



Differences Between **Japanese** And **Foreign** Healthcare Systems

From The Perspective Of University Students Studying Abroad

THE NEWZ

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English Ver.

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Location: Krakow, Poland Photographer: Kanna Yamazaki

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About The NewZ

The Japanese have had opportunities to enjoy medical care under the universal health insurance system. However, with the declining birthrate and aging population, the burden of social security costs on the younger generation is expected to increase, and the corona disaster has revealed the weak points of Japan's healthcare system. Therefore, there is a growing need to review it. In addition, the voices of patients are less likely to be reflected in healthcare policies and the number of young people who desire to participate in the design of the healthcare system is increasing.

Considering the current situation, Institute for New Era Strategy (INES) and Japan Counselors (JC) have decided to publish a monthly report to provide an opportunity for young people to think about the future of the social security, medical insurance system, and the healthcare system.

Students studying abroad will gather information on episodes that symbolize the differences between the local healthcare system and the Japanese healthcare system, and write reports in both Japanese and English.

The title, "The NewZ," was created with the "Generation Z" in mind. The NewZ is a newsletter whose entire process, from project launch to writing and editing, has been performed by "Generation Z" college students.

We hope that you will have an interest in the healthcare system of your generation and the future.



[Japanese Ver.](#)

Contraceptives in the U.S.

Natsuki Kanaya

University of Minnesota, United States



Hello everyone! Daylight Saving Time just started in the United States, and it is getting brighter and warmer outside! I just came back from a road trip from Minnesota to California, and I enjoyed driving through 11 different states and visiting 4 national parks! For this March Newsletter, I would like to talk about contraceptives in the U.S.

Contraceptive Options

Living in the U.S. for more than 5 years, I have noticed that more contraceptive options are available in the U.S. compared to Japan. In Japan, condoms are the most commonly used contraception, and it may be the only method when Japanese think of contraceptives. While in the U.S., in addition to condoms, there are contraceptive methods such as the patch, shot, ring, and hormonal pills. To give you some details, a birth control patch is a square-shaped bandage you can put on your skin, and it is about 99 percent effective at preventing pregnancy and lasts for a week as long as it is used correctly. The shot is effective for more than 99 percent and lasts for 8 to 13 weeks. The ring is a small piece of plastic to be inserted into the vagina, and it can prevent pregnancy 99 percent of the time, and it lasts for 5 years. At my school, those birth control options are offered with no out of pocket costs, and students can get a package of contraceptives upon request.

The emergency contraceptive pill, also known as Plan B, is a pill that prevents pregnancy by preventing or delaying ovulation and can be purchased over-the-counter in the U.S.. At my college, it is also available in a vending machine on campus. On the other hand, in Japan, a doctor's prescription is required to obtain an emergency contraceptive pill, and whether it should be



[Photo] Free Contraceptives in my dorm

available without doctors' prescriptions is controversial. The emergency contraceptive pill only available through doctors' appointments is concerning due to its poor accessibility and stigma against young women going to an OB-GYN clinic. The emergency contraceptive pill needs to be taken less than 72 hours, and the earlier you take, the better chance you have at preventing pregnancy. When unsafe sex happened on a weekend, people would need to wait until Monday to obtain the emergency contraceptive. Also, the barrier to visiting an OB-GYN clinic for underaged women can be high, as they might need to ask their guardian to take them to

