Tobacco control activities in Turkey

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Abstract

Tobacco use is accepted as a major public health problem, killing 6 million people every year globally. However, millions of lives can be saved by implementing the effective tobacco control measures recommended by WHO Framework Convention on Tobacco Control (FCTC), the first international treaty on tobacco control which was accepted in 56th World Health Assembly in 2003. In line with WHO FCTC six effective tobacco control strategies were defined in MPOWER Package in 2008. In Turkey, the first law controlling tobacco came into force in 1996, banning smoking in most indoor public places. By amendment of the law in 2008, Turkey became a completely smoke free country. Turkey achieved major advances on tobacco control during the past 15-20 years; tobacco use was reduced considerably (from 63% to 41% among males, and from 24% to 13% among females), indoor air quality improved (up to 90% reduction of PM2.5 values), health complaints, such as stuffy nose, watering eyes or coughs, of workers at restaurants, hospitality venues were reduced), and acute health effects of smoking such as cardiovascular and respiratory conditions were reduced. Turkey is the only country implementing all six measures of the MPOWER package successfully and was used as a model for other countries by WHO. Nevertheless, there is still much to do in Turkey as there is a high smoking prevalence and still some violations of smoking bans in indoor places.

Key Words: Smoking, tobacco control, Turkey, smoke free indoors

Türkiye'de tütün kontrolü uygulamaları

Özet

Dünya genelinde her yıl altı milyon kişinin ölümüne yol açan tütün kullanımı çok önemli bir halk sağlığı sorunu olarak kabul edilmektedir. Bununla birlikte 2003 yılında Dünya Sağlık Örgütünün 56. Genel Kurulunda kabul edilen ve ilk uluslararası tütün kontrolü antlaşması olan Tütün Kontrolü Çerçeve Sözleşmesi (DSÖ TKÇS) içinde yer alan etkili tütün kontrolü önlemlerinin uygulanması ile milyonlarca kişinin ölümü önlenebilir. DSÖ TKÇS paralelinde belirlenen etkili tütün kontrolü stratejileri 2008 yılında MPOWER Paketi içinde tanımlanmıştır. Türkiye'de 1996 yılında yürürlüğe giren ilk tütün kontrolü yasası ile bir çok kapalı olan kamusal alanda sigara kullanımı yasaklanmıştır. Yasanın kapsamının 2008 yılında genişletilmesi ile Türkiye "tam sigara dumansız ülke" olmuştur. Son 15-20 yıl içerisinde Türkiye'de tütün kontrolü bakımından önemli başarılar sağlanmıştır:

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Tütün kullanım sıklığı belirgin olarak azalmış (erkeklerde %63'ten %41'e ve kadınlarda %24'ten %13'e), kapalı ortam hava kalitesi düzelmiş (PM2,5 partikül düzeylerinde %90'lara varan azalma), ikram işletmelerinde çalışanların sağlık yakınmaları azalmış (restoranlarda çalışan garsonlarda burun akıntısı, göz yaşarması veya öksürük gibi yakınmalarda azalma) ve tütün dumanına bağlı kalp ve solunum sistemi ile ilgili akut sağlık etkilerinde azalma. Türkiye MPOWER Paketinde yer alan altı önlemi başarılı şekilde uygulayan dünyadaki tek ülkedir ve DSÖ tarafından diğer ülkelere örnek olarak gösterilmektedir. Ancak, sigara kullanımının yüksek olması ve kapalı alanlarda sigara yasağının uygulanmasındaki ihlaller nedeniyle halen Türkiye'de yapılması gerekenler vardır.

