

LETTER TO THE EDITOR

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The centenary of the enactment of the law for prohibiting minors from smoking in Japan

EDITOR,—This year is the centenary of the enactment of the law prohibiting minors from smoking in Japan (Act on the Prohibition of Minors' Smoking, 1900). As the law consists of only four articles, we have translated the full text of the law in English as shown below.

Article 1: Persons below the age of 20 years are prohibited from smoking.

Article 2: Any person, who commits an offence under Article 1, will have their tobacco products and instruments for smoking confiscated by the authority.

Article 3: Any parent or person in parental authority, who intends not to prevent his/her child from smoking, shall be punished with a fine not exceeding ¥10,000. Any person who supervises minors instead of their parents, shall be also punished by the former section of this Article.

Article 4: Any person, who sells tobacco products or instruments for smoking to a person below the age of 20 years for his/her own use, shall be punished with a fine not exceeding ¥20,000.

The fines shown (in yen) are the amounts now in force.

We sent a questionnaire to 125 foreign embassies and 22 consulates located in Japan requesting information on the existence and contents of laws on the presence of direct legal prohibitions on minors' smoking, and on the observance of these laws. Responses were obtained from 64 embassies and consulates (recovery rate: 43.5%) (table 1).

Thirty eight of 64 countries who responded (59.4%) had neither law nor provision in a law directly prohibiting minors from smoking. In Norway¹ and in some US states,²⁻⁶ although no direct provision exists in their laws, smoking prevalence in minors has been decreasing since the introduction of smoke free laws or regulations.

Of the nations which we obtained information from, Japan is the first country that enacted the law prohibiting sales to minors. Nevertheless, smoking prevalence in minors has been increasing steadily. In 1990, 28.3% of junior high school boys and 12.1% of girls had smoked at least once.⁷ This had increased to 37.8% of boys and 22.8% of girls in 1996.⁸ Although the presence of the law is well recognised by Japanese people, minors who smoke have been only occasionally charged by authorities.⁹ According to prosecutor statistics, the number of arrests reached a peak of 433 in 1967, and has since declined to 17 in 1990. No case has been

Table 1 Results of a survey of laws on tobacco control

1. Presence of direct provision prohibiting minors from smoking in a law			
Yes: 26 countries		No: 38 countries	
2. Year of enactment (n=11)			
Oldest: 1933*		Newest: 1999	Median: 1981
3. Age restriction (n=24)			
Youngest: 15 years		Eldest: 20 years	Median: 18 years
4. Punishment (n=18)			
<i>Punishment on the: Minors</i>	<i>Parents/guardians</i>	<i>Tobacco retailers</i>	<i>Number of countries</i>
Yes	Yes	Yes	4
Yes	No	Yes	2
No	Yes	Yes	4
No	Yes	No	1
No	No	Yes	5
No	No	No	2
5. Observance of the law (n=20)			
Mostly	3 countries		
Usually	7 countries		
Occasionally	3 countries		
Seldom	5 countries		
Never	2 countries		

*Japan: 1900

prosecuted since 1980.⁹ Furthermore, smoke free provisions have not been introduced in any national law, presumably because of the political environment, administrative inadequacy, and an inactive medical community in Japan.¹⁰

Our survey suggests that an unimplemented law prohibiting minors from smoking appears not to have sufficient effect on reducing their smoking prevalence in Japan. Other policies and laws such as the introduction of smoke free environments may be more effective.

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- 1 Bjartveit K, Lund KE. *The Norwegian ban on advertising of tobacco products. Has it worked?* Oslo: Norwegian Cancer Society and Norwegian Health Association 1998.
- 2 Redhead CS, Austin-Lane J. Tobacco control: enforcement and effectiveness of federal and state youth access laws. *Congressional research service report*. www.cnire.org/nle/ag-72.html (accessed 10 September).
- 3 DiFranza JR, Rigotti NA. Impediments to the enforcement of youth access laws. *Tobacco Control* 1999;8:152-5.
- 4 Jason LA, Ji PY, Anes MD, et al. Active enforcement of cigarette control laws in the prevention of cigarette sales to minors. *JAMA* 1991; 266:3159-61.
- 5 Forester JL, Murray DM, Wolfson M, et al. The effects of community policies to reduce youth access to tobacco. *Am J Public Health* 1998; 88:1193-8.
- 6 Jason LA, Berk M, Schnopp-Wyatt DL, et al. Effects of enforcement of youth access laws on smoking prevalence. *Am J Community Psychol* 1999;27:143-60.
- 7 Osaki Y, Minowa M. Cigarette smoking among junior and senior high school students in Japan. *J Adolesc Health* 1996;18:59-65.
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9 Minowa M, Satomi H. Illegal sale of tobacco to minors in Japan. *Jpn J Public Health* 1993;40: 49-52.

