

RESEARCH COMMUNICATION

Kanagawa, Japan's Tobacco Control Legislation: a Breakthrough?

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Abstract

Kanagawa Prefecture became the first subnational government in Japan to implement an ordinance for the prevention of exposure to secondhand-smoke in public facilities. The ordinance aims to protect people from the negative health impacts of secondhand smoke; however, it has wide exemptions especially for hospitality and leisure business establishments. In addition, designated smoking areas are allowed in all public facilities, in contravention of the WHO Framework Convention on Tobacco Control. Nevertheless, its rapid enactment benefited from the political leadership of the governor as well as intensive communication between the government and a wide range of stakeholders in Kanagawa and beyond. The smoke-free efforts of Kanagawa could facilitate smoke-free action by other subnational and national governments for healthier environments.

Keywords: Ordinance - health policy - secondhand smoke - tobacco control - municipality - Japan

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Introduction

Kanagawa became the first prefectural government to pass a local ordinance to restrict smoking in indoor public places in Japan in March 2009. It acted in the absence of effective national tobacco control measures to protect people from exposure to secondhand tobacco smoke (SHS) and its proven negative health effects (Office of Health and Environmental Assessment and Office of Research and Development, 1992; Office of Environmental Health Hazard Assessment, 1997; Scientific Committee on Tobacco and Health, 1998; U.K. Department of Health, 1998; WHO, 1999; International Agency for Research on Cancer, 2002; Board of Science and Education & Tobacco Control Resource Centre, 2004; British Medical Association, 2004; U.S. Department of Health and Human Services, 2006). Every year around the world, more than 600,000 people, mostly women and children, die as a result of exposure to SHS (WHO, 2009). Acknowledging the necessity of global action against tobacco, the first World Health Organization (WHO) treaty, the WHO Framework Convention on Tobacco Control (WHO FCTC), was developed and adopted in 2003 (WHO, 2003). Article 8 of the FCTC requiring its parties to implement effective measures to protect people from SHS in public places, and the accompanying guidelines suggesting 100% smoke-free environments have been adopted by the 172 countries (as of January 2011) including Japan (WHO, 2003). The countries have reported smoke-free efforts to comply with the provisions in their jurisdictions (Convention Secretariat – WHO FCTC, 2010). The efforts

are not necessarily led by a national government – many local governments contributed to enforcing smoke-free environments through their own legislation and other means; however, this is still rare in Japan (WHO, 2009).

In 2003, a year before Japan became party to the WHO FCTC, it passed the Health Promotion Act for the prevention of lifestyle-related diseases. The Act has a provision which exhorts those in charge of public places to prevent exposure to SHS, and it has been one of the few laws supporting smoking bans in Japan (MHLW, 2003). Yet an exhortation falls short of providing a legal basis for smoking bans, therefore smoking in many public places in Japan remains unrestricted and little progress in tobacco control has been achieved (Katou, 2007; Kitamura, 2009). As a result, it is estimated that more than 6,800 people die prematurely each year (Anonymous, 2010). Furthermore, the government is a major shareholder of Japan Tobacco Inc. (JT), the largest tobacco corporation in Japan (Anonymous, 2011). As a former government-run monopoly, it has been protected and promoted by the Tobacco Business Law since its partial privatization in 1985 (Levin, 1997; Ito, 2009; Matsuzawa, 2010). Levin and Feldman in their studies have highlighted the situation between JT and the government as hindering tobacco control in Japan (Levin, 1997; Feldman, 2006).

Despite the significant delay in promoting smoke-free environments at national level, local governments in Japan have been actively engaged in tobacco control through legislation to restrict smoking in streets. More than 100 cities had implemented anti-street-smoking ordinances by the end of 2009; however, these ordinances

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were introduced mostly for the purpose of preventing littering and brush-by burns, unrelated to prevention of SHS exposure, and made only limited areas, mainly the outdoors, in the cities smoke-free (Ueda, 2009). Such outdoor smoking bans, often supported by tobacco companies as part of socially responsible smoking, are considered a hindrance to restriction of smoking further in indoor environments (Chapman, 2009).