Anahtar Kelimeler: Sigara kullanımı, tütün kontrolü, Türkiye, dumansız kapalı ortamlar

Introduction

Tobacco use is a common disorder, with 1.5 billion people being smokers worldwide it is the leading cause of preventable deaths globally. More than half of all smokers in the world live in five countries: China, India, Indonesia, the Russian Federation and USA. Two-thirds of all deaths in the world are caused by non-communicable diseases, and tobacco use is the major cause for many of these. Each year six million people are killed by tobacco globally, and unless current trends change, it is estimated that 1 billion people will be killed by tobacco during the present century.[1] Millions of lives can be saved by implementing effective measures for tobacco control. Reversing the tobacco epidemic by effective measures must be a priority for public health workers, as well as for political leaders in every country. Some developed countries have been implementing effective measures, and have achieved considerable success. However, tobacco control activities are relatively recent in most of the developing countries. In this article, tobacco controls in the world and in Turkey will be considered, and some conclusions drawn.

Global Activities

Although some facts about the harm done by use of tobacco since the beginning of last century has been published, sound evidence has been documented only for the second half of the century. The first large scale epidemiological studies appeared in the medical literature in 1950 by Wynder and Graham[2] in the USA, and by Doll and Hill in the UK.[3] During the following years, many other relevant scientific results were published. The most convincing evidence came from the ten year follow-up report of British doctors in 1964 by Doll and Hill.[4] Immediately after this report, in 1964, the Advisory Committee to the US Surgeon General concluded that cigarette smoking is a cause of lung cancer.[5] In the next year, the US Congress required a warning message on cigarette packages, and the United Kingdom banned broadcasts of cigarette advertisements. Some years later, in 1970, the World Health Assembly accepted a resolution to prevent the harmful effects of tobacco use. During the 1970s and 1980s some countries adopted laws for tobacco control. In 1988, the World Health Organization initiated World No Tobacco Day, which will be held on the 31st of May annually.[5]

Tobacco control legislation and implementation reduced tobacco use in most of the developed countries during the last 20-30 years, while tobacco use increased in the developing world. The main factor for the increase of tobacco use in developing countries has been the activity of the tobacco industry to create new markets in these countries. In order to reverse the tobacco epidemic, particularly in developing

countries, the 56th, World Health Assembly (WHA) adopted the Framework Convention on Tobacco Control (FCTC) in 2003 as the first international treaty of WHO.[6] WHO FCTC outlined the tobacco control measures under two main chapters; namely, measures to reduce demand for tobacco products, and measures to reduce supply of tobacco products. A third chapter was added to indicate monitoring of the implementation and results of these two groups of measures. WHO FCTC was ratified by 176 countries, therefore became internal legislation in almost all countries.

Five years after WHO FCTC was adopted, the MPOWER Package was published, to explain six effective strategies for tobacco control, as an explanatory book for WHO FCTC. The MPOWER Strategies are as follows;[1]

Monitoring of tobacco use and prevention policies

Protect people from tobacco smoke

Offer help to quit tobacco use

Warn about the dangers of tobacco

Enforce bans on tobacco advertising, promotion, and sponsorship

Raise taxes on tobacco

With the successful implementation of these measures, tobacco use and passive exposure to tobacco smoke decreases. Continuous efforts by the government, and support from non-governmental organizations including universities are the keys for success to reduce tobacco use and the harm caused by tobacco use.

Developments in Turkey

(a) Before tobacco control law:

Being a tobacco producing country, Turkey has a long history of tobacco and tobacco use. Turkey provides 1.7% of the total world tobacco production, reduced from 4% during 1980s. Tobacco use has been a well accepted behavior particularly by males and tobacco use is high, particularly among men. One of the first country-wide studies in 1988 revealed that 63% of the adult males and one in four (24%) of females were smoking.[7] Many other studies showed a high prevalence of tobacco use.[8] Production and selling of tobacco products for a long time were organized by a State Monopoly (TEKEL). TEKEL provided tobacco products to the users, but did not make any effort to increase their use. With the liberal economic policies started in the 1980s, multinational tobacco companies were allowed to enter Turkey. The multinational tobacco companies started to advertise tobacco products, and tobacco use increased. During the 20 year period between 1980 and 2000, sales of cigarettes doubled from 58 billion sticks to 117 billion; 2.5 times the population increase during the same period[9]. The first initiatives for tobacco control in Turkey go back to the late 1980s. The Health Minister in 1987 invited some of the experts to discuss the possibilities of tobacco control. In 1991 a tobacco control law was adopted by Parliament, but vetoed by the President of the country. In 1993, the first symposium on tobacco control was organized by nongovernmental organizations and universities, and in 1995 several civil society organizations joined their efforts to form the National Coalition on Tobacco and Health (Sigara ve Sağlık Ulusal Komitesi, SSUK). SSUK aimed to recover the vetoed law.[10]

