JOINT NATIONAL CAPACITY ASSESSMENT ON THE IMPLEMENTATION OF EFFECTIVE TOBACCO CONTROL POLICIES IN TURKEY

FEBRUARY 2009

INDEX

ABBREVIATIONS

CDC	Centers for Disease Control and Prevention (United States of America)
CoA	Council on Advertising.
GATS	Global Adult Tobacco Survey
GHPS	Global Health Professional Survey
GYTS	Global Youth Tobacco Survey
MPOWER	A package of policies that builds on the measures of the WHO FCTC and has been proven to reduce smoking prevalence. The package forms an integral part of the WHO Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, endorsed at the 61st World Health Assembly in 2008.
NGOs	Nongovernmental organizations
National Tobacco Control Committee	NTCC
SSUK	National Coalition on Tobacco or Health
TAPDK	Tobacco and Alcohol Market Regulatory Authority
TTA (formerly TEKEL)	Tobacco, Tobacco Products, Salt and Alcohol Enterprises Inc.
VAT	value-added tax
WHO	World Health Organization
WHO FCTC	WHO Framework Convention on Tobacco Control

EXECUTIVE SUMMARY

The Republic of Turkey, until recently one of the major tobacco-producing countries of the world, has made substantial progress in tobacco control in a short time. The initial efforts of the Ministry of Health in the late 1980s got a definite impetus when the Government of Turkey ratified the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2004. The Ministry of Health created a unit specifically devoted to tobacco control for the first time in 2006, and the Tobacco and Alcohol Market Regulatory Authority (TAPDK) established its own tobacco control department two years later. In 2007, the Prime Minister launched the National Tobacco Control Programme and Action Plan of Turkey for the years 2008-2012 (herein, the National Action Plan), prepared by the National Tobacco Control Committee. This Committee was created, with representation of the relevant key ministries and civil society, under the general obligations of the WHO FCTC. In 2008, Law 4207 of 1996 was substantially amended and thus became one of the leading tobacco control laws in the world. It expands smoke-free environments to cover all indoor areas, including the hospitality sector, with an adaptation period of 18 months. The Law will enter into force for this sector on 19 July 2009.

Despite many tobacco control efforts in Turkey, smoking is still a very serious health problem with one tenth of all of the disability adjusted life years (DALY) lost in Turkey due to smoking. More than half of males smoke, despite a slight decrease over the last 15 years. In addition, smoking prevalence has significantly increased among women of reproductive age since 1993.

In this context, between 9 and 20 February 2009, a group of 18 national, international and WHO health experts held individual interviews with 125 individuals and met as a group with 61 representatives of the majority of stakeholders involved in tobacco control in Turkey in order to assess the country's tobacco control efforts. The assessment team considers the following to be the most significant challenges to continued progress of tobacco control in Turkey:

- The commitment and dedication to tobacco control and public health of all authorities is exemplary. However overall coordination for implementation of the National Action Plan within both the Government and civil society needs improvement, while for central and provincial levels it needs to be expanded and improved.

- The affordability of tobacco products has increased since (year). The affordability of tobacco products has increased in recent years owing to various factors, such as the fact that the increase in per capita income is higher than the increases in prices of tobacco products and also the lack of excise increases on any tobacco products in the last year.

- Personnel and funds allocated for tobacco control have increased in the last few years but are still insufficient. While TAPDK has a steady regular funding mechanism for tobacco control, a regular and continuous budget allocation for the Ministry of Health from the revolving funds is still not ensured.

- The Government has taken valuable initial steps to monitor the implementation of tobacco control policies in a systematic manner that needs to be further developed. However, efforts in the area of epidemiological surveillance must be more coordinated, systematic and sustainably planned. Also, monitoring of tobacco industry activities to undermine public health is still in its early stages. Moreover, monitoring and surveillance data are not fully utilized for policy implementation and improvement.

- The implementation of legal smoke-free provisions is well under way. Authorities know, however, that compliance with the law is still a challenge and that exposure to second-hand smoke remains an important threat for the population in Turkey. Preparations for entry into force of smoke-free provisions in the hospitality sector in July 2009 have been initiated by the Ministry of Health and TAPDK. However, these measures need to reach the intensity required for best-practice results. Strengthening capacity to counteract the opposition organized by the tobacco industry and the hospitality sector needs attention.
- Help offered to those who want to quit tobacco is very limited in the health system.

- Intensive efforts to warn the population about the dangers of tobacco were made by the Government and civil society and the Government has planned to implement pictorial health warnings.

- Turkey has implemented a comprehensive ban on tobacco advertising, promotion and sponsorship. However, the tobacco industry is using tobacco product displays at point of sale to circumvent the ban.

To ensure the sustainability of current initiatives and further progress, there are three key recommendations that are considered as critical and having the best potential for success in the short term. The following recommendations should be implemented in the next few months.

1. **Immediately scale up and intensify preparatory activities, communication and coordination of all stakeholders for the successful implementation of the upcoming second phase of smoke-free legislation.** The Ministry of Health needs to strengthen collaboration with TAPDK and the National Coalition on Tobacco or Health (SSUK) and thoroughly inform and mobilize stakeholders and enforcers. Also, with the mass media and other experienced partners, it will need to develop and implement an evidence-based communication strategy for mobilizing the full support of the public.

2. **Strengthen and enhance the leadership and capacity of the Ministry of Health in order to establish a clear coordination mechanism to advance the implementation of the National Action Plan and to meet the obligations of the WHO FCTC.** To achieve this goal, the tobacco control unit needs to be upgraded, with an increased number of well-trained staff who can establish operational workplans for the Government stakeholders. Also, a sustainable regular funding mechanism must be established.

3. **Continue to increase tobacco prices through taxation at a rate at least as high as inflation.**
Given the estimated demand elasticity of cigarettes, any increase in excise taxes will generate more revenue for the Government while reducing cigarette consumption, bringing benefits both for the Government and for health. Smuggling of tobacco products is an important problem. Coordination of the control of illicit trade activities by responsible organizations, including the Ministry of Justice, Ministry of the Interior, Customs and TAPDK, should be strengthened with the aim of creating more effective control measures.

Other recommendations offered by the team of experts for each of the tobacco control policies assessed follow.[1]

The Ministry of Health, in close collaboration with TAPDK, Parliament and other competent authorities, should:

- integrate a core set of Global Adult Tobacco Survey (GATS) questions into ongoing surveys to ensure sustainability and more frequent assessment;
- introduce, monitor and evaluate strong pictorial warnings in line with the best practices;
- regulate the display of tobacco products at point of sale to avoid these being used to circumvent the existing legislation banning advertisement, promotion and sponsorship;
- withdraw sale licenses from premises selling tobacco in educational and health facilities and other facilities with high traffic of children
- develop, monitor and evaluate a nationally coordinated and integrated communication strategy, with sustained funding to catalyse behavioural change.
- prepare and endorse national consensus guidelines as the first step to creating services for treatment tobacco dependence, with a strong emphasis on brief advise at primary care level;

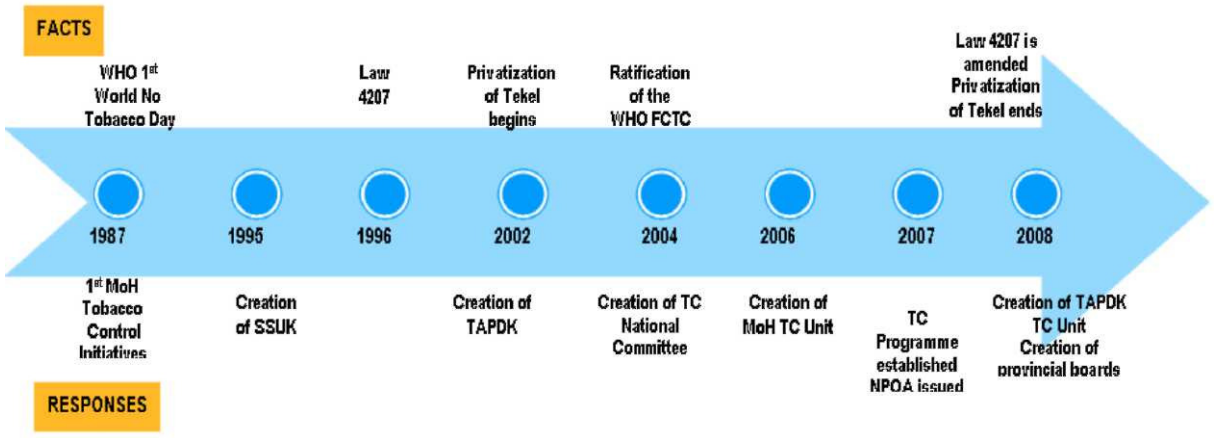
[1] A list with all the recommendations of the assessment is presented in Annex IV.

- create a toll-free national quitline that could also serve as a hotline to help to monitor compliance with the law by channelling complaints from the public.

I INTRODUCTION

Turkey has been until recently a big tobacco-leaf producing country, responsible for 4% of global production. Today, its contribution to global production has been reduced to 1.7%, but Turkey still has the tenth-highest number of tobacco consumers in the world. To reduce the use of tobacco and tackle its serious consequences, Turkey started tobacco control efforts in 1987 which have intensified over time (Fig. 1).

Figure 1. Facts and responses - tobacco control in Turkey -1987-2008



More recently, Turkey ratified the WHO Framework Convention on Tobacco Control (WHO FCTC) in November 2004 and has approved strong policy measures to control the tobacco epidemic by enacting the 2008 amendment to Law No. 4207 on the Prevention of Harmful Effects of Tobacco Products of 1996. The Government has implemented many of its provisions, or is in the process of doing so. The Government is also determined to continue to strengthen its tobacco control efforts to face the many challenges that tobacco use still poses for public health. Among these are the following.

Smoking prevalence is very high among males, despite a slight decrease over the last 15 years. Since 1993, there has been a slight decrease in prevalence of current tobacco use among males, with rates of 57.8%, 52.9% and 50.6% in 1993, 2003 and 2006, respectively.

There is an increasing trend in smoking prevalence among females of reproductive age.
According to Demographic and Health Survey data, smoking prevalence among women of 15-49 years of age increased remarkably in the 10-year period between 1993 (18%) and 2003 (28%).

About one-tenth of all disability-adjusted life years (DALYs) lost in Turkey is due to tobacco smoking. According to the National Burden of Disease study conducted in Turkey in 2003, the proportion of DALYs attributed to cardiovascular diseases (3.0%), chronic obstructive pulmonary disease (COPD) (1.4%), lung cancer (1.0%), other cancers (0.6%), other respiratory diseases (0.5%) and other selected diseases (2.1%) add up to 8.6%.

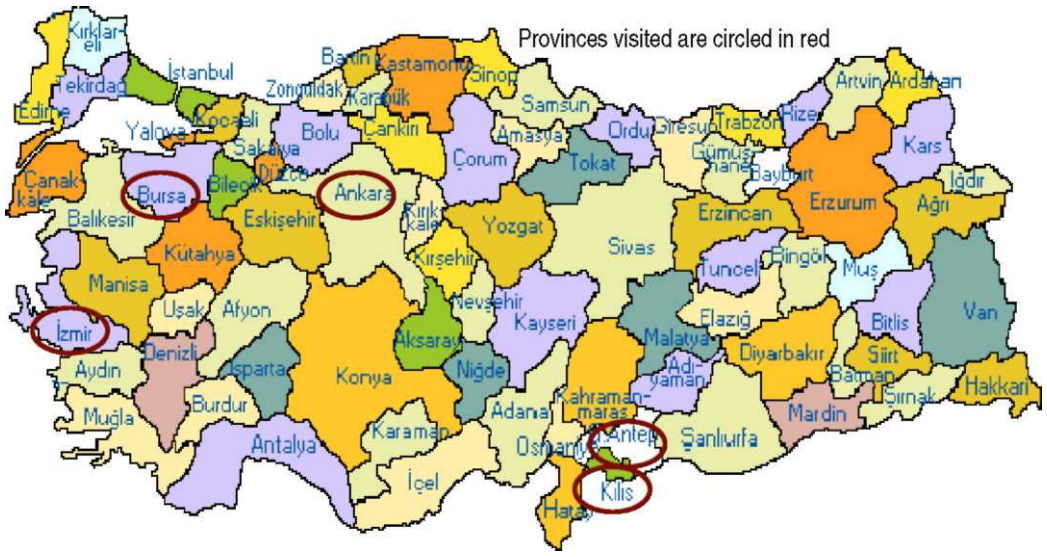
Assessing the national capacity to reverse the tobacco epidemic in Turkey

In this context, a mission led by WHO performed a joint assessment of the national capacity of Turkey to implement WHO MPOWER[2] package of effective tobacco control policies in support of the implementation ofthe WHO FCTC. At the request of the Turkish Government, WHO, through its country office in Turkey and the WHO Regional Office for Europe, worked together with the General Directorate of Primary Health Care of the Ministry of Health to organize and conduct the joint capacity assessment.

From 9 to 20 February 2009, a group of 18 national, international and WHO health experts reviewed existing tobacco epidemiologic data, as well as the status and present development efforts of key tobacco control policies, conducting 125 interviews with key informants in Ankara, Bursa, Gaziantep, Izmir and Kilis (Fig. 2).[3] The group also examined, where appropriate, the underlying capacities for policy implementation, including leadership and commitment to tobacco control; programme management and coordination; intersectoral and intrasectoral partnerships and networks; and human and financial resources and infrastructure. Finally, the expert group made recommendations based on the key findings of their analysis to further the development of the following tobacco control policies: **M**onitor tobacco use and interventions, **P**rotect people from tobacco smoke, **O**ffer help to quit tobacco use, **W**arn about the dangers of tobacco, **E**nforce bans on tobacco advertising, promotion and sponsorship, **R**aise taxes on tobacco and Develop sustainable alternatives to tobacco-growing.

Figure 2. Map of Turkey

[2] MPOWER is a WHO technical assistance package to help countries to implement some provisions of the WHO FCTC. The package is an integral part of the WHO Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, endorsed at the 61st World Health Assembly in 2008.
[3] See list of institutions and key informants in Annex I.



For each policy, the report comprises the following three sections.

- **Policy status and development.** A brief introduction is given on the present status and future development of the policy in question, based on a thorough review of all documents made available by the coordinating team of the capacity assessment prior to the country visit (tobacco control country profile, the *WHO report on the global tobacco epidemic 2008,* legislation in force, results and conclusions of previous studies and reports, etc.) and interviews with key informants.

- **Key findings.** A summary is provided of most important facts discovered by the assessment team after conducting the visits and interviews. This is based on an analysis of key factors for success in implementing present policies and developing future ones, such as political will, programme management and coordination, partnerships and networks for implementation, provision of funds and human resources.

- **Recommendations.** These address the actions required, in the opinion of the assessment team, to improve the design, implementation and enforcement of the policy examined. Unless otherwise noted, the suggested time for implementing the recommendations is 12 months.

WHO is grateful to the Turkish Government and the tobacco control nongovernmental organizations in Turkey for once again leading the way by carrying out the joint national tobacco control capacity assessment. Many other WHO Member States will follow and benefit from the lessons learnt in this assessment.

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II COORDINATION AND IMPLEMENTATION OF TOBACCO CONTROL INTERVENTIONS

POLICY STATUS AND DEVELOPMENT

Government implementing agencies

The Government of Turkey coordinates and implements tobacco control policy mainly through two institutions: the Ministry of Health and the Tobacco and Alcohol Market Regulatory Authority (TAPDK).

The Ministry of Health has a policy guiding function and implements tobacco control programmes. It has a central office in Ankara and implements its policies in each of the 81 provinces through the provincial health directorates. At the central level, in 2006 the Ministry of Health created a dedicated tobacco control unit. However, tobacco control activities were initiated in response to the first WHO commemoration of World No Tobacco Day in 1988 by the Mental Health Department of the General Directorate of Primary Health Care of the Ministry of Health.

TAPDK is an autonomous agency under the State Ministry, with the purpose of regulating, supervising and controlling tobacco products and markets. It was created in 2002 when the State monopoly TEKEL[4] began to be privatized and transnational tobacco companies entered the Turkish market. TAPDK is governed by a board of seven persons appointed by the Government, of whom one represents the Ministry of Health. With the approval of the 2008 amendment to Law No. 4207 of 1996, TAPDK has gained fresh momentum and created a tobacco control department. Its central office is in Ankara, but it also has one office in Izmir, which is a tobacco growing province.

II.1.2 Implementing tobacco control: civil society

Civil society initiatives started in the early 1990s, joining the Ministry of Health in achieving the first tobacco control law in Turkey in 1996. On the initiative of the Turkish Medical Association, the civil society organizations created a coordinating mechanism one year before, in 1995, under the name SSUK *(Sigara ve Sağlık Ulusal Komitesi* - Tobacco or Health National

[4]TEKEL was the State monopoly for production and sales of salt, tobacco and alcohol products. The privatization process has almost finished, but the State still has the obligation of buying the production of raw tobacco that cannot be otherwise be sold. At present, Philip Morris has a 41% share of the Turkish market, while British American Tobacco, which bought TEKEL, has 33% and Japan Tobacco Inc. 18%.