Meanwhile, Kanagawa Prefecture has begun enforcing smoke-free environments by ordinance in the first such attempt by a subnational government in Japan for the purpose of preventing exposure to SHS in indoor public places. The objectives of this paper are to analyse the process of this first prefectural legislation for the prevention of public smoking in Kanagawa and to derive lessons for other governments in implementing measures to eliminate SHS.

Materials and Methods

This paper employs a descriptive case study approach (Yin, 2009). The Kanagawa legislation and implementation process between 2007 and 2010 is reviewed through scientific and grey literature, as well as government documents including public announcements. Information from online newspapers retrieved through internet searches and Factiva, an online news database, was collected using a combination of the following keywords both in English and Japanese: Kanagawa, smoke-free, SHS/secondhand smoke, smoking, ordinance, legislation, and regulation. We also reviewed the governor's presentation at the Global Forum on Urbanization and Health held in November 2011 and a public symposium. "Kanagawa Prefectural Ordinance on Prevention of Exposure to Secondhand Smoke in Public Facilities" in February 2009. The information was then analysed focusing on scope, process from development through enforcement, and impact of the ordinance, and we describe them in chronological order to illustrate the experience of Kanagawa.

Results

Background

Kanagawa Prefecture, with a population of approximately 9 million, is the second most populous prefecture in Japan, located in the Greater Tokyo Area (Kanagawa Prefectural Government, 2011). It embraces many well-known cities including Yokohama, a major port, Kawasaki, an industrial centre which is the second largest city after Yokohama, population-wise, and Kamakura, a popular coastal tourist destination.

The Kanagawa ordinance is the first legislation to prohibit public smoking as a measure against SHS in Japan, one of the few industrialized countries yet to introduce any smoke-free law (Kanagawa Prefectural Government, 2009). Prior to its introduction, the only smoking-related ordinances in Kanagawa were those restricting smoking in the streets of several cities including Yokohama (Ueda, 2009). A 2007 survey found smoking prevalence in the prefecture to be 25.7% among males and 7.1% for females (Gan-seisaku-joho Centre, 2010).

The Kanagawa ordinance

The "Kanagawa Prefectural Ordinance on Prevention of Exposure to Secondhand Smoke in Public Facilities," adopted on 24 March 2009, aims to "prevent negative health impacts due to SHS by promoting smoke-free environments and by helping people to make choices to avoid involuntary exposure to SHS," according to its objectives (Kanagawa Prefectural Government, 2009). The ordinance restricts smoking within public facilities, and sets the level of restriction, ranging from exhortation to prohibition, depending on the type of public facility as defined in the ordinance. In addition to the provisions indicating where people can and cannot smoke, it also includes regulated equipment allowed in smoking areas, minors' access to smoking areas, managers' responsibilities, and penalties for violators.

The ordinance defines key terms such as "public space (kokyoteki-kukan)" and "smoking separation (bun-en)" (Table 1). Public facilities are divided into two groups: Type I facilities include schools, hospitals and governmental buildings, while Type II facilities include restaurants, bars and hotels (Table 2). The Type I facilities are required to prohibit smoking on the premises. On the other hand, managers of Type II facilities must choose either to prohibit smoking or to introduce smoking separation. If choosing smoking separation, the non-smoking section must be larger than half of the total area of public space in the premises, and a smoking section must be walled off and equipped with a ventilation system which extracts smoke to the outdoors as provided in the guidelines (Department of Health and Welfare - Health Promotion Division - Tobacco Control Office, 2011). However, managers are allowed to establish designated smoking rooms (DSRs) regardless of the type of their facility. Minors are prohibited from entering smoking areas and DSRs. Managers are responsible for placing signs to make visitors aware of the measures taken in their premises, and for asking visitors to stop smoking and leave the premises as necessary. Hospitality facilities under a certain size are exempt from the smoking ban and only exhorted to follow the provisions mentioned above.

