

## Reference 12

Health Service Bureau (HSB) Notification 0225 Number 2  
February 25, 2010

To:  
Prefectural Governors  
Cities with Public Health Facilities  
Mayors of Special Wards

From: Director-General of the Health Service Bureau, MHLW (Minister of Health, Labour and Welfare)

### Regarding Passive Smoking Prevention Measures

Specific information on necessary measures and points to remember regarding the prevention of passive smoking stipulated in Article 25 of the Health Promotion Law (Law Number 103, 2002; hereinafter referred to as "the Law") can be found in "Passive Smoking Prevention Measures" (4/30/2003, HSB Notification No. 0430003 from the Director-General of the Health Service Bureau, MHLW; hereinafter referred to as "the previous notice").

Subsequently, in February 2005, the "World Health Organization Framework Convention on Tobacco Control" came into effect, and in June 2007, the Second Conference of the Parties was convened, at which "Guidelines on the Protection from Exposure to Tobacco Smoke," were adopted, thus signaling a change in attitudes about passive smoking.

In light of these circumstances, and based on information compiled in the "Investigative Commission Report on the State of Passive Smoking Prevention Measures" (March 2009; see attachment), the basic course of action, etc., to prevent passive smoking in the future shall be as follows, and we would like to request your cooperation to ensure its smooth implementation and to publicize this information to relevant parties.

Additionally, please keep in mind that the future course of action regarding passive smoking prevention measures in the workplace is currently being discussed by the "Investigative Commission on Passive Smoking Prevention Measures in the Workplace," at the Industrial Health and Safety Department, Labour Standards Bureau, Ministry of Health, Labour and Welfare (MHLW).

The previous notice is hereby abolished on this day.

Record

**1 Purpose of the Enactment of Article 25 of the Law**

The provisions of Article 25 stipulate that the "managers of schools, gymnasiums, hospitals, theaters, viewing halls, exhibition spaces, assembly halls, offices, government facilities, restaurants/bars, and other facilities used by a large number of people must endeavor to take the necessary measures to prevent passive smoking by the people who use these facilities." In this Article, passive smoking is defined as "inhaling the tobacco smoke of other people inside a room or in an equivalent environment."

It has become scientifically clear that passive smoking has adverse health effects.<sup>Note)</sup>

This Article is aimed at individuals who manage facilities that are used by a large number of people, in order to eliminate the adverse health effects of passive smoking, and it imposes obligations on them to take measures to prevent passive smoking, and we have decided, by imposing these measures, and from the perspective of improving the health of the people, to actively promote efforts to prevent passive smoking.

Note) In regard to the adverse health effects of passive smoking, in addition to findings related to symptoms such as lacrimation, nasal congestion, and headache, as well as physiological responses such as respiratory depression, increased heart rate, and vasoconstriction, epidemiological studies have shown that passive smoking puts one at an increased risk for lung cancer and cardiovascular disease. Based on the strength of this evidence, passive smoking is categorized as a Group One carcinogen by the IARC (International Agency for Research on Cancer).

In addition, research has found that low birth-weight infants may be born to non-smoking mothers who are exposed to second-hand smoke.

Also, public comprehensive reports created by international institutions and foreign countries such as the U.K. and U.S. have shown that various hazardous chemicals such as nicotine and carbon monoxide are found in second-hand smoke, and that second-hand smoke is a risk factor for SIDS and respiratory diseases such as respiratory tract infections and asthma in children. Various reports have also stated that smoking by parents has particularly harmful effects on children and causes symptoms such as coughing and phlegm, and has adverse effects on the development of pulmonary function.

**2 Facilities Subject to the Provisions in Article 25**

Facilities subject to the provisions in Article 25 are identified as schools, gymnasiums, hospitals, theaters, viewing halls, assembly halls, stores, offices, government facilities, and bars and

restaurants. However, "other facilities" in this Article also includes facilities that are used by a large number of people such as train stations, bus terminals, airport terminals, boat terminals, financial institutions, museums, social welfare facilities, shops, lodging facilities such as hotels and inns, outdoor stadiums, playgrounds, and entertainment facilities. Additionally, considering the purpose of this Article, "other facilities" also includes railroad cars, buses, taxis, passenger planes, passenger boats, etc.