11.2.1 The Turkish authorities have shown great leadership in tobacco control at the highest level

Tobacco control in Turkey has progressed significantly in a short period of time in a challenging environment. This is due to a large extent to the leadership and political commitment of the Prime Minister, the Minister of Health and the Head of the Health Commission of Parliament, which have been essential in raising the political profile of tobacco control in Turkey. Their personal involvement, along with the leadership shown by the heads of the nongovernmental coalition SSUK, was key to passing the 2008 amendment to Law No. 4207 of 1996 by counteracting the strong pressure to dilute the provisions of the amendment. Their commitment and leadership continue unabated.

11.2.2 Despite significant progress, important challenges remain in respect of the human and financial resources needed to sustain present achievements and tackle new tasks

The limited number of experienced personnel working in tobacco control in the Government prevents the Ministry of Health from exerting full leadership

At central level, the capacity for tobacco control is still in the early stages of development, despite acknowledged progress over recent years. The Ministry of Health established a tobacco control unit in 2006 and now has seven technical staff, four of them short-term employees. A tobacco control department was created within TAPDK in 2008, with seven professional staff. Despite increases, the number of staff is still insufficient to sustain present achievements and to meet increasing tobacco control demands. In addition, staff in the Ministry of Health are still just beginning to gain experience in tobacco control matters, and has suffered a high turnover. Creating a stable team of permanent personnel remains a challenge. This is also reflected in several supporting areas of the Ministry, where expertise and staff from different backgrounds to coordinate multisectoral tobacco control activities are still lacking. The same problems are seen at the provincial level, where identification and training of focal points for tobacco control is still under way. As a consequence, limited staff and experience prevents the Ministry of Health from exerting full leadership in tobacco control.

Outside the Ministry of Health, the situation is no better. Key nonhealth areas of the Government do not have designated staff working on or responding to tobacco control demands. The contribution of civil society is also limited by the small number staff, all of them working on a voluntary and part-time basis in addition to their regular working hours.

Committee). Since then, they have been involved in almost all tobacco control initiatives undertaken in the country as an informal platform with voluntary membership.

Tobacco control coordinating bodies

Turkey has two national coordinating bodies: the National Tobacco Control Committee and the Tobacco or Health National Committee. However, the specific coordination between the Ministry of Health and TAPDK is conducted separately under a 2008 collaboration protocol.

The National Tobacco Control Committee was created in 2004 by the Ministry of Health to meet Turkey's obligations under Article 5.2 of the WHO FCTC. It includes representatives from key ministries, academia and civil society. It prepared the National Action Plan of Turkey in 2006 for the years 2008-2012.

The Tobacco or Health National Committee was born as a mechanism to coordinate nongovernmental organizations working in the area of tobacco, but has included Government agencies since its creation.

At subnational level, tobacco control efforts are coordinated by the recently established (2008) provincial tobacco control boards in each province, as mandated by the 2008 amendment to Law No. 4207 of 1996.

II.2 KEY FINDINGS

Although the Ministry of Health and civil society have infrastructure for tobacco control, this is still insufficient

The recently established tobacco control unit within the Ministry of Health falls under the Tobacco, Alcohol and Substance Abuse Department and is one of about 80 units under the General Directorate of Primary Health Care, one of the seven General Directorates of the Ministry of Health, with a heavy service management workload running more than 6000 primary health care centres.

Since its foundation, SSUK has worked as a platform for interested nongovernmental organizations to work on tobacco control. The process relies on individuals and existing nongovernmental organizations. At present, SSUK has no infrastructure, formal statute or legal identity.

A national plan of action was adopted formally by the Government and informally by civil society, but still requires adjustment.

A National Plan of Action was adopted in 2007 and launched by the Prime Minister, but does not currently reflect the changes that have taken place in the tobacco control scenario since then. No annual Government workplan was prepared to define operational aspects in the light of the National Action Plan and with the involvement of the several responsible agencies, resulting in weak integration of activities and gaps in implementation.

SSUK does not have a generally agreed written workplan. However, planned activities under a Bloomberg Initiative grant are formalized.

II.2.3 Effective coordination among all relevant stakeholders in tobacco control in Turkey has yet to be achieved

The complexity and diversity of tobacco control efforts require the regular participation of a diverse set of stakeholders within and beyond the Government sector. However, work remains to be done to achieve effective coordination among all relevant stakeholders in tobacco control in Turkey.

Overall coordination within the Government for implementation of the National Action Plan needs improvement, despite the existence of two national committees

After the ratification by Turkey of the WHO FCTC, the National Tobacco Control Committee was established by the Ministry of Health in 2004 with a mandate to prepare the National Action Plan, which was launched in 2007. The group does not meet regularly. Moreover, after delivering the National Action Plan, the role of the group was not reviewed in the light of new developments: for instance, it might advise the Government on priorities or positions in regard to negotiations under the WHO FCTC umbrella, or make recommendations on coordination of the programme.

Interministerial collaboration seems to take place on ad-hoc basis and no formal mechanism for coordination of efforts or joint workplans has been established between the several ministries involved in implementing the national plan of action. One exception is a protocol signed between the Ministry of Health and TAPDK, initially establishing an official working committee to facilitate the coordination of activities, including high-level officials from both agencies. The membership of this committee was recently made more operational by including the heads of the tobacco control units from both agencies. This is particularly important as TAPDK and the Ministry are the two most important bodies involved in tobacco control at the central level and with the mandate to protect public health from the dangers of tobacco. Nevertheless, the Government has no formal mechanism as yet either for deciding Turkey's position in the WHO FCTC process, or for coordinating the various stakeholders' activities in order to meet Turkey's obligations as a Party to the treaty.

In 2008, the Government established provincial tobacco control boards in all 81 provinces as mandated by the 2008 amendment to Law No. 4207. The boards have the objective of coordinating the enforcement of the law in their jurisdiction. The board is appointed and chaired by the deputy governor of the province. The membership of the board varies by province, but it includes the provincial health directorate and, despite its governmental nature, also civil society representatives. The health sector members of the boards have been trained for one week in comprehensive tobacco control issues, but there seems to be a need for further capacity-building. Coordination of activities at provincial level is still in its infancy and is currently focused solely on the smoke-free component of the law, lacking a multisectoral perspective. Furthermore, there is no clear coordination mechanism between the central and provincial levels.

Coordination within civil society needs to be improved at both central and provincial levels

The SSUK coalition functions on an informal and mostly volunteer basis, with the intentional decision to remain without formalization of status and membership. Therefore, the level of responsibilities that can be assigned to each of its members is unclear. Six societies are represented on the national executive board of the coalition, which consists of five medical associations and one labour confederation. The coalition meets monthly and its membership includes several Government agencies, therefore overlapping with the National Tobacco Control Committee. It should be noted that SSUK has for a long time relied on a handful of leaders, with no apparent plans to broaden the core group. It has a majority of members coming from the medical sector and does not represent all civil society organizations, so that the coordination of initiatives among all potential players cannot be optimal. Civil

society activities in tobacco control at provincial level are limited and their provincial organization has not yet reached its full capacity.

Coordination among all stakeholders is good but informal at the central level. It is however incipient at provincial level

There seems to be good informal collaboration between the Government and civil society, especially at the central level. Composition of the National Tobacco Control Committee partially overlaps with membership of the SSUK national committee, making it difficult to separate the responsibilities of the two bodies clearly. Additionally, the Ministry of Health leadership seems to be diluted, without clear definition of roles and membership in either the Committee or the SSUK national committee. The private sector seems to have a very limited role in tobacco control in Turkey. Lack of coordination among stakeholders prevents a broader vision and decisions on comprehensive policy directions, with a consequent decrease in the cost-effectiveness of tobacco control.

II.2.4 TAPDK has a regular source of funding for tobacco control, but a regular and continuous budget allocation for the Ministry of Health from the revolving fund is still not assured

In the Ministry of Health, the wages of the personnel working on tobacco control and some related necessary expenses, including law-enforcement expenditure at the provincial level, have been covered by the national budget. No funds from the Ministry of Health revolving fund are currently used for tobacco control. The annual Government expenditure on tobacco control is not known but, judging by the feedback from stakeholders, the allocated budget does not meet the needs identified in the NTCAP, or those stemming from Turkey's treaty obligations. There is some indication of a positive reaction from the Ministry of Finance to a future request for additional funds by the Ministry of Health.

Most of the revenue of TAPDK comes from the licensing of premises for the sale of tobacco and alcohol. Another substantial portion comes from its service charge - through a tax-stamp *(banderol)* - on tobacco and alcohol manufacture. Under TAPDK's statute, part of its budget may be allocated to tobacco control through project funding.

No major private-sector funding is allocated for tobacco control at present. Among international donors, the Bloomberg Initiative to reduce tobacco use appears as the major one, funding the Ministry of Health and SSUK through its grant programme. There is a consensus among stakeholders that relying on one major donor does not ensure continuity of funding for tobacco control.

II.2.5 There seems to be no effective regulation or monitoring of the relations between Government agencies or staff and the tobacco industry

It seems that there is no formal mechanism of coordination between the various partners for regular monitoring of the tobacco industry presence and its direct and indirect interference in stakeholders' work which undermines tobacco control strategies in the country. Only TAPDK has an internal circular, binding on all personnel, that restricts contact with the tobacco industry to designated staff members. There is a special meeting room for such contacts.

II.3 RECOMMENDATIONS

11.3.1 High priority should be given to strengthening Government tobacco control capacity by upgrading the Ministry of Health tobacco control unit to a departmental level, and by increasing the number and range of expertise of Ministry of Health staff at all levels of jurisdiction

Upgrading the Ministry of Health tobacco control unit to a department exclusively devoted to tobacco control would give the Ministry of Health more decision-making powers and a stronger leadership position in tobacco control. It would also improve its coordinating role with its counterparts in all governmental sectors at the central and provincial level. A tobacco control department would allow the establishment of specialized subsidiary units to deal with strategic policy areas e.g. smoke-free places, monitoring, cessation, etc., with identified focal points for each area, as per recommendations in other sections of this report. The result would be an increased staff presence in the programme with expertise in specific areas.

Full-time tobacco control units or focal points should be formally designated in each provincial and health directorate. Focal points for tobacco control should be designated at the central level of other ministries to improve the implementation of decisions outside the health sector.

11.3.2 Approve annual workplans to operationalize the National Action Plan

An annual operational workplan approved by, as a minimum, all stakeholders from the Government would improve the coordination and integration of all elements of the National Action Plan. The workplan should be adjusted on a regular basis to reflect new developments and players.

11.3.3 SSUK should be better structured and roles and responsibilities clearly established in order to meet the expectations placed on civil society

SSUK should formalize its personnel and infrastructure. SSUK should also redefine its membership to include mainly civil society and official statute and a workplan should define roles and responsibilities and give a clearer vision of mid-term and long term goals. The presence of SSUK needs to be strengthened at provincial level. Dialogue and collaboration with Government should happen at the National Tobacco control Committee and follow clearly defined principles. Al these measures should increase SSUK's power, presence and responsibility in the national arena.

11.3.4 A clear coordination mechanism should be established to advance the implementation of the National Action Plan and to meet obligations under the WHO FCTC

The role, function and membership of the National Tobacco Control Committee should be revised and transformed to make it into a Government coordinating body with the official role of assisting the Government in coordinating the implementation of the National Action Plan and advising on matters related to the WHO FCTC, with civil society representatives as observers. Collaboration with civil society and the private sector should continue and be strengthened, aiming for a clear definition of roles and responsibilities.

The role and membership of provincial tobacco control boards should be standardized and their members extensively prepared and trained in tobacco control matters in order to implement the central level workplan. Regular communication and interaction between the central and provincial levels should be pursued and formalized in annual planning workshops involving as appropriate all sectors and all levels of the Government.

11.3.5 A firewall mechanism should be established by all Government stakeholders to prevent undue influence by the tobacco industry

The Government should regulate the contacts of any of its staff with the tobacco industry to prevent undue interference of said industry in the activities and decisions of Government stakeholders involved in tobacco control. TAPDK's existing internal rules should be reviewed and refined.

II.3.6 Regular funding mechanisms for implementing the National Action Plan and to meet the WHO FCTC obligations should be established by the Government and more effort could be made to increase funding

A regular dedicated budget from the Ministry of Health should be allocated for the implementation of the National Action Plan and the WHO FCTC obligations, perhaps from the Ministry of Health revolving fund. The TAPDK authority should also look into increasing funding for tobacco control, as recommended in Section VI.2.3 below.

MONITOR TOBACCO USE AND INTERVENTIONS

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ARTICLE 20

III MONITORING AND EVALUATION

POLICY STATUS AND DEVELOPMENT

Monitoring and evaluating programmes must provide both overarching and specific information on the tobacco epidemic and the response to it. Effective monitoring systems must track several components, including (i) prevalence of tobacco use; (ii) impact of policy interventions; and (iii) tobacco industry marketing, promotion, public relations strategies and lobbying. These three components were examined by the assessment team. The information produced by tobacco surveillance and monitoring activities is described in Annex II.

The stated goal of National Action Plan in respect of monitoring and evaluation is "to establish a model to monitor, evaluate and report on the process and outputs of the National Tobacco Control Programme". There are two major objectives for achieving the goal: (1) to set up a national data system to monitor, evaluate and report on the process and outputs of the national tobacco control programme by 2007; and (2) to evaluate and report on the effectiveness of national tobacco control policies in 2010.

The key agency responsible for epidemiological surveillance is the Ministry of Health, and responsibility for tobacco control monitoring is shared mainly between the Ministry of Health and TAPDK. In addition, the Turkish Statistics Institute (Turkstat), the Government institution responsible for censuses which owns the sampling frame required for household sampling, is involved in conducting several health-related surveys that include questions on prevalence of tobacco use. The Ministry of National Education also produces information on tobacco use among schoolchildren.

The Institution of Social Security and the Department of Licensing of General Directorate of Pharmacy and Pharmaceuticals and General Directorate of Curative Services have information on smoking cessation services. The institutions which monitor warning and enforcement activities are TAPDK and the Radio and Television Higher Authority (RTUK). The institution which keeps records of fines is the Ministry of Finance.

III.2 KEY FINDINGS

III .2.1 Surveillance

National epidemiological surveillance of tobacco use is being conducted. However: There is no consolidated plan for systematic surveillance

The National Action Plan objective of setting up a national data system by 2007 has not been achieved. Various institutions have performed national epidemiological surveillance activities in tobacco control, but without an overall plan and mostly in response to requests from national and international initiatives, depending on the available national and external funding and/or academic interest.

Most studies use different criteria and methods to measure tobacco use, severely limiting the comparability of the results of epidemiological surveillance activities

Turkey has been successful in implementing international studies, such as the Global Youth Tobacco Survey (GYTS) in 2003, the Global Health Professional Survey (GHPS) and the Global Adult Tobacco Survey (GATS) in 2008. However, other epidemiological surveillance data come from small-scale research on tobacco use and related risk factors, conducted by academicians, nongovernmental organizations and the Government, using different methodologies.

Most studies have not been repeated in order to estimate trends

With the exception of the Demographic and Health Survey among women of reproductive age, no large-scale national prevalence study has been repeated in the same population with consistent methods, weakening the reliability of prevalence data obtained and limiting the possibilities of analysing trends.

Sustainability of surveillance activities which could form the basis of the surveillance system is not yet guaranteed: Methodologically sound surveys such as GYTS, GHPS or the Demographic Health Survey which could become the basis of a surveillance system in Turkey have been funded entirely from international sources; currently, there is no plan for

sustaining these activities in future years with national funds. Also, given the high cost of GATS, it will be very difficult to sustain in its current form.

The coordination mechanism between institutions working on tobacco surveillance is lacking

According to the National Action Plan, the Ministry of Health is responsible for tobacco surveillance. The assessment team observed that tobacco surveillance activities are carried out by different institutions and that no single institution is in overall charge. The human resources capacity of the responsible unit of the Ministry (number, technical skills, experience, staff stability and time devoted to surveillance) is insufficient to fulfil the responsibility outlined in the part of the Action Plan related to surveillance. Analysis of available surveillance data is usually descriptive in nature and insufficient to meet the needs for planning and monitoring interventions; the results are not properly shared with all partners or adequately disseminated to the public. Study findings are not compiled or analysed in a comparable and complementary manner.

III.2.2 Monitoring of implementation of policy interventions

Compliance with the provisions of Law No. 4207 is generally monitored

The assessment team detected monitoring activities in relation to the legal provisions on smoke-free areas, health warnings, and the ban on advertising, promotion and sponsorship of tobacco products . In addition to these topics, the administrative processes to approve reimbursement of health-care services under the social security health insurance scheme and impose fines for violation of the tobacco control law provide additional information related the compliance with the law.