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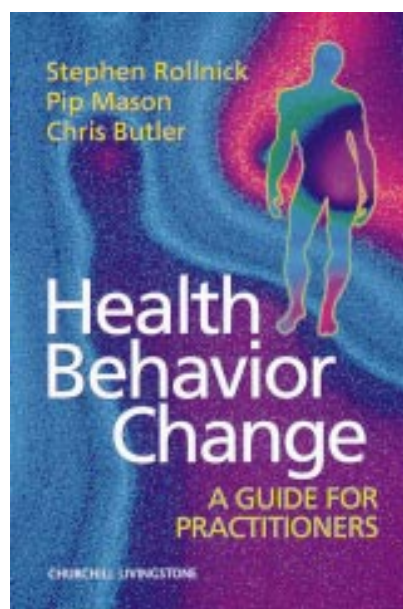
BOOKS

Book reviews and books of interest to "Tobacco Control" should be sent to the editor at the address given on the inside cover

Changing people's behaviour

Health behavior change: a guide for practitioners. Stephen Rollnick, Pip Mason, Christopher Butler. Edinburgh: Churchill Livingstone (Harcourt Brace), 1999. ISBN 0443 058504. 225 pages.

"You cannot get people to change in five minutes." "Doctors do not feel that they have the expertise or training to help people change behaviours." "Getting diabetics (smokers, drinkers, heart patients . . .) to change their diets (smoking, drinking, exercise . . .) is difficult if not practically impossible." These statements represent typical comments from third year medical students in a class on behaviour modification that I teach at the medical school. I have often encountered these negative views of health behaviour change among health practitioners. In response I contend as cogently as I can that medical professionals can be taught about the process of change and trained to help individual patients make positive movement toward change in a brief period of time. I now have help. This practitioner guide by Rollnick, Mason, and Butler does a wonderful job of making these points in an elegant, convincing, and motivationally enhancing manner. This small, easy to read volume is filled with practical insights and strategies that would be useful and valuable for both the busy health practitioner and the



behaviour change specialist. Although it may take a little more than five minutes to do what they suggest, the authors discuss and more importantly demonstrate how quickly and efficiently to approach and engage a patient in a conversation about changing one or more health threatening behaviours. This is a book that can and should be read by health professionals at all levels of training. Anyone who interviews patients and talks with them about changing health behaviours can benefit from the insights and suggestions of these talented behaviour change negotiators.

The book is ambitious in scope. The first part offers an overview and theoretical foundation of the proposed approach to negotiating health behaviour change in the consultation setting. Readers seeking an extensive conceptual analysis will be disappointed. However, the basics are all here for the rationale and the spirit behind the practice of this approach. The authors even provide a guide for how to use the book depending on the amount of time the reader is willing to devote to learning the behaviour change consultation tasks of establishing rapport, setting an agenda, and negotiating behaviour change. The second part of the book outlines these tasks and describes strategies for achieving these objectives within the spirit of this respectful, motivational approach that sees the client and practitioner as partners in promoting behaviour change. Finally, the third section describes common clinical problems and how to apply these strategies to single and multiple risk factors, from smoking behaviour to safe sex practices and cardiovascular rehabilitation to low mood and chronic pain. Also included in this final section are a discussion of training people in how to use this approach and a series of brief discussions highlighting some conceptual, clinical, and ethical issues raised by this approach. The scope of the book makes the approach or method described accessible to most practitioners, including those who have either minimal or extensive knowledge of motivational interviewing and behaviour change models.