Penalties are imposed on violators. The ordinance states that a public facility manager risks a fine of up to JPY 50,000 (USD 600) if he fails to abide by the provisions whereas up to JPY 20,000 (USD 240) will be charged to anyone smoking in a no smoking area. In practice, fines are JPY 20,000 for managers and JPY 2,000 (USD 24) for an individual smoker. The minimum wage in Kanagawa is JPY 818 per hour (effective since October 2010) (Kanagawa Labour Bureau, 2010).

Implementation of the ordinance began in April 2010, a year after adoption and an awareness-raising campaign. On 1 April 2011, the penalties come into force. The ordinance also incorporated the rule that its scope will be discussed every three years after implementation in order to make the necessary revisions based on its performance.

Development and legislative process

Overall the process of legislation in Kanagawa took three years to the point of enforcement. The introduction of a smoke-free ordinance was originally included in

Table 1. Definition of Key Terms in the 2009 Kanagawa Ordinance

Terms	Definition
Public space (Kokyoteki-kukan)	Indoor spaces which are accessible to the general public or any equivalent environments to indoor spaces. (Living rooms, offices, and any other similar indoor places are “equivalent environments” which exclude the areas where only particular persons have access to and smoking areas.)
Public facilities (Kokyotekishisetsu)	Facilities (including cars, ships, airplanes, and any other mobile facilities) which possess public spaces. They are classified as follows: i. Type I establishments where negative health impacts due to SHS need to be especially eliminated; ii. Type II establishments where negative health impacts due to SHS need to be eliminated.
Smoking prohibition (Kin-en)	To prohibit smoking in the entire public space of a public facility.
Smoking separation (Bun-en)	To divide public space in type II public facilities into an area where smoking is allowed and an area where smoking is prohibited.
Smoking area (Kitsuen-jo)	An area which is used only for smoking.

Table 2. Classification of Type I and II Facilities under the 2009 Kanagawa Ordinance

Type I Managers of the facilities under this category must prohibit smoking.	Type II Managers of the facilities under this category must choose either to prohibit smoking or introduce smoking separation.
Educational establishments e.g. kindergartens, elementary schools, high schools, and universities	Restaurants, cafes, night clubs, teahouses, etc.
Healthcare facilities e.g. hospitals and pharmacies	Accommodation facilities such as hotels
Theaters Town halls, crematoriums, charnel houses, and religious establishments e.g. shrines, temples, and churches	Leisure facilities e.g. game centres, karaoke, dance halls, betting shops
Exhibition halls Athletic facilities e.g. gyms, pools, and bowling alleys Public bathhouses	Any hospitality business facilities not noted as Type I facilities
Department stores Banks and other financial institutions	
Business office of postal services, telecommunications, water, electricity, gas, and heat supply	
Public transport facilities e.g. stations, trains, vehicles, and ships	
Libraries, museums, and art galleries	
Zoos, botanical gardens, and amusement parks	
Nursing and welfare facilities for elderly and children	
Governmental buildings Common areas in public facilities	

Kanagawa Governor Shigefumi Matsuzawa's election manifesto at his second election in April 2007. One of the 11 local ordinances he aimed to implement was one prohibiting smoking in public places, which was also a supplementary measure to promote a strategic plan against cancer that Kanagawa had been pursuing since 2005 (Kanagawa Prefectural Government, 2005; Kanagawa-ryoku wo tsukuru kai, 2007).