### **3 The Basic Direction of Future Passive Smoking Prevention Measures**

As a basic course of action to prevent passive smoking in the future, as a general rule, all public spaces used by a large number of people should be entirely non-smoking. However, in places where it is difficult to ban smoking entirely, and for the time being, appropriate passive smoking prevention measures shall proceed by taking into account the needs of those who use the facilities and the situation at the facilities themselves.

Also, it is especially necessary to consider passive smoking prevention measures in public spaces that may be used by children, even if those spaces are outdoors.

### **4 Specific Methods for Implementing Passive Smoking Prevention Measures**

#### **(1) Passive Smoking Prevention Measures for Facilities/Areas**

It is believed that making areas completely non-smoking is a very effective passive smoking prevention measure, and as a basic course of action, as a general rule public spaces that are used by a large number of people should be entirely non-smoking. For locations that are completely non-smoking, it will be necessary to seek the understanding and cooperation of visitors, etc. as well as to make the non-smoking policy explicitly known.

Also, it is desirable that, at the very least, government administration offices and medical institutions be completely smoke-free.

#### **(2) Measures to Prevent Passive Smoking in Facilities and Areas Where it is Difficult to Completely Ban Smoking**

In the case that a total ban on smoking is difficult, the facility managers will, in the meantime, seek out ways to prevent passive smoking by establishing designated smoking areas, etc., and will aim for complete non-smoking in the future.

Even in cases where complete non-smoking is difficult to achieve, it will be necessary to work to create appropriate passive smoking prevention measures by using the "Report of the Criteria Decision Board on the Effect of Segregated Smoking" (6/2002) as a reference, and of course to also prevent tobacco smoke from migrating from smoking areas to non-smoking areas. If a smoking area is established, non-smoking areas and smoking areas should be clearly labeled and publicized, and, along with seeking the understanding and cooperation of patrons, it will be necessary to take measures to ensure that minors and pregnant women do not enter smoking

areas. For example, if a certain area is designated as a smoking area, measures such as displaying posters, etc., to warn about possible exposure to tobacco smoke should be considered.

## **5 Harmonization and Cooperation With Measures to Prevent Passive Smoking in the Workplace**

(1) To prevent passive smoking by workers, it is desirable that measures be taken in accordance with the "Guidelines on Smoking Countermeasures in the Workplace" (5/9/2003, Notification No. 0509001 from the Director of the Labor Standards Bureau, MHLW).

(2) Prefectural labor bureaus are also currently promoting passive smoking prevention measures in the workplace, and we will work in cooperation with local labor bureaus to implement measures based on Article 25.

(3) There are a wide array of facility managers who are subject to Article 25, but we will endeavor to make them all thoroughly aware of the purpose of this Article, by assembling these managers and holding training sessions in various venues to provide information introducing examples of good practices as well information about the adverse health effects of passive smoking. Regarding education, note that prefectural labor bureaus are currently promoting passive smoking prevention measures with "About Implementing Education to Promote Smoking Countermeasures in the Workplace" (5/13/2004, Notification No. 0513001 from the Director of the Labor Standards Bureau, MHLW).

## **6 Other**

(1) Since 2003, the Japan Finance Corporation Ltd. (formerly National Life Finance Corporation) has made loans that are subject to environmental health, and because facilities that ban passive smoking are included, this information will be publicized to operators of environmental health-related businesses such as restaurants and inns. Also, if activities such as smoking cessation health guidance and information provision on segregated smoking methods are being carried out in prefectures and municipalities, we will strive to encourage even more participation by business operators and individuals.

(2) In order to continually promote effective passive smoking prevention measures, it is essential to create a momentum to deal with these measures in society as a whole. To this end, this notification will be widely disseminated, and along with seeking understanding and cooperation, and with the guidance of frameworks such as Healthy Japan 21 (Kenkō Nihon 21), it will be necessary to continue passive smoking prevention measures by taking various opportunities to spread awareness about the adverse health effects of tobacco, as well as methods to encourage non-smoking.

