Toward a Tobacco-free Society in Japan

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Toward a Tobacco-free Society in Japan

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Abstract Tobacco is one of the major preventable causes of death and disability. This is widely known in both Japan and the USA, and although the smoking rate in the USA is decreasing, that in Japan remains high. The tobacco histories of these two countries, which provide the background to this difference, are herein compared.

The antismoking movement is becoming more vociferous in both countries. Publicity regarding of the dangers of smoking, warning signs on tobacco packages, the introduction of antismoking devices, a ban on commercials for tobacco-related products on TV and the radio, no-smoking seats on airplanes, and litigation against the tobacco industry have all been introduced. However, major differences remain between these two countries.

The tobacco industry in the USA has been a private company since it was first established. Courts have ordered the tobacco industry to pay compensation for damage to health resulting from tobacco. Smoking is strictly restricted inside buildings. Advertisements for nicotine gum and nicotine patches and reports on the dangers of smoking are regularly broadcast.

In the case of Japan, the government at first nationalized the tobacco industry, and then made it a private company, although the government still holds two-thirds of its stock. Moreover, it established the Tobacco Business Law to support the company. The main purpose of antismoking campaigns in Japan is a partial ban on smoking.

On the basis of these differences between the two countries regarding the history of tobacco, the antismoking movement in Japan has yet to choose which path to take.

Key words: smoking cessation, Japan, the USA

Introduction

Tobacco use has spread all over the world, and it has become one of the major preventable causes of death and disability. Although this is widely known, many Japanese still smoke. Although the male smoking prevalence has declined considerably since 1966, when it peaked at 84.0%, over half of all adult males (59.0%) were still smoking in 1994. Female prevalence was the same (14.8%) in 1994 as it was in 1960[11], and the Ministry of Health and Welfare recently released the finding that the number of young and middle-aged females who have started to smoke is increasing. Meanwhile, America has been successful in reducing the prevalence of smoking to as little as 25.0%. The tobacco histories of these two countries, which provide the background to this difference, are compared in this report.

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History of Tobacco

History of tobacco in the USA

After Columbus discovered the New World, tobacco use began to spread throughout the world. In 1642, the Virginian, John Rolfe, who was married to an American Indian, Princess Pocahontas, persuaded American Indians to teach the colonists how to grow tobacco, which led to a flourishing of the tabacco industry. King James I of England increased tobacco tax 10-fold, limited Virginian tobacco production to 100 pounds per year, and disallowed its growth in England. These measures only led to the proliferation of illicit traffickers, and King James acknowledged that his efforts had been futile. The development of the mechanization of cigarette production, the concentration of capital in a few companies, the development of the safety match, effective advertising and efficient transportation such as an expanding rail network, all contributed to the spread of the popular use of cigarettes. After the 1900's, technical innovations made mass production and a large sales volume possible, and the USA became the center for both tobacco production and consumption. Antismoking campaigns began among doctors and women who were taking care of their families. In 1908, the Children's Act made it an offense to sell cigarettes to juveniles under the age of 16 years. In 1911, the antitrust decision of the Supreme Court dissolved the American Tobacco Company, resulting in the establishment of competing firms[2)3)]. During the First World War, smoking was an indication of manliness, and to women, of liberation[2)3)], leading most antismoking laws to be repealed by the end of the war I[2)7)]. Patriotism and smoking were again linked in World War II efforts.

In the 1950's, American attitudes toward smoking began to change. Physicians were at first reluctant to accept statistical evidence linking cancer and smoking[2)5)6)]. During this period from 1954 to 1973, the first wave of tobacco litigation began. It was at that time that medical research first demonstrated the risk of cancer from smoking, but the medical studies were still too small to establish any firm link between smoking and disease[8)]. Therefore, plaintiffs could not win their cases, and instead were criticized in the court for their lack of responsibility in continuing to smoke. In 1957, the National Cancer Institute and the American Cancer Society issued a warning that public health action was warranted despite the fact that the findings from research were not yet conclusive[1)2)]. Throughout the Kennedy-Nixon Administration, the crusade against cancer became the national goal. An article in Reader's Digest in the 1950's associating lung cancer and smoking caused a temporary reduction in the number of smokers that again occurred after the first Surgeon General's Report in 1964, which was a 30-month review of the literature on smoking and health[2)9)]. The report of the Surgeon General's Advisory Committee on Smoking and Health concluded that smoking is associated with heart disease, is a cause of lung cancer, is the most important cause of bronchitis, and is associated with an increased risk of premature death[2)10)]. In 1966, the legislative branch of the federal government required a warning label on cigarette packages[2)3)]. The Federal Communication Commission ruled one year later that the Fairness Doctrine applied to cigarette advertising and required radio and television stations accepting cigarette advertisting to provide equal time for public health and American Cancer Society announcements regarding the health hazards of smoking[2)3)]. The tobacco industry then ceased television and radio advertising. In 1969, Federal law prohibited