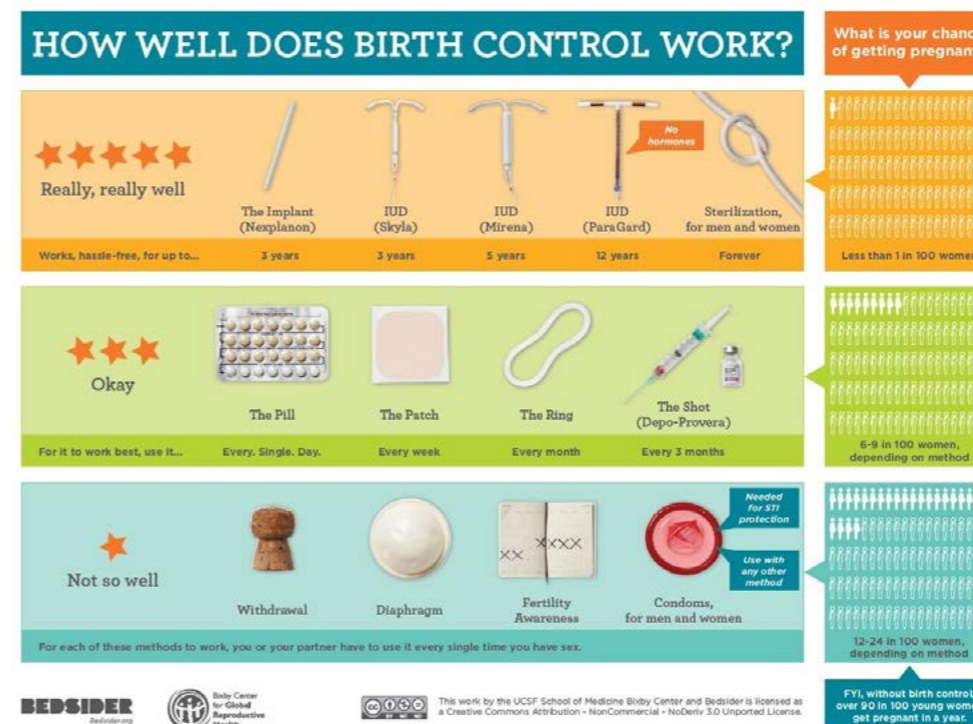
the clinic. These reasons make it difficult for women in Japan to prevent unwanted pregnancy. As I mentioned in the last newsletter, the Affordable Care Act, also known as Obama Care enabled people with insurance in the U.S. to get contraceptives with no cost. Unfortunately in Japan, contraceptives such as the patch, ring, and oral contraceptive pills are not covered by the national insurance unless used to treat dysmenorrhea. I hope affordable and accessible contraceptives will become more prevalent in Japan too, as I believe there are many great benefits to their availability. First, by offering those contraceptive methods, women get to protect their bodies and prevent unintended pregnancy. Women are clearly the ones who bear the burden of unintended pregnancies, so I think it's good that they can make choices for their own bodies. Second, unlike the condom, long-lasting contraceptives such as the patch and ring can prevent unwanted pregnancy even when unsafe intercourse happens for reasons. Third, it is better when people can choose their contraceptives depending on their age and medical history. Every contraceptive has its benefits and side effects, so it is safer when people are well informed of different options and have freedom to choose what they want. I hope there

will be more accessible and affordable contraceptive methods available in Japan so that women can make their own choices with their bodies and prevent unintended pregnancy.

Politics, Religions, and Contraceptives

I just talked about how accessible it is to get different types of contraceptives in the U.S., however, some people in the country are against contraceptives as well as abortions. Since Roe vs Wade had been overturned in June 2022, some political candidates claim that they should put some restrictions or bans on contraceptives. I believe it is unlikely that they will limit access to contraceptives, however, some argue that the effects of overturning Roe vs Wade paved the way for restrictions or bans on contraceptives. One big reason contraceptives and abortion rights are up for debate is that the majority of the U.S. population are christians and some of them, not all, believe that contraceptives and abortions are against God's will and equivalent to murder. I spent two years in a christian high school in the U.S., and I remember that the teachers were against some sort of contraceptives as well as abortion for any reason. They believe that having intercourse before marriage is sinful, therefore, owing contraceptives before marriage is

unneded and inappropriate. My friends told me there was a student who got caught with condoms, and getting caught with contraceptives could result in serious consequences such as suspension. Thus, politics and religions are deeply intertwined in the U.S. The right to use contraceptives is legally protected in the U.S., however, perceptions on the use of contraceptives differ depending on where you go.

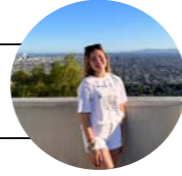


[Photo] Contraception Comparison

Insights into the Healthcare system of Hypertention

Momoka Nakamura

University of California, Los Angeles



Hi everyone! I am studying Molecular Biology at UCLA, and expecting to graduate in March. I'm happy to share some insights into Chronic Diseases particularly hypertension today. As many of you may have heard, chronic diseases are a major health concern in both the US and Japan, two developed countries with robust healthcare systems. Chronic diseases, such as heart disease, cancer, diabetes, stroke, and arthritis are responsible for the majority of deaths in both countries. Today, I am going to focus on hypertension, commonly known as high blood pressure. It is a leading cause of heart disease, stroke, and kidney failure and affects millions of people worldwide. Hypertension is a significant public health concern in both the US and Japan, and healthcare systems in both countries have implemented different strategies to address this disease.