There are several very useful aspects of this guide to health behaviour change that deserve a more extensive discussion. In almost every chapter there are clear examples of what the authors are trying to get

practitioners to do in order to develop rapport, to set agendas, and to negotiate change. The scripted dialogues between patient and provider throughout the book are one of the most useful aspects of the book. The authors provide many interesting examples both of what to do and of what not to do to prevent the patient from disengaging, and to foster meaningful dialogue about change. Many practitioners will see themselves in some of the "not so good" approaches. I could picture myself doing some of the not so good engagement strategies and that gave me a better sense of the style and content of this behaviour change method. The authors illustrate well the dangers of forcing a premature focus on active problem solving, not listening well, and giving prescriptions and advice unsolicited or in a condescending manner. Immediately following the not so good are brief, interactive vignettes that highlight one or more ways to meet the patient and address the issue of change more effectively. These vignettes are a wonderful teaching tool that engage the reader, and are a very effective method for giving the reader a real feel for what a behaviour change negotiation would look like from beginning to end.

The second very useful contribution to the practitioner lies in the brief assessment tools that the authors use to facilitate the conversation and the change process. There has been some controversy about whether the stages of change represent distinct categories and how to assess them in day to day practice. The authors acknowledge the heuristic value of the stage model but find a unique way of getting clients to discuss where they are in the process of change. The assessment is elegant in its simplicity. The recommended procedure is simply to use a numbered line, a sort of ruler, that can be shown to the patient so that he or she can mark where they see themselves with respect to the dimension in question. The problem I have always had with these single ladder or ruler assessments is that they try to put too many dimensions into a single assessment. These authors have avoided this dilemma by suggesting that there are several dimensions that need to be evaluated. They ask about the importance of the proposed behaviour change to the patient, the confidence that the patient could accomplish the behaviour change, and finally the readiness of the patient to change the behaviour. By having patients place themselves on a scale from 1 to 10 on these three dimensions, the practitioner gets a view of how each patient evaluates this particular health behaviour change and their location in the process of change. This is a brilliant resolution to the assessment dilemma and offers the practitioner multiple avenues to begin a conversation with the patient about the needed behaviour change. I have already incorporated some of these suggested assessments in training practitioners for a brief motivational intervention in one of our research protocols at the University of Maryland. The trainees have found the exercises and the assessments to be very helpful. Imitation is in this case my highest form of praise.

Helping people change is a thoughtful, practical guide for practitioners that deserves to be read by a whole host of health practitioners. Some may be able to adopt the entire method. Others may only be able to change their approach to giving advice to patients modestly. However, few will remain untouched by the rationale and the examples offered by these authors. They clearly have

experience with a variety of problems and patients. It is as much their experience as their thoughts that makes this a very useful guide. I am recommending it to my colleagues and students interested in health behaviour change as required reading.

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Why Joe Camel is still smiling

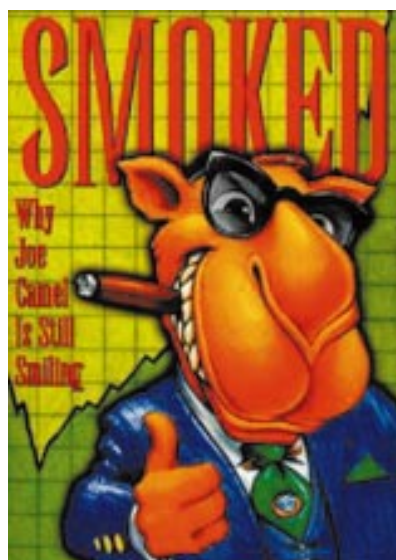
Smoked: why Joe Camel is still smiling.

Mike A Males. Monroe, Maine: Common Courage Press, 1999. ISBN 1-56751-172-4.

This provocative book is a critique of the anti-tobacco campaign in the USA in the 1990s. At the beginning of the decade, Males writes, the industry was in retreat. After several years of dealing with C Everett Koop, the most effective surgeon general in history, the industry was faced with the prospect of a smoke free society by the year 2000. In 1990, according to Males, smoking rates among adults and young people were declining. But by decade's end, available data showed that adult prevalence had not changed much since 1990. Prevalence in adolescents, at least as measured by school surveys, was higher in 1997 than in 1992. Further, in 1998 the industry had negotiated a settlement that was, quoting Stan Glantz, "one of the biggest con jobs in the history of the world" (page 2). Worse yet, Males' laments, the drives to decrease the social acceptability of smoking and provide increasingly more smoke-free indoor environments that highlighted the Koop era were replaced by efforts to reduce the initiation of smoking by young people.

