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Successes and Challenges in Tobacco Control–Turkish Experience of 20 Years

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Abstract

Turkey has 20 years of experience with tobacco control. The first tobacco control law came into force in 1996. This law banned smoking in some indoor public places and public transportation, selling tobacco products to children, and all kinds of advertisement of tobacco products. The law made it a duty for television networks to broadcast programs and advertisements on the harms of smoking for 90 minutes per month. After 12 years of implementation, the law was amended to include all indoor public places, including hospitality venues, as smoke-free. Political commitment has been important in establishing comprehensive smoke-free policy and implementation. Following the implementation of 100% smoke-free public places, indoor air quality was improved, employees, and clients of hospitality places were more comfortable, and smoking prevalence was reduced. Dr. Margaret Chan, Director General of the World Health Organization (WHO), highlighted Turkey's success as follows: "Turkey is the first and, to date, the only country in the world to attain the highest implementation score for all of WHO's MPOWER measures. This is a model for other countries to follow." However, still there are some areas to be developed. Violations at some indoor public places were seen, particularly at restaurants and bars during the late night period. Although smoking prevalence was reduced, the prevalence is still high and cigarette prices are too low when compared with some other countries. On the other hand, smoking among youth is increasing. More education and awareness programs should be done for the general public, more comprehensive inspections should be performed for smoke-free implementation, and higher taxes on tobacco products should be implemented.

Keywords: Smoke-free policy, smoking ban, tobacco control, Turkey

Turkey is a tobacco producing country, providing 1.7% of total world production. Turkey has a long history and culture of tobacco use, which is a largely male behavior, particularly among groups with low literacy levels (1). Prevalence of tobacco smoking is high and increasing among youth (2). Cigarettes are the overwhelmingly preferred type of tobacco product by smokers; 96% of smokers use cigarettes only. Turkey achieved considerable success in tobacco control during the last 20 years but still has some challenge areas. In this article, the history of tobacco use and tobacco control in Turkey will be reviewed, and future developments including the major challenge areas will be discussed.

Tobacco use in Turkey

Tobacco use in Turkey started during Ottoman times in the early seventeenth century as a male behavior. Groups of men usually met at the traditional coffeehouses to talk to each other, play some table games, and smoke cigarettes. In the early days, smokers used to smoke hand-rolled cigarettes and water pipes (narghile) (Figure 1) (1). In the mid-1600s, tobacco use was strictly banned following a big fire in Istanbul, when more than 20,000 buildings were burnt. Tobacco use was increasing in Europe in those days, and oriental-type tobacco, which was mostly produced in the Ottoman Balkan territories, was very popular. The sultan encouraged tobacco production and established a specific registry for tobacco, gaining revenues from the tobacco trade. During late Ottoman times, tobacco production and trade was sold to foreign companies under the name of "Régie des Tabacs." The Régie had strict control on tobacco farming and tobacco trade. After the establishment of the Turkish Republic, tobacco

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production and trade was nationalized and a state monopoly (TEKEL; "single-hand") was established in 1925 to regulate tobacco production and trade. TEKEL has been the only organization responsible for the farming, production, taxation, pricing, and marketing of tobacco products. At that time, tobacco use was not common in Turkey. TEKEL only provided tobacco products to smokers but did not make any activity to increase tobacco use. Since the importation of foreign-brand cigarettes into the country was banned, the only tobacco products consumed were domestic in origin (3).

During the 1980s, the economic policy of Turkey changed to the free market economy, and one of the consequences of this new policy was the introduction of multinational tobacco corporations into the country. A law was adopted by the parliament in 1984 allowing importation of foreign cigarettes and other tobacco products. As soon as foreign cigarettes appeared on the market, tobacco advertisements started on television, billboards, and the press media. Following the intensive advertisements, tobacco sales increased rapidly. The number of cigarette sales increased parallel to the population increase until the 1980s; after that time, the increase in the number of cigarette sales was remarkably more than the population increase. The number was doubled, from 58 billion sticks to 118 billion during the 20 years between 1980 and 2000 (Figure 2, 3).

The first tobacco prevalence study on a representative sample of the country was done by the Ministry of Health in 1988, and it revealed that the prevalence of tobacco use among the 15-years-and-over age group was 44% (62% in males and 24% in females) (4). Another study on major role model groups was done in 1995 on the representative samples of physicians, teachers, artists, athletes, etc. The results of this study also showed a high smoking prevalence in these groups (Table 1) (5).

