news analysis

in Japan still lack any clean air protection. When it comes to tobacco smoke pollution, Japan’s governmental authorities remain stubbornly on the sidelines, avoiding the enactment of mandatory and comprehensive clean indoor air laws contemplated by Article 8 of the World Health Organization’s Framework Convention on Tobacco Control and its implementation guidelines.

The 16-month rise from 3% to 50% of taxis being smoke-free reveals how a popular tobacco control policy can emerge in Japan, even in a sector which, aside from smoke-free banners flown over a mere handful of vehicles, had seemed impervious to change. It shows that clean air policies are economically viable and that they can be implemented with high levels of compliance. Clearly, the Japanese public is ready. With the taxi example as a guide, decision makers in both the public and private sectors should step forward to give the public more of what it wants and deserves.

Mark Levin
William S Richardson School of Law, The University of Hawai‘i at Mānoa, Honolulu, USA; Levin@hawaii.edu

Japan: Revolution Beside the Streets

In addition to taxis, Japan is showing not only rapid progress but some of the world’s best practice at implementing smoking restrictions at street level; to be precise, some 40 cities and districts have now banned smoking in outdoor public areas such as pavements on its famously busy city streets. The bans are clearly signposted and small areas are commonly designated, such as areas outside convenience stores and other expedient locations, as the only places within designated smoke-free zones where people can smoke.

In Japan, world leader in politeness and good manners, regulations prohibiting street smoking enjoy widespread public support and compliance is high. Chiyoda, a business district of Tokyo, has 40,000 residents but during the day the population expands to around one million. Officials in the district have issued 40,000 infringement notices for smoking in smoke-free areas in the past 4 years, fining people the equivalent of US$20 if they are caught smoking on smoke-free pavements.

Pakistan: More Girls Smoking

It is distressing how often studies of girls’ smoking rates in countries previously protected by cultural and religious factors are finding results well on the way to catching up males of comparable age. Just a decade or two ago it was still assumed by most people in Pakistan that it was not even worth trying to measure schoolgirls’ smoking as it was negligible. However, as often illustrated in this Journal, international tobacco companies, led by British American Tobacco (BAT), have let loose the might of their practically limitless promotional budgets in Pakistan, seeking to hook their next generation of regular smokers—the youth market—knowing that they could look forward to recruiting increasing numbers of girls. Girls increasingly have joined the general youth market being exploited by multinational and local companies, at least in the cities, where they have been exposed to promotions in the streets, discos and on televised pop music shows.

So it is no surprise, though of great concern, that in a recent study of Karachi senior school girls with a mean age of 15 years, some 16% had tried smoking and 6.4% smoked at least once a month (Int J Tuberc Lung Dis 2007;11:1366–71). This is around half the rate of Pakistani boys and higher than girls’ rates reported in 13 of 18 Indian cities, as well as higher than in Indonesia, Myanmar, Nepal, Sri Lanka and other south Asian countries covered by the global youth tobacco survey. BAT’s corporate social responsibility propaganda does not mention whether it is planning to underwrite the medical care and funeral costs of all the extra female patients of smoking-induced disease in Pakistan in the future.

Europe: Agreement on Reducing Cigarette Fires

On 29 November 2007, European Union (EU) member states overwhelmingly endorsed plans to draw up proposals for a standard to combat the leading cause of home fire fatalities each year. It will require tobacco companies to sell only self-extinguishing (reduced ignition potential (RIP)) cigarettes. The decision by member states in the General Product Safety Directive committee will start the process of bringing the EU in line with many other legislatures such as Canada and the 22 US states that have implemented the American Society for Testing and Materials standard. The European Commission, the EU’s secretariat, will take a formal decision on the mandate for a standard early in 2008. Following the decision, Arlene McCarthy, a member of the European parliament, stressed that this victory “would not have been possible without the help of the campaigners and all the organisations that signed up to the EU RIP Alliance”.

In addition, because of concerns about how long it might take to develop a European-wide standard, the UK government announced that it was committed to seeing fire-safer cigarettes as the standard for all cigarettes, bought and sold, as quickly as possible. Although the standard setting process was likely to take several years, the government said it would shortly be consulting on the
The unctuous efforts of British American Tobacco (BAT) to ingratiate itself with the government in Sri Lanka, presumably in the hope of forestalling effective measures that might damage its near monopoly market there, have paid off handsomely. Its local subsidiary, Ceylon Tobacco Company (CTC), has been named one of the 10 best corporate citizens of 2007.

The selection criteria for the awards, organised by the Ceylon Chamber of Commerce in association with the World Conservation Union, backed by the Netherlands government as principal sponsor, were environment, community relations, employee relations, customer relations and economic performance. CTC was reportedly selected on account of its contribution to “uplifting the lives of the rural masses”.

