



## **Master of Public Health**

**Master international de Santé Publique**

# **A Comparison of Tobacco Cessation Programs: NYC/US, France and Turkey**

---

**Esra OZPINAR**

**MPH 2, 2013-2014**

**Practicum Institution:** Columbia University Mailman School of Public Health, NYC

**Professional and Academic Advisors:** Assistant Professors Dr. Y. Claire Wang & Dr. Ryan T. Demmer

#### Acknowledgements:

I would like to thank in particular Assistant Professors Dr. Y. Claire Wang and Dr. Ryan T. Demmer from Health Policy and Management Department and Epidemiology Department of Columbia University Mailman School of Public Health for their professional and academic orientations and valuable suggestions. I would also like to thank Associate Professor Dr. Moïse Desvarieux and Martine Bellanger, PhD for their supportive approach before and during the practicum.

#### List of Acronyms:

ACS: Acute Coronary Syndrome

AMI: Acute Myocardial Infarction

CDC: The Center for Disease Control and Prevention

COPD: Chronic Obstructive Pulmonary Disease

CVD: Cardiovascular Disease

FCTC: Framework Convention on Tobacco Control

IHD: Ischaemic Heart Disease

INPES: Institut National de la Promotion et l'Éducation pour la Santé

MPOWER: Monitor tobacco use; Protect people from tobacco smoke; Offer help to quit tobacco use; Warn about the dangers of tobacco; Enforce bans on tobacco advertising promotion; Raise taxes on tobacco products.

NYC: New York City

NYS: New York State

NRT: Nicotine Replacement Therapy

SCD: Structural Heart Disease

TurkStat: The Turkish Institute of Statistics

US: The United States

WHO: The World Health Organization

Acknowledgements.....	2
List of Acronyms.....	2
Table of Contents.....	3
1. Introduction.....	4
1.1. Background information about tobacco consumption and tobacco control policies in the world.....	4
1.2. Rationale of the study.....	5
1.3. WHO Framework Convention on Tobacco Control and MPOWER.....	9
2. Methodology.....	11
2.1.1. Description of activities and outcomes.....	12
2.1.1.1. Taxation.....	12
2.1.1.1.1. The number of cigarette and smokeless tobacco sale	13
2.1.1.2. Anti-Smoking Campaigns.....	15
2.1.1.3. Quit Phone Lines.....	17
2.1.2. Survey on Anti Smoking Campaigns.....	20
2.1.2.1. Survey Results.....	20
3. Results.....	24
4. Conclusion and Discussion.....	28
5. Recommendations.....	30
6. References.....	31
7. Annexes.....	37
8. Abstracts.....	42

## 1. Introduction

### 1.1. Background information about tobacco consumption and tobacco control policies in the world

Several studies show that tobacco use is one of the main risk factors for several leading causes of death such as cardiovascular diseases, respiratory diseases, lung cancer and diseases, etc. According to WHO, each year more than 5 million people die from diseases directly related to tobacco use, and more than 600,000 deaths occur as a result of exposure to second hand smoking.<sup>1</sup> Tobacco use varies related to income level of a country. The highest levels of tobacco use are found in middle- or low-income countries: 80% of smokers (per 1 billion population) live in such areas.<sup>2</sup>

The Tobacco Atlas<sup>3</sup> reports that men with high levels of education and socio-economical status were initial target customers in the early stages of introduction of tobacco in the market. This population group played a pioneer role for tobacco consumption. As they quit smoking, low- and middle-income earners entered the smoking scene. As the number of male smokers started to decrease, marketing campaigns highlighting gender issues were launched with the goal of engaging the female population. The prevalence of smoking among women started to increase due to the fact that marketing campaigns were successful at addressing gender and equality issues.<sup>4</sup>

In 2005, the WHO implemented the Framework Convention on Tobacco Control (FCTC); an initiative/treaty that called for the regulation of tobacco consumption.<sup>5</sup> Tobacco consumption has been closely monitored since 2005 with the signing of the FCTC; 168 countries signed the Framework and 178 countries become a party to the Convention.<sup>6</sup> Of these countries, Turkey signed the Framework in 2004. It was ratified, accepted and approved in the same year and became effective in 2005.

---

<sup>1</sup> WHO, Tobacco Key Facts, Updated July 2013 <http://www.who.int/mediacentre/factsheets/fs339/en/>

<sup>2</sup> WHO, Tobacco Key Facts, Updated July 2013 <http://www.who.int/mediacentre/factsheets/fs339/en/>

<sup>3</sup> Eriksen M, Mackay J, Ross H. The Tobacco Atlas. Fourth Ed. Atlanta, GA: American Cancer

<sup>2</sup> WHO, Tobacco Key Facts, Updated July 2013 <http://www.who.int/mediacentre/factsheets/fs339/en/>

<sup>3</sup> Eriksen M, Mackay J, Ross H. The Tobacco Atlas. Fourth Ed. Atlanta, GA: American Cancer Society; New York, NY: World Lung Foundation; 2012. Also available at [www.TobaccoAtlas.org](http://www.TobaccoAtlas.org). - See more at: <http://www.tobaccoatlas.org/more#sthash.6nLbpdDt.dpuf>

<sup>4</sup> See Annexes, Visual 1: Vintage Cigarette Ads

<sup>5</sup> WHO, FCTC, 27 March 2014 [http://www.who.int/fctc/signatories\\_parties/en/](http://www.who.int/fctc/signatories_parties/en/)

<sup>6</sup> WHO, FCTC, 27 March 2014 [http://www.who.int/fctc/signatories\\_parties/en/](http://www.who.int/fctc/signatories_parties/en/)

France has followed the FCTC since it became effective in 2005. Alternatively, the United States signed the Framework in the same year as Turkey did—in 2004, however it has neither been ratified nor entered into force. Notwithstanding federal participation, New York City is of great significance due to its smoking cessation programs and campaigns.

Deaths caused by tobacco use are considered as amenable diseases. It is possible to reduce the number of deaths caused by smoking. However, unless comprehensive measures are taken, 8 million deaths per year is expected.<sup>7</sup> For this reason, leaders and policy makers around the world are in collaboration and are supportive of the supranational guidelines developed to achieve the standards for tobacco control and smoking cessation.

On the other hand, unlike many other sectors, the tobacco industry has complex relationships with governments and non-governmental organizations. While there are ongoing anti-smoking campaigns, the industry still propagates tobacco usage, especially to young people via various campaigns such as social responsibility projects, sponsorships for sports or music events, and artistic and cultural activities. As a result, public perception toward tobacco industry is tented to be positive and beneficial, thus making it difficult to disprove misleading images of tobacco use. The challenge in fighting against tobacco industry and encouraging a behavior change in relation to smoking is that it requires dedication, which goes beyond economic regulations such as taxation or penalty and requires support through educational programs.

## 1.2. Rationale of the study

In this study, I will examine anti-smoking campaigns in Turkey, in New York City and in France. I will compare the policies in order to see the effectiveness and feasibility of the policies in force. In doing so, I will focus on the cessation programs instead of prevention campaigns. Applying cessation programs at population level exceeds the target population of regular smokers and s made available to the general public. The diffusion of the campaigns does not distinguish between smokers and non-smokers; but the campaigns are aired and applied everywhere. Therefore, I believe that smoking cessation interventions contribute to prevention efforts.

---

<sup>7</sup> WHO, Tobacco Key Facts, Updated July 2013 <http://www.who.int/mediacentre/factsheets/fs339/en/>

There are two primary reasons as to why I will focus on these three locations: personal experience and geopolitical factors.

