

SUCCESS STORY OF SMOKE-FREE TURKEY

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SUMMARY: Tobacco smoking has been high in Turkey, being one in three (31.2%) adults smoking. Smoking prevalence showed considerable increase during the years of 1983-1999, mainly due to introduction of multinational tobacco companies into the country. Following this increase in tobacco use, major health problems such as lung cancer, heart and lung diseases increased in the country. Tobacco control activities started during 1990's, in collaboration with civil society and government initiatives. The first law on tobacco control in 1996 introduced restriction of smoking in many places, particularly at health and educational establishments and government offices, but not at hospitality industry. After more than 10 years implementation of this law, the understanding of smoke free concept was quite well adopted by the community. Then, in 2008 the law was amended to cover hospitality venues and commercial taxis. This change in the law made Turkey one of the first three countries as complete smoke free country. Positive consequences of the implementation of the law was observed as improvement of indoor air quality at restaurants, bars and tea-coffee houses, complaints of the workers at the hospitality venues and also decrease in admissions to emergency health services due to heart and respiratory conditions.

Key words: Smoke free, tobacco, tobacco control, Turkey.

INTRODUCTION

Tobacco use is one of the most important preventable causes of morbidity and mortality in the world, causing more than 5 million deaths every year globally, and more than one hundred thousand in Turkey (1, 2). Tobacco use is quite common in Turkey, being nearly half (48%) of the adult males and 15% of females smoke

in 2008 (3), which has been more prevalent previously. Considerable increase in tobacco use occurred during 1980's and 1990's, following the introduction of multinational tobacco companies into Turkey. Nevertheless, Turkey is now one of the leading countries in the world on tobacco control (4). On the other hand, Turkey has been one of the tobacco producing countries providing about 2 percent of the total world production, which was 4% before 1990's (2).

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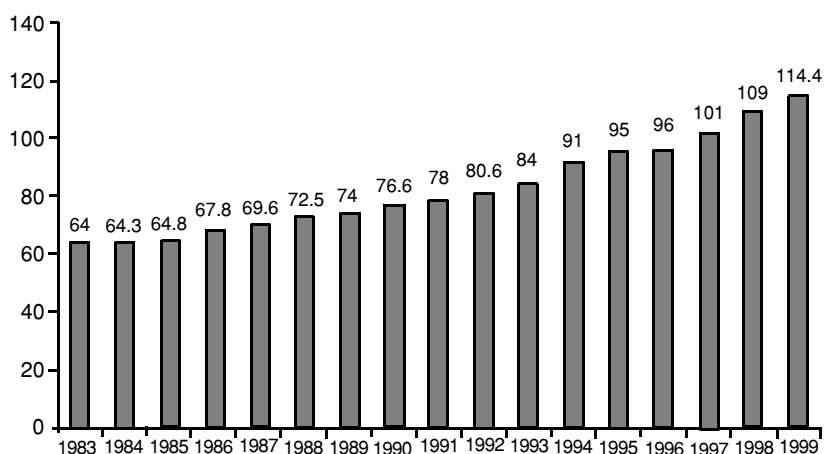


Figure 1: Cigarette consumption in Turkey, 1983-1999.

DEVELOPMENTS OF THE TOBACCO CONTROL IN TURKEY

Tobacco production, cigarette manufacturing, pricing and selling of tobacco products were under the control of State Monopoly (TEKEL) before 1980's, which has been one of the first institutions of the new Turkish Republic (5). TEKEL did not behave in a way to increase tobacco use and did not make strong advertisement of tobacco products in the country. Starting from 1984, as a result of changing the economic policy to the liberal system, foreign tobacco companies started to enter into Turkey, and vigorous advertisements started. Following the introduction of foreign cigarette brands into the country, a shift was observed from domestic to foreign brand cigarettes, and cigarette consumption increased by 80 percent between 1983 and 1999 (Figure 1).