The quest for a smoke-free ordinance began with prefecture-wide surveys on the issue in October 2007, conducted by the health department of Kanagawa Prefecture (Matsuzawa, 2009). The respondents were Kanagawa residents over 20 years of age and managers of public places. One surveyed the general public to assess knowledge and awareness on SHS, subjective exposure levels to SHS, and opinion about current and potential SHS measures. It revealed support of nearly 90% for implementing an anti-smoking ordinance covering public places, especially governmental establishments on the grounds that “effective anti-SHS measures need to be implemented for health” (Department of Health

and Welfare - Health Promotion Division - Tobacco Control Office, 2011). Among those against a smoke-free ordinance, more than half considered that “smoking should not be restricted by an ordinance since it is a matter of manners and personal choice of smokers” (Department of Health and Welfare - Health Promotion Division - Tobacco Control Office, 2011). The survey of public place managers revealed that many hospitality business establishments had implemented no measures against SHS exposure, even after the Health Promotion Law came into effect with its smoke-free exhortations.

Typically, a local Japanese government establishes a unit to take charge of soliciting opinions from external stakeholders (Matsuzawa, 2009). In the case of Kanagawa, such a committee for a smoke-free ordinance was established in September 2007. It comprised 11 members from sectors including health, law, hospitality, local government, and the general public. A total of six meetings were held during its tenure, lasting until implementation. In the first two meetings in November and December 2007, the October survey results were shared, and members

received briefings on the adverse health effects of SHS and existing anti-SHS measures in Kanagawa and around the world. Proposed measures and the scope of establishments where restrictions would be applied were also discussed (Department of Health and Welfare - Health Promotion Division - Tobacco Control Office, 2011).

In a departure from tradition, however, Governor Matsuzawa also met with a wide range of stakeholders from the general public to tobacco retailers. Between October and December 2007, he held a town meeting in each district in the prefecture, drawing a total of more than 14,000 people (Department of Citizens - Citizen Affairs Division - Citizens Office, 2007). Doubts were heard about the scientific evidence of negative health impacts of smoking, as were concerns over potential loss of tax revenue, the economic impacts of a smoking ban, the content of potential smoking regulation, and the necessity of an ordinance in the first place (Kanagawa Prefectural Government, 2005). In early 2008, there were meetings with managers of public places including health care and educational facilities, public transport, and leisure and hospitality buildings. The governor met with tobacco retailers and manufacturers in response to an opinion raised at the third committee meeting in January 2008 that people in the tobacco business should get a hearing (Department of Health and Welfare - Health Promotion Division - Tobacco Control Office, 2011). In addition, tobacco retailers had repeatedly shared their concerns about negative impacts on their business at the town meetings (Department of Citizens - Citizen Affairs Division - Citizens Office, 2007).

At the fourth committee meeting in April 2008, a plan for introducing the smoke-free ordinance was announced which included objectives, definitions, level of smoking ban, and enforcement measures such as penalties. The main issue was the designation of smoke-free establishments (Department of Health and Welfare - Health Promotion Division - Tobacco Control Office, 2011). The next committee meeting in June also discussed this issue along with the level of smoking ban, specifically whether or not it should allow DSRs or the banning of smoking in specific time periods. Meanwhile, in April and May 2008, Kanagawa received more than 1,700 public comments via letter, telephone, fax, and internet in response to the plan, many about the type of establishments to be smoke-free, with particular concern about the hospitality and leisure sector (Department of Health and Welfare - Health Promotion Division - Tobacco Control Office, 2011). In June and July 2008, Kanagawa organized meetings with local hospitality and business associations, considered some of the most affected stakeholders of the smoke-free legislation. Governor Matsuzawa then visited the establishments where the smoking ban might be applied. Matsuzawa also met Phillip Morris, the world's largest tobacco company, twice. The company officially expressed its intention to support Kanagawa's smoke-free legislation in these meetings while providing examples of subnational governments implementing ordinances which allowed DSRs in hospitality facilities (Matsuzawa, 2009). Furthermore, Phillip Morris Japan provided its survey on smoking restrictions in accommodation facilities

in various countries (Matsuzawa, 2009). In addition to these efforts to incorporate the views of various sectors, the governor visited Hong Kong and Ireland in order to learn from their experience in enforcing smoke-free environments.

