

# Tobacco Control Strategic Document and Action Plan

2018-2023

2018-2023

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**PREFACE**

Tobacco use is a major public health threat globally.

Today, more than 1 billion people are smokers around the world, 80% living in low- and middle-income countries. There are 15 million smokers in Turkey.

Diseases attributable to tobacco use, a global epidemic, cause more than 7 million deaths in the world and more than 100 000 deaths in Turkey.

Beyond that, 1 million deaths worldwide are associated with exposure to secondhand smoke.

For us, fighting tobacco use is very important as it harms not only users but people around them and the society at large.

Tobacco control is a policy of the state in Turkey.

We signed the Framework Convention on Tobacco Control in 2004 and have since accelerated our efforts in this area.

Over the past these 14 years, our country has achieved numerous considerable achievements in tobacco control and it has become a global model.

We have made important regulations which ban tobacco use in all public indoor areas.

Therefore, Turkey has joined the club of countries with smoke-free indoor areas.

Our achievements have been fed by both our commitment to protect our citizens from the hazards of tobacco use as well as the public uptake of smoke-free air zone practices.

It is our main duty to protect our children who are the safeguards of our future.

For this purpose, we have developed the Tobacco Control Strategic Document and Action Plan covering the years 2018-2023 in collaboration with relevant institutions, universities, civil society organizations and media organizations.

The document and the plan will further our strength and efforts in tobacco control and prevention of all addictions.

Hoping that it will contribute to raising mentally, intellectually and physically fit generations, I extend my congratulations to the contributions of the action plan.

Recep Tayyip ERDOĞAN

President

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**PREFACE**

Dependence is major problem which threatens the present day and the future of societies and which cause numerous material and immaterial losses. The harms of any dependence is not limited to users. These harms extend to the families, friends and the society.

Tobacco products are among the most addictive substances in Turkey and worldwide. They cause fatal heath hazards to users and people who are exposed to tobacco smoke. The World Health Organization estimates the number of children exposed to tobacco smoke at 700 million, that is, half of the children in the world.

Tobacco use which shortens life expectancy of individuals and causes premature deaths is a major cause of preventable diseases and deaths.

The commitment to tobacco control in Turkey is strong. All tobacco control efforts are implemented in cooperation with the policy makers, public authorities, local administrations, civil society organizations and the media. The political support to tobacco control has been constant and encouraging. The highest political leader and advocate of tobacco control is Mr. President himself. This level of political commitment enjoyed by the country brings success and sustainability.

The first tobacco control law in Turkey was adopted in 1996. Our government effected a fundamental legislation amendment in 2008 in order to prevent tobacco use and harms associated with it and protect public health. In order to increase population support for the new law, we introduced the provisions in two stages, i.e. on 19 May 2008 and 8 July 2009.

Turkey has become the first country to fulfill all the criteria of M-POWER, a policy package recommended by WHO to all member states for guidance in tobacco control. However, the tobacco industry still pursues aggressive marketing strategies and the prevalence of tobacco use is still high in our country.

The main principle in dependence prevention is protection and prevention. Our main objective is to prevent individuals and young people and children in particular from starting to use tobacco products. Achieving this objective would bring many gains such as preventing use of other addictive substances as well as tobacco dependence.

The Tobacco Control Strategic Document and Action Plan 2018-2023 will further our efforts to protect especially our children and young people from tobacco use.

I hope the action plan will contribute to a dependence-free, healthy future for our children and young people.

Binali YILDIRIM

Prime Minister

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**PREFACE**

Tobacco use is a serious threat to not only users but also people who share the same space with them, leading to severe health problems and even death. Globally, nearly 20 000 lives are lost to this global epidemic.

Tobacco control policies are gradually becoming a priority for countries worldwide since diseases attributable to to tobacco use reduce quality of life, cause labor losses, drain healthcare budgets and increase the burden of the healthcare providers. The Framework Convention on Tobacco Control, the first international health convention in the field of health, was developed by WHO in 2003 and now covers 181 countries (more than 90% of world population) as parties.

In 2004, Turkey signed the Convention which we considered would be instrumental in stopping and reversing the global tobacco epidemic.

After the Convention was approved by the Council of Ministers and enacted by the Parliament, tobacco control efforts in have intensified under the auspices and leadership of our President Mr. Recep Tayyip Erdoğan.

Controlling tobacco use is an arduous task. We were aware of the challenges when set out for this long marathon.

First, we adopted adopted basic legislation and banned tobacco use in all public indoor areas. We launched an effective mass media campaign supported by artists, politicians, athletes and community leaders. We opened 450 cessation clinics in 81 provinces which support people who are willing to quit. We launched 171 Quitline. All tobacco advertising, promotion and sponsorship was banned. Taxes on tobacco were raised as an effective deterrent of demand for tobacco products.

Since 2004, our country has achieved significant outcomes in tobacco control and it has become a global model. As a consequence of this efforts, WHO nominated Turkey a leader in tobacco control. Turkey was the first country to fulfill all measures in MPOWER policy package. Eventually, the prevalence of tobacco use has declined. The prevalence of tobacco use across individuals aged 15 years and above decreased from 3.12% in 2008 to 27% in 2012. Like elsewhere, fluctuations in prevalence are to be expected. However, we should always remember that tobacco control is not a short-term effort and it requires continued commitment.

The prevalence of tobacco use in Turkey increased once again in 2014. We were quick to respond with a series of measures and reduced the prevalence in 2016. Currently, the trend in decline is ongoing. We will continue to take decisive action in order to make it a constant trend and rid the country of the epidemic.

The Tobacco Control Strategic Document and Action Plan 2018-2023 which was prepared as a result of a lengthy and diligent process represents a road map of our tobacco control activities in the coming 6 years. The success of the action plan depends on complementary activities which will amplify the impact of one another, systematic monitoring nased on defined indicators and objectives and strong coordination at national level.

I extend my thanks to all the individuals, institutions and organizations involved in the development of the Tobacco Control Strategic Document and Action Plan. I believe that the implementation of the action plan will be carried out with a similar determination.

Professor Recep AKDAĞ

Deputy Prime Minister

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**Abbreviations**

**APTP : Addiction Prevention Training Program of Turkey**

**ATC : Athlete Training Center**

**CC : Cessation Clinic**

**CDP : Council of Dependence Prevention**

**CGC : Coast Guard Command**

**CHC : Community Health Center**

**CoHE : Higher Education Council**

**COPD : Chronic Obstructive Pulmonary Disease**

**CSO : Civil Society Organization**

**EIN : Education Informatics Network**

**FCIB : Financial Crimes Investigation Board**

**FCTC : Framework Convention on Tobacco Control**

**FHC : Family Health Center**

**FMIS : Family Medicine Information System**

**GATS : Global Adult Tobacco Survey**

**GCG : General Command of Gendarmerie**

**GYTS : Global Youth Tobacco Survey**

**HCDP : High Council for Dependence Prevention**

**HELDI : Higher Education Loans and Dormitories Institution**

**HIMS : Hospital Information Management System**

**HIR : Health Implementing Regulation**

**ITCA : Information Technologies and Communications Authority**

**MCT : Ministry of Customs and Trade**

**ME : Myocardial Infarction**

**MFAL : Ministry of Food, Agriculture and Livestock**

**MIA : Ministry of Internal Affairs**

**MOBESI : Mobile Electronic System Integration (Urban Security Surveillance System)**

**MoF : Ministry of Finance**

**MoH : Ministry of Health**

**MoLSS : Ministry of Labor and Social Security**

**MoNE : Ministry of National Education**

**MSIT : Ministry of Science and Technology**

**MTMAC : Ministry of Transport, Maritime Affairs and Communications**

**MYS : Ministry of Youth and Sports**

**OPCT : Olympic Preparation Center of Turkey**

**PCBDP** : **Provincial Coordination Board for Dependence Prevention**

**RTBU : Radio and Television Broadcasters Union**

**RTSC** **: Radio Television Supreme Council**

**SBIP : School-Based Brief Intervention Program**

**SMAZAS : Smoke-free Air Zone Audit System**

**SSI : Social Security Institution**

**TCSAP : Tobacco Control Strategic Document and Action Plan**

**TEA : Turkish Employment Agency**

**TECS : Traffic Electronic Control System**

**TNA : Turkish National Police**

**TRT : Turkish Radio and Television Corporation**

**TUBATİS : Tobacco Dependence and Treatment Follow-Up System**

**TurkStat : Turkish Statistical Institute**

**TÜBİTAK : Scientific and Technological Research Council of Turkey**

**TWGDP : Technical Working Groups on Dependence Prevention**

**VAT : Value Added Tax**

**WHO : World Health Organization**

# I-Tobacco Control Strategic Document

**2018 - 2023**

# INTRODUCTION

Tobacco products are among the most addictive substances in Turkey and worldwide. They are also the leading cause of preventable diseases and deaths. For the World Health Organization, tobacco use is one of the major public health threats facing the world. Tobacco use causes numerous health problems including death from the antenatal period through all stages of human life. Tobacco products affect not only users but also people exposed to secondhand tobacco smoke. Every year, nearly 100.000 people die due to an illness associated with tobacco use. The figure is over 7 million globally. Of these, six million people die as a consequence of direct tobacco use while 1 million deaths are associated with exposure to secondhand smoke. Globally, nearly 80% of tobacco users live in low- and middle-income countries.

