TURKEY'S TOBACCO CONTROL POLICIES IN COMPARATIVE PERSPECTIVE: AN ANALYSIS OF ANTI-TOBACCO NGO STANCES

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DECLARATION OF ORIGINALITY

I, Sercan Zülfikar, certify that

- I am the sole author of this thesis and that I have fully acknowledged and documented in my thesis all sources of ideas and words, including digital resources, which have been produced or published by another person or institution;
- this thesis contains no material that has been submitted or accepted for a degree or diploma in any other educational institution;
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Date 22.03.2019.....

ABSTRACT

Turkey's Tobacco Control Policies in Comparative Perspective: An Analysis of Anti-Tobacco NGO Stances

This thesis explores Turkey's tobacco control policies from a historical and comparative perspective and situates the country's tobacco control policy framework within the comparative tobacco control regime framework. To compensate for the static analysis that the regime framework offers, the thesis complements this analysis with a qualitative analysis of six anti-tobacco NGO stances on the Turkish tobacco control policies. In doing so, the thesis relies on a qualitative thematic analysis of two sources of data: the review of tobacco control legislation, policy reports and secondary literature and semi-structured interviews with representatives of six influential anti-tobacco advocacy NGOs. The thesis demonstrates that the historical trajectory of Turkish tobacco control policies can be analyzed in four periods: the first period (1983-1996) without any tobacco control legislation; the second period (1996-2006) when the first tobacco control law was legislated; the third period (2006-2011) which significantly expanded the scope of its tobacco control policies; and the fourth period (2011- to the present), during which time progress on tobacco control measures has been stagnant and the enforcement has been loosened. The thesis argues that tobacco control policies in Turkey has undergone a transformation process from being a hands-off control regime to a high-control one. An analysis of interviews with representatives of anti-tobacco NGOs, however, reveals that Turkey has lost its commitment to tobacco control in recent years, which signifies a tendency towards transformation into a moderate control regime.

ÖZET

Karşılaştırmalı Yaklaşımdan Türkiye'nin Tütün Kontrol Politikaları: Tütün Karşıtı Sivil Toplum Kuruluşlarının Görüşlerinin Değerlendirilmesi

Bu tez Türkiye'nin tütün kontrol politikalarını tarihsel ve karşılaştırmalı bir bakış açısıyla incelemekte ve ülkenin tütün kontrol politikası çerçevesini karşılaştırmalı tütün kontrol rejimi çerçevesine yerleştirmektedir. Karşılaştırmalı tütün kontrol rejimleri çerçevesinin sunduğu durağan analizin telafisi adına bu tez, karşılaştırmalı ve tarihsel analizi altı tütün karşıtı sivil toplum kuruluşunun (STK) bu politikalara ilişkin yaklaşımlarının nitel çözümlemesiyle desteklemektedir. Tez iki veri kaynağının nitel tematik analizine dayanmaktadır: Tütün kontrol mevzuatının, politika raporlarının ve ikincil literatürün incelemesi ve altı etkili tütün karşıtı STK'nın temsilcileriyle yarı yapılandırılmış görüşmeler. Tez, Türkiye'nin tütün kontrol politikalarının tarihsel yörüngesinin dört dönemde analiz edilebileceğini göstermektedir: Tütün kontrol mevzuatının olmadığı ilk dönem (1983-1996); ilk tütün kontrol yasasının yürürlüğe girdiği ikinci dönem (1996-2006); tütün kontrol politikalarının kapsamını önemli ölçüde genişleten üçüncü dönem (2006-2011); ve tütün kontrolü önlemlerindeki ilerlemenin durduğu ve uygulamanın gevşetildiği dördüncü dönem (2011'den günümüze). Tez, Türkiye'deki tütün kontrol politikalarının 2011 yılına dek "müdahaleci olmayan kontrol rejiminden" "yüksek kontrol rejimine" yönelik bir dönüşüm sürecinden geçtiğini savunmaktadır. Tütün karşıtı STK temsilcileriyle yapılan görüşmelerin analizi, Türkiye'nin son yıllarda tütün kontrolü konusundaki kararlılığını kaybettiğini göstermekte ve "ılımlı bir kontrol rejimine" doğru bir eğilim içinde olduğunu ortaya çıkarmaktadır.

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I would like to dedicate this thesis to the people who consider themselves on the verge of quitting or starting smoking. Hopefully, this research will contribute to the required encouragement to quit for the former, and may prevent the latter from starting, and more importantly, to an improvement in tobacco control policies and enforcement, for the sake of the environment and people's health.

Finally, I would like to sincerely thank all of the anti-tobacco advocacy NGOs and their representatives. The achievements of Turkish tobacco control policies may not be possible without their efforts. They are hidden heroes for saving many people's lives. This thesis could not have been completed without their invaluable contribution.

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CHAPTER 1

INTRODUCTION

Tobacco use is one of the most influential issues in public health both in Turkey and all around the world. Over seven million people die each year because of tobacco-related health problems which resulted either from their own tobacco product consumption or their exposure to tobacco smoke (World Health Organization, 2018a). This situation in Turkey is not exceptional. Twenty-six per cent of all deaths in Turkey in a year result from tobacco-related health problems (The Tobacco Atlas, 2016). Taking these negative implications of tobacco use and exposure to tobacco smoke into consideration, tobacco control policies emerge as a key policy domain to protect public health.

The politicization of tobacco use dates back to the realization that it causes serious health hazards. It was first realized in the late 1940s and 1950s in Western Europe and North America (Wynder & Graham, 1950; Doll & Hill, 1950). Since then, the volume of research on tobacco use and its impact on health and tobacco politics has substantially increased. While policy research has remained a small component of this body of research, scholars (Marmor & Lieberman, 2004; Joossens & Raw, 2007) analyzed tobacco control policies in different countries and developed typologies of tobacco control regimes.

Tobacco control policies in Turkey were first evaluated by Joossens and Raw (2011) in a comparative perspective. But given that their main objective was to develop a broader tobacco control scale scoring for European countries rather than offering a detailed analysis of country cases, its analysis on Turkey is rather limited. The literature on Turkey's tobacco control policies either analyzes Turkey's tobacco control laws (Bilir & Özcebe, 2011; Bilir & Özcebe, 2013; Elbek et al., 2015) or

focuses on the impact of these legislations on tobacco consumption and public health (Yürekli et al, 2010; Bilir & Özcebe, 2011; Republic of Turkey Ministry of Health, 2014; Elbek et al., 2015) without taking a comparative stance. Therefore, the existing literature offers little analysis on where Turkey lies in the tobacco control regimes framework.

Against this background, the main objective of this thesis is to examine Turkey's tobacco control policies and to situate Turkey in a comparative tobacco control regime framework. This analysis is complemented and enriched by the anti-tobacco NGO representatives' evaluation of the current policy landscape.

My main research question is as follows: Where does Turkey's tobacco control regime fit in comparative tobacco control regimes framework? To better grasp the current state of tobacco control policies in Turkey, I also used the following sub-research question: How do anti-tobacco advocacy NGOs perceive Turkey's current tobacco control policies?

Consequently, this thesis contributes to the existing literature by providing an in-depth evaluation of Turkey's tobacco control policies and categorize it in a comparative tobacco control regime framework. In addition, to compensate for the static analysis that a regime framework offers, the thesis offers an analysis of anti-tobacco NGO representatives' assessment of the contemporary changes in tobacco control policies and enforcement to better present the current state of affairs in Turkish tobacco control policies.

1.1 Methods

In order to answer my main research question (Where does Turkey's tobacco control regime fit in comparative tobacco control regimes framework?), I conducted desk

research that included a comprehensive review of the legislation, policy papers, and the secondary literature. In order to describe Turkey's tobacco control regime, I analyzed 18 policy papers and legislations: nine national laws, two national policy papers, two international policy papers, three ministry circulars, and two cabinet decisions, all of which are detailed in the chart below.

Table 1. Analyzed Policy Papers and Laws

Number	Analyzed Policy Papers and Laws	Years
1	Law No. 4207	1996
2	Law No. 4733	2002
3	Law No. 5261	2003
4	WHO's Framework Convention on Tobacco Control	2003
5	Turkish Criminal Code No. 5237	2004
6	National Tobacco Control Program and the Action Plan 2008-2012	2006
7	Law No. 5607	2007
8	Ministry of Health Circular No. 2007/38	2007
9	Law No. 5727	2008
10	WHO's MPOWER package	2008
11	Law No. 6111	2011
12	Law No. 6354	2012
13	Law No. 6487	2013
14	National Tobacco Control Program and the Action Plan 2015-2018	2013
15	Ministry of Health Circular No. 2015/6	2015
16	Prime Ministry Circular No. 2015/1	2015
17	Cabinet Decision No.10462	2017
18	Cabinet Decision No.11999	2018

However, I mainly used WHO's MPOWER framework (monitor tobacco use and prevention policies; protect people from tobacco smoke; offer help to quit tobacco use; warn about the dangers of tobacco; enforce bans on tobacco advertising, promotion and sponsorship; raise taxes on tobacco products) as the basis of my analysis. I also incorporated the supply-side tobacco control criteria of the WHO, which is lacking in the MPOWER framework.

Second, I evaluated Turkey's place in the comparative tobacco control regime framework by employing Marmor and Lieberman's (2004) methodology, which considers the following features: policy scope, policy action timing, and implementation commitment/intensity and conducting a descriptive thematic

analyses of the above-mentioned laws and policy papers' The policy scope is the first analysis criterion and refers to the legislative framework of tobacco control. The timing of policy action is the second criterion and is introduced to assess particular country's openness to the global tobacco control improvements and its policy learning capacity. Last but not least, implementation commitment or intensity is used as the third criterion, which refers to the enforcement capacity of the country under consideration.

To answer the sub-research question (How do anti-tobacco advocacy NGOs perceive Turkey's current tobacco control policies?), I conducted five face-to-face semi-structured qualitative interviews with representatives of six anti-tobacco advocacy NGOs. I codified each one of the interviewed NGOs as B, C, D, E, F, and G in order to protect them and their representatives from any kind of harmful effects they might encounter because of their statements during the interviews.

Since my aim is to understand the subjective evaluations of anti-tobacco advocacy NGOs' representatives on Turkey's tobacco control policies, but not pro-tobacco advocacy networks, I used a homogenous sampling in my thesis. First, I developed a list of anti-tobacco NGOs by seeking three criteria: membership in the National Committee on Tobacco and Health Turkey, public visibility, and active involvement in anti-tobacco campaigns. Once I completed this list, I conducted desk research to determine the NGOs' pioneering representatives based on their experiences, knowledge and publications on tobacco use and control. Then, I identified five participants and sent invitations for interviews to their e-mail addresses. These interview meeting dates and places were arranged approximately two months in advance. After I arranged our meeting time and place, I conducted

five in-depth, face-to-face, semi-structured, qualitative interviews with the participants, who represented six anti-tobacco advocacy NGOs in September 2017.

I conducted these interviews in order to have a better understanding of how anti-tobacco advocacy NGOs perceive Turkey's current tobacco control regime since changes were made in 2011. In that regard, these interviews can be considered informative interviews with anti-tobacco activists.

1.2 Outline of the chapters

This thesis consists of five chapters, including this introductory one. This first chapter presents a brief overview of the main topic of the thesis, its research methodology and the main objective.

The second chapter introduces the social and political evolution of tobacco control, tobacco control regimes, and tobacco control politics.

The third chapter offers an answer to the question of where Turkey fits in the comparative tobacco control regimes framework. In line with that, it introduces the tobacco control history of Turkey and offers a historical periodization by taking into consideration its policy scope, implementation commitment, and deficiencies.

The fourth chapter provides an analysis of how anti-tobacco advocacy NGOs evaluate Turkey's current tobacco control policies. Thus, this chapter consists of the legislative and executive assessment of Turkey's tobacco control policies; evaluation of preventive and curative approaches of the government; assessment of NGOs, tobacco industry, the government relations; and recommendations from NGO representatives.

The fifth and last chapter brings together all the findings from previous chapters, summarizes them, and presents my concluding remarks.

CHAPTER 2

LITERATURE REVIEW

2.1 The social and political evolution of tobacco control

Tobacco production, manufacture, and distribution were seen as important economic opportunities for the countries, this unrivaled position of tobacco started to change with the results of the first large-scale epidemiological studies in 1950 that were conducted by Wynder and Graham (1950) in the U.S., and by Doll and Hill (1950) in the U.K. which scientifically proved for the very first time that tobacco use causes serious hazardous impacts on people's health.

Nevertheless, their impact on the politicization process was not realized immediately due to lack of worldwide acceptance. The most convincing proofs were reported in 1962 and in 1964 by the Royal College of Physicians in the United Kingdom and by the U.S. surgeon general's advisory committee, respectively (Ballard, 2004). Accordingly, it was found that tobacco consumption causes lung cancer, along with other serious health problems.

These reports aroused media and public interest and were responsible for leading some of developed countries (particularly English-speaking ones) to initiate their first tobacco control laws. Yet similar attempts generally failed in developing countries. The World Health Assembly realized the necessity for a worldwide warning and in 1970 passed a resolution to prevent the harmful effects of tobacco use (World Health Organization Tobacco Free Initiative, n.d.). Since then, other countries have followed the English-speaking world's tobacco control activities.

The second wave of tobacco control evolved after the realization of tobacco consumption's further negative consequences on health and economics. In 1986,

several reports “including reviews by the U.S. surgeon general, the World Health Organization’s International Agency for Research on Cancer, and the Australian National Health and Medical Research Council” demonstrated the harmful effects of passive smoking on health (Ballard, 2004, p. 105). Tobacco control thus gained even more importance. Two years later, in 1988, the World Health Organization started World No Tobacco Day that would be held annually, bringing the tobacco control issue onto the global political agenda.

Economically, most of the national and supranational bodies were supportive of tobacco production and consumption until the beginning of the 1990s. However, in 1991, the World Bank withdrew its support on tobacco production because of the health consequences of tobacco use (Ramin, 2006). Moreover, its economic analysis also stated that the “global welfare cost of tobacco projects greatly exceed the gains to producer countries.” (Mamudu, Hammond, & Glantz, 2008, p. 1692). Therefore, the Bank adopted a new stance for the economics of tobacco control and issued a Directive to execute the policy in 1992 (Mamudu et al., 2008).

This perspective change was consolidated even more after Howard Barnum, a senior Bank economist, published an influential article in 1994 which concluding that “the world tobacco market produces an annual global loss of $200 billion” (Barnum, 1994). Consequently, it is understood that tobacco consumption has devastating effects not only on public health, but also on the economy. These financial analyses led the World Bank to adopt a new analytical framework and also accelerated the efforts of the WHO to establish a global tobacco control policy framework.

In 1995, the World Health Assembly started developing supranational policy measures for tobacco control. These efforts were strengthened with the establishment

of the Tobacco Free Initiative (TFI) in 1998 (World Health Organization Tobacco Free Initiative, n.d.). Moreover, throughout the 1990s, the Bank's tobacco research team finally yielded its fruit, and it published 'Curbing the Epidemic: Tobacco Control and Policies in Developing Countries (CTE)' in 1999, which advised governments to "increase efforts in tobacco control", "provide global knowledge on economic issues of tobacco control" and "work closely with…WHO and partners" (Mamudu et al., 2008).

Although the tobacco industry made great efforts with a high determination against all of these policy recommendations by hiring academics to discredit the World Bank's CTE, by lobbying World Bank officials, and by preparing biased studies (Mamudu et al., 2008), they eventually failed in their attempts.

The WHO established the Framework Convention on Tobacco Control (FCTC) at the 56th World Assembly in May 2003 and opened it for signature until 29 June 2004 (World Health Organization, n.d.). Including Turkey, 168 states signed the WHO FCTC and expressed their willingness to become a party to the convention. Therefore, tobacco control policies were officially globalized. In 2008, the MPOWER policy package was presented at the 61st session of the World Health Assembly with the aim of making this global cooperation more concrete (World Health Organization, 2008).

All these improvements have drastically shifted states' perspectives and approaches towards tobacco production/products increased the importance of tobacco control policies, and hence accelerated the politicization of this issue all over the world, particularly in the last 30 years.

2.2 Tobacco control regimes

Marmor and Lieberman (2004) believed that the tobacco control literature neglected a comparison requirement on the issue, so they made pioneering attempts to come up with a comparative framework of tobacco control regimes. Accordingly, they considered tobacco consumption a political outcome and established a regime cluster that categorized countries in terms of their policy scope, intensity or implementation commitment, and policy action timing (p. 281).

Marmor and Lieberman (2004) established country clusters by conducting a cross-national study that included Australia, Canada, Denmark, France, Germany, Japan the United Kingdom, and the United States. They designated five regime types: hands-off, low, moderate, high, and prohibitionist.

In the hands-off regimes, the governments have no legal measures to control tobacco use, distribution, and taxation. In low-tobacco control regimes, countries have low tobacco taxes and they show minimal efforts to prevent tobacco use. The countries in moderate-control regimes have widespread control measures, yet they do not have very strict execution of these measures, and their taxation may not be particularly high. In high-control regimes, countries demonstrate high levels of legal control over the taxation of tobacco products, their promotion, and their consumption. In prohibitionist regimes, all kind of activities that include tobacco are totally prohibited by law, and there are harsh punishments for those who fail to comply with the laws (Marmor & Lieberman, 2004, pp. 278-279).

None of the eight exemplified countries exhibited the characteristics of the two extreme categories (hands-off and prohibitionist); they all belong to low, moderate or high-control regimes.

Marmor and Lieberman (2004) evaluated countries' tobacco control policies in terms of how they see the taxation of tobacco products—tax-included and non-tax. In the first group are a few states that see raising taxes on tobacco products as an opportunity to boost their revenue rather than for the good for public health. The second group sees a certain compatibility between tobacco taxation level and overall levels of taxation in the countries. Therefore, tax rates on tobacco may not be so meaningful after all (Marmor & Lieberman, 2004, p. 280).

On the other hand, non-tax tobacco control evaluation of the countries requires elaboration on each of the countries' distinguishing features vis-à-vis tobacco control. In order to simplify this situation, Marmor and Lieberman created a three-point scale and categorized the countries. They then considered them in terms of the timing of their policy action, the scope (kind of laws) and the intensity (implementation commitment). Those policies are implemented as voluntary, legal guidelines, or total bans– of their control policies (p. 281).

Marmor and Lieberman benefited from American Cancer Society report on tobacco control around the world, which included country profiles of national policies to create separate scores for each of the eight countries. In order to complete their country-specific tobacco control evaluations, they used three scoring steps; the readers, the author, and the American Cancer Society. In the readers scoring, Marmor and Lieberman read American Cancer Society report and gave scores to each of the eight countries. They took the average of their scores to conclude the first part (readers) scoring. In order to complete, in the second (author) part, they requested a detailed evaluation that used the same metric for every country from each of the authors that wrote country profiles in American Cancer Society report. For the third consideration, Marmor & Lieberman used the four categories of American

Cancer Society report (advertising and sponsorship, sales and distribution restrictions, tobacco product regulations, smoke-free indoor air restrictions) and established a numerical categorization that consisted of 1 for low control, 2 for medium control, 3 for high control.