As for the personal reasons, I have had academic and personal ties to each of the discussed locations. The motivation behind including Turkey is simply because I was born and raised in Turkey, specifically in the largest city Istanbul. In my opinion, adding an insider perspective into a subject is crucial for the understanding the changes and trends in social and cultural events. This insight allows one to interpret inner reactions to the implementations and policies. I focus on New York City because it is where I conducted this study. Finally, I included France because I am a Masters of Public Health candidate at EHESP, Paris. An additional applied selection criterion could be considered as institutional. All three locations host a Columbia University Global Center. It is also interesting to get information from different parts of the world where a Columbia University Global Center is located. In other words, I intend to take advantage of my familiarity with these metropolises, as I am a local in Istanbul, an international student in Paris and a visiting student in New York while I describe and go in details of tobacco cessation policies.

The second main reason emphasizes the consideration of political, economical and geographical circumstances of the countries in the world. The US, France and Turkey have common characteristics in terms of diversity of population, popular tourism destinations, variety of social and cultural activities, economic vitality, politics, news, etc. They actively play a role in their regional politics and economical activities. As a result of being active in the relationships at governmental level, other countries watch their policies closely. For instance, New York City is a role model regarding modernity not only within the USA, but also throughout the world. The range of influences varies from art to cultural activities, from urbanization to modernization and from economics to politics.

The economic influence of all three locations is widespread and impacts worldwide markets. For example, economic trends in the US affect the global economy as evident during the recession of 2007. Particularly, NYC is considered as the epicenter of the economic crisis because it acts as a worldwide financial capital . Along with the economics, NYC policy makers, politics, and legislation are closely watched by federal and local governments. Speaking directly on the tobacco control policies, we see that NYC is more progressed than the other 49 states and it also presents an example for the rest of the world. From a public health point of view,

policies and programs to fight against smoking have the potential to become role models for other cities across the globe.

It is notable that this paper discusses and compares smoking cessation strategies between two nations and one major city. This is due to the varied function of governmental policies in the US, France and Turkey. France and Turkey have policies at national level thus all decisions and laws are centralized. Once a law is approved it is exercised and enforced throughout the entire country. On the contrary, policies in the US are determined on a city level, state level, and federal level. All legislation and policies need to comply with federal determinations, however if the federal legislation is ambiguous or flexible, states and cities must determine their own laws and policies. For this reason, there is a variety of legislation in different cities and states that do not extend to the national level. Due to this practice of autonomous governance, I focused specifically on examining the taxation policies and other implementations (such as quit line services) of New York City. I highlighted New York City more specifically because it is where Mayor Bloomberg is well known for his public health policies. However, I talked about media campaigns at a national level in the US as well because the ads were nationally broadcasted, thus affecting all states and cities. Therefore, I sometimes refer to the US (e.g., while talking on the media campaigns) and sometimes to NYC (e.g., while mentioning taxation policies) because of the diversity of the policies at the state level.

The US, France and Turkey have well-established public policies on tobacco control. All three countries have similarities in their approaches, such as taxation policy, cessation phone lines and media campaigns against tobacco use. However the function of these components vary in each country. This variety of cultural, social, economical and ethnical components becomes a fundamental reason for a divergence in application of policies. As policies have to meet the needs of the target population, they must take all of these factors into account. Also, in epidemiological studies the ethnicity, race, social and cultural factors may form confounding effect on study results.<sup>8</sup> In light of this, the consideration of diversity in society becomes crucial not only for policy makers during decision-making process but also for scientific researchers while designing an epidemiological study.

---

<sup>8</sup> Health Knowledge, Confounding in Epidemiological Studies  
<http://www.healthknowledge.org.uk/node/803>

The objectives of this study are, firstly, to provide a descriptive background about the activities and outcomes of the implementations and policies on tobacco cessation programs in these three countries. Secondly, I offer an analytical comparison between these programs in order to evaluate the efficiency and effectiveness. The comparison will examine the reactions and responses from different populations and furthermore, the comparison will lead to more concrete results such as mortality rates, morbidity rates, and number of deaths due smoking. An evaluation of these impacts will help to identify policy strengths, inform strategies to overcome present policy deficiencies, and assist in the development of improved cessation policies.

These objectives will be discussed based on four hypotheses; one, that cessation programs have a positive impact on health status of a given society (based on morbidity and mortality rates for each country of work); two, that the use of sentiments is an effective way to stimulate people toward a suggested behavior from public health perspective; three, that quit lines and nicotine replacement therapies are the ones providing more concrete results for those who are in the process of smoking cessation; and four, that there are no better policies or implementations in any of these countries since the dynamics of populations vary from country to country and the policies must meet the needs of the given society.

Table 1: Background Information

	USA	NYC	Turkey	France
Population	313,914,040 (2012)	8,405,837 (2013)	14,160,467 (Istanbul,2013) 73,997,28 (Turkey, 2012)	2,274,880 (Paris,2011) 65,96,689 (France,2012)
Population density	34 people per km <sup>2</sup>	27,000 people per square miles	2,725 people per km <sup>2</sup> (Istanbul)  96 people per km <sup>2</sup> (Turkey)	120 people per km <sup>2</sup> (France)
Surface area	9,831,510 km <sup>2</sup>	468 square miles	5.343 km <sup>2</sup> (Istanbul)  783,560 km <sup>2</sup> (Turkey)	105,4 km <sup>2</sup> (Paris)  549,190 km <sup>2</sup> (France)
Urban Population (% of total)	83%		72%	86%
GDP per capita (\$)	51,749\$		10,666\$	39,746\$
GDP growth (annual %)	2.8%		2.2%	0.0%



Life expectancy at birth (total years)	79		75	83
Health expenditure, public (% of total health exp.)	46.4%		73.9%	76.9%
Population ages 0-14 (% of total)	20%		26%	18%
Population ages 15-64 (% of total)	67%		67%	64%
Population over 65 (% of total)	13%		7%	17%
Median age	37.6	35.6	29.6	40.9
Smoking prevalence (total)	18.1%	15.5%		
Smoking prevalence-male % of adults	20.5%		42% (2011)	39% (2011)
Smoking prevalence-female % of adults	15.8%		13%	32%

Sources: The World Bank Data, CIA The World Fact Book, TurkStat, NYC Coalition for a Smoke-Free City

### 1.3. WHO Framework Convention on Tobacco Control and MPOWER

The WHO FCTC is the first convention on tobacco control. It develops a regulatory system for addictive substances through reduction strategies along with supply issues by addressing global marketing, transnational advertising, promotion, sponsorship of tobacco products.<sup>9</sup>

New York City: NYC Department of Health and Mental Hygiene has introduced a tobacco control program in 2002, which aims to reduce tobacco consumption and exposure to second hand smoking and to prevent amenable deaths.<sup>10</sup> The NYC tobacco control program has five major focus areas that are composed of taxation,

<sup>9</sup> WHO, WHO Framework Convention on Tobacco Control, 2003  
<http://whqlibdoc.who.int/publications/2003/9241591013.pdf?ua=1>

<sup>10</sup> CDC, Decline in Smoking Prevalence: New York City 2002-2006, MMWR 56(24);604-608, 22 June 2007 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5624a4.htm>

legal action, cessation, public education and evaluation.<sup>11</sup> Within the frame of the tobacco control program, the Health Department approved the Smoke-free Air Act in 2002 and extended the scope of this act to the public gardens, parks and beaches in 2011.<sup>12</sup> Additionally, the health department consists of six different offices that control and evaluate policies and ensure the quality of implementations.

Turkey: While the first regulation in tobacco control goes back to 1996, WHO FCTC has been approved in 2004 in Turkey.<sup>13</sup> Within this framework, in 2007, "County Commission on Tobacco Control" in 81 provinces across Turkey has been launched in order to implement the National Tobacco Control Program.<sup>14</sup> The National Tobacco Control Program aims to prevent secondhand smoking and reduce the harms of smoking by the implementation of the Smoke-free Air Act.<sup>15</sup> Anti-tobacco campaigns, smoking cessation polyclinics, and support programs in health care centers have also been introduced as a part of the Program.