(3) Evidence-based Information Dissemination and Public Awareness

A. Using objective research results about the health impact of passive smoking, the current conditions of passive smoking, and the impact on health, we will provide information on passive smoking prevention efforts in various foreign countries.

Unofficial Translation

B. To promote passive smoking countermeasures, we will provide information, etc., to encourage non-smoking such as regarding ways to quit smoking with the help of nicotine replacement products and oral smoking cessation drugs, etc.

C. To raise awareness about the adverse health effects of smoking, and as one facet of health education in local communities, workplaces and the family, we will further promote dialogue and cooperation with relevant parties about ways to quit smoking.

In order to prevent passive smoking in households with children and infants who are particularly vulnerable to its health hazards, we will continue to take various opportunities to educate people about smoking, such as during prenatal exams and parenting classes.

## **Investigative Commission Report on the State of Passive Smoking Prevention Measures**

### I. Introduction

Regarding passive smoking prevention measures in Japan, one goal concerning "tobacco" in the "National Health Promotion Campaign for the 21st Century (Healthy Japan 21)," (created in 2000) is "Dissemination of knowledge on the effective separation of smoking areas and non-smoking areas in the workplace and other public spaces." In addition, initiatives have been promoted based on Article 25 of the Health Promotion Law enacted in 2003.

In February 2005, the "World Health Organization Framework Convention on Tobacco Control" (hereinafter "the Convention") commenced, and from June to July 2007, the Second Conference of the Parties was held, where "Guidelines on the Protection from Exposure to Tobacco Smoke" were adopted by consensus. Japan, who is also a party to the Convention, has been asked to further promote tobacco control measures.

Also, by adopting these guidelines, there has been movement toward establishing non-smoking areas in public spaces and workplaces.

Against this backdrop, we have reassessed Japan's measures to prevent passive smoking, and along with establishing the basic concepts, and in order to clarify the future course of action, we convened an investigative commission to study ways to implement passive smoking prevention measures, which has met six times since March 26, 2008, and we have compiled a report based on an analysis of the opinions we heard.

### II Present Conditions and Basic Concepts

#### **1. Present Conditions**

(1) It is scientifically clear that passive smoking causes death, disease and disability, and the following points have been made in comprehensive public reports conducted by international organizations and governments such as the U.K. and U.S.

① Passive smoking exposes people to hazardous air pollutants and chemicals that are carcinogenic in humans.<sup>1</sup>

② Passive smoke contains various toxic chemicals such as nicotine and carbon monoxide, as well as benzopyrene, nitrosamine, etc., which are particularly carcinogenic to humans.<sup>1</sup>

③ Passive smoking is one cause of respiratory disease, such as asthma and respiratory tract infections in children, as well as sudden infant death syndrome. In particular,

passive smoking by parents causes respiratory symptoms such as coughing and phlegm in children, and also adversely affects the development of pulmonary function.<sup>1</sup>

④ Passive smoking is one cause of damage to vascular endothelial cells and coronary artery disease, in which prothrombotic action is observed.<sup>1</sup>

⑤ Passive smoking has acute adverse effects on the circulatory system.<sup>1</sup>

Also, it has been successively reported by countries and regions where passive smoking in public places is regulated, that after enacting regulations, the occurrence of severe heart disease due to acute myocardial infarction, etc., has declined.<sup>2, 3</sup>

(2) Currently in Japan, adult smokers (men and women) account for 24.1% of the population.<sup>4</sup> Non-smokers, which include minors, account for over three quarters of entire population. However, the damage caused by passive smoking is not reduced even if the number of smokers declines. Even if there is only one smoker, a large number of non-smokers are exposed to that one person's tobacco smoke.

Also, compared to other age groups, smoking rates for people in their twenties and thirties, who also have a higher rate of children and pregnant women in their households, are high: 47.5% of males and 16.7% of females in their twenties smoke, and 55.6% of males and 17.2% of females in their thirties smoke.<sup>4</sup> Exposure to even a small amount of tobacco smoke has a large impact on children and pregnant women, and so preventing exposure to tobacco smoke has become an important and urgent issue.