While doing that, Marmor and Lieberman assigned more weight to legal bans, and less weight to policies that involved voluntary cooperation. As a result, they created a tobacco control regime and evaluated eight countries in both tax-included and nontax forms.

Beside Marmor and Lieberman's tobacco control regimes, two other evaluations took place in subsequent years. One was the MPOWER implementation report of the WHO, and the other is Joossens and Raw's (2007, 2011, 2014 and 2017) tobacco control scale scorings.

In fact, Joossens and Raw's criteria are quite compatible with the MPOWER implementation report of the WHO. Both of them basically considered the countries in terms of their successes or failures on protecting people from tobacco smoke; offering help to quit tobacco use; warning about the dangers of tobacco; enforcing bans on tobacco advertising, promotion, and sponsorship; and raising taxes on tobacco products. Whereas the latter evaluated countries according to their commitment towards the six policies of MPOWER, the former established its own scoring method which assigned different weights according to the importance of each law.

Despite Joossens and Raw's methodology and ranking details have changed slightly through the years; in the meantime, their tobacco control ranking criteria have remained the same. For their 2005 and 2007 surveys, they sent out questionnaires to the European Network for Smoking Prevention (ENSP)

correspondents of each country. However, after they realized the experts lacked knowledge about whether or not smoke-free legislation had been implemented well, in 2010 Joossens and Raw decided to reduce subjectivity on acquiring the data and started to use the Eurobarometer survey on legislation enforcement levels since then.

Nevertheless, Joossens and Raw still agreed on the changes to the scale items and ranking with some European tobacco control experts. Turkey was included in the Tobacco Control Scale (TCS) for the first time in 2010, and its tobacco control scores have been evaluated since then.

To sum up, the notion of tobacco control regime was first developed to render possible a cross-national evaluation of the tobacco control commitments of various countries by Marmor & Lieberman. Later on, a more expanded tobacco control scale was conducted by Joossens and Raw. Although there may be discrepancies between different frameworks on comparative tobacco control regimes, they provide us with a methodology to understand where each country stands compared to others in its tobacco control policies and institutions.

2.3 Decisive factors on tobacco control politics

Tobacco cultivation and use have been widespread in North and South America for centuries, but their spread through Europe and Africa has taken place approximately for the last five hundred (Grzybowski, 2005). Tobacco's social and economic adoption realized quickly. However, it was first politicized as a result of scientific evidence that showed the health hazards of tobacco use. This scientific fact enhanced both public and political discussions on the issue. Since then, the states started to get involved in the discussions on tobacco use as well as its prohibition. However, the

tobacco control measures have not become prevalent in many countries until the 21st century.

Although the politicization of tobacco use is similar in most of countries, the scope of tobacco control legislation and the intensity of their implementation demonstrate significant differences.

The literature on the politics of tobacco control is rich. Scholars have offered seven determining factors to explain its development. These include political institutions, especially decentralization (Marmor and Lieberman, 2004; Albæk, 2007; Kurzer, 2016); political culture/public opinion (Studlar, 2002; Marmor and Lieberman, 2004; Ballard, 2004; Grüning, 2008; Studlar, 2008); political ideology, parties, and elections (Schmidt, 1996; Cohen, 2002; Ballard, 2004; Studlar, 2007); interest groups/social movements (Read, 1996; Nathanson, 1999; Sato, 2000; Farquharson, 2003; Otañez, 2009); international networks/lesson drawing/policy transfer (Collin, 2002; Ballard, 2004; Studlar, 2005; Studlar, 2006); bureaucratic strength (Studlar, 2005); and agenda setting (Baumgartner and Jones, 1993; Baumgartner, 2006; Albæk, 2007; Studlar, 2008).

The remaining sections of this chapter will explain all these seven determining factors on tobacco control politics, which will provide the required information to examine Turkey's determining factors on tobacco control politics.

2.3.1 Political institutions and decentralization

As the first and arguably the most prevalent framework that scholars use to explain the tobacco control policy differences of countries is political institutions. Literature stressing the role of political institutions explains cross-national differences in policy outcomes on the basis of variations in institutional policy-making rules.

Most countries first witnessed the emergence of pro-tobacco actors (including tobacco farmers, manufacturers, distributors, tobacco companies as well as media) and afterward. In some of them, however, anti-tobacco actors (NGOs, health associations, ministries of health, finance etcetera) arose. Unlike its opponents, the former's commitment was based purely on their economic interests and thus, they had an advantageous position with regard to having an impact on government officials and the scientific community. Nevertheless, both national and international anti-tobacco advocates –but the latter in particular, such as Bloomberg and Gates Foundations– have also increased their effects on governments, especially after the World Bank and the World Health Organization adopted an anti-tobacco stance. Hence, these financially strong international anti-tobacco NGOs fund tobacco control activities in many countries.

Therefore, both pro and anti-tobacco advocates may have an impact on legislation and execution of the laws. However, their successes vary from country to country due to each of their particular configuration of institutional channels. Without defining institutional configurations, it is hard to make a decent analysis.

Scholars categorize political institutions on the basis of centralization or decentralization of governance. Marmor and Lieberman (2004) provide an example of this categorization. They suggest that, for unitary states with centralized governance structures, political will is the main determining factor of the success or failure of tobacco control legislation. It follows that if unitary or centralized states have the political will, then they have a more advantageous position than federal/decentralized ones in terms of legislating and executing tobacco control policies because they have a greater chance to implement tobacco control policies

more quickly and effectively. If they do not have the will, their failure is inevitable since they lack subnational decision-making units which might change the central government's perspective.

Therefore, unitary states show either very high or very low-control regimes as exemplified by Denmark and Japan (Marmor & Lieberman, 2004). On the other hand, for federal regimes, adopting stricter tobacco control policies is more likely for two reasons: First, it favors stronger ideological heterogeneity, which may possibly lead them to pursue antismoking policy reforms. Second, and more importantly, the local policy-making feature provides federal states with a stronger interaction with anti-tobacco advocates and hence creates room for policy innovation opportunities. In other words, since policy diffusion tends to be easier across subnational units than across countries, federal regimes look favorably on tobacco control.

Albæk, Green-Pedersen, and Nielsen (2007) also seek an answer to the impact of institutional differences on tobacco control legislation. They compare the tobacco control policy processes and agenda settings of the U.S. and Denmark, which have different (multiple and single) venue systems. They conclude that having a multiple rather than single venue system increases political opportunities for anti-tobacco actors. Therefore, similar to Marmor and Lieberman (2004), they also suggest that strict tobacco control policies are more likely to flourish in federalist than in unitary states.

Even though having different institutional structures is one of the most important decisive factors on tobacco control, the centralization or decentralization of governments cannot be evaluated only by looking into whether they have a federal or unitary state system. It is also critical to consider which level of government is authorized to take a decision on a particular policy domain. For example, Studlar

(2007) demonstrates Australia which has fiscally more centralized federation has had a much more decentralized process of tobacco control than Canada. So, whereas comprehensive tobacco control policies first took place in the federal government of Canada, and then, followed by provinces and territories, in Australia, this process was adversely realized.

Therefore, in order to make a better analysis, considering that the institutional structures of states and their centralization/decentralization features are not enough, it is also necessary to take into account which level of government has the power to take the first decision on a particular policy domain.

Although federalism has been demonstrated as a more advantageous political system by many scholars (Marmor & Lieberman, 2004; Studlar, 2007; Albæk, 2007), there is evidence showing that its validity is questionable.

Kurzer and Cooper (2016) analyzed Germany–which has federalism–and asserted that it made progress only because there was EU legislation that forced it to take further actions. Otherwise, Germany continues to show modest progress, owing to its federalized structure on health policy (Kurzer & Cooper, 2016, p. 541). Therefore, as the federal system provides an advantageous position in the legislation of tobacco control policies due to its multiple political venues (as it is witnessed in English-speaking federal states), the very same feature can also block extensive tobacco control. In Germany, the federal government delegates passive smoking decisions to state governments. Hence, focusing only on the states' political systems is not enough; it is also necessary to consider how this political system is used in particular policy processes.

2.3.2 Political culture and public opinion

Political culture/public opinion is another decisive factor in tobacco politics that is mentioned in the literature. During the Nazi period, there were strict tobacco control policies in Germany. The legacy of Nazi opposition to smoking backfired in post-Nazi Germany, which led to the "delineation of health as a private matter and the dearth of public health research" (Grüning, Strünck, & Gilmore, 2008, p. 158). This impact is still valid, so tobacco control policies in Germany are still maintained in a quite modest sense. Indeed, Germany and Austria are two of the lowest tobacco control scoring countries in Europe (Joossens & Raw, 2014).

Political culture and public opinion are definitely important aspects of the issue, yet they are not static factors; on the contrary, they are substantially open to change over time. This volatility has been demonstrated with examples from different countries and clearly expressed by many scholars (Marmor & Lieberman, 2004; Ballard, 2004; Studlar, 2008). For example, Marmor and Lieberman (2004) gave the examples of the U.S. and Canada. Smoking was strongly condemned in the U.S. before, due to the practice of Christianity and nationalism (Studlar, 2008), but it went from condemnation to celebration during the World War II era. Then, it became home to some of the globe's most zealous critics of the smoking habit and of tobacco companies (Studlar, 2008, p. 286). Similar to the US, Canada also experienced a drastic change in its cultural orientation towards tobacco use, but adversely. While smoking was widely accepted until the early 1980s, this acceptance shifted to harsh condemnation by both public authorities and anti-smoking figures a decade later (Studlar, 2008).

These instant public opinion changes do not specifically belong to the U.S. and Canada. John Ballard (2004) analyzed Australia's tobacco political process from the very beginning to the recent decade and evaluated certain dynamics in it. He

concluded that, despite its long-standing smoking culture, its government adopted strict tobacco control policies over time. Thus, he asserts, culture is important, yet it can be changed via lesson drawn from medical associations, NGOs, the WHO, etc. (Ballard, 2004).

Furthermore, besides their lack of stability and hence permanent reliability, political culture and public opinion are not useful for one more reason. In some cases, even if countries–the U.S. and Canada in this case–have differing political systems, cultures, and institutions, their policies (e.g. tobacco control) may be headed in the same direction (Studlar, 2002). Therefore, culture and public opinion are important dynamics in tobacco politics, however, they have weaknesses and so are not the only explaining factors apparently.

2.3.3 Political ideology, political parties, elections

As some scholars (Schmidt, 1996; Cohen, 2002; Ballard, 2004; Studlar, 2007) claim, a country's dominant political ideology, its political party structures, and upcoming elections may impact public policy decisions, particularly tobacco control politics.

Schmidt (1996) suggests three main determining factors on public policy decisions, namely: political systems/type of democracy (either the states have sovereign legislative/executive structure and majoritarian democracy or semi-sovereign, counter-majoritarian), partisan influence (whether it exists or not, and if exists, to what extent), party compositions of government (what kind of party compositions of government do they have?). Schmidt (1996) analyzed these factors and concluded that, in majoritarian and sovereign democracies, partisan influence is more likely and there is a great room for governments to maneuver; on the other hand, in federations and semi-sovereign democracies, partisan influence is much limited and the actions of the government are circumscribed.

Unlike Schmidt's theoretical and broader analysis, most other scholars focus on the issue by analyzing country-specific cases. For example, Cohen and her colleagues (2002) aimed to learn affecting factors on legislators' decisions about tobacco control, so they tried to create a country-specific, political and personal predictor model for Canada. Ultimately, the results of this analysis gave them an opportunity for making issue-based suggestions about Canada's tobacco politics. In that regard, Cohen's study clearly shows the importance of evaluating political party members' ideologies for taking accurate steps forward.

In another country-specific study, Studlar (2007) compares and contrasts tobacco control policies of Australia, Canada, and New Zealand. His study explicitly demonstrates that in all of provinces of those three countries where leftist political parties have control, they have more tendencies for innovative tobacco control policies. Moreover, as it shows whether these countries have a single-party executive or coalition government also matters in politics since the former provides more chances to act swiftly. Therefore, Studlar (2007) asserts that political party structure (whether they are left- or right-wing, whether they have single party executive or coalition government) matters as much as policy-makers ideologies, as mentioned in Cohen (2002).

The impacts of political ideology and elections on tobacco control legislation and implementation as determining factors are not only accepted and used by scholars but also by producer networks (pro-tobacco advocates) and the ministers who support them. Both of them want to protect their economic and political power against anti-tobacco actors. For instance, pro-tobacco advocate Commonwealth minister of Australia challenged demands of health ministers and anti-tobacco advocacy networks to take further tobacco control actions at the beginning of 1988

(Ballard, 2004, p. 103). However, later on, when he realized that there is strong public support for a ban, and also an upcoming election, he gave his political interests priority over economic ones and decided to support further and stricter actions on tobacco control (Ballard, 2004). Moreover, the tobacco industry adopted the language of the U.S. on freedom and rights to argue against restrictions on advertising and smoking in public places in Australia, even if they eventually failed on it (Ballard, 2004, p. 110).

2.3.4 Interest groups and social movements

As I have briefly mentioned above, there are generally two competing interest groups in this policy: pro-tobacco advocacy groups (consisting of tobacco producers, manufacturers, distributors, tobacco companies, media) that mainly seek economic interests, and anti-tobacco advocacy groups (consisting of medical associations, ministry of health, the WHO, NGOs) that put efforts to protect public health without seeking any economic profit.

The former group's economic power and previously arranged connections with politicians provide them an advantageous position in this clash. However, when the scientific results proved the health hazards of tobacco use, governmental, intergovernmental and non-governmental organizations started to act all together against the tobacco industry and, as a result of this unification, their impact on tobacco politics has substantially increased in the last decades. For example, international anti-tobacco NGOs such as Bloomberg Philanthropies and Gates Foundation have been particularly influential on funding countries to support their efforts on tobacco control.

Therefore, the clash of these interest groups has intensified since then. Although their efforts to manipulate government is seen in both developed and

underdeveloped countries, due to anti-tobacco advocacy group's stronger opposition in the former, network challenges take place in industrialized democracies that have a smoking culture, such as the U.K., Japan, and Australia. Thus, many scholars have conducted studies to see their impacts on the processes of tobacco politics. For example, Read (1992) evaluated the changed and newly emerged issue networks in the U.K., and Sato (2000) conducted a similar study for Japan. Farquharson (2003) analyzed both pro-tobacco and anti-tobacco groups in Australia and their impacts on tobacco politics.

All three of those countries had a stagnation period of tobacco control especially during the economic liberalization years in the 1980s; later on, because of several distinctive dynamics between them (including each of their governments' varied commitments on the issue, and relations with tobacco companies), they unsurprisingly experienced different tobacco consumption results.

While the U.K. and Australia have become two of the most successful representatives on tobacco control, Japan maintained its modest progress. In fact, when we consider the approaches of some of Japan's government officials on tobacco consumption, it is not surprising at all. For instance, "in 2001, Prime Minister Hashimoto, a heavy smoker . . . once said he felt a responsibility to help the national economy by buying cigarettes" (Feldman, 2006, p. 793). Therefore, even the modest control steps that Japan took in recent decades can be evaluated as success.

Before the emergence of strengthened and well organized anti-tobacco groups, the tobacco industry had a monopoly in impacting those tobacco-dependent economies. However, with the recent improvements, the clash also spread to underdeveloped countries as well. In fact, they even won some of those clashes. For example, in the case of Malawi, despite the temporary success of transnational

tobacco companies (TTCs) in displacing health as the focus in tobacco control policymaking, eventually the emergence of the WHO in the area and extensive protection efforts yielded its fruits. Thus, it protects the Framework Convention on Tobacco Control (FCTC) objectives in Malawi (Otañez, Mamudu, & Glantz, 2009).

All things aside, even though it has minimal impact compared to interest groups, social movements can also be evaluated as a dynamic in tobacco control politics. Its impact on the cultural change in the U.S. was demonstrated by Nathanson (1999).

2.3.5 International networks, lesson drawing, and policy transfer

Tobacco production, product manufacturing, and their sales have been seen as important sources of income for many countries for decades. In fact, this support continued even after the revelations in the Report of the Royal College of Physicians in 1962 and the Advisory Committee to the U.S. Surgeon General in 1964 that provided scientific proof on the negative effects of tobacco consumption on health. Many countries were blind to the truth for approximately two decades with the impact of economic liberalization trend in the world at that time. Nonetheless, some of them started to challenge tobacco consumption in the mid-1980s due to increasing public health concerns and the empowerment of anti-tobacco groups (Studlar, 2005).

This story is valid almost for all of the countries, and what makes it so similar is that the world economic order and the obvious dominance of the tobacco industry until mid-1980s, recently increased international networks and thus varied policy learning sources from bottom to top and from bilateral to international.

Policy learning has always been there within or between the states since the very beginning. Whereas countries that have decentralized political institutions and

hence multiple political venues have generally adopted a bottom-up and/or bilateral policy transfer on public policy decisions, as in the U.S. and Australia (Wilensky, 2002; Marmor & Lieberman, 2004), the ones with close cultures transferred them from each other. For example, having the same language made lesson drawing easier for such countries (e.g. the U.K., Canada, the U.S., Australia, and New Zealand) to pay more attention to their common scientific and policy developments (Studlar, 2005).

Moreover, after the World Bank published a paper that demonstrated tobacco consumption's economic loss, not to mention its health hazards (Mamudu et al., 2008), international policy learning has become more of an issue among for all countries.

In the following years, WHO established the Framework Convention on Tobacco Control and thus provided a framework for all 168 countries that have ratified it since 2003. In that sense, tobacco control policies were globalized. Since then, international networks gained more responsibility and increased their interventions in tobacco control policies around the world. For example, WHO's MPOWER policies framework has been implemented by many states to evaluate their improvements on tobacco control.

Collin (2002) asserted that TTCs have long recognized the scope of policy learning, yet the FCTC has been devastating progress for them in regards of moving closer to global health governance. This development has also led to policy emulation between the governments and increased the harmonizing influence of tobacco control (Studlar, 2006).

2.3.6 Bureaucratic strength

"Bureaucratic strength refers to the relative positions of different agencies (especially ministries of health and treasury/finance) and their commitment to tobacco control as a priority issue" (Studlar, 2005, p. 261). In some cases, ministries of health and finance stand against each other due to their varying objectives. Having bureaucratic strength on tobacco control requires a collective governmental action towards tobacco consumption, and there are two phases of measuring its impact.

They are legislated and then implemented, or not. Even though the legislation process can be influenced by many other actors (such as NGOs, WHO etc.) other than the governments, the enforcement is totally dependent on the efforts and commitment of the governments. Hence, for the states, besides their mission to protect public health, their competences are also indispensable.