France: In 1991, France implemented "Loi Évin", the first law enacted to ban tobacco commercials. In response to this interdiction, the tobacco industry began advertising through more indirect and subversive means. Since the ratification of article 13 of the FCTC in 2004, all kinds of tobacco commercials, promotion and sponsorships have been banned.<sup>16</sup>

The WHO FCTC introduced the MPOWER measures as a means to assist countries with the implementation of effective interventions to reduce and cease tobacco usage. The MPOWER measures are a policy package that can be interpreted as a roadmap that helps address how countries can reach the WHO FCTC objectives. As the steps of MPOWER are gradually achieved, the global goal of maintaining clean air and reducing smoking prevalence will become more attainable. For this reason, MPOWER criteria determine how progressed a country is in their control policies.

---

<sup>11</sup> New York City Global Partners, Best Practice: Tobacco Control Program, updated 3 February 2014 [http://www.nyc.gov/html/ia/gprb/downloads/pdf/NYC\\_Health\\_TobaccoControl.pdf](http://www.nyc.gov/html/ia/gprb/downloads/pdf/NYC_Health_TobaccoControl.pdf)

<sup>12</sup> The New York City Department of Health and Mental Hygiene, Smoke-Free Air Act of 2002 <http://www.nyc.gov/html/doh/html/environmental/smoke-free-act.shtml#4>

<sup>13</sup> Nazmi Bilir, Hilal Özcebe, Toker Ergüder and Kristina Mauer-Stender, Tobacco Control in Turkey: Story of Commitment and Leadership, WHO Regional Office for Europe, March 2012, p:21. [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0004/98446/E93038.pdf](http://www.euro.who.int/__data/assets/pdf_file/0004/98446/E93038.pdf)

<sup>14</sup> The Republic of Turkey Ministry of Health, Tobacco Control Activities in Turkey <http://www.saglik.gov.tr/EN/belge/2-418/tobacco-control-activities-in-turkey.html>

<sup>15</sup> Nazmi Bilir, Hilal Özcebe, Toker Ergüder and Kristina Mauer-Stender, Tobacco Control in Turkey: Story of Commitment and Leadership, WHO Regional Office for Europe, March 2012, p:23.

<sup>16</sup> INPES, Image sociale du tabac, 27 April 2012 <http://www.inpes.sante.fr/10000/themes/tabac/image-tabac/image-sociale.asp>

The MPOWER components consist of: monitoring tobacco use and prevention policies; protecting people from smoking; offering help to quit smoking; warning about the dangers of tobacco use; enforcing bans on tobacco advertising, promotion, and sponsorship; and raising tobacco taxes.<sup>17</sup>

According to criteria defined by WHO's Framework Convention on Tobacco Control Turkey was ranked 4<sup>th</sup> among the most successful countries on tobacco control around the world in 2010, despite the high prevalence of smoking among men.<sup>18</sup>

As a result of increased efforts to control tobacco consumption, Turkey received the WHO prize at the World No-Tobacco Day in 2010.<sup>19</sup> The reason as to why WHO announced Turkey as the only country is because of the accomplishments in MPOWER goals by the July 2012.<sup>20</sup>

## 2. Methodology

This study is an ensemble of descriptive research, qualitative survey and a comparative literature review. Descriptive research allows first to present the characteristics of policies and systems and then to clarify the differences and the similarities between different countries. The comparative literature review is to make available a finalized conclusion for the hypotheses that I enumerated in the introduction.

The qualitative study provides insight into the media campaigns from the perspective of both smokers and non-smokers. The methods for the qualitative study consisted of online questionnaire, which was semi-structured and a combination of both open and

---

<sup>17</sup> WHO, MPOWER: A Policy Package to Reverse the Tobacco Epidemic, 2008  
[http://www.who.int/tobacco/mpower/mpower\\_english.pdf](http://www.who.int/tobacco/mpower/mpower_english.pdf)

<sup>18</sup> The Association of European Cancer Leagues, The Tobacco Control Scale 2010 in Europe, The 5<sup>th</sup> European Conference on Tobacco or Health, Amsterdam, 28-30 March 2011  
<http://www.europeancancerleagues.org/ecl-past-events/ecl-meetings-and-events/170-5th-ectoh-28-30-march-2011-in-amsterdam.html>

[http://www.europeancancerleagues.org/images/stories/The\\_TCS\\_2010\\_in\\_Europe\\_Final\\_4.pdf](http://www.europeancancerleagues.org/images/stories/The_TCS_2010_in_Europe_Final_4.pdf)

<sup>19</sup> WHO Region for Europe, World No-Tobacco Day Awards, 2010  
<http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/world-no-tobacco-day/2010-gender-and-tobacco/world-no-tobacco-day-awards-2010>

<sup>20</sup> WHO, MPOWER in Action: Defeating the Global Tobacco Epidemic  
[http://www.who.int/tobacco/mpower/publications/mpower\\_2013.pdf](http://www.who.int/tobacco/mpower/publications/mpower_2013.pdf)

close-ended questions. The semi-structured qualitative questionnaire allowed the research to be more focused on the participants' knowledge on the topic, values and meanings that they attributed to the subject, the rationale behind the behavior they present in their daily life through their own experiences. Furthermore, it enabled observations on how decisions are being made and justified and how the social process is advancing between individuals regarding their communication, interactions and perceptions among themselves.

### 2.1.1. Description of activities and outcomes

#### 2.1.1.1. Taxation

All the cities included in this comparison enforce tobacco taxation policies. The taxation policy is largely built upon the idea of preventing relatively low-income individuals from purchasing tobacco. A decrease in the retail sales of tobacco products and an increase in the number of quitters are aimed at the same time. According to the WHO FCTC Article 6, taxing tobacco products is the cheapest and the most effective way to reduce tobacco sales and it is therefore it is highly recommended.<sup>21</sup> Tobacco products are very diverse and taxation for all the products is not always at the same proportion. For example, cigarettes are usually the highest taxed tobacco products compared to smokeless tobacco, since they are the most common way of consuming tobacco.<sup>22</sup>

In the United States, taxation rates vary from state to state. In 2010 the tax for tobacco products in New York State was raised to \$4.35 per package of 20 cigarettes.<sup>23</sup> Furthermore, in New York City there is also a supplementary tax of \$1.50 per package of 20 cigarettes.<sup>24</sup> At the end, a package of cigarette costs an additional \$5.85 or more.<sup>25</sup>

In Turkey, policies and laws are in force nationwide. This is to say, that the same rules apply to every city. In 2010, with the based-on-value taxation, the tax consisted

---

<sup>21</sup> WHO; FCTC Article 6 [http://www.who.int/tobacco/publications/en\\_tfi\\_tob\\_tax\\_annex.pdf](http://www.who.int/tobacco/publications/en_tfi_tob_tax_annex.pdf)

<sup>22</sup> Reuters, Rate of Smokeless Tobacco Use in the US unchanged: CDC, 11 June 2014  
<http://www.reuters.com/article/2014/06/11/us-smokeless-tobacco-cdc-idUSKBN0EM21420140611>

<sup>23</sup> New York State, Department of Health, Tobacco Control Policies in NYS  
[https://www.health.ny.gov/prevention/tobacco\\_control/current\\_policies.htm](https://www.health.ny.gov/prevention/tobacco_control/current_policies.htm)

<sup>24</sup> New York State, Department of Health, Tobacco Control Policies in NYS  
[https://www.health.ny.gov/prevention/tobacco\\_control/current\\_policies.htm](https://www.health.ny.gov/prevention/tobacco_control/current_policies.htm)

<sup>25</sup> New York State, Department of Health, Tobacco Control Policies in NYS  
[https://www.health.ny.gov/prevention/tobacco\\_control/current\\_policies.htm](https://www.health.ny.gov/prevention/tobacco_control/current_policies.htm)

of 63% of the retail price of the tobacco products. If the monetary value of this percentage goes under the 2.65 TRY, it will be ignored and the minimum monetary value will be considered as 2.65 TRY. Additionally, 15.25% of the retail price will be added as the VAT. In total, 78,7 % of the retail price is the tax including the VAT for the tobacco products.<sup>26</sup> In January 2014, special consumption tax on tobacco products was raised from 3.2 TRY to 3.75 TRY per pack.<sup>27</sup>