Harms of tobacco use are often not limited to users but expand to the family and community. These include health, economic and social harms and even fires and other environmental problems.

Measures are absolutely needed to protect human health and prevent individuals and the society from the hazards of tobacco. The Framework Convention on Tobacco Control (FCTC) which is the first international agreement to serve as an instrument to respond to the increase in tobacco use to levels which may threaten human health globally and counter marketing strategies of the tobacco industry was adopted at the 56th World Health Assembly of the World Health Organization (WHO) on 21 May 2003.

The WHO Framework Convention on Tobacco Control (FCTC) was signed by Turkey on 28 April 2004 and later it was adopted by the Grand National Assembly of Turkey. The FCTC came into force after promulgation in the Official Gazette 25656 on 30 November 2004. Turkey was the 43rd country to sign the Convention. Today, 181 countries representing more than 90% of the world population are parties to FCTC.

Tobacco control efforts in Turkey gained significant momentum after FCTC was signed. The Law on the Prevention of Harms of Tobacco Products numbered 5727 was adopted on 3 January 2008 by the Grand National Assembly of Turkey. The provisions in the law which pertains to public indoor areas took effect on 19 May 2008 while the provisions relevant to restaurants, coffeehouses, cafés, pubs and similar hospitality establishments owned by private legal entities came into effect on 19 July 2009. Smoking was banned in indoor areas except private residences.

Fighting dependence requires a multifaceted approach. Legal bans are only a part of it. Therefore, public education and awareness-raising interventions and national mass media campaigns are very important. Success comes only when the law becomes an instrument for societal advocacy. Following from that, Turkey implemented strong media campaigns entitled "Protect your Air" and Smoke-Free Air Zone" which helped social buy-in and raised societal awareness.

The commitment to tobacco control in the country is as strong. All tobacco control efforts are implemented in cooperation with the policy makers, public authorities, local administrations, civil society organizations and the media. The political support to tobacco control has been constant and encouraging. The highest political leader and advocate of tobacco control is Mr. President himself. This level of political commitment enjoyed by the country brings success and sustainability.

The main principle in dependence prevention is protection and prevention. In this regard, the main objective is to prevent the whole population -and young people and children in particular- from starting to use tobacco products. Tobacco is a step to other substances as well. Preventing tobacco use is a major step to primary prevention of other addictive substances.

Therefore, tobacco control activities targeting young people and children should include age-relevant special non-formal education programs including peer education at education institutions, youth camps, student dorms and media campaigns using role models such as artists and athletes, and new-generation media.

Besides protection and prevention, it is also important to encourage smokers to quit and offer appropriate support to individuals who wish to do so. In Turkey, cessation services are provided through 171 Quitline and cessation clinics. Moreover, cessation drugs and replacement therapies are offered free of charge by the cessation clinics.

Smoking bans in indoor areas aim to protect everyone including children and young people from exposure to secondhand smoke. To support the ban, 7/24 audits are in place to both protect people from tobacco smoke and encourage smokers to quit. A strong audit mechanism also gives visibility to tobacco control efforts and raises public awareness.

With these activities, Turkey has achieved considerable success in tobacco control and become the first and a model country to fulfill all criteria on WHO M-POWER policy package (M: Monitor tobacco use and prevention policies; P: Protect people from tobacco smoke; O: Offer help to quit tobacco use; W: Warn about the dangers of tobacco; E: Enforce bans on tobacco advertising, promotion, sponsorship and brand-sharing; R: Raise taxes on tobacco).

The experience in successful tobacco control plus the field surveys we have conducted have pointed at the areas we need to persist on and strengthen further. For example, activities and programs for young people and women who are the main target group for the tobacco industry need to be given an important focus.

The young people in Turkey, a model country in tobacco control, are directly targeted by the industry.

The potential failure of an important country like Turkey in a world where tobacco control policies are expanding would engender questions marks about the policies recommended by WHO, discourage countries who have recently engaged in tobacco control from applying stringent measures and delay those countries who are yet to start the fight. That is why the tobacco industry pursues aggressive marketing policies and new tactics in Turkey, a country which has global value in tobacco control. All in all, failure of Turkey in tobacco control has become a major goal for the industry.

It is necessary to monitor the process closely and take strong measures in order to sustain the achievements. Therefore, we have diversified the field surveys used for monitoring and evaluation, increased their frequency and expanded their scale. In this regard, Turkey supports the Global Adult Tobacco Survey (GATS) which is conducted every 4 years with TurkStat Health Survey which is conducted every 2 years.

Turkey was very successful in tobacco control in 2008 - 2012 period. In 2014, however, the increase in the number of smokers was higher than 2008 figures. Thus, we have implemented new policies which focus on young people and strengthened audits. Activities have gained momentum particularly after we launched a youth action plan jointly developed with young people.

As a result, the prevalence of tobacco use was reduced from 32,5% in 2014 to 31,6% in 2016.

Continued success in tobacco control relies on steadfast implementation of anti-tobacco policies. A national Tobacco Control Coordination Committee was established by a Prime Ministry Circular dated 27 January 2015 and numbered 2015/1 and 29249 in order to strengthen and improve tobacco control policies. Coordinated by the Ministry of Health, the Committee comprises high-level representatives of the Ministry of Justice, Ministry of Family and Social Affairs, Ministry of Labor and Social Security, Ministry of Youth and Sports, Ministry of Food, Agriculture and Livestock, Ministry of Customs and Trade, Ministry of Interior, Ministry of Economy, Ministry of National Education, Ministry of Transportation, Maritime and Communication, Turkish Statistics Institute, Radio and Television Supreme Council and Council of Higher Education as well as representatives of civilian society organizations.

People dependent on addictive substances tend to shift from one to another. High-level enforcement and coordination is needed to fight them effectively. Therefore, the High Council for Dependence Prevention was created by the Prime Ministry Circular dated 9 December 2017 and numbered 2017/23. The Council which is chaired by a Deputy Prime Minister includes 11 Ministers (i.e. Justice, Family and Social Policies, Youth and Sports; Food, Agriculture and Livestock, Customs and Trade, Interior, National Education, Health, and Transportation, Maritime Affairs and Communications). The Circular also provides that the Chairman of the High Council is authorized to set up committees, sub-committees, technical committees, ad hoc and permanent working groups and provincial and district committees. Within this context, the Council of Dependence Prevention and the following technical working groups for dependence prevention were established by the decision of the Chairman dated 23.12.2017 and numbered 71366025-990: Technical Working Group on the Prevention of Tobacco Dependence, Technical Working Group on the Prevention of Drugs, Technical Working Group on the Prevention of Alcohol Dependence, Technical Working Group on the Prevention of Behavioral Dependence (e.g. technology and gambling) and Technical Working Group on Communication in Dependence Prevention.

The Council of Dependence Prevention chaired by the Parliamentary Commission on Health, Family, Labor and Social Affairs consists of deputy undersecretaries of the relevant 12 ministries, 2 general directors, 2 presidents, 3 vice-presidents, Advisor of the Chairman of the High Council for Dependence Prevention and representatives of 20 relevant institutions and organizations. Pursuant to the Circular, the secretarial services of these bodies as well as coordination and follow-up will be carried out by the Directorate General of Public Health led by the respective Deputy Undersecretary at national level and provincial health directorates led by the governors in the provinces.

When the Tobacco Control Strategic Document and Action Plan 2018-2023 was drafted, it was agreed that an impact assessment of the activities under the Tobacco Control Strategic Document and Action Plan 2015-2018 was needed to decide on rolling out or updating the activities. After a review of international good practices, strategies and activities which were found to create significant impact were included in the new plans. During the preparation phase, policy labs were created to engage all stakeholders including public institutions and CSOs. This update allows for year-by-year monitoring of the achievement of national targets.

Policies for proper data collection were developed to make sure the country data remain up-to-date. Impact analyses were planned for all tobacco control policies and activities.

Tobacco control activities are implemented in coordination with all the Ministries which are members of the High Council for Dependence Prevention and other institutions and organizations. It is planned to design a monitoring, evaluation and reporting algorithm for the tobacco control activities which are implemented based on scientific evidence. The algorithm will be updated regularly. Measuring the effectiveness of the activities is very important. Therefore, the action plans includes the indicators to measure and targets by years in detail.

An important factor for success is to cascade the policies in the action plan down to the local level. Therefore, strategies and road maps were developed jointly with CSOs, local administrations and other social and civil initiatives.

The Strategic Document and Action Plan thus developed aims to guide the tobacco control activities in the coming 6 years, strengthen the coordination of the efforts throughout the country, monitor impact through defined indicators and targets and achieve success.

In addition, dissemination of the activities under the action plan is very important. Therefore, activities will be reported annually and the public will be properly informed in a timely manner.

# Methodology

The Tobacco Control Strategic Document and Action Plan 2018-2023 was prepared by a broad participant base led by the Ministry of Health which included stakeholder institutions, universities, civil society organizations, academics and field experts. The following were taken into consideration during the effort that took 136 hours:

* Framework Convention on Tobacco Control, the first international convention on tobacco control signed by Turkey in 2014,
* M-POWER policy package developed by WHO to support countries in tobacco control efforts,
* International good practices in tobacco control,
* Experience from the Tobacco Control Strategic Document and Action Plan 2008-2012 and 2015-2018,
* Outputs of the meetings of the National Tobacco Control Coordination Committee, Tobacco Control Strategic Document and Action Plan Working Group, Provincial Tobacco Control Boards and provincial evaluation meetings,
* Results of policy labs where challenges, recommendations for solution and necessary activities were discussed.