In that regard, since bureaucratic strength provides a quicker and more effective implementation of the control policies, it especially matters during the execution of the laws. Despite their slowly developed tobacco control legislation, Australia and New Zealand can be given as two decent examples which have had strong bureaucracies towards tobacco control due to their strict implementations (Studlar, 2005).

In order to assess the power of a country's bureaucratic strength: First, one should analyze the discourse of the ministries of health, treasury/finance and the prime minister on an issue; then, evaluate how much their discourses and the legislations match. Finally, it is necessary to seek the answer of how strongly those laws are enforced. By doing that, the government's credibility and its impact on legislation and execution are analyzed. The results of the analysis will give an idea about its bureaucratic strength, in general.

2.3.7 Agenda-setting

A policy's position on the states' political agenda is also one of the most important factors for determining policies, in terms of whether the state is close to having a consideration on that particular policy or not. This factor is consequential in tobacco politics as well.

Agenda-setting theory asserts that media has a very influential role in shaping public opinion since they determine the degree to which an issue is emphasized. In addition to this manipulation of public thinking, there are other factors–such as political systems, the definition of the issue, punctuated equilibrium–that impact policy agendas.

Institutional structures vary significantly between countries which have different political systems and hence their policy agendas as well. For example, political system differences between the U.S. and Denmark led them to have different policy agendas and different scopes for their tobacco control activities (Albæk, 2007). However, other than that, "issues rarely rise or fall on the agenda without significant changes in how they are understood or what policies the government considers, so studies of the policy agenda are almost always concerned with issue definition and policy change" (Baumgartner, 2007, p. 960).

As an interior health care subject, tobacco control itself attracts significant public and political attention, partly because it is about life and death. In fact, due to the importance of this issue, even countries which have different political systems (as in Australia and New Zealand) may show extensive similarities in their health care policies–particularly tobacco control (Baumgartner, 2007, p. 969). Therefore, definitional importance of an issue itself may shape national policy agendas.

There are also factual reasons for policy changes. Baumgartner and Jones (1993) demonstrated "how policy stability is fostered by a general lack of attention to an issue, but long periods of inattention are sometimes supplanted by periods of heightened attention and dramatic shifts in policy outcomes due to shifts in framing, venue control, and social mobilization" (Baumgartner, 2006, p. 961). They named this situation punctuated equilibrium. "It is an analysis of the pluralistic and open American political system, but a number of scholars in Europe and elsewhere have found the approach applicable to parliamentary systems" (Baumgartner 2006, p. 962).

Thus, longstanding inattention to an issue may provide it an advantageous position in terms of moving it onto the policy agenda, and whether a policy is on a state's agenda or not makes a huge impact on determining its policies.

2.4 Conclusion

To sum up, there are seven determining factors on tobacco control politics as the above-mentioned countries exemplify, and the scholars agree. These factors are political institutions and centralization or decentralization; political culture and public opinion; political ideology, parties, and elections; interest groups, and social movements; international networks, lesson drawing, and policy transfer; bureaucratic strength; and agenda-setting.

The institutional structure of a state is the first and maybe the most influential determining factor on their approach towards determining their tobacco control policies. Scholars portray political institutions of countries accordingly to whether their governance is centralized or decentralized. Accordingly, the centralized states are more privileged compared to the decentralized ones, but only if they have the

political will to make tobacco control policies and execute them. In such states, the local governments do not have any deterring or impacting power on central government. Thus, unless such states have the political will, this time their institutional composition prevents them from being successful on the politicization of tobacco control as a result of the very same reason, namely not having strong local governments.

On the other hand, decentralized states have more chance to have above-average tobacco control policies since their multiple venue systems provide openness to ideological heterogeneity, which increases the chances of having the anti-tobacco ideology in their political bodies. Furthermore, having multiple venue systems also gives more power to local level governments, such as the right to shape their own policies in their regions.

Therefore, whereas centralized states are likely to become the best or the worst in terms of tobacco control, the decentralized states generally have more chance to be successful.

However, this is just one factor, and other factors may supersede it, as in the case of Germany. Although Germany has federalism and carries features of decentralized states, the legacy of Nazi opposition to smoking backfired in post-Nazi Germany, and its impact is still maintaining. In fact, Germany is considered a low-control regime due to its public and political approach. It is the best case to show the impact of political culture and public opinion on tobacco control policies.

Political culture and public opinion are important factors, but their impact may not be permanent as it is in Germany. It can be changed over time by policy learning and policy determinations, as in the examples of Canada, Australia, and the U.S.

Other than these, political systems (either the states have sovereign legislative/executive structure and majoritarian democracy or semi-sovereign, counter-majoritarian), political party structures (either they are left or right wing, either they have single party executive or a coalition government), political ideologies of policymakers, policymakers' economic relations with tobacco companies, and upcoming elections have a great impact on tobacco control politics as well.

Interest groups are also important actors that shape tobacco politics. They consist of pro-tobacco advocacy networks and anti-tobacco advocacy networks. Whereas the former seek economic benefits from tobacco use, the latter try to prevent it for the goods of both public health and the environment. The impacts vary from country to country based on the state officials' approaches to the issue and the states' political agendas. The U.K., Australia, and Japan demonstrate this factor's impact since these states follow different paths as a result of their differing state approaches.

Policy learning also has a significant impact on shaping countries' tobacco politics. Especially after the scientific results about the health hazards of tobacco use was revealed, some of the states started to have a tendency to adopt control measures from other countries or to designate their own measures. The former was realized particularly among the English-speaking countries since they easily understand each other's improvements and tobacco control measures' results. Thus, it provided them an opportunity to become successful on tobacco control in that regard. Supranational bodies such as the World Health Organization and the World Bank also channeled states into policy learning and have supported developments on tobacco control since the 1990s.

Having bureaucratic strength, which basically means political collectivity, on an issue also a vital factor that impacts on politics. In some cases, tobacco control may not be prioritized but welcomed by all of the ministries since it brings a vast amount of tax revenue. However, in countries that have bureaucratic strength and collective action of ministries towards tobacco control, the tobacco industry does not have much chance of realizing its objectives.

Last but not least, agenda-setting is also very important for tobacco politics. In short, it determines whether the states have a positive or negative approach towards an issue's politicization. In this case, whether the states consider tobacco control in their political agenda reveals a lot about their approach, their determinations, and proximity to the issue. Moreover, longstanding inattention to an issue may cause a shift to extensive care on it, and ease its introduction to their political agenda. For example, if tobacco control policies have not been put into the political agenda of a state for a long time period, then, it would be more likely for this particular state to show extensive efforts on tobacco control.

The states determine their own policies under the influence of some of these factors. For Turkey, there is a blended influence of four of these seven determining factors: political institutions, political ideology, interest groups, and international networks. Turkey has a centralized government with determination on tobacco control, so it has a huge policy learning capacity and good relations with international networks. On the other hand, the government's liberal economy perspective causes a limiting impact on the implementation of some cases, such as an advertising ban and high taxation. In that regard, since both pro-tobacco advocacy networks and anti-tobacco advocacy networks believe that they may be influential on

determining tobacco policies in Turkey and channel it through their own path, Turkey's tobacco politics are opened to clashes.

CHAPTER 3

THE TOBACCO CONTROL REGIME OF TURKEY IN A COMPARATIVE TOBACCO CONTROL REGIMES FRAMEWORK

3.1 Tobacco history of Turkey: From the late Ottoman era to the first control law

Tobacco has been cultivated for centuries by farmers as a cash crop. It had no strict control policies until tobacco-related health hazards were disclosed. In fact, tobacco production had been supported in Turkey since the Ottoman era. With the Decree of Muharrem in 1881, the Public Debt Administration was instituted in order to collect taxes from the main revenue sources (including tobacco) within the Empire and to channel to for the redemption of public debts. French bondholders convinced the Public Debt Administration to create an institution that would be responsible merely for tobacco regulation and taxation; hence, the Régie was established in 1884 (Kayaalp, 2015, p. 136).

The Régie controlled every aspect of tobacco at that time. The farmers were obliged to get permission from the Régie before they started to cultivate tobacco. Moreover, it put restrictions on tobacco fields and did not provide fair economic conditions for the cultivation of the product. Therefore, smuggling activities increased significantly (Kayaalp, 2015, p. 137).

However, since the Ottoman administration evaluated the Régie as an external power that was exploiting the country's revenues, it was unwilling to take strong action to prevent increased smuggling activities (Kayaalp, 2015, p. 137). Although the Régie created its own surveillance army called *kolcu* (watchman) to protect its economic gains and succeeded to the certain extent, because of the increased conflict and casualties –more than 2000 people annually (Quataert, 1983,

p. 34), the Ottoman government disarmed them at the end of 1895 (Kayaalp, 2015, p. 137).

Most of the merchants within the Empire were non-Muslim during the Ottoman era. After the First World War and the establishment of the new Turkish Republic in 1923, idea of Turkification in all economic areas was supported. In the tobacco sector, which constituted between 25 to 35 percent of all export revenue of Turkey in 1925 (Keyder, 1981), a Turkification program was implemented.

The Régie, an exponent of Western rule over the country's economy, was nationalized in 1925 (Ökten, 2003), and then turned into *TEKEL* (Turkish State Monopolies) in 1932. The government took further action and issued the Tobacco Experts Regulation in 1936. Accordingly, "being a Turk" was expounded as a prerequisite for being a tobacco expert (Ökten, 2003). This decision clearly demonstrates how an intense social and economic nationalization process took place in Turkey during those years.

Consequently, due to the combination of increased nationalist economic actions and importance of tobacco products for national economy (which resulted largely from its share in total export), working in the cultivation of tobacco was framed as "serving the country" and the tobacco experts were "honoured and proud of themselves for fulfilling such a duty." (Kayaalp, 2015, p. 140).

Furthermore, the Turkish National Security Law in 1940 advocated the state purchase of tobacco and made *TEKEL* responsible for operating it (Bilir, Çakır, Dağlı, Ergüder & Önder, 2009, p. 14). This policy gave massive encouragement to the producers. There was no limit to tobacco production in this system, and hence Turkey experienced not only a steady increase in tobacco supply but also in its consumption.

TEKEL was the only legal tobacco supplier in Turkey, so Turkish smokers had to use low-priced, oriental tobacco products. However, both the ingredients of tobacco products and thus its market conditions started to change during the 1970s through illegal means, by the smuggling of American-blend foreign cigarettes to Turkey.

The liberal economy and an open-market ideology had been spreading throughout the world since the mid-1970s, and it had a significant impact on the Turkish economy as well. In line with it, Turkey initiated the Structural Adjustment Programs in the 1980s. Three years later, in the general election of 1983–three years after a military coup, Turgut Özal, who was a supporter of neo-liberalization of the economy, was declared the new prime minister. His good relations with the tobacco industry (Dağlı, 2010, p. 39) were another strong presage for upcoming laws on tobacco market.

Unsurprisingly the legal actions in this direction took place one by one. First, Turkey lifted the ban on importing foreign brand cigarettes in 1984 (Kayaalp, 2015, p. 4). Two years later, in 1986, Turkey announced that it would open its market to foreign cigarette manufacturers for two main reasons: to adopt economic liberalization policies and to obstruct the illicit trade of tobacco products (Kayaalp, 2015, p. 4).

The political atmosphere and Prime Minister Özal's sympathy towards multinational tobacco companies (MTCs) led to a market-oriented transformation in the tobacco market in Turkey that started in the early 1980s. *TEKEL* first lost its monopoly and then all of its power, while multinational tobacco companies increased their market share in the country.

Eagerness of multinational tobacco companies resulted in a significant increase in the volume of tobacco imports –from 610 tons in 1988 to approximately 67,000 tons in 2007– which had a devastating impact on Turkish tobacco producers (Bilir et al., 2009, p. 16). As a result of this market transformation and an increased number of commercials of tobacco products, the demand for tobacco products substantially increased –from around 65 billion sticks in the first half of 1980s to 96 billion in 1996, and to 107.9 billion sticks in 2006– (Bilir et al., 2009, p. 41).

In response to this drastic increase in tobacco consumption, the Health Minister of Turkey, Dr. Mustafa Kalemli, invited some of the experts to discuss the possibilities of tobacco control for the very first time in 1987 (Bilir & Özcebe, 2013). Yet these efforts did not bring an immediate resolution to the issue. The increase in tobacco consumption concerned neither national (the parliament of Turkey) nor supranational bodies (like the World Bank) until the early 1990s. In fact, both of them supported tobacco growing, manufacturing and marketing due to the alleged positive impact of this market on economic growth until 1991.

However, the World Bank realized that the "global welfare cost of tobacco projects greatly exceed the gains to producer countries" (Mamudu, Hammond, & Glantz, 2008, p. 1692). Therefore, it adopted a new stance for the economics of tobacco control and issued a directive to execute the policy in 1992 (Mamudu et al., 2008).

At the same time, Turkey also shifted its stance towards tobacco control. The first two anti-tobacco bills were drafted in 1991 and in 1992; however, they were rejected because they were considered against the free trade mentality and because of a lack of adequate evidence on the negative health impacts of smoking (Bilir et al., 2009, pp. 62-63).

Nevertheless, the issue has been discussed since then and put on the policy agenda of Turkey. In 1993, nongovernmental organizations and universities arranged the first symposium on tobacco control, and in 1995, alongside several other civil society organizations, they established the 'National Coalition on Tobacco and Health' with the objective of recovering the vetoed laws (Bilir & Özcebe, 2011). After long discussions, the bill was finally ratified by the General Assembly and the President, thus the Law No. 4207 on the Prevention of the Harms of Tobacco Products was passed in 1996 (Bilir et al., 2009, p. 63).

3.2 Tobacco control policies of Turkey

Law No. 4207 on the Prevention of the Harms of Tobacco Products was passed in 1996 with the following objectives: "…to take measures and make necessary arrangements to protect individuals and future generations from the hazards of tobacco products and from any advertising, promotion or sponsorship promoting the use of tobacco products and ensure that everybody enjoys clean air."

In line with this law, for the first time, smoking was prohibited in health, education, cultural, and sports facilities, government buildings, workplaces, and all kind of public transportation vehicles. Moreover, it banned advertising and promotion of tobacco products and sales to children under 18 years of age (Republic of Turkey, 1996). It also gave responsibility to TV channels to broadcast–for at least 90 minutes a month–educational programs that would inform citizens about the health hazards of tobacco use and the benefits of quitting (Law No. 4207, 1996).

With the implementation of this law, it was sought out to restrict the places for tobacco consumption, to protect all people –whether they smoke or not– from the

harms of smoking, and to increase the public awareness about the harms of tobacco use.

However, besides its tobacco consumption problem, Turkey had much bigger and prior problems, as it had been suffering from high public budget deficits and increases in the inflation rate throughout the 1990s. In 1999, Turkey adopted a strict anti-inflation program under the supervision of the IMF (International Monetary Fund). Eventually, an economic crisis occurred in Turkey in February 2001 (Kayaalp, 2015, p. 19). The Turkish lira was considerably devalued, and more than 800,000 people lost their jobs during the first six months of 2001 (TURKSTAT cited in Kayaalp, 2015, p. 20).

The solution was clear: Turkey needed external financial aid for economic recovery, and international institutions were willing to provide it only after certain economic and political sanctions were imposed. Kemal Derviş, a senior employee of World Bank for 22 years, was invited to Turkey and appointed as minister of state for economic affairs in order to execute the internationally advised policies and save Turkey from the economic crisis. Derviş presented a 'Transition to a Strong Economy Program' that provided for substantial reforms on financial, agricultural, social security system, and accelerate privatization (Kayaalp, 2015, p. 22).

The tobacco sector was one of the main privatization targets. The Turkish Parliament accepted the Tobacco Law No.4733 in 2002, which brought five fundamental adjustments, described briefly as follows: "the elimination of bulk tobacco purchases by the state; the reorganization of the manufacturing of tobacco products and trading; privatization of the state tobacco monopoly, *TEKEL*; substitution of contract farming; and the establishment of the tobacco regulatory

agency, TAPDK." (Kayaalp, 2015, p. 37). These adjustments were evaluated as indispensable to the creation a free tobacco market.

Alongside all these national developments, tobacco control once again came onto to the international agenda just after a year this law was passed. The World Health Organization presented the Framework Convention on Tobacco Control (FCTC) at the 56th World Health Assembly in May 2003, and 168 States, including Turkey signed it, thus becoming a party to the convention. Turkey then ratified Law No. 5261 and adopted it as the national law on tobacco control in 2004. Two years later, the Ministry of Health established a directorate for tobacco control as its sub-unit in order to deal with the tobacco control issue more closely (Bilir & Özcebe, 2013).

The first tobacco control law can be considered a milestone that illustrates Turkey's political determination on the tobacco control issue, yet it largely failed to decrease tobacco consumption. In fact, domestic cigarette sales increased from 96.6 billion sticks to 107.91 billion sticks between 1996 and 2006 (Tobacco and Alcohol Market Regulatory Authority, 2017).[1] Therefore, tobacco control laws required new amendments.

A new proposal (National Tobacco Control Program and the Action Plan 2008-2012) was prepared by government officials, nongovernmental organizations, and universities and sent to the Turkish Parliament in 2006 (Bilir et al., 2009, p. 63). As a result of this endeavor, Turkey enacted Law No. 5727 in 2008, which substantially amended Law No. 4207.

This new law introduced further prohibitions on smoking in public spaces, this time including the hospitality sector (hotels, restaurants, bars or cafés) and

[1] Since *TAPDK* (Tobacco and Alcohol Market Regulatory Authority) was closed down on December 24, 2017, and its statistics have not transferred to other websites, the data that I use in my thesis is not publicly available at the moment.

commercial taxis. Moreover, the law also established provincial tobacco control boards to increase the institutional capacity and hence to support the implementation process.

The new law clarified the penalties for violations. Further measures have been taken to support the implementation either in the form of amendments and/or circulars. For example, in May 2010, tobacco-packaging requirements changed: they were required to feature both a full-color pictorial warning, and text were made compulsory. A few months later, in October 2010, the first quit-smoking hotline of Turkey (ALO 171) began to operate (Republic of Turkey Ministry of Health, 2018).

Finally, Law No. 6111 was ratified in 2011. This gave district or provincial governorships the authority to penalize working places; until that time, municipalities had been responsible.

As a result of these legal and practical efforts since 2008, Turkey succeeded in decreasing cigarette sales by 15.42% –which represents a decrease of sales from 107.86 billion sticks to 91.22 billion sticks within three years, between 2008 and 2011 (Tobacco and Alcohol Market Regulatory Authority, 2017). In that sense, there is enough evidence to show that the '100% smoke-free air in Turkey' campaign had been successful, at least for those three years.

This motivation kept up the maintenance of new measures: Law No. 6354 in 2012 made it compulsory for tobacco product packages to have warnings on at least 65% of their surface areas (Republic of Turkey, 2012).