Soon after the sixth and final committee meeting in September 2008, a draft outline of the smoke-free ordinance was released with a call for comments. Organizations from a wide range of sectors including building management, business, health care, education, public transport, and government made submissions. Again, DSRs were a major point of contention. One committee member insisted at the meeting that establishing smoking areas would be unacceptable since the ordinance was for the prevention of SHS exposure and DSRs were not protective (WHO, 2007). However, a common opinion was that the ordinance was inconsiderate to smokers. In response, the prefecture commented that the ordinance was not intended to restrict freedoms but was intended to prevent negative health impacts due to SHS and that DSRs could be established in any public facilities (Department of Health and Welfare - Health Promotion Division - Tobacco Control Office, 2011). Meanwhile, some public comments disagreed with allowing smoking separation and DSRs, but Kanagawa responded that it was to protect the "freedom of both smokers and non-smokers" (Department of Health and Welfare - Health Promotion Division - Tobacco Control Office, 2011). Furthermore, the government conducted surveys among the general public and hospitality businesses in October 2008 to gauge awareness and views on the draft outline of the ordinance, the current smoking situation on their premises and the potential impact of smoke-free provisions (Department of Health and Welfare - Health Promotion Division - Tobacco Control Office, 2011).

Meanwhile, the prefectural assembly as well as the standing committee on health and welfare began discussing the smoke-free bill. Points raised by the members were that prohibition on minors' entrance to smoking areas may impinge on their rights to visit some leisure facilities; that awareness-raising must be done before the implementation of legal measures, and that the title of the ordinance used in the media may lead to misinterpretation (Kanagawa Prefectural Assembly, 2011). The request to change the title was raised by a standing committee member in the initial period soon after the ordinance plan was released, and the provisional title, "no-smoking ordinance," was changed to "secondhand smoke prevention ordinance" (Kanagawa Prefectural Assembly, 2011). Throughout the course of discussion, the governor insisted that the ordinance was intended to protect public health and was strongly supported by the general public in Kanagawa.

The final draft ordinance was released in January 2009 following several revisions, and was proposed to the assembly meeting the following month. Kanagawa Prefecture continued communicating the ordinance by holding a town meeting while the bill was under discussion. It also met JT and Philip Morris Japan and asked for information regarding methods to separate smoking and non-smoking sections in indoor public

places upon implementing the provisions (Matsuzawa, 2009). Finally, on 24 March 2009, the smoke-free bill was adopted by the assembly.

Enforcement and impact

The final ordinance requires public facilities which introduce smoking separation to implement proper measures as indicated in the ordinance “to prevent tobacco smoke from flowing into the non-smoking areas” (Kanagawa Prefectural Government, 2009). Kanagawa provides technical support to those considering smoking separation by organizing regular consultation events and workshops and sending advisors to their premises free of charge. It also finances small business owners who decide to introduce smoking separation: business owners employing less than 30 staff may apply for a loan of up to JPY 25 million (USD 300,000) at low interest (Department of Health and Welfare - Health Promotion Division - Tobacco Control Office, 2011). Such information was posted on a special site created on the official Kanagawa prefecture website along with other information for the enforcement of the ordinance, including a check sheet for smoking separation and a catalogue of different companies' products for DSRs (Department of Health and Welfare - Health Promotion Division - Tobacco Control Office, 2011).

One of the enforcement strategies Kanagawa introduced was fines, to be collected by prefecture personnel with special authorization. The fines would be imposed on violators if they ignored an initial warning. However, the government stated that it would conduct no regular inspection unless a violation was reported by a customer (Department of Health and Welfare - Health Promotion Division - Tobacco Control Office, 2011).

In the first five months of implementation, the governmental unit visited more than 7,000 public facilities to check compliance levels. Ninety-seven percent of the Type I facilities, 71% of the Type II facilities, and 59% of the public facilities exempt from the anti-smoking provisions due to their small size had prohibited smoking except in DSRs, while 17% of the Type II facilities and 32% of those exempted had implemented no measures (Anonymous, 2010). Facilities choosing to introduce smoking separation were relatively few (Anonymous, 2010).