Despite commendable efforts, monitoring of tobacco control policy implementation is limited

Each MPOWER policy section of the report offers an assessment of the efforts to monitor each of the policies.

Data on compliance with the law do not seem to be analysed regularly or systematically, except for topics related to smoke-free areas and health warnings

Data on compliance with provisions of the law related to the ban on advertising, promotion and sponsorship of tobacco products and tobacco educational messages do not seem to be analysed regularly or systematically by the institutions in charge: RTUK and the Advertising Council of the Ministry of Trade. The assessment team did not observe any institutional activity to analyse these data by other organizations or plans for dissemination of the existing albeit scant findings.

111.2.3 Tobacco industry monitoring

Monitoring of tobacco industry activities to undermine public health is in its infancy

Monitoring of tobacco industry activities to undermine public health has recently started and focuses on media monitoring. In December 2008, SSUK started conducting these activities with funding from the Bloomberg Initiative. Previously, a tobacco control advocate did research the tobacco industry papers for activities of the tobacco industry. However, monitoring of tobacco industry activities to undermine public health is still at a rudimentary stage.

111.2.4 Translating data into action

No central body makes policy use of existing surveillance and monitoring data

Analysis of available surveillance data is usually descriptive in nature and inadequate for planning and monitoring of interventions; the results are not fully shared with all partners or adequately disseminated to the public; study findings are not compiled or analysed in a comparable and complementary manner.

In addition, the collection of data on compliance involves several institutions, some of them not in the health sector, notably RTUK and the Advertising Council of the Ministry of Trade which collect data on the use of mandatory air time for tobacco control messages, the use of smoking images in movies and advertising, promotion and sponsorship of tobacco.

However, no central body uses these surveillance and monitoring data to extract lessons to improve planning and implementation of tobacco control policies. The tobacco control unit does not have the resources to play the role of compiling the surveillance and monitoring information, analyse it and translate it into tobacco control policy change proposals.

III.3 RECOMMENDATIONS

111.3.1 Appoint as soon as possible a staff member of the tobacco control unit of the Ministry of Health who will be fully and exclusively devoted to tobacco control surveillance and monitoring

This staff member, with experience and expertise in tobacco surveillance and monitoring, would ensure (1) standardizing methodologies across departments and institutions presently involved in surveillance and monitoring; (2) compiling existing surveillance and monitoring data at a single point; (3) coordinating the analysis of data in a standardized manner across institutions involved in surveillance and monitoring; (4) disseminate analysed information to relevant partners and feed the

information into the policy-planning process; and (5) implementing surveillance and monitoring activities approved in the National Action Plan.

111.3.2 Develop a standard set of indicators for surveillance and monitoring

To increase the comparability of prevalence studies undertaken by independent researchers, the Ministry of Health needs to create a standard set of indicators for surveillance and monitoring as a national recommendation for researchers to use. The GATS study can be used to provide such standard methodology,

including questions and indicators derived from them. In addition, under the National Action Plan, the Ministry of Health needs to create a set of monitoring indicators to measure trends in compliance with the law.

111.3.3 Integrate a core set of GATS questions into ongoing surveys to ensure sustainability

GATS constitute a very important effort to measure prevalence and other indicators. To guarantee sustainability, a core set of GATS questions should be selected and integrated into ongoing large-scale national surveys, such as the National Health Survey or the Family Structure Survey. Otherwise, the Ministry of Health may consider implementing the WHO STEP survey approach.

111.3.4 Substantially enhance passive monitoring of compliance with the law by creating a free nationwide telephone hotline to collect complaints and queries from the population

Although a passive monitoring system for compliance exists to channel public complaints about violations of the law related to smoke-free areas, health warnings, advertising, promotion and sponsorship of tobacco, the system lacks one single telephone national toll-free line to facilitate to collect complaints and queries from the population. Such a hotline should be set up urgently: it could use the same number as the quitline proposed in Section V.3.2 below, on the treatment of tobacco dependence.

IV SMOKE-FREE ENVIRONMENTS

IV.1 POLICY STATUS AND DEVELOPMENT

Although exposure to second-hand tobacco smoke seems to be an important threat to the health of people in Turkey, there are no national data as yet on prevalence of exposure to second-hand smoke. Some studies performed in various cities indicated that in around 60-80% of houses at least one family member smokes (mostly fathers). About 90% of smokers indicated that they smoke at home, 60-95% at work and 50-85% in front of their children. According to the GYTS survey, over eight in 10 Turkish students reported that they were exposed to tobacco smoke at home and in public places. Methodological difficulties, such as unavailability of cotinine measurements at all settings and inaccuracies in reporting, have limited the measurement of exposure levels.

The National Action Plan established the objective of protecting public health and the health of individuals from second-hand smoke by legislating for a complete ban on smoking in workplaces, public transport, educational and training institutions, health facilities, waiting rooms, cultural and arts facilities, restaurants and gymnasiums. In addition, the National Action Plan has targets to "raise awareness among the general public of the health risks of passive exposure", monitor exposure to second-hand smoke and strengthen the system for public complaints about exposure to second-hand smoke.

In 2008, Law No. 4207 was amended in order to turn all indoor public places, workplaces, educational institutions and premises, public transportation (including taxis) into 100% smoke-free environments, as well as introducing a near complete ban in sports and other events venues, ,with a first phase for general implementation in all places apart from hospitality workplaces, that started on 19 May 2008 and a second phase that will extend the smoking ban to all hospitality workplaces, starting on 19 July 2009.

IV.2 KEY FINDINGS

IV.2.1 Turkey has adopted strong and comprehensive smoke-free legislation

The existence of minor loopholes concerning outdoor places and spectator areas does not detract from the overall strength of the legislation. The Prime Minister's Circular 2008/6 on Implementation of the Decisions of Law No. 4207 states that the exposure to SHS second-hand smoke should be prevented, but at the same time it allows for designated smoking rooms in outdoor places and spectator areas (occupying not more than 50% of the total area of the public gallery).

IV.2.2 The great majority of the population is aware and supportive of the smoke-free legislation, but thinks its implementation will be difficult

According to a survey conducted shortly after the amendment of the Law 4207 was enacted (in February 2008)[5], more than eight out of ten Turkish residents declared that they were aware of the smoke-free legislation. Also, around 85% of the respondents expressed support for the legislation. However, in a later survey (May 2008), 90% of respondents thought it would be difficult to implement this law. The main reasons given for this perceived difficulty were: "smokers' addiction"; "smokers would not listen to others"; "smokers would perceive this legislation as a limitation on their freedom"; and "the legislation would spark disputes in
bars".

The same study repeated in December 2008 showed that 100% of the respondents had heard about the smoking ban. While the percentage of people supporting the law had a very slight increase (to 72%), the respondents who perceived the implementation of the law as difficult decreased to 80%, but was still at a very high level.[6]

IV.2.3 Compliance with smoke-free provisions during the first phase of the smoking ban is not optimal

The 2008 amendment is actively enforced by visual inspection of facilities for detection of smoking behaviour. Inspectors from the Ministry of Health and municipalities, as well as municipal police, carry out regular inspections. Since the entry into force of the amendment in May 2008, they have performed almost 50 000 inspections. The results of these inspections indicate that compliance rates are higher in public administration offices compared to the private sector. For example, of the 1049 Government organizations and public administration facilities inspected during December 2008 and January 2009, 102 (9.7%) were noncompliant. Of the 444 private workplaces that were inspected, 275 (61%) were noncompliant. This is consistent with

[5] Synovate Global Omnibus, 15 February - 1 March, 2008. The survey included interviews in 16 cities across the country. The margin of error for the full sample of 1331 respondents is +/- 2.7% at the 95% level of confidence. For sub-groups of the population, the margin of error is higher.
[6] HASUDER (Society of Public Health Specialist). Unpublished results of the BI Project which is conducted MoH and HASUDER, (Expansion of smoke-free Public places and workplaces in Turkey: Effective enforcement)

anecdotal observations by the assessment team. In contrast, compliance rates in the transportation sector are very good - of 179 inspections on public transport, only four were noncompliant.

The reasons for suboptimal compliance appear to be related to limitations in enforcement capacity and strategy.

Although enforcement mechanisms and infrastructure have been developed, they are not yet fully functional

The inspection protocol was revised by the Ministry of Health in October 2008. It is still being refined, but the Ministry of Health reports that all authorities that carry some responsibility in enforcement have been notified. The inspection protocol is very detailed and, in addition to smoke-free places, it includes inspection visits for other tobacco control measures such as sale to minors, tobacco advertising and promotion, etc. The checklist for smoke-free places includes items such as: signage; observation of smoking; availability of information on name and/or telephone number for submitting complaints. Also whether "the violations are being reported to the appropriate authority" is included in the inspection report. Raw data from the enforcement protocol, dating from 19 May 2008 to February 2009, although available, are not yet fully processed and analysed.

According to reports from various stakeholders, the process of forming inspection teams is still under way, with teams that do not appear to be homogeneous and that do not cover all provinces. This situation was also evidenced by the findings of a spot check across all provinces on 14 February 2009, ordered by the Ministry of Health. Of the 73 provincial inspection teams involved in the spot check, only 39 reported back. It is unclear whether the lack of response data was due to problems in reporting or the lack of provincial capacity for inspection and enforcement.

Self-enforcement as a strategy is overriding; the role of penalties for violators is not sufficiently appreciated

Officials met by members of the assessment team repeatedly stated that fines are not, and will not be, a necessary measure. Also, enforcement officers and municipal police security forces seem reluctant to issue fines. This is consistent with the low level of fines from the reported data on inspections, compared with the level of reported violations. As an example, during November 2008, although 502 public administration offices and private workplaces were noncompliant, only three public administration offices were fined and no private workplace was sanctioned. Furthermore, noncompliant private workplaces are fined less frequently than public offices. In the period December 2008-January 2009, for example, of 102 noncompliant public offices only seven individual smokers were fined. However, not a single one of the 275 noncompliant private workplaces was fined.

Smoke-free signage has been introduced in most smoke-free places, although not in a systematic procedure

TAPDK, with the approval of the Ministry of Health, is responsible for specifying the criteria for appropriate signage. These criteria were made public only two days prior to the implementation of Phase 1. This short notice meant that the official model for signage was not available in time, resulting in various interpretations of the appearance the signage should take. Official signage is now available and downloadable on the TAPDK Web site, www.tapdk.gov.tr/ornek.htm and from a link from the Ministry of Health smoke-free Web site www.havanikoru.org.tr. The assessment team found that plans to distribute signage free of charge, with guidance documentation for hospitality facilities owners (for the second phase of the law implementation) are currently being developed.

IV.2.4 Preparation for the second phase of implementation has been initiated but has not yet reached the level required for best practice

In April 2008, the Ministry of Health and TAPDK created a joint committee to prepare the implementation of the second phase of the smoke-free law. Initially, this committee was not functional, mainly due to its membership of high-ranking officials only. At the end of 2008, the two authorities decided to adjust the composition of the committee, and currently officials at executive level have been recruited. Regular meetings of this committee started in January 2009. Also, the Ministry of Health tobacco control unit has recently undergone changes in key staff (within the more general reorganization of the Ministry) so the new team is currently at the beginning of the planning process for preparing the second phase of implementation.

IV.2.5 There is evidence of organized opposition by the tobacco industry and the hospitality sector, consequently threatening the successful implementation of the smoke-free legislation

Negative articles about the smoke-free law appear frequently in the media. The content of these articles mirrors those found in any country embarking on smoke-free public places and are well-documented in tobacco industry documents that are now in the public domain. Recent examples include an article on 12 February 2009 article in the newspaper *Milliyet Café* entitled "Restaurant owners pour out their troubles", featuring five leading members of TURYID (an association of high-end restaurant and club owners and operators in Istanbul) on its front and third page. In the article, the members claim that smoking bans are not democratic and that "smoking areas" should be allowed. Another article (appearing on 13 February 2009) in the newspaper *Dünya* presented a high-level executive from Turkey's largest enterprise, the Koç Group, who smoked in his office, claiming that he is not violating the law thanks to a little device called the "magic ball", which allegedly works like an air purifier to get rid of the cigarette smoke. In addition, while the authorities are determined to implement Phase 2 of the law without delay, some parts of the hospitality sector are confusing the public by stating their confidence that implementation of the law will be delayed.

National Capacity Assessment for Tobacco Control - Turkey

IV.3 RECOMMENDATIONS

IV.3.1 Successful implementation of the upcoming second phase of smoke-free legislation requires immediate scale-up and intensification of preparatory activities, communication and coordination of all stakeholders, in accordance with WHO FCTC article 8 guidelines. Recommended actions before the 19 July deadline are as follows

The Ministry of Health should designate a full-time, experienced "smoke-free coordinator" with responsibility for delivery of the smoke-free programme during the period leading to the 19 July deadline

This coordinator will need to deal exclusively and efficiently with the workload generated by preparation activities. The coordinator will also serve as a repository of lessons learned, being able to transmit them to other countries interested in the Turkish experience.

The Ministry of Health, in collaboration with mass-media and other experienced partners, should develop and implement an evidence-based communication strategy

The objective of this strategy is to ensure compliance with the legislation by providing to the population an adequate level of knowledge on SHS health hazards, the rationale of the legislation and practical information on implementation and enforcement. The strategy should be implemented by the mass media and include public relations techniques and targeted information for specific groups. It should also include a free telephone line that could serve as both an information resource and a record for complaints. This line could be linked to the smoke-free Web site developed by the Ministry of Health and TAPDK. See also the recommendations in Section II (coordination and implementation) and Section VI (warning people against the dangers of tobacco smoke).

The Ministry of Health should thoroughly inform and mobilize implementing agencies at provincial level, in collaboration with the TAPDK, SSUK and other partners

The Ministry of Health should organize and conduct a series of meetings with provincial governors, provincial tobacco control enforcement teams including the police and health inspectors, and provincial representatives of relevant private-sector institutions, particularly in hospitality and tourism, higher education, professional bodies/unions, etc. The objectives of these meetings would be: (1) to provide a common knowledge and understanding of the rationale and practical implementation of the smoke-free legislation; (2) to clarify and clearly delimit the roles of different agencies in implementation of the law; (3) to present and discuss the implementation of the plan for communication and dissemination, including distribution of free guidance documents and official signage; (4) to troubleshoot any difficulties that may arise from the concerned sectors; and (5) to clarify practical aspects of the enforcement protocol and plan.

TAPDK in collaboration with the Ministry of Health, should ensure that guidance materials, including signage, are distributed promptly to all hospitality sector venues

A guidance brochure to inform hospitality-sector businesses about the practical implementation of the smoke-free legislation and the official signage available on the TAPDK Web site should be printed and sent to all venues and businesses affected by the 19 July deadline, such as coffee and tea houses, cafes, hotels and restaurants at least four weeks before the deadline.

The Ministry of Health, in collaboration with civil society organizations, should proactively anticipate and develop responses to threats from the tobacco industry and the opposition of the hospitality sector

The tobacco industry has repeatedly misled and misinformed the public about the health risks and dangers of second-hand tobacco smoke and the economic impact of smoking bans. It is recommended that the Government and tobacco control organizations in civil society should fully anticipate and prepare for such opposition and threats through constant monitoring of tobacco industry activities and the wide dissemination of information on the tactics of the tobacco industry and its allies. The information disseminated to the public should reveal the continuous efforts of the tobacco industry to slow down the implementation of effective protection against exposure to second-hand smoke, also the fact that similar myths and challenges have been used in every country going smoke-free (advice on the use of noneffective examples to weaken the legislation, promotion of ventilation as an alternative to 100% smoke-free places, spread of threats of a negative economic impact on cafes, restaurants, etc.). The Ministry of Health should also be prepared to respond in a decisive manner to any legal challenge to the legislation on false grounds to delay implementation.

The Ministry of Health should prepare a massive and well publicized inspection sweep to be conducted in the weeks following 19th July

International experience shows that the first few weeks of the implementation of a smoke-free law are key to encouraging self-enforcement later, by showing the public that the Government is determined to enforce the law through all legal means at its disposal, including penalties for violations. The MOH has already shown capacity to conduct intensive spot checks. A series of spot checks or thorough inspections should be organized, combined with fines for violations. Moreover, as part of the communication strategy, the Ministry of Health should be prepared to give considerable media exposure to inspections. Inviting the press to witness inspections in key cities and symbolic or difficult places, and publicizing both good examples of compliance and exemplary sanctions, will demonstrate not only the commitment of the Government but also the seriousness of protecting the health of all workers regardless of their place of work.

IV.3.2 For the months after 19 July, the Ministry of Health should properly monitor and enforce all smoke-free places according to the law in order to achieve maximum compliance

In order to achieve this objective, it is recommended that the following measures should be implemented in collaboration with all relevant partners in the Government and civil society.