The governmental authorities and academicians in the country followed the tobacco policies in the world during 1980's and 1990's. They pointed that the changes in tobacco policies cause an increase of tobacco consumption in the country. The first initiatives of tobacco control go back to early 1990's, when first tobacco control law was adopted by the Parliament, but vetoed by the President in 1991. After a decade interval, the increase of consumption was followed by an

increase in serious health consequences of tobacco use such as lung cancer, COPD and heart attacks (5).

As a reaction to these changes both in tobacco use behavior and change in disease patterns, civil society and academicians started to organize to form the "National Coalition on Tobacco or Health" (SSUK; Sigara ve Saglik Ulusal Komitesi) under Turkish Medical Association in 1995 (2, 5). The main mission of the Coalition was to promote and accelerate the draft Tobacco Control Law, which was being discussed at the Parliament. Several studies were done and the results were published not only in the scientific journals, but also in the media as well. By this way, attention and awareness of the members of the Parliament and of the public increased. Following a series of visits at the Parliament (speaker of the Parliament, heads of the political parties and many members of the Parliament) and the President of Turkey, Anti-Tobacco Law (Law on Prevention of Hazards of Tobacco Products, Nr. 4207) was adopted and came into force in November 1996 (6).

The Law indicates several important points, which were very crucial, both in terms of tobacco control, and also creating a positive understanding of tobacco control. The Law bans smoking at some of the "public" places such as health, education and sports facilities,

Law on Prevention of Hazards of Tobacco Products, Nr. 4207, Nov. 1996

- bans smoking at health, education and sports facilities,
- bans smoking at government buildings and workplaces where 5 or more person working,
- bans smoking at public transport; busses, trains, domestic and international flights,
- bans all kinds of advertisement and promotion of tobacco products,
- bans selling tobacco products to children under 18 years of age,
- gives duty to TV channels 90 minutes air time in a month on harms of tobacco use and benefits of quitting.

public transport, and some government offices, bans selling of tobacco products to children under 18 years of age, bans "all kinds of advertisements and promotion" of tobacco products and gives duty to all the TV channels at least 90 minutes air time in a month on harms of tobacco use and benefits of quitting.

After implementing the Law for some 10 years, amendment of some items in the Law was needed. The main purpose of the amendment was to cover all the closed places as smoke-free, including the hospitality venues and commercial taxis. In the meantime, World Health Organization (WHO; has long been in the area of controlling tobacco use, particularly at the developing world) increased its efforts on tobacco control. After a long discussion period, Framework Convention on Tobacco Control (FCTC) was adopted by WHO on 2003 (7). Turkey was among the first countries that signed and ratified the Convention. Following the ratification of WHO FCTC in 2004, a specific department responsible for tobacco control activities was established in the Ministry of Health. In late 2004, Ministry of Health initiated the preparation of National Tobacco Control Program (NTCP) and Plan of Action with the participation of more than 100 governmental institutions and non-governmental organizations (NGO). The Program was developed and finalized, and declared as Prime Ministerial Circular in 2006. At that time, amendment of the tobacco control law was in the agenda of the Parliament, and NGO community put great effort to achieve a comprehensive tobacco control law, covering all closed places as smoke-free. Representatives of SSUK were invited to the Health Commission and Jus-

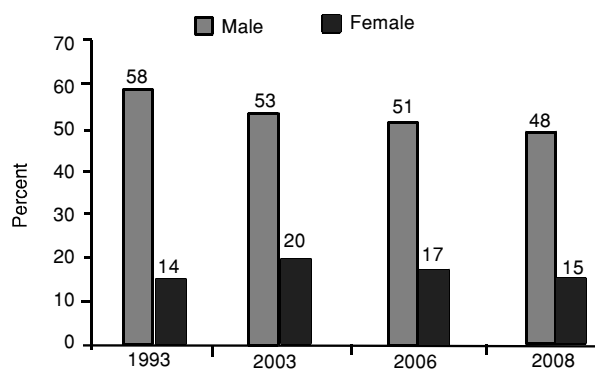
tice Commission at the Parliament and participated in the discussions; provided scientific knowledge to the members of the Commission.

