



## Japan Society for Tobacco Control

日本禁煙学会

<http://www.jstc.or.jp/> E-mail [desk@nosmoke55.jp](mailto:desk@nosmoke55.jp)  
〒162-0063 東京都新宿区市谷薬王寺町 30-5-201  
Tel 03-5360-8233 FAX 03-5360-6736

### Comments and proposals on tobacco control measures for the next campaign plan for promoting national health (Health Japan 21 (third) program)

26th February, 2023

Manabu Sakuta, Chairperson, Japan Society for Tobacco Control, General incorporated

Thank you for your ongoing efforts to promote citizens' health, especially the tobacco control measures related to the mission of this society. I would like to state the following comments and suggestions, so I kindly ask for your attention.

#### 【Summary】

I believe that tobacco control measures for the next campaign plan for promoting national health (Health Japan 21 (third) program) should emphasize the following three points.

- (1) In accordance with the FCTC (Framework Convention on Tobacco Control), the Japanese government oversees ministries and agencies to coordinate and to advance tobacco control measures as a priority (sections 1-4, 9)
- (2) Targeting a zero smoking rate and aiming for a nation without harms from tobacco (sections 5-8)
- (3) Targeting zero passive smoking and aiming for a society without passive smoking (section 9)

1. Steady implementation of the FCTC (Framework Convention on Tobacco Control) is essential.

For promoting citizens' health through tobacco control measures, as mentioned in document 2 of this program, "steady implementation of tobacco control measures is necessary in order to avoid immediate and future health effects and economic losses and to fulfill our international obligation as a signatory to the FCTC (Framework Convention on Tobacco Control)."

From page 37 of <https://www.mhlw.go.jp/content/10904750/001049796.pdf>

2. In accordance with the FCTC, tobacco control measures ought to be coordinated and supervised across ministries and agencies.

In the final evaluation report of the second program of Health Japan 21, chapter 3, section 2, page 348, as well as in other references, there is the following statement. Based on this, as the Ministry of Health, Labor and Welfare coordinate the policies across government ministries and agencies, I would like for

the government to advance these important policies:

- From the view of protecting the health of citizens and based on the intent of the Framework Convention on Tobacco Control; it is urgent to combine revisions to existing regulations and to strongly promote a re-consideration of the optimal tobacco tax rate, a society free from undesirable passive smoking, regulations for warning images on tobacco products, implementing anti-tobacco media campaigns, support and treatments for smoking cessation, and necessary and consistent compliance with regulations on tobacco advertising, sales promotions and sponsorship activities.”

From page 348 of <https://www.mhlw.go.jp/content/10904750/001000514.pdf>

Many other countries have already developed policies in this regard. To promulgate a national policy, in accordance with the FCTC, it is essential to coordinate policies across ministries and agencies, to promote smoking cessation (zero smoking), and to protect non-smokers--who account for 85% of citizens--from the harms of passive smoking (zero passive smoking). Without these policies, the health of citizens can not be protected from the harms of tobacco.

3. Without FCTC compliance throughout the nation, there are limits on the efforts of local governments and private organizations.

Besides the ordinances to prevent passive smoking that each local government can enact under the Health Promotion Law, there are very few tobacco control measures that can be decided by regional and municipal officials. It is also difficult to improve the effectiveness of local plans even if they submitted to prefectural policy makers.

Unless the national government fully promotes the measures described in sections 1 and 2 in accordance with the FCTC, it will be difficult to achieve results through the efforts of local governments and private organizations alone.

4. It is essential to design a system that complies with the guidelines for implementing Article 5.3 of the FCTC.

Similar to tobacco control measures at the national level, it is also true that measures by local governments are being hindered by the tobacco industry. For example, many difficulties have arisen when trying to enact ordinances to prevent passive smoking.

This is because the guidelines for enforcing Article 5(3) of the FCTC, "to protect public health policy related to tobacco regulations from commercial and other existing interests of the tobacco industry", have not been implemented in Japan. It is indispensable that the Japanese government complies with legislation and institutional designs (including prohibitions and other regulations for political contributions).

[https://www.mhlw.go.jp/topics/tobacco/dl/fctc\\_5-3\\_guideline\\_120506.pdf](https://www.mhlw.go.jp/topics/tobacco/dl/fctc_5-3_guideline_120506.pdf)

5. A goal of a zero smoking rate is needed so that all smokers quit smoking.

As written in the fundamental policy document (see the link below), tobacco causes disease and early death, and impairs a healthy life span.