(b) First tobacco control law, 1996:

After long discussions, The Law on Prevention of Hazards of Tobacco Products was accepted by Parliament in November 1996.[11] The Law, for the first time banned smoking in a number of public places,

namely health and educational facilities, public transport, cultural and sports events and most of the government offices. The Law also banned all kinds of advertisements and promotion of tobacco products and selling of tobacco products to minors (less than 18 years). The law establishes a duty of all television channels to make programs on the harmful effects of tobacco use for at least 90 minutes in a month. Smoke-free implementation was completely successful in public transport and a gradual success was obtained in other public places. All tobacco advertisements ended and TV channels broadcast programs on the harmful effects of smoking.

In the meantime, The State Monopoly (TEKEL) was privatized and sold so that a new body for regulation of the tobacco market was needed and the Tobacco (and Alcohol) Market Regulatory Authority (Tütün ve Alkol Piyasası Düzenleme Kurumu, TAPDK) was established in 2002.[10]

Law on Prevention of Hazards of Tobacco Products, No. 4207, Nov. 1996

This law

•bans smoking in health, education, cultural and sports facilities,

•bans smoking in government buildings and workplaces where 5 or more persons are working,

•bans smoking in 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 a duty to TV channels to present 90 minutes air time in a month on the harmful effects of tobacco use and the benefits of quitting.

In line with developments within the country and international developments, WHO FCTC was adopted by the Turkish Parliament in 2004, and became a national law. As recommended, the National Tobacco Control Program and the Action Plan were prepared with the participation of government officials and also nongovernmental organizations and universities for the years 2008-2012. Another important development was the establishment of the Directorate for Tobacco Control in the Ministry of Health in 2006.

Tobacco companies reacted to the tobacco control law, and took the Law to the Constitutional Court with the claim that the advertisement ban was against the Main Constitution, since tobacco is a legal commercial product. The Constitutional Court rejected the request, citing the concern for the protection of public health (when the protection of public health is concerned, this ban should not be considered as against to the Main Constitution).[12]

(c) Amendment of tobacco control law, 2008:

Following more than ten years of implementation of the tobacco control measures, restriction of smoking in indoor public places was accepted as a social norm by the majority of the population. Using this advantage, the law was amended in 2008 to include hospitality workplaces as smoke-free.[13] By this law, Turkey became a completely smoke-free country, the third country in the world following Ireland and the UK. The amended law also defined the fines more clearly, and established an organization in the provinces, namely the "Provincial Tobacco Control Board". The Board is chaired by one of the assistant governors and has a duty and right of planning and implementing the law in the province. The law allowed 6 months to the

public managers to make the necessary organizations and 18 months for the hospitality industry to adapt. At this stage the Ministry of Health organized a series of training programs for the public administrators (governors, municipal majors, health directors of the provinces, etc). Universities and nongovernmental organizations gave great support to these programs. The aim of these programs was to explain to the administrators the tobacco control law, their duties and responsibilities. In addition to these training programs, nongovernmental organizations and universities organized meetings with the major stakeholders who were reacting against the smoke-free policy, specifically representatives of the hospitality industry to inform them about the rationale of the tobacco control law, the benefits of tobacco control implementations, and also to explain their obligations. Although the representatives of the hospitality industries seemed to be convinced about the benefits of smoke-free environments, and why complete smoke-free implementation is necessary, after the meetings they continued resisting 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. Members of nongovernmental organizations and government officials visited the Court and submitted a report of scientific evidence to the members. At the end, the Court rejected the requests of the hospitality owner's associations for cancellation of the implementation of the smoke-free regulations.