Figure 1. Traditional coffeehouse during the seventeenth century

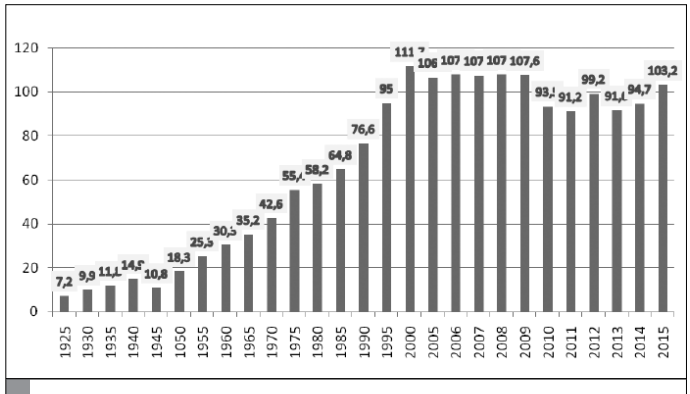

Figure 2. Number of cigarette sales in Turkey, 1925–2015

Following comprehensive tobacco control policies, tobacco use decreased, mainly among health professionals. In more recent studies on health personnel working at the Ministry of Health, the prevalence of tobacco use was found to be much less than these figures. Smoking prevalence in 2011 was found to be 12.7% among specialist physicians and 23.9% among general practitioners. In the general population, smoking prevalence (current daily smokers) was found to be 23.8% in 2012 (6). Smoking prevalence in males is remarkably more than females. In terms of age groups, the 25–44 years age group has the highest rate; almost half of the people in this age group are smoking (Table 2).

The number of cigarettes smoked daily is 19.1 (males 20.3, females 15.3), 42.1% of smokers smoke their first cigarette of the day within 30 minutes of waking, and 58.7% (61.8% of males and 49.0% of females) started smoking before 18 years of age (Table 3).

Tobacco Control Activities

The first tobacco control activity dates back to the mid-1980s. In 1987, the minister of health for the first time organized a meeting, inviting several academics who had been concerned about the rapid increase in tobacco use after importation of foreign cigarettes and doing prevalence studies with various groups in various places in the country. During the whole day meeting, the minister of health and

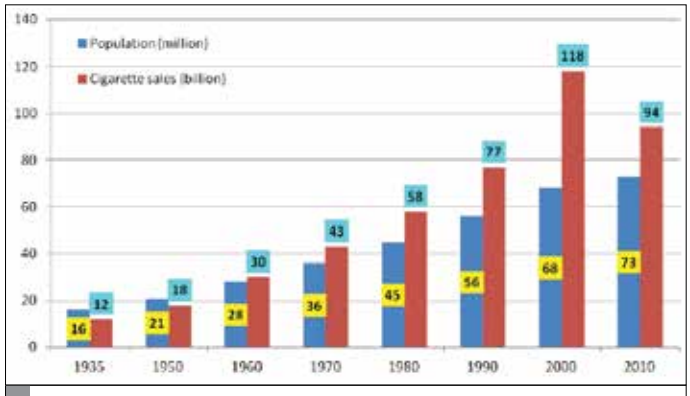

Figure 3. Cigarette sales and population increase in Turkey, 1935–2010

Table 1. Smoking prevalence among some role model groups (percent, current smokers), 1995

Groups	Male	Female
Physicians	51.2	33.9
Teachers	46.5	53.8
Artists	53.3	40.0
Athletes	35.9	27.9
Journalists	67.7	57.8

Smoking Behaviors and Attitudes, Hacettepe Public Health Foundation Publ., No 8, 1997

Table 2. Smoking prevalence among adults (percent, current daily smokers)

Age Groups	Male	Female
15-24	29.2	5.0
25-44	46.9	15.6
45-64	35.7	11.2
65+	15.2	22.2
Total	37.3	10.7

Global Adult Tobacco Survey, Turkey, 2012, Ministry of Health

Table 3. Age of smoking initiation of adult daily smokers, (percent, current daily smokers)

Age of initiation	Male	Female
-15	16.7	14.3
15-17	45.1	34.7
18-19	19.0	21.1
20+	19.2	29.9

Global Adult Tobacco Survey, Turkey, 2012, Ministry of Health

the academics discussed the possibilities and ways of controlling the increase of tobacco use.