US

In the US, hypertension affects more than 100 million adults or nearly half of the adult population. The healthcare system in the US is based on a combination of public and private insurance. Most Americans receive health insurance through their employer, while others rely on government-funded programs such as Medicare and Medicaid, however, as of 2020, the United States Census Bureau estimates that approximately 9.7% of the population, or approximately 31.6 million people, do not have health insurance coverage, affecting their lifestyle as they have limited medical resources. Due to the high cost of healthcare in the US, many Americans struggle to access adequate treatment for hypertension, and disparities in care exist between different socioeconomic groups. In 2017-2018, the Centers for Disease Control and Prevention (CDC) found that the percentage of adults with high blood pressure in the US was highest among Black individuals (42.9%), followed by Hispanics (29.1%), Whites (26.8%), and Asians (23.1%). As this data indicates, Black adults have the highest prevalence of hypertension among

all racial and ethnic groups in the US. This disparity is thought to be due to a combination of genetic and environmental factors, as well as disparities in access to healthcare and other social determinants of health.

Japan

It is estimated that there are about 43 million hypertensive patients in Japan as a whole, and approximately one out of every three Japanese people has hypertension. The healthcare system is based on a universal health insurance program, therefore, the Japanese government mandates that all citizens have health insurance, and the cost of treatment for hypertension and other chronic diseases is heavily subsidized by the government. Patients can choose to see any physician or specialist they wish, and the government regulates the cost of medical care to prevent excessive charges. In addition to medication, treatment for hypertension in Japan often includes lifestyle changes such as dietary modifications and exercise programs. Regular health check-ups and blood pressure monitoring are also important to hypertension management in Japan. Japan has a universal healthcare system that covers all citizens, regardless of their ability to pay. However, there are still issues with access to healthcare in Japan, particularly in the rural areas where there are shortages of healthcare providers.

Medication & Doctor Visits

In the US, it is customary to visit your primary care physician for medical diagnosis and check-ups. Typically, check-ups are scheduled every six months to obtain any updates and prescriptions. The expenses for these visits are partially or fully covered depending on your insurance plan. However, you will have to pay out-of-pocket until you meet a particular deductible amount. The deductible resets at the start of every calendar year which means there is always an out-of-pocket cost beginning of the year. For reference, my deductible amounts to \$300 for in-network visits and

\$2000 for out-of-network visits. Essentially, this implies that I would be required to pay a minimum of \$300 annually for consultations with physicians.

I would like to compare the cost of medication for hypertension in the US and Japan. Lisinopril is the most commonly prescribed medication for hypertension, which can be obtained from any pharmacy. For instance, a 30-day supply of lisinopril 40mg at Walgreens costs \$10 with insurance coverage. Although the overall cost is not excessively burdensome once your insurance is taken into account, it is evident that the healthcare system disproportionately impacts certain groups, such as those defined by race, age, or economic status, causing them to bear a greater burden of the cost. In Japan, on the other hand, until recently, it was usually necessary to see a doctor every time a prescription needed to be refilled. Last April, a system called "refill prescription" was introduced in Japan, which eliminates the need to visit the hospital just to get a prescription. Refill prescriptions are intended for people with chronic diseases whose symptoms are stable, and drugs for high blood pressure are also covered drugs in many cases. According to statistics from the first six months after the introduction of the system, the percentage of refills to the total number of prescriptions received is still low at 0.102%. In fact, my mother, who is treated for hypertension in Japan, is not aware of the refill prescription system, and she told me that she has to visit the hospital almost every month because she is only prescribed Azilva 40 mg for 35 days at one visit. It seems that the first

challenge is to increase the penetration rate and to make the system more efficient for many patients. According to my mother, however, the doctor's visit costs only about 1460 yen, approximately \$10. With insurance, her prescription costs 2990 yen. In Japan, everyone gets the benefit of equal coverage, there are fewer disparities, however, there is always constant payment for your doctor's visit and prescription that adds up over time which is difficult especially for patients who has chronic diseases.

Overall

Healthcare disparities based on socioeconomic status are a significant issue in the US that must be addressed by improving the healthcare system. While many citizens with adequate insurance receive affordable medication to treat high blood pressure, the quality and availability of care depend heavily on the specifics of their insurance plan and associated payment options. In Japan, the universal health insurance program ensures that everyone receives equal coverage, but there are still issues with access to care, particularly in rural areas where healthcare providers are in short supply, creating limitations for the high population of elderly residents. As hypertension poses greater health risks as one ages, it is imperative to address this issue in Japan not only for this chronic disease but also for other ailments.