commercials for cigarettes on the television and the radio. In the 1970's, the federal government enacted the first mandatory no-smoking sections on airplanes. In 1978, in Utah, advertisements for tobacco on billboards, on tram signs and inside public transportation were banned by law.

The period from 1983 to 1992 was called the second wave of tobacco litigation. Medical studies had firmly established a direct connection between smoking and disease[8]. Physicians reported the high association between cigarette smoking and the total death rate in 1984[2)4)]. In 1984, the rotation of four health warnings was required on all cigarette packets and advertisements (including at point of sale) in most states. On October 12, 1984, the Comprehensive Smoking Education Act established the Office of Smoking and Health within the federal government. It required the listing of contents such as tar and nicotine for cigarettes and warning labels[2)3)]. In 1984, the Food and Drug Administration (FDA) admitted nicotine gum for the treatment of nicotine addiction. Lung cancer was listed as the leading cause of female death, outstripping breast cancer in 1985. In 1988, the Surgeon General's Report came out saying that nicotine is addictive and is as addicitive as any other drugs. In 1989, domestic airline journeys for less than 6 hours were regulated as smoking-free by law. Since the early 1990's, there has been a major increase in antismoking litigation, ranging from a class action suit on behalf of everyone who has ever been addicted to nicotine, to the attempts by state governments to recoup the medical costs of treating patients with smoking-related illnesses[11]. In 1991, the FDA admitted the use of nicotine patches as a medical treatment drug. The 1993 report by the United States Environmental Protection Agency, classifying passive smoke as a Class A carcinogen, has been an important factor in greatly strengthening antismoking legislation in America.

The third wave of tobacco litigation dated from 1994. All states previously prohibited the sale and distribution of tobacco to minors (under the age of 18), but as of 1994, each state is now required to actively enforce their minors' access laws. In May, 1994, a Mississippi lawsuit was filed on behalf of the state's taxpayers to recoup Mississippi's share of the Medicaid costs necessitated by tobacco-induced diseases. In 1995, the FDA proposed restrictions on the sale, distribution, and marketing of nicotine-containing tobacco products to persons under the age of 18. In March, 1997, a lawsuit about health care was instigated against the tobacco industry. Now cigarette manufacturers are required to submit a list of cigarette additives to the Department of Health and Human Services. President Clinton ruled that the White House was to be smoke-free. The General Services Administration has issued regulations on smoking in federal buildings, and the Department of Health and Human Services has issued a total ban on smoking in all its buildings. The American Cancer Society sponsors an annual "Great American Smoke-Out." The Centers for Disease Control and Prevention have run media campaigns developed by states throughout the country.

History of tobacco in Japan

In the 1500's, the Spanish introduced tobacco into Japan. In 1609, the Tokugawa Shogunate issued the first prohibition of tobacco. Since rice cultivation was the framework of Japanese society in the Edo era, it was prohibited or restricted to cultivate tobacco in rice fields. However, many clans encouraged the cultivation of tobacco as a source of revenue. Finally, prohibition disappeared and smoking spread all over Japan. Finely cut tobacco and pipe smoking were characteristic in Japan.