However, the three-year decrease in cigarette sales came to an end in 2012. Once again, cigarette sales increased 8.1% and reached 99.26 billion sticks in 2012 (Tobacco and Alcohol Market Regulatory Authority, 2017). This rapid increase

activated the state officials and forced them to take stricter measures to implement the existing tobacco control laws and to consider additional legislative changes.

In fact, additional legislative changes were carried out. For example, the 2013 Law No. 6487 amended the tobacco product definition of Law No. 4207.

Accordingly, whether they include tobacco or not, products which have similar consuming methods (such as e-cigarettes) started to be evaluated as a tobacco product as well (Republic of Turkey, 2013). This law also clarified and tightened the penalties for violators. Nevertheless, none of these measures seemed to result in a decreasing trend for cigarette sales.

More recently, Turkey prepared a national tobacco control program and an action plan (NTCPAP) 2015-2018 to reverse the increasing trend of tobacco consumption. This plan was prepared in accordance with the WHO and the FCTC and put into action by the Prime Ministry Circular No. 2015/1 on 27 January 2015. The plan includes objectives such as "hindering illegal tobacco trade activities, offering incentives to former tobacco producers to channel their efforts for producing new crops, putting more limitations for smoking at open air near the entrances of buildings, and implementing plain tobacco packaging" (Republic of Turkey Ministry of Health, 2013).

In order to realize these stated objectives, the circular established the National Tobacco Control Coordination Committee as the responsible public body (Republic of Turkey Prime Ministry, 2015). As part of the implementation of the plan, the Ministry of Health issued Circular No. 2015/6, which covers the following measures:

> - Promote the implementation of Tobacco-free Campus.
> - Ensure that public institutions and organizations allow tobacco use only at designated areas of open spaces, which must comply with not exceeding 30% of the total open area, and having at least 10 meters from the entrance door.
> - Prevent the consumption of tobacco products at least 5 meters away from the entrance gates of extensively used indoor areas, such as; airport, bus

terminal, train station, shopping center, cinema, theater, and health institutions.
- Prevent the consumption of tobacco products in all open areas where the children and sporting people constituted the main beneficiaries, such as the public outdoor playground for the former, and walking paths, special areas surrounded by exercise machines for the latter. (Republic of Turkey Ministry of Health, 2015)

Yet, none of these objectives have been successfully implemented so far, and tobacco consumption has not decreased. In fact, Dr. Recep Akdağ, the previous Minister of Health recently stated that, according to the recent data of Turkish Statistical Institute, tobacco consumption rates increased to over 30% of the total population again (Republic of Turkey Ministry of Health, 2017). The WHO country fact sheet stated that Turkey data also confirmed this increase of tobacco consumption in Turkey (World Health Organization, 2017). In other words, successful results of Turkey in decreasing tobacco consumption between 2008 and 2013 have largely disappeared.

3.3 Tobacco control regime of Turkey: Where does Turkey's tobacco control regime fit in a comparative tobacco control regimes framework?

The comparative literature on tobacco control regimes is still developing. Scholars such as Marmor and Lieberman, and Joossens and Raw have been pioneering by putting together a comparative framework that helps us assess tobacco control policies of different countries. They selected countries based on either their economic features (for example economically developed countries' tobacco control regime analysis was made by Marmor and Lieberman) or regional features (the most extended tobacco control scale, which includes European countries, was evaluated by Joossens and Raw).

Both works provide important data and great knowledge on evaluating national tobacco control approaches, Joossens and Raw's methodology is more suitable for making a macro analysis, as they present tobacco control scores country by country. To do that, they determined the main issues surrounding tobacco control and gave scores to each country via each of those states' expert views. Thus, their research includes a certain amount of subjectivity on scoring, with less space for my personal analysis. However, Marmor and Lieberman's framework offers main determining criteria, which provides a field of criticism on country-specific tobacco control approaches. In other words, the former's framework is more suitable for making a general evaluation on tobacco control, the latter's framework enables one to make a profound analysis for a specific country, which is Turkey in my case.

Section 3.3 examines where Turkey's tobacco control regime fits within the broader tobacco control regimes framework. While Turkey does not appear in Marmor and Lieberman's framework, Joossens and Raw included data on Turkey since 2010 in their tobacco control scale and evaluated it accordingly (Joossens and Raw, 2011). However, since the main objective of their work was to develop a broader tobacco control scale scoring, not to disclose a detailed country-specific analysis, I believe the Turkish case has not been analyzed in detail. Here, I will evaluate Turkey's tobacco control policies within a comparative framework.

In order to evaluate Turkey's place in tobacco control regimes, I will adopt Marmor and Lieberman's (2004) methodology, where they consider policy scope, policy action timing, and implementation commitment/intensity (Bayer & Feldman, 2004, pp. 380-381). The policy scope is the first analysis criterion and outlines what kind of control laws a country has legislated. The timing of policy action is the second criterion and is important in terms of showing each country's openness to

improvements in tobacco control and its policy learning capacity. Last but not least, commitment to implementation, or intensity, is another crucial criterion because the manner in which (voluntary, legal guidelines, or total bans) tobacco control legislation is implemented matters in affecting the policy outcomes.

To analyze the scope of Turkey's policy, I used as my main criteria WHO's MPOWER recommendations (monitor tobacco use and prevention policies; protect people from tobacco smoke; offer help to quit tobacco use; warn about the dangers of tobacco; enforce bans on tobacco advertising, promotion and sponsorship; raise taxes on tobacco products). I added supply-side policies to these criteria. Generally, supply-side policies have been neglected in assessing tobacco control policies. In doing so, I relied on a review of tobacco control laws. For policy action timing, there is no separate section, but only a narrow analysis in this section since it is closely related to policy scope.

The implementation commitment of Turkey is evaluated in the section 3.3.2. This part demonstrates how determined Turkish government is in terms of execution of tobacco control laws.

Section 3.3.3 is about Turkey's deficiencies in tobacco control. Lastly, there is a conclusion where I situate Turkey in a tobacco control regime in the light of considerations discussed so far.

3.3.1 Policy scope of Turkey on tobacco control

Tobacco control regimes are built upon a set of indicators, two of which are of key importance: policy scope and implementation commitment/intensity. In this section, I evaluate Turkey's position with specific reference to these two indicators.

Turkey's policy scope is examined by evaluating its adopted precautions, legislations and deficiencies. I also pay attention to whether these control measures are sufficiently implemented, and if they are, what the intensity of implementation has been so far.

While assessing Turkey's tobacco control policy scope, I consider its policies under each of the titles of MPOWER. These include: monitor tobacco use and prevention policies, protect people from tobacco smoke, offer help to quit tobacco use, warn about the dangers of tobacco, enforce bans on promotion and sponsorship, and raise taxes and the price.

3.3.1.1 Monitor tobacco use and prevention policies

In order to effectively control tobacco, it is important to collect reliable data on tobacco use. In that regard, Turkey has conducted large and systematic nationwide health surveys –the Global Adult Tobacco Survey (GATS) in 2008, 2012 and the Global Youth Tobacco Survey (GYTS) in 2003, 2009, 2012 (Republic of Turkey Ministry of Health, 2014), monitored tobacco use, and its impact on public health with the help of the Turkish Statistical Institute, and Tobacco and Alcohol Market Regulatory Authority.

3.3.1.2 Protect people from tobacco smoke

A smoke-free air policy is not the only method to protect people from harmful effects of tobacco, yet it is certainly the most important one, thanks to its multidimensional benefits. First of all, it encourages smokers to quit by restricting places and hence the time for tobacco use. It also decreases second-hand smoke (SHS) exposure rates and protects people who do not smoke (particularly children) from its harmful effects. In

that regard, it simultaneously reduces tobacco use and also decreases the initiation rates among youth, since children who are exposed to SHS are much more likely to start smoking (Collins & İbrahim, 2012).

An indoor smoking ban was put into action for public places in 1996, and for hospitality workplaces in 2008. Aherrera et al., 2016 showed that high proportion of hospitality venue owners and employees were pleased with this new law. With these bans, the state aimed at limiting smoking places and restricting smoking time, thus decreasing tobacco consumption.

The government also established a smoking complaint hotline (ALO 184) and a mobile application on smartphones, *Yeşil Dedektör* (Green Detector), which allowed people to tip off the authorities about closed-area smoking violations, with the aim of helping to ensure successful implementation of the indoor smoking ban. Turkey expected a significant reduction in the exposure of non-smokers to second-hand smoke, which would serve to protect public health.

However, Turkey has experienced failures in transforming all of its major health hazard protection precautions into law. In that regard, Turkey lacks intensity in some domains. For instance, the prohibition of smoking near the entrance of public buildings was mentioned in NTCAP 2015-2018, and the Ministry of Health Circular No. 2015/6 disclosed it as one of its objectives, but it has yet not been turned into a law. Hence, it still functions as a legal guideline, but no institution has the power to enforce it. Therefore, this control method has limitations in Turkey.

On the one hand, there are total bans that have been legislated. For example, Law No. 6487 in 2013 amended Law No.4207, expanded the definition of prohibited tobacco products, and banned their use in all kind of public transportation vehicles, as well as in the driver's seat of private vehicles (Republic of Turkey, 2013). In other

words, the ban has extended into the private sphere. On the other hand, unlike most of English-speaking countries, Turkey still lacks legislation that would prohibit tobacco use in private cars when children are on board.

In that regard, the government of Turkey has improved and adopted new methods to protect people from tobacco smoke and its health hazards. However, Turkey still has deficiencies, such as high second-hand smoke exposure in homes, where it affects children in particular. The monitored tobacco smoke exposure rates for children are 81.6% at home, and 85.9% elsewhere (Republic of Turkey Ministry of Health, 2009).

3.3.1.3 Offer help to quit tobacco use

The establishment of smoking cessation clinics (The U.S. Department of Health and Human Services, 2000) and "quit-lines" are cost-effective and helpful healthcare measures. Therefore, many countries throughout the world have adopted similar policies. For example, Turkey established ALO 171 quit-line in October 2010 (Republic of Turkey Ministry of Health, 2018). Since then, it increased the number of operators working for this quit-line and gave them theoretical and practical training.

Furthermore, Turkey founded smoking cessation polyclinics as well that provide free smoking cessation drugs for ones who are deemed eligible by clinic doctors. The eligibility requirements have created obstacles to accessing the required medications to quit smoking. It might be more efficient if those smoking cessation drugs (such as Varenicline, and Bupropion) were totally free of charge for everyone with a medical prescription and who wants to quit smoking.

Until now, the Ministry of Health has financed some of the most prevalent tobacco cessation medications (e.g. Varenicline and Bupropion) three times from its own budget in 2010, 2015, and 2017 (Republic of Turkey Ministry of Health, 2018) and provided them to people were deemed eligible by tobacco cessation clinic doctors. However, Turkey still has flaws in its right to healthcare approach and in providing free medication to all of its citizens permanently.

3.3.1.4 Warn about the dangers of tobacco

Barnum (1994) thinks that the impact of tobacco consumption on the economy is totally different from other consumption choices in terms of its market efficiency, since a lot of smokers do not know very much about its health hazards and addictiveness. In that regard, warning people about the dangers of tobacco– regardless of whether they smoke–and increasing public awareness are very important in preventing tobacco use.

Turkey was aware of this fact and made efforts in two areas: First, it made compulsory for TV channels to have at least 90 minutes per month broadcasting about harmful effects of tobacco use and gains of quitting since 1996, with Law No. 4207 (Republic of Turkey, 1996).

Second, in 2010 Turkey adopted full-color pictorial warning on packs of tobacco products too in addition to the written one. Two years later in 2012, it amended Law No.4207 with Law No.6354, and accordingly, place of the warning on package surface was extended to cover at least 65% of both sides (Republic of Turkey, 2012).

Article 13 of WHO FCTC implies that countries should impose a comprehensive ban towards on advertising, promotion and sponsorship (World Health Organization, 2007a), and Article 11 suggests the implementation of plain

packaging (the removal of trademarks, logos, colors and graphics except for the health warning, and brand name written in a standardized font and typeface) as one of the most influential methods to diminish the use of tobacco packaging as a marketing tool (World Health Organization, 2007b), but Turkey has not implemented these articles so far.

In fact, the former Minister of Health Mehmet Müezzinoğlu once said: "The WHO recommends the implementation of plain packaging, but according to the statistics, there is no evidence that shows the benefits of it. Furthermore, it leads to lawsuits filed by the tobacco industry because it damages brand name, which is protected under international trade law. Therefore, we removed the plain packaging policy from our agenda as a result of the assessment of the Council of Ministers" (Hürriyet, 2016).

Müezzinoğlu's statement indicates that the government evaluates plain packaging as brand damaging and not an effective instrument in tobacco control.

3.3.1.5 Enforce bans on tobacco advertising, promotion and sponsorship

The tobacco industry has spent millions of dollars on promotion and sponsorships for years. In response, many states took measures to prevent all kinds of advertising for tobacco products. Turkey legislated quite a few laws to tackle this issue. First of all, Law No. 4207, enacted in 1996, bans all kinds of advertisement and promotion of tobacco products (Republic of Turkey, 1996). In the following years, brand stretching and brand sharing in tobacco products were prohibited by Article 9 of Law No. 6354 (Republic of Turkey, 2012). However, Turkey has failed to implement two major tobacco product-advertising methods. Despite what Article 11 and Article 13

of WHO FCTC suggest about plain packaging and a ban on displaying tobacco products at the point of sale, Turkey has not adopted any of them to date.

In fact, a study in Istanbul that covered 142 points of sale shows that "98.6% featured at least one type of display or tobacco advertising, promotion and sponsorship ban violation" (Evrengil, Güner, Peçe & Dağlı, 2016).

In that regard, Turkey has not been able to improve its tobacco advertising ban rating and had 7 out of 13 total points in 2016 (Joossens & Raw, 2017, p. 10). In addition to that, the Formula 1 car race, one of the main sponsorship and advertising areas for tobacco companies (Bitton, Neuman, & Glantz, 2002, p. 37), it was rumored that Formula 1 would be organized in Istanbul again (Hürriyet, 2017), which would have brought the issue of advertising of tobacco products to the political agenda once again.

3.3.1.6 Raise taxes on tobacco

According to Marmor and Lieberman's framework (2004), evaluating a country's tobacco control regime on the basis of tax rates on tobacco may not be helpful for two reasons: First, the countries which have high tobacco tax rates generally have high tax rates in on all products. Thus, focusing on their tobacco tax rates may not be meaningful after all.

Second, some countries may be implementing high tax rates on tobacco products just to increase the state revenue, rather than seeking the improvement of public health (Marmor & Lieberman, 2004, p. 280).

Therefore, Marmor and Lieberman (2004) came up with two alternatives of tobacco control regime evaluation, one including tax rates and one excluding it. Their first rationale for excluding tax rates on tobacco products may be misleading in understanding tobacco control regime in Turkey, as the tax rate for tobacco products

is significantly higher than most other consumer goods. Their second rationale is also questionable, as it is difficult to prove exactly why a country imposes high tax rates on tobacco products.

For these reasons, I believe that the incorporation of the evaluation of tax rates on tobacco products in analyzing Turkey's tobacco control regime and clustering it in tobacco control regime framework is the key.

"Tobacco taxes are generally considered to be economically efficient as they apply to a product with inelastic demand" (World Health Organization, 2007c) and hence, raising taxes on tobacco products is considered to be one of the most effective methods for decreasing tobacco consumption rates in several ways: by preventing people (particularly children) from starting to smoke, by encouraging current smokers to quit, and by limiting the smoking intensity among them.

Furthermore, having high tobacco taxes significantly increases state revenue and provide a great opportunity for states to fight against tobacco consumption by funding treatment for tobacco-related diseases, cessation programs, public information campaigns, and implementing effective control methods.

However, although many countries, including Turkey, have adopted most of the well-known tobacco control measures and have implemented them, very few have spent enough money on public information campaigns (Joossens and Raw, 2017) and cessation programs. In fact, countries use only two in a thousand of $200 billion –which is worldwide collected tobacco products tax amount– on tobacco control (Ergüder, 2010).

In Turkey, tax on tobacco products is collected in two ways: value-added tax (VAT) and excise tax. The former applies every tobacco product, while the latter applies only to specifically defined products such as; cigars, cigarillos, cigarettes

containing tobacco, and smoking tobacco whether or not containing tobacco substitutes in any proportion for years (Bilir et al., 2009, p. 55). In addition to these two, there has been Tobacco Fund tax –which has been applied to protect domestic tobacco producers from the negative impact of tobacco imports– since 1986. However, its rates on both weight and quantity have been steadily reduced for three decades. According to Turkey's Progress Report for EU accession, its total abolition is expected in 2018 (European Commission, 2016).

The government introduced two new excise taxes on tobacco products: an ad valorem excise tax in 2002 based on a percentage of the retail price, and in 2004 a specific excise tax levied on a given quantity or package (Bilir et al., 2009, p. 55). The very first ad valorem excise tax rate was 49.5% on the retail price of cigarettes in 2002, and then increased to 55.3% in 2003 (Bilir et al., 2009, p. 55). A year later, to protect local tobacco farmers, the government started to determine its rates based on the proportion of oriental tobacco. Accordingly, it implemented lower ad valorem tax rates to products with high proportions of oriental tobacco (Bilir et al., 2009, p. 56).

In response, the cigarette producers increased their oriental tobacco proportion, and the total tax revenue from tobacco diminished. Consequently, the government changed its taxation policy:

"Since July 2005, the maximum amount of either ad valorem or specific excise taxes, but not both, is levied on cigarettes… The same value-added tax rate of 15.25% of the retail price is applied to all types of cigarettes." (Bilir et al., 2009, p. 56)

Although both ad valorem and specific excise taxes were hitherto significantly increased, the same taxation system was valid in Turkey until the end of 2018. The specific excise tax only constitutes 2.26% of Turkey's total cigarette tax revenue (Uğur & Kömürcüler, 2015).

In other words, Turkey collected the majority of its taxes on tobacco products not from the minimum specific excise tax or the specific excise tax, but from the ad valorem tax, which has serious flaws. It prevents smokers from shifting to cheaper alternatives because there are high price discrepancies between high- and low-priced tobacco products. For instance, almost all European Union (EU) member states apply a combination of a specific excise tax, ad valorem excise tax, and VAT to tobacco products in order to encourage smokers to quit rather than encouraging product shift (Uğur & Kömürcüler, 2015).