To complement its regulation, Kanagawa also introduced another tobacco control measure: facilitation of smoking cessation. Opportunities to consult with health practitioners on smoking cessation were organized at local health offices, and an internet service, “Smoking cessation marathon (Kin-en marathon)”, was set up to provide support to smokers through emails to quit smoking, available free of charge for those who visited health offices for consultation (Department of Health and Welfare - Health Promotion Division - Tobacco Control Office, 2011). Kanagawa Health Foundation, supported by local municipalities, physicians' associations and companies, launched the “Kanagawa smoking cessation school (Kanagawa sotsuen-jyuku),” a six-month course where health professionals provide information on health impacts and the merits and different methods of smoking

cessation (Kanagawa Health Foundation, 2010). In the May 2010 smoking cessation school session, 247 smokers participated, 159 of whom committed to quitting, and 72 received certificates for giving up smoking by the time they graduated in October (Anonymous, 2010).

A month before the ordinance was adopted, in February 2009, the governor visited the Liberal Democratic Party, the ruling party at that time, as well as the Ministry of Health, Labour and Welfare (MHLW) to ask them to prioritize effective measures against SHS exposure in national policy (Matsuzawa, 2009). In February 2010, the Ministry announced that indoor public places must be 100% smoke-free and that anti-SHS measures were needed in outdoor environments frequented by children, and the government initiated an amendment process for the Occupational Health and Safety Law in terms of prevention of SHS exposure in workplaces (Chief of the Health Service Bureau, 2010). Some prefectures and municipalities began acting against SHS following the legislation in Kanagawa; Hyogo Prefecture, for example, established a committee for anti-SHS measures in June 2010 and started developing an ordinance to restrict smoking in public places, and nine cities and prefectures in the Metropolitan Area, including Kanagawa Prefecture, launched a joint project in August 2010 to raise awareness of the adverse health effects of SHS and to promote anti-SHS measures, targeting people of productive age who commute across prefectures and are considered to have less access to information provided by the local government of residence (Matsuzawa, 2010; Department of Health and Welfare - Health Promotion Division - Tobacco Control Office, 2011). For instance, in Saitama Prefecture, the campaign includes distribution of information materials on SHS, a seminar on anti-SHS measures, health consultations for people who have suffered from SHS and those considering quitting smoking, and certification of public facilities that have either banned smoking completely or established DSRs (Department of Health and Welfare - Health Promotion Division - Tobacco Control Office, 2011).

Discussion

Kanagawa became the first prefecture in Japan to protect people from SHS in public places by implementing the local ordinance in 2010. Its experience underlines some of the important lessons in implementing local smoke-free interventions. As WHO's case study suggests, the governor's leadership contributed greatly to the smoke-free initiative by establishing a mandate for it energetically raising public support through meetings and other means (Selin, 2009). He took the lead in developing the ordinance and actively advocated it to protect people from SHS exposure and prevent negative health impacts throughout the legislative process. He also urged the national government to take smoke-free action. Involvement of civil society was strongly encouraged throughout the legislation process with town meetings and solicitation of public submissions, and Kanagawa incorporated them into the ordinance.

While the Kanagawa ordinance received wide

attention from local and national media as the first smoke-free initiative in Japan, as noted it has shortcomings in terms of public health protection (Anonymous, 2009, 2009, 2010). The prefecture held meetings with tobacco companies, an unfortunate decision from a public health perspective, considering their interest in weakening smoke-free policy (WHO, 2011). For instance, tobacco companies succeeded in weakening Spain's 2006 national policy on public smoking by promoting separated smoking sections and DSRs and have urged this as a model for smoke-free legislation in other countries (Fernández et al., 2009). Philip Morris Japan followed just this strategy in Kanagawa (Matsuzawa, 2009).