[Picture] Lisinopril 40mg



[Picture] Azilva 40mg

Causes and Countermeasures of the declining birth rate and aging population

Takumi Ota

University of British Columbia, Canada



What are the Declining birthrate and aging populations?

An aging society or Declining birthrate and aging population refer to a society with an aging population. Generally, it refers to a society in which the proportion of elderly people aged 65 or older reaches 20% or more of the total population. An aging society creates demand for medical care and long-term care services, which in turn leads to various social problems such as increased social security costs, labor shortages, and sluggish economic activity. In addition, policies are required to cope with the aging of society, such as livelihood support for the elderly and revitalization of local communities.

The issue of Japan's declining birth rate

The issue of Japan's declining birth rate refers to the phenomenon of population decrease and aging, which is caused by the decreasing birth rate. Japan's birth rate has continued to decline for several decades, and in 2021, the birth rate (total fertility rate: the number of children a woman will give birth to in her lifetime) was 1.30. This issue has a significant impact on Japanese society. Due to the declining population, problems such as sluggish economic growth and the collapse of social security systems may arise. In addition, the increase in elderly people raises concerns about the increase in caregiving and medical expenses. The Japanese government has implemented various policies to address this issue, such as policies to support childbirth and child-rearing, promote women's participation in society, and increase the acceptance of foreign workers. However, these efforts have not yet produced results that would lead to a recovery of the birth rate.

Countermeasures against Declining birthrate and aging population in Japan

1. Measures against the improvement of the birth rate

Since the decline in the birth rate is one of the causes of the low birth rate and aging society, measures to improve the birth rate are necessary. Examples include the development of systems and facilities to reduce the burden of childbirth and childcare, and the promotion of male employees to take parental leave.

2. Shortening and Flexibility of Working Hours

Reforms in work styles are promoting shorter working hours and more flexible work styles. This is expected to increase employment opportunities for women and younger generations and make it easier for them to balance work with childbirth and childcare.

3. An immigration policy

Immigration policy is also necessary to solve the problem of Japan's low birthrate and aging population. It is necessary to revitalize society by accepting a diverse range of human resources through measures such as accepting foreign workers and reviewing the naturalization system.

4. Regional development

Since the population is increasingly concentrated in urban areas, it is necessary to create new rural areas. It is essential to create an environment in rural areas where it is easy to raise children and develop industries that take advantage of regional characteristics.

5. Support for the elderly

Support for the elderly is necessary to create a society in which the elderly can live with peace of mind. It is necessary to enhance the long-term care insurance system, improve welfare facilities for the elderly, and promote interaction with local residents.

The current situation of an aging society in Canada

Just like Japan, Canada is also one of the most developed countries with a declining birth rate and an aging population problem. Due to the increase in life expectancy

and the decline in the birth rate, the proportion of seniors aged 65 and over is increasing rapidly. 2022 statistics show that Canada has approximately 7.3 million seniors, accounting for 19.5% of the total population. In addition, the proportion of young people is also decreasing due to the declining birth rate, and there is concern that there will be a shortage of labor force members in the future.

The issue of Canada's declining birth rate

Canada's low birth rate has led to a phenomenon of population decline and aging, which is known as the issue of declining birthrates. Canada's birth rate has been declining for several decades, and in 2020 it was 1.4 which represents the average number of children born per woman. This issue has a significant impact on Canadian society. Population decline due to low birth rates can lead to problems such as sluggish economic growth and the collapse of social security systems. Additionally, concerns about the increasing elderly population include rising costs for healthcare and elderly care. The Canadian government has implemented various policies to address this issue. These policies include supporting childbirth and child-rearing, promoting women's social advancement, the same as the Japanese government is implementing, and actively accepting immigrants. Canada has been focusing on immigration policy and is making progress in supporting immigrants and improving its systems. Accepting immigrants, it is expected to alleviate labor shortages and increase the younger population.

Countermeasures against Declining birthrate and aging population in Canada

1. Immigration policy review

Canada has the flexibility to change its immigration policy. To address the declining birthrate and aging population, preferential programs can be introduced to encourage the recruitment and retention of young people and families raising children.