Nevertheless, as a result of regulatory improvements in the last decade, Turkey has experienced a substantial increase in the ad valorem excise tax, the minimum specific excise tax, and the specific excise tax. Whereas the ad valorem tax and the minimum specific excise were raised to 63% of retail price and to 5.6 Turkish Lira, respectively, only the higher amount of tax among them is applied in addition to a 0.42 Turkish Lira specific excise tax per pack (Republic of Turkey Council of Ministers, 2018). However, this faulty tax intervention has taken an even worse direction with the Presidential Decree No. 30646 in 2019. Accordingly, although Turkey increased its ad valorem tax rate on tobacco products from 63% to 67%, it totally excluded the minimum specific excise tax form (Presidency of the Republic of Turkey, 2019) and started to use only the former and the specific excise tax and value-added tax. In other words, Turkey has undergone a transformation in its tobacco products taxation, which will possibly help the tobacco industry to decrease the retail price of their tobacco products and hence increase tobacco consumption in Turkey.

Joossens and Raw (2014; 2017) measured cigarette price scores of various countries, including Turkey, on the basis of their purchasing power standards (PPS).

Accordingly, Turkey's cigarette price in Euro, and therefore its score decreased between 2013 and 2016. In other words, economically, it was easier for people to buy cigarettes in 2016 than in 2013.

Correspondingly, Turkey Revenue Administration announced that, according to Cabinet Decision No. 2017/10462 on 30th June 2017, there would be no increase on minimum specific excise tax and specific excise tax for the period of July through December 2017 (Republic of Turkey Council of Ministers, 2017), contrary to the recommendation of WHO FCTC to increase regular taxes on tobacco products (World Health Organization, n.d.).

All these recent developments demonstrate that Turkey still has a decent system and suitable tobacco product taxation rates. However, it is gradually being downgraded and definitely has space for further improvements.

3.3.1.7 Supply reduction policies

The MPOWER policy package of the WHO covers most of the main recommendations for tobacco control and provides decent criteria for its evaluation. However, in contrast to the initial stance of WHO FCTC, MPOWER does not include any criterion on the supply side. In fact, it totally neglects supply reduction measures and focuses only on demand reduction ones.

In order to compensate for the deficiency of MPOWER's supply side, I decided to evaluate Turkey's supply reduction policies according to Articles 15, 16 and 17 of WHO FCTC, all of which reflect major supply reduction measures such as preventing illicit trade in tobacco products, preventing sales to and by minors, and providing support for economically viable alternative activities (World Health Organization, 2003a).

In other words, WHO FCTC evaluated these three subjects as main supply reduction policies. For that reason, by considering Turkey's tobacco supply restriction success or failure, I focus upon the same three subjects.

3.3.1.7.1 Article 15: Illicit trade

One out of every 10 tobacco products consumed worldwide is illegal (World Health Organization, 2018b), so it is not only a national problem but also a global problem that must be dealt with.

In 2007, Turkey started to implement the encrypted digital tax-stamp system, which uses invisible ink (Framework Convention Alliance, 2008). This prevention method facilitates the verification of whether products are genuine or counterfeit. In the same year, Turkey enacted Law No. 5607, an anti-smuggling law that introduced harsher penalties such as imprisonment (Republic of Turkey, 2007).

The WHO is also well aware of the negative consequences of illicit trade on public health, for which reason it adopted the Protocol to Eliminate Illicit Trade in Tobacco Products as a new international treaty on 12 November 2012 (World Health Organization, 2013). "The objective of this protocol is to eliminate all forms of illicit trade in tobacco products, in accordance with the terms of Article 15 of the WHO Framework Convention on Tobacco Control." (World Health Organization, 2013, p.8).

In the following months, on 10 January 2013, twelve countries, including Turkey, signed the protocol and have become party to it (Republic of Turkey Ministry of Health, 2018).

Furthermore, Turkey increased its investigations of illicit trade activities independent of this protocol. Consequently, whereas the number of seized illegal cigarette packages drastically increased from 10 million in 2009 to 108 million in

2013 (Directorate General of Security cited in Tobacco Experts Foundation, n.d.), the sales of illicit products decreased (Euromonitor International, 2018). For example, Euromonitor (2008) estimated that illicit tobacco products had a 14% share of the tobacco market in Turkey in 2006, while a more recent study (Kaplan, Navas-Acien, & Cohen, 2018) measured it as 12.1% share of the tobacco market.

Nevertheless, the current rate is still above the world average. The high illicit activity rate is also closely related to mercy of the authorized people –tobacco experts, police, gendarmerie– on tobacco cultivators and their condoning the sale of the previous year's unsold tobacco (Kayaalp, 2015, p. 100). It is estimated that there are between 12 to 15 thousand tons of unlawfully commercialized tobacco in the Eastern and Southeastern Anatolia Regions of Turkey (The Chamber of Agricultural Engineers, 2016), and the state seems oblivious to these open-tobacco sales.

Therefore, the illicit trade of tobacco products in Turkey maintains its severity, and Turkey needs to deal with it more strictly if it is to become successful in preventing illicit trade.

3.3.1.7.2 Article 16: Sales to and by minors

Article 3 of Law No. 4207 has prohibited the selling of tobacco products to children under 18 in Turkey since 1996. Law No.5727 amended the former law and added the prohibition of sales *by* minor as well (Republic of Turkey, 2008). Article 194 of the Turkish Criminal Code No.5237 implies that violators will be sentenced with six months to a year imprisonment (Republic of Turkey, 2004).

Therefore, Turkey meets the requirements of the WHO FCTC Article 16 in legal terms. However, given that cigarette consumption among children increased from 6.9% to 10.4% between 2003 and 2012 (Ergüder et al., 2012), it is understood

that not implementing this penalty was responsible for the failure to deter people from selling cigarettes to children.

Correspondingly, 79.1% of children aged 13 to 15 years who were surveyed expressed that store workers do not refuse to sell the cigarettes because of their age (Ergüder, 2012).

Unless the government starts a strict execution of all legislated tobacco control laws, child cigarette addiction seems likely to continue its increase.

3.3.1.7.3 Article 17: Provision of support for economically viable alternative activities

Main idea of tobacco control is to decrease the tobacco supply and the demand and to improve public health conditions. However, while doing so, states are also obliged to protect the social and economic interests of the tobacco growers. According to the National Tobacco Control and Action Plan 2015-2018, economic protection of tobacco cultivators is important, and state support should be sufficient to help them shift to the cultivation of other agricultural products (Republic of Turkey Ministry of Health, 2013).

Indeed, the number of tobacco cultivators in Turkey has decreased significantly, from 405,882 to 56,000 between the years of 2002 and 2015 (The Chamber of Agricultural Engineers, 2016). This might at first be seen as a positive step, as this would also imply a decrease in the tobacco supply. However, the decrease in the number of tobacco cultivators did not result in a decrease in tobacco supply. The supply did not decrease –thanks to significant tobacco imports–nor was the provision of support for tobacco farmers successful.

In fact, the government clearly failed on the latter. Turkey's willingness to transform the tobacco market into a free market led to the enactment of Law No. 4733 in 2002. This law abolished the support purchase system and the minimum purchase price. Furthermore, the law also made mandatory for all tobacco producers to have at least fifteen ton capacity tobacco production, and brought contract farming system (Republic of Turkey, 2002).

As a result of this law, the power balance in tobacco production changed drastically. In the old system, tobacco farmers considered all the bids and chose their buyers. Therefore, it allowed them to consider their own interests (Kayaalp, 2015, p. 81). By contrast, in the new contract system, both sides agree on the quality and amount of the product before the cultivation process begins, and if there is a surplus, it becomes waste. Hence the latter system substantially restricts tobacco farmers. In brief, this system change shifted liberalization of roles among the actors.

Consequently, while both the number of domestic tobacco farmers and the amount they produced diminished, Turkey's tobacco product supply and export capacities continued to increase as a result of high tobacco imports and the production activities of TTCs (Republic of Turkey Ministry of Food, Agriculture and Livestock, 2017a, cited in Tobacco and Alcohol Market Regulatory Authority).[2] For example, 89.6% of tobacco products were produced by foreign-controlled enterprises in 2014 (Turkish Statistical Institution, 2016), and approximately 87% of domestically consumed tobacco in 2015 was imported (The Chamber of Agricultural Engineers, 2016).

Law No. 4733 opened the way for these structural changes, as it adopted the neoliberal economy framework; it is not the only reason, however. There are several

[2] Since *TAPDK* (Tobacco and Alcohol Market Regulatory Authority) was closed down on December 24, 2017, and its statistics have not transferred to other websites, the data that I use in my thesis is not publicly available at the moment.

other reasons that led to the consolidation of the tobacco industry and hence increased the tobacco supply. The most influential reason is the fact that Turkey has applied huge tax deductions and exemptions to the actors of the tobacco industry, in contradiction of the determined objectives of WHO FCTC (Evrengil, 2017, p. 18).

There were 30 Investment Incentive Certificates and 41 Permission Certificates for Domestic and Foreign Process on the tobacco product manufacturing between 2000 to 2016 (Evrengil, 2017, p. 18). "Whereas all 30 projects were exempted from VAT, 22 of them were also exempted from customs duty… Moreover, the Ministry of Economy paid for two of those projects' bank loan interests and some part of profit shares" (Evrengil, 2017, p. 23). The government's total fixed investment incentive for the tobacco industry was 569,568,032 TL for the years 2000 to 2016 (Evrengil, 2017, p. 21). Therefore, Turkey acts in contradiction to Article 5.3 of the WHO FCTC, which states, "In setting and implementing their public health policies with respect to tobacco control, the parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law" (World Health Organization, 2003b).

Hence, it is hard to argue that Turkey has decent tobacco supply reduction measures. In fact, it is correct to say that Turkey has serious flaws in them.

3.3.2 Implementation commitment of Turkey on tobacco control

The commitment to implement tobacco control generally implies a commitment to smoke-free indoor air restrictions. Other tobacco control policies (such as packaging criteria, bans on promotion and sponsorship, tax raises) are generally implemented immediately after being legislated.

The execution success of the indoor smoking ban can, in fact, be measured using extensive countrywide studies to measure all aspects of this ban. While this thesis does not benefit from such countrywide research, my evaluation is based on previous research on the issue.

In 1996, Law No. 4207 on the Prevention of Hazards of Tobacco Products banned smoking in health, education, cultural, sports facilities, and in government buildings. In the following years, Turkey became a party to the WHO FCTC in 2004. Government officials, NGO representatives, and scholars arranged a meeting to discuss possible future tobacco control measures. Hence, they decided to enact new laws, extend the current laws and ensure of their successful execution. In that regard, former Ministry of Health Recep Akdağ prepared Circular No.2007/38 on 24 May 2007, where he requested from the governors of each of Turkey's 81 cities to establish a provincial tobacco control board (Republic of Turkey Ministry of Health, 2007).

This request was realized in December 2007 (Republic of Turkey Ministry of Health, 2018), and since then, these boards have become responsible for coordinating the implementation of the tobacco control laws in the provinces.

However, the ambiguous institutional mandate of the provincial tobacco control boards pushed them into obscurity (Elbek, 2010, p. 73). Scholars suggested that tobacco control laws were not functional enough in provincial tobacco control board member institutions, and their officers lack awareness and fail to take responsibility for these laws (Tülücü, Aytemur, Hacıevliyagil, & Güneş, 2012). This might be one factor behind the low compliance with smoke-free legislation.

Correspondingly, a research that covered 884 public venues in 12 cities in Turkey found out that there are 145 indoor and 538 outdoor smoking violations

(Navas-Acien et al., 2016, p. 92). Another research that was conducted in Istanbul in 2015 demonstrated that a quarter of all enterprises included in the research violate the smoke-free legislation (Sözcü, 2016).

In brief, Turkey has many automatically-implemented tobacco control policies (such as packaging criteria, bans on promotion and sponsorship, tax raises) after they are legislated and their policy action timings are very successful, too. On the other hand, as research demonstrates, Turkey has a significantly low commitment to implementing one of the most effective tobacco control methods, namely, the indoor smoking ban, and this lack of determination prevents Turkey's sustainability on tobacco control success.

However, Turkey's execution and sustainability problems are not the only deficiencies that Turkey has in tobacco control; there are others such as inconsistent government discourses and actions, and the state's liberal economy perspective.

3.3.3 Deficiencies of Turkey on tobacco control

3.3.3.1 Legislative and executive problems of Turkey on tobacco control

Turkey has a relatively strong legal framework on tobacco control; however, it has not considered some of the recently developed tobacco control practices from around the world yet, such as implementing a smoking ban in private cars where children are present. Additionally, most of the strategies in NTCAP (2015-2018) have not been legalized, so the action plan also largely failed. More extensively, Turkey is considering plain packaging, displaying tobacco products, and smoking bans near building entrances, but it has not turned any of them into laws yet.

Moreover, Turkey has not only failed in taking new control measures on the issue but also faces serious implementation problems with existing tobacco control

laws. Many tobacco control laws such as the indoor smoking ban and illicit trade control are legislated but there are serious problems with their execution.

Since most objectives could not be turned into the laws, and because of the huge implementation problems (Navas-Acien et al., 2016), the last tobacco control action plan can be considered a failure compared to the previous one. Ex-health minister Recep Akdağ's statements (Republic of Turkey Ministry of Health, 2017) about the latest tobacco consumption support this claim.

For Turkey, there are several possible reasons for the failure to convert most of those recommendations into law. First, within the state bureaucracy, there have been unstable and inconsistent approaches towards tobacco control policies. Second, Turkey's liberal economy prevents it from taking significant measures, especially on its supply-side tobacco control policies. And finally, Turkey had a sustainability problem in maintaining its high determination on tobacco control between 2008 and 2011.

3.3.3.2 Inconsistent government discourses

First, there is inconsistency in the state bureaucracy. Turkey's Prime Minister, Minister of Health, Minister of Finance and official state representative have made contradictory statements through time.

For example, on the one hand, Ex-Prime Minister Erdoğan says, "The fight against smoking has always been on our agenda. It has become as important as our fight against terrorism because our children are being murdered" (Hürriyet, 2007), which depicts smoking as dangerous as terrorism. On the other hand, in a meeting of World Trade Organization in 2012, the representative of the Republic of Turkey said, "The additives in cigarettes are very important" (F Interview, 2017), and former Health Minister Mehmet Müezzinoğlu made statements in which he prioritized brand

name protection rights of tobacco companies over protecting public health in 2016 (Hürriyet, 2016).

Moreover, there are statements from other government officials which demonstrate that there may not be a political consensus on the future trajectory of tobacco control policies in Turkey. For example, former Health Minister Müezzinoğlu made statements against plain tobacco packaging in April 2016, but his successor, Recep Akdağ supported the exact opposite in less than a year, on 9th of February 2017, and declared:

> We are planning to implement plain tobacco packaging. In fact, we have already prepared the draft law. This packaging contains warnings on all the sides of the pack, and the brand of the cigarette takes a small place on it. Thus, it limits the brands' attraction (Republic of Turkey Ministry of Health, 2017).

These contradictory discourses and actions do not take place only in the Ministry of Health, but also in the Ministry of Finance. For example, former Minister of Finance Mehmet Şimşek stated, "As the Minister of Finance, I would prefer that our citizens not smoke, and that we not collect any tobacco tax" (Milliyet, 2011) and showed the Ministry as if it was seriously concerned about public health.

Turkey does use a very small amount of tobacco taxes for public information campaigns which would effectively increase the quit rates (Joossens & Raw, 2016, pp. 10-11). In that regard, it is fair to say that Turkey's political perspective is incompatible with public discourse and the policies implemented.

Former Finance Minister Şimşek also implied that the tobacco industry benefited from Turkey's ad valorem oriented tax system by reducing cigarette prices and added: "We will frustrate the tobacco industry's efforts to avoid taxation in the future as well. We will make necessary adjustments on the specific excise tax too if

they continue to reduce cigarette prices" (Hürriyet, 2015). Thus, he spoke as if the tobacco industry was the arch-enemy of the Ministry of Finance.

However, the actions of the ministries are inconsistent on that matter as well. Turkey provides investment incentive and permission certificates –mostly to foreign companies– for tobacco product manufacturing (Evrengil, 2017, p. 18). The government provided a fixed investment incentive worth 312.2 million Turkish Lira just for 2015, and 569.5 million Turkish Lira in total for the years from 2000 to 2016 (Evrengil, 2017, pp. 20-21). Therefore, despite its challenging statements, the government supports the tobacco industry. This situation can be understood as a consequence of the state's liberal economy perspective.

3.3.3.3 The state's liberal economy perspective

Turkish governments have adopted a free-market ideology since the 1980s and therefore tried to avoid taking harmful decisions towards international investors, including TTCs. The adoption of a liberal economy perspective naturally limits taking bold political decisions, especially with reference to its supply-side measures and recent low taxation rates.

WHO FCTC includes supply reduction measures in its Articles 15 to 17 (World Health Organization, 2003a), but MPOWER recommendations totally ignore them and seek only to reduce the demand for tobacco products (Elbek, 2017, p. 38).

In parallel to WHO's transformation, Turkey also preferred to base its tobacco control policy on MPOWER rather than on WHO FCTC by seeking its economic policy approach. Accordingly, Turkey significantly increased its tobacco production for water pipes with government incentives in 2015 and 2016 (Evrengil, 2017, p. 25), unlike President Erdoğan's unchanging stance on the issue.

Discourse of government officials on the issue supports this argument. For example, as I mentioned before, on 19 April 2016, former Health Minister Mehmet Müezzinoğlu admitted that since plain packaging is harmful to the brand name and might possibly cause legal conflicts between TTC and the government, it is not on their political agenda anymore (Hürriyet, 2016).

Furthermore, according to the Cabinet Decision No. 2017/10462 of 30 June 2017, Turkey did not make any increase in the minimum specific excise tax or the specific excise tax on tobacco products for the July–December period of 2017, contradicting the WHO FCTC recommendation that recommends regular tax increases on tobacco products (World Health Organization, n.d.).

Therefore, Turkey is still relies significantly on the ad valorem excise tax, and its pricing policies are considered imperfect. In fact, Turkey has steadily decreasing pricing scores–from 25 to 21, and then to 17 between 2010 and 2016 (Joossens & Raw 2011; 2014; 2017).

To sum up, Turkey's liberal economy perspective significantly impacts its supply-side and taxation policies and certainly limits its capability to control tobacco.

3.3.3.4 Sustainability problem of Turkey on tobacco control

In terms of tobacco control, improving is one thing, but sustaining those improvements and internalizing them is another and vitally important one in order to have permanent success in tobacco control. Turkey seems to be having trouble managing the latter.

Jackson-Morris & Latif (2016)'s work on tobacco control sustainability demonstrates that Turkey has experienced a massive decline in its tobacco control success. They prepared an index that assessed 24 countries with the world's largest

smoker population in 2016. They set 31 indicators, including state commitment to implementing MPOWER policies, tobacco control laws, tobacco control budget allocations, tobacco product taxation rates, and relations with civil society on the issue in order to measure sustainability successes or failures.

The Index of Tobacco Control Sustainability (ITCS) has determined that Turkey has political, structural and financial shortcomings on tobacco control sustainability.