In France, Taxation policies on tobacco products have been in place since 2003-2004.<sup>28</sup> Tax rates vary depending on the type of the tobacco product. The lowest rate is 27.57% for cigars and cigarillos and the highest is 58.57% for the fine-cut rolling tobacco (shag).<sup>29</sup> As for the cigarettes, the taxation policy becomes more complicated than other tobacco products because they are classified as “reference price and the other”.<sup>30</sup> Consumer law (tax) is calculated by adding the global consumer law (tax), which is fixed to 64.25 % to the retail price in France. Hence, reference price for a package of 20 cigarettes is with 3.66 euros of consumer tax.<sup>31</sup>

#### 2.1.1.1.1. The number of cigarette and smokeless tobacco sale

The tobacco industry has been affected by anti-tobacco policies such as the bans/limitations on promotion and advertisement of tobacco and tobacco products. The amount of money spent on advertisements by the largest US tobacco companies in the US has been gradually reduced from \$12.49 billion in 2006, to 10.86 billion in 2007 and finally to \$9.94 billion in 2008.<sup>32</sup>

In 2011, approximately 293 million cigarettes were sold in the US. Of these sales, 85% belong to the three major companies: Philip Morris (46.1% of the market),

---

<sup>26</sup> Tobacco Free Kids, Türkiye’de Tütün Vergileri

[http://global.tobaccofreekids.org/files/pdfs/tu/Turkey\\_Tobacco\\_Economics\\_tu.pdf](http://global.tobaccofreekids.org/files/pdfs/tu/Turkey_Tobacco_Economics_tu.pdf)

<sup>27</sup> Reuters, Turkey Hikes Consumption Taxes on Cars, Alcohol and Cigarettes, 1 January 2014

<http://www.reuters.com/article/2014/01/01/turkey-tax-idUSL6N0KB0VW20140101>

<sup>28</sup> CNCT, Taxation des produits du tabac et contrebande: où en est la France aujourd’hui?, 9 June 2011

<http://www.cnct.fr/communiqués-de-presse-44/taxation-des-produits-du-tabac-et-contrebande-ou-en-est-la-france-51.html>

<sup>29</sup> Sénat, Projet de loi de financement de la sécurité sociale pour 2013 <http://www.senat.fr/rap/a12-104/a12-10413.html>

<sup>30</sup> Sénat, Projet de loi de financement de la sécurité sociale pour 2013 <http://www.senat.fr/rap/a12-104/a12-10413.html>

<sup>31</sup> Sénat, Projet de loi de financement de la sécurité sociale pour 2013 <http://www.senat.fr/rap/a12-104/a12-10413.html>

<sup>32</sup> Federal Trade Commission, FTC Releases Reports on Cigarette and Smokeless Tobacco Advertising and Promotion, 29 July 2011 <http://www.ftc.gov/news-events/press-releases/2011/07/ftc-releases-reports-cigarette-smokeless-tobacco-advertising>

Reynolds American, Inc. (24.9 %), Lorillard (13.7 %). In the 1950s, the number of US tobacco farms totaled about 500,000 but by 2007 this number had declined to 10,000. The amount of sales for smokeless tobacco is about 124.6 million pounds in 2011 in the US, while it was 122.6 million pounds in 2010. Although there was a decrease in the number of cigarettes sold, there has been an increase in the number of smokeless tobacco products.<sup>33</sup> This is because anti-tobacco campaigns usually target cigarettes, the most common way of consuming tobacco. As a counter attack, the tobacco industry has started focusing on marketing tobacco products that were not initially promoted.

According to CDC Economic Facts, the US health costs due to smoking were more than \$289 billion between 2009 and 2012. Furthermore, \$133 billion was spent on medical care for adults and more than \$156 billion was lost in productivity. Consumers of tobacco products are not the only people negatively affected; exposure to second hand smoking caused \$5.6 billion in damage in terms of lost productivity.<sup>34</sup>

Fortunately, an increase in prices has resulted in a decrease in smoking ratios, which was the purpose of the taxation policy. A 10% tax increase created a 3-5% decrease in cigarette consumption. People who lacked economic independence such as teens and young adults were more vulnerable to be affected by this taxation policy.<sup>35</sup>

Turkish residents consumed 107.8 billion cigarettes in 2008, and the number decreased to 91.7 billion in 2013. This recession of about 15% was anticipated as a result of taxation policies, smoking bans such as prohibition of smoking in public places, cafés/bars/restaurants, etc. and anti-smoking campaigns and education programs.<sup>36</sup>

---

<sup>33</sup> CDC, Economic Facts about US tobacco Production and Use  
[http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/economics/econ\\_facts/#sales](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/economics/econ_facts/#sales)

<sup>34</sup> CDC, Economic Facts about US tobacco Production and Use  
[http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/economics/econ\\_facts/#sales](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/economics/econ_facts/#sales)

<sup>35</sup> CDC, Economic Facts about US tobacco Production and Use  
[http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/economics/econ\\_facts/#sales](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/economics/econ_facts/#sales)

<sup>36</sup> Haber 7, Yasak 16 Milyar Sigarayı Söndürdü, 2 January 2014 <http://ekonomi.haber7.com/gundem-veriler/haber/1119431-yasak-16-milyar-sigarayi-sondurdu>

France has also experienced a reduction in cigarette sales. In 2002, 80.2 billion cigarettes were sold in France, compared to only 55.8 billion in 2006.<sup>37</sup>

#### 2.1.1.2. Anti-Smoking Campaigns

Anti-smoking campaigns can be categorized as written and visual media by the type of the material used. Mass media is the most effective and the fastest facility to reach out the target population. Even if the campaigns target the smokers who are at the risk of developing cancer or lung related diseases, the message is received by the population through the mass media usage. For this reason, anti smoking-campaigns can be also considered as prevention campaigns in addition to being a part of cessation programs.

In the scope of mass media campaigns, it is important to make a distinction between written and visual media. For the purpose of this study, written media will refer to posters, billboards, journal and magazine columns. Visual media will refer to videos, movies, and TV broadcasts.

The US, Turkey, and France have all implemented educational campaigns to inform the public on the negative repercussions of tobacco usage. In 2012 the US CDC launched the “Tips from Former Smoker” education program. This program targets low-socioeconomic classes at high risk, yet it also reaches out to non-smokers with the images of bodies damaged by tobacco use. Turkey runs an anti-tobacco TV campaign that has a similar rationale to the “Tips From Former Smokers” ads. In public broadcasts, former smokers with COPD appear on the ads and describe their own negative experiences that have resulted from tobacco usage. In France, the Institut National de Prévention et d’Education Pour la Santé (National Institute for Prevention and Health Education-INPES) introduced a series of anti-smoking videos that emphasized the conflict between the desire of being free in every action and becoming dependent by smoking.

The “Tips From Former Smokers” ads are composed of different life stories. CDC aired the first round of the ads in 2012 for 12 weeks via TV, radio, print magazines, billboards, in-theater, and online, with materials available in English and Spanish.<sup>38</sup>

---

<sup>37</sup> INPES, Le produit: historique et composition  
<http://www.inpes.sante.fr/10000/themes/tabac/historique-composition.asp>

<sup>38</sup> CDC, Tips From Former Smokers, <http://www.cdc.gov/tobacco/campaign/tips/about/campaign-overview.html>

The second round of the ads, launched in 2013, addressed the additional issue of second hand smoking and how close family of smokers are affected both emotionally and physically by exposure to second hand smoking.<sup>39</sup> Some of the stories are about smokers themselves and some of them are about people who were exposed to smoking because of their occupancy or their family environment. In these ads, each character describes his/her own experiences with smoking, e.g. when they started smoking, how they became sick, and how they realized that they had to quit. It is of great significance that these ads are told by ordinary people that we might all come across in our daily lives. People who appear in the ads are not professional actors, and more importantly their stories are real.