(d) Major achievements of tobacco control in Turkey:[9]

Turkey experienced major achievements on tobacco control during the past 15-20 years. The tobacco control law in 1996 and its amendment in 2008 gave momentum to tobacco control. Some examples of the achievements are as follows:

1. Tobacco use reduced considerably:

During the 25 years time since 1988, tobacco use was reduced from 63% to 41% among males, and from 24% to 13% among females. Between the two Global Adult Tobacco Survey (GATS), a 13% reduction was achieved from 31.2% in 2008 to 27.1% in 2012 (Figure 1).[9, 14]

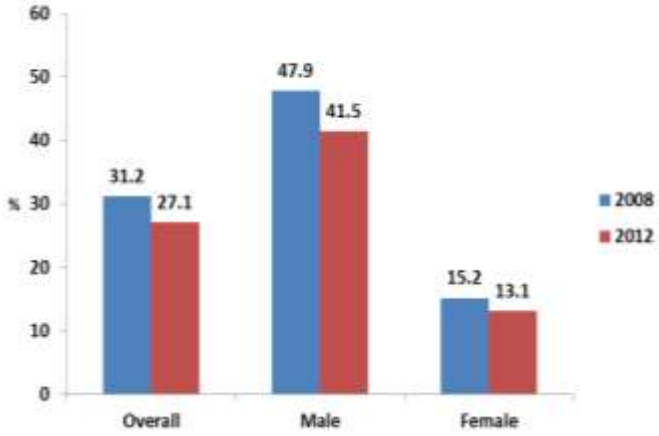

Figure 1. Prevalence of current tobacco smoking, GATS Turkey 2008 and 2012

2. Indoor air quality improved:

Various studies showed up to 90% reduction of PM2.5 (2.5 micron size particles in tobacco smoke) values after the smoke-free implementation at hundreds of hospitality venues, government offices and number of other indoor public places. Also, compared to 2008, GATS 2012 revealed a remarkable reduction of second-hand smoke (SHS) exposure at various places, such as restaurants or workplaces, even at homes (Figure 2).[9, 15]

3. Health complaints of the workers reduced:

Tobacco smoke may cause some complaints among the workers at hospitality workplaces. A study done in Ankara showed a considerable reduction of complaints of the workers at restaurants such as stuffy nose, watering eyes or cough after the smoke-free implementation. (Figure 3).[16]