(3) In light of these issues, in Japan, the environment surrounding tobacco is changing and public concern about anti-tobacco measures has been rising, as can be seen in actions such as the proposal by the Science Council of Japan to move toward realizing a tobacco-free society,<sup>5</sup> efforts to legislate ordinances to ban passive smoking in public facilities in Kanagawa Prefecture, introducing vending machines with adult identification functions (nationwide operation beginning in July 2008), and advancements in efforts to take measures against passive smoking in public transportation, such as taxis and JR (Japan Rail).

(4) Internationally, in February 2005, a treaty came into effect whose objective is to protect present and future generations from the devastating effects that tobacco consumption and passive smoking have on health, society, the environment and the economy, and the following stipulations are specified in Article 8 regarding banning passive smoking, as "a protection against exposure to tobacco smoke."

- 1. Parties recognize that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability.
- 2. Each Party shall adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Also, from June to July 2007, at the Second Conference of the Parties, and based on the decisions made in the "Guidelines on Protection From Exposure to Tobacco Smoke" as well as on international trends such as conditions in each country, Japan, as a party to the Convention, will further promote measures to prevent second-hand tobacco smoke, and must improve their effectiveness.

## **2. Basic Concepts**

(1) In promoting measures to prevent passive smoking, correct evidence-based information on the adverse health effects of tobacco, including passive smoking, must be disseminated, and along with increasing understanding, on an individual level, about the adverse health effects of tobacco, it is important that passive smoking prevention measures gain the necessary momentum in the citizenry, which can be done by further and effectively raising public awareness.

Also, it may be argued that smokers are free to smoke, and have rights, but they must realize that the smoke they exhale, and secondhand smoke, exposes the people around them, and should recognize that individuals in a smoker's vicinity should be protected against unintentional exposure to tobacco smoke, and protected from the harm and risks (harm to the other) caused by passive smoking.

(2) In terms of future passive smoking prevention measures, as a basic course of action, public spaces used by a large number of people should in principle be completely non-smoking. In particular, measures must be taken to prevent passive smoking by children in facilities they use such as schools and hospitals, and even outdoor spaces such as parks, amusement parks and school roads. To that end, the cooperation of national and local governments is of course required, as well as the participation of individuals and organizations in various fields.

(3) However, restaurants and inns, etc., in Japan, are largely made up of small and medium-sized business. This fact, coupled with the effects of the recent global socioeconomic situation, has led some restaurant managers and operators to comment that trying to reconcile voluntary passive smoking prevention measures with their business puts them in a difficult position. Considering these comments, and taking into account the basic direction of passive smoking prevention measures, one possible measure is to temporarily maintain a smoking area.

## **III Passive Smoking Prevention Measures to be Implemented Hereafter**

(Facilities and areas in which passive smoking prevention measures should be implemented)

(1) The national and local governments must indicate that facilities and areas used by a large number of people should be completely non-smoking. For example, it is imperative in hospitals, health centers, etc, which are facilities used by residents for health maintenance and promotion purposes, and government administrative offices, public transport, etc.



(2) In regard to passive smoking prevention efforts in facilities used by large numbers of people, it is necessary that the nation understand situational progress, actual conditions, etc.

(3) Facility managers and operators, in accordance with the size, construction, usage conditions, etc. of facilities used by a large number of people must take appropriate measures to prevent passive smoking, even when complete non-smoking is difficult, and refer to the "Report of the criteria decision board on the effect of segregated smoking,"<sup>6</sup> They must also work toward a future goal of complete non-smoking.

(4) In addition to the difficulties of voluntarily implementing passive smoking prevention measures while at the same time sustaining the businesses of small to medium-sized establishments (which account for a large number of restaurants, inns, etc.), because there is little conception of these places as public spaces, it is difficult to effectively ensure passive smoking bans. Nevertheless, considering the fact that there are an increasing number of patrons who desire to avoid passive smoking at all costs, even in these situations it is necessary to protect people from being unintentionally exposed to tobacco smoke by taking appropriate measures to prevent passive smoking such as clearly labeling designated smoking areas, indicating the ratio of smoking to non-smoking seating, etc.