The "amended" Law was enacted on 3rd of January, 2008 as the first law of the new year (8). By this Law, Turkey became "complete smoke-free" country, being the third smoke-free country in the world. Implementation of the Law was planned in two phases; first phase started four months after, on May 2008, and second phase covering the hospitality workplaces started 18 months after, on July 2009. The reason for 18 months interval for the implementation of the second phase was to provide enough time for hospitality industry to adopt themselves to the smoke-free implementation.

CHALLENGES AND ACHIEVEMENTS

After the enactment of the amended Law, resistance and difficulty were anticipated from hospitality industry representatives, which would be covered on July 2009. One and half year's time was given to the hospitality industry to adopt their workplaces to the new situation. But the representatives of coffee-tea houses, restaurants and cafes organizations and societies tried to reverse the Law to permit separation of the smoking and non-smoking sections within the establishments.

The civil society (SSUK) organized a series of meetings with the hospitality industry representatives such as Society of Coffee-house Owners, Society of Restaurant Owners, Society of Touristic Hotels and Restaurants Owners, etc. During these meetings,



1993 Health Services Utilization Survey in Turkey

2003 National Burden of Diseases Study. Ministry of Health

2006 General Directorate of Family Research Organization and Turkish Statistical Institution

2008 GATS

Figure 2: Tobacco use in Turkey, 1993-2008.

rationale for smoke-free legislation, its scientific basis was discussed. Experts on tobacco control and engineers specialized on ventilation systems gave presentations to explain the use of separation in the restaurants, cafes, etc. and establishing ventilation systems were not enough to "clean" the indoor air completely. Major concern of hospitality industry representatives was economic loss due to reduction of their customers. Examples of experiences in other countries showing the economic benefits of the hospitality workplaces, but not any economic loss, were explained. Ministry of Health also organized meeting with the representatives of hospitality sector to explain the reasons of smoke free legislation and declared not to have any change in the Law. The Prime Minister also gave speech to the media to support the Law. Hospitality sector representatives were presented the evidence based declarations of civil society, and the group reached to a consensus before the second phase implementation of the Law.

Although the representatives of hospitality industries seem to be convinced on the benefits of smoke-free environments, and why complete smoke-free implementation is necessary, after the meetings they continued resisting to the implementation of the Law.

Finally they took the Law to the Constitutional Court requesting the cancellation of the articles regarding complete smoke-free workplaces. Civil society members and government officials visited the Court and submitted a report of scientific evidences to the members. At the end, the Court rejected the requests of the hospitality owner's associations for cancellation of the Law.

In addition to these meetings and discussions, several projects and small-scale surveys were done by SSUK members to strengthen and consolidate the smoke-free implementation. One group of work aimed at increasing public interest and awareness on the issue. Great effort was made to increase public awareness, such as public conferences, small group discussions, press meetings and press bulletins, talking to the columnists in the media, talking on radio and TV programs, writing articles for the media, etc. SSUK was given Smoke Free Partnership award because of all these activities. Also

Minister of Health and Prime Minister were awarded by WHO.

Political stability within the country is another important issue to be considered. Minister of Health and his bureaucrats has not changed over time, which