In 1991 a tobacco control law was adopted by the parliament and sent to the president for approval. However, the president rejected the law by sending the law back to the parliament, with the rationale that the advertisement ban violated the constitution.

On November 7, 1992, the first scientific meeting on tobacco control was organized in Ankara. Representatives of the political parties in the parliament were invited to a panel discussion on the possibilities of tobacco control legislation; another panel was organized to discuss the role of media on tobacco control. After this meeting, a civil society organization, the National Coalition on Tobacco or Health (SSUK), was established in 1993 to join the efforts of various organizations interested in tobacco use and tobacco control. The SSUK had a mission to reevaluate the rejected tobacco control law at the parliamentary commissions. In the meantime, members of the SSUK visited the president of Turkey, the president of the parliament, the heads of political parties, and many of the members of parliament to ask their support to the draft the tobacco control law that was on the agenda of the parliament. Also, members of the SSUK participated in the discussions at parliamentary commissions, providing scientific data on the benefits of tobacco control. At the end of all these efforts, the "Law on Preventing Harms of Tobacco Products, No. 4207" was accepted by the parliament on November 7, 1997, and approved by the president on November 26 (7). This law has been an important milestone of tobacco control in Turkey. Smoking at some indoor public places and all kinds of advertisement of tobacco products were banned for the first time by this law. The law laid down several rules for tobacco control:

- Bans smoking at health, education, sports and cultural facilities, and offices in which five or more persons work,
- Bans smoking on public transport and on flights, ships, trains, and busses,
- Bans all kinds of advertisement and promotion of tobacco products,
- Bans selling tobacco products to youth less than 18 years of age,
- Gives duty for television networks to broadcast programs and advertisements on the harms of smoking for 90 minutes per month, and indicates a health warning on tobacco packages: "tobacco harms health".

Turkey is a large country; tobacco use has a long history and has been common as a largely male behavior. Until the tobacco control law of 1996, there was no restriction for smoking; all smokers could smoke at any time and wherever they wanted to. On the other hand, there are more than 200,000 sale points of tobacco products all over the country. Under these circumstances, not all of the articles of the law were implemented successfully, such as the control of selling tobacco products to youth and smoking bans at all indoor public places. Nevertheless, some articles were implemented with success. All public transportation immediately became smoke-free, and all kinds of advertisement and promotion of tobacco products disappeared on televisions, billboards, and the press media. All television channels made programs on the harms of tobacco use. Starting with health institutions and schools, a steady increase was observed regarding smoke-free policy. Therefore, a social norm of smoking restriction at indoor public places developed gradually.

After more than 10 years of implementation, Law No. 4207 was amended in 2008 (8). The amended law included all indoor public places as smoke-free, including hospitality venues. The law gave 18 months to the hospitality industry to adapt their venues as smoke-free. At the beginning, considerable resistance was observed from the representatives of hospitality workplaces (restaurant owners associations, coffeehouse owners associations, etc.). Their concern was about the loss of their clients due to the smoke-free policy. A series of training programs for these groups and many meetings with the representatives and members of these associations were organized, informing them that they would not lose their clients after smoke-free implementation. At the end of these training sessions and meetings, many of the participants were convinced that the smoke-free policy was beneficial for their workplaces and workers. By this law, Turkey became the third country in the world (after Ireland in 2004 and the United Kingdom in 2007) to have comprehensive smoke-free legislation by 2009.

In the meantime, the World Health Organization (WHO) adopted the WHO Framework Convention on Tobacco Control (FCTC) in 2003 (9), which was ratified by Turkey in 2004. In line with the WHO FCTC, Turkey prepared and announced the National Tobacco Control Program and Action Plan for the 2008–2012 period and then renewed the program for the years of 2014–2018.

The amended law also created the Provincial Tobacco Control Board, chaired by the governor, to plan, implement, and monitor tobacco control policies within the provinces. All the provinces and districts established "inspection teams" to follow smoke-free implementation at hospitality venues. In the case of a violation, monetary fines defined in the law were implemented by the inspection teams.