It is explicitly written below that decreasing tobacco consumption can reliably reduce excess deaths, excess medical expenses and other economic losses from smoking-related diseases such as cancer in the future.

<https://www.mhlw.go.jp/content/10904750/001049796.pdf> From page 37  
"background"

Smoking rates have been steadily declining for several decades. This trend shows that the harms from tobacco are well known, that people are becoming more health conscious, and that we understand that tobacco is unnecessary in our lives.

Besides setting numerical targets based on the idea that "those who want to quit will quit", it is possible to augment the number of smokers who want to quit by expanding the health awareness of citizens and making us fully aware of the harms from tobacco, as described above. Combining both possibilities, I think that we ought to aim for a Japan without harms from tobacco with a target of "a zero smoking rate for all smokers who quit".

#### 6. Policies for all smokers to quit tobacco

As for the above policies cited in section 2, it is indispensable for the Japanese government to implement coordinated policies across various ministries and agencies in accordance with the FCTC. But for measures under the jurisdiction of the Ministry of Health, Labor and Welfare, I think that the following might be useful.

##### (1) Regarding smoking cessation treatment

- Relaxation of insurance requirements for smoking cessation treatment (possible during hospitalization, extension of treatment periods, possible retreatment within one year, elimination of compulsory requirements for CO measurement, et cetera.)
- Expand insurance coverage of smoking cessation treatment to dental diseases such as periodontal disease
- Encouragement and promotion of smoking cessation treatment in workplaces and insurance associations (through health insurance, cooperatives, national health insurance plans, and other methods.)
- Implement training such as cognitive behavioral therapy for smoking cessation treatment in prefectures.

(2) Set numerical targets for smoking cessation treatments and examinations in prefectures.

(3) Increase availability of smoking cessation medicines (shipment of varenicline is currently suspended, and outpatient facilities for smoking cessation are often closed: discussion by Chinese medical association needed).

(4) Specific health diagnostic examinations; specific instructions for health promotion; asking "smoking"-related questions in health diagnoses at workplaces, universities and other institutions together with advice and incentives to quit smoking; referrals to smoking cessation treatment facilities.

(5) Anesthesia guidelines are known to state that smoking cessation is now required before surgery.

(6) Expansion and thorough enforcement of non-smoking areas (enhancing measures to eliminate passive smoking). Details are in section 9.

(7) Including the aforementioned points, I think that we can expand collaboration and cooperation in the various fields related to health promotion, including by medical organizations, practitioners and administrators, and that we can develop assistance plans from national and regional governments toward a target of a zero smoking rate.

7. Regarding the elimination of smoking for those younger than 20  
Denmark, Malaysia and other countries have moved forward with legislation regulating tobacco vending machines, allowing smoking cessation treatment and examination at outpatient clinics and 'prohibiting smoking for people born after 2010', which was also passed in New Zealand. These types of legislation can also spread to other countries in the future. I think enacting such legislation would be effective in Japan too, so please consider these as potential measures.

8. Regarding the elimination of smoking during pregnancy  
There seem to be many reports that smoking by pregnant women has not decreased, and there also seems to be reports that this behavior is related to health differences. As mentioned in section 9 (9), a national survey found that about 2% of pregnant women smoke. I would like to ask you to consider legislation at the national level, including smoking restrictions and regulations fully dealing with the person herself, her cohabiting husband (spouse) and family members.

9. We should set a target of zero passive smoking and aim for a society without passive smoking.

The guidelines for implementing Article 8 of the FCTC "Protection from exposure to tobacco smoke"

[https://www.mhlw.go.jp/topics/tobacco/dl/fctc8\\_guideline.pdf](https://www.mhlw.go.jp/topics/tobacco/dl/fctc8_guideline.pdf) clearly states the following, so it is essential to implement effective policies for zero passive smoking in accordance with these guidelines.

"Everyone should be protected from exposure to tobacco smoke. Indoor workplaces and indoor public places should be completely smoke-free."

"Protective measures must be taken in outdoor or semi-outdoor public areas."

“Effective measures to protect against exposure to tobacco smoke must eliminate smoking and tobacco smoke from designated spaces in order to create a 100% smoke-free environment. There is no safe level of exposure to tobacco smoke, ... and it has been repeatedly shown that approaches other than 100% smoke-free environments are ineffective in eliminating exposure to tobacco smoke. Engineered barriers or methods can not protect against exposure to tobacco smoke.”