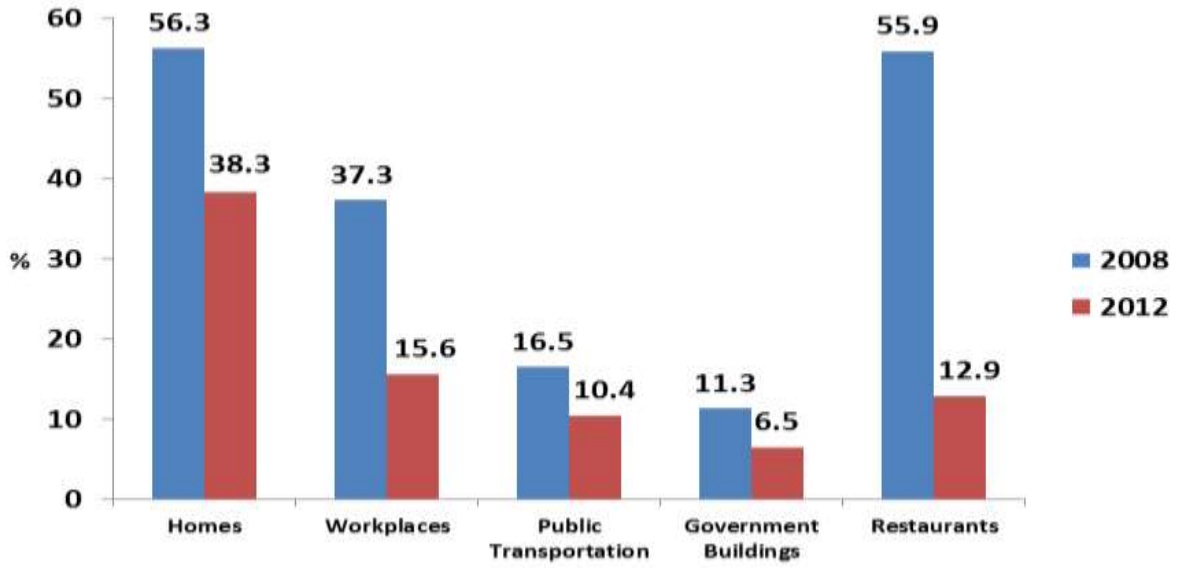

Figure 2. Exposure to secondhand smoke in various places, GATS Turkey 2008 and 2012

4. Acute health effects of smoking reduced:

Reduction in cardiovascular and respiratory diseases is expected after a number of years of smoke-free implementation. Nevertheless, reduction of acute cardiac and respiratory conditions can be seen in the relatively short time. The percentage of acute cardiac and respiratory conditions among emergency admissions in Ankara was reduced after smoke-free implementation (Figure 4).[14]

Conclusions

There has been great progress in tobacco control during the past years in many countries on tobacco control; more people are protected by effective tobacco control measures. Having a comprehensive law is essential for successful tobacco control. Also political commitment of the government and the support of society and universities are important for the implementation and success of these measures. In 92 countries, 2.3 billion of people are covered by one or more MPOWER measures globally. In 2007, no country protected its population with all five – or even four – of the MPOWER measures. Today, one country, Turkey, now protects its entire population of 75 million people with all five tobacco control measures at the highest level. Three countries (Brazil, the Islamic Republic of Iran and Panama), with 278 million people have put in place four of the five MPOWER measures at the highest level. All of these countries are low- or middle-income countries.[17] By these achievements, Turkey serves as example for many countries.

However, the work has not finished yet. Although smoke-free implementation is successful, and remarkable improvements were achieved in all MPOWER measures, smoking is still too high and PM2.5 values are still above the permissible level, indicating the prevalence should be reduced and indoor air quality should be improved

more. Toll-free quit line services and smoking cessation services are available throughout the country, but the services are not integrated yet to the primary health care services, nor are treatment expenses covered by the social insurance system