The Tobacco Control Strategic Document and Action Plan 2018-2023 was planned at four levels:

**13 Indicators and Targets**

**58 Indicators and Targets**

**205 Indicators and Targets**

The first level of the Plan includes a "Goal" and the "Goal Indicators and Targets" which will be used for monitoring. The first level of the Plan includes three Aims and three "Aim Indicators and Targets" used to achieve the goal. Levels three and four consist of the "Initiatives" and "Activities" to achieve the targets.

The baseline values in the indicator cards which will help monitor the progress will be derived out of the reference sources defined for each indicator. Where data is lacking or data measurement needs to be repeated or measurement of the indicator is yet to start, data will be collected either through surveys or by producing it in the existing system. In this respect, targets for given data will be updated as the current status data for a specific activity or target is updated.

# Goal

Goal of the Tobacco Control Strategic Document and Action Plan 2018-2023:

To protect all individuals from the health, economic, environmental and social hazards of tobacco products.

"Goal indicators" and targets for the 2018-2023 period were identified to monitor progress towards the achievement of the goal.

# Goal Indicators and Targets

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Goal Indicators** | **Baseline** | **Targets** |
| **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| **1.** | Tobacco use status among students aged 13-15 years of age (%) | 17,9 1 |  | 15 |  | 13 |  | 10 |
| **2.** | Percentage of students aged 13-15 years of age who have never tried a tobacco product (%) | 59,8 1 |  | 63 |  | 67 |  | 73 |
| **3.** | Percentage of students aged 13-15 years of age who have smoked 11 cigarettes or more in the past one month (%) | 9,9 1 |  | 8 |  | 6 |  | 4 |
| **4.** | Students aged 13-15 years of age who use any tobacco product and want to quit (%) | 53,2 1 |  | 60 |  | 70 |  | 80 |
| **5.** | Percentage of individuals aged 15-34 years of age who started smoking cigarettes before 18 years of age (%) | 57,5 2 |  | 56 |  | 53 |  | 50 |
| **6.** | Frequency of tobacco use among individuals aged 15+ (total sometimes and every day) (%) | 31,6 2 |  | 29 |  | 26 |  | 24 |
| **7.** | Percentage on never cigarette smokers among individuals aged 15+ (%) | 61,4 2 |  | 63 |  | 67 |  | 70 |

1 The Global Youth Tobacco Survey (2017)

2 Global Adult Tobacco Survey (2016)

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Goal Indicators** | **Baseline** | **Targets** |
| **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| **8.** | Average number of cigarettes smoked daily by smokers aged 15+ (sticks) | 18,0 2 |  | 16 |  | 14 |  | 12 |
| **9.** | Percentage of smokers aged 15+ who want to quit (%) | 32,9 2 |  | 35 |  | 45 |  | 50 |
| **10.** | Percentage of smokers who have quit because of reasons other than health (request of family members, cessation campaigns, cigarette prices, difficulty of finding a place to smoke) % | 50,22 |  | 53 |  | 57 |  | 60 |
| **11.** | Percentage of persons presenting to emergency services with acute exacerbations of diseases attributable to cigarette smoking (asthma, COPD, acute MI) (decline compared to baseline) (%) |  | Baseline assessment | 20 | 30 | 35 | 40 | 50 |
| **12.** | Decrease in age-standardized tracheal, bronchial and lung cancer rates in men (%) | 52,5\* | 51 | 49 | 47 | 45 | 43 | 40 |
| **13.** | Decrease in age-standardized tracheal, bronchial and lung cancer rates in women (%) | 8,7\* | 8,2 | 7,9 | 7,6 | 7,3 | 7,0 | 6,5 |

2 GATS (2016)

\* To be obtained from Ministry of Health data.

# Aims and Components

Aims under the three main categories below will help achieve the goal:

**A- Reduce Demand for Tobacco Products:**

**COMPONENTS:**

**A.1. Information and Raising Awareness**

**A.2. Cessation**

**A.3. Pricing and Taxation**

**A.4. Prevent Passive Exposure to Tobacco Smoke**

**A.5. Prevent Advertising, Promotion and Sponsorship**

**A.6. Product Control, Constituents and Disclosure**

**GOAL:**

To prevent all members of the society, children and young people in particular, from starting tobacco use and help users to quit.

**B- Reduce Accessibility of Tobacco Products:**

**COMPONENTS:**

**B.1. Prevent Illicit Trade in Tobacco Products**

**B.2. Protect Children and Young People from Tobacco Use and Prevent Accessibility**

**GOAL:**

To stop access of children and young people to tobacco products and prevent easy accessibility of tobacco products for the population.

**C- Coordination, Monitoring and Evaluation Tobacco Control:**

**COMPONENT:**

**C. Coordination, Monitoring and Evaluation in Tobacco Control**

**GOAL:**

To strengthen cooperation and coordination in tobacco control, monitor the processes and outputs of activities and evaluate outcomes and impacts.

# A. Reduce Demand for Tobacco Products:

###

## ***A.1. Information and Raising Awareness***

The main principle in dependence prevention is protection and prevention. The main objective is to prevent the whole population -and young people and children in particular- from starting to use tobacco products. Tobacco control is crucial tobacco causes numerous health and social hazards and it is a step to other substances. Therefore, it is necessary to design and implement age-relevant special education programs at all levels of education. These include education approaches for children and young people such as peer education at education institutions, youth camps, student dorms and media campaigns using role models such as artists and athletes, and new-generation media.

There are various education programs implemented by formal and non-formal education institutions in the country. Moreover, the public is constantly informed by the media about tobacco control efforts.

The national media campaigns have played a crucial role in raising public awareness. The "Protect your Air" and "Smoke-Free Air Zone" media campaigns which were launched successively after the 2008 Law were among the key factors in promoting public ownership of the Law. A new wave of national media campaigns will certainly add momentum to the efforts.

Therefore, the aim is to improve existing programs, measure their effectiveness and update as necessary and develop new programs in needed areas. In addition, special emphasis will be placed on comprehensive warnings about harms of tobacco use in order to give a strong message to adolescents and young adults that tobacco use is an undesired behavior. Coordination among institutions will be strengthened to achieve all strategies and activities on the hazards of tobacco products.

## ***A.1. Aim***

To inform individuals on the health, economic, environmental and social gains of quitting or never using tobacco products in order to help develop positive attitudes and behaviors.

## ***A.1. Indicators and Targets***

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Indicator** | **Baseline** | **Targets** |
| **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| **1.** | Percentage of students at formal education institutions educated in tobacco control (%) | - | 80 | 90 | 95 | 98 | 98 | 98 |
| **2.** | Awareness of students at formal education institutions who have been educated in harms of tobacco products(%) | - | 70 | 75 | 80 | 85 | 90 | 90 |
| **3.** | Percentage of students aged 13-15 years who report having been informed about harms of tobacco products at school (%) | 561 |  | 80 |  | 90 |  | 95 |
| **4.** | Students aged 13-15 years of age who think exposure to secondhand tobacco smoke is harmful to health (%) | 79,5 1 |  | 85 |  | 90 |  | 95 |
| **5.** | Support among students aged 13-15 years for smoking bans in areas stipulated by Law 4207(%) | 91,1 1 |  | 93 |  | 95 |  | 98 |
| **6.** | Support among students aged 13-15 years for smoking bans in outdoor public areas (%) | 74,5 1 |  | 77 |  | 79 |  | 85 |

1 GYTS (2017)

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Indicator** | **Baseline** | **Targets** |
| **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| **7.** | Persons aged 15+ who think tobacco use causes health problems (%) | 89,8 2 |  | 92 |  | 95 |  | 98 |
| **8.** | Persons aged 15+ who think exposure to secondhand tobacco smoke causes serious health problems (%) | 83,3 2 |  | 88 |  | 95 |  | 98 |
| **9.** | Persons aged 15+ who consider quitting smoking because of the public spots [messages] (%) | 23,8 2 |  | 30 |  | 35 |  | 40 |
| **10.** | Noticing anti-smoking messages among persons aged 15+ years of age (%) | 75,6 2 |  | 78 |  | 85 |  | 90 |
| **11.** | Support among persons aged 15+ years of age for smoking bans in areas stipulated by Law 4207 (%) | 90,4 2 |  | 92 |  | 94 |  | 96 |
| **12.** | Persons aged 15+ who support raised taxes on tobacco products(%) | 60,8 2 |  | 70 |  | 75 |  | 80 |
| **13.** | Public knowledge of the tip-off mechanisms against violations of the Law 4207 (Green Detector, SABİM (MoH Communication Center) 184 hotline etc.) (%) | - | Baseline assessment | 70 |  | 80 |  | 90 |
| **14.** | Knowledge of smokers about cessation services (171 quitline, cessation clinics) (%) | - | Baseline assessment | 60 |  | 70 |  | 80 |

