Tobacco control measures toward 12% of adult smoking rate as national target under Health Japan 21 (the 2nd term)

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Two major causes of death from NCDs are **Smoking and Hypertension**

**Figure: the number of deaths from risk factors related to NCDs and injuries in Japan, 2007**

- Tobacco smoking
- High blood pressure
- Physical inactivity
- High blood glucose
- High dietary sodium intake
- Alcohol use
- H. pylori
- High LDL cholesterol
- Hepatitis C virus
- Low PUFA intake
- High body mass index
- Hepatitis B virus
- Low fruit and vegetable intake
- Human papillomavirus
- HTLV-1
- High TFA intake

- **Cardiovascular**
- **Cancer**
- **Diabetes Mellitus**
- **Respiratory**
- **Other NCD**
- **Injuries**

Annual number of deaths, thousands

### National target for tobacco smoking

<table>
<thead>
<tr>
<th>Measures</th>
<th>Current data</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>① Decrease in adult smoking rate</td>
<td>19.5% (2010)</td>
<td>12% (2022)</td>
</tr>
<tr>
<td>② Eradication of smoking among minors</td>
<td></td>
<td>0% (2022)</td>
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<tr>
<td>First year of junior high school</td>
<td></td>
<td></td>
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<tr>
<td>Boys 1.6%</td>
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<tr>
<td>Girls 0.9%</td>
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<tr>
<td>Third year of high school</td>
<td></td>
<td>0% (2022)</td>
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<tr>
<td>Boys 8.6%</td>
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<td></td>
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<tr>
<td>Girls 3.8%</td>
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<tr>
<td>③ Eradication of smoking among pregnant women</td>
<td>5.0% (2010)</td>
<td>0% (2014)</td>
</tr>
<tr>
<td>④ Decrease in percentage of facilities with exposure to secondhand smoke</td>
<td></td>
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<tr>
<td>Governmental institutions</td>
<td>16.9% (2008)</td>
<td>0% (2022)</td>
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<tr>
<td>Medical institutions</td>
<td>13.3% (2008)</td>
<td>0% (2022)</td>
</tr>
<tr>
<td>Worksites</td>
<td>64% (2011)</td>
<td>Worksites—no secondhand smoke (2020)</td>
</tr>
<tr>
<td>Households</td>
<td>10.7% (2010)</td>
<td>3% (2022)</td>
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<tr>
<td>Restaurants</td>
<td>50.1% (2010)</td>
<td>15% (2022)</td>
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</tbody>
</table>
Prevention of Lifestyle-Related Diseases

* Medical care fees related to lifestyle-related diseases account for approximately 30% (8.8 trillion yen) of general medical treatment fees (27.2 trillion yen) (FY2010).

Urgent need to implement comprehensive prevention of lifestyle-related diseases

→ Short-term effect is not necessarily great, but in the medium to long term, it will be an important key to extending healthy life expectancy and reducing medical expenditures.
A mean values of Salt intakes and Death rates due to NCDs in Japan

Death rate, per 100,000 population

The 1st
The 2nd
The 3rd
The 4th

Agenda and measures
(National Health Promotion Movement since 1978)

Increment of health professionals in local government.
(e.g. Public Health Nurses and Registered Dieticians)

Universal Health Coverage

(e.g. Enhancement of health checkups)
(e.g. Establishment of health infrastructure)
e.g. Target setting and emphasis of improvement of lifestyle
(Health Japan 21)

Health Japan 21
(the 2nd term)

(REF) Vital statistics
National Nutrition Survey
National Health and Nutrition Survey
Health Japan 21 (The 2nd term)

This direction declares basic matters for comprehensive implementation of national health promotion through improvement of lifestyle and social environment.

**Basic goals for implementation of in National Health Promotion**
1) Extension of healthy life expectancy and decrease in health disparities
2) Primary and secondary prevention of non-communicable diseases
3) Improvement and maintenance of function for social abilities
4) Establishment of a social environment where health of individuals is protected and supported
5) Nutrition and healthy diet, physical activity and exercise, proper rest, alcohol use, tobacco use, and oral health

**Multisectral Approach**
1) Establishment of an effective structure to solve community health issues.
2) Encouragement of programs and liaisons constructively derived from various organizations.
3) Professionals involved in health promotion.
   *Local governments also establish their health promotion plans.

**Related Action Plans**
- **Specific Health Check-ups and Specific Health Guidance (The 2nd term)**
  Promote health guidance focused on metabolic syndrome as well as non-obese smokers and hypertensive population.
- **Healthcare planning (The 6th term)**
  Strengthen regional medical cooperation to enhance home medical care.
- **Basic Plan to Promote Cancer Control Programs (Revised in Jun. 2012)**
  Further improve quality of cancer control under medical and social context.
**Overview**

**Residents**
- **Telephone counseling**
  Telephone counseling as smoking cessation and referral of hospitals.

**Tobacco Quitline Center**
(in Designated Cancer Hospitals)
1. Set tobacco counselors and educate health professionals.
2. Set telephone line to conduct tobacco cessation support.
3. Public awareness in hospital and community.

**Clinic**
- **Education**
  Educate health professionals in community and build network.

**Effect**

- **Potential population who want to quit smoking (10 million smokers)**

- **19.5% of Smoking rate 2010**

- **12% of Smoking rate (2022)**

**Strengthening Social environment**
Health Risk Assessment of Tobacco Under Technical Committee

**Public awareness**
Grants for tobacco control conducted by local government

**Treatment**
Tobacco Quitline (Counseling for smokers/education for health professionals)