As a result, the Kanagawa ordinance still allows broad exemptions for smoking. It allows certain types of public facilities to introduce unprotective "smoking separation". Separated areas for smoking can be used for other purposes such as eating while DSRs, solely for the purpose of smoking, can be put up in any public facility. In any case, neither separated smoking sections nor DSRs enclosed on all sides and equipped with ventilation systems, as recommended by tobacco firms, provide adequate protection for people in non-smoking areas, and workers serving these areas would continue to suffer from tobacco smoke which has no safe level of exposure (Lee et al.; WHO, 2007; Fernández et al., 2009; Center for Tobacco Policy Research, 2010). Furthermore, workplaces are exempt from the ordinance, and smaller hospitality facilities such as restaurants with seating area under 100m² and hotels with a total area of rooms and common areas under 700m² are not required to implement anti-smoking provisions. Therefore, these facilities receive no penalty, leaving nearly 80% of all restaurants in Kanagawa in an unchanged position (Nittelle News 24, 2010). Even in facilities covered by the ordinance, enforcement may be weak without any regular inspection. Although the ordinance sets penalties for violators, it did not establish a monitoring system to maintain enforcement. Worse, Kanagawa provides technical and financial support for public facilities implementing smoking separation, practically encouraging a measure that does not prevent SHS exposure. However, the Kanagawa ordinance includes a provision that a review is required every three years, suggesting that the scope of the ordinance may be extended in future. In fact, the governor revealed in a November 2010 press conference that the next review of the ordinance would include discussion of restrictions in workplaces (Anonymous, 2010).

In Japan, smoking in public places is often considered a "manners" issue rather than a "health" issue as revealed by Kanagawa's initial survey in 2007. In other words, there is a perception that as long as smokers follow "proper" etiquette, public smoking is acceptable and should not be restricted by governments, which is partly due to an intensive media campaign by JT (Justin, 2004). JT has been promoting smoker-friendly environments via activities such as mass media campaigns, smoking separation, and street-cleaning. While messages included in these activities suggest smokers pay attention to their burning ash and smoke, they do not mention any health effects of SHS (Japan Tobacco Inc., 2010). In fact, the

Tobacco Institute of Japan, an organization of tobacco companies in Japan, revealed that the smoking manners campaign launched by the Tobacco Institute of Japan, JT and Philip Morris in 1990's was aiming to make smoking socially acceptable (Iida and Proctor, 2004). Furthermore, when Chiyoda City introduced a street smoking ban ordinance, the slogan for the ordinance was changed from "From manners to rules" into "From manners to rules, and then to manners" under pressure from JT (Ueda, 2009). Such attempts by tobacco companies are averting the focus of smoking restrictions from health issues, and may affect legislation by adversely influencing public norms.

Meanwhile, the strength and sustainability of the Kanagawa provisions may be threatened by the resignation of Governor Matsuzawa in April 2011 as the enforcement of fines began. In the absence of Matsuzawa who has taken leadership in the interventions in Kanagawa and advocated tobacco control nationally, it is not clear if the coming review of the provisions will result in stronger protection against SHS.

Overall, there is much more scope to tighten the Kanagawa ordinance in order to achieve 100% smoke-free environments. And without full enforcement, smoke-free ordinances may have an adverse effect by delaying real results. However, it demonstrates that a subnational government can take advantage of its political authority to reduce exposure to SHS. An aggressive communication campaign led by the governor greatly facilitated the smoke-free ordinance. Smokers also benefited by receiving encouragement to stop smoking.

Since Kanagawa initiated the legislation, it has inspired anti-smoking action by other local governments in Japan. Cities and prefectures including Hyogo have begun preparing similar measures, and the MHLW has officially insisted that public places be made smoke-free. Japan has been a country lacking effective measures against SHS; however, these recent initiatives suggest a move towards countrywide enforcement of smoke-free environments in the near future, and many local governments can benefit from the experience of their counterparts.

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