2 GATS (2016)

##

## A.1. Initiatives and Activities

1. **Inform, raise awareness and develop positive attitudes and behaviors among students, teachers and parents about harms of tobacco use**
	1. **Implement educational activities and events on harms of tobacco products and prevention at preschool, primary and secondary education institutions**
		1. Train APTP master trainers to deliver trainings in provinces
		2. Master trainers to deliver practitioner trainings
		3. APTP practitioners to deliver parents' module to parents
		4. Integrate APTP interactive materials into Education Informatics Network (EIN)
		5. Include, to the extent possible, awareness-raising examples of harms of tobacco use in the curricula of science, social skills, mathematics and Turkish lessons
		6. Develop implicit scripts for existing animations and cartoons on the skills of saying "No" to peers when necessary, targeting children aged 3-6, 7-12 and 13-15 years
		7. Improve the School-Based Brief Intervention Program (SBIP) within the scope of secondary prevention efforts for students who have recently started or tried cigarettes, alcohol or drugs.
		8. Select and train SBIP practitioners
		9. Strengthen the Green Crescent clubs at schools and make sure that they organize at least one activity every month
		10. Promote participation of young people at risk or disadvantaged young people in sports activities in schools
		11. Develop age-specific books, magazines and animations on daily living skills to promote awareness of healthy lifestyles
		12. Organize drawing, poetry and essay writing contests and campaigns (e.g. My Teacher Does Not Smoke) in schools
		13. Schools to post tobacco control posters on announcement boards periodically
		14. Educate participants of youth camps and youth centers in harms of tobacco products
	2. **Implement educational activities and events on harms of tobacco products and prevention at higher education institutions**
		1. Include content in the 1st-, 2nd- and 6th-grade curricula of medical faculties on awareness-raising, disease associations and tobacco control
		2. Implement education programs at other health sciences faculties and higher vocational schools on awareness-raising and prevention
		3. Develop and implement education programs for undergraduates of education faculties on delivering counseling and guidance in tobacco prevention to their students
		4. Implement the peer education model in schools
		5. Improve and scale up APTP Peer Practitioner Training for members of Young Green Crescent Clubs in universities
		6. Increase the number of individual and organizational members of the Young Volunteers Platform and promote active participation of young people in voluntary activities
2. **Develop and Implement Educational Activities for the Employees of Public Institutions and Agencies**
	1. **Include information on harms of tobacco products and secondhand exposure in occupational health safety training modules**
	2. **Include information on harms of tobacco products and secondhand exposure in the training programs for candidate civil servants and orientation training programs of new civil servants**
	3. **Include information on harms of tobacco products and secondhand exposure in the education programs of rank and file**
	4. **Organize job-relevant trainings to social workers, psychologists and dorm administrators and dorm officers working at the Higher Education Student Loans and Dormitories Institution**
	5. **Organize trainings for the local employees of the Department of Religious Affairs**
	6. **Organize training of trainers programs for the youth leaders and camp leaders working at the Ministry of Youth and Sports**
	7. **Organize prevention and cessation programs for professional groups which are considered role models (e.g. police, military, teachers, health workers)**
	8. **Promote "Smoke-Free Organization" in all institutions particularly including education and health institutions**
	9. **Besides legal no-smoking warnings, introduce use of informative posters and brochures on general announcement boards and tables and other accessories (e.g. plate saucers, spice shakers, tissue dispensers) used at the cafeterias and other social facilities**
	10. **Turkish Dependence Prevention Program (TBM) practitioners to implement the TBM adult training module for teachers other than guidance counselors (teachers) at schools through seminars and similar events**
3. **Increase support by CSOs and local administrations to tobacco control efforts**
	1. **Develop plans and protocols with CSOs and local administrations for joint work on harms of tobacco use and secondhand exposure**
	2. **Expand the scope of the "Health Ambassadors Project" to tobacco control at national level through selected volunteers among traders**
	3. **Develop a public e-library on tobacco control which volunteers can use to publicly disseminate default text and visual messages prepared by professionals and volunteers**
4. **Expand information activities on health and social hazards of tobacco products and prevention to the whole population**
	1. **Develop and launch a communication campaign on tobacco control**
		1. Create a Communication Scientific Committee to support communication activities in tobacco control with scientific base
		2. Develop a communication management plan for the implementation of the communication campaign
		3. Identify the communication theme and methods for tobacco control
		4. Design and implement the communication campaign
	2. **Conduct activities for increased support for tobacco control by print and audiovisual media**
		1. Develop training, awareness and certificate programs for drama, movie and theater play directors and script writers and members of the print and visual media (e.g. the Journalists Association, unions of TV organizations, radio broadcasters, members of education and health journalists unions)
		2. Develop an incentive mechanism (Ministry of Culture and Tourism incentives etc.) for dramas, movies, theater plays and children's productions to deliver harms of tobacco products and secondhand smoke.
		3. Organize periodic meetings with the managers and representatives of mainstream and local media in order to inform about tobacco control efforts
		4. Promote publication of feature stories, interviews and series on harms of tobacco use and secondhand smoke and dissemination of awareness-raising messages on newspapers, magazines and radio programs
		5. Raise, through print and audiovisual media, public recognition of 171 Quitline, 184 SABİM Hotline (for complaints related to tobacco), Green Detector and cessation clinics which provide services related to tobacco use and prevention of passive exposure
		6. Make news reports of selected success stories from 171 quitline and cessation clinics
		7. Monitor frequency of coverage of tobacco control activities in the media
	3. **Conduct activities on social media to increase the visibility and effectiveness of tobacco control efforts**
		1. Develop training, awareness and certificate programs for social media personages and role models to help them support tobacco control activities
		2. Create a social media platform to disseminate informative messages on tobacco control
		3. Institutions to share messages from official social media accounts on special days and weeks (World No Tobacco Day, Quit Smoking Day, Green Crescent Week etc.)
		4. Place unskippable pop-ups and banners including relevant images and videos at the beginning or inside most popular videos on the Internet and doodles on social networks and websites most commonly visited by target users including forums, blogs, online games and online shopping sites
		5. Prepare viral videos on the impacts and harms of tobacco use and ensure dissemination on digital media channels
		6. Working on building community advocacy on the negative image associated with tobacco use and harms of passive exposure on community blogs and forums etc. which are popular among young people
	4. **Organize education and information activities in public areas and events (concerts, shopping malls, festivals, art events etc.).**
		1. Open stands where carbon monoxide in breath is measured and information brochures are distributed and maintain public information activities on special days and weeks related to tobacco control (e.g. 21 May, 9 February, World COPD Day) in shopping malls, cinemas, squares, festivals and similar public areas where people gather
		2. Provide information to students, young people and citizens about harms of tobacco products and secondhand smoke through religious discourses, Friday sermons, special proselytization programs, conferences, seminars, panels at mosques, Quran tutoring centers, Family and Religious Counseling Bureaus, dormitories and other places deemed appropriate by local religious departments
		3. Use billboards, announcement means on public transportation vehicles, outdoor TVs and similar means and spaces to inform the public on tobacco use and its harms
		4. GSM operators to send informative SMS messages to subscribers on harms of tobacco products and secondhand smoke
		5. Carry out information activities on harms of tobacco products at youth centers, dormitories, youth camps, scout camps etc. through the lifelong learning program, driving courses, public education courses, premarital counseling programs etc.
		6. Carry out special information programs on the health and social harms of tobacco use and the tactics of the tobacco industry for women to empower them for protecting themselves and their families
		7. Develop and implement working algorithms for protecting out-of-school children of secondary education age from tobacco dependence
		8. Deliver awareness trainings to athletes attending to Athlete Training Centers (ATCs) and Olympic Preparation Centers of Turkey (OPCTs)
		9. Publicly reward individuals and organizations with outstanding efforts in tobacco control

## **A.2. Cessation**

Never starting using tobacco products is very important. However, encouraging tobacco users to quit and offering appropriate help is also very important.

In Turkey, cessation services are offered to people who want to quit through the 171 Quitline and cessation clinics.

The Regulation on Tobacco Dependence Treatment and Education Centers which aims to set standards for healthcare facilities providing tobacco dependence treatment came into force on 23 October 2011 (OG 28121). This regulation sets standards for healthcare facilities providing tobacco dependence treatment and lists qualifications of staff working at these centers.

The cessation clinics pharmacological treatments and cognitive-behavioral therapies which are complementary to each other.

Cessation drugs which are not included reimbursement scheme were purchased by the Ministry of Health in 2010, 2015 and 2017 and distributed to the cessation clinics to be provided by physicians to eligible patients. Continued availability of these drugs is very important for effective cessation services.

It is necessary to evaluate the impact of the pharmacological treatments and cognitive-behavioral therapies provided at the cessation clinics and strengthen follow-up system to allow for the follow-up of individual patients presenting to the cessation clinics in order to identify cessation rates at national and local levels.

Moreover, it is necessary to expand cessation treatment from specialized clinics to cover primary care in particular. It is also necessary strengthen programs for inquiring about tobacco use and implementing brief clinical intervention to users during routine healthcare delivery.

The action plan aims to scale up cessation centers for special population groups including pregnant women and under-18 groups.

The effectiveness of the services offered by 171 Quitline will be evaluated and the services will be strengthened. In addition, it is planned to digital technologies (smart phone apps, websites etc.) will be used to support cessation services.