2. Promotion of measures to address declining birthrates

Canada can aim to increase its working-age population by strengthening support systems related to pregnancy and childbirth. Examples include a child-care leave system, the enhancement of daycare centers and kindergartens, and subsidies for medical expenses.

3. Enhancement of support systems for the elderly

The expansion of facilities and services necessary to support the elderly will be promoted to create an environment where the elderly can live in peace. Increased services such as nursing homes, daycare, and visiting nurses to support

independence are required.

4. Promotion of local development

In local governments with declining populations, it is expected that local economies will be promoted through the creation of industries that utilize local resources and tourism. This is expected to help solve the problem of declining birthrates and an aging population through the retention of local residents and the creation of jobs.

5. Introduction of new work styles utilizing ICT

The introduction of ICT-based work styles such as telework, flextime, and shared offices will create an environment that allows people to work while balancing work and family life and will also promote social participation, even for those who have childcare or nursing care obligations.

In particular, as one of the immigration policies in 1. (Review of Immigration Policy), Canada is actively accepting immigrants as a measure to address the problem of low birthrate and aging population. The Canadian government aims to invite immigrants with appropriate skills and qualifications to contribute to economic and social development. Canada has developed a framework for accepting immigrants from other countries and aims to accept approximately 300,000 immigrants each year. In this way, Canada is also working to create a multicultural society and society that respects the diversity of its people.

What can we do for solving these problems?

1. Be aware of social responsibility

It is important to recognize that the issue of declining birthrates and aging society is not an issue for individuals alone, but one facing society as a whole, and to be aware that we have a social responsibility as well.

2. Establish family and community support systems

By establishing a family and community support system, we can create an environment where the elderly can live in peace. For example, they may join local volunteer organizations or provide services for the elderly.

3. Take care of their health

It is important to take care of your health and be healthy yourself. By being healthy yourself, you can play a role in caring for the elderly, for example. It is necessary to ensure that you get adequate exercise, eat a well-balanced diet, and get enough sleep.

The State of Care for the Elderly in Sweden and Nicotine Dependence among Young People

Natsuha Hoshiya

Linnaeus University, Sweden



This will be my second article. I am Natsuha Hoshiya, currently studying abroad at Linnaeus University in Northern Europe, Sweden. Recently, the sun has finally returned after a five-month absence, and the number of sunny days is increasing. Also, it is bright until 5:00pm in the evening these days, which is way longer than it used to be when the sun went down at 2:30pm at the earliest. Longer daylight hours makes me feel refreshed and more enthusiastic. However, recently the season is turning back, and there has been a lot of snow even though we are in the middle of March. It is also raining almost every day, where I can't believe it is already spring. I feel that my body temperature is still in winter and the season change is not yet clear. The number of sunny days is limited to about two days a week. When I think of spring in Japan, the first things that come to mind are cherry blossoms, graduation and entrance ceremonies, and hanami (cherry blossom viewing), but also pollen allergy. I have had a pollen allergy since I was a child, so unlike spring in Japan, I do not suffer from pollen allergy in spring in Sweden. However, I am really envious of the sunshine hours in Japan because there are not many sunny days, and even though it is March, the river near my student dormitory is frozen all over. Hence, this year I would like to enjoy the Swedish spring to the fullest while I can stay in Sweden.

The State of Care for the Elderly in Sweden

Now, I would like to get right to the topic of this report. As you all know, the Scandinavian countries are known as welfare states. Among them, Sweden stands out in terms of the "fullness of welfare". Although Sweden has no small number of elderly population, the number of bedridden elderly people is close to zero. It is truly a welfare superpower. In Sweden, there is no such thing as a two-family or three-family dwelling like in Japan, so even when you age, you do not live with your

children, and you are limited to two choices: either you go to an institution for elderlies or live alone or with your partner. However, the crucial difference from the Japanese care system is that family members, mainly children, do not have to take on the responsibility of caring for the elderly. Of course, Sweden is famous for its high tax rates, but the welfare benefits gained are significant. For example, an elderly person living alone can receive generous support from a caregiver who visits the home three times a day to check on medications. Although high tax rates can be difficult to live with, I felt that raising taxes in Japan, where the birth rate is declining and aging rapidly, could reduce physical and mental fatigue and stress on the family who have to care for the elderly as much as possible.