Impacts of Implementation of Tobacco Control Policies

During the last 20 years, Turkey experienced remarkable achievements in tobacco control. The major areas of successes are as follows:

- All kinds of advertisement, promotion of tobacco products, and sponsorships by the tobacco industry have been completely banned and are no longer on the agenda of Turkey. Following the first tobacco control law in 1996, tobacco advertisements and promotion of tobacco products disappeared on televisions, billboards, and the press media. The tobacco industry tried to announce price changes by newspaper advertisements, but the Tobacco Regulatory Authority (TAPDK) immediately banned these advertisements. In the case of any violation of the advertisement ban, high monetary fines were implemented by the TAPDK.
- Public transportation became smoke-free after the first tobacco control law in 1996. Smoking was banned on busses, trains, and ships giving inter-city travel service and domestic and international flights. Smoking on public transportation within the cities had been banned already.
- All national television channels made programs on the harms of smoking, the benefits of not smoking, and ways of quitting. The total duration of these programs was at least 90 minutes per month. Televisions invited tobacco control experts from universities or high level officials from ministries for these programs. Also, short public service announcements developed by the Ministry of Health were used.
- Indoor air quality improved at restaurants and cafes, shops, workplaces, and even homes. The law banned smoking at all places open to the general public, but not in private property (i.e., homes). Indoor air quality was measured as PM2.5 (particulate matter of 2.5 μm in diameter) levels at many indoor public places, such as public offices, shops, markets, restaurants, bars, and cafes, several months before and after the implementation of the comprehensive smoke-free policy. Remarkable decreases after the implementation of the law were observed at all these places. Although not covered by the tobacco control law, percent of people exposed to second-hand tobacco smoke was reduced (from 56.3% in 2008 to 38.3% in 2012) at homes as well. This shows that non-smoking at indoor places in the presence of other people was adopted as a normal social behavior (Figure 4) (6).
- Both the workers and clients of restaurants and cafes are in favor of smoke-free implementation. More than 80% of smoking and 92% of non-smoking employees believe that smoke-free implementation is good for their health by preventing second-hand smoke exposure. Two-thirds (67.1%) of smoking clients and 84.6% of non-smoking clients stated smoke-free implementation protects the health of workers at restaurants and cafes (10). Complaints of workers at restaurants and cafes were reduced after smoke-free implementation. A total of 65 workers were interviewed at 19 venues in Ankara four months before smoke-free implementation and asked whether they had experienced complaints such as watering and itching in the eyes, difficulty in breathing, stuffy nose, or cough. Also, the cotinine levels of workers in breath and urine samples were measured. The same workers at the same venues were reached three to four months after smoke-free implementation, and significant reductions were observed in their complaints and cotinine levels in breath and urine (11).
- Admissions to emergency departments due to cardiac and respiratory conditions decreased after the amended tobacco control law. Records of all emergency services in Ankara during the three-month duration in the winter period (December–February) in the year before the law was implemented and the year following implementation were reviewed. The percentage of emergency admissions due to cardiovascular problems was reduced from 12% to 9.7% and due to respiratory conditions from 7.2% to 4.9% among the males. Similar reductions were also observed among females, although less than the reductions in males (12).
- The overall aim of tobacco control policies is to reduce tobacco use. After the implementation of tobacco control policies during the last 20 years, tobacco sales were reduced. Tobacco sales peaked during 1999 and 2000, then a steady trend was seen until 2009, and then cigarette sales started to decline (Figure 2). Another evaluation regarding tobacco consumption was made by comparing the expected and the actual numbers of cigarettes sold. The actual numbers seem to be less than the expected numbers during the year after the implementation of comprehensive tobacco control policies (Figure 5) (13).

Future Developments and Challenges

Turkey has made important achievements in tobacco control during the last 20 years. However, still there are some challenge areas. Turkey is a big country, having around 15 million smokers, and smoking

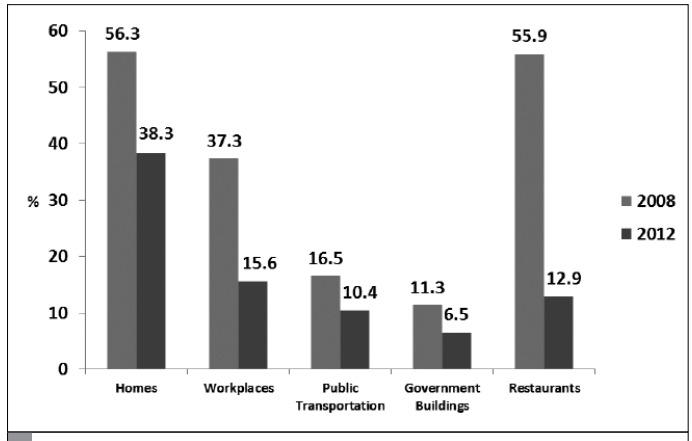

Figure 4. Exposure to second-hand tobacco smoke in various places, (percent) GATS Turkey, 2012