## **A.2. Aim**

To improve and scale up tobacco dependence treatment services and increase success rates of tobacco dependence treatment

## **A.2. Indicators and Targets**

| **Number** | **Indicator**  | **Baseline** | **Targets** |
| --- | --- | --- | --- |
| **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
|  | Success rate of cessation clinics (percentage of persons who have not smoked for at least 1 year after quitting) (%) | 16.43[[1]](#footnote-2) | 20 | 22 | 24 | 28 | 32 | 36 |
|  | Percentage of persons having quit with the assistance of 171 quitline (percentage of persons who have not smoked for at least 1 year after quitting) (%) | 84[[2]](#footnote-3) | 10 | 11 | 12 | 13 | 14 | 15 |
|  | Percentage of tobacco users visiting family physicians who have received brief clinical interventions (%) |  | Baseline assessment | 90 | 95 | 97 | 98 | 98 |
|  | Percentage of outpatient care users at secondary and tertiary healthcare facilities who have been inquired for smoking status (%) |  | Baseline assessment  | 80 | 85 | 90 | 93 | 93 |
|  | Percentage of clients aged 15+ visiting physicians for any health problem who have been inquired for smoking status (%) | 462[[3]](#footnote-4) |  | 70 |  | 80 |  | 90 |
|  | Percentage of smoker clients aged 15+ visiting physicians for any health problem who have been recommended to quit (%) | 87,4 2 |  | 90 |  | 95 |  | 100 |

A.2. Initiatives and Activities

1. **Conduct brief clinical interviews with individuals presenting to health facilities at all encounters**
	1. **Ensure that physicians and dentists apply brief clinical intervention (learn, recommend, measure)**
		1. Brief physicians and dentists on brief clinical intervention
		2. Introduce mandatory inquiry of tobacco use status on HIMS and FMIS
		3. Include brief clinical intervention in performance indicators
	2. **Ensure that non-physician health workers apply brief clinical intervention**
		1. Brief non-physician health workers on brief clinical intervention
	3. **Organize training of trainers sessions for health workers and auxiliary health staff working at primary care facilities (FHCs and CHCs)**
2. **Strengthen cessation services**
	1. **Increase number of units providing cessation services**
		1. Scale up cessation clinics in primary care centers other than FHCs
		2. Family health centers to provide cessation services
		3. Scale up CCs in secondary and tertiary care facilities
		4. Integrate Family Medicine Information System (FMIS) with 171 quitline
		5. Ensure continuity of pharmacological therapies for cessation offered by CCs
		6. Include tobacco dependence treatment in the Health Implementing Regulation [reimbursement list]
		7. Amend the supplementary payment regulation to improve the status of staff working at CCs
	2. **Raise quality of the service**
		1. Require family physicians to complete the distance training module on tobacco cessation treatment
		2. Revise and update CC legislation in line with current needs
		3. Provider refresher trainings to all health workers at CCs on tobacco dependence and treatment
		4. Evaluate services and performance of CCs regularly
3. **Improve cessation support programs and practices**
	1. **Strengthen the services of the Quitline**
		1. Monitor and evaluate Quitline services regularly and update the delivery algorithm as necessary
		2. Organize regular in-service trainings for Quitline staff
	2. **Strengthen digital cessation services (e.g. via websites, SMS services, virtual media and social media)**
		1. Improve and diversify smart phone apps (cessation software, CO measurement etc.)
		2. Improve and diversify the content of web applications
	3. **Promote cessation**
		1. Organize Quit & Win Campaigns
		2. Introduce positive discrimination practices for nonsmoking staff (e.g. quitting work 30 minutes earlier, adding 7 days to paid annual leave, lowering insurance premium contributions, reduced tax for establishments with no smoking staff, preferential selection of nonsmoking candidates at recruitment, increasing child and family aid for nonsmoking staff)
		3. Introduce new regulations and practices to motivate premarital couples to quit (e.g. compulsory visit to the cessation clinic, providing drugs and patches free of charge)
4. **Motivate special target groups to quit and offer cessation support**
	1. **Plan special cessation services for pregnant women, people under 18 years of age and people with NCDs**
		1. Develop clinical guidelines suitable to the context of the country for special cessation treatment for pregnant women and people aged 18 years or younger
		2. Introduce specialized units to deliver tobacco dependence treatment for pregnant women and young people aged 18 years or younger
		3. Introduce no smoking as a prerequisite for prospective parents who wish to be reimbursed for IVF treatment

## A.3. Pricing and Taxation

One of the measures recommended by M-POWER, the policy package of FCTC, is to raise taxes on tobacco products. FCTC recommends implementation of tax and price policies consistent with national policies and prohibition of tax- and duty-free sales of tobacco products. Price and tax measures for reducing demand for tobacco are particularly effective in preventing young people from starting to smoke.

The basis of the proposition that raising taxes reduces the demand for tobacco products is the studies which indicate that increasing taxes on tobacco products by 10% results in a decline in tobacco use by 4% in high-income countries and 5% in middle- and low-income countries. This suggests that increasing the prices of tobacco products reduces the accessibility of the products for low-income groups and young people who are more susceptible to price and decreases tobacco consumption among these groups in the long term.

Tax raises on tobacco products are not for financial purposes alone. The health aspect and especially the deterrent effect on starting tobacco consumption are important. Therefore, it is often not sufficient to impose a certain rate of tax on tobacco products; it is necessary to develop a mechanism which ensures that prices of tobacco products never fall below a certain threshold. High tobacco prices thus established are known to prevent young people from starting to smoke and encourage current smokers to quit.

Turkey imposes two types of excise tax on tobacco products, i.e. ad valorem and specific excise. Moreover, 18% of VAT based on VAT-free price is added on top of the excise taxes.

The action plan aims to introduce measures which will increase the tax burden on tobacco products and raise the prices further.

Gradual tax raises on tobacco products which are not classified as basic consumption goods will avoid potential increases in inflation.

## A.3. Aim

To reduce demand for tobacco products by increasing the tax burden on tobacco products and increasing their price further

## A.3. Indicators and Targets

| **Number** | **Indicator**  | **Baseline** | **Targets** |
| --- | --- | --- | --- |
| **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
|  | Ratio of average price of 100 cigarette packages to GDP per capita (%) | 2,75[[4]](#footnote-5) | 2,74 | 2,77 | 2,85 | 2,96 | 3,1 | 3,21 |
|  | Ratio of monthly minimal wage to the cheapest price of 30 packages of cigarettes  | 6,245 | 6,19 | 6,14 | 5,97 | 5,75 | 5,52 | 5,30 |

***A.3. Initiatives and Activities***

1. **Raise taxes by considering both the ratio of GDP per capita and increases in minimal wage**
	1. **Raise taxes to levels which will ensure achieving the goal indicators as a minimum**
	2. **Maintain the automated price increase mechanism in a way to make sure that increases in the prices of tobacco products are higher than the purchasing power**
		1. Maintain the existing practice of excise tax increases on tobacco products in January and July
	3. **Increase the tax rates on cheroots and cigarillos at least to the level of taxes on tobacco products**
2. **Increase taxes payable by entities that generate revenues out of manufacturing, sales and presentation of tobacco products**
	1. **Increase tax rates on imported tobacco**
	2. **Define a new budget line in the global budget to be funded by earmarking a certain share of the amounts billed to suppliers by dealers of tobacco products, shisha cafés and other persons and entities selling and / or presenting tobacco and tobacco products for use in tobacco control activities in addition to the existing excise tax and VAT**

## A.4. Prevent Passive Exposure to Tobacco Smoke

Passive exposure refers to involuntary exposure of nonsmokers to the smoke of tobacco smoked by others or smoke of burning tobacco. Every year, passive exposure causes 890 000 deaths, mainly associated with ischemic heart disease, respiratory diseases and lung cancer.

In recent years, the literature on passive exposure has started mentioning the concept of thirdhand smoke besides secondhand smoke. Exposure to thirdhand or tertiary smoke means exposure to smoke constituents accumulated on surfaces together with the metabolites generated by the oxidation of these constituents. Thirdhand smoke also has carcinogen effects. These metabolites may be absorbed through the skin, digestion or inhalation of settling dust and may have carcinogen effect.

Scientific studies indicate that passive exposure increases the risk of several diseases including heart attacks, asthma attacks, respiratory diseases in children, sudden infant deaths and childhood cancers.

Newborns exposed to secondhand smoke during pregnancy as well exposed children suffer from impaired lung development. These individuals have lower immune response to lower respiratory infections.

On the other hand, passive exposure makes individuals more predisposed to smoking and makes it difficult for smokers to quit. The only way to protect the population from the harms of passive exposure is to prevent smoking in all indoor areas. To this end, nearly 1500 audit teams conduct 24/184 audits including routine audits and responses to tip-offs and complaints received through 7 hotline and the Green Detector app. In addition, efforts for expanding cross-province audits are ongoing. The new action plan includes activities to scale up cross-audits to district level.

The regulations which were developed under the Tobacco Control Strategic Document and Action Plan 2015-2018 and which banned use of tobacco products in [certain] outdoor areas will be expanded and included in the Law and activities for increasing public support for these new provisions will be implemented under the new action plan.