The Current State of Snus and Other Nicotine Addictions

Finally, I would like to talk about the social phenomenon that shocked me the most during my stay in Sweden. It is that the majority of young people in Sweden, including 20% of all high school students, are nicotine addicts. In addition, and most surprisingly, the percentage of females is higher than that of males. This high rate of dependence is due to the low price of nicotine itself. You may be wondering: can you really get nicotine so cheaply and easily anywhere in Sweden? In fact, a nicotine product called SNUS (snus) is a typical example for this. Snus is a paper cigarette that originated in Sweden. Swedes often have snus as part of their culture and are allowed to use it on a national basis. This includes young people. Swedes mainly use snus, which contains only mild nicotine, to quit smoking cigarettes.

Next, I would like to introduce the types of nicotine that are actually sold in Swedish convenience stores. Of course, cigarettes (paper cigarettes and electronic cigarettes), which are nicotine products commonly

found in Japan too, are sold everywhere. However, there is a risk of passive smoking and inhalation of secondhand smoke, and smoking is prohibited indoors in Sweden. Therefore, a popular nicotine product among Swedes is Snus, which contains small portions of nicotine in a can, which is placed on the back of the teeth to ingest nicotine. When I interviewed a Swedish classmate who is a frequent user of Snus, he said that it is part of Swedish culture, for better or worse, which gave me the impression that it has permeated the entire youth population and now the entire nation. In Sweden, it is common to use Snus which contains a relatively lower level of nicotine compared to typical cigarettes, mainly to quit smoking cigarettes. In fact, Sweden has no national regulation of Snus, and it is the only country in the EU which does not impose any regulation. This is the reason why many Swedish people have the image that Snus is low-priced and safe. However, nicotine contained in Snus is highly addictive, and there is a risk of cancer and other diseases. In addition, Sweden does not have "nationally-set" rules for the amount of nicotine included in the product. This means that there is no upper limit of nicotine content set by Swedish domestic law, which could lead to more and more addiction among the Swedish youth since there are fewer restrictions.

Finally, I was aware that Sweden is a welfare state, but I did not know that there are many nicotine addicts in Sweden. I experienced firsthand that there is a lot to be gained by going there and seeing reality with your own eyes, rather than just relying on information from the media.

Medical cannabis in the UK

Miyu Miura

University of Sheffield, United Kingdom



The demand for medical cannabis is growing these days. In an increasing number of countries and regions abroad, medical cannabis has been legalised and is available to patients. Medical cannabis is also legal in the UK, where I live. In this report, I would like to talk about medical cannabis, which is attracting worldwide attention.

Is the ban on medical cannabis to be lifted in Japan?

Medical cannabis has recently been attracting attention in Japan. Medical cannabis is a herbal medicine therapy that uses tetrahydrocannabinol (THC) and other cannabinoids found in cannabis, as well as synthetic cannabinoids with similar effects.

The Ministry of Health, Labour and Welfare (MHLW) has announced its intention to lift the ban on medicines made from cannabis. Until now, medical cannabis could only be used in clinical trials under certain conditions, but not in medical practice. However, at an expert committee meeting on 29 September 2022, MHLW agreed to amend the law to allow the import, manufacture and use of medicines made from cannabis if they are approved by the government.

Is cannabis use legal in the UK?

Possession and use of cannabis for pleasure is illegal in the UK, carrying a maximum penalty of five years' imprisonment, an unlimited fine or both. However, for personal use and in small quantities (usually less than one ounce), the police will often issue a warning or an on-the-spot fine, which rarely leads to prosecution. Indeed, some police forces have a lenient attitude towards cannabis, as it is

the most popular drug in the UK. Prosecution rates for cannabis possession in Cornwall and Devon are as low as 15%, and Durham Constabulary has announced that it will no longer target users of the drug of choice at all (prioritising larger cases).

Given these circumstances, I would say that cannabis use falls in a grey area.

In fact, I have seen many people using drugs, including cannabis. While I live in a rather rural part of the UK, I can still smell cannabis when I walk around. I have also been sold cannabis when I was walking past my house.

Is medical cannabis legal in the UK?

In the UK, in 2017, the University of Oxford, a prestigious British university, announced that it would invest approximately 1.4 billion to start a research programme on medical cannabis. Medical cannabis was legalised in the UK on 1 November 2018 after the case of two epileptic children who benefited from cannabis use raised public concern. Despite the fact that medical cannabis can provide effective treatment for epilepsy, the law at the time also prohibited the use of cannabis for medical purposes, which meant that children could not receive treatment. In response, opposition to this led to the legalisation of medical cannabis.