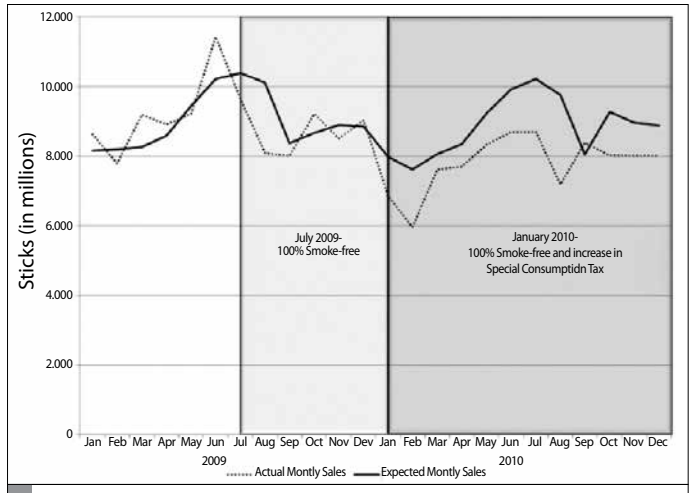

Figure 5. Actual monthly sales compared with the expected monthly cigarette sales, 2009–2010

has a cultural and historical background. At the same time, there is a strong tobacco industry in the country. Therefore, from time to time, some violations may occur, particularly at restaurants and bars during evening meals. Resistance from the tobacco industry may also create difficulty. Some areas to be challenged in Turkey will be as follows:

- There is a strong tobacco industry in Turkey; therefore, resistance comes from the industry during legislation on tobacco production, sales, and smoking at public places. An example of resistance was seen during the first tobacco control law in 1996. The tobacco industry took the law to court, with the claim that the advertisement ban violated the constitution. The constitutional court rejected the claim, with the conclusion that the advertisement ban did not violate the constitution when the protection of public health was concerned. Another example was seen during the placement of pictorial health warnings on packages. The tobacco industry opposed to placement of pictures, and implementation of pictorial health warnings on packages was postponed for four months. It can be anticipated that some other opposition can create difficulty during the implementation of plain packaging.
- The tobacco industry produced various products under the name of electronic nicotine delivery systems (ENDS) and marketed them as tobacco substitutes or recommended them for smoking cessation purposes. The best-known example is the electronic cigarette. This product contains liquid nicotine and provides nicotine—but not tar, carbon monoxide, and many other chemicals—to the smokers. The tobacco industry markets electronic cigarettes as a smoking cessation measure. The scientific basis of smoking cessation is to end nicotine dependency. Electronic cigarettes give nicotine to the smokers; therefore, it is against the idea of smoking cessation. Recently, the tobacco industry produced another nicotine delivery system (IQOS) for the same purpose. This apparatus contains a tobacco leaf heated at 250–300°C. It is proposed that only nicotine, but not tar and other chemicals, goes to a gas form at this temperature. Therefore, the industry recommends this product as a substitute for conventional tobacco products. The same argument can be made that, since this apparatus provides nicotine, it will not be recommended as a smoking cessation method or cigarette substitute.
- Narghile smoking is increasing particularly among the young groups. Many narghile users believe that narghiles are safer than cigarettes, and some think that the material burnt in narghiles does not contain tobacco (14). However, tobacco is very commonly used in narghiles. Moreover, there may be a risk of communicable diseases during narghile smoking.
- Although tobacco use has a declining trend, smoking prevalence is still too high: one in four adults smoke. More importantly, smoking prevalence is increasing among youth. Although selling tobacco products to children less than 18 years of age is illegal, more than half of under-age children had no difficulty purchasing cigarettes. More comprehensive action should be used to reduce smoking prevalence both among adults and young groups.
- There are more than 400 smoking cessation centers all over the country; however, many of them are located at provincial centers. Smoking cessation services should be integrated into the primary health care services. Family physicians should ask all of their patients about smoking behavior when they apply for any kind of health problem.
- Still, there are violations of smoke-free implementation. More effective methods should be developed to control violations.
- There is a need for a tobacco control laboratory. Some of the venues providing narghile service claim that they do not use tobacco in the water pipe. A sample of the material should be taken to the laboratory and analyzed to determine if tobacco is present or not.

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