In Turkey, the ad campaigns are shaped around the concept that a “Cigarette is a Regret”. This series of TV broadcasts resembles the ads displayed in the US in terms of using the real characters on the broadcasts. While some of the broadcasts only talks about “regretting smoking” or “ not quitting before”, some of them point out second hand smoking by demonstrating a child in a smoking home.

In France, the ads highlight the concept of freedom with an emphasis on the addictive nature of smoking. The content of the message is the empowerment of the youth while providing them with an opportunity to choose either to be free from anything or to become dependent with a freely taken decision.

In addition to anti-smoking campaigns in France, labeling cigarette packages as “light” and/or “mild” has been banned since 2003 in order to prevent misunderstandings about the “lightness of the cigarette itself” and subsequent health implications.<sup>40</sup>

Tips From Former Smokers: According to CDC, after the release of national anti smoking ad campaign approximately 1.6 million people tried to cease smoking and 200,000 quitted in the first 3 months of the campaign. These results were higher than the estimated numbers, which were 500,000 for attempts and 50,000 for quitters.<sup>41</sup>

---

<sup>39</sup> CDC, Tips From Former Smokers, <http://www.cdc.gov/tobacco/campaign/tips/about/campaign-overview.html>

<sup>40</sup> INPES, Le produit: historique et composition  
<http://www.inpes.sante.fr/10000/themes/tabac/historique-composition.asp>

<sup>41</sup> CDC, Tips From Former Smokers Campaign Results <http://www.cdc.gov/media/dpk/2013/dpk-TIPS-campaign-results.html>



Cigarette is A Regret (Sigara Pişmanlıktır): According to the survey conducted among 528 smokers, of which 176 were women and 352 were men, 38.1% of male participants and 39.8% of female participants agreed on the effectiveness of the smokeless air act to stop smoking. Additionally, 44% of men and 47% of women reported that they attempted to quit smoking after these campaigns.<sup>42</sup>

Free or not? (Libre ou pas?): The campaign airs on TV as well as on YouTube, Allociné, blogs and other kinds of social network and online video platforms. Although the exact number of quitters who have watched the campaign is unknown, it is expected that between 400,000 and 500,000 smokers will quit annually with at least 1 year of cessation required to be considered as successful at quitting. This indicates more than half of the daily smokers (approximately 58% of combined male and female smokers) who want to quit, of which 30% quit in the following 12 months.<sup>43</sup>

#### 2.1.1.3. Quit Phone Lines

In addition to the media campaigns, free of charge phone lines are amongst the most helpful tools to support smokers in quitting tobacco. These phone lines are in effect for 24/7 hours in each country examined in this study.

In the US, people who want to receive information about the hazards of tobacco and the adverse effects of smoking and those who are seeking help to quit smoking can call 1-800 QuitLine. The Turkish phone line that serves the same purpose is called ALO 171. As for France, 3989 is known as Tabac Info Service (Tobacco Information Service) founded in 1998.<sup>44</sup> Unlike the US and Turkey, this service charges 0,15€/min and is accessible only between 8am-8pm from Monday to Saturday in order to respond to basic questions related to smoking. Turkey also provides a secondary support service that becomes available following the phone counseling where smokers can have access to nutritionists or specialists on tobacco who design personal plans on how to quit smoking.

---

<sup>42</sup> Tengilimoğlu, D. & Güzel, A. & Günaydın, E., Smoke Free Zone within the Scope of Social Marketing: A Sample Application, Gazi Üniversitesi İktisadi ve İdari İlimler Fakültesi Dergisi 15 (2), 2013. [iibfdergisi.gazi.edu.tr/index.php/iibfdergisi/article/download/606/515](http://iibfdergisi.gazi.edu.tr/index.php/iibfdergisi/article/download/606/515)

<sup>43</sup> Tabac Info Service, Chiffres du Tabac  
<http://www.tabac-info-service.fr/Vos-questions-Nos-reponses/Chiffres-du-tabac>

<sup>44</sup> INPES, Tabac Info Service Présentations et données d'activité, 13 April 2012  
[http://www.inpes.sante.fr/10000/themes/telephonie\\_sante/tis\\_presentation.asp](http://www.inpes.sante.fr/10000/themes/telephonie_sante/tis_presentation.asp)

The phone lines service is not limited to counseling only: doctors, pharmacists, and psychologists are also available to provide support and advice in crisis moments on how to cope with cravings. Furthermore, smokers can benefit from nicotine replacement therapies that provide free medication and patches sent to the inquirer's address.

In the US, Quitline is accessible with different numbers depending on the State where a beneficiary calls. For instance, for New York State the service is available at 1-866-NY-QUITS (1-866-697-8487). Additionally, the phone line is in collaboration with a website. A coding system is generated to send automatic messages to people who are looking for immediate support. Five main codes consists of "QUITSTART", "NOSLIP", "QUITHELP", "SUPPORT" and " CRAVE". Both SMS and voice messages provide easier and faster accessibility.

In addition to the phone line, there is a website particularly designed for each US state. These respective websites are where smokers can take a test for eligibility to use non-tobacco medicines. After completing a registration form, eligible smokers will receive free NRT kits.

In Turkey, unlike the States, there is only one phone line that is in use nationally. The website has a similar type of questionnaire to measure the dependency level of a smoker. After figuring out the level of dependency, appropriate ways to quit smoking are presented.

In France, as briefly mentioned above, there is a two-step phone line system. Personal coaching, which is a more advanced the primary support is available after the referral of the primary support. Yet, it is not free of charge.

In 2009, France established the "Personal Coaching Service," to the portfolio of the Tabac Info Service in order to support smokers more efficiently. Within this service, 14 profiles were created for specific populations, including those who are pregnant, +50 years, teenagers, young women, very addicted smokers, etc. The purpose of this service is to distinguish different needs and to offer more specialized care and support through personal coaching.<sup>45</sup>

---

<sup>45</sup> INPES, Tabac Info Service Présentations et données d'activité, 13 April 2012  
[http://www.inpes.sante.fr/10000/themes/telephonie\\_sante/tis\\_presentation.asp](http://www.inpes.sante.fr/10000/themes/telephonie_sante/tis_presentation.asp)

An additional service was introduced in November 2011, in order to improve the quality of support service for the French population. This “feedback” service is provided to those who registered with the cessation phone line service. The beneficiaries/users of the phone line are called back after 6 months to be registered/consulted by a tobacco treatment specialist. The aim is to monitor the progress of quitters and to measure the efficacy of the cessation line on smokers.<sup>46</sup>

According to New York Quitline Annual Report 2012, the Quitline website was visited by 732,497 in 2012. The number of visitors in 2012 is notably higher than the 494,235 who visited in 2011 and the 465,214 visitors in 2010. This increase suggests that there was a higher number of people who visited the website for seeking help or for receiving information. In addition to the visits, 8549 mobile views were recorded in 2012.<sup>47</sup>

On the other hand, the total number of New York State Smokers Online Community (QUNITY) members has reached 106,495 by the end of 2012 with 34,012 of the members documented as newly registered.<sup>48</sup>

In Turkey, 500 law enforcement teams conducted 6,746,134 unannounced inspections at restaurant, bars, cafés, and other applicable locations to monitor compliance with the Smoke Free Air Act between July 19<sup>th</sup>, 2009 and February 28<sup>th</sup>, 2014. As a result of these inspections, 65,375,359 TRY in fines was collected.<sup>49</sup>

Furthermore, a total of 863,000 Turkish residents were consulted in 402 Smoking Cessation Policlinics. The ALO 171 Smoking Quit Line receives an average of 9,000 calls per day and has provided over 12 million people with phone consultations since it’s commencement. In the past 5 years, 126,278 of these callers were assigned to a smoking cessation plan.<sup>50</sup>

