

To: Mr. Daisaku Kadokawa, Mayor of Kyoto City, Japan

4 May 2016

On behalf of Action on Smoking and Health, I am writing to urge Kyoto City to comply faithfully with the WHO Framework Convention on Tobacco Control and terminate its relationship with Japan Tobacco Inc. ("JT").

On February 15, 2016, the Public Health and Welfare Bureau of Kyoto City announced the start of a program of encouraging eating and drinking establishments in the city to display storefront/point-of-sale smoking policy stickers.[i] These stickers, endorsed by the municipal government, would indicate the establishment's policy regarding smoking (i.e., whether smoking is not allowed, or allowed in separate/segregated smoking sections). This program would be implemented by JT employees. Not only does this create the appearance of a collusive relationship between the municipal government and a particular company – JT – but contravenes the WHO Framework Convention on Tobacco Control (the "FCTC"), which Japan ratified in 2004.[ii]

We draw your attention to the following:

1. The overwhelming scientific evidence of health damage due to smoking. Voluminous scientific research has clearly established that tobacco causes cancer as well as cardiovascular, respiratory and other various diseases, not only in tobacco users but those around them. It is also widely known that, similar to narcotics, nicotine is an addictive substance that is hard to quit using once the habit is formed. Tobacco is an abnormal product that, when used properly, shortens the healthy lifespan of its users, and actually causes the death of half of them.

2. The huge number of victims of tobacco. The harm caused by active and passive smoking includes 130,000 deaths annually in Japan and 6 million globally, of which latter number 600,000 are the result of passive smoking.[iii] It is estimated that, if left unchecked, tobacco will kill one billion people during the 21st century.[iv]

3. The FCTC

The FCTC was drafted "to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke" (Article 3), and came into force in February 2005. As of March 2016, 180 countries (including Japan) and organizations have joined the FCTC, and restrictions aimed at reducing tobacco consumption and preventing exposure to tobacco smoke have been gradually implemented globally, resulting in greater protections for the people of the world from the damage caused by tobacco. However, tobacco continues to result in serious harm, particularly in developing countries. Basic restrictions on both the supply of and demand for tobacco are thus essential.

4. JT's continued denial of the health damage caused by smoking and opposition to tobacco regulation In spite of the above, JT continues to deny or downplay both the health damage caused by smoking and the addictiveness of nicotine. To this day, it continues to staunchly oppose tobacco regulation. On its home page, JT openly rejects that passive smoking is harmful to health.[v] Through its global M&A strategy it is expanding sales channels in Russia, Europe and Asia with the goal of becoming the world's leading tobacco company.[vi]

5. FCTC Article 5(3)

Based on an awareness that "the tobacco industry has operated for years with the express intention of subverting the role of governments and of WHO in implementing public health policies to combat the tobacco



epidemic,” Article 5(3) of the FCTC states that “in setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry.” As noted, the WHO's Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry (the “Article 5(3) Guidelines”) establish as a guiding principle that “there is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests.”[vii]

6. The significance of using JT Employees

In light of the above, it should be obvious that for the Kyoto municipal authorities to rely on JT employees to investigate the prevalence of smoking at eating and drinking establishment and seek cooperation in the sticker campaign, and allowing JT to visit these establishments could result in situations where pressure is put on them. For example, such visits can serve as an opportunity for JT to encourage establishments that currently prohibit smoking to allow it in separate smoking areas. For the health department of the municipal government to be involved in such an effort is simply unacceptable. Furthermore, such conduct clearly contravenes the Article 5(3) Guidelines, as well as the WHO's Guidelines for the Implementation of Article 13 of the WHO Framework Convention on Tobacco Control (Tobacco advertising, promotion and sponsorship).[viii] The result of such actions will be to accord continued trust and social legitimacy to the tobacco industry.

7. Incompatibility with “Kyoto as a city of long- healthy life”. Kyoto aspires to be known as a “city of long-healthy life.” Knowing that smoking is a leading cause in the shortening of people’s healthy life spans, it is simply ludicrous to be engaging in a joint campaign with JT, which denies or downplays the health damage caused by tobacco consumption and exposure to tobacco smoke as well as seeks to expand tobacco consumption.

8. A mistaken approach of the current campaign.

The current sticker campaign would only involve disclosure as to whether smoking at any participating establishment is prohibited, permitted or permitted in segregated areas; it would not include any warnings of the health risks of active or passive smoking. This is a mistaken approach from the perspective of a government health department. Disclosure of the following health risks from passive smoking is necessary, effective and should also be included.

If smoking is allowed (included in a segregated area), the following sign should also be required:

- (1) “Exposure to tobacco smoke harms non-smokers, particularly, children, young people and pregnant women.”
- (2) “Children, young people, pregnant women or other non-smokers should not enter or be allowed to enter places where there is a risk of exposure to tobacco smoke.”
- (3) At the entrance: “Children, young people, pregnant women and other non-smoker should not enter.”

If smoking is prohibited in the establishment, no such warning is necessary

9. Kyoto as a World Heritage City

Kyoto is well-known as a World Heritage City visited by 50 million people annually. But if Kyoto fails to remedy



its conduct that is clearly contrary to trends in global tobacco regulation, it may be result in an indelible black mark on history of mankind's efforts to restrict tobacco and the harm it causes.

From the bottom of our hearts, we ask that Kyoto City accept and understand the principles of the FCTC, and faithfully comply with the FCTC and its Guidelines by terminating its connections with JT.

Sincerely,

Laurent Huber
Executive Director
Action on Smoking & Health
Washington, DC, USA

[i] <http://www.city.kyoto.lg.jp/hokenfukushi/page/0000193882.html>

[ii] World Health Organization. WHO Framework Convention on Tobacco Control. <http://www.who.int/fctc/en/>

[iii] Katanoda K, Marugame T, Saika K, Satoh H, Sobue T. Population attributable fraction of mortality associated with tobacco smoking in Japan: a pooled analysis of three large-scale cohort studies. *L Epidemiol.* 2008; 18(6):251-64; Murakami Y, Miura K, Okamura T, Ueshima H, EPOCH-JAPAN Research Group. Population attributable numbers and fractions of deaths due to smoking: a pooled analysis of 180,000 Japanese. *Prev Med.* 2011; 52(1):60-65; Ikeda N, Inoue M, Iso H, Ikeda S, Satoh T, Noda M, Mizoue T, Imano H, Saito E, Katanoda K, Sobue T, Tsugane S, Naghavi M, Ezzati M, Shibuya K. Adult mortality attributable to preventable risk factors for non-communicable diseases and injuries in Japan: a comparative risk assessment. *PLoS Med.* 012;9(1):e1001160; WHO. WHO Global report: Mortality attributable to tobacco. 2011; Öberg M, Jaakkola M S, Woodward A, Peruga A, Prüss-Ustün A. Worldwide burden of disease from exposure to second-hand smoke: a retrospective analysis of data from 192 countries. *The Lancet.* 2011; 377:139-146.

[iv] Peto R, Lopez AD. Future worldwide health effects of current smoking patterns. In: Koop CE, Pearson CE, Schwarz MR, eds. *Critical issues in global health.* San Francisco, Wiley (Jossey-Bass), 2001:154–161.

[v] <https://www.jti.co.jp/corporate/enterprise/tobacco/responsibilities/responsibility/smoke/index.html>.

[vi] <https://www.jti.co.jp/recruit/fresh/rd/tobacco/outline/cont06/index.html>.

[vii] http://www.who.int/fctc/guidelines/adopted/article_5_3/en/.

[viii] http://www.who.int/fctc/guidelines/adopted/article_13/en/.