smoking.

293. *About Us*, *supra* note 30.