## ***A.4. Aim***

To prevent health hazards associated with passive exposure to tobacco smoke and encourage smokers to quit

## ***A.4. Indicators and Targets***

| **Number** | **Indicator**  | **Baseline** | **Targets** |
| --- | --- | --- | --- |
| **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
|  | Passive exposure at home among students aged 13-15 years of age (%) | 46,1 1[[5]](#footnote-6) |  | 40 |  | 30 |  | 20 |
|  | Passive exposure among students aged 13-15 years of age in indoor areas where smoking is banned by the Law 4207 (%) | 51,81 |  | 45 |  | 35 |  | 25 |
|  | Students aged 13-15 years who have witnessed tobacco use inside school buildings or outdoor areas of schools where smoking is banned by the Law 4207 (%) | 59,31 |  | 20 |  | 10 |  | 5 |
|  | Passive exposure among individuals aged 15+ at cafés or coffeehouses (%) | 28,0 2 |  | 20 |  | 15 |  | 10 |
|  | Passive exposure among individuals aged 15+ at restaurants (%) | 12,7 2 |  | 10 |  | 7 |  | 5 |
|  | Passive exposure among individuals aged 15+ in commercial cabs (%) | 16,0 2 |  | 10 |  | 7 |  | 5 |
|  | Passive exposure among individuals aged 15+ at schools / education institutions (%) | 7,1 2 |  | 6 |  | 4 |  | 2 |
|  | Passive exposure among individuals aged 15+ at health facilities (%)[[6]](#footnote-7) | 4,4 2 |  | 3 |  | 2 |  | 1 |
|  | Passive exposure among individuals aged 15+ in public buildings (%) | 4,7 2 |  | 3 |  | 2 |  | 1 |
|  | Passive exposure among individuals aged 15+ in private vehicles (%) | 82,3 2 |  | 80 |  | 75 |  | 50 |
|  | Two-hour response rate in spring (%) | 44,5 6[[7]](#footnote-8) | 55 | 60 | 70 | 80 | 90 | 90 |
|  | Violations detected during audits induced by tip-offs (%) | 11,50 5 | 20 | 30 | 40 | 50 | 60 | 70 |
|  | Violations detected during routine audits (%)  | 0,60 5 | 1 | 3 | 5 | 5 | 3 | 2 |

## **A.4. Initiatives and Activities**

1. **Expand the Scope of the Smoke-Free Air Zone**
	1. **Designate areas at risk of passive exposure as smoke-free areas**
		1. Strengthen the definition of smoke-free areas in front of the entrance and exit doors of busy public places like shopping malls, airports and public buildings by including the definition in the law
		2. Develop legislation to ban tobacco use in playgrounds, exercising areas such as walking tracks and outdoor areas of places of worship
		3. Update legislation to limit the number of smoking-permitted guest rooms in hotels to 30%
		4. Develop legislation to restrict tobacco use in the outdoor areas of hospitals, restaurants and other establishments, university campuses, pools and beaches
	2. **Designate areas occupied by people at risk of passive exposure as smoke-free areas**
		1. Develop legislation to ban tobacco use in households and private vehicles with occupants who are pregnant or under 18 years of age or people with chronic diseases like COPD, heart disease etc.
2. **Strengthen Smoke-Free Air Zone Audits**
	1. **Strengthen audits for preventing violations at public institutions and agencies**
		1. Organize trainings for staff members at public institutions who are tasked with imposing sanctions on violations
		2. Develop legislation which provides for imposing sanctions chiefs of units at public institutions where violation has occurred
		3. Include audits of public institutions and agencies in annual audit plans
		4. Include a standard article in contracts for leasing public property to third parties which provides that detection of violation of smoking bans in the property as laid down in the Law 4207 will result in unilateral termination of the contract
	2. **Strengthen audits for preventing passive exposure in all public and private mass transportation vehicles and private vehicles**
		1. Work on using MOBESI and TECS footage for detecting violations
		2. Include representatives of the print and visual media in audits of private vehicles and public transportation vehicles periodically
	3. **Strengthen audits for preventing violations in indoor and outdoor areas where use of tobacco products is banned by the law**
		1. Hold information meetings with establishment owners and CSOs such as chambers of tradesmen
		2. Include senior managers and representatives of the print and visual media in audits periodically
		3. Expand cross-province/district audits
		4. Develop legislation for using voluntary inspectors in audits
		5. Amend legislation to extend the definition of indoor area in keeping with international standards
		6. Set up an effective monitoring system for following on suspension penalties imposed on violating establishments
		7. Develop legislation to require suspended to post an announcement indicating the violation of the Law 4207 in a visible manner
		8. Promote participation in audit teams
		9. Plan for a minimum for three 7/24 audit teams in districts in accordance with the number of establishments and population
		10. Each team to include a fixed cadre of certified auditors including at least 1 law enforcement officer, 1 health worker, 1 municipal police, and 2 members from other institutions (to be determined by the Provincial Health Directorate as needed)
		11. Improve the distance education system to enhance competencies of audit teams
		12. Improve nicotine particle measurement systems
		13. Institutions assigning members of audit teams are to select them from their own audit units (e.g. food audit units) and authorize them to conduct tobacco audits
		14. Introduce a mechanism whereby audit teams are directly attached to governorships and are paid bonuses from the budget of provincial tobacco control boards
		15. Introduce a performance scorecard system for all members of provincial tobacco control boards and ensure incorporation of sanctions related to performance scorecards in the legislation of the respective institutions

A.5. Prevent Advertising, Promotion and Sponsorship

Tobacco advertisements promote tobacco use. Therefore, Turkey made regulations for preventing advertising of tobacco products in line with the relevant binding provision of FCTC. All tobacco advertising, promotion and sponsorship was banned in order to protect the population and particularly children and young people from the harms of tobacco products. However, the tobacco industry still engages in explicit or hidden forms of advertising and sponsorship which targets especially children and young people.

Direct tobacco advertising is banned in many countries. However, the tobacco industry has turned to implicit forms of advertising such as adverts on the social media, product placement in movie scenes and brand matching. Moreover, tobacco points of sale still serve as advertising spots for the industry. The action plan aims to limit points of sale, prevent visibility of points of sale and enforce advertising bans at points of sale.

|  |
| --- |
| **PLAIN PACKAGING**Despite the pictorial health warnings on cigarette packages, the packages continue to function as a means of advertisement as they carry the brand colors, logos etc and they are packaged in special ways. These features make cigarette packages appealing and are used as a form of marketing and promotion. Plain packaging refers to prohibition by law of the use of logos, colors and promotional information on packaging other than brand names and product names displayed in a standard color and font style. Articles 11 ("Packaging and Labeling Tobacco Products")and 13 ("Tobacco Advertising, Promotion and Sponsorship") recommend parties to introduce plain packaging. The objective of plain packaging is to: * reduce the appeal of tobacco products,
* prevent advertising elements on tobacco packaging,
* reduce the effect of packaging which portrays some products as less harmful,
* increase noticeability of health warnings and their impact.

Australia became the first country to fully implement plain packaging in December 2012. Ireland, France and the United Kingdom began implementing plain packaging in May 2016. New Zealand, Hungary, Singapore and Norway switched to plain packaging in 2018. In addition, legislation and planning are under way in several countries. Scientific evidence suggests that plain packaging reduces the prevalence of tobacco use, and particularly young people develop negative perceptions toward smoking as they think plain packages appear "unclean, odd and ugly". |

On the other hand, tobacco packages remain a major advertising space for the tobacco industry. That remains the case although pictorial health warnings cover both sides of packages in Turkey. Therefore, the action plain aims to introduce plain packaging.

## **A.5. Aim**

To prevent the behaviors of experimenting, starting and continuing tobacco use by eliminating the means of reaching out to children and young people in particular

## **A.5. Indicators and Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Indicator**  | **Baseline** | **Targets** |
| **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
|  | Students aged 13-15 years who consider quitting because of the health warnings on cigarette packages (%) | 22,9 1[[8]](#footnote-9) |  | 30 |  | 40 |  | 50 |
|  | Students aged 13-15 years who have seen tobacco advertisements or promotions at points of sale in the past 30 days (%) | 26,8 1 |  | 20 |  | 10 |  | 5 |
|  | Students aged 13-15 years who have seen people using tobacco when they watched TV, videos or movies during the past 30 days (%) | 66,5 1 |  | 50 |  | 30 |  | 10 |
|  | Students aged 13-15 years who were offered a free tobacco product by a tobacco company representative (%) | 8,6 1 |  | 5 |  | 3 |  | 1 |
|  | Individuals aged 15+ years who have seen any advertisement, sponsorship or promotion (%)  | 17,7 2[[9]](#footnote-10) |  | 10 |  | 7 |  | 5 |
| **Number** | **Indicator** | **Baseline** | **Targets** |
| **2018** | **2018** | **2018** | **2018** | **2018** | **2018** |
|  | Individuals aged 15+ years who have seen cigarette advertisements on TV (%) | 9,5 2 |  | 7 |  | 5 |  | 3 |
|  | Individuals aged 15+ years who have seen cigarette advertisements on the Internet (%)  | 4,3 2 |  | 4 |  | 3 |  | 2 |
|  | Individuals aged 15+ years who have witnessed free distribution of any tobacco product (%)  | 3,1 2 |  | 2 |  | 1 |  | 1 |
|  | Smokers aged 15+ years who have considered quitting because of the pictorial health warnings on the cigarette packages (%)  | 33,2 2 |  | 50 |  | 55 |  | 60 |