Comments in the local media attributed to CTC contained some truly emetic phrases ranging from environmental responsibility, engine of economic development, support for communities, high standards of ethical behaviour and greater transparency, jostled for space with buzzwords such as stakeholders, controversy and empowerment. To the statement by the country’s trade minister, who presided at the awards ceremony, that responsible business conduct could make a significant contribution to addressing the social and environmental challenges the country was facing, one could only ask what his colleague the health minister would have thought about the challenges faced from disease, disability and premature death among the award winner’s customers. So ends another unfortunate chapter in Sri Lanka’s history of seeing, hearing and speaking no evil about the tobacco industry, while seeming to care not a jot about its citizens’ health.

World: Stronger Line for World’s Medical Associations

The World Medical Association (WMA), representing some 85 national medical associations, adopted a strong new statement on tobacco at its general assembly held in Copenhagen, Denmark in October. The main recommendations of the new statement, developed by amending one first adopted in 1988 and then revised in 1997, are addressed to all national medical associations and all physicians, urging them to take a wide range of action to help reduce the health hazards related to tobacco use. Such action includes adopting a policy position opposing smoking and the use of tobacco products, and publicising the policy; prohibiting smoking at all business, social, scientific and ceremonial meetings of national medical associations, in line with the WMA’s decision to impose a similar ban at all its own meetings; and undertaking programmes to educate the profession and the public about the health hazards of tobacco use (including addiction) and exposure to secondhand smoke, as well as supporting cessation and prevention.

In addition, a long list of other, specific action is recommended, covering physician activity in virtually all areas of tobacco control policy at every level. Of special note are those areas deriving from the special potential and responsibilities of physicians, often underrated or overlooked by medical associations, such as the exemplary role of physicians, their duty to oppose tobacco industry funding of education and research, increasing input about tobacco in medical education and influencing governments to implement model tobacco control policy. The entire statement can be found at http://www.wma.net/e/policy/h4.htm.

UK: Bad News, Good Progress

Many health advocates have mixed feelings about attention being focused on laws banning the sale of tobacco products to children, especially as tobacco companies are so fond of the topic. The industry’s interest lies in underlining smoking as an adult practice, thus reinforcing the forbidden fruit image that helps recruit children to smoking. However, all agree that if there is a law, then at least it should be properly enforced, whereas the industry, while advocating it in public, privately recognises that good compliance is against its commercial interests.

Over more than 3 decades, surveys have been carried out periodically in Scotland to measure the percentage of retailers who knowingly sell cigarettes to children. In the bad old days when industry was king, a steady eight out of 10 shops sold them to appropriately briefed children sent in to test the law. In separate surveys, retailers’ knowledge of the law was tested, too. It was always higher than compliance, though some retailers seemed genuinely ignorant of the law. Huge campaigns were carried out to increase knowledge and compliance among retailers, funded by the industry to try to bribe the government not to tighten up its almost worthless “voluntary agreements” on advertising. As a result, retailers’ knowledge increased, but compliance budged not an inch. Eight out of 10 shops still sold to children.

Perhaps most amazing was the reaction when these illegal sales were publicised. The tobacco industry line on these sales was to belittle the surveys for their use of agents provocateurs, as if that invalidated the results, shoot the (public health) messenger and talk about the near immaculate probity of everyone in the tobacco trade, with just “a tiny minority” spoiling it all. A tiny minority? Perhaps it should not have surprised anyone outside the industry, knowing its lack of integrity with science, that 80% could be so described.

But times have changed. Not only has Scotland’s semi-devolved government toughened the law, raising the minimum age for sales from 16 to 18 years old, but the public perception of smoking has undergone a sea change. The disappearance of virtually all tobacco promotion, from a situation where every retailer’s shop window used to be festooned with colour cigarette ads, together with the abolition of smoking in all public places and a constant decline in smoking prevalence, have together dealt the sort of body blow the industry most fears to the social acceptability of smoking.

The latest survey of illegal sales has found that a third of retailers tested sold cigarettes to underage customers. Rightly, commentators from health agencies said this was still far too high, as did trading standards officers, who have recently visited every cigarette outlet in Scotland to explain the law, itself a welcome addition to efforts to improve compliance. But, as in many of the more complex areas of tobacco control policy, in the absence of constant official enforcement, such practices take time to change and a reduction from eight out of 10 to one out of three retailers offending must be greeted as welcome progress.
EUROPE: AGREEMENT ON REDUCING CIGARETTE FIRES

Deborah Arnott and Florence Berteletti

*Tob Control* 2008 17: 4-5

Updated information and services can be found at:
http://tobaccocontrol.bmj.com/content/17/1/4.3

These include:

**Email alerting service**
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/