Continue the information campaign and mobilization of different groups to ensure that all indoor workplaces are 100% smoke-free (university rectors, hospital and health care managers, trade unions, professional bodies, public administration managers, private-sector managers, etc.).

Continue and scale up the establishment of the provincial inspection teams.

Develop an effective system for training the inspection teams and empower them to impose fines for legal violations.

Reinforce a systematic monitoring system that will report or collect detailed data on law compliance and enforcement.

Continue monitoring tobacco industry activities in order to prevent any interference, challenges or threats to smoke-free legislation.

MPOWER — **FCTC ARTICLE 14**

OFFER HELP TO QUIT

V OFFER HELP TO QUIT TOBACCO USE

V.1 POLICY STATUS AND DEVELOPMENT

The Law on the Prevention of Harmful Effects of Tobacco Products of 1996 and the National Action Plan (2008-2012) are the legal documents that define the policy and measures related to the treatment of tobacco dependence in Turkey. The current **tobacco control law** (Law No. 4207/1996, amended in 2008) mandates the Ministry of Health to increase the accessibility of treatment for tobacco dependence by conducting and funding "the necessary activities intended to develop programmes that encourage people to quit using tobacco products and to ensure accessibility of medicines for the treatment of tobacco addiction".

The **National Action Plan** sets the overall goal of increasing "smoking cessation and the rate of success in treating tobacco dependence and to prevent relapse". More specifically, it seeks to increase the cessation rate among the general public to over 40% by 2010; among health professionals to over 50% by the end of 2008; among teachers, religious affairs workers and managers and assigned professionals to over 50% by 2010; and among pregnant women to over 90% by 2008. The working definition of the "smoking cessation rate" in National Action Plan is "those who have stopped smoking as a proportion of all who have ever smoked" and for "smoking/tobacco cessation" the definition is "cessation of the use of all tobacco products".

In order to achieve these objectives, the National Action Plan recommends that the Ministry of Health should create a system to motivate and assist smokers willing to quit, ensuring brief interventions during all clinical encounters, including at the primary level and in health programmes such as reproductive health, cancer and tuberculosis prevention. In addition, the Ministry of Health should provide easy access to treatment of scientifically proven efficacy for nicotine addiction.

V.2 KEY FINDINGS

V.2.1 Services to manage and treat tobacco dependence effectively are very limited in number, despite current tobacco control law and the National Action Plan provisions. No quitline exists

The health system does not offer services to help people to quit using tobacco. No brief advised is offered in primary care services. The assessment team found only isolated and unconnected individual initiatives of a handful of professionals working in the health system without formal support from the system itself. Most of these isolated efforts offer hospital-based intensive (specialized) treatment.

There is no quitline available for smokers seeking help to quit smoking. No current plans exist for setting up an accessible and toll-free quitline.

V.2.2 There are no national consensus guidelines for the treatment of tobacco dependence

Some medical scientific societies have developed their own guidelines, but there are no national consensus guidelines for the treatment of tobacco dependence endorsed by the Ministry of Health or any other Government agency. Ineffective treatments which are not evidence-based are advertised and offered by some nongovernmental organizations and private groups. There is no broad understanding of the ICD-9 F17 diagnosis (tobacco dependence) as a condition requiring treatment.

V.2.3 The social security health insurance scheme does not reimburse treatment of tobacco dependence

The social security health insurance scheme covers close to 60 million people. Uninsured people will also be covered in three years' time, bringing the coverage rate to almost 100%, hence the importance of the medication approved for reimbursement. No behavioural or pharmacological treatment for tobacco dependence is currently approved for reimbursement under the social security health insurance scheme. The social security scheme informed the assessment team that it would be willing to consider for reimbursement evidence-based behavioural treatments and all medications licensed for treatment of tobacco dependence by the Ministry of Health, which include nicotine replacement therapy and varenicline, but not bupropion. The activity of the National Action Plan to include medications in the scope of insurance has been delayed by the Ministry of Health.

Currently, the following pharmacological treatments are available over the counter: nicotine replacement gum 2 mg and 4 mg, sublingual 2 mg and patch. Varenicline 0.5 mg and 1 mg tablets have recently been placed on the market and are available on prescription. Many smokers who want to quit cannot afford these treatments.

V.2.4 Health professionals are not fully committed to helping people to quit

This is partly due to a poor understanding of tobacco-related diseases and associated diagnosis and treatment. Although, in many countries, physicians have an important role in tobacco control, especially in the treatment of tobacco dependence, in Turkey most of them are not sufficiently trained in this area. Health-care staff, especially those working in hospitals, consider that there is not enough time for tobacco dependence treatment, besides the fact that the health-care system gives them no incentive to conduct it (no extra payment). Also, there is limited capacity in the health-care system in using nurses to be involved in this treatment.

V.3 RECOMMENDATIONS

V.3.1 The Ministry of Health should lead the preparation of and endorse national consensus guidelines for tobacco dependence treatment in collaboration with all medical and health associations

These guidelines should promote the role of brief advice in primary health care services. Integrating tobacco cessation into primary health care and other routine medical visits will provide the health-care system with opportunities to remind users that tobacco harms their health and that of others around them. Repeated advice at every medical visit reinforces the need to stop using tobacco, and advice from health-care practitioners can greatly increase abstinence rates. This intervention is relatively inexpensive because it is part of an existing service that most people use at least occasionally. It can be

particularly effective because it is provided by a well-respected health professional with whom tobacco users may have a good relationship.

V.3.2 The Ministry of Health should establish a well-staffed, easily accessible, toll-free national quitline

Quitlines are inexpensive to operate, confidential and can be staffed for long hours, so they can reach people who are unable to call during business hours or live in remote places. A quitline in Turkey will help to introduce tobacco users to tobacco dependence treatments, such as counselling and nicotine replacement therapy. Furthermore, a quitline provides a tangible support to smokers who want to quit as a result of the implementation of the smoke-free places law in Turkey.

V.3.3 The social security health insurance scheme should reimburse behavioural and low-cost pharmacological treatment as well as prescription medications

First line behavioural therapy, and low-cost, over-the-counter pharmacological treatments, such as nicotine replacement therapy in the form of patches, lozenges, gums and nasal sprays, should be reimbursable as well as more specialized prescription medications such as bupropion and varenicline. Although behavioural and pharmacological therapies are generally more expensive than physician advice and quitlines, they have been shown to double or triple smoking cessation rates.

V.3.4 Discourage non-evidence-based treatments

The Government of Turkey, through the Ministry of Health, holds the primary responsibility for treating tobacco dependence with evidence-based methods. Therefore, the Ministry of Health should take appropriate action in regulating the licensing of services offered to helping people who want to quit, according to scientific evidence and national guidelines.

MPOWER

WARN PEOPLE ABOUT THE DANGERS OF TOBACCO

FCTC ARTICLE 11

VI WARN PEOPLE ABOUT THE DANGERS OF TOBACCO

VI.1 PACKAGING AND LABELLING

VI.1.1 POLICY STATUS AND DEVELOPMENT

A TAPDK 2005 bylaw introduced the existing warning labels on cigarette packs. The previous warning was replaced by two alternative text health warnings covering 40% of the front large side of the pack: "Smoking kills" or "Smoking seriously harms you and others around you". A set of 14 additional text warnings are used in rotation to cover 30% of the back side of the pack. The list of additional warnings is similar to the one provided by Directive 2001/37/EC of the European Parliament. Numerical information on additives is allowed.

Also, the National Action Plan contains specific measures related to the packaging and labelling of tobacco products. The principal is that TAPDK will enforce "legal provisions whereby tobacco manufacturers must include striking visual images of the harmful effects of tobacco use on their packaging".

VI.1.2 KEY FINDINGS

The Government is committed to introducing strong pictorial warnings

TAPDK is mandated to regulate on warnings (messages, pictorials, diagrams and graphics) with the approval of the Ministry of Health. TAPDK has adopted strong text warning labels in line with the minimum requirements of the WHO FCTC and European Union standards[7], since Turkey is currently a candidate for European Union membership. Health warnings do not yet reach the best-practice standards embodied in the Guidelines for implementation of Article 11 of the WHO FCTC, adopted by the Conference of the Parties in 2008[8]. TAPDK is committed to completing draft regulations by 31. May 2009, to be followed by the selection of European Union pictorial warnings and a licence agreement, with a deadline for implementation of 1 January 2010. It is not clear whether Turkey, under its Programme for Alignment With the Acquis 2007-2013[9] (Chapter 28, Consumer and Health Protection) is allowed to go beyond the European standards when harmonizing Turkish regulations regarding pictorial warnings[10]. TAPDK is willing to go beyond these standards if possible and is presently consulting the European Commission.

[7] Directive 2001/37/EC of the European Parliament and of the Council on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco products.
[8] "[...] health warnings and messages on tobacco product packaging and labelling should be 50% or more [...] of the principal display areas[...]".Mp://www.who.int/fctc/guidelines/article 11.pdf, accessed 15 March 2009.
[9] Turkey's Programme for Alignment With the Acquis (2007-2013), http://www.abgs.gov.tr/index.php?p=6&l=2, accessed 15 March 2009.
[10] Commission Decision No. 2003/641/EC of 5 September 2003 on the use of colour photographs or other illustrations as health warnings on tobacco packages; Commission Decision C 2005/1452/EC of 26 May 2005 on the library of selected source documents containing colour photographs or other illustrations for each of the additional warnings listed in annex 1 to Directive 2001/37/EC; Commission Decision C 2006/1502
of 12 April 2006 amending Commission Decision C 2005/1452 on the library of selected source documents containing colour photographs or other illustrations for each of the additional warnings listed in annex 1 to Directive 2001/37/EC.

No regular evaluation is conducted, either of the impact of text health warning labels or of packaging and labelling measures in general

Well-designed health warnings and messages are part of a range of effective measures to communicate health risks and reduce tobacco use. However, it appears that no studies have been conducted so far to evaluate the impact of existing text health warnings (noticeability, comprehension, credibility, informativeness, recall and personal relevance of health warnings and messages, health knowledge and perception of risks, intentions to change behaviour and actual behavioural changes). No institution has been mandated to conduct such research.

While all tobacco products that receive licenses for sale comply with the packaging and labelling regulations, smuggled products sold in border provinces do not

TAPDK has strictly enforced the legislation on packaging and labelling and has fined tobacco companies which do not comply with the law. However, cigarette packs sold at some points of purchase in bordering provinces do not comply with the law, although it is not a widespread problem. These products are smuggled and do not carry health warnings, or the text is in English, or they use the same colour scheme (as packaging and product design features), or some contain fewer than 20 cigarettes. All tobacco manufacturers in Turkey are obliged by law to request a "production/product sales licence" from TAPDK. TAPDK receives regular reports about smuggled products from the provincial authorities.

VI.1.3 RECOMMENDATIONS

The forthcoming TAPDK regulations on combined health warnings (text plus graphic) should be drafted and introduced for all tobacco products in line with the Guidelines for implementation of Article 11 of the WHO FCTC

Turkey needs to introduce pictorial health warnings covering more than 50% of the principal display areas, including both sides of the pack, going beyond European Union requirements if necessary. Also, as soon as a national quitline is established in Turkey, the toll-free telephone number should appear on the tobacco packs.

A specific institution should be mandated to conduct pre-testing on planned pictorial health warning labels and to monitor and evaluate overall packaging and labelling measures

Pre-testing should be undertaken in parallel with the drafting of legal measures, to avoid undue delay in implementation. Valuable information may be obtained from simple focus groups from the target population, or from Internet-based consultation as a quick and inexpensive alternative. In addition, monitoring and evaluating the overall packaging and labelling measures will both assess their impact and identify needs for improvement. These actions should be initiated immediately after the legal measures have come into force and should be conducted continuously thereafter. Consideration should be given to inviting civil society not affiliated with the tobacco industry to contribute to this process.

Enforcement of packaging and labelling regulations should be strengthened at the provincial level

Enforcement needs to take into consideration the following measures.

- The existing protocol and checklists for provincial and municipal inspectors should include packaging and labelling items such as label wording, colour, font, layout, print quality, specification of location, inclusion of package inserts and onserts and interior messages, placement of the stamp. Regular spot checks of tobacco products at manufacturing and importing facilities, as well as at point of sale, should be conducted.

- Improve collaboration and information exchange among existing enforcement institutions, civil society and citizens for monitoring and effective enforcement.

- TAPDK should continue withdrawing the licence to sell and distribute tobacco products in cases of noncompliance by sellers and distributors.

- Civil society (local nongovernmental organizations) and citizens should be involved in monitoring the effective enforcement of the packaging and labelling regulations.

- Enforcers should give timely information to the media on enforcement actions and penalties. Making public the names of violators and the nature of their offence may also be considered in order to send a strong message to the entire population that noncompliance will be investigated and action will be taken.

Many groups have supported various tobacco control and smoke-free messages and materials, including the Ministry of Health, TAPDK, Ministry of the Environment, nongovernmental organizations, the SSUK nongovernmental coalition and professional associations.

There is strong legislation mandating free TV/radio airtime for public health communications about the dangers of tobacco and about tobacco control; compliance seems good, though mainly self-enforced and poorly monitored

VI.2 PUBLIC AWARENESS AND MASS-MEDIA CAMPAIGNS

VI.2.1 POLICY STATUS AND DEVELOPMENT

Law No. 4207 requires 90 minutes of free airtime for tobacco control on every radio and television channel, including 30 minutes in prime time.

The Ministry of Health takes the lead in mass-media campaigns and interacts with TAPDK. The Radio and Television Supreme Council (RTUK) is charged with monitoring and enforcing the 90-minute free airtime regulation, as well as enforcing the ban on television images of smoking. The Ministry of National Education is proactive in integrating tobacco dangers into the health and science curriculum for both teachers and students in primary and secondary schools. The curriculum is currently being revamped and improved.

The National Action Plan has a section dedicated to "public information, sensitization and education". It sets the overall goal of "creating an antismoking culture in 90% of the population by 2012" and contains measures to increase the awareness of different target groups about the harm done by tobacco and their own role in tobacco control. It also recognizes the importance of "publicizing information on tobacco industry practices".

VI.2.2 KEY FINDINGS

Turkey is a pioneer in requiring TV/radio broadcasts of tobacco control messages. By mandating social programming, Turkey has made significant steps towards reducing expensive media placement costs. Turkey has a sophisticated media environment and high viewership, so health promotion through mass-media campaigns can have a strong impact on social norms for smoke-free and related tobacco control issues. The Ministry of Health approves message placement for the 90 minutes of required broadcast time. There are 1400 TV/radio outlets (20 private national television channels; 16 regional and 350 local TV stations; 1000 local radio stations, 36 national and 100 regional stations).

Each of the 1400 stations is required to create a CD every month of the advertisements they broadcast during the required 90 minutes and send it to RTUK. Since there are multiple regulations requiring free airtime for a number of social issues, it is cumbersome for the stations to copy their various broadcasts of free social messages, and hard for to RTUK to review them thoroughly. Although there are multiple social programming responsibilities, harmful substance ads - including tobacco - seem to get priority from stations, because protecting children and youth is a priority and, probably, because there is some form of monitoring. RTUK performs intermittent monitoring of TV and radio, but mostly relies on self-compliance by the industry and checking of its reports. No fines were imposed in the last year on any radio or television station for noncompliance.

Public awareness messages have been developed by nongovernmental organizations and more recently by the Ministry of Health (Smoke-Free Air campaign) and TAPDK. However, not all of these efforts have been strategically planned or well-coordinated

There is ad-hoc and uneven coordination between public institutions and nongovernmental organizations, and between central and local levels in terms of public awareness campaigns. A number of nongovernmental organizations and public sector institutions (Ministry of Health, Ministry of the Environment, TAPDK) have sponsored sporadic spots and messages, but these efforts were not developed systematically with measurable objectives, pre-tested or post-tested. There are no ongoing coordination mechanisms among groups working at the national level, or between national and provincial groups, to share and cosponsor media messages/spots or other tobacco control materials.

According to a survey conducted at the time that the first phase of the smoking ban was entering into force (May 2008), 90% of the respondents that declared that they had "heard about the legislation", they also cited "media" as a source. The same study repeated in December 2008 showed a decrease of this percentage, namely the "media" was cited as source by 80.9% of respondents (11.8% cited friends and neighbours, while 2% cited school and teachers). The slight decline in the number of people citing the media may be due to the fact that the intensity of media related to the smoke-free law has decreased gradually over time.

There have been no evaluations to measure the impact of mass-media activities on public perceptions and behavioural change

Thus it is hard to gauge the effect of these efforts and understand reactions and behavioural change among different audiences in the Turkish community, such as: asking smokers not to smoke in public places or in the home; deciding and trying to quit; or encouraging family and friends to quit.