## **A.5. Initiatives and Activities**

1. **Prevent all advertising, promotion and sponsorship activities at points of sale**
	1. **Prepare legislation for introducing the exclusive dealership system**
	2. **Develop legislation to ensure that pictorial health warnings are posted at points of sale**
	3. **Introduce restrictions on the days and times tobacco products can be sold and presented**
	4. **Develop legislation for banning sales and presentation of tobacco products in health, education and training, culture and sports facilities and places where alcoholic drinks are sold and presented**
	5. **Designate exclusive sales areas for tobacco products at retail sales of tobacco products and prohibiting access of people under 18 years of age to these areas**
	6. **Strengthen measures for sales and commercial display of tobacco products at education, health, sports and entertainment facilities**
		1. Strengthen audits
	7. **Conduct spot checks of compliance of establishments in the process of granting and renewing sales and presentation licenses**
	8. **Develop legislation to ensure that tobacco products at points of sale are stored inside closed cabinets which prevent visibility of the products inside the establishment**
2. **Update legislation on product packaging in a way to discourage use**
	1. **Develop legislation to introduce standardized plain packaging**
	2. **Replace pictorial warnings periodically in accordance with the legislation**
		1. Develop legislation on replacing the catalog of pictorial health warnings periodically
		2. Create an archive pictorial health warnings relevant to Turkey
	3. **Develop a brand-neutral design for parcels used to transport tobacco products**
3. **Strengthen audits concerning advertising, promotion and sponsorship activities**
	1. **Monitor and prevent Internet advertisements and sales**
		1. Expedite the process of blocking access to websites which advertise and sell tobacco products online
	2. **Enforce a single color for vehicles distributing tobacco products and ban any additional texts, images or color combinations etc. on the vehicles**
	3. **Strengthen audits for preventing product promotions in the shops of fuel stations and other establishments**
	4. **Strengthen the system for monitoring violations of advertising and covert advertising in coordination with relevant institutions**
	5. **Strengthen legislation and cooperation with stakeholders to identify and impose sanctions on organizational social responsibility efforts of the tobacco industry used as a means for advertising, promotion and sponsorship**
	6. **Develop a system to identify campaigns and programs of the tobacco industry which encourage young people to use tobacco products and facilitate their access**
	7. **Prevent the tobacco industry from providing financial contribution to hospitality establishments for decoration, renovation or fitting special partitions, showcases, awnings or shades**
	8. **Strengthen the expression “on television” in Article 3(6) of the Law 4207 to cover all activities and works of science, culture and arts and align with FCTC in a way to cover all media and all tobacco products and activities**
4. **Increase the deterrence of administrative fines imposed on points of sales of tobacco products and manufacturers and marketers of tobacco products**
	1. **Raise the maximum limit of fines imposed on manufacturers and marketers of tobacco in order to increase the deterrent impact of the penalty**
	2. **Disclose fines imposed as a result of the audits**
5. **Protect public health policies on tobacco control from the commercial and other vested interests of the tobacco industry**
	1. **Require examination of all information and documents of the tobacco industry (i.e. meetings with public institutions and persons and content of meetings, payments made under sponsorship, scholarship or social responsibility projects etc.) by a transparent commission consisting of FCIB (Financial Crimes Investigation Board), Ministry of Food, Agriculture and Livestock and Ministry of Health every 6 months in order to apply FCTC Article 5.3 in the most effective manner**
	2. **Prevent any support to the tobacco industry including investment incentives or subsidies**

## **A.6. Product Control, Constituents and Disclosure**

Tobacco smoke contains more than 4000 chemicals which are known to cause more than 50 cancers. However, the tobacco industry gives inaccurate, deceptive and misleading messages about the effects of these substances on health. It also misleads people about the constituents of e-cigarettes or smokeless tobacco products, trying to portray them as harmless, innocent products or presenting them as alternatives to quit tobacco use.

The FCTC provides measures to prevent this and countries are expected to implement these measures. Article 11 which includes rules to follow in the packaging of tobacco products prohibits use of inaccurate, deceptive and misleading messages about the health effects and emissions of tobacco products. Furthermore, it is prohibited to use any term, descriptor, color or other sign that creates the false impression that a particular tobacco product is less harmful than others such as “low tar”, “light”, “ultra-light” or “mild”. In addition, pictorial health warnings are placed on the packages of tobacco products in Turkey.

The Law on the Protection of Consumer numbered 4077 as amended by the Law 4822 provides provisions on the “right to health and safety”, “right to information”, “right to education”, “right to compensation” and “right to live in a healthy environment”. However, these provisions are not well known by consumers.

It is planned to carry out scientific studies and properly inform the public on the harms of tobacco products such as e-cigarettes or smokeless tobacco products which the tobacco industry market by providing misleading information in order to maintain tobacco dependence.

A.6. Aim

To conduct scientific assessments on the carcinogens and toxic constituents in the contents and emissions of tobacco products, improve technical regulation of tobacco products and inform the public on the contents and emissions of tobacco products

## **A.6. Indicators and Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Indicator** | **Baseline** | **Targets** |
| **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| 1. | Students aged 13-15 years who consider quitting because of pictorial health warnings (%) | 22,9 1 |  | 25 |  | 30 |  | 35 |
| 2. | Individuals aged 15+ years who consider quitting because of pictorial health warnings (%) | 33,2 2 |  | 35 |  | 40 |  | 50 |
| 3. | Reduction in the number of additives in tobacco products (%) |  | Baseline Analysis | 30 |  | 50 |  | 100 |
| 4. | Reduction in the emissions of tobacco products (nicotine, tar and Co in 1 g of tobacco) compared to baseline (%) |  | Baseline Analysis | Nicotine<0,1 mgTar < 1 mg CO< 1 mg | Nicotine<0,1 mg Tar < 1 mgCO< 1 mg | Nicotine<0,1 mgTar < 1 mgCO< 1 mg | Nicotine<0,1 mg Tar < 1 mgCO< 1 mg | Nicotine<0,1 mgTar < 1 mgCO< 1 mg |

1 GYTS (2017)

2 GATS (2016)

## **A.6. Initiatives and Activities**

**1. Strengthen legislation on improving technical regulations concerning tobacco products based on scientific evidence on the harmful or potential harmful effects of contents and emissions of tobacco products on human health, FCTC provisions and related guidelines and best practices in the world**

**1.1. Develop legislation on limiting or banning contents of tobacco products**

**2. Set up a national, independent, scientifically audited and accredited laboratory for the measurement of tobacco products**

**2.1. Setting up the laboratory**

**3. Effectively assess compliance with technical regulations governing tobacco products**

**3.1. Increase product audits at manufacturing, importation and storage facilities and points of sale**

**3.2. The national laboratory to engage in measurement and assessment activities related to product audits and regularly examine contents and emissions of tobacco products**

**4. Make sure that the toxic constituents and emissions of tobacco products are effectively disclosed to governmental authorities and the public to inform about the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke in accordance with FCTC provisions and guidelines and international best practices**

**4.1. Set up an e-reporting system for the reporting of all information about the contents and emissions of tobacco products, related justifications, reports and evidence related to the addictive-toxicological effects in standard forms**

**5. Continue with implementing health warnings and messages on the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke on the packages, labels, wrappers, cartons of tobacco and tobacco products and shisha bottles in line with FCTC provisions and guidelines and international best practices**

**5.1. Continue with the display of figures for emissions (e.g. tar, nicotine, carbon monoxide) on unit packets and packages of cigarettes including when used as part of a brand name or trademark and develop legislation for including other significant substances in the content**

**5.2. Ensure use of effective and well-designed combined health warnings on both sides of tobacco product packages**

**5.3. Ensure periodic replacement of combined health warnings on tobacco product packages and shisha bottles in line with the principles and procedures in FCTC and the Guidelines**

**5.4. Develop legislation for mandatory inserts on the packages and wrappers of tobacco products the content of which will be established by the competent governmental authority based on scientific evidence on the contents emissions potentially harmful to human health**

**5.5. Develop legislation to prevent production and marketing of adhesive labels, stickers, cases, covers, sleeves and similar wrapping use to obscure health warnings and messages on tobacco products**

**6. Ensure compliance with the legislation at points of sale and presentation**

**6.1. Develop annual plans for points of sale and presentation audits**

**6.2. Ensure enforcement of standard practice by all municipalities which requires approval of the provincial tobacco control board for granting the certificates of conformity for presentation and license for waterpipe tobacco products**

**6.3. Municipalities to develop standard practices for opening, suspending and terminating establishments**

# B Reduce Accessibility of Tobacco Products

## ***B.1. Prevent Illicit Trade in Tobacco Products***

One of the provisions of FCTC is to prohibit illicit trade in tobacco products. The illicit trade in tobacco products is a multifaceted problem with health, economic, social and security consequences and it is a transboundary act. Therefore, no country can tackle it on its own.

The Protocol to Eliminate Illicit Trade in Tobacco Products which was developed under guidance of FCTC to tackle this problem was adopted in Seoul on 12 November 2012. The protocol which was signed by Turkey on 10 January 2013 is binding on the parties in that the parties must take effective domestic measures and cooperate and exchange information with one another.

Illicit tobacco products are sold cheaper. Therefore, they facilitate access to tobacco products, increase consumption and undermine efforts to prevent accessibility of tobacco products for children and young people.

The action plan aims to strengthen efforts to prevent illicit trade in tobacco products under the Protocol to Eliminate Illicit Trade in Tobacco Products which was adopted by the Grand National Assembly of Turkey in 2017.