Also, citizens of Japan sufficiently understand the adverse health effects, etc., of passive smoking, so it is necessary to be fully aware of passive smoking prevention measures within facilities, to use displays and signs, etc. It is necessary for national and local governments to work on improving the environment by providing easy-to-understand information.

(5) If smoking areas are maintained, it is necessary to take measures to ensure that minors, pregnant women, etc., do not enter smoking areas. For example, measures may include displaying posters or other signs to alert people that the area is a smoking area, and that one may be exposed to tobacco smoke.

Also, in such a situation, because employees may be exposed to tobacco smoke for long periods of time and over a long period of time, it is necessary to better consider how to protect employees from health hazards.

(Conveying correct, evidence-based information)

(6) Domestically, it is necessary to disseminate useful studies and research on passive smoking prevention measures, such as those listed below.

Ⓛ Research that, while taking into account the special characteristics of Japan, evaluates and understands exposure to tobacco smoke via passive smoking by using biomarkers and investigations about passive smoke exposure conditions in different interior spaces (Note 1)

② 娉 Comparative studies with other countries about the effects of passive smoke exposure on the living body, investigative research on the economic impact of regulations on the service industry, meta-analysis that utilizes up-to-date research results (Note 2), etc.

③ 娉 Research on ways to effectively disseminate evidence and results obtained by investigations and research

(Note 1) Biomarker: indicators of physiological changes within the body, derived from substances in a living body including blood and urine

(Note 2) Meta-analysis: Research techniques to analyze and integrate research that has been done in the past, and to thereby improve the reliability of research results

(7) It is necessary for national and local governments to utilize such research results, and to advance the dissemination of information about the realities of passive smoking and its health hazards, efforts going on in foreign countries, etc.

(8) In addition, when implementing passive smoking prevention measures, it is necessary to disseminate information to encourage smoking cessation, such as information about smoking cessation supplements, such as nicotine replacement products and oral drugs, and inexpensive and easy methods to quit smoking, for those who wish to do so. In particular, it is necessary to make it widely known that smoking cessation products are available in pharmacies. Also, it is important to provide information about new concepts such as "residual tobacco components," as well as the health effects of new tobacco-related products, such as so-called "smokeless tobacco" that does not emit smoke.

#### (Promoting Public Awareness)

(9) It is necessary to make the public aware of tobacco's adverse health effects, and in order to encourage smoking cessation, it is necessary to further promote dialogue and cooperation with relevant parties about ways to quit smoking as one facet of health education in local communities, workplaces and the family. In order to prevent passive smoking in households with children and infants who are particularly vulnerable to its health hazards, it is important take various opportunities to raise awareness about smoking, such as during prenatal exams and parenting classes.

(10) Also, it is necessary for health care workers, regardless of their specialties or whether or not they smoke, to obtain accurate knowledge about the adverse health effects of tobacco, and to be aware of their responsibility to become even more actively involved in health education, particularly smoking cessation education and passive smoking prevention education.

#### IV. Future Issues

The following are possible issues that will require examination in the future.

(1) Passive smoking, in particular the adverse health effects on individuals requiring protection, such as children and pregnant women, has become a problem. Passive smoking prevention measures are important for public spaces that are used by children or large numbers of people (for example, parks, school roads, etc.), even if such spaces are outdoors. Nevertheless, because of anti-smoking measures implemented on streets, more people now smoke in parks. Taking into account the basic course of action for preventing passive smoking, and in order to implement these measures, if smoking areas are temporarily maintained, we must consider measures such as locating them in areas that do not endanger children.

(2) Taking into account the fact that it is often difficult for employees to express their free will in the workplace, we must examine what passive smoking prevention measures are possible in the workplace.