- In this third plan, the target of “reducing the number of persons who have possible exposure to passive smoking” is in chapter 4 Target setting 2. Specific targets 2-1. Improving lifestyle habits <5> Separating smoking from numerical targets for smoking (page 37 from the link below),

(3) Improving the quality of the social environment 3-2. It has been changed to create an environment that becomes healthy and natural, and the target value is stated as “realization of a society without undesirable passive smoking (by 2032)”. (But I do not understand why they were separated.)

③ Reducing the number of persons who have the possibility of undesirable passive smoking <https://www.mhlw.go.jp/content/10904750/001049796.pdf> pages 59-61

- However, the expression “undesirable” is fundamentally incorrect and improper. The harm of passive smoking affects everyone who is exposed. No one “desires” it, and everyone is harmed, even if a person does not mind or is not aware of it, including those who are unwilling or unable to express their desires like children, infants and fetuses.

Eliminate smoking for those younger than 20, eliminate smoking during pregnancy, as well as setting a target of “0% passive smoking” and (3) eliminate the possibility being exposed to passive smoke. Objective: realization of a society without passive smoking. I concur that exposure to passive smoking should be 0%.

- Moreover, I think that it would be better to not separate this target for passive smoking from the numerical targets of <5> smoking (pages 37-39 of the above link) and to state the same set of four targets (zero targets) as in the second plan for Health Japan 21.

- It is important to assemble a specific plan to achieve zero passive smoking, just as it is to eliminate smoking by those younger than 20 and to eliminate smoking during pregnancy. No one desires to be harmed by passive smoking, so I think that it would be better to set separate zero passive smoking targets by area.

(1) Because educational and child welfare facilities, administrative agencies and medical institutions are stipulated as Type 1 facilities under the Health Promotion Act, it is given that these places should have zero passive smoking. Regarding designated outdoor smoking areas, there are many cases where regulations are not stipulated by ordinance. And when regulations are not stipulated, there are many

cases where harms from passive smoking have been reported, including in cases of regulatory exemptions, although public attitudes might imply that passive smoking does not cause harm. We should therefore set a target of zero passive smoking.

(2) Workplaces in type 2 facilities are expected to be stipulated as non-smoking indoors, but even so realization of zero passive smoking can not be maintained. The exclusive rooms for smoking can be defective, and it is necessary to thoroughly implement zero harm from passive smoking by revising and reviewing ministerial ordinances. (Smoking is prohibited on the premises of the judicial bodies of Type 2 facilities, and similarly 3.3% of legislative bodies (the Diet or Parliament) of Type 2 facilities have designated smoking rooms and should be classified as Type 1.)

(3) According to the Occupational Safety and Health Survey, the “percentage of workers having passive smoking in the workplace” was 20.7% in 2021, 20.1% in 2020 and 28.9% in 2019. Although this might appear to be progress, it is necessary to clearly specify and to thoroughly implement zero passive smoking.

[https://www.mhlw.go.jp/toukei/list/dl/r03-46-50\\_gaikyo.pdf](https://www.mhlw.go.jp/toukei/list/dl/r03-46-50_gaikyo.pdf)

(4) Regarding restaurants, in the 2021 survey linked below, 83.2% of cafeterias and restaurants are completely non-smoking indoors, while 3.7% have designated smoking rooms and 13.1% have another or unknown status. Because the percentage of indoor smoking bans is declining at (new and established) cafes, pubs, bars and other shops; it is necessary to thoroughly implement zero passive smoking. (In particular, transitional steps to allow smoking in shops with a guest area of 100m<sup>2</sup> or less ought to be abolished.)

Ministry of Health, Labor and Welfare: Survey results from the 2021 “Factual survey on smoking environments” (Summary)

<https://www.mhlw.go.jp/content/10900000/001043203.pdf>

(5) In Type 2 facilities like social welfare facilities, conference halls and other public facilities; permission for indoor smoking is about 80%-90%. The results from 2021 do not show progress compared to 2020 data, and it is necessary to thoroughly implement zero passive smoking.

(6) Smoking bans are moving forward somewhat in parks, theme parks, amusement parks, outdoor sports facilities, game arcades and entertainment facilities; but it is still necessary to thoroughly implement zero passive smoking.

(In the public opinion survey from the Cabinet Office on tobacco control measures in (8) below, 35.9% of respondents replied that “parks and playgrounds where children play outdoors” were unpleasant, so it is necessary to thoroughly implement zero passive smoking.)