Politically, Turkey has failed to incorporate WHO FCTC Article 5.3 into its ministry policies. Structurally, Turkey has shortcomings in capacity-building plans for research and evaluation of tobacco control. Thus, it needs to develop a national evaluation framework and a more efficient data collecting system to enhance its knowledge on tobacco-related mortality and morbidity change rates, in addition to the economic and social costs of tobacco consumption (Jackson-Morris & Latif, 2016). Moreover, representatives of civil society on the national advisory committee do not take part, as a rule, in Turkey's tobacco control regulations. Anti-tobacco NGOs attend committee meetings only if they receive an ad hoc invitations (Jackson-Morris & Latif, 2016).

Financially, the portion of Turkey's national budget allocated for tobacco control is evaluated as inadequate (Jackson-Morris & Latif, 2016). As a result, the Index of Tobacco Control Sustainability (ITCS) depicts Turkey as having only 58 points out of 130, and hence classifies it as a low tobacco control sustainability country.

3.4 Conclusion

When Turkey's tobacco control policies are compared to certain time frames in itself, it can be said that there are four time periods. The first period extends from1980 to

1996. In that period, Turkey had no legal measures to control tobacco consumption. In that regard, Turkey was a hands-off regime at that time.

In the second period (1996-2006), Turkey legislated the first tobacco control law in 1996. This was a milestone for Turkey. In the following years, anti-tobacco advocacy actors such as NGOs, scholars and a number of state officials came together to discuss further tobacco control measures. In that period, Turkey showed a remarkable improvement over its previous period, and it legislated many of the common tobacco control policies from all around the world in those years. Therefore, it can be considered as a low to moderate tobacco control regime with a tendency towards a moderate tobacco control regime for that period.

In the third period (2006-2011), Turkey expanded its measures from the first tobacco control law and prohibited smoking in hotels and commercial taxis as well in public buildings. Thus, it expanded the no-smoking territories from the public sphere into private sphere. Turkey has demonstrated significant success in the execution of its legal measures on tobacco control. Consequently, Turkey had its best years on tobacco control in the third period and should have definitely been evaluated as a high tobacco control regime country at that time.

In order to depict Turkey's current place in tobacco control regime, the fourth period (2011 to the present) should also be examined in detail. The answer can be given in the light of the above-mentioned developments on policy scope and intensity.

Turkey either does not show necessary importance on monitoring or does not disclose its collected data. In either case, it has serious weaknesses in monitoring policies for the prevention of tobacco use. When the 'protect people from tobacco smoke' criterion is considered, Turkey does not implement laws and regulations as

they should have been. In particular, Turkey does not enforce the indoor smoking prohibition as strict as it did in the third period, which resulted in a significant increase in second-hand smoke inhalation as well as active smoking. As a result, indoor smoking rates have substantially increased in recent years. In terms of 'offer help to quit tobacco use', Turkey's performance is mediocre. It has tobacco cessation clinics and a quitline for smokers. However, although Turkey provides quitting medications free to smokers from time to time, it does not provide them as a right, and the state has not adopted a right to health and healthcare approach. Moreover, tobacco cessation clinics in Turkey have functional problems, too.

Turkey has a strong performance on the 'warn about the dangers of tobacco' criterion. It meets the world-standard packaging features in terms of control and has frequent public service messages in mass media to increase awareness about the health hazards of tobacco consumption. 'Enforce bans on tobacco advertising, promotion and sponsorship' is also another successfully implemented criterion. Turkey prohibited all kind of commercial advertising activities of tobacco products on television, radio, and billboards, with one big exception. Even if there are regulations to restrict tobacco products being seen from the outside, point-of-sale product displays are still tolerated in Turkey and there are frequent violations of the former as well.

'Raise taxes on tobacco' is a criterion that Turkey tries to comply with. Turkey has a taxation system that channels people to cheaper tobacco products, so it has above average tax rates. However, its recent tax increases are evaluated as inadequate by some scholars (e.g. Joossens & Raw, 2017). As shown in the table below, Turkey appears to have room for further improvement on its tobacco product tax rates and hence, prices.

Table 2. Turkey's Tobacco Control Scale Scores Comparison of 2010, 2013, 2016

	Price (30)	Public place bans (22)	Public information campaign spending (15)	Advertising bans (13)	Heath Warnings (10)	Treatment (10)	Total (100)	Rank
2010	25	21	0	7	5	3	61	4
2013	21	19	0	7	5	5	57	5
2016	17	19	0	7	5	5	53	9

Source: (Joossens & Raw, 2011; 2014; 2017).

For supply reduction policies, WHO considers three criteria: illicit trade, sales to and by minors, and support for economically viable alternative activities (World Health Organization, 2003a). For Turkey, the illicit trade rate is above the world average. There are frequent violations of sales to minors since the penalties for violation are not implemented in most of the cases. Finally, the state failed to provide support for economically viable alternative activity to the former tobacco cultivators. For these reasons, Turkey has serious shortcomings on all of its supply reduction policies. The government's liberal economy perspective may also be responsible for its deficiencies in taxation of tobacco products and inadequate supply reduction measures.

Furthermore, in the recent years, Turkey's commitment to implementing the tobacco control law has also deteriorated, and as a result, indoor smoking violations have increased, which has a vital impact on increases of second-hand smoking. Turkey developed a mobile application, *Yeşil Dedektör* (Green Detector), for people to tip off the authorities about violations, yet since it gives responsibility to individuals to take action others, it may cause social conflicts. This feature discourages people from using it most of the time.

Moreover, there are inconsistencies in the discourse and actions of state officials. These inconsistencies take place even in the same government's officials as it was previously mentioned. These conflicts cause complexity and prevent the sustainability of tobacco control policies.

On the other hand, all of these deteriorations may be evaluated as a natural consequence of Turkey's previous success on tobacco control. Turkey was presented as the first and the most successful MPOWER executive country in 2013 (World Health Organization, 2015a). Furthermore, it took fourth and fifth place in the tobacco control scale score in the European Region in 2010 (Joossens & Raw, 2011) and 2013 (Joossens & Raw, 2014). Thus, even though Turkey experienced a deterioration, which had a huge impact on its cluster analysis in tobacco control regime, these regressions are not the only decisive factors.

To sum up, despite Turkey's not having some of the latest tobacco control laws in the world (e.g. regulations on plain packaging, smoking bans near building entrances and the ban on smoking in private cars where children present). Turkey can still be considered as one of the successful states in tobacco control based on its legal framework. However, in terms of its defective supply-side measures, it deteriorating execution and its distribution duties, Turkey has weaknesses as well.

In conclusion, Turkey can still be evaluated as a moderate tobacco control regime country due to its successes between 2006 and 2011. However, it definitely has a tendency towards to becoming a low tobacco control regime country for the above-mentioned reasons.

CHAPTER 4

THE PERSPECTIVE OF NON-GOVERNMENTAL ORGANIZATIONS ON TURKEY'S TOBACCO CONTROL POLICIES

Consumption of tobacco products creates a global addiction problem for people for a very long time, but states have realized, albeit very late, that tobacco's addictive properties have a negative impact on people's health, and hence to the state economy. After this economical revelation about tobacco consumption, the states decided to prepare a tobacco control policy framework and execute it.

The basics of tobacco control policies are well known and accepted by supranational bodies, but not all states' have the same standards on tobacco control. Each state has a unique structure and its very own political approaches to tobacco control. In fact, scholars suggest that there are seven determining factors that influence tobacco control policies: political institutions; political culture/public opinion; political ideology, parties, and elections; interest groups and social movements; international networks/lesson drawing/policy transfer; bureaucratic strength; and agenda-setting.

Therefore, states determine their own policies under the influence of some of those factors. For Turkey, there is a blended impact of four of these seven determining factors: political institutions, political ideology, interest groups, and international networks. Turkey has a centralized government which is highly determined to take required measurements on tobacco control. Thus, Turkey has a strong potential for drawing lessons via international networks and anti-tobacco advocacy groups. On the other hand, Turkey has a liberal economy framework, so its government may be influenced by pro-tobacco advocacy groups.

First of all, as Marmor and Lieberman (2004) have stated, the determination is the key to achieving success for unitary states with centralized governance structures. Turkey is a unitary state with centralized governance structures, which makes its determination on the issue a decisive factor in explaining the current state of its tobacco control policies.

Turkey's determination on tobacco control is not easy to detect, as there are different views among the stakeholders on the degree of its determination. For instance, the government claims that it stands with the anti-tobacco advocacy group. Turkey has implemented all MPOWER policies quite effectively since their adoption and shows consistency on the adaptation of new tobacco control policies, most of which are created by the WHO.

Nevertheless, from the perspective of anti-tobacco advocacy groups (which consists of medical associations, the ministry of health, the WHO, NGOs) the picture is rather blurred. In fact, Turkey adopts a liberal economic position with respect to the tobacco market. Thus, despite the president's anti-tobacco stance, it might be suggested that the economic policies favor the interests of the pro-tobacco advocacy groups (including tobacco producers, manufacturers, distributors, and tobacco companies).

The tobacco politics scene is basically a clash of the ones who only seek their own economic profits (the tobacco industry) versus the ones who seek for the good of public health (anti-tobacco advocacy NGOs); economically stronger side versus the public health advocates. Even though the former has clear advantages due to its economic power, the anti-tobacco NGOs still remain effective. This story is valid in the case of Turkey, and anti-tobacco NGOs have played an influential role in

Turkey's tobacco politics history. Therefore, it is important to explore their approaches towards the recent tobacco policy changes in Turkey.

In that regard, I conducted five semi-structured face-to-face interviews with representatives of the six most effective anti-tobacco NGOs. These NGOs are *Türk Tabipleri Birliği* (the Turkish Medical Association), *Türk Halk Sağlığı Uzmanları Derneği* (the Turkish Public Health Association), *Türkiye Solunum Araştırmaları Derneği* (the Turkish Respiratory Society), *Sağlık Enstitüsü Derneği* (the Health Institute Association), *Türk Toraks Derneği* (the Turkish Thoracic Society) and *Türkiye Yeşilay Cemiyeti* (the Turkish Green Crescent Society). All six are permanent members of *Sigara ve Sağlık Ulusal Komitesi* (the National Committee on Tobacco and Health Turkey). Sampling decisions were made on the basis of organizations, and organizations are included in the sample if only they are part of the National Committee on Tobacco and Health Turkey. Organizations which are part of the Committee were preferred because they closely follow tobacco control policy developments and have been quite effective in influencing tobacco control legislation and execution processes.

While all six NGOs are categorized as part of the "anti-tobacco advocacy group," only the Turkish Green Crescent Society is a government-organized non-governmental organization. Therefore, their approaches towards tobacco control are not always alike. These differences originate either from their proximity to the government and their institutional status (as is the case with the Turkish Green Crescent Society and the others) or from their unique perspectives on tobacco control (as it is seen in the Turkish Respiratory Society).

In order to elaborate on these differences, the Turkish Green Crescent Society has the status of "organization for the benefit of the general public," and apparently

has much closer relations with many Turkish ministries, unlike the rest of them. This situation may or may not directly impact its approach towards tobacco control policies, but it is definitely a factor that should be taken into consideration in analyzing its position. As for the Turkish Respiratory Society, this is an organization which primarily helps educate physicians who work at smoking cessation clinics and devises ways to serve tobacco addicts and to be more successful on convincing them to quit smoking. Thus, it has put much effort to improving this service by focusing specifically on it, unlike the rest of the NGOs. Presumably, their varying structures and prior duties have an influence on their perspectives in that regard.

I codified NGOs as B, C, D, E, F, and G in order to protect the anonymity of NGOs and their representatives.

This chapter provides an analysis of the anti-tobacco NGOs' perspectives on Turkey's tobacco control policies, drawing on thematic analysis of the interviews conducted. Accordingly, the chapter offers insights into NGO assessments of Turkey's legislative and executive successes and failures in tobacco control policies. The chapter is divided into four main sections, which are the legislative and executive assessment of Turkey's tobacco control policies, the evaluation of preventive and curative approaches in tobacco control policy, the assessment of relationships between NGOs, the tobacco industry, and the government, and the shortcomings of and recommendations from NGOs.

4.1 Legislative and executive assessment of Turkey's tobacco control policies

This section explores NGO perspectives on the comprehensiveness of Turkey's tobacco control laws and questions whether NGO representatives think that Turkey has adopted all necessary measures put forward by the WHO.

4.1.1 Successes of the legal framework

Turkey's first tobacco control laws were enacted in 1996 and have been substantially revised since then. They became much more comprehensive in 2008. In terms of MPOWER policies of WHO, Turkey is considered to have one of the most successful legal frameworks for tobacco control policies. In fact, all NGO representatives interviewed emphasized Turkey's success in legal terms. In that regard, there is a consensus. Turkey is also one of the member states of the WHO FCTC, and its laws are substantially consistent with what WHO FCTC recommends.

4.1.2 Failures of the legal framework

Turkey has shortcomings in its legal framework as well. For example, all anti-tobacco NGOs emphasize that it is very hard even for NGOs to access necessary data on tobacco consumption in Turkey. Hence, anti-tobacco advocacy NGOs indicate that Turkey either has shortcomings on the monitoring tobacco use or it lacks of transparency. Either way, it hinders Turkey's legal improvements.

Second, as the representative of NGO E highlighted, Turkey has not legalized WHO FCTC Article 5.3, which states that "… parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law" (World Health Organization, 2003b).

Correspondingly, Turkey has no governance mechanism to regulate tobacco advertising at the point of sale. While there are regulations on the execution of clean indoor air policies, for example, this area lacks similar regulations, which would appoint dedicated personnel with a clear mandate. In fact, one research in Istanbul on 142 points of sale revealed that "98.6 % featured at least one type of display or

tobacco advertising, promotion and sponsorship ban violation" (Evrengil, Güner, Peçe & Dağlı, 2016). The representatives of NGO E (2017) and F (2017) also stated that the rate of violation has consistently been above 95% since 2013.

Moreover, the non-adoption of WHO FCTC Article 5.3 also undermines the implementation of plain packaging. Even former Minister of Health of the Republic of Turkey Mehmet Müezzinoğlu once admitted that implementation of plain packaging damages brand names, so it is hard to pass it into law (Hürriyet, 2016). The succeeding minister, Recep Akdağ, changed this approach to law on plain packaging of tobacco products, at least in the discourses. Nevertheless, the law has not yet been passed.

Last but not the least, whereas the notion of 'tobacco industry' was acknowledged and phrased as 'the opponent' of the tobacco control endeavor in previous tobacco control programmes, such emphasis disappeared in the latest National Tobacco Control Action Plan 2015-2018 (NGO F Interview, 2017).

4.1.3 Criticisms of anti-tobacco advocacy NGOs towards the implementation of tobacco control policies

From the perspective of the interviewees, tobacco control policies were executed very successfully in Turkey, especially after 2008, and that these brought a remarkable reduction in the tobacco consuming population within three years. However, this success proved not to be sustainable. This strong commitment and could not be maintained, and the number of smokers started to increase again. There are three reasons for this.

First of all, all anti-tobacco NGO representatives interviewed in the present study suggested that the determination on the implementation of the tobacco control

policies has substantially decreased. The representative of NGO E (2017) asserted that "…these quick achievements scared some people, and they hit the brake. Otherwise, this success in decreasing tobacco consumption would consistently be maintained" (see Appendix B, 1).

The representative of NGO G (2017) also pointed out the same issue but adopted a more considerate stance towards the executors. He claimed that

> . . . this very quick reduction in tobacco consumption has realized faster than both changes in the level of society's awareness and executors' expectations, thus it has brought some problems. We have compensated for decades of political failure just in three years. Therefore, since both behavioral changes and execution of new laws require some time for becoming fully effective, it was not something easy to achieve, and its sustainability could not be provided. (see Appendix B, 2)

The NGO G representative also accepted that Turkey had experienced a loss of determination on the execution of tobacco control policies in recent years. On the other hand, he believed that the tobacco consumption increase that started in 2011 was a natural consequence of the rapid decline in tobacco consumption between 2008 and 2011. Because he stated that the behavioral habit of people could not be instantly changed, and it required some time.

Additionally, the representative of NGO G (2017) asserted that auditing budget to provide a flawless execution is clearly not enough. It was for this reason that the Turkish Green Crescent Society established the *Yeşil Dedektör* (Green Detector) application, which brings individuals into the process of reporting violations. Individuals have a vested right not to be exposed to second-hand smoke, so protecting their right is their duty, along with that of the government. The state cannot assign wardens to all cafes and pubs. Thus, the Turkish Green Crescent Society created an application through which people can immediately report a violation of the law, thereby providing a more effective violation control mechanism.

This application is also a significant data collection tool on violation intensity hours and other areas.

The words of the NGO G representative (2017) indicated that the auditing budget is insufficient, and that the organization clearly supports people's active inclusion into tobacco control processes.

On the other hand, perspective of other NGO representatives differs from that of the Turkish Green Crescent Society, which considers that active inclusion of individuals to protect tobacco control is vital for realizing sustainable success. For instance, the representative of NGO E (2017) asserted that:

> The struggle with tobacco is not the responsibility of people, but the responsibility of the state. If the state really wants to solve this tobacco consumption problem permanently, the only way is that the state must define 'tobacco industry' as its enemy, pass extensive tobacco control laws and strictly execute them in order to protect public health. Otherwise, it is neither meaningful nor realistic when you give legal permissions for the sale of addictive products to the people, and then tell them not to smoke these products. (Appendix B, 3)

Thus, there are two different points of view on prerequisites for successful tobacco control. The representative of NGO G evaluated the inclusion of people as a must for sustainable success in tobacco control, but other anti-tobacco NGOs stated that it is not the duty of individuals in any sense; that duty belongs to the state. According to that representative, only the state has the authority to control tobacco by its legislation and execution powers.

Furthermore, NGO F representative (2017) emphasized that

> The Tobacco and Alcohol Market Regulatory Authority in Turkey, which should have been the main responsible body for auditing, neither formed any auditing team nor hired any personnel for the execution of tobacco control laws, except in the province of İzmir… In the absence of this executive body, Provincial Tobacco Control Committees (PTCCs) were established; they consisted of members from the Ministry of Health, Ministry of National Education, and Directorate General of Security. However, the Directorate General of Security underestimates tobacco control by stating that there are

> more important issues such as possible terror and security concerns. What is more, the ministries suffer from low budgets and no support from the security members. Therefore, the nature of the PTCC structure is a problem. (Appendix B, 4)

In the light of this influential executive body absence, "violations of smoking in closed/enclosed public areas, and violations of point of sale advertising have increased in recent years." (NGO E Interview, 2017)

All of the interviewed anti-tobacco advocacy NGOs point out that the state does not allocate enough budget for effective tobacco control. Moreover, it also fails to elaborate on executive regulations, the duties of responsible units and limits for execution, and to measure their success rates.