---

<sup>46</sup> INPES, Tabac Info Service Présentations et données d’activité, 13 April 2012

[http://www.inpes.sante.fr/10000/themes/telephonie\\_sante/tis\\_presentation.asp](http://www.inpes.sante.fr/10000/themes/telephonie_sante/tis_presentation.asp)

<sup>47</sup> New York State Smokers’ Quit Line, Annual Report 2012

<http://www.nysmokefree.com/download/AnnualReport2012.pdf>

<sup>48</sup> New York State Smokers’ Quit Line, Annual Report 2012

<http://www.nysmokefree.com/download/AnnualReport2012.pdf>

<sup>49</sup> Cihan Haber, Bakanlığın Sigara Raporu: 5 Yılda 5 Milyon TL Ceza Kesildi, 24 March 2014

[http://www.cihan.com.tr/news/Bakanligin-sigara-raporu-5-yilda-65-milyon-TL-ceza-kesildi\\_6221-CHMTM4NjIyMS8x](http://www.cihan.com.tr/news/Bakanligin-sigara-raporu-5-yilda-65-milyon-TL-ceza-kesildi_6221-CHMTM4NjIyMS8x)

<sup>50</sup> Cihan Haber, Bakanlığın Sigara Raporu: 5 Yılda 5 Milyon TL Ceza Kesildi, 24 March 2014

[http://www.cihan.com.tr/news/Bakanligin-sigara-raporu-5-yilda-65-milyon-TL-ceza-kesildi\\_6221-CHMTM4NjIyMS8x](http://www.cihan.com.tr/news/Bakanligin-sigara-raporu-5-yilda-65-milyon-TL-ceza-kesildi_6221-CHMTM4NjIyMS8x)

In the first year of the French phone line program, 120,000 calls were received between June and December 2005, 90,000 of which came from different users. The frequency of visitors increased by 4.8 between the years of 2005 and 2006. In 2011, 47,700 new calls had been received at the primary service and more than 3,000 for the secondary service in addition to more than 667,700 visits on the website.<sup>51</sup>

### 2.1.2. Survey on Anti Smoking Campaigns<sup>52</sup>

The survey was carried out online. It aimed to gather information on smokers' perceptions/thoughts on the content of anti smoking ads. The resulting data will be used for discussing impacts of the anti-smoking campaigns.

The purpose of the survey on anti-smoking campaigns was to measure the effectiveness of the message conveyed by these campaigns. In order to measure this, the survey included open-ended questions such as "When you watched the video, how was your reaction and what did you think of?" and "Would you say that it helps quitting smoking? Explain why." In addition to the message content, the survey aimed to capture the reactions of people from different parts of the world for similar ads. Hence, the survey was made available in three languages: English, French and Turkish and it was rendered open to anyone's participation. The videos were accessible on the survey, in the event that anti-smoking campaigns were not available in participant's home country. This way, they could provide their opinions about the videos after watching them online.

#### 2.1.2.1. Survey Results:

Characteristics of the Survey Population: The survey sample included 80 people, 54 of which 54 were female and 26 were male. Participants hailed from a variety of countries: Turkey, the US, France, Lebanon, Germany, and Canada. The age range varied between 20-55 and participants' education level ranged between high school and post-graduate.

Out of 80 participants, 36 reported that they are not smokers while 44 participants named themselves as smokers. 17 smokers claimed that they smoke "occasionally," defined as approximately 1-5 cigarettes per day and 33 participants stated that they

---

<sup>51</sup> INPES, Tabac Info Service Présentations et données d'activité, 13 April 2012  
[http://www.inpes.sante.fr/10000/themes/telephonie\\_sante/tis\\_presentation.asp](http://www.inpes.sante.fr/10000/themes/telephonie_sante/tis_presentation.asp)

<sup>52</sup> See Annexes: Table 1 and 2

smoke everyday. The mismatch in the number of smokers stems from 3 participants who classified themselves as “non-smokers”; however, when asked the following “how often do you smoke?” they picked the answer “occasionally” with “1-5 cigarettes per day”. This question shows that although some participants reported smoking, they did not consider themselves to be smokers. This brings into mind the notion of being ‘addicted to a cigarette’. For this reason, they prefer to classify themselves as non-smokers even though they sometimes smoke.

Out of 47 “smokers”, 17 of them, which compose the majority, smoke 1-5 per day. While 8 of 47 smoke 6-10 per day, another 8 smoke 16-20 per day. Additionally, 7 people smoke 11-15 cigarettes per day, 4 people smoke 21-25 and 3 out of the total smokers have 26+ cigarettes per day.

Theoretical framework: One of the widely used theories in public health for the health promotion and education is the use of fear.

According to Witte and Allen, creating an effective fear appeal depends on three components: fear, perceived threat, and perceived efficacy.<sup>53</sup> The dose of fear used in campaigns is the key to define whether the receiver gets the message effectively or ignores the message or any message backlash. In other terms, the response of the receiver depends on how he/she interprets the fear.

The process leading the individual toward a behavior change is related to the capacity to respond to the fear appeal. If the appropriate dose of fear is evoked in the target population, it is assumed that the perceived efficacy will be greater than the perceived threat among these individuals. The individual will feel capable to overcome fear diffused in the message. In such a situation they will be motivated into action toward the suggested behavior.<sup>54</sup>

On the contrary, if the perceived threat is greater than the perceived efficacy, the message won’t be successfully received by the target population. In other terms, this means that the suggested behavior is either so difficult to apply in their life or that they don’t believe themselves to be capable of succeeding in it. In this case,

---

<sup>53</sup> Kim Witte (1992), Putting the Fear Back into Fear Appeals: The Extended Parallel Process Model, *Communication Monographs*, 59, p:331.

<sup>54</sup> Kim Witte, Mike Allan (2000), A Meta Analysis of Fear Appeals: Implications for Effective Public Health Campaigns, *Health Education and Behavior*, Vol.27(5), pp:591-592.

individuals may start to focus on how to avoid the fear. This can result in individuals ignoring the message or denying that they are under risk of this behavior. Additionally, making fun of the message or getting angry at messages can arise as a part of this denial process. In worst-case scenarios they might exaggerate their behaviors as a reaction to the given message.<sup>55</sup>

According to the feel appeal strategy, the use of fear stimulates the individual toward the wanted and recommended behavior. It is particularly applied in the campaigns against tobacco and alcohol in public health.

This strategy can be clearly observed in the ads that we examined for the survey. Considering the results of the survey, the most frequently mentioned feelings by the participants are pointed out as fear and sadness.

Content Analysis: More than half of smoker participants (n=33) reported that they believed the ads are not effective to encourage quitting smoking. Some of them elaborated:

*"These are actually very "tragic" productions. Probably we should have been affected while watching but it made no influence on me. I believe that the people who don't smoke prepare these ads. So, it speaks from the very high level and for this reason the message doesn't reach the smokers. At least, it couldn't catch me."* I.B., Male, 31, Turkey

*"I think this kind of images doesn't help people to quit smoking, because you could think "that won't happen to me", "that's not me"."* A.R., Male, 32, France

*"We are expected to feel sorry for those people and feel scared enough to consider quitting. I felt more angry than scared. Angry that I was shown another persons misery for a cause that I do not support. Some people choose to smoke, like myself. I do enjoy it very much and I would like to be left alone please. Thank you."* R.O., Male, 28, USA

However, 20 of the survey participants reported that they believed the ads are effective. These participants found the ads rather touching and suggested that they need to be developed further to reach out more people:

*"It is very graphic and shocking. Makes you realize the actual effects on people's lives and how they can be ruined by a habit."* A.S., Female, 24, USA

---

<sup>55</sup> Kim Witte, Mike Allan (2000), A Meta Analysis of Fear Appeals: Implications for Effective Public Health Campaigns, Health Education and Behavior, Vol.27(5), pp:591-592.

