

My motivation for tobacco control.

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In 1982, I resigned as a visiting associate professor at the University of Minnesota School of Medicine and became the director of the Department of Neurology at the Japanese Red Cross Medical Center. In the medical center ward, I primarily examined patients with cerebral stroke. At this time, a 54-year-old woman with left-side paralysis was admitted to the hospital. She had a stenosis in her right middle cerebral artery but responded well to treatment so that her symptoms had nearly disappeared. After treatment, she was smiling and speaking with her family in the meeting room. However, there was also another person smoking repeatedly next to her. After a several minutes of exposure to the ambient smoke, her left hand become numb and immobile again. I thought this was probably a coincidence. After a few weeks had passed, her hemiplegia had again significantly improved, and she was chatting with her family once more in the meeting room, and this time too there was a smoker next to her from which smoke emanated. I now think that this exposure probably caused hemiplegia and significant pain in her left upper leg to return. Her angiography showed a complete occlusion of her right middle cerebral artery, and we could no longer hope that she would recover from her hemiplegia.

From episodes like this, we now understand that passive smoking is also said to contribute to cerebral infarction or stroke. At that time, I was able to develop a complete smoking ban indoors at the Japanese Red Cross Medical Center where I worked.

After that, I became a founding member of the Federation of Doctors for Smoking Cessation, and in 2000 I became a professor at the First Department of Internal Medicine, Kyorin University School of Medicine. I also took the role of chairperson of the Japan Society for Tobacco Control when it was established in 2005.

In 2005, I introduced the concept of passive smoking, also called second-hand smoke, with colleagues and associates, when the primary concern was active smoking.

As we now understand, non-smokers exposed to tobacco smoke can quickly develop discomfort, headaches, dizziness, and eye/nose/throat/bronchial irritation.

Prolonged or chronic exposure to passive smoking leads to a variety of chronic illnesses like arteriosclerosis, respiratory damage and deficiency, and carcinogenesis. In the home, repeated exposure to passive smoking makes normal work and family life impossible and commonly causes illnesses like chemical allergies, malignant tumors and cardiovascular disease to develop or aggravate existing conditions.

Passive smoking in everyday life has been shown to raise the risk of premature death from all conditions for non-smokers by about 10 percent to up to 75 percent.

In Japan, a law to prevent or to reduce passive smoking was finally enacted due to our efforts and the international standards set by the recent Tokyo Olympic. Nevertheless, such regulations remain unsatisfactory and must be made more comprehensive and more rigorous for our nation's health.