In order to overcome these kinds of shortcoming on tobacco control executions, the NGOs recommend solutions from their own perspectives and emphasize the importance of implementing tobacco control by including all governance structures. For instance, the representatives of NGO B (2017) and NGO C (2017) claim that

> Turkey has to adopt a faster, more inclusive, receptive and dynamic structure in order to challenge to tobacco industry and become more successful on execution of the laws. In other words, Turkey should implement proactive policies and embrace Health in All Policies (HiAP) Framework in which all government bodies such as Ministry of Economy, Ministry of Treasury and Finance, Ministry of the Interior and Governorships take part on tobacco control alongside with Ministry of Health, health workers. Because for example, tobacco control issues like regulating taxes and preventing illicit trade cannot be achieved only by efforts of health workers of the country. Success in tobacco control requires stronger and decisive approaches from the state (see Appendix B, 5).

4.2 Evaluation of preventive and curative approaches of the government

There are two kind of approaches towards tobacco control: preventive and curative. The former advocates taking necessary measures against the harmful effects of addictive tobacco products before it endangers public and individual health; the latter

implies providing medical aid after people become addicted to tobacco products. This section explores the evaluation of anti-tobacco NGO representatives of the Turkish government's prior tobacco control approach as preventive, curative, or a mixture of them, and to what extent Turkey has been successful on whichever approach it adopts.

For Turkey, all of the anti-tobacco advocacy NGOs interviewed shared the same opinion on the approach type of government. Turkey's tobacco control policies cover both preventive and curative approaches, but the laws are preventive in spirit, and the curative approach has some flaws, especially in its execution. For instance, Turkey does not provide free tobacco cessation medications for all people in need, thus the state has shortcomings in terms of right to health and healthcare approach. However, the tobacco control policies contain primary, secondary and tertiary preventive measures: preventing people from starting to smoke –mainly by raising taxes, preventing the harmful effects of second-hand smoke inhalation by prohibiting smoking in enclosed areas, offering smokers help to quit smoking via a dedicated hotline and tobacco cessation clinics.

Turkey has no serious deficiencies in its legislative framework. In fact, it has taken all of the main legal precautions on tobacco control: monitoring; strict implementation of bans on smoking in enclosed areas; advertising, sponsorships, and regulations; helping smokers to quit at cessation clinics; and setting very high prices on tobacco products.

However, according to anti-tobacco advocacy NGO representatives, the state's approach to tobacco control still has flaws. For instance, the representative of NGO E (2017) says:

> Despite some government institutions conduct monitoring in Turkey, the data are kept hidden or they are disclosed very late. Second, there are public

> service announcements which say: 'You can quit smoking'. You smoke, it is your fault, so you quit. These broadcastings show as if quitting is the responsibility of people, rather than the state's. I think the state should stop supporting tobacco products. Therefore, it has to stop. That's how quitting tobacco works. It is something like: I sell you a highly addictive products (marijuana) legally, then tell you: 'You can quit marijuana'. It is nonsense. The state should restrain the supplier, the seller and prohibit the sale of these addictive products. Otherwise, the state cannot blame people alone (see Appendix B, 6).

The representative emphasized that the state puts much responsibility on individuals by supporting the Turkish Green Crescent Society's 'You can quit' broadcasts. The Turkish Green Crescent Society and the other anti-tobacco NGOs have divergent opinions on the importance of individual responsibility in tobacco control. Whereas the former puts the responsibility on both individuals and the state, the latter believes that the state has the sole responsibility for tobacco control.

The representative of NGO G (2017) asserted that: "Turkey is very rich in terms of its provisions of polyclinic services, free medical treatments, and free smoking cessation medications." This view demonstrates that NGO G puts emphasis on the strength of curative services of the state for its provisions of free medical aid, even though its time and criteria are ambiguous.

On the other hand, all other anti-tobacco NGOs insistently emphasize that the right to health and healthcare has not been properly realized. Turkey's health system apparently lacks a rights-based approach in curative health care services. For example, they give the example of a limited amount of free medication offerings in tobacco cessation clinics.

A right to health and healthcare approach leads not only to a conflict between NGOs, but also between the main state structures such as the Ministry of Health and the Social Security Institution. The Ministry of Health had a tendency to set all tobacco cessation medications as free for an unlimited period of time, as a right, but

Turkey's Social Security Institution harshly confronted this view and refused it (NGO F Interview, 2017). Since the Social Security Institution won this argument, Turkey still has deficiencies in the right to health and healthcare approach.

Aside from these divergent assessments of the strength of the curative approach between the Turkish Green Crescent Society and the rest of NGOs, all accept that the tobacco control cessation clinics are not systematically operated and that they lack sufficient medical personnel and the required coordination.

4.3 The assessment of NGO, tobacco industry, and government relations

There are one deciding and two impacting sides of tobacco control politics. The decision-maker is the state, the impacting sides are pro-tobacco global advocacy network (GAN), and anti-tobacco global advocacy network (Farquharson, 2003, p. 84). As mentioned earlier, the former consists of tobacco producers, manufacturers, distributors, tobacco companies, media; these have financial strength and/or interests, so they use their power to influence the state officials (Sato, Araki & Yokoyama, 2000) and scholars (Barnoya & Glantz, 2005) and to manipulate scientific results (Muggli, Forster, Hurt, & Repace, 2001). On the other hand, anti-tobacco global advocacy network generally consists of medical associations, the ministry of health, the WHO, and NGOs. The aim of this advocacy group is to protect public health against the harmful effects of tobacco products on the environment (Novotny et al., 2015) and people.

These conflicting goals lead both groups to put effort into influencing state officials and the legislation processes of tobacco laws and their executions. Relations among parties vary, so the impact of these relationships change over time (Sato, Araki & Yokoyama, 2000). From 2008 to 2011, all interviewed anti-tobacco

advocacy NGOs agreed that they were in full collaboration with the state officials in Turkey. For instance, the representative of NGO F (2017) suggested the following:

> The state signed the National Tobacco Control Action Plan 2008-2012, however, we as civil society members literally had sat for days writing the action plans. The state had a very positive and possessive approach towards our suggestions at that time. (see Appendix B, 7)

However, with the exception of the Turkish Green Crescent Society, they also agreed that the positive approach of state officials towards tobacco control has changed and that, since 2011, they have been apathetic about NGO suggestions. Correspondingly, no national tobacco control action plan was prepared between the years of 2012 and 2015. Interviews pointed out that this was three wasted years in terms of tobacco control.

Whereas all other NGO representatives stated that their relations with the state had deteriorated since 2011, only the Turkish Green Crescent Society representative disagreed with them and said, "We have very close relationships with the Ministry of Health, the Ministry of National Education, the Ministry of Youth and Sports, and the Directorate of Religious Affairs, and they are steadily intensifying" (Turkish Green Crescent Society Interview, 2017).

After this stagnation period for tobacco control, a new tobacco control action plan was revealed. The representative of NGO F (2017) stated:

> The biggest difference between the National Tobacco Control Action Plan 2015-2018 and National Tobacco Control Action Plan 2008-2012 is that the former was written by the state without any consultation with NGOs, in contrast to how the latter was prepared. Second, the new action plan does not specify "tobacco industry" as a threat anymore. And when we talked to bureaucrats, they told us that they were not allowed to specify the tobacco industry as a threat to tobacco control. (see Appendix B, 8)

In other words, Turkey conformed with the World Health Organization's approach, which was significantly changed from the Framework Convention on

Tobacco Control to MPOWER. Correspondingly, Turkey prioritized demand side tobacco control measures over supply-side tobacco control measures and hence focused on changing people's smoking habits rather than preventing import and selling of tobacco products.

4.4 Recommendations from NGOs to Turkey on its tobacco control journey

First, all interviewed NGOs recommended that the state agencies should be more transparent in terms of data sharing, and they should publicize the results immediately, even if the results showed that there is no improvement on tobacco control. Even if there is a negative trend, it is important for a country to diagnose the problems first, and only afterward can they be resolved. Monitoring is the key to achieving success in tobacco control. Therefore, Turkey should improve its transparency in monitoring.

Secondly, they suggested that Turkey should pass more inclusive, dynamic and proactive tobacco legislation to achieve better results and more effective control. For example, they underline the importance of adopting the legislation of WHO FCTC Article 5.3. This, they argued, would free the state officials from the influence of the tobacco industry. Moreover, the state should eliminate all forms of ambiguity in all tobacco control regulations by elaborating on those parts that create disparity in implementation.

Third, the state should allocate enough budget for effective tobacco control policy execution. After that, the government must show a great determination on thoroughly executing those inclusive laws of tobacco control. As a result of this strict implementation, there should be no excuse for any kind of advertising, promotion, sponsorship, or exposure to second-hand smoke.

Additionally, the state should immediately adopt a holistic right to health and healthcare approach. This would include unconditional medical help for individuals, so the state should establish systematic and well-coordinated tobacco control cessation clinics. In order to improve cessation results, a reward system for physicians in which they earn wage top-ups might be introduced in cases where they are successful in getting individuals to stop smoking. In that way, they would be highly motivated to inform people about the known hazards and also be more eager to convince people who are addicted to tobacco products to quit. The state should be more open to the recommendations of anti-tobacco NGOs and should refrain from any form of dialogue with tobacco industry representatives.

Last but not the least, NGOs state that it is important for Turkey to realize that tobacco control is an issue which can be effective only if all bodies act together to achieve the same objective. Tobacco control efforts should not be reduced to a duty of the Ministry of Health and physicians only. For example, success in preventing illicit trade, which falls under the mandate of the Ministry of Interior, is also a significant component of tobacco control. Similarly, tax regulation, which is under the responsibility of Ministry of Finance, is important. Therefore, the government should embrace the Health in All Policies (HiAP) Framework and ensure that all the ministries act in cooperation to achieve their goal to provide healthy lives for all citizens.

CHAPTER 5

CONCLUSION

This thesis addresses the following research questions: Where does Turkey's tobacco control regime fit in comparative tobacco control regimes framework? In addition, to overcome the static and deterministic analysis that the regimes framework presents, the thesis also incorporates the following sub-question into the analysis so as to better reveal the current policy on tobacco control in Turkey: How do anti-tobacco advocacy NGOs perceive Turkey's current policies on tobacco control?

The thesis relied on two sources of data: desk research that included a comprehensive review of the legislations, policy papers and secondary literature and (b) face-to-face semi-structured qualitative interviews with six anti-tobacco advocacy NGOs on September 2017. Data from both sources were analyzed using purposive qualitative thematic analysis. I used the WHO's MPOWER and Marmor and Lieberman's (2004) framework in analyzing the tobacco control policies in Turkey. In order to situate the Turkish tobacco control regime in the comparative framework of tobacco control regimes that Marmor and Lieberman present (hands-off, low, moderate or high control regimes, or prohibitionist), two indicators, namely policy scope and intensity, were used (Marmor & Lieberman, 2004, p. 227). The analysis of the interview material was conducted to reflect the points of consensus and controversy in their assessments of the current policy framework from the perspectives of the representatives of anti-tobacco advocacy NGOs in Turkey.

The historical evolution of Turkish tobacco control policies can be analyzed in four periods: from 1983 to 1996 (first period), from 1996 to 2006 (second period), from 2006 to 2011 (third period), and from 2011 to the present day (fourth period). In the first period, during the governments led by Turgut Özal's Motherland Party,

Turkey adopted an economically liberal approach and took a policy stance that favored the tobacco industry. National and supranational bodies at the time (such as the World Bank) supported tobacco growing, manufacturing and marketing due to the alleged benefit of this market for economic growth until 1991.

However, in the 1990s, with the growing evidence on the harmful effects of tobacco use and exposure to tobacco smoke on health, the World Bank declared that the "global welfare cost of tobacco projects greatly exceeds the gains to producer countries" (Bero, 2005) and adopted a new stance for the economics of tobacco control by issuing a regulatory directive to implement this policy in 1992 (Bero, 2005). Correspondingly, Turkey also reconsidered its policy stance on the issue. The first two tobacco control draft legislations were rejected by Turgut Özal in 1991 and 1992 (Bilir et al., 2009, pp. 62-63). In the first period, Turkey had no tobacco control policy, and hence it can be depicted as a hands-off regime cluster at that time.

In the second period, long years of discussions yielded fruit, and in 1996, Turkey passed Law No. 4207 on the Prevention of Harms from Tobacco Products. This law was a milestone in Turkey's tobacco control policy history, as it introduced pioneering tobacco control measures such as prohibiting smoking in all kinds of public spaces (health, education, cultural, sports facilities, government buildings, workplaces, public transportation vehicles) and banning advertisements of tobacco products.

In the following years, Turkey intensified its relations with the World Health Organization on the issue and paid close attention to the WHO recommendations. In fact, Turkey signed the WHO FCTC and became a party to the Convention in 2003. As a result, it ratified Law No.5261 in 2004. Considering its approach to tobacco control during this period, Turkey could be evaluated as a low-moderate control

regime country with a tendency towards moderate control regime. However, even these policy improvements did not succeed in reducing the consumption of tobacco products in Turkey. On the contrary, sales of domestic cigarettes increased from 96.6 billion sticks to 107.91 billion sticks in the decade between 1996 and 2006 (Tobacco and Alcohol Market Regulatory Authority, 2017).

The ratification of the first tobacco control law in 1996 was a milestone development and can be treated as a starting point for evaluation. In terms of policy scope, it covered the main pillars of the tobacco control policies that the global framework accepted in that period. However, from the perspective of policy execution commitment and intensity, Turkey failed to define institutional mandates for executive bodies, to establish tobacco control cessation clinics, and to impose penalties on violators, which resulted in unsuccessful policy implementation. This period was promising for improved tobacco control, but it was unsuccessful in terms of decreasing tobacco consumption rates because of problems in implementation.

In the third period, Turkey adopted an even more determined approach to tobacco control, especially after 2006. NGOs, universities, and government officials collaboratively prepared the first National Tobacco Control Program and the Action Plan 2008-2012. This participatory approach to tobacco control enabled the legislation of further tobacco control measures with the enactment of Law No 5727 in 2008, which significantly amended Law No. 4207 and extended its clauses.

Turkey substantially amended its tobacco control laws and extended its policy scope during the third period. In addition to its legislative success, Turkey also strictly executed these laws in the following years and thus triumphed over intensive tobacco consumption. As a result of the legal and policy efforts that started in 2006, Turkey, for the first time, succeeded in stopping the increase in sales of tobacco

products by 2008 and to decrease domestic cigarette sales by 15.42% between 2008 to 2011 (Tobacco and Alcohol Market Regulatory Authority, 2017).

During the third period, the government adopted a positive attitude towards anti-tobacco advocacy NGOs, scholars, and physicians. Interview data confirms that the government kept close contact with anti-tobacco activists, listened to their recommendations, legislated up-to-date tobacco control measures from all around the world, showed a great determination and thus finally managed to have a worldwide reputation for tobacco control. In this period, Turkey performed well in all three indicators that Marmor and Lieberman use. In fact, the WHO cites Turkey as "the first country to reach the highest level of achievement in all six MPOWER measures" (World Health Organization, 2015a). Moreover, in 2010, Joossens and Raw (2011) depicted Turkey as the fourth most successful tobacco control country, after the U.K., Ireland, and Norway (p. 14). In that regard, Turkey became a high control regime country in this period.

In the fourth and the final period, however, the government's approach drastically changed, especially after 2011. Tobacco control policies started to lag, both in terms of legislating necessary new measures and the execution of the existing ones. Turkey's policy change for the worse was also noted in Joossens and Raw's research that covered the period between 2010 and 2016. On their 2013 Tobacco Control Scale, Turkey ranked fifth, with 57 points out of a total of 100. Joossens and Raw (2014) stated: "Turkey introduced comprehensive smoke-free legislation (no exceptions, no smoking rooms) in 2009 but experienced enforcement problems in bars and tea houses" (p. 11). Three years later, Turkey's position deteriorated in the 2016 Tobacco Control Scale and took ninth place, with 53 points out of 100. Joossens and Raw (2017) claim that "…tobacco sales and smoking prevalence in

Turkey has slightly increased within this period" (p. 13). They suggest that inadequate price increases were responsible for this negative trend (Joossens & Raw, 2017, p. 10).

My review of the available data confirms the current deterioration of tobacco control policies in Turkey. In fact, domestic tobacco product sales increased significantly since 2011. Official data demonstrates that just in the three years between 2013 and 2016, domestic cigarette sales increased from 91.21 billion sticks to 105.48 billion sticks; domestic water pipe tobacco sales nearly tripled, from 3.9 tons to 10.3 tons (Republic of Turkey Ministry of Food, Agriculture and Livestock, 2017b, cited in Tobacco and Alcohol Market Regulatory Authority, 2017). Moreover, the production and supply of water pipe tobacco increased significantly from 167 tons to 2.088 tons, mainly due to the huge external demand (Republic of Turkey Ministry of Food, Agriculture and Livestock, 2017b, cited in Tobacco and Alcohol Market Regulatory Authority, 2017).

Alongside Joossens and Raw's research, Jackson-Morris and Latif's Index for Tobacco Control Sustainability (ITCS) also demonstrates that Turkey has serious shortcomings in tobacco control (Jackson-Morris & Latif, 2016). ITCS in particular emphasizes that Turkey is missing policies that are recommended in Article 5.3, which says: "In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law." (World Health Organization, 2003b). It also lacks the necessary human resources for implementation and an adequate national budget for tobacco control (Jackson-Morris & Latif, 2016).

Therefore, Turkey is currently characterized as a low sustainability country in terms of tobacco control (Jackson-Morris & Latif, 2016). From the perspective of Marmor and Lieberman's regime framework, Turkey can still be classified as a middle tobacco control regime, thanks to successes in the past, with a tendency towards a lower middle control regime.

My analysis of the interview data also demonstrates that Turkey started to deviate from its previously successful tobacco control journey in 2011 and has experienced significant deterioration since then. Drawing on the interviews, it is argued here that the emerging problems of 2011 have become worse today: closed-area smoking ban violations are common, enforcement is inadequate and has weakened, the work of tobacco control cessation clinics are unsystematic and largely ineffective, and no free medications for quitting smoking are available anymore, even at tobacco cessation clinics.

This backsliding is also reflected in the changing nature of relations between anti-tobacco advocacy NGOs and state officials, as the interviews revealed. As a result, the sustainability of the high control regime introduced in the third period has been imperiled due to the lack of measures to control supply, ineffective pricing policies, and the emergence of discursive disagreements between government members.

In conclusion, the Turkish experience suggests that improved tobacco control may go hand in hand with enhanced democratic participation. In fact, NGO representatives emphasized that between 2008 and 2011, Turkey experienced a relatively more democratic period in almost all policy domains, including tobacco control, and it was the golden era of tobacco control for Turkey. In the following years, governments adopted a more authoritarian approach in general and abandoned

the dialogue with anti-tobacco NGOs with the exception of one, which coincided with a substantial failure in tobacco control within this very same period. While no direct causal relation can be drawn, it can be said that Turkey's success in tobacco control has been parallel to its democratic governance in tobacco control policy.