## **B.1. Aim**

To fight illicit trade in tobacco products effectively by ensuring full coordination and cooperation among all relevant institutions and organizations

## **B.1. Indicators and Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Indicator** | **Baseline** | **Targets** |
| **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
|  | Consumption of unstamped cigarettes among individuals aged 15+ years of age (%) | 8,4 2[[10]](#footnote-11) |  | 7 |  | 5 |  | 3 |
|  | Number of penalties imposed on illicit producers, marketers and sellers of fine cut tobacco for roll-your-own |  | Baseline analysis | 50% increase compared to baseline | 10% increase compared to previous year | 5% increase compared to previous year | 10% decrease compared to previous year | 10% decrease compared to previous year |

## **B.1. Initiatives and Activities**

## Prevent illicit trade in tobacco products

* 1. **All institutions to work on matters in their mandate under the Protocol to Eliminate Illicit Trade in Tobacco Products**
	2. **Develop an Action Plan to Prevent Illicit Trade in Tobacco Products**
	3. **Prevent illicit sales of fine cut tobacco for roll-your-own and hand-rolled cigarette tubes**
		1. Increase audits
	4. **Prevent use of illicit waterpipe products at shisha cafés**
		1. Increase audits
	5. **Increase audits on illicit waterpipe tobacco products**
	6. **Prevent entry into the country, sales and use of e-cigarettes and all other products which resemble tobacco products**

## **B.2. Protecting Children and Young People from Tobacco Use and Preventing Accessibility**

The primary objective in dependence prevention efforts is to prevent people in general and children and young people in particular from starting to use addictive substances. Young people often tend to have the false perception that trying tobacco products is something ordinary. However, scientific studies suggest that the risk of dependence among first-time experimenters is as high as 60%.

Tobacco dependence needs special attention as it causes numerous health hazards and it is a step to other substances. Family and environmental effects and easy accessibility of tobacco products are important factors which affect young people in starting to use tobacco products.

Role models such as the family, teachers, friends etc. have a significant effect on young people in starting to use tobacco products. It is important to increase audits to prevent sales of cigarettes to students in individual units or packets by shops or peddlers around schools. In addition, it is planned to develop regulations to ban tobacco sales points closer than 500 m to education institutions.

The primary target of the tobacco industry is children and young people. The industry focuses on Turkey because the country has a significant youth population. All countries take measures to ban marketing of tobacco products to minors. However, legislation alone is not sufficient to protect children and young people from tobacco products. Legislation needs to supported with information activities for young people about the harms of tobacco products. It is necessary to break the false impression that smokers are held in high esteem.

Information activities for the whole population including children and young people are carried out in order to prevent tobacco dependence. The Ministry of National Education implements age-specific education programs on dependence prevention for students at all levels of formal education. It is planned to conduct an impact assessment of the education activities and scale up and improve them.

Civil society organizations and volunteers have a crucial role in efforts to prevent children and young people from starting to use tobacco products. The Civil Society and Youth in Tobacco Control Workshops were organized in order to actively involve young people in tobacco control. A Tobacco Control Youth Action Plan was prepared as a result of the workshops. Peer education sessions on tobacco control were organized for voluntary young people as part of the action plan. It is planned to collaborate more intensively with civil society organization in order to expand the peer education models in the new action plan period.

The minimum sales age must be posted visibly and clearly at tobacco points of sale and identification must be requested in cases of doubt. It is planned to develop regulations for preventing marketing of tobacco products in a directly accessible and visible manner.

On the other hand, the number of shisha establishments for young people is increasing and different flavors are used to encourage shisha consumption. It is planned to strengthen audits to prevent this.

## ***B.2. Aim***

To prevent access of people under 18 years of age to tobacco products through sales and distribution

## ***B.2. Indicators and Targets***

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Indicator** | **Baseline** | **Targets** |
| **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
|  | Minors aged 13-15 years of age who can buy cigarettes (%) | 73,3 1[[11]](#footnote-12) |  | 30 |  | 20 |  | 5 |
|  | Students aged 13-15 years who buy individual cigarettes (%) | 29,4 1  |  | 15 |  | 10 |  | 5 |
|  | Students aged 13-15 years who have reported feeling more comfortable when they smoke at celebrations, parties and social events (%) | 26,2 1 |  | 22 |  | 18 |  | 10 |

##

## **B.2. Initiatives and Activities**

1. **Audit compliance with the existing legislation which bans the sale, distribution and presentation of tobacco products to people under 18 years of age and impose deterrent sanctions on violations**
	1. **Ministry of Interior to conduct regular audits**
	2. **Increase measures to prevent sales of individual tobacco products (e.g. cigarette sticks) and cut tobacco, cigarette tubes and leaf cigarette papers to young people**
	3. **Develop legislation to introduce administrative fines besides the existing sanctions and to terminate the sales-presentation license in case tobacco products are sold, distributed or presented to people under 18 years of age**
2. **Require sellers of tobacco products to ask young people to present identification to prove they are aged 18+ years**
	1. **Inform sellers about asking for identification**
	2. **Audit sellers for compliance with identification requirements**
	3. **Introduce obligation for all points of sale and presentation to install security cameras and to present images to auditors without requirement for a court decision**
3. **Expand the scope of existing legislation which bans the sales and distribution of tobacco products to people under 18 years of age**
	1. **Raise minimum age for tobacco sales to 21**
	2. **Introduce a legal obligation for establishments which sell retail tobacco products or present waterpipe tobacco to have a door-to-door distance of at least 100 (one hundred) meters from formal education institutions and student dormitories**
4. **Ensure compliance with the legislation which prohibit placement of the logo, colors and figures of tobacco products on objects such as sweets, treats, toys, t-shirts, bags etc. and sales and distribution of such objects**
	1. **Conduct joint work with the relevant ministries and institutions (Ministry of Customs and Trade, Ministry of Health and municipalities) for developing secondary legislation for compliance with and effective enforcement of the Law 4207**
	2. **Improve the relevant audit system**

# C. Coordination, Monitoring and Evaluation in Tobacco Control

Sufficient data on forms of tobacco use and diseases and deaths attributable to tobacco is crucial for developing a robust monitoring policy in tobacco control.

In addition, it is important to develop local and national intervention programs based on regular, comparable surveys. Surveys also help evaluate the impact of tobacco control policies and track the activities of the tobacco industry.

Therefore, the Global Adult Tobacco Survey which is conducted by WHO in all countries that are parties to FCTC and which indicates the official tobacco use status in the countries is important.

Beside surveys on the effectiveness of tobacco control efforts, it is planned to create a monitoring and reporting system to monitor the action plan.

## C. Aim

To monitor and report the processes and outputs of the Tobacco Control Strategic Document and Action Plan

## C. Indicators and Targets

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Indicator** | **Baseline** | **Targets** |
| **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
|  | Percentage of board decisions implemented (%) |  | 85 | 85 | 90 | 90 | 95 | 95 |
|  | Action Plan activities completed within the defined time frame (%) |  | 80 | 80 | 85 | 85 | 90 | 90 |
|  | Achievement of targets in the action plan projects approved by the boards (%) |  | 70 | 80 | 85 | 85 | 90 | 90 |
|  | Ratio of the number of universities involved in joint projects to all universities (%) |  | 20 | 30 | 40 | 50 | 60 | 70 |
|  | Ratio of the number of municipalities involved in joint projects to all municipalities (%) |  | 20 | 30 | 40 | 50 | 60 | 70 |

## C. Initiatives and Activities

1. **Identify and define indicators to be used for monitoring and evaluation**
	1. **Develop Indicator Scorecards (including indicator title, frequency of data collection, calculation method etc.) for the indicators specified in A1, A2, A3, A4, A5, A6, B1, B2 and B3**
	2. **Develop a software program to allow stakeholder institutions to enter their data online**
2. **Conduct monitoring through targeted surveys**
	1. **Ensure implementation of GATS at provincial level in predetermined periods**
	2. **Ensure implementation of GYTS at provincial level in predetermined periods**
	3. **Conduct surveys on tobacco consumption among specific groups (e.g. health workers, teachers, police officers)**
3. **Implement activities for strengthening the coordination mechanism**
	1. **Introduce a performance scorecard system for all members of provincial tobacco control boards and ensure incorporation of sanctions related to performance scorecards in the legislation of the respective institutions**
4. **Work on strengthening tobacco control boards/committees and increasing communication and cooperation among the members**
	1. **Ensure that dependence prevention councils convene at intervals defined in their working procedures and principles**
	2. **Monitor and report the enforcement status of the decisions taken by the boards**
	3. **Ensure that all tobacco control projects are implemented upon approval by the relevant boards**
		1. Require all institutions which provide project funding to projects related to tobacco control to stipulate prior approval by a relevant board (HCDP, CDP, TWGDP etc.); provide budgets needed for by the boards to function effectively
	4. **Provide budgets the boards need for operating effectively**

*All the activities needed to successfully achieve the goal, aims, targets, initiatives and indicators in the Document and responsible institutions and organizations are specified in the* ***Tobacco Control Action Plan 2018-2023***

# II - Tobacco Control Action Plan 2018-2023

1. 3 TUBATİS  [↑](#footnote-ref-2)
2. 4 171 Quitline Data [↑](#footnote-ref-3)
3. 2 GATS (2016) [↑](#footnote-ref-4)
4. 5 Ministry of Finance, 2017 data [↑](#footnote-ref-5)
5. 1 GYTS (2017)

2 GATS (2016) [↑](#footnote-ref-6)
6. 5 Ministry of Finance, 2017 data [↑](#footnote-ref-7)
7. 6 SMAZAS [↑](#footnote-ref-8)
8. 1 GYTS (2017) [↑](#footnote-ref-9)
9. 2 GATS (2016) [↑](#footnote-ref-10)
10. 2 GATS (2016) [↑](#footnote-ref-11)
11. 1 GYTS (2017) [↑](#footnote-ref-12)