(3) It is important to lower the smoking rate by raising tobacco prices and taxes, and we must continue efforts to realize those aims.

(4) We must further continue efforts to persistently promote effective passive smoking prevention measures, by collaborating and cooperating with the administrative bodies of national and local government.

Also, we must examine ways to establish smoking-cessation policies and alliances that can be easily taken advantage of, such as the "quit lines" (smoking cessation phone consultation) available in various foreign countries.

(5) Citizens and related parties sufficiently understand the adverse health effects of passive smoking; they realize that it is also their own problem, and that it is necessary to approach and solve the problem as a community. In order to continually implement effective passive smoking prevention measures, it is more important than ever to foster a momentum in order to address passive smoking prevention measures in society as a whole, and along with exploring effective strategies, this momentum must be promptly be turned into action.

## V Conclusion

Going forward, it is necessary to endeavor to promote the health of the citizenry by promoting tobacco countermeasures including passive smoking prevention measures, based on Healthy Japan 21 and the Health Promotion Law, as well as the Convention. Taking into account both the progress and actual conditions of passive smoking prevention measures, and using the circumstances and experiences of various foreign countries as a reference, systematic efforts toward further developing measures must be carried out and evaluated with the participation of relevant parties.

Unofficial Translation

2. Glantz SA. Meta-analysis of the effects of smoke-free laws on acute myocardial infarction: An update. *Preventive Medicine*. 2008; 47; 452-53
3. Pell JP et al. Smoke-free legislation and hospitalizations for acute coronary syndrome. *N Engl J Med* 2008; 359: 482-91
4. 12/25/2008, "2007 National Health and Nutrition Survey": Ministry of Health, Labour and Welfare
5. 3/4/2008, "Toward a Tobacco-Free Society": Science Council of Japan
6. 6/2002, Report of the Criteria Decision Board on the Effects of Segregated Smoking: Ministry of Health, Labour and Welfare

**Investigative Commission Report on the State of Passive Smoking Prevention Measures  
(Summary)**

- **As a basic course of action, in principle, public spaces used by large numbers of people should be entirely non-smoking.**
- **In response to the changing social situation, temporarily maintaining smoking areas may be one measure taken.**
- **It is important to raise the momentum required of the citizenry for passive smoking prevention measures by disseminating correct, evidence-based information on the adverse health effects of tobacco, including passive smoking.**
- **Smokers need to realize that their tobacco smoke exposes the people around them.**

**Facilities and areas in which passive smoking prevention measures should be implemented:**

- It is necessary for national and local government to indicate which facilities and areas should be completely non-smoking.
- The country needs to understand actual conditions as well as the progress of passive smoking prevention efforts.
- Facility managers and operators must endeavor to take appropriate passive smoking prevention measures, even when a complete smoking ban is difficult to implement.
- If smoking areas are maintained, it is necessary to take measures to ensure that minors and pregnant women do not enter those areas.
- It is necessary to more extensively study ways in which to protect employees from health hazards.

**Other measures**

- It is necessary to continue conducting useful research on passive smoking prevention measures, and to disseminate correct, evidence-based information.
- It is necessary to disseminate information to encourage non-smoking. Also, it is important to provide information on new concepts such as "residual smoke constituents," as well as the health effects of new tobacco-related products.
- It is necessary to raise public awareness about the adverse health effects of tobacco, and to further promote methods to encourage non-smoking as one facet of health education.
- Health care workers must recognize that they have a responsibility to become actively involved in health education (particularly non-smoking education and passive smoking prevention education).

**Future Issues**

- If smoking areas are temporarily maintained, it is necessary to also examine ways to ensure that children do not suffer harm as a result.
- It is necessary to examine passive smoking prevention measures in the workplace.

## Unofficial Translation

- It is necessary to continue to work toward lowering the smoking rate by raising tobacco prices and taxes.
- It is necessary to continue efforts to persistently promote practical and effective passive smoking prevention measures.
- It is more important than ever to foster a momentum to deal with passive smoking prevention measures in society as a whole, and it is necessary to promptly turn that momentum into action, in addition to further exploring effective policies.