A well-planned and measurable mass-media campaign promoting smoke-free environments is being organized in Turkey with public institutions in coordination with nongovernmental organizations (Bloomberg Initiative)

With increased capacity and resources, and utilizing evidence-based strategies and messages in combination with evaluation and monitoring, Turkey will have the tools in place to create one of the most effective tobacco control campaigns in the world.

VI.2.3 RECOMMENDATIONS

A nationally coordinated and integrated communication strategy should be developed, monitored and evaluated with sustained funding to catalyse behavioural change for smoke-free policies, smoking dangers, cessation and prevention (Ministry of Health, TAPDK, RTUK, nongovernmental organizations, Ministry of the Environment, etc.)

The immediate health communication priority is to promote the 19 July implementation of universal smoke-free public spaces, including bars, restaurants and coffee houses. This is paramount, as indicated in Section IV of this report (smoke-free environments). An integrated campaign with tested concepts (adaptations of international best-practice messages mixed with new messages specifically tailored to the Turkish audience) conveyed via the mass media and through mobilization by nongovernmental organizations at the provincial level may be the engine to encourage the Turkish people to embrace fully a smoke-free country and remove any doubts about implementation of smoke-free legislation. Research indicates that the public is ready to embrace smoke-free places as a social norm: 81% of residents polled (including smokers) indicated that they look forward to smoke-free restaurants/bars and that it will be nice to enjoy restaurants without inhaling tobacco smoke.

Key elements of the communication strategy include creating a national planning group, including existing nongovernmental organizations and professional associations, to carry out strategic planning, training and implementation of behavioural change strategies

In addition to the recently established Ministry of Health/TAPDK joint working committee the NCTC should consider formalizing its media subgroup as an advisory body to the Ministry of Health for the planning of mass-media tobacco control campaigns. While the Ministry of Health should retain leadership over the content of advertising campaigns, this process will assist in coordinating advertising campaign efforts with other Ministries or agencies (e.g. pack warnings) and give academics, social scientists and medical professionals on the committee a way to advise on campaign messages and themes. This working group can provide oversight to ensure that mass-media campaigns follow evidence-based practices for behavioural change communication and are evaluated for effectiveness. It would also allow the Ministry of Health to coordinate resources available to other ministries in support of tobacco control campaigns, such as billboards, school signage and staff communiqués, so that the messages are consistent across multiple communication platforms.

Sustain funding for ongoing behavioural change campaigns from TAPDK's revenue stream and the MOH revolving fund

This funding is essential in order to achieve a measurable impact on specific target audiences. Health social marketing messages/spots must be broadcast frequently and sustained over time.

Streamline the monitoring of compliance with the requirement for 90 minutes' free airtime. RTUK should establish a simple and effective system for monitoring compliance among television and radio stations, with monitoring focusing on those outlets with high viewership and impact

The current reports should be checked against 24-hour surveillance spot checks. Other spot checks for compliance should be done monthly for the 35 national radio and TV channels, and intermittently

for regional and local channels. Fines for noncompliance should be immediate and escalate with repeat infractions. Compliance data, including self-reporting, should be made public - this transparency will empower the Ministry of Health, nongovernmental organizations and advocacy groups to play an important "watchdog" role. The Ministry of Health should continue to determine what spots/programmes are appropriate for the 90 minutes of advertising. Ministry of Health approval of messages and spots may ensure that high-quality health messaging takes precedence over messages which are inconsistent with the national strategy and campaign supported by the coordinated national media working group.

Expand the Ministry of Health and TAPDK smoke-free Web site into an interactive Web site to facilitate access to consistent, good quality tobacco control messages and materials

Any stakeholder or interest group (public sector, professional association, and nongovernmental organization) should be able to download national campaign messages, material templates and digital media spots for testing and use. This will maximize message dissemination in different regions of the country and help stakeholders to mobilize their groups at an affordable cost, since each group can access the top-quality materials it needs, using available resources. This may stimulate volunteerism in nongovernmental organizations. A variety of messages and materials related to different MPOWER approaches may be included.

Strengthen Ministry of Health and media capacity in strategic communication approaches using evidence-based best practices

International experiences in health communication have shown that strategic planning, effective coordination and research-based message development are key to effective mass-media campaigns. Capacity-strengthening should be focused on systematic approaches for campaign development to ensure maximum behavioural impact for a given investment, including: formative research, strategic campaign design, message pre-testing, and media planning, monitoring and impact evaluation. Given the forthcoming extension of the smoke-free law on 19 July 2009, these skills will have to be learned on the job. In the medium term, more attention may be dedicated to bolstering these health communication skills.

Other areas for capacity building attention include:

- strengthening journalists' motivation to cover tobacco control issues and improve their capacity;
- workshops for media institutions on tobacco control, including policy implementation and enforcement (as it relates to the media) as well as tobacco industry tactics.

VII ENFORCE BANS ON ADVERTISING, PROMOTION AND SPONSORHIP

VII.1 POLICY STATUS AND DEVELOPMENT

Law No. 4207 bans all direct and indirect forms of advertising and brand-stretching. The later amendments, in 2008, add provisions on fines and enforcing authorities and state that tobacco products "shall not be displayed on TV programmes, films, TV series, music videos, advertisements and commercial films and their image cannot be used". RTUK mandates blurring such images. In addition, a recent RTUK directive bans scenes that are harmful to youth or include tobacco use in all new domestic film productions.

The other laws addressing tobacco advertising are as follows.

- Law No. 4733 on Restructuring of the General Directorate of Tobacco, Tobacco Products, Salt and Alcohol Enterprises; and on Production, Domestic and Foreign Purchase and Sale of Tobacco and Tobacco Products, and Amending Law No. 4046 and Decree No. 233.

- Law No. 5261 on Approval of the Framework Convention on Tobacco Control.

- Communiqué on Points of Sale and Displaying Tobacco Products at Final Points of Sale.

- Bylaw on Retail Sale and Wholesale of Tobacco Products, Alcohol and Alcoholic Drinks and Sales Documents of these Products.

- Decision of TAPDK on banning press advertising in the form of price declarations.

The National Action Plan emphasizes the need to improve monitoring mechanisms and to prevent explicit or implicit cross-border advertising, promotion or sponsorship.

VII.2 KEY FINDINGS

VII.2.1 Turkey has a comprehensive ban on tobacco advertisement, promotion and sponsorship. Compliance seems high, but the tobacco industry uses tobacco product displays at point of sale to circumvent the ban

Turkey enacted a pioneering comprehensive tobacco advertising ban in 1996. Strong commitment from public sector and nongovernmental organizations stopped attempted violations, and the legislation had been successfully enforced since then. However, sponsorship by the tobacco companies could be banned only through the amendments to the tobacco control law adopted in 2008. As a strategy to combat these strict regulations, the tobacco industry launched new and varied tactics to make tobacco products visible and attractive to all customers at the point of sale. However, owing to the general perception of a strong advertisement ban policy in the country, enforcement agents pay limited attention to points of sale or to other violations of the law.

VII.2.2 Although the Ad Board of the Ministry of Industry and Trade has a strong commitment to monitoring and enforcement of the tobacco advertisement ban in response to complaints from the general public, enforcing agents and nongovernmental organizations, enforcement efforts are still lacking at provincial level

The Ad Board (under the Consumer and Competition General Directorate of the Ministry of Trade) is composed of 29 members representing the public and nongovernmental organizations, as well as the trade unions (1/3 public, 2/3 nongovernmental organizations and professional groups).The secretariat is managed by a Director and Deputy Director and operated by 25 full-time staff, one of whom focuses on tobacco and has participated in international meetings of the Conference of the Parties of the WHO FCTC. Other staff focus on advertising violations related to other products. The specific mandate for the staff is to monitor violations and impose fines. Complaints may be filed by the general public by mail, on the Web site, on hotline No. 175 *("hello consumer')* and by TAPDK and the Ministry of Health, as well as by Board members and/or staff, according to clear procedures for recording and investigating complaints (which includes contacting the violator(s) and seeking expert opinions, i.e. from TAPDK). The Board meets every month for several days to review the files for each complaint. After a thorough review, the Board members vote to decide whether: (1) the complaint refers to a violation of the law; (2) a fine should be levied; (3) the advertisement should be dropped. The process from complaint to Ad Board decision takes an average of six months.

In 2007, eight out of a total of 467 complaints were lodged regarding tobacco advertisements, and seven were found to be violations of the law. The eighth complaint (filed by the local police) was related to free distribution of cigarettes during a university event, which is a violation of the law, but not an "ad-ban" violation. In 2008, 16 tobacco complaints were lodged (of a total of 679): nine advertisements were dropped. Based on anecdotal evidence, another common violation appears to be the display of advertisements in disallowed areas, such as universities. Indirect advertisement includes references in articles in the news or in job announcements to the names of tobacco brands or manufacturers.

No monitoring of advertisement ban violations is conducted at the provincial level. The awareness of the public seems to be very limited, and the general population from the provinces appears to have no knowledge about the authority to which complaints should be addressed.

VII.2.3 The Government introduced a strong policy for removing images portraying smoking from the media, but this is self-enforced and monitoring is inconsistent

Turkey has an excellent ban on images of tobacco use that, although mostly voluntarily implemented, seems to enjoy good compliance. Smoking scenes in most existing foreign and domestic television and film productions are blurred. Although RTUK is the authority which monitors and enforces this provision, the general attitude is that compliance is high because of self-enforcement. RTUK staff are not particularly keen to monitor or check complaints related to tobacco control issues. Nevertheless, RTUK appreciates that complicated techniques for blurring, in addition to the new requirements, will result in fewer and fewer television or film productions which portray smoking.

VII.2.4 It is not clear whether live broadcasting of international sporting events complies with the law

Although the Ministry of Health very strictly enforces a cross-border advertising ban, RTUK's efforts in formal monitoring and reporting of violations are suboptimal. RTUK has signed the European Convention on Cross-

Border Television, which addresses these issues. Although RTUK is well-informed about the guidelines[11] for live sports events drawn up by the Conference of the Parties of the WHO FCTC and is also ready to tackle difficult issues, such as live broadcasts and sporting events, it appears to have an unclear strategy and insufficient capacity to achieve this objective. RTUK acknowledged anecdotal evidence about tobacco advertisements and sponsorship at sporting events.

VII.2.5 Sales of cigarettes near schools, universities and hospitals are licensed

According to Law 4207 tobacco products cannot be sold in or near health, education, training, culture and sport facilities. However, licenses for selling cigarettes seem to be granted in a liberal manner to points of sale near schools, universities, hospitals and high-traffic areas, contrary to the best practices in tobacco control. Anecdotal evidence suggests that these points of sale are also the ones where indirect tobacco advertisements can be found.

VII.2.6 Inconsistent monitoring and enforcement of advertisement ban violations has resulted in various strategies of the tobacco industry to bypass the legislation

Based on observations by the assessment team and reported anecdotal evidence, the following tactics appear to be used.

One brand of cigarettes was offered by some restaurants to their customers even without a license to sell. Moreover, these restaurants display one brand of cigarettes on their walls, thus violating the law. Sale licences are not systematically monitored for hospitality industry venues.

Points of sale used as points for tobacco advertising. Most retail shops display very visible shelves with tobacco packs that are brand and colour-coordinated, which is against the provisions of the advertising ban. There is no active monitoring of this sort of violation. Similar displays are seen in cinemas and other sales premises which usually sell other goods.

Hidden sponsorship. Although the law has banned sponsorship and social responsibility activities by the tobacco companies, it appears that tobacco companies are still aiming to influence media professionals and people in public positions and regularly advertise vacancies for "corporate social responsibility managers" in the human resources pages of the newspapers.

Violations of product placement bans in live events on stage. Some actors and singers in theatre shows or concerts appear to smoke on stage.

Free distribution of tobacco products together with other related products - evidence from public surveys. Over three in 10 students reported seeing advertisements for cigarettes on billboards and in newspapers or magazines during 2003. Around 10% of students admitted that they had an object (hat, t-shirt, pen, backpack, etc.) with a cigarette brand logo on it[12]. In 2004, in a survey conducted in 15 cities on 6012 adolescents (aged between 13 and 17 years), the subjects admitted that those who had seen tobacco advertising and owned anything with a cigarette logo smoked more,[13] According to these studies, even seven years after the advertising ban was introduced, young people claimed to have seen advertising and owned goods with a cigarette logo.

[11] [...] Persons or entities that produce or publish content (e.g. [...] games and live performances satellite and game content producers) should be banned from including tobacco advertising, promotion and sponsorship [...]. http://www.who.int/fctc/guidelines/article 13.pdf, accessed 15 March 2009.
[12] Erguder T et al. Evaluation of the use of Global Youth Tobacco Survey (GYTS) data for developing evidence-based tobacco control policies in Turkey. *BMC Public Health,* 2008, 8(Suppl 1):S4.
[13] Erbaydar Tet al. Influence of social environment in smoking among adolescents in Turkey. *European Journal of Public Health,* 2005, 15(4):404-

Internet and electronic media sales are allowed, owing to a misinterpretation of Law No. 4207. It was not clear during the discussions whether this is only due to a loophole in the current legislation, or whether additional regulations are required.

VII.2.7 New legislation was introduced in order to prevent tax breaks arising from the few legal forms of advertising.

Even after the advertising ban came into effect in 1996, the tobacco industry continued to report to the MoF on advertising expenses in order to obtain tax reductions. The amendment of Law No. 4207 included provisions that declared this kind of reporting illegal. However, monitoring of compliance on this issue is still unclear, and there are still debates about whether expenses for sponsorship and distribution of free gifts, even though these too are against the law, could be used as a means of gaining tax breaks.

VII.3 RECOMMENDATIONS

VII.3.1 TAPDK should introduce and monitor strong regulations on tobacco product display at the point of sale to prevent the use of tobacco products displays as a marketing and promotion/advertisement strategy

The tobacco product display at points of sale in itself constitutes advertising and promotion, stimulating impulse purchases of tobacco products, giving the impression that tobacco use is socially acceptable, and making it harder for tobacco users to quit. Young people are particularly vulnerable to the promotional effects of product display. The guidelines drawn up by the Conference of the Parties of the WHO FCTC recommend that the "Parties should introduce a total ban on any display and on the visibility of tobacco products at points of sale, including fixed retail outlets and street vendors"[14]. Only the textual listing of products and their prices, without any promotional elements, would be allowed. The Turkish parliament should legislate to meet these highest standards. In the meantime, TAPDK may regulate the display of products to allow minimum visibility of brand names and maximum visibility of pictorial warnings when they are adopted. Also, strict regulations should be introduced in order to prevent retailers accepting shelves for tobacco product display which are directly or indirectly supplied by the tobacco industry. The monitoring and enforcement of these measures should be coordinated by TAPDK through provincial tobacco control boards and municipal security forces.

VII.3.2 RTUK should develop a system of checks for spot monitoring (portray smoking/tobacco product placement on television, films, radio, entertainment programmes, etc.) that is easily implementable and includes regular feed-back to television stations, the Ministry of Health and TAPDK

Roles and responsibilities in monitoring the compliance of television stations in preventing tobacco advertisements during live broadcasting of international sporting events should be clarified among stakeholders (TAPDK, Ministry of Industry and Trade, RTUK). The assessment team members have informed RTUK representatives about WHO recommendations on smoking in films which are currently under development. When these recommendations are published, RTUK should adopt new regulations consistent with them.

VII.3.3 Enforcement of bans on advertising, promotion, and sponsorship should be strengthened at the provincial level through better collaboration between the Ministry of Industry and Trade and the provincial tobacco control boards (when these are in place)

410.
[14] http://www.who.int/fctc/guidelines/article 13.pdf, accessed 15 March 2009.

In accordance with the Ministry of Trade mandate to educate consumers, provincial directorate representatives who are members of the local tobacco control boards should develop local strategies to train enforcement agents to enforce the law proactively and to encourage local consumers to initiate complaints via hotline, mail or Web site. Nongovernmental organizations should have a role in encouraging the public to exercise its right to lodge complaints. Furthermore, speeding up the process from complaint to ad board decision would result in more immediate feedback to reported complaints of lack of compliance to the law.

VII.3.4 Monitoring of product placement in cinemas, theatres, concerts and shows should be developed.

The managers of cinemas, theatres and concert premises and film producers should be held responsible for preventing product placement. TAPDK and the Ministry of Trade should increase their monitoring of compliance and enforcement efforts.

VII.3.5 The Ministry of Finance should monitor reports on the expenses of the tobacco industry, with a focus on reports of advertising, promotion and sponsorship costs, in order to prevent tax breaks

Promotion and advertising in any form may be prevented by systematic monitoring of reports and tax reductions.

VII.3.6 TAPDK should pursue the re-introduction of clear regulations banning Internet sales/advertisements that would include a mechanism for enforcement

The Turkish Parliament, in collaboration with TAPDK, should adopt a regulation that bans tobacco sales on the Internet, on television or by telephone.