*"I felt empathy with the person in the ad and I realized that I don't want to end up like this one day. It reminded me that I should give up soon or later. This made me feel angry with myself."* O.O., Male, 29, Turkey

*"This ad is a bit extreme I must say. It depicts a woman who clearly has experienced a lifetime of smoking and now the consequences are at their worst form. Nonetheless, it is an effective message, the lesson being: never start smoking or you will end up like me...which may or may not be true, depending on the amount of cigarettes you smoke daily, thus your dependency level. Although I am not a smoker, I would say that this advertisement represents an effective tool to thwart people from smoking."* K.P., Female, 25, France

Some people pointed out the importance of these ads for prevention. They highlighted that ads could be very effective in dissuading a person who has never smoked, such as a child, from trying tobacco or tobacco products. Another interesting point mentioned by some of the participants is that these ads only talk about the consequences but they do not give any advice on how to quit smoking. Thus, while the ads are scary and shocking, they lack guidance on how to quit smoking. Therefore, while they might be effective initially, they do not provide a permanent solution for the fight against tobacco cessation.

Also, another interesting point mentioned by some of the participants that these ads only talk about the consequences but they are not giving any advice on how to quit smoking. For this reason, the ads are remaining scary, sad, shocking but they don't help smokers giving up. Therefore, they are temporarily effective but not a solution for the fight against tobacco cessation.

The participants' approach to media campaigns showed a spectrum of ideas which varied between "not effective at all" to "effective". However in order to compare the responses between countries, perception and interpretation of ads at individual level becomes an obstacle. For these kinds of campaigns, it can be said that, in theory, they use the same initial tactics such as instrumentalization of feelings, but practical application is different. As it is understood from the name and scope of the campaigns, the US and Turkey mostly underline the fear of becoming unable to enjoy the rest of the life because of health outcomes whereas France chooses to focus on the idea of empowering young generations to make the right decision. At the end, looking at the smoking prevalence of these countries that (provided in the background information table, see introduction) it can be inferred that scare tactics are more effective since France has the highest prevalence for both genders (39% for males, 32% for females as of 2011, World Bank Data). On the other hand, when

examining the survey results, it is not possible to extrapolate conclusions due to the small sample size.

### 3. Results

#### Comparative Literature Review on the Effectiveness of Cessation Programs

Smoking is considered to be among the primary preventable causes of disease. For this reason, there is a great importance attributed to smoking cessation campaigns. Outcomes of campaigns are tracked in order to measure the effectiveness on mortality and morbidity rates. Pursuing this objective, many researchers focus on different aspects of cessation programs, such as quit lines, taxation, and ad campaigns.

There have been several studies conducted designed to measure awareness about the dangers of tobacco use and the effectiveness of the proposed programs and services. The resulting data upholds that these campaigns are overwhelmingly effective.<sup>56 57 58</sup>

For instance, to measure the first anti-smoking campaign (“Tips From Former Smokers”) in the US, McAfee et al.<sup>59</sup> studied 3,051 smokers and 2,220 non-smokers who completed baseline and follow-up assessments. According to the study results, following the 3 months campaign period 78% of smokers and 74% of non-smokers remembered the content that they were exposed to. They also found out that quit attempts during the campaign increased by 12% in total and respectively by 31% at baseline and 34% at follow-up. At a national level, 1.64 million smokers are estimated to have attempted quitting. The prevalence of abstinence among the study participants was 13.4% and 220,000 at national level. Additionally, the study proves

---

<sup>56</sup> Donna M. Vallone, Jeff Niederdeppe, Amanda Kalaydjian Richardson, Pallavi Patwardhan, Raymond Niaura, and Jennifer Cullen (2011) A National Mass Media Smoking Cessation Campaign: Effects by Race/Ethnicity and Education. *American Journal of Health Promotion*: May/June 2011, Vol. 25, No. 5, pp. S38-S50.

<sup>57</sup> Karen Friend, David T. Levy, Reductions in Smoking Prevalence and Cigarette Consumption Associated with Mass-Media Campaigns, *Health Education Research Theory & Practice*, Vol 17, No 1, 2002, pp :85-98.

<sup>58</sup> Melanie A. Wakefield, PhD, Sarah Durkin, PhD, Matthew J. Spittal, PhD, Mohammad Siahpush, PhD, Michelle Scollo, Dip. Comm Health, Julie A. Simpson, PhD, Simon Chapman, PhD, Victoria White, PhD, and David Hill, PhD, Impact of Tobacco Control Policies and Mass Media Campaigns on Monthly Adult Smoking Prevalence, *American journal of public health*, 2008;98:1443–1450. doi:10.2105/AJPH.2007.128991

<sup>59</sup> Tim McAfee, Kevin C Davis, Robert L Alexander Jr, Terry F Pechacek, Rebecca Bunnell, Effect of the first federally funded US antismoking national media campaign, *Lancet* 2013; 382: 2003–11



that the campaign is also effective for non-smokers that they recommend cessation programs and discussions about the hazards of the smoking.

Although Turkey has similar anti-tobacco media campaigns, there are a limited number of studies available, and not enough to comprehensively compare the results of whether these ads are effective for smoking cessation. In a study<sup>60</sup>, from Turkey whose purpose to measure the effectiveness of media campaigns aired on TV, 202 administrative personnel at a governmental agency was interviewed about the anti smoking ads. The study population is composed of mainly men officers, yet 45.9 % of them are current smokers. The prevalence of smoking among women is 41.2%. In total, 45.5% of the participants are current smokers. The findings show that the most common feeling aroused by the campaign is “sadness” with 85.3%. As for the effectiveness of the campaigns, 75.5% of the participants admit that they are motivating smoking cessation and 85.7% of them think that it is a good way to develop awareness on the dangers of tobacco use. Every 6 persons per 10 consider quitting smoking, while 3 of them have already quitted.

Unlike the variety of studies conducted in the States, the lack of epidemiological studies in Turkey and in France is the greatest challenge to compare the effectiveness of the campaigns at country and city levels. However, trying to drive a conclusion from these different studies, it can be inferred that even if studies are conducted at small scale, they support that campaigns are motivating people to quit or at least imposing the negative image of smoking.

The literature contains studies that look at the effectiveness of the smoking cessation programs, however; the outcomes of implementations in terms of morbidity and mortality rates are difficult to interpret at city level. This is because some campaigns and policies are implemented nationally. When comparing the rate for AMI in the US to the rate before and after implementation, a decline is shown in multiple studies.<sup>61</sup>

<sup>62</sup> For instance, according to CDC report, a study of data collected from Colorado

---

<sup>60</sup> Hilal Özcebe, Sema Attila, Recep Bolat, Aria Forouz, Keziban Koçyiğit, Özenç Özkan, Bedia Taşçı, Kamu Çalışanlarının Televizyonda Yayınlanan Tütün Karşıtı Reklam Filmleri Hakkındaki Bazı Görüşleri, *turkish Thoracic Journal*, Hacettepe University Medical School, April 2013, Vol 14, No 2, pp. 064-071

<sup>61</sup> RP Sargent, RM Shepard, SA Glantz, Reduced incidence of admissions for myocardial infarction associated with public smoking ban: before and after study. *BMJ*, 2004: 328:977-980.