Whereas Turkey has been experiencing democratization in 2008, the WHO was also going through a perspective change from FCTC to MPOWER. While WHO FCTC has offered more extensive tobacco control measures by including supply, distribution, and demand, MPOWER focuses mainly on the demand-side measures of tobacco control. The FCTC framework enabled Turkey to take measures to regulate the tobacco industry, which was codified in its National Tobacco Control and Action Plan 2008-2012 and then started to implement these measures. The international paradigm change from FCTC to MPOWER, however, also influenced policy frameworks in individual countries, including Turkey. In the following years, Turkey also shifted its emphasis to MPOWER and adopted an approach similar to the new WHO approach. Accordingly, Turkey started to adopt only demand-side tobacco control measures and neglected the supply and distribution sides. As a result, the negative perception of the tobacco industry has gradually receded from Turkey's political agenda, and the tobacco industry was left outside the scope of Turkish tobacco control policies.

While this transformation in the WHO approach was in progress, Turkey experienced a significant deterioration on its tobacco control policies. Anti-tobacco advocacy NGOs explain the government's decline in tobacco control under three headings: authoritarian turn in policy making and implementation; emergent divisions within the government over the tobacco control policies; bureaucratic disputes around the costs of tobacco control policy.

First of all, in the Turkish general election 2011, the Justice and Development Party (JDP) got 49.95% of the valid votes (Hürriyet, 2011) and consolidated its power. NGOs emphasize that this consolidation led to a significant change in the JDP government's approach towards all political issues, and it became more centralist and undemocratic in the following years. Anti-tobacco advocacy NGOs note that the intensified terrorist attacks and the military coup efforts contributed to the authoritarian turn, and caused the tobacco control to lose its political significance in the last few years.

Anti-tobacco advocacy NGOs claim that government relations with NGOs have perceptibly deteriorated since 2011. NGOs point to this changed relationship as one of the most important reasons for the failure in tobacco control because the government started to neglect even the scientific results and recommendations from anti-tobacco NGOs. The Green Crescent Society is the last and only NGO partner of the government on tobacco control, but it can hardly function as a pressure group to push the government towards stronger tobacco control, mainly due to its semi-governmental status.

Second, NGOs report that the government has become divided on tobacco control. Both the previous and current health ministers of the JDP government, Mehmet Müezzinoğlu and Recep Akdağ, respectively, voiced divergent approaches to tobacco control. The former did not support plain packaging of tobacco products, stating that it would harm the brand names (Hürriyet, 2016), while the latter declared its open support for the plain packaging of tobacco products (Republic of Turkey Ministry of Health, 2017). Nevertheless, both failed to implement plain packaging. They had clear differences in their approach to the issue, which highlighted the different perspectives in the governing party.

Furthermore, anti-tobacco advocacy NGOs mentioned that the Ministry of Health and the head of the Social Security Institution of Turkey also had opposite views about providing free tobacco cessation medications. Accordingly, even though the Ministry of Health supported the idea of providing free medication on tobacco cessation, the Social Security Institution challenged this view and rejected it on economic grounds. Such bureaucratic disputes weaken the chances of effective tobacco control, for which reason the sustainability problem is an inevitable consequence. As a result of its conflict with the Social Security Institution, the Ministry of Health financed some of the most common tobacco cessation medications such as Varenicline and Bupropion from its own budget in 2010, 2015, and 2017 (Republic of Turkey Ministry of Health, 2018) and provided them to the people who were deemed eligible to use them by doctors at tobacco cessation clinics. Nevertheless, the free provision of tobacco cessation medications could not be transformed into state policy and it still maintains a project-based approach. This is reported as the third reason of recent failure on tobacco control by anti-tobacco advocacy NGOs.

As anti-tobacco advocacy NGOs underline, addiction is a sickness, and as in every sickness, the state must provide medications for free. If the state covers the expenses of tobacco cessation medications, this would most probably lead to a decrease the financial burden of providing cancer treatment medications in the future, since lung cancer in particular is a disease that is closely linked with smoking. Therefore, NGOs think that the state should consider both the right to healthcare and future financial benefits on the issue and take the necessary legal steps.

The anti-tobacco NGOs are primarily made up of the members of the medical community, except the Green Crescent Society. Medical doctors, in the Turkish case,

adopted a pioneering role in tobacco control advocacy, both by making use of their scientific expertise and by actively campaigning for improved tobacco control policies. But the predominance of medical doctors in tobacco control advocacy also indicates a limited interest from society in general. Medical doctors involved in advocacy embrace the Health in All Policies (HiAP) Framework and emphasize the need for a variety of individuals from different professions for a more effective tobacco control struggle. They are eager to expand the variety in professional backgrounds. To expand their constituency, anti-tobacco advocacy NGOs organize seminars on tobacco control to educate young law students and social scientists on the issue. In this way, they make an effort to have more extensive and effective tobacco control groups. NGOs maintain and even intensify their efforts on tobacco control; they are still optimistic about the future of tobacco control in Turkey.

While medical NGOs endeavor to expand their grassroots in organizations to carry out a more effective struggle for tobacco control, the Turkish Green Crescent believes that the government has successfully played its role and that it should be individuals who are responsible for the protection of the achievements in tobacco control. In other words, medical NGOs and the Green Crescent Society differ in their evaluations of the current policy framework and the anti-tobacco strategy they aim to pursue. The former believes that NGOs are responsible for pressuring the state to pass the necessary laws and implement them, the latter suggests that the state has completed the major part of its duty and that the responsibility for enforcement lies both in the hands of the state and the people.

The recent government approach is similar to that of the Green Crescent Society, which is observed in the message it puts across to the public: “You can

quit." With this campaign, the state gives responsibility to the people who smoke to quit smoking and emphasizes individual responsibility to take action.

Finally, the thesis has argued that tobacco control policies in Turkey have undergone a transformation from being a hands-off control regime to a high-control one. The analysis of interviews with the representatives of anti-tobacco NGOs, however, reveals that despite the tobacco control regime's having changed from a hands-off control regime to a high-control one, Turkey has lost its commitment to tobacco control in recent years, signifying a tendency towards transformation into a moderate control regime.

APPENDIX A

PARTICIPANT DISCLOSURE AND ACKNOWLEDGEMENT FORM

KATILIMCI BİLGİ ve ONAM FORMU

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi

Araştırmanın adı: Turkey's Tobacco Control Policies in Comparative Perspective: An Analysis of Anti-tobacco NGO Stances (Karşılaştırmalı Yaklaşımdan Türkiye'nin Tütün Kontrol Politikaları: Tütün Karşıtı Sivil Toplum Kuruluşlarının Durum Analizi) / Yüksek Lisans Tezi
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Sayın ilgili,

Boğaziçi Üniversitesi Sosyal Politika Bölümü Yüksek Lisans öğrencisi Sercan Zülfikar "Karşılaştırmalı Yaklaşımdan Türkiye'nin Tütün Kontrol Politikaları: Tütün Karşıtı Sivil Toplum Kuruluşlarının Durum Analizi" adı altında bilimsel bir araştırma projesi yürütmektedir. Bu çalışmanın amacı Türkiye'nin güncel tütün kontrol politikalarının analizini, tütün kontrolünü savunan çeşitli sivil toplum kuruluşlarının perspektifini de gözeterek yapmak ve bu yolla Türkiye'nin karşılaştırmalı tütün kontrol rejimleri çerçevesindeki yerini belirlemektir. Bu araştırmada bize yardımcı olmanız için siz sivil toplum örgütü temsilcilerini de projemize davet ediyoruz. Kararınızı vermeden önce araştırma hakkında sizi bilgilendirmek istiyoruz.

Bu araştırmaya katılmayı kabul ettiğiniz takdirde sizinle altı sorudan oluşan, yarı yapılandırılmış yüz yüze bir mülakat yapmayı rica edeceğiz. Bu sorular, Türkiye'nin tütün kontrol politikaları (yasalar ve yasalaşmamış eylem planları) ve tütün tüketimi hakkında, temsil ettiğiniz sivil toplum örgütünün görüşlerini öğrenmek üzerine kurgulanmıştır. Bu soruları cevaplamak yaklaşık 30 dakikanızı alacaktır.

Bu araştırma bilimsel bir amaçla yapılmaktadır ve herhangi bir risk öngörülmemektir. Katılımcıların kişisel hiçbir zarara uğramaması bizim için esastır. Dolayısıyla katılımcılar anonim olarak kalacak; isim, soy isim, görev tanımı gibi bilgiler belirtilmeyecektir. Görüşmeler katılımcının isteğine bağlı olarak ses kaydı ya da not alma şeklinde yapılacaktır. Ses kayıtlarında ve/veya tutulan saha notlarında katılımcıya belirtilmiş bütün kurallara uyulacaktır. Ses dosyası ve tutulan notlar zaman kaybetmeden bilgisayar ortamına aktarılacak ve şahsi bilgisayarımda şifreli bir dosyada araştırma projemiz süresince muhafaza edilip, araştırma sona erdiğinde silinecektir. Bu bilgiler, aksi katılımcılar tarafından belirtilmediği müddetçe tez projesinde veya bilimsel nitelikteki sunumlarda kullanılabilir.

Bu çalışmaya katılmanız tamamen isteğe bağlıdır. Sizden ücret talep etmiyoruz ve size herhangi bir ödeme yapmayacağız. Katıldığınız takdirde

çalışmanın herhangi bir aşamasında sebep göstermeksizin onayınızı çekme hakkına da sahipsiniz. Araştırma projesi hakkında ek bilgi almak isterseniz lütfen Boğaziçi Üniversitesi Sosyal Politika Bölümü Öğretim Üyesi Yrd. Doç. Dr. Volkan Yılmaz ile temasa geçiniz (E-mail: vyilmaz@boun.edu.tr, Telefon: 0212 359 75 63, Adres: Boğaziçi Üniversitesi Sosyal Politika Forumu Uygulama ve Araştırma Merkezi, Kuzey Kampüs Otopark Binası K.1 N:119, Bebek 34342 İstanbul, Türkiye). Araştırmayla ilgili haklarınız konusunda yerel etik kurullarına da danışabilirsiniz.

Ben, (katılımcının adı) ……....., yukarıdaki metni okudum ve katılmam istenen çalışmanın kapsamını ve amacını, gönüllü olarak üzerime düşen sorumlulukları tamamen anladım. Çalışma hakkında soru sorma imkânı buldum. Bu çalışmayı istediğim zaman ve herhangi bir neden belirtmek zorunda kalmadan bırakabileceğimi ve bıraktığım takdirde herhangi bir ters tutum ile karşılaşmayacağımı anladım.

Bu koşullarda söz konusu araştırmaya kendi isteğimle, hiçbir baskı ve zorlama olmaksızın katılmayı kabul ediyorum.

Formun bir örneğini aldım / almak istemiyorum (bu durumda araştırmacı bu kopyayı saklar).

Katılımcının Adı-Soyadı:.....
İmzası:.....
Adresi:.....
Telefon
Numarası:.....
E-mail adresi:.....
Tarih (gün/ay/yıl):...../...../.....

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Tarih (gün/ay/yıl):...../...../.....

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Tarih (gün/ay/yıl):...../...../.....

APPENDIX B

DIRECT QUOTATIONS FROM NGO INTERVIEWS IN TURKISH

1- "…Sonradan başarının çok hızlı geliyor olması birini ürküttü ve orada frene basıldı. Yoksa giderdi, aynı şekilde giderdi ve biz bugün tüketimde bir hayli azalmaya neden olurduk."

2- "Toplumsal olarak biraz hızlı gelişmesi bizim belki bu politikanın hem toplumun farkındalığının, hem uygulayıcılarının bilincinin üstünde bir hızla gelişmesi aslında o anlamda bazı sıkıntılar doğurmuş durumda. Biz normal bir ülkenin 20-30-50 yılda aldığı yolu biz 3-5 yılda aldık yasalar anlamında. Tabi bunu uygulaması da o kadar kolay olmuyor. Hem davranış değişikliği yapacaksınız insanlarda, hem de bunun uygulamasında da aynı şekilde sorun yaşamamaya çalışacaksınız bunlar zor şeyler. Belki o hız nedeniyle belli bir süre bu tür istikrarsız durumları yaşayabileceğiz oturana kadar…"

3- "Tütünle mücadele halkın sorumluluğu değildir, devletin sorumluluğudur. Eğer devlet bu tütün tüketim sorununu kalıcı olarak çözmek istiyorsa, bunun tek yolu tütün endüstrisini 'düşmanı' olarak tanımlaması, kapsamlı tütün kontrol yasalarını geçirmesi ve bu yasaları sıkı bir şekilde uygulamasıdır ki halk sağlığını koruyabilsin. Aksi takdirde, hem bir yandan insanları bağımlı yapan ürünlerin satışlarına yasal izin verip, sonra da onlara kullanmayın demek anlamlı da değildir, gerçekçi de."

4- "TAPDK aslında tüm denetimi yapması gereken kurum, İzmir'i dışarıda tutarsak hiçbir ilde denetim ekibi kurmadı, personel istihdam etmedi… Yürütmedeki bu boşluğun doldurulması için Sağlık Bakanlığı, Milli Eğitim Bakanlığı ve Emniyet Genel Müdürlüğü gibi üyeleri olan İl Tütün Kontrol Grubu oluşturuldu. Bununla birlikte, Güvenlik Genel Müdürlüğü, terör ve güvenlik endişeleri gibi daha önemli hususların olduğunu belirterek tütün kontrolünü çoğunlukla küçümserken; öte yandan bakanlıklar ise düşük bütçelerden ve güvenlik güçlerinin desteğinin az olmasından ötürü sıkıntı yaşıyor. Sonuç olarak, İl Tütün Kontrol Grubu doğası gereği problemli yapıya sahip bir kuruluş."

5- "Türkiye, tütün endüstrisine meydan okumak ve tütün kontrol yasalarını daha başarılı şekilde uygulayabilmek için daha kapsayıcı, yenilikçi ve dinamik bir yapıya ihtiyacı var. Başka bir deyişle, Türkiye proaktif politikalar belirlemeli ve bütün politikalarda sağlık çerçevesini benimsemeli. Ekonomi Bakanlığı, Hazine ve Maliye Bakanlığı, İç İşleri Bakanlığı ve Valilikler de Sağlık Bakanlığı'nın yanında durmalıdır. Çünkü örneğin, yasadışı tütün kontrolü, ya da tütün ürünlerinin vergilendirilmesi gibi görevlerin düzenlenmesi sağlık çalışanlarının görevleri değildir. Dolayısıyla, etkili bir tütün kontrolü daha güçlü ve kararlı bir yaklaşım gerektirir."

6- “…Monitorizasyon tamam yapılıyor olabilir ama oradaki çıkan sonuçları bile açıklamak için gecikiyoruz, saklıyoruz, verileri vermiyoruz, onları biz yurt dışından alıyoruz... Şimdi kamu spotları yapılıyor sigarayla ilgili. Sigarayı bırakabilirsiniz, bırakabilirsiniz. Yani sen içiyorsun kabahat sende, onun için sen bırak. Ya aslında devlet sigarayı bırakmalı, devlet tütün endüstrisini bırakmalı. Sigara öyle bırakılır. Sigara vatandaşın sorumluluğu değildir. Yani ben sana piyasada morfin satayım veya marihuana satayım. Ondan sonra siz marihuanayı bırakabilirsiniz diyeyim. Satma bunu, satıcısının peşine düş, engelle, durdur. Bunu yapmadan sen vatandaşı tek başına suçlayamazsın.”

7- “2008-2012 programını kamu altına imza attı doğru, ama gerçekten sivil toplumla iç içe, sivil toplum falan yazdı. Biz masalarda oturup eylem planları falan yazdık, öyle yani. Ve önerdiğimiz her cümleyi çok büyük bir olumlulukla sahiplenen bir bakış açısı vardı”

8- “…2015-2018’in 2008-2012’den en büyük farkı, devlet yazdı Hiç toplantı yapılmadı, devlet kendi uygun bulduğu şeyleri yazmaya kalktı…2008-2012’de engel yapabilecek kurumların arasında tütün endüstrisi bulunduğu her yerden 2015-2018’de endüstri lafı çıkartıldı. Artık tütün endüstrisi bir hedef, bir tehdit hedefi olmaktan çıktı 2015-2018’de, en temel değişikliği bu. Hatta bununla ilgili çok ciddi eleştiriler biz toplantılarda getirdiğimiz zaman, kamuoyunun bürokratları: ‘Biz eylem programının herhangi bir yerine tütün endüstrisi yazmaktan men edildik, yazamayız’ dediler biz bunu.”

APPENDIX C

SEMI-STRUCTURED INTERVIEW QUESTIONS IN ENGLISH

1. How would you evaluate Turkey's current tobacco control policies in general? What are the strengths and weaknesses of the existing policies?
2. When you think of the reasons behind the recent increase in tobacco consumption, which factor do you think explains this change? The shortcomings of Turkey's legal framework or the execution of the existing laws?
3. Would you evaluate Turkey's current tobacco control policies as mostly preventive or curative? Are current tobacco control policies sufficient? If you think they are not, so what are their deficiencies?
4. As an anti-tobacco advocacy NGO representative, how effective could you be in influencing tobacco control policies? How do you evaluate your current relationship with the Ministry of Health compared to the past?
5. How do you evaluate the impact of your policies on tobacco control, compared to pro-tobacco advocacy networks?
6. If you would determine Turkey's tobacco control policies, what kind of changes would you make?

APPENDIX D

SEMI-STRUCTURED INTERVIEW QUESTIONS IN TURKISH

1. Türkiye'nin güncel tütün politikalarını genel olarak nasıl değerlendirirsiniz? Bu politikaların güçlü ve zayıf yönleri nelerdir?
2. Türkiye'de tütün tüketiminin son yıllarda yeniden artmasının sebepleri göz önüne alındığında: Sizce yasal çerçevede mi, yoksa uygulamada mı sorun var?
3. Türkiye'nin mevcut tütün kontrol politikalarını önleyici olarak mı, yoksa tedavi edici olarak mı değerlendirirsiniz? Mevcut politikalar yeterli mi? Değil ise eksikleri nelerdir?
4. Sivil Toplum Kuruluşları olarak tütün kontrol politikalarına dair ne kadar etkili olabiliyorsunuz? Sizi ne kadar dinliyorlar? Sağlık Bakanlığı'yla olan mevcut ilişkinizi eskiye oranla nasıl değerlendirirsiniz?
5. Kendi politikalarınızın etkileme gücünü, tütün kontrolüne karşı olan aktörlerinkine kıyasla nasıl değerlendirirsiniz?
6. Türkiye'nin tütün kontrol politikalarını siz belirleseydiniz, ne tür değişiklikler yapardınız?

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