VII.3.7 TAPDK should withdraw licenses from premises selling tobacco near or in educational and health facilities

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RAISE TOBACCO TAXES

VIII RAISE TOBACCO TAXES AND PRICES

VIII.1 POLICY STATUS AND DEVELOPMENT

When the National Action Plan was launched, the annual consumption of cigarettes was about 5.5 billion packets. The overall goal of the National Action Plan is "to reduce the demand for tobacco products by increasing prices and raising taxes on tobacco products by a percentage that will not encourage illicit trade". Four measures in the plan aim at increasing tax on cigarettes to above 80% by 2010.

1. Raising the proportional and fixed rates of the Special Consumption Tax.

2. Preparing tax regulations so as to avoid loss of tax revenue and avoid encouraging illicit trade.

3. Adjusting the taxation policy for tobacco products so as to avoid substitution with other products.

4. Introducing restrictions on the duty-free sale of tobacco products at points of arrival in the country and making the necessary arrangements for supervision and control.

VIII.1.1 Tobacco taxes in Turkey

Tobacco products are subject to two types of consumption taxes, excise and VAT. Imported tobacco is subject to two additional fiscal duties, import duty and the tobacco fund tax.

Excise taxes. Turkey currently administers an ad valorem excise regime with a specific floor value. Thus, excise is calculated on an ad valorem basis of 58% of retail prices of a pack of cigarettes; however, if the calculated tax falls below a specified minimum floor which is 1.55TL/pack, a specific tax rate applies. In 2008, cigarettes under 2.60TL per pack would be subject to specific tax of 1.55TL, while those with retail prices of 2.75TL[15] per pack or higher would be taxed at the 58 percent *ad valorem* rate.
The specific floor value has not been instituted an automatic adjustment and between January 2008 (when the specific value of 1.55TL/pack became effective) and March 2009, the specific excise has not been changed despite 10% inflation rate (government's calculation) during 2008.

The specific excise base is estimated per piece for cigarettes and per gram for noncigarette products (see table below). [This paragraph which seems to go in circles needs more work]

VAT. The statutory rate for VAT on all goods and services is 18%, which is equal to 15.25% of the retail price.

Import duties. Import duties vary depending on the type of tobacco product and the bilateral agreements between Turkey and other countries. For example, zero import duties are levied on cigarettes, cigars, cigarillos and tobacco leaf for roll-your-own pipes and water-pipes/nargile when imported from the European Union, countries of the European Free Trade Association, Bosnia-Herzegovina, The former Yugoslav Republic of Macedonia and the least developed countries. Otherwise, a 9.1% import duty is levied on these products when imported from other developing countries; and 26% import duty is levied for other countries. Import duties are paid to the Customs department, and the tax base is the cost, insurance and freight (CIF) value or the importer's declared price for the imported goods.

Tobacco Fund.[16] The Ministry of Finance imposes a tax of US$ 3 000 per tonne on imported raw tobacco leaves and US$ 0.40 per pack on imported cigarettes. The justification of this fund is to protect tobacco farmers, domestic tobacco leaf production and local manufacturers. However, the Tobacco Fund also increases the burden on domestic cigarettes, pipe, roll-your-own, cigar, cigarillos and nargile, since they contain imported raw tobacco. In general, domestic cigarettes contain up to 65% imported raw tobacco. Consequently, cigarettes incur a fee of up to US$ 0.04 per pack while pipe, roll-your-own and nargile products pay US$ 0.03 per gramme to the Tobacco Fund.

We did not find any cigarette pack priced between 2.60TL and 2.75TL in 2008

[16] This issue has been under discussion between the European Union, the World Trade Organization and Turkey. Both organizations want this fund to be abolished. Turkey, on the other hand, insists on this tax in order to protect tobacco farmers and oriental tobacco leaf production.

35. 0.0775TL/gram (= € 0.0353. 58

5. Type of product		6. Rate%	7. Min. special excise
8. Cigars, cheroots and cigarillos containing tobacco		9. 30	10. 0.0775 TL/gramme (= € 0.035)
11. Cigarettes containing tobacco		12. 58	13. 0.0775 TL/piece (= € 0.035)
14. 15.	16. Cigars, cheroots and cigarillos made of ingredients deemed to be tobacco	17. 30	18. 0.0775 TL/gramme (= € 0.035)
	19. Cigarettes made of ingredients deemed to be tobacco	20. 58	21. 0.0775 TL/piece (= € 0.035)
22. Smoking tobacco (whether or not containing tobacco substitutes in any proportion)		23. 58	24. 0.0775 TL/piece (= € 0.035)
25. 26.	27. In immediate packaging of net contents not exceeding 500 g - nargile	28. 58	29. 0.0200TL/gram (= € 0,009)
	30. In immediate packaging of net contents exceeding 500 g	31. 58	32. 0.0200TL/gram (= € 0.009)
33. Chewing tobacco and snuff			

Ad valorem rates for most tobacco products have not been changed since 2005 except for (1) cigars and cigarillos, where the ad valorem rate was reduced from 58% to 30%; and (2) nargile tobacco, where specific excise duty was reduced from 0.0775 TL/g to 0.0200 TL/g in 2008.

Specific excise duty for cigarettes, on the other hand, increased from 1.2 TL/pack in 2005 to 1.55 TL/pack in December 2007. The specific rate has not been changed since December 2007.

Turkey does not have earmarked taxes or revenues for tobacco control. The officials clearly stated that earmarking is against the budget rules, but recognize that tobacco control requires financial resources.

VIII.2.2 Tobacco tax application and administration

Two directorates under the Ministry of Finance are responsible for policy design and application of excise duty.

36. **Presidency of Revenue Administration** (PRA). The Presidency has two major responsibilities in excise and VAT taxes: 1) the formation of excise tax structure and rates; and (2) the administration of excise and VAT taxes. The Presidency monitors and evaluates the production levels of manufacturers and estimates, inspects, audits and collects excise and VAT payments. In 2005, it launched a state-of-the-art tracking and tracing system **(banderol** system) at the manufacturing stage of cigarettes in order to increase the efficiency of tax administration by monitoring production levels and evaluating tax evasion and avoidance.

37. **General Directorate of Revenue Policies** (GDRP) is established under the Ministry of Finance (Law No. 5452 of 7 February 2006) and is responsible for (1) the formation of tax legislation/policies in collaboration with the PRA, and (2) submitting policy changes to the Ministry of Finance. The Finance Minister brings the policy change to the Cabinet. Once approved by the Cabinet, the bill goes to Parliament. If the policy is related to changes in tax rates, it requires only the Cabinet's decision. However, if the bill requires a structural change, then the tax law must be redrafted and requires Parliamentary approval.

The revenue division of the Ministry of Finance is responsible for tax administration and collection. Liability for excise tax and VAT payments to the Government arises the day the manufacturer shipped cigarettes to the wholesaler. The assessment period, calculated from the written declaration of the taxpayer (producer), taxation period is one calendar month. The excise tax payment is submitted to the tax office by the 15th day of the month following the day the tax liability arises. This gives the taxpayers (producers) between 15 and 45 days to submit the tax payment, depending on the day the products are sold to the wholesaler. The VAT payment should be made on the 24th day of the month after the tax liability arises. Excise duty and VAT are calculated by Customs administration at the time of import and are paid together with import duties.

VIII.2.3 Illicit trade in tobacco and tobacco products

Three organizations - Customs (CUS), the Ministry of the Interior and the Ministry of Justice - are responsible for combating illicit trade and related legal procedures for tobacco and tobacco products. Customs are responsible for the border controls at checkin and checkout points/gates on land, at sea and in airports. There are 141 gates in Turkey, and much of the trade happens through 18 of them. Currently 12 of these gates[17] have X-ray machines. Customs checks vehicles or cargo by random selection as well as by tip-offs, and using their own risk analysis. When cigarettes are confiscated, Customs transfer the case to a local court. The legal procedure starts once the confiscated products are proved to be smuggled. Afterwards, the confiscated cigarettes are destroyed, but the time between confiscation and destruction is often 1-3 years. The penalties for the smuggled cigarettes vary by the value and volume of product. According to Regulation No. 5752, anyone caught with cigarettes without Turkish tax stamps may face between two and five years in prison and also a daily cash fine of up to 5000 days. The daily fine is determined by the judge. In many cases, the Customs do not receive information about the fines or the result of the case.

[17] This includes the following gates: Gurbulak (border with Islamic Republic of Iran), Kapukule (Bulgarian border), Ipsala (Greek border), Habur (Iraqi border), Cilvegozu (Syrian border) and seaports in Mersin, Samsun, Istanbul (Ambarly and Pendik).

The Ministry of the Interior has two enforcing and controlling units within the Gendarmerie, which controls open borders, and the police force which controls illicit sales in cities and towns. The Ministry of Justice is responsible for the legal procedures relating to confiscated goods and people involved in illicit activities. In order to increase the coordination among the three organizations, the Ministry of the Interior established a smuggling, intelligence and operations department (KIHBI) in 1985, but the authorities say that coordination is not satisfactory.

According to officials, the illicit cigarette trade operates mainly in the south-eastern part of the country and taxfree zones in the south (Antalya) and west (Izmir). Control activities in the south-east are difficult owing to the mountainous terrain, ongoing unrest and military activities. From tax-free zones, transit cigarettes coming from the Far East to the Middle East are smuggled into Turkey. There are no estimates of the level of smuggled cigarettes, but officials believe that about 5-10% of total cigarette consumption is smuggled. That rate goes up to 80-90% in the south-east of Turkey.

TAPDK has recently prepared a draft illicit trade action plan, which has been submitted to the Prime Minister's office for approval. Under TAPDK coordination, the institutions and agencies involved in the implementation of the plan are the Customs, the General Directorate of Security of the Ministry of the Interior, the Gendarmerie, the Coastguard, the Ministry of Finance and the Undersecretariat of Maritime Affairs.

VIII.2.4 Crop diversification projects

Turkey started its crop diversification programme as part of a World Bank adjustment programme and completed it between 2002 and 2007. The programme covered farmers in 11 low-grade tobacco-leaf-producing cities. According to officials from the Ministry of Agriculture and Rural Affairs, this project did not achieve its objectives. Two significant reasons for this are the Government's purchasing policy and insufficient financial and technical incentives for farmers to switch to other crops. During the project period, the Government (TEKEL) guaranteed the purchase of tobacco leaf from farmers. Farmers who used to grow tobacco did not receive enough financial incentive (e.g. US$80 per hectare) to cover their losses if they switched to other crops, and also were not well-trained enough to learn how to grow other crops. A second project started in 2009 and is planned to finish in 2011. The financial incentive has been increased to US$120 per hectare per year, and the Government stopped buying tobacco leaf in 2008, after the privatization of TEKEL/TTA in July 2008. Although the Government originally announced that TEKEL would not purchase tobacco leaf after 2007, that provision was changed by Cabinet decision. In 2008 and 2009, a number of farmers received technical training showing them how to grow different crops. However, farmers need to show their ownership of the land in order to receive the financial incentive. Apparently, the ownership status of the land is more complex than anticipated, and many farms have multiple owners.

VIII.2 KEY FINDINGS

VIII.2.1 Affordability of tobacco products is increasing

38. **The increase in per capita income is higher than the increases in prices of tobacco products.** Between 2007 and 2008, per capita income (GDP) increased by 16.5%, while the increase in the average retail price of cigarettes was 10% in nominal terms. This increase was due to manufacturers' own price adjustment for the inflation rate. Consequently, per capita cigarette consumption increased by 3%, from 73 packs per capita in 2007 to 75 packs per capita in 2008.[18]

39. **In 2008, there were no excise increases on any tobacco products including cigarettes; in fact, they decreased**

Cigars and cigarillos. The ad valorem rate for cigars and cigarillos reduced from 58% to 30%. During 2007 and 2008, domestic production of cigars and cigarillos increased fivefold, from 2.85 tonnes to 10.82 tonnes. According to Ministry of Finance officials, the reduction of taxes brought much illicit production into the tax system. This creates serious concerns about the Government's ability to control illicit production in the country; instead of implementing effective smuggling control measures, the easy tax-policy solution was used instead. Given the negative relationship between price andconsumption, it is likely that reduced taxes also contributed to increases in consumption in the country, given that no exports took place during that time.

Tobacco for nargile. The specific part of nargile tobacco excise duty decreased from 0.0775 TL/gramme to 0.0200 TL/gramme. Although the proportion of nargile consumption compared with total consumption has been low, the nargile has become popular, especially among the vulnerable population - women and young people - in recent years. Given the negative relationship mentioned above, this is likely to increase nargile consumption among this population group.

The Government may increase excise rates after the local elections in March 2009 and may adopt the European Union excise structure after 2009. Being a candidate country for membership of the European Union, Turkey has been collaborating with the European Commission to bring the Turkish excise structure into line with the European Union excise structure and procedures. This is an ongoing process where the government already

[18] Sales data for 2007 and 2008 are provided by the Ministry of Finance, the population figure came from the International Monetary Fund World Economic Outlook for Turkey.

adopted many EU provisions and regulations. The MoF is also examining EU excise structure and more likely to impose a mixture of both excises in 2010. [EU membership is many years away. The government should keep is current system—ad valorem with a minimum specific rate, and work at increasing the minimum rate.],

VII.2.2 Demand for cigarettes is considered inelastic

Demand for cigarettes is considered inelastic (-0.331) in Turkey, suggesting that a 10% increase in the real retail prices of cigarettes would reduce consumption by 3.3%. Given the inelastic demand for cigarettes, any increases in excise tax ensure more revenue for the Government while reducing cigarette consumption. The model uses annual data from 1960 to 2007 and applies the two-stage least square (2SLS) estimation method. Judging by this estimation, the Government has a lot of room to increase its excise rates and hence generate significantly higher revenues.

VII.2.3 In 2008, Government's excise revenue from cigarettes increased by 15% in nominal terms[19] from 9.7 billion TL in 2007 to 11.1 billion TL in 2008

This increase was mainly due to increasing cigarette consumption (3% increase per capita) [20] and an average 10% increase in retail prices, especially in those brands subject to ad valorem excise duties.

VII.2.4 Ministry of Finance officials recognize the need for sustainable resources for tobacco control, but any earmarking of excise taxes is out of question

However, TAPDK, being an autonomous Government organization, can earmark or allocate sustainable financial funds for tobacco control. TAPDK is one of the organizations involved in tobacco control in Turkey and generates significant revenues from various sources to finance its activities. One of the sources is the **service charge,** where the charge is determined and collected by TAPDK directly from the tobacco industry. In 2008, the service charge was 1.5 TL per 1000 *banderols* (tax stamps for 1000 cigarette packs). Given 5.6 billion packs of consumption in 2008, approximately 8.4 million TL revenue should be generated by the service charge.

VII.2.5 Coordination among responsible organizations for the control of illicit trade activities, including Ministry of Justice, Ministry of the Interior, Customs and TAPDK, is weak

KIHBI, the coordinating body for illicit trade control among these organizations, has limited capacity and functions. Since its establishment in the early 1980s, it has not played any role in coordination.

The Customs service does not have sufficient human or technological resources.

The legal process between confiscation and destruction of illicit products is long and bureaucratic.

Only one organization - TAPDK - has sent representatives on behalf of Turkey to WHO Intergovernmental Negotiating Body meetings on illicit trade.

Officials at the Customs service and the smuggling unit of the Ministry of the Interior have limited information about effective smuggling control measures and the WHO Intergovernmental Negotiating Body meetings.

VII.2.6 The Ministry of Agriculture and Rural Affairs needs enough experts to run the 2009-2011 crop diversification programme

The Government continued to purchase tobacco leaf from farmers until 2008. According to officials, in 2009 there will be no purchase, and farmers will sell their crops in the market.

The Ministry has comprehensive networks reaching the most rural areas. These networks are in close contact with farmers. They address farmers' concerns as well as conveying them to the central Government in Ankara.

[19] Nine per cent in real terms based on the consumer price index (CPI), 2000=100.

[20] According to Ministry of Finance officials, part of the increase in consumption was due to the unavailability of smuggled cigarettes. Turkish military action against the PKK terrorist group was intense near the Iraqi border in 2008. At the same time, the Islamic Republic of Iran increased its action against a PKK subgroup near the Turkish border. Therefore, in 2008, illicit trade through mountainous areas was significantly reduced.

VIII.3 RECOMMENDATIONSof cigarettes[21]. These increases would generate higher excise revenues while keeping the

VIII.3.1 Given the need and the lack of necessary financial resources for tobacco control, TAPDK in collaboration with the Ministry of Health can establish sustainable financial resources from TAPDK's own revenues

TAPDK can increase its service charge from 1.5 TL to 2 TL per 1000 tax-stamps *(banderols),* and allocate the additional 0.50 TL per 1000 *banderols* (approximately 2.8 million TL) to tobacco control activities, which should operate in collaboration with nongovernmental organizations and the Ministry of Health.