(7) Private rooms in admission facilities (like facilities for supporting mothers

with children, intensive-care elderly homes, fee-based elderly homes, group homes, housing with home care services, facilities for persons with disabilities, small multi-purpose residence nursing facilities, first aid facilities, social welfare facilities) (places that provide human residence or extended stays) are exempted from applying smoking bans (Article 40 in the law). Although it is stipulated that smoking is generally prohibited in common areas (a designated smoking room can be installed), there are many reports that passive smoke leaks and emanates inside the facility, causing harm. According to this revision and review, it is necessary to thoroughly implement zero passive smoking.

(8) In the "Public opinion survey concerning tobacco control measures" conducted by the Cabinet Office in 2022, smokers were asked where they were uncomfortable with tobacco smoke. It was reported that 70.2% answered "on the street" (in the previous survey, 53.3%), followed by 50.9% who answered at restaurants and shops that mainly serve meals (in the previous survey, 62.4%).

<https://survey.gov-online.go.jp/hutai/r04/r04-tabako/gairyaku.pdf>

- Streets should be included in the targets for eliminating passive smoking according to the Health Promotion Law. Given that open designated smoking areas are often established on the city streets, a significant fraction in the Cabinet Office survey, 39.4%, replied that they were uncomfortable "near an outdoor smoking area". It is necessary to thoroughly implement zero passive smoking on the street and outdoors.

- In addition, it has been pointed out that the notice from the Director of the Health Bureau of the Ministry of Health, Labor and Welfare that is titled "Regarding technical matters for outdoor segregated smoking facilities" does not prevent passive smoking outdoors or on the street. Because these facilities are instead identified as a source of passive smoking, it is necessary to abolish them.

<https://notobacco.jp/pslaw/okugaibunennshisetsunogijyutsutekiryuujikounitsuite.pdf>

(9) Prevention of passive smoking in homes and private cars might be aspects outside the scope of the law because these are completely private spaces, but the baseline exposure rate in 2019 was 7%. According to "Status of implementing maternal and child health services" from the Ministry of Health, Labor and Welfare in 2021, 1.9% of pregnant women smoke, 5.3% of mothers smoke while raising children, and 31.4% of fathers smoke. So passive smoking by children and cohabiting family members is probably not zero.

2021 Status of implementing maternal and child health services

[https://www.mhlw.go.jp/stf/newpage\\_30143.html](https://www.mhlw.go.jp/stf/newpage_30143.html)

- Regarding smoking in homes and private cars, broadcast the fact that exposure to passive smoking for infants, children and minors constitutes child abuse. Because evidence of risks like cancer also exists for cohabitating members besides children, zero passive smoking in homes and private cars is essential.

• In addition, places like Hyogo Prefecture and Bibai, Hokkaido have established regulations that prevent passive smoking and prohibit smoking in the same room or the same car as pregnant women. I think that this country needs to step up its efforts in restrictions and regulations. For example, pregnant women in Taiwan are prohibited from smoking. This is also necessary as a strategy against a declining birthrate, which is now an urgent issue for the country.

(10) As mentioned above, it is desirable to have policies and targets that highlight "zero passive smoking". In anticipation of the revision of the Health Promotion Act in 2025, it is desirable to strengthen and to revise regulations and laws.

10. Related to the prevention of harms from passive smoking and tobacco control measures more generally, I have enumerated the following subjects that were not listed above. Please heed these too.

(1) The government will provide subsidies (including organization of subsidies for prefectures and municipalities) for the renovation of shops where smoking is currently allowed into non-smoking shops.

(2) In condominiums and detached houses, there is an increase in damage and troubles from passive smoking from neighbors and the community. (According to the Cabinet Office public survey described in 10. (8), 20.8% of respondents replied that passive smoking was unpleasant.) I would like the government to consider such policies and to realize zero passive smoking.

(3) The tobacco industry declares that tobacco is a "luxury product", but Kojien (Japanese dictionary), Digital Daijisen (electronic dictionary) and Wikipedia do not mention tobacco as a "luxury product", and tobacco is no longer included as a "luxury product". Tobacco should be called an "addictive product".

I would like the Ministry of Health, Labor and Welfare to use the expression "addiction" so that tobacco is not described as a "luxury product".

(4) In the future, due to the increase in the number of foreigners working, studying, living and visiting; the need for tobacco control measures, education, and public awareness will rise to prevent troubles related to the prevention of passive smoking. Please consider how to deal with this.

(5) Exaggerated advertising and publicity for heated tobacco is becoming a concern. Some are pushing to strengthen the dependence of tobacco among young people by using additives like menthol and other flavors. Like in other countries, it is becoming necessary to ban and to regulate additives and to limit advertising and sales promotion.