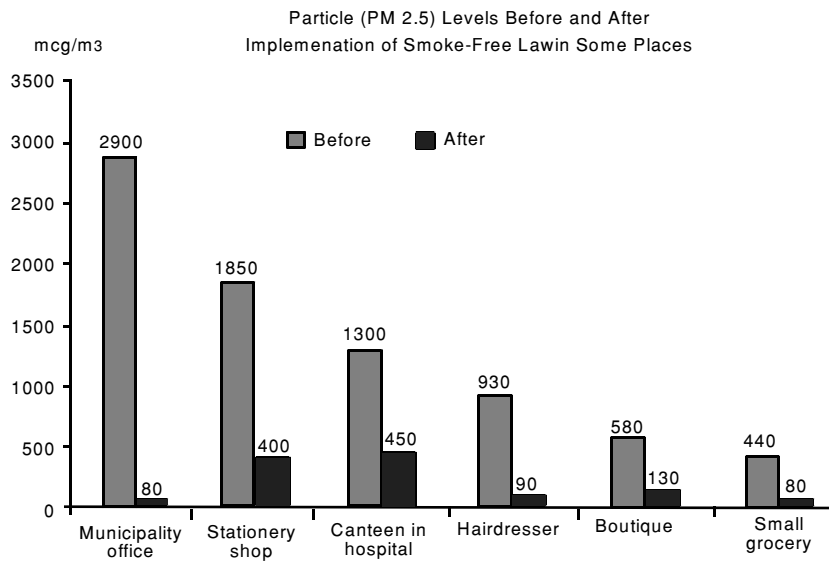


Figure 3: Particle (PM 2.5) Levels before and after the smoke-free implementation.

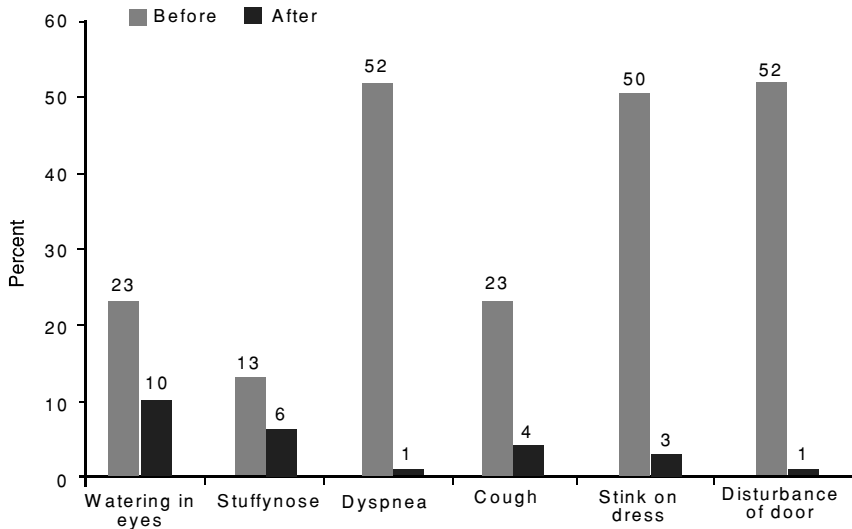


Figure 4: Change of symptoms of the servants before and after smoke free Implementation.

was important for sustainability of smoke-free policy. On the other hand, civil society, mostly under the name of SSUK participated in most of the discussions at various levels at the Parliament, provided scientific evidences and made lots of lobbying.

EVALUATION AND SUCCESSES

The increasing trend of tobacco use during the 1980's and 1990's made a plateau during the 2000's, and reduced after. By the end of 2008, smoking prevalence in Turkey is 31.2% (47.9% among males, and