Males writes that the industry's role in the turnaround of its fortunes was "merely opportunistic," and instead blames two forces for the unfavourable developments of the 1990s. He first chides the Clinton administration for backing off strategies to raise taxes on tobacco products and promote smoke-free policies in favour of "poll-driven, pop-culture irrelevancies aimed at boosting their popular standing by blaming children and their supposed vulnerability to industry flimflam" (page 3). He also suggests that health lobbies that focus on reducing adolescent tobacco use perpetuate the youth only focus because they obtain funding from the settlement. Males argues that the second key factor contributing to the poor showing for tobacco control efforts in the 1990s was the presence of a high risk group of adolescents whose parents had abused heroin, cocaine, and alcohol. He reasons that these young people were choosing "lighter use of softer drugs such as beer, marijuana, and tobacco in reaction against the debilitation of the adults around them" (page 4).

I found this book to contain several insightful observations. Most in the tobacco control movement would agree with Males that the youth only focus is too limited, that President Clinton's cigar smoking set a poor example, and that politicians who kept saying that "kids shouldn't smoke because smoking is for adults" likely provided young people with incentive to smoke and adult smokers with reasons to continue. Such messages were probably equal in worth to millions of dollars of tobacco advertising. Males also



does a fine job of outlining the points of victory attained by the industry. Additionally, his concerns about policies that blame and punish teenagers are noteworthy. Finally, Males' call for parents to set a better example by not smoking and his suggestion that the quality of the parent-child relationship plays a role are right on target.

However, this book misinterprets several key phenomena. It is overly simplistic in its description of trends from the Monitoring the Future surveys. Males' reliance on data from the National Household Survey on Drug Abuse ignores the methodological concerns raised about the lack of respondent privacy afforded by the interview method. Males' argument that marketing does not contribute to teen smoking is fraught with error. For example, he describes how increased marketing expenditures during the

1970s and 1980s were associated with decreased smoking rates among high school seniors. Males ignores the likely influence of other forces on smoking prevalence, such as concurrent increases in the real price of cigarettes. He also ignores the possibility that some of the additional advertising expenditures were not youth focused. The Camel campaign, with novel advertising and promotional strategies, was clearly youth focused and was associated with a sharp increase in smoking among young white males—the real target of Joe's attention.

The suggestion that the Clinton administration's actions on teenage smoking was a major cause for prevalence increasing is ludicrous. First, the surgeon general's report, *Preventing tobacco use among young people*, was released in February 1994. The major story on tobacco for that day was not the release of the report, but that many McDonald's restaurants were going smoke-free. Second, the proposed Food and Drug Administration (FDA) rule was not formally announced until August 1995. The rise in smoking among eighth, 10th, and 12th grade students began well before these events. I find it naive to think that the industry was minimally involved in the rise in teen smoking in the 1990s.

Males' discussion of minors' access restrictions are also off target. For example, he includes a brief description of the FDA regulations in a section entitled, "Criminalizing teen smoking," when the FDA provisions penalise only the vendors. He frequently states that Montana has a reasonable approach to minors' access legislation and the lowest prevalence of tobacco use in the nation, when Youth Risk Behavior Survey data indicate that Montana does not have the lowest rate of cigarette smoking and has nearly the highest rate of smokeless tobacco use. Males' implies that Rigotti's data show an increase in smoking in the group that received the minors' access intervention,

when the changes were not statistically significant. Additionally, he ignores the findings of Forster and others on the affects of minors' access on smoking prevalence. It is simply wrong to imply that minors' access legislation is iatrogenic, when studies to date are essentially equivocal.

Lastly, I found Males' discussions of harm reduction strategies for illicit drugs to be only weakly relevant, and his suggestion that smoking rates went up in the 1990s because of the presence of a group of high risk children of parents with drug problems to be, at most, a hypothesis in need of investigation. Monitoring the Future data do not support the emergence of a high risk group in the 1990s.

Despite the many analytic errors, Males closes the book with some important recommendations (for example, renewed emphasis on denormalising smoking and protecting people from environmental tobacco smoke). All in all, this book is probably worth a look, but please make it a very careful one.

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CORRECTION

In News Analysis in the Spring edition, the cartoon strip advertisement in a Polish television guide was run by Reemstma, not PM Polska, the Polish subsidiary of Philip Morris, as reported. (*Tobacco Control* 2000;9:14.)