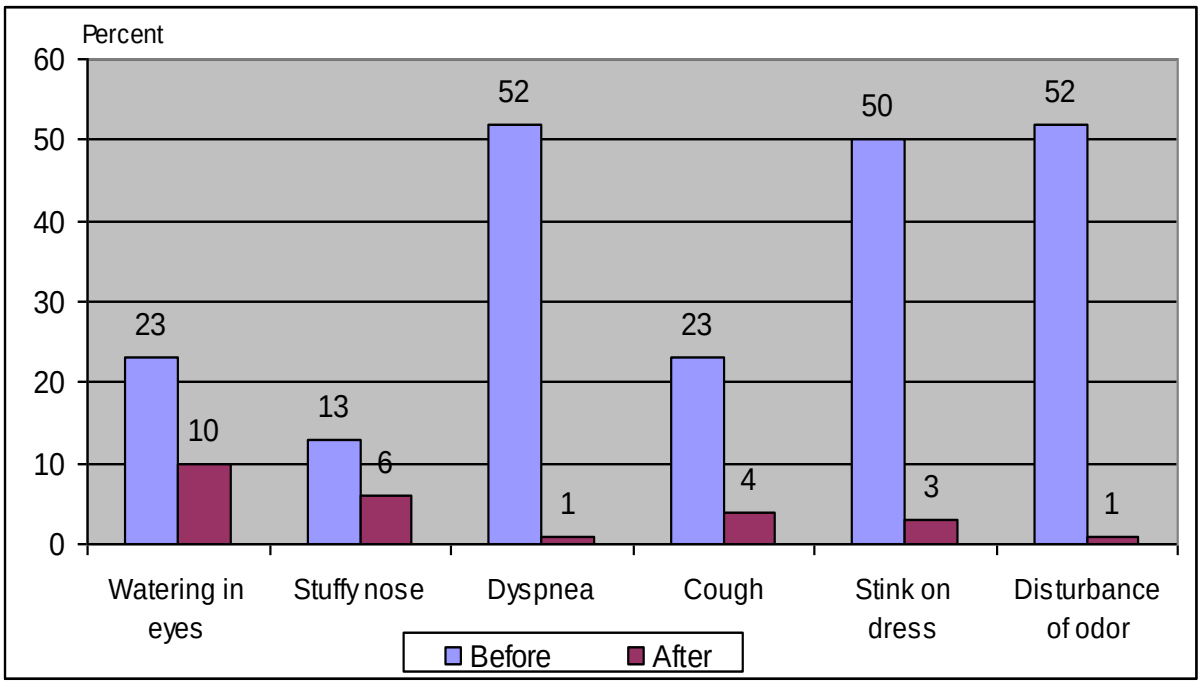

Figure 3. Symptoms of the workers at restaurants, before and after smoke free Implementation, Turkey, 2009

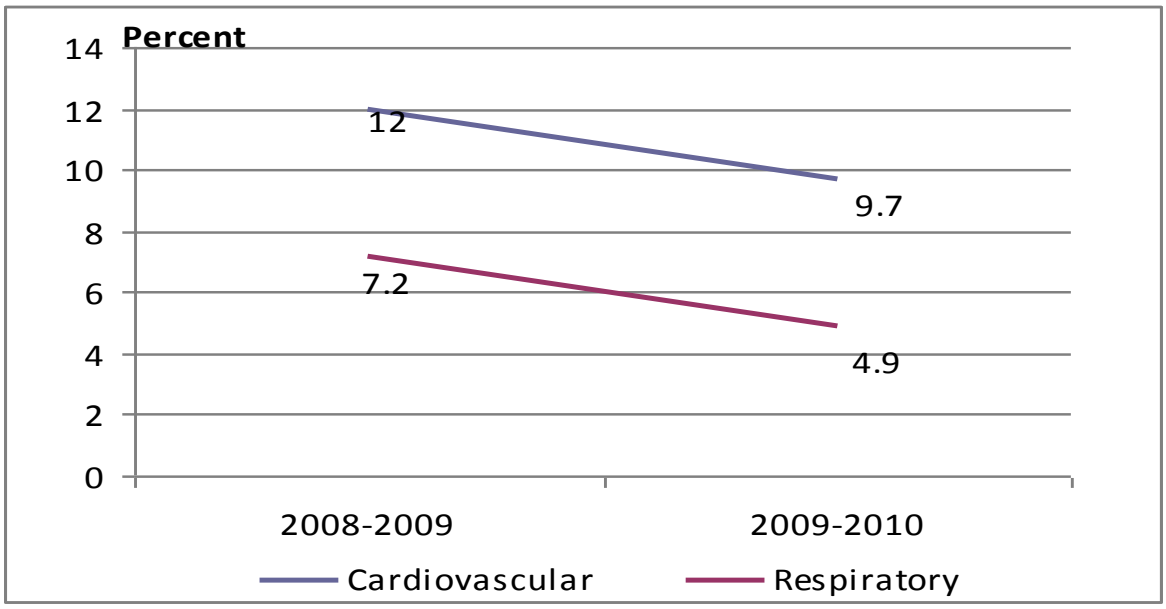

Figure 4. Percent change in acute cardiovascular and respiratory conditions before and after smoke-free implementation, Turkey, Males

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