It is prescribed in hospitals by specialists when other remedies have not worked. National Health Service (NHS) guidance for doctors in England states that it should only be prescribed if other treatment methods have not been effective and there is clear and published evidence of benefit to the patient. Examples of medical conditions for which medical cannabis may be prescribed



include: children with a rare form of severe epilepsy, adults who experience vomiting and nausea from cancer chemotherapy, and adults with hardened muscles from multiple sclerosis (MS). If a patient with any of these conditions has not seen a specialist, they can still be referred if their general practitioner sees fit.

However, the prescription of medical cannabis is only authorised if the doctor decides that other treatment options have been exhausted. In other words, there are no specific diseases or conditions for which medical cannabis can be prescribed in the UK. Medical cannabis is only a treatment that can be received as a last resort.

What are the rates of medical cannabis use in the UK?

In the UK, the use rate of medical cannabis is still considered low; according to UK government data published in 2019, the number of patients prescribed medical cannabis in the UK was approximately 3,000.

However, recent research and clinical trials have provided increasing evidence that the use of medical cannabis is beneficial. As a result, the use of medical cannabis may expand further in the UK in the future.

What are the risks of medical cannabis?

Although the demand for medical cannabis is growing, it is necessary to be aware of the following risks of its use: Psychoactive effects: medical cannabis has the potential to cause mood changes and altered consciousness. For this reason, it should be used with caution.

Health risks: smoking cannabis can cause respiratory problems. In particular, long-term use may increase the risk of lung cancer and respiratory diseases.

Dependence: cannabis is known to be addictive. Young and long-term users in particular may be at increased risk of dependence.

Reduced driving ability: cannabis use can reduce the ability to drive. This can lead to risks such as road traffic accidents, so when using medical cannabis, users should avoid risky activities such as driving or operating machinery.

Pension Systems in France and Japan

Arisa Isoya

NEOMA Business School, France



Hello. My name is Arisa Isoya and I am a student in the International Business Management of NEOMA Business School in France as a part of the double degree program at Ritsumeikan Asia Pacific University. I specialize in supply chain and international business development.

Pension Issues

France is famous for having frequent strikes and demonstrations, and on March 9, 2023, a nation-wide strike was held again in protest against the reform of the pension system, which is to raise the starting age for receiving pension benefits, according to NHK. France is ranked 13th in terms of aging population by country in 2021 according to a study done by GLOBAL NOTE. Although France has not yet reached the level of aging population as much as Japan, this ranking shows that France has a high aging rate. Pension issues are a serious concern for the citizens among these aging countries.

1st	Monaco
2nd	Japan
3rd	Italy
9th	Germany
13th	France
33th	Great Britain
45th	United States

Table: GLOBAL NOTE to 2021 Global Aging Rate (% of Elderly Population) Rankings and Trends by Country

So what is the pension system in France? In this report, I will be discussing the differences between the French and Japanese pension systems.

Pension System

First, let me explain the structure of the French pension system. The French pension system is divided into four major categories: an autonomous system for each occupation, an agricultural system, a general system, and a special system. The pension system varies depending on the occupation of the person. The autonomous system includes craftsmen, tradesmen, and self-employed persons, the agricultural system includes farmers, the general system includes private salaried and part-time workers, and the special system includes civil servants and others. Similar to France, the pension system in Japan also changes depending on the occupation.

Number of years required to join the pension system

For Japanese pension system, you must have been a member of the pension system for at least 10 years in order to obtain a pension since 2017. In France, on the other hand, there is no requirement on the number of years of membership to receive an old-age pension or a survivor's pension. However, disability pensions and some special schemes require more than one year of membership. This tells us that the number of years of membership required in France is far fewer than in Japan, which may be because of a characteristic of France accepting a large number of immigrants.

Pension Payment Rate

Comparing the pension payment rates by general employees between the two countries, a French people pay 17.75% (individual: 7.30%, employer: 10.45%), while



Photo: Eiffel Tower

Japanese people pay 18.3% (50-50 between the individual and the employer) for employee pension insurance and 16,590 yen per month for the national pension. Comparing only individual payments, French people pay 7.30%, while Japanese 9.15% plus the national pension payment. Even when compared France's 7.30% to Japan's 9.15% for employee pension insurance, it is clear that the Japanese pay more.