In the Meiji era in the 1800's, cigarettes were imported from abroad, and quickly became popular due to their convenience. Mechanization imported from the USA enormously increased production and sales. In the 1900's, the English American Tobacco Trust merged with a tobacco company in Japan. However, the Meiji government established the law of tobacco monopolization in 1904 on the grounds of defending the domestic industry, and the Japanese tobacco industry then became a monopoly. After World War II began, people soon became short of daily goods, and a shortage of cigarettes became a serious problem. In June, 1949, the tobacco industry became the Japan Tobacco and Salt Monopoly Corporation, and a state-run company. In 1966, the total consumption of cigarettes was over 300 trillion pieces, and male and female smoking prevalence peaked at 83.7% and 18.0%, respectively. The monopolization of tobacco was abolished in 1985, and the tobacco industry became a private company, known as the Japan Tobacco Inc. (JT), although the Ministry of Finance owned 100% of its stock. In April, 1985, the Tobacco Business Law was enforced, the purpose of which was to promote the sound development of the Japanese tobacco industry, to secure revenue, and to develop the national economy. Lung cancer became the leading cause of male cancer deaths in 1993. In 1994, the import of nicotine gum was admitted for the treatment of nicotine addiction. The government sold one-third of its shares in JT in 1995. On August 12, 1999, the Ministry of Health and Welfare published its findings that the number of mortalities related to tobacco was 95,000, this being 12% of the total deaths for 1995, that the extra medical expenditure related to smoking was in excess of $12 billion, this being 5% of the national medical bill, and that the total cost to Japanese society was at least $40 billion.

Smoking by minors under the age of 20 has been banned since 1900. In the 1920's, commuter vehicles such as trains and cinemas became smoke-free under the Fire Prevention Act. In April, 1964, Chief Officer of the Department of Public Hygiene in the Ministry of Health and Welfare issued a notification on the harmfulness of smoking. Nongovernmental organizations have run campaigns against smoking since the 1970's. In August, 1972, tobacco packets began to carry a warning sign, "Be careful not to smoke too much for your health." The Ministry of Health and Welfare promoted events such as no-smoking days and a workshop to provide guidance on how to give up smoking. Since 1987, the Ministry of Health and Welfare formally acknowledged the health hazards of tobacco, and the Women's Action against Smoking Association was formed. In 1989, junior high and senior high schools added lessons on the negative effect of smoking, alcohol and drugs on health to their curricula. Since July, 1990, tobacco packets have had to carry the warning, "Be careful not to smoke too much as it might injure your health," with an indication of the amount of nicotine and tar contents. The Ministry of Health and Welfare issued a report entitled the "Tobacco Action Plan." The Council of Public Health, an advisory committee to the Ministry of Health and Welfare, adopted a "National Plan of Action on Tobacco or Health" in 1995, the three main principles of which were to prevent smoking among the young, protect the health of nonsmokers, and to encourage smokers to quit. The Ministry of Health and Welfare issued the manual, "How to initiate a partial ban on smoking in public places," and the Ministry of Labor issued guidelines about smoking in workplaces in 1996. In 1997, the Ministry of Health and Welfare issued a White Paper that describes the dangers of smoking. Since April, 1998, advertisements of tobacco products on television and on the radio have been

prohibited. On May 15, seven patients who suffer from cancer and lung diseases related to tobacco filed a lawsuit against the Japanese government and JT in the Tokyo district court, this being the first full-dress tobacco litigation in Japan. In 1998, all domestic air flights in Japan became smoking-free. An extra tobacco tax was introduced.

Discussion

Both Japan and the USA have a similar history regarding tobacco. In the past, the rulers failed to prohibit tobacco. Before the Second World War some antismoking movement existed, but this intensified after the Second World War in both countries. Nowadays, the antismoking movement is getting more vociferous in both countries. Publicity regarding the dangers of smoking, warning signs on tobacco packages, a ban on the advertisement of tobacco-related products on TV and the radio, no-smoking seats on airplanes, and litigation against the tobacco industry etc. have all been introduced. Nevertheless, there are several differences between Japan and the USA as shown in Table 1.

In America, the tobacco industry was set up as a private company from the outset. There is no law to support its business. Inside buildings, smoking is strictly restricted. No tobacco-related advertisements are broadcast, and there is a lot of advertisement time spent on antismoking devices, for example, nicotine patches and nicotine gum. The smoking rate is below 30%. People can buy devices to help them stop smoking freely from drug stores and grocery stores. There is a great deal of litigation against the tobacco industry, resulting in rulings against the industry to compensate for the damage caused by tobacco. Tobacco is sold to customers only over the counter.