VIII.3.2 Excise taxes on tobacco products should be revised and increased in order to reduce tobacco consumption and increase the Government's excise revenues

Specific excise tax should be automatically adjusted by the inflation rate. Since the specific excise level for cigarettes was not changed between January 2008 and March 2009, the excise revenue from cigarettes should be eroded by at least 10% during this period.

VIII.3.3 The proportional taxation method for the calculation of excise liabilities should be retained

Price gaps between cigarette brands are relatively higher in Turkey compared with European Union countries. Therefore, applying specific excise duty to lower-priced cigarettes and an ad valorem excise to higher-priced cigarettes ensures higher revenues, while keeping average prices higher. Since the proportional tax method would increase the base value for specific excise duty when the ad valorem rate is increased, it is recommended that the system should be retained. However, in order to reduce price gaps, when an excise increase is an issue, the Government should lean towards specific excise increase more than ad valorem excise increase. The ad valorem excise can increase at least to 60% to 62%; ideally to 65%, while current specific excise should increase at least from 1.55 TL/pack to 1.87T/pack[21], in order to reduce the affordability

excise duty in consistent with the European Council Directive[22] for the minimum excise rate on cigarettes.[23]

VIII.3.4 Both ad valorem and specific excises should be harmonized among tobacco products in order to reduce the substitution from higher taxed to lower taxed tobacco products.

Excise taxes on tobacco products vary either by the ad valorem base or the specific base. For example, ad valorem rates for nargile tobacco and cigarettes are 58% of the retail price of these products. However, the specific excise for nargile is much lower than the specific excise for cigarettes. Consequently, this creates a large price gap within nargile tobaccos as well as between nargile and cigarettes. Consequently, the incentive for substitution increases.

VIII.3.5 The Ministry of Justice, Ministry of the Interior and Customs should coordinate better in order to control tobacco product smuggling

Better coordination measures should include the following.

- Human resources and the technical capacity of the Customs service should be strengthened.
- The data collection system should be strengthened and should be coordinated by KIHBI.
- Customs officials should participate in workshops to increase their knowledge of effective measures to control smuggling by various means.

VIII.3.6 The Ministry of Agriculture and Rural Affairs should identify measures to facilitate farmers' participation in diversification programmes

- The participation of farmers in the programme should be encouraged and the conditions for enrolment should be commensurate with their means.
- The land ownership issue should be revised in order to increase participation by farmers.

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[21] If the ad valorem increases to 60% and the corresponding minimum specific increases to1.87TL/pack, the average sales weighted retail price would increase by 25% from 3.42TL/pack in 2008 to 4.27TL/pack in 2009.

[22] According to 12 February 2002 as Directive 2002/10/EC Each Member State shall apply an overall minimum excise duty (specific duty plus ad valorem duty excluding VAT), the incidence of which shall be set at 57 % of the retail selling price (inclusive of all taxes) and which shall not be less than EUR 60 per 1000 cigarettes for cigarettes of the price category most in demand. As from 1 July 2006, the figure of 'EUR 60' shall be replaced by 'EUR 64'.

[23]According to the Turkey's Programme for Alignment With the Acquis (2007-2013), the government is currently in the process of alignment with the European legislation (http://www.abgs.gov.tr/index.php?p=6&l=2, accessed 15 March 2009). Chapter 16 on "Taxation" is setting up the timeframes for the amendments of the current legislation in line with EU legislation (http://www.abgs.gov.tr/files/Muktesebat Uyum Programi/En/Chapter 16.pdf, accessed 15 March 2009)

- Human resources for the diversification unit of the Ministry of Agriculture and Rural Affairs should be strengthened in order to respond effectively to tobacco farmers' needs.

- The Ministry of Agriculture and Rural Affairs should set up a mechanism to monitor purchasing and contracting between tobacco manufacturers and tobacco farmers.

ANNEX I: LIST OF INSTITUTIONS AND KEY-INFORMANTS

NATIONAL CAPACITY ASSESSMENT MEETING PARTICIPANT LIST			
	NAME	**INSTITUTION / ORGANIZATION**	**CITY**
1	Cahit Kıraç	Governor of Izmir	Izmir
2	Hacı Vakkas Benli	Izmir Provincial Health Deputy Director	Izmir
3	Dr Gülgün Çakmur	Izmir Provincial Health Directorate	Izmir
4	Dr Atike Kayık Demir	Tepecik Pulmonary Hospital	Izmir
5	Dr Sultan Yalçın Eser	Izmir Provincial Health Director	Izmir
6	Dr Sena Yapıcıoğlu	Turkish Thoracic Society	Izmir
7	Besim Çaglı	Directorate of National Education	Izmir
8	Bahar Semiz	Greater Municipality Biologist	Izmir
9	Hüseyin Çıtak	Police Department	Izmir
10	Arzu Yıldırım	Provincial Directorate of Youth and Sport	Izmir
11	Aylin Çelikhisar	E§refpa§a Hospital	Izmir
12	Nesrin Çoşkun	Dogan News Agency	Izmir
13	Dr Haydar Karakuş	Ege University , Department of Pulmonary Diseases	Izmir
14	Faruk Gülpınar	TAPDK	Izmir
15	Assoc Prof Oğuz Kılınç	Dokuz Eylul University Medical Faculty Department of Pulmonary Disease	Izmir
16	Necmi Bediz	Izmir Karata§ High School	Izmir
17	Mehmet Altınok	Deputy Police Chief of Izmir city	Izmir
18	Nimet Taş	Multipurpose Society	Kilis
19	Salih Önder	TAPDK Lawyer	Ankara
20	İrfan Dilsiz	TAPDK Board Member	Ankara
21	Hüseyin Urnez	Head of Tobacco Products Market Department	Ankara
22	Harun Kaynak	Head of Sectoral Competition and Consumer Rights Department	Ankara
23	Fatoş Gürbüz	Mesa Hospital Nursing Director	Ankara
24	Mehmet Küçük	TAPDK Acting President	Ankara
25	Ata Sabri Atılgan	Attorney at Law	Izmir
26	Mehmet Özkan	Izmir Provincial Health Director	Izmir
27	Dr M Tarık Baloğlu	Gaziantep Provincial Health Directorate Deputy Director	Gaziantep
28	Bekir Metin	Vice President and Secretary General of Public Health Association	Ankara
29	Hakan Yağlı	Hakimiyet Regional Newspaper Reporter	Gaziantep
30	Fatih Mustafa Özyeşil	TAPDK Vice President	Ankara
31	Osman Elbek	Gaziantep University Department of Pulmonary Diseases	Gaziantep
32	Herman Van Lierde	Country Manager of Alliance One	Izmir
33	Galip Hasan Görün	TAPDK Advisor to Presidency	Ankara
34	Muzaffer Tunçağ	Mayor of Konak Municipality	Izmir
35	Ahmet Murat Işıl	Deputy Healthcare Director Of Izmir Province	Izmir
36	Turhan Çakar	Consumer Rights Association Vice President	Ankara
37	Naime Alimoğlu	Consumer Rights Association Secretary General	Ankara
38	Savaş Çolakoğlu	SKAL International Vice President	Ankara
39	Nurullah Oztürk	Head of Monitoring and Evaluation Department RTUK	Ankara
40	Enver Taştı	Head of Social Statictics Department TUIK	Ankara
41	Süfyan Kızılarslan	Journalist	Ankara
42	Selma	Journalist	Ankara
43	Nezir Kahraman	Ministry of National Education	Ankara
44	Ozcan Pektaş	Ministry of Industry and Trade General Director	Ankara
45	Ziyyat Bartu	Ministry of Industry and Trade Deputy General Director	Ankara
46	Serhat Yamalı	Bursa Provincial Health Directorate - Director	Bursa
47	Dr İsmail Hakkı Çelik	Provincial Health Director of Bursa	Bursa
48	Mehmet Mutlu	Factory Director	Bursa
49	Ziya Güler	Deputy Governor	Bursa
50	Sahabettin Harput	Governor	Bursa
51	Burhanettin Alkan	Head of Chest Hospital	Bursa
52	Ekrem Çalık	Nilüfer District Governor	Bursa
53	Dr Oya	District Health Officer	Bursa
54	Hüseyin Konçak	Secretary General of Greater Municipality	Bursa
55	Dr Şirin Karakaya	Health Officer of Greater Municipality	Bursa

56	Süleyman Çetinkaya	Acting head of police	Bursa
57	Dr Serhat and board	Green Crescent	Bursa
58	Fahir Çam	Asmerkez Shopping Mall	Bursa
59	Bahattin Köksal	Head of Saglik- Der	Bursa
60	Dr Mehmet Karahan	Smoking Cessation Clinic-Chest Department	Bursa
61	Dr Esra Uzaslan	Head of Smoking Cessation Unit	Bursa
62	Emel Irgil	Turkish Medical Association	Bursa
63	Julide Alan	Healthy Cities	Bursa
64	group	Media	Bursa
65	Kıvanç Atmaca	Pharmaceutical Association	Bursa
66	Bülent Çavuşoğlu	Turkish Medical Association	Bursa
67	Alican Atay	Turkish Journalists Platform, Head	Ankara
68	Ferhat Demircan	Member of TURCEV Board, Journalist	Ankara
69	Ergahi Gulbitti	CNN Turk, Journalist	Ankara
70	Musa Guzel	Accountant of TURCEV (Association of Journalists of Tourism and Environment)	Ankara
71	Harun Güngör	State Planning Institute	Ankara
72	Güzin Erdogan	Head of Social Sectors Turkish Institute of Statistics	Ankara
73	Savaş Çolakoğlu	President, SKAL International Ankara	Ankara
74	Haydar Oğuz Tuncer	Secretary General, Anadolu Tourism Administrators Association	Ankara
75	Turku Cobanoglu	Member of Smoke Free Hacettepe, Medical Student	Ankara
76	Canan Ersoy	Member of Smoke Free Hacettepe, Medical Student	Ankara
77	Ayfer Aslan	Member of Smoke Free Hacettepe, Medical Student	Ankara
78	Nur Akgül	Member of Smoke Free Hacettepe, Nursing Student	Ankara
79	Yağmur Sezer	Member of Smoke Free Hacettepe, Nursing Student	Ankara
80	Mehtap Balçık	Member of Smoke Free Hacettepe, Nursing Student	Ankara
81	Emine Altuntaş	Member of Smoke Free Hacettepe, Nursing Student	Ankara
82	Yeşim Oztaş	Member of Smoke Free Hacettepe, MD, Biochemist	Ankara
83	Sultan Seyhan	Head, Health Services Department, General Directorate of Youth and Sports	Ankara
84	Yusuf Ziya Koç	Head, Health Services Unit, General Directorate of Youth and Sports	Ankara
85	Cem Bilgiç, MD	FM Specialist, MD, General Directorate of Youth and Sports	Ankara
86	Nesrin Dilbaz, MD	Head, AMATEM	Ankara
87	Tijen Şengezer, MD	Family Physician, AMATEM, Alcohol and Substance Abuse Treatment and Training Centre	Ankara
88	Mahmut Kaçar	Head, Health Workers Union (SAGLIK-SEN)	Ankara
89	Gökhan Sorkunlu	Aerodrome Operations Manager, State Airport Authority of Turkey	Ankara
90	Nurdan Sucu	State Airport Authority of Turkey (DHMI)	Ankara
91	Prof. Dr Cemal TALUG	Ankara University Rector	Ankara
92	Nihat Kaynar	Gaziantep Deputy Governor	Gaziantep
93	Dr. Yusuf Ziya Yıldırım	Provincial Health Director of Gaziantep	Gaziantep
94	Dr. Mehmet Akköz	Deputy Provincial Health Director	Gaziantep
95	p Bilici	Provincial Health Directorate	Gaziantep
96	Dr. M. Rıza Çayırgan	Provincial Health Directorate Department Chief	Gaziantep
97	Mehmet Sait Unal	Smuggling and Organized Crime Department Chief	Gaziantep
98	R. Yaşar Bozkurt	Gaziantep High School Director	Gaziantep
99	Ozlem Yazıcı	Gaziantep High School English Teacher	Gaziantep
100	Mahmut Keser	Gaziantep High School Deputy Director	Gaziantep
101	Dr. Belgin Alaşehirli	Gaziantep University Department of Medicine Research and Application Hospital Deputy Head Physician	Gaziantep
102	Dr. Nazan Bayram	Gaziantep University Department of Medicine Research and Application Hospital Department of Pulmonary Diseases Faculty Member	Gaziantep
103	Dr. Meral Uyar	Gaziantep University Department of Medicine Research and Application Hospital Department of Pulmonary Diseases Faculty Member	Gaziantep
104	Dr. Neriman Aydın	Gaziantep University Department of Medicine Research and Application Hospital	Gaziantep
105	Mahmut Oztürk	Greater Municipality of Gaziantep	Gaziantep
106	Omer Yalım	Greater Municipality of Gaziantep	Gaziantep
107	Erdal Katarcıoğlu	Şehitkamil Municipality Head of Police Department	Gaziantep
108	Ali İhsan Dilbaz	Şahinbey Municipality Police	Gaziantep
109	Sabit Uluçay	Şahinbey Municipality Police	Gaziantep
110	Bünyamin Uzun	Şahinbey Police Department Police	Gaziantep

111	Mustafa Oner	Gaziantep Youth and Sport Provincial Directorate	Gaziantep
		Department Chief	
112	İbrahim Ermeç	Provincial National Education Directorate Researcher	Gaziantep
113	Muhtar Tümeç	Provincial National Education Directorate Researcher	Gaziantep
114	Ramazan Aydoğan	Karaoglan Village Clinic health officer	Gaziantep
115	İsmet Zor	Provincial Social Services Directorate	Gaziantep
116	Elif Gündoğdu	Telgraf Newspaper	Gaziantep
117	Deniz Erkaya	Telgraf Newspaper	Gaziantep
118	Eren Arslan	Deputy Governor	Kilis
119	Turgay Happani	Provincial Health Director	Kilis
120	Mustafa Can	Deputy Provincial Health Director	Kilis
121	Ali Kocabaş	Provincial Health Directorate	Kilis
122	Kadir Esir	Provincial Police Chief	Kilis
123	Nimet Koyuncu	CATOM Manager	Kilis
124	Mehmet Engin Aykaç	Customs	Kilis
125	Hayrullah Acar	Customs	Kilis

BRIEFING MEETING OF THE ASSESSMENT TEAM MEMBERS WITH THE WITH NATIONAL STAKEHOLDERS 10 FEBRUARY 2009	
Sevil Taner	Ministry of Health
Hüseyin İlter	Ministry of Health
Bahattin Köksal	Saglik-Der
İrem Yalçın	Ministry Of Health
Zeynel Abidin Aydın	Gazi University
Tamer Başpınar	Ministry of Justice
Halil Polat	Ministry of National Education
Güner Arıkan	Struggle with Smoking Association
Satılmış Karadeniz	Ministry of Trade and Industry
Serhan Aydın	Turkish Grocery Association
Hasan Irmak	General Directorate of Primary Health Care
Engin Özügür	Chamber of Agricultural Engineers
Yusuf Özmeriç	Ministry of Justice
Ahmet Saraç	Ministry of Justice
Cezmi Beşoğlu	Undersecretariat of Foreign Trade
Cemal Yıldızeli	Turkish Standars Institution
Şengül Apaydın Güner	Turkish Council of Higher Education
Davut Kuloğur	Ministry of Agriculture and Rural Affairs
Nurullah İmamoğlu	Turkish Association for Cancer Research and Control
Serdar Acar	Ministry of Health
Yılmaz Ulgentürk	Consumer Rights Association
Şemsettin Toprak	Green Crescent
Raşit Edip Hendek	Ministry of Health
Mehmet Emin Aslan	Chamber of Agricultural Engineers
Ahmet Saylam	Green Crescent
Esra Yanturalı	Turkish Pharmacist Association
Berna Yasdur	Clean Breath Smoke Free Life Association
Kamil Kocagöz	Gendarmerie Headquarters
Yılmaz Sayar	Turkish Society of Hematology
Özen Aşut	Turkish Medical Association
Bekir Metin	Turkish Public Health Association
Selma Bıyıklı	Anadolu Agency
Fatih Özyeşil	TAPDK
Enver Taştı	Turkish Statistical Institute
Guzin Erdoğan	Turkish Statistical Institute
Osman Örsel	Turkish Thoracic Society
Fatoş Gürbüz	Turkish Association of Nurses
Seraceddin Çom	General Director of Primary Health Care
Peyman Altan	General Directorate of Primary Health Care
Hanefi Özbek	Ministry of Health
Öznur Sevim Evranosoğlu	Ministry of Health
Ramazan Gülsün	TAPDK
Galip Hasan Görün	TAPDK
Özgür Artantaş	The confederation of Turkish Tradesman and Craftsmen
Hüseyin Gündoğar	The presidency of Religious Affairs
Nur Gümüşsoy Uncu	Turkish Council of Higher Education
Salih Kaymak	General Directorate of State Airports Authority of Turkey

İbrahim Çangır	General Directorate of State Airports Authority of Turkey
Ceylan Arpad	WHO Ankara
Mesut Uğur	Undersecretariat of Customs
Erol Sezer	Cumhuriyet University
Alican Atay	Environment Education Association of Turkey
Nazmi Bilir	Hacettepe University Department of Public Health
Berna Gökalp	Turkish Telecom
Haşim Gönül	Ministry of Health
Naime Alimoğlu	Turkish Society of Hematology
Pelin Kale Attar	State Planning Organization
Nurdan Coşkun	General Directorate of State Airports Authority of Turkey
Elif Selin	Undersecretariat of Treasury
Murat Tanju	RTUK

ANNEX II: INFORMATION ON TOBACCO SURVEILLANCE AND MONITORING ACTIVITIES

The main sources of information on tobacco surveillance and monitoring are the following:

1) ***Among Youth:*** The MoH conducted GYTS in Turkey in 2003, on a representative sample of all public and private schools and reached to a total of 15957 students attending grades 7, 8 and 9. The results of this study, which was fully funded by CDC, were published and have been used to guide the National Action Plan. The Ministry of National Education has taken the responsibility to repeat the GYTS in Turkey in 2009, with again full financial support from CDC. Besides this international study solely planned to estimate prevalence of tobacco use among youth, several other national surveys on youth (such as, the "Violence Among High School Students" conducted by the Research Commission of the Grand National Assembly, "2007 Turkey Youth Sexual and Reproductive Health Survey" conducted by the Population Association and UNFPA) have also included questions on smoking.