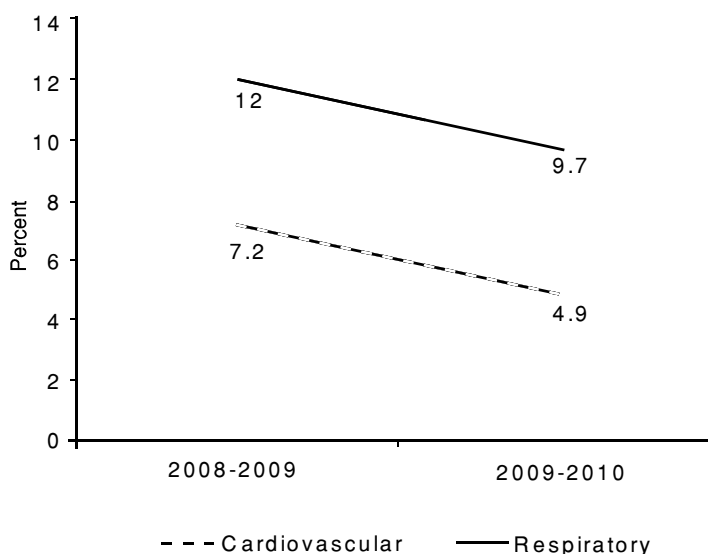


Figure 5: Percent change in cardiovascular and respiratory conditions before and after implementation (Men).

15.2% among females) (3). This figure has decreased from 44% twenty years ago (9) and 36% in 1993 (Figure 2).

Having a comprehensive law is very essential for tobacco control. Besides, implementation is also very important, which was not so strong in 1996 Law. The amended Law indicated an operational inspection system, which would work under "Provincial Tobacco Control Board". This board composed of members from governmental and non-governmental organizations and chaired by the Assistant Provincial Governor. The Board makes planning of tobacco control activities at the provincial level, and organizes several inspection teams to follow and monitor the implementation. Provincial Tobacco Control Boards and the inspection teams made possible to enforce the implementation.

Several studies were done to evaluate the effects of smoke-free implementation. In these studies it was found that both indoor air qualities improved and complaints of the workers at hospitality venues decreased (10). Particle (PM2.5) levels reduced as much as 90% at some public places after smoke-free implementation (Figure 3). In another study some complaints of the workers at restaurants and bars were learnt and consid-

erable reductions were observed (Figure 4). In this study, decrease in carbon monoxide levels in breath and cotinine levels in urine of the workers was detected.

Long term positive effects of smoke free implementation will be expected in several years time, however some acute health benefits were investigated and considerable reductions were found in emergency admissions due to cardiac and respiratory diseases particularly among males (10) (Figure 5). During the winter period (December to February) of before and after smoke free implementation, 20 to 30 percent decreases were found in the proportion of emergency ambulance admissions due to cardiovascular and respiratory conditions.

CONCLUSION

Turkey experienced great achievements on tobacco control, particularly during the last years on smoke-free environments. The first legislation came into force in 1996, which bans smoking in most of the closed places, but not the hospitality industry. After more than 10 years' implementation, the law was amended in 2008 covering also hospitality workplaces and commercial taxis as smoke-free environments. Having an anti-tobacco law with comprehensive ban is