In Japan, the tobacco industry was at first a state-run company, gradually becoming a private company. However, the government still holds two-thirds of its shares. There exists a Tobacco Business Law which supports the company's business. The advertisement of tobacco products is restricted but still exists. Packages still carry only a generalized warning, not a specific warning. The smoking rate among males is still above 50%. Although treatment devices to help people quit smoking are available, there is little possibility for people to use them easily due to the necessity of consulting a doctor before being able to buy them. These materials are sold outside the health insurance system, which enables all Japanese people use medical facilities at a reasonable price. The number of vending machines which sell cigarettes is increasing. Tobacco litigation has only just begun. The main purpose of antismoking is simply a partial ban on smoking.

On the basis of these differences regarding the history of tobacco between the two countries, the

Table 1. Differences between Japan and the USA regarding tobacco

	Japan	USA
Start of antismoking movement	1970's	1950's
Current smoking rates	59% (male), 14.8% (female)	27.7% (male), 22.5% (female)
Tobacco industry	at first nationalized, now private	private from outset
Government	largest shareholder	
Supporting law	Tobacco Business Law	none
Litigation	only just starting	guilty rulings
Broadcasting	ban of tobacco-related commercials	antismoking commercials
Purpose of antismoking movement	partial ban	tobacco-free society

antismoking movement in Japan needs to clarify its ultimate objectives and decide how these can be successfully achieved.

The opinions herein expressed are solely those of the author and do not represent the official opinions of Wakahisa Hospital. The author would like to thank Miss K. Miller (Royal English Language Centre, Fukuoka, Japan) for correcting the English used in the manuscript.

References

1) Burnbam JC: American physicians and tobacco use: Two Surgeons General, 1929 and 1964. Bull. Hist. Med. 63: 1-31, 1969.

2) Cocores JA: The clinical management of nicotine dependence. Springer-Verlag New York, 1991.

3) Cooper KR: From king to culprit: Tobacco. Virginia Medical 113: 458-468, 1986.

4) Hammond EC and Horn D: Smoking and death rates-report on forty-four months of follow-up of 187,783 men. JAMA 251: 2840-2853, 1984.

5) Johnston FR: Hippocrates never heard of it: The anatomy of a modern epidemic. Am. Surgeon 51: 1-7, 1985.

6) Johnston JFW: The narcotics we indulge in. Part 1. J. Psychoactive Drugs 17: 191-199, 1985.

7) Perlman H: The history of policy formation on cigarette use. PA Med. 89: 25-28, 1986.

8) Scheg KE: Public policy: Effective treatment for tobacco disease. JAMWA 51: 52-69, 1996.

9) Slade J: The tobacco epidemic; Lessons from history. J. Psychoactive Drugs 21: 281-291, 1989.

10) U. S. Public Health Service: Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service. Publication No. 1103. Public Health Service Washington, DC, 1964.

11) World Health Organization: Tobacco or health: A global status report. 1997.

（和文抄録）

タバコのない社会へ

若久病院
徳　永　仁　伯

タバコは病気や死をもたらす要因の１つであり，これらの疾病は禁煙により予防できる．このことは日米，いずれの国でもよく知られている．アメリカでは喫煙率が低下しているが，日本では依然として高い．この相違をもたらした日米のタバコの歴史を比較検討する．

両国ともに禁煙活動が盛んである．喫煙の危険性，煙草の箱の表示，禁煙補助材の導入，タバコ関連製品のテレビ，ラジオ放送でのコマーシャル禁止，飛行機路線の禁煙化，タバコ会社を相手取った裁判が行われている．しかしながら，両国には相違もある．

アメリカのタバコ産業は起業当初から現在まで民間会社である．アメリカの裁判ではタバコ会社に対して賠償の判決が下っている．また，アメリカの建築物の内部では禁煙が徹底されており，喫煙の有害性，禁煙補助材の放送がテレビやラジオで流されている．

日本では政府がタバコ会社を国営化し，その後に民営化した．現在でも政府はタバコ会社の株を３分の２所有しており，加えてタバコ事業を擁護するタバコ事業法を設立している．禁煙運動の主な目的は分煙である．

日本とアメリカにおけるタバコの歴史の相違を踏まえ，日本の禁煙運動に何が必要か検討しなければならない．