2) ***Among Health Professionals:*** In 2008, the MoH conducted a tobacco prevalence study (GHPS) on a representative group of about 5000 health professionals (i.e., physicians, dentists, nurses, pharmacists, health technicians) working as MoH staff. This work has been totally funded by WHO through the Bloomberg Initiative and the report is currently in press.

   Although national prevalence rates are not available for tobacco use among health professional students, there are also some reliable small-scale researches conducted by academicians and NGOs and can be used locally.

3) ***Among Adults:*** So far there is only one national study primarily aimed to investigate tobacco use and related risk factors among Turkish adults. The Ministry of Health agreed to conduct GATS in Turkey to get internationally comparable prevalence rates for tobacco use and related topics among Turkish adults. The field study was completed in December 2008 and the preliminary results are expected to be officially announced by the implementing institution, TurkStat, on April 30, 2009. GATS has been fully sponsored by WHO, through Bloomberg Initiative budget.

   The MoH, with financial and technical assistance from the WHO-Country Office (Turkey) has recently conducted a lot quality survey to investigate the "knowledge, attitude and behaviour of Turkish adults on the new 100% smoke-free law, the related media campaign and the health hazards of passive smoking, together with the level of support for the smoke-free law. This study aimed to get estimates not only for the nation as a whole but for provinces, as well. The study will also provide information on subunits in each of the 81 provinces, which need priority efforts in anti-tobacco training and/or emphasis in the media campaign. The planning team, regional and provincial supervisors and field interviewers of this study was intentionally chosen from the MoH personnel with an ultimate goal of developing surveillance capacity within the MoH. The report of this survey is expected to be completed before July 2009.

   There are also some other national prevalence estimates based on health-related surveys including inquiries on tobacco use. Among this are the National Health Examination Survey (2008) and the Family Structure Survey (2006) conducted by TurkStat, the National Burden of Disease conducted by Baskent University for the MoH in 2003, and the Health Services Utilization Survey conducted by and NGO in 1993.

4) With regard to studies on monitoring the policy measures for tobacco control and enforcement, there are several studies covering relevant topics. Some of the related data come from routine data collection system (such as, fines records from the Ministry of Finance and routine data collected by TAPDK and RTUK on enforcement), whereas, there are also some active work of the MoH (eg., particulate measurement in indoors).

Table 2 - Major efforts to monitor the implementation of the law in Turkey

[1] POLICY	P			O		W				E		R
Data Owner	MoH/ HASUDER	MoH	MoF	MoLSS	MoH	RTUK	RTUK	TAPDK	TAPDK RTUK	Ad council and RTUK	MoF	MoF TAPDK
Data Analysis	HASUDER	MoH	Ad Hoc	Ad Hoc	Ad Hoc	Ad Hoc	Ad Hoc	Ad Hoc	Ad Hoc	Ad Hoc	Ad Hoc	MoF
Data Collection	HASUDER	MoH Municipalities	Municipality and MoF	MoLSS	MoH	RTUK	RTUK	TAPDK	TAPDK	Ad council and RTUK TAPDK?		MoF
Data Sources	Survey of facilities	MoH inspectors Municipal police	Municipality	SS office of MoLSS	MoH Dpt of Licensing	TV and Radio Films	Administrative process	Public	Administrative process	Public	Administrative process	MoF collects data from the industry
Type of Data	PM 2.5	SFE Visual compliance	Fines	SS Reimburs able services and products	Licensed pharmace uticals	Use or mandatory air time of TC messages & smoking in movies	Fines	Compla ints on HW law violatio ns	Fines	Complaints on advertising, promotion and sponsorshi p	Fines	Tax structure, rates, brands' prices, market shares, retail prices

ANNEX III: LIST OF ASSESSMENT TEAM MEMBERS[24]

1. Dr **Ebru Aydin** - Former head of tobacco control unit, Directorate of Primary Health Care Services Ministry of Health, Ankara, Turkey
2. Prof. Dr. **Nazmi Bilir** - Head of working group for public information, raising awareness and education of National Tobacco Control Committee, Hacettepe University Medical Faculty Public Health Department), Ankara, Turkey
3. Dr. **Banu Cakir -** National Professional Officer for Surveillance, WHO Country Office, Ankara, Turkey
4. Prof. Dr. **İrfan Civcir** - Economist, Ankara University Faculty of Political Sciences, Ankara, Turkey
5. Prof. Dr. **Elif Dağlı** - Chair of The National Committee on Tobacco and Health, Turkey
6. Mr. **Mustafa Cemil Kara** - TAPDK, Ankara, Turkey
7. Dr **Eva Kralikova** - Charles University, Institute of Hygiene and Epidemiology and Tobacco Dependence Treatment Centre, Prague, Czech Republic
8. Ms **Alice Payne Merritt** - Associate Director Centre for Communication Programs, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA
9. Prof. Dr. **Osman Örse**l - Chest Disease Specialist, Member of Ankara Provincial Tobacco Control Board, Ankara Atatürk Chest Disease and Tuberculosis Hospital, Turkey
10. Dr. **Hilal Özcebe** - Chair, Turkish Society of Public Health Specialists, Ankara
11. Dr **Armando Peruga** - Coordinator, National Capacity Unit, Tobacco Free Initiative, World Health Organization, Switzerland
12. Dr **Neena Prasad** - Bloomberg Philanthropies, United States of America
13. Ms **Sylviane Ratte -** Technical Advisor, Tobacco Control International Union Against Tuberculosis and Lung Disease, Paris, France
14. Dr **Luminita Sanda** - Medical Officer for Capacity Building, National Capacity Unit, Tobacco Free Initiative, World Health Organization, Switzerland
15. Prof. Dr. **Erol Sezer** - Head of working group of Smoking Cessation of National Tobacco Control Committee Cumhuriyet University, Medical Faculty Family Medicine Department
16. Dr **Vera Luiza da Costa e Silva** - International tobacco control expert, independent consultant, Brazil
17. Dr **Ergüder Toker** - National Tobacco Control Programme Officer, WHO Country Office, Ankara, Turkey
18. Ms **Ayda Yurekli** - Senior Economic Advisor to the TFI Director, World Health Organization, Tobacco Free Initiative, Geneva, Switzerland

ANNEX IV: LIST OF ALL RECOMMENDATIONS, CHAPTER BY CHAPTER

COORDINATION AND IMPLEMENTATION OF TOBACCO CONTROL INTERVENTIONS

[24] in alphabetical order

1. High priority should be given to strengthening Government tobacco control capacity by upgrading the Ministry of Health tobacco control unit to a departmental level, and by increasing the number and range of expertise of Ministry of Health staff at all levels of jurisdiction
2. Approve annual workplans to operationalize the National Action Plan
3. SSUK should be better structured and roles and responsibilities clearly established in order to meet the expectations placed on civil society
4. A clear coordination mechanism should be established to advance the implementation of the National Action Plan and to meet obligations under the WHO FCTC
5. A firewall mechanism should be established by all Government stakeholders to prevent undue influence by the tobacco industry
6. Regular funding mechanisms for implementing the National Action Plan and to meet the WHO FCTC obligations should be established by the Government and more effort could be made to increase funding

MONITORING AND EVALUATION

1. Appoint as soon as possible a staff member of the tobacco control unit of the Ministry of Health who will be fully and exclusively devoted to tobacco control surveillance and monitoring
2. Develop a standard set of indicators for surveillance and monitoring
3. Integrate a core set of GATS questions into ongoing surveys to ensure sustainability
4. Substantially enhance passive monitoring of compliance with the law by creating a free nationwide telephone hotline to collect complaints and queries from the population

PROTECT PEOPLE FROM TOBACCO SMOKE - SMOKE-FREE ENVIRONMENTS

1. Successful implementation of the upcoming second phase of smoke-free legislation requires immediate scale-up and intensification of preparatory activities, communication and coordination of all stakeholders, in accordance with WHO FCTC article 8 guidelines. Recommended actions before the 19 July deadline:
    a. The Ministry of Health should designate a full-time, experienced "smoke-free coordinator" with responsibility for delivery of the smoke-free programme during the period leading to the 19 July deadline
    b. The Ministry of Health, in collaboration with mass-media and other experienced partners, should develop and implement an evidence-based communication strategy
    c. The Ministry of Health should thoroughly inform and mobilize implementing agencies at provincial level, in collaboration with the TAPDK, SSUK and other partners
    d. TAPDK in collaboration with the Ministry of Health, should ensure that guidance materials, including signage, are distributed promptly to all hospitality sector venues
    e. The Ministry of Health, in collaboration with civil society organizations, should proactively anticipate and develop responses to threats from the tobacco industry and the opposition of the hospitality sector
    f. The Ministry of Health should prepare a massive and well publicized inspection sweep to be conducted in the weeks following 19th July
2. For the months after 19 July, the Ministry of Health should properly monitor and enforce all smoke-free places according to the law in order to achieve maximum compliance:

a. Continue the information campaign and mobilization of different groups to ensure that all indoor workplaces are 100% smoke-free (university rectors, hospital and health care managers, trade unions, professional bodies, public administration managers, private-sector managers, etc.).
b. Continue and scale up the establishment of the provincial inspection teams.
c. Develop an effective system for training the inspection teams and empower them to impose fines for legal violations.
d. Reinforce a systematic monitoring system that will report or collect detailed data on law compliance and enforcement.
e. Continue monitoring tobacco industry activities in order to prevent any interference, challenges or threats to smoke-free legislation.

OFFER HELP TO QUIT TOBACCO USE

1. The Ministry of Health should lead the preparation of and endorse national consensus guidelines for tobacco dependence treatment in collaboration with all medical and health associations
2. The Ministry of Health should establish a well-staffed, easily accessible, toll-free national quitline
3. The social security health insurance scheme should reimburse behavioural and low-cost pharmacological treatment as well as prescription medications
4. Discourage non-evidence-based treatments

WARN PEOPLE ABOUT THE DANGERS OF TOBACCO

1. PACKAGING AND LABELLING

1. The forthcoming TAPDK regulations on combined health warnings (text plus graphic) should be drafted and introduced for all tobacco products in line with the Guidelines for implementation of Article 11 of the WHO FCTC
2. A specific institution should be mandated to conduct pre-testing on planned pictorial health warning labels and to monitor and evaluate overall packaging and labelling measures
3. Enforcement of packaging and labelling regulations should be strengthened at the provincial level. The following measures need to be taken into consideration:
   a. The existing protocol and checklists for provincial and municipal inspectors should include packaging and labelling items such as label wording, colour, font, layout, print quality, specification of location, inclusion of package inserts and onserts and interior messages, placement of the stamp. Regular spot checks of tobacco products at manufacturing and importing facilities, as well as at point of sale, should be conducted.
   b. Improve collaboration and information exchange among existing enforcement institutions, civil society and citizens for monitoring and effective enforcement.
   c. TAPDK should continue withdrawing the licence to sell and distribute tobacco products in cases of noncompliance by sellers and distributors.
   d. Civil society (local nongovernmental organizations) and citizens should be involved in monitoring the effective enforcement of the packaging and labelling regulations.
   e. Enforcers should give timely information to the media on enforcement actions and penalties. Making public the names of violators and the nature of their offence may also be considered in order to send a strong message to the entire population that noncompliance will be investigated and action will be taken.

2. PUBLIC AWARENESS AND MASS-MEDIA CAMPAIGNS

1. A nationally coordinated and integrated communication strategy should be developed, monitored and evaluated with sustained funding to catalyse behavioural change for smoke-free policies, smoking dangers, cessation and prevention (Ministry of Health, TAPDK, RTUK, nongovernmental organizations, Ministry of the Environment, etc.)
2. Key elements of the communication strategy include creating a national planning group, including existing nongovernmental organizations and professional associations, to carry out strategic planning, training and implementation of behavioural change strategies
3. Sustain funding for ongoing behavioural change campaigns from TAPDK's revenue stream and the MOH revolving fund
4. Streamline the monitoring of compliance with the requirement for 90 minutes' free airtime. RTUK should establish a simple and effective system for monitoring compliance among television and radio stations, with monitoring focusing on those outlets with high viewership and impact
5. Expand the Ministry of Health and TAPDK smoke-free Web site into an interactive Web site to facilitate access to consistent, good quality tobacco control messages and materials
6. Strengthen Ministry of Health and media capacity in strategic communication approaches using evidence-based best practices
7. Other areas for capacity building attention include strengthening journalists' motivation to cover tobacco control issues and improve their capacity and workshops for media institutions on tobacco control, including policy implementation and enforcement (as it relates to the media) as well as tobacco industry tactics.

ENFORCE BANS ON ADVERTISING, PROMOTION AND SPONSORHIP

1. TAPDK should introduce and monitor strong regulations on tobacco product display at the point of sale to prevent the use of tobacco products displays as a marketing and promotion/advertisement strategy
2. RTUK should develop a system of checks for spot monitoring (portray smoking/tobacco product placement on television, films, radio, entertainment programmes, etc.) that is easily implementable and includes regular feed-back to television stations, the Ministry of Health and TAPDK

3. Enforcement of bans on advertising, promotion, and sponsorship should be strengthened at the provincial level through better collaboration between the Ministry of Industry and Trade and the provincial tobacco control boards (when these are in place)
4. Monitoring of product placement in cinemas, theatres, concerts and shows should be developed.
5. The Ministry of Finance should monitor reports on the expenses of the tobacco industry, with a focus on reports of advertising, promotion and sponsorship costs, in order to prevent tax breaks
6. TAPDK should pursue the re-introduction of clear regulations banning Internet sales/advertisements that would include a mechanism for enforcement
7. TAPDK should withdraw licenses from premises selling tobacco near or in educational and health facilities

RAISE TOBACCO TAXES AND PRICES

1. Given the need and the lack of necessary financial resources for tobacco control, TAPDK in collaboration with the Ministry of Health can establish sustainable financial resources from TAPDK's own revenues
2. Excise taxes on tobacco products should be revised and increased in order to reduce tobacco consumption and increase the Government's excise revenues
3. The proportional taxation method for the calculation of excise liabilities should be retained
4. Both ad valorem and specific excises should be harmonized among tobacco products in order to reduce the substitution from higher taxed to lower taxed tobacco products.
5. The Ministry of Justice, Ministry of the Interior and Customs should coordinate better in order to control tobacco product smuggling. Better coordination measures should include the following:

a. Human resources and the technical capacity of the Customs service should be strengthened.
b. The data collection system should be strengthened and should be coordinated by KIHBI.
c. Customs officials should participate in workshops to increase their knowledge of effective measures to control smuggling by various means.

6. The Ministry of Agriculture and Rural Affairs should identify measures to facilitate farmers' participation in diversification programmes

d. The participation of farmers in the programme should be encouraged and the conditions for enrolment should be commensurate with their means.
e. The land ownership issue should be revised in order to increase participation by farmers.
f. Human resources for the diversification unit of the Ministry of Agriculture and Rural Affairs should be strengthened in order to respond effectively to tobacco farmers' needs.
g. The Ministry of Agriculture and Rural Affairs should set up a mechanism to monitor purchasing and contracting between tobacco manufacturers and tobacco farmers.