Starting Age for Receiving Pension Benefits

The starting age for receiving Japan's Public Pension Benefits (basic pension) is 65 years old, while the starting age for receiving Employees' Pension Insurance is 64 years old for men and 62 years old for women. The Employees' Pension Insurance is scheduled to be reformed by raising the age to 65 for men by 2025 and for women by 2030. The French basic pension (Les régimes de base) is equivalent to the Japanese National Pension, and the starting age for receiving this basic pension benefits is 62 years old. However, as mentioned above, France is planning to reform the starting age for basic pension benefits, raising the age from 62 to 64. Pensions are an essential source of revenue for the elderly, and at the same time, it is a sensitive issue for the government, as without reform, the government could face huge deficit.

Pension Benefits

In France, the average monthly basic pension benefits is 1,400 euros (196,000 yen), and in Japan, the average monthly national pension benefits is 55,373 yen per person. However, in response to the current inflation, the Japanese government has increased the amount of national pension benefits for the fiscal year 2023: plus 1.9% for those aged 68 or older and plus 2.2% for those

aged 67 or younger, which is the first increase in the past three years. Meanwhile, France also increased its basic pension benefits by 0.8% in 2023 as a measure against inflation. However, in contrast to Japan, employee's pension increases in France is relatively common, as it already increased two times in 2022. Comparing these differences in pension benefits and benefit increases, we can see that French pension benefits are larger and more actively raised. Japan, with its aging population more progressed than France, may still find it more difficult to increase pension benefits.

Conclusion

Throughout the comparative study of the French and Japanese pension systems, we have learned that although the pension system structures are similar, the number of years of pension plan membership, payment rates, starting age of receiving pension benefits, and the amount of pension benefits are different between two countries. Specifically, the Japanese pension system requires more years of pension plan membership, has a higher payment rate, and has a later starting age for pension benefits and a lower amount of benefits. These differences indicate that Japanese citizens are less burdened by pension payments and receive less financial support from their pensions than French citizens. Japan has a higher aging rate than France. This fact would make the difference between the French and Japanese pension systems, and also make it difficult to reduce the burden and provide more support to the Japanese citizens. The key to the pension problem in Japan will be to address the declining birthrate and increase the number of young people who can financially support the elderly, thereby reducing the burden on each individual. I hope there would be effective measures in the coming years to deal with the declining birthrate in Japan.

[Members]



Natsuki Kanaya

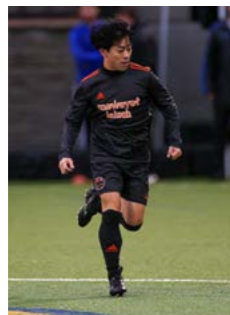
University of Minnesota

I'm happy to be a part of the JC NewsLetter Project! It's already freezing in Minnesota,

Momoka Nakamura

University of California, Los Angeles (UCLA)

In this newsletter, I would love to discuss the differences between American and Japanese healthcare systems I noticed throughout my life.



Takumi Ota

University of British Columbia

I'd like to help someone would grab the opportunity to do something, with this newsletter we publish.



Natsuha Hoshiya

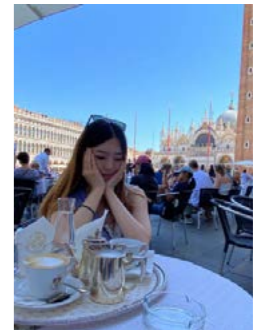
Linnaeus University

I will be participating in the creation of articles from this month. I would like to express the difference in healthcare systems between Japan and Sweden.

Miyu Miura

University of Sheffield, UK

I hope that through this newsletter, many people will become interested in the differences in the healthcare system and healthcare issues in Japan.



Arisa Isoya

NEOMA Business School (France)

I would like to write articles that are enjoyable and easy to read. I hope you will enjoy reading them.

[Editor Members]



Moe Okagawa

Hakodate University

I am pleased to be involved in The NewZ project as an editorial staff member. I hope this newsletter will spark your interest in the healthcare system in Japan and around the world.

Miu Sukegawa

Sciences Po Paris

The two souvenirs from Japan that were most appreciated by other Japanese students living in France were heat pads and cooling gel sheet. Dear producers of heat pads and cooling gel sheet, could you please export more to the EU?



Kanna Yamazaki

Working in London (Taking gap from Kanazawa University)

I am also involved in the layout and design of THE NewZ. Please read the next issue as I tell you about the differences in healthcare between the UK and Japan.