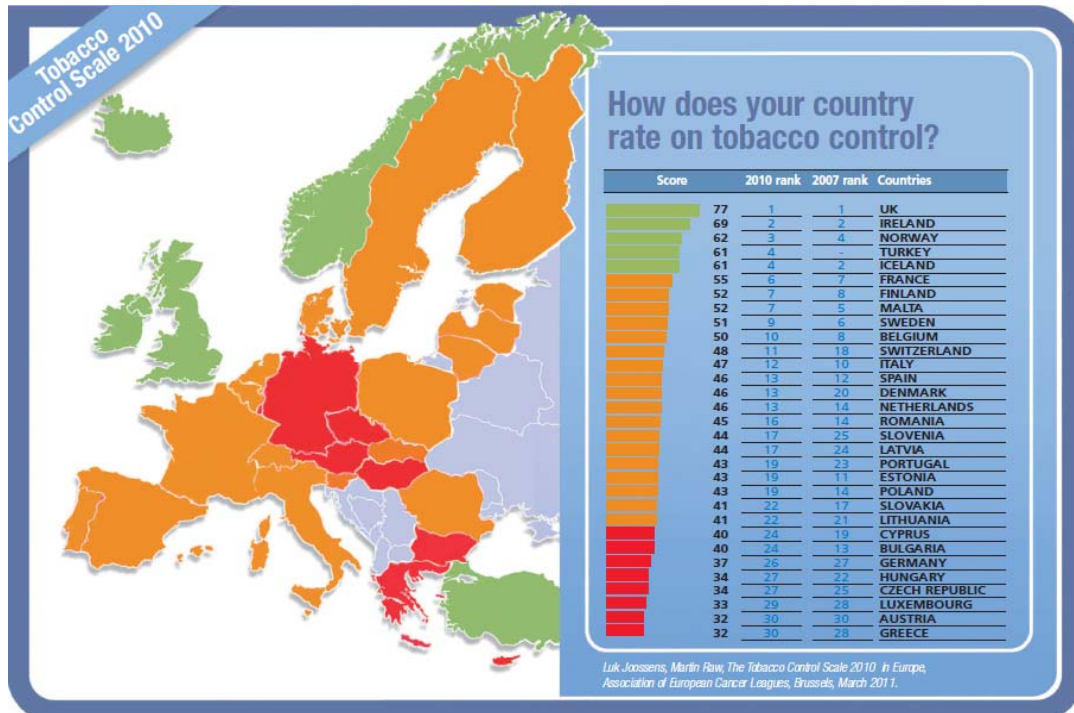


Figure 6: Tobacco Control Scale in Europe, 2010.

very crucial in achieving complete smoke free country. Nevertheless, implementation of the items in the law is another important point. By these achievements, Turkey is now among one of the five smoke-free countries and ranked as fourth among the European countries (4) (Figure 6).

The work has not finished yet. Although considerable improvements are seen in indoor air quality after the law came into force, the values of PM 2.5 in most of the places were still above the permissible levels. Therefore, implementation should be enforced to reduce the values below the permissible limits. Also, tobacco control activities should be enhanced by other measures such as tax increase, advertisement ban, educating people on harms of tobacco use. All these

implementations and impacts of them should be monitored as pointed out in WHO, FCTC and MPOWER Strategies.

Political stability in the country as a whole and commitment of other relevant Ministers is very important in achieving these developments. Besides, involvement of and enforcement by civil society is also important. In Turkey, civil society representatives and academics participated in discussions at the Parliament and provided scientific evidences of smoke-free to the members of the Commissions in the Parliament. After the enactment of the Law, civil society organized meetings with the hospitality industry representatives and explained them the benefits of smoke-free policies to increase compliance.

REFERENCES

1. WHO Report on the Global Tobacco Epidemic, The MPOWER Package, WHO, Geneva, 2008.
2. Bilir N, Çakir B, Daglı E, Ergüder T, Önder Z: Tobacco Control in Turkey, World Health Organization, Copenhagen, 2009.
3. Global Adult Tobacco Survey, Turkey Report (2008), Ministry of Health Publication, No. 803, Ankara, 2010.
4. Joossens L, Raw M: Tobacco Control Scale in Europe, 2010, The Association of the European Cancer Leagues, Chaussée de Louvain 479, B-1030 Brussels, Belgium, 2011.

5. Bilir N, Özcebe H, Aslan D: *Tobacco Use and Control in Turkey*, *Turkish Journal of Public Health*, 7: 61-75, 2009.

6. *Law on Prevention of Hazards of Tobacco Products*, Nr. 4207, *Official Gazette*, No. 22829; 26 November, 1996.

7. *WHO Framework Convention on Tobacco Control*, *World Health Organization 2003*, Geneva.

8. *Bill Amending the Law on Prevention of Hazards of Tobacco Products*, Nr. 5727, *Official Gazette*, No. 26761, 19 Jan, 2008.

9. *Tobacco Use in Turkey, PIAR Study*, Ministry of Health, 1988.

10. Özcebe H, Bilir N, Aslan D: *Expansion of smoke-free public places and workplaces in Turkey*, *Project Report*, Society of Public Health Specialists, Ankara, 2011.

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