<sup>62</sup> James M. Lightwood, PhD; Stanton A. Glantz, PhD. **Short-term Economic and Health Benefits of Smoking Cessation Myocardial Infarction and Stroke**, American Heart Association, *Circulation*. 1997; 96: 1089-1096 doi: 10.1161/ 01.CIR.96.4.108

between 2002 and 2006 shows that after implementation of a smoke free ordinance, hospitalization rates for acute myocardial infarction (AMI) decreased.<sup>63</sup> As it is reported in the article, the rate of AMI hospitalization was around 257 per 100,000 person-years before the implementation whereas following the 18 months period after the implementation the number of patients was reduced to 187 per 100,000 person-years with a 27% decrease. An additional 18-month period allowed that the number decreased to 152 per 100,000 person-years.<sup>64</sup> As a result of these findings, regulations were found effective on morbidity and mortality rates related to heart diseases. Another US study supports these findings through a literature review of 50 studies: smoke free laws are effective in reducing heart diseases such as AMI, ACS, ACE, IHD, angina, CHD and SCD, stroke, asthma and lung infection according to the literature review for these outcomes.<sup>65</sup>

Another auxiliary study that examined the effects of anti-smoking campaigns on morbidity rates also focused on acute myocardial infarction as a specific outcome of smoking. According to the results, hospital admissions due to AMI were decreased by 8% following the implementations of a smoking ban in NY State.<sup>66</sup>

According to a survey carried out with 1,067 smokers in France, 40% of employees reported that the indoor smoking ban for workplaces and public places reduced their level of cigarette consumption. Of these smokers, 24% declared that interdiction in cafés, bars and restaurants helped reduce the number of cigarettes they smoked. In addition, 13% said that they received more support to quit smoking since it was no longer possible to smoke in indoor spaces.<sup>67</sup>

---

<sup>63</sup> CDC, Reduced Hospitalizations for Acute Myocardial Infarction After Implementation of a Smoke-Free Ordinance City of Pueblo, Colorado, 2002—2006, MMWR Weekly, 57(51&52);1373-1377, 2 January 2009 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5751a1.htm>

<sup>64</sup> CDC, Reduced Hospitalizations for Acute Myocardial Infarction After Implementation of a Smoke-Free Ordinance City of Pueblo, Colorado, 2002—2006, MMWR Weekly, 57(51&52);1373-1377, 2 January 2009 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5751a1.htm>

<sup>65</sup> Crystal E. Tan and Stanton A. Glantz, **Cerebrovascular, and Respiratory Diseases: A Meta-Analysis Association Between Smoke-Free Legislation and Hospitalizations for Cardiac**, American Heart Association, Circulation, 2012;126:2177-2183

<sup>66</sup> Harlan R. Juster, PhD, Brett R. Loomis, MS, Theresa M. Hinman, MPH, Matthew C. Farrelly, PhD, Andrew Hyland, PhD, Ursula E. Bauer, PhD, MPH, and Guthrie S. Birkhead, MD, MPH **Declines in Hospital Admissions for Acute Myocardial Infarction in New York State After Implementation of a Comprehensive Smoking Ban** American Journal of Public Health. 2007 November; 97(11): 2035–2039.

<sup>67</sup> International Tobacco Control, Rapport National ITC France, October 2011 [http://www.itcproject.org/files/Report\\_Publications/National\\_Report/itc-france-nrfre\\_final.pdf](http://www.itcproject.org/files/Report_Publications/National_Report/itc-france-nrfre_final.pdf)

According to a survey carried out with 1067 smokers in France, 40 % of employees reported that indoor smoking ban for workplaces and public places reduced their level of cigarette consumption. 24 % declared that interdiction in cafés, bars and restaurants helped reduce the number of cigarettes they smoked. 13% said that they received more support to quit smoking, as it is not possible to smoke in indoor spaces.<sup>68</sup>

Another area of the research looks at the effectiveness of cessation strategies in relation to cigarette prices and a smoke-free home environment. In order to reduce the prevalence of smoking among low-income smokers, the results of a study from the US show that both policies are effective on lowering smoking levels.<sup>69 70</sup> In addition to this, a smoke free home strategy worked better on sustaining cessation for 90 days.<sup>71</sup> As for cigarette prices, taxation policies have also been successful at reducing the disparities among the low-income smokers.<sup>72 73</sup>

An important part of policies are built on taxation, and the effectiveness of taxation strategy has been examined in several studies from multiple countries<sup>74 75 76</sup>. According to findings from France, tobacco taxation policies and increases in prices per packages have had a positive impact in terms of a decline in smoking prevalence and initiation to smoking.<sup>77</sup> In collaboration with these findings from France, the Tobacco Control Policy Evaluation (ITC) survey between Canada and US suggests that people living in places with higher cigarette prices are more likely to quit

---

<sup>68</sup> International Tobacco Control, Rapport National ITC France, October 2011

[http://www.itcproject.org/files/Report\\_Publications/National\\_Report/itc-france-nrfre\\_final.pdf](http://www.itcproject.org/files/Report_Publications/National_Report/itc-france-nrfre_final.pdf)

<sup>69</sup> K Messer, AL Mills, MM White, JP Pierce, The effect of smoke-free homes on smoking behavior in the US, *American Journal of Preventive Medicine*, 2008, 35(3), pp: 210-216.

<sup>70</sup> AL Mills, Messer K, EA Gilpin, JP Pierce, The Effect of smoke-free homes on adult smoking behavior: a review, *Nicotine&Tobacco Research*, 2009, 11(10):1131-41

<sup>71</sup> Maya Vijayaraghavan, MD, MAS, Karen Messer, PhD, Martha M. White, MS, and John P. Pierce, PhD The Effectiveness of Cigarette Price and Smoke-Free Homes on Low-Income Smokers in the United States, *American Journal of Public Health*, 2013, 103:2276–2283.

<sup>72</sup> DT Levy, E Romano, E Mumford. The relationship of smoking cessation to sociodemographic characteristics, smoking intensity, and tobacco control policies. *Nicotine&Tobacco Research*, 2005, 7(3), pp:387-396.

<sup>73</sup> S Thomas, D Fayer, K Misso, et al. Population Tobacco control interventions and their effects on social inequalities in smoking: systematic review. *Tobacco Control*, 2008, 17 (4), pp:230-237.

<sup>74</sup> P Bader, D Boisclair, R Ferrence. Effects of tobacco taxation and pricing on smoking behavior in high risk populations: a knowledge synthesis. *International Journal of Environmental Research and Public Health*, 2011, 8(11), 4118-4139.

<sup>75</sup> H Ross, E blecher, L Yan, A Hyland. Do Cigarette prices motivatesmokers to quit? New evidence from the ITC survey. *Addiction*. 2011,106(3), 609-619.

<sup>76</sup> M. Shields, Smoking bans: influence on smoking prevalence. *Health Reports*, 2007, 18(3), pp:9-24.

<sup>77</sup> FJ Chalupka, K Straif, ME Leon. Effectiveness of tax and price policies in tobacco control. *Tobacco Control*, 2011, 20(3), pp: 235-238

smoking.<sup>78</sup> Additionally, as it was reported in Global Tobacco-Free Kids Report from Turkey, 65% of smokers were encouraged to quit smoking and 0.7 million young people were prevented from initiation by the increase in cigarette prices.<sup>79</sup>

The taxation policies that are encouraged by the WHO are helpful in making a difference in the sale of tobacco products and significantly contributed to smoking cessation in all of the research countries. Thus, they have created a positive impact on decreasing smoking related diseases.

Smoking cessation is crucial to reduce the rate of chronic obstructive pulmonary disease (COPD) as well.<sup>80 81 82</sup> It is possible that the decrease in COPD might be aided by smoking cessation campaigns. Although there is no direct correlation identified with the cessation programs in these studies, it may be assumed that there is at least an indirect positive effect of campaigns on cessation. Moreover, cessation clinics are one of the most important cessation facilities, considering the practical medicine of the cessation programs. According to a study conducted within a cessation polyclinic in Turkey, successful cessation are defined by a one-year period of abstinence and 41.2% among 68 of the patients qualified as having successfully ceased smoking.<sup>83</sup>

#### 4. Conclusion and Discussion

In the literature, the importance attributed to tobacco control implementation-related studies is crucial, especially in English speaking countries such as the US, the UK, and Scandinavian countries where English is commonly spoken. The lack of epidemiological studies in the rest of the world makes it difficult to draw conclusions

---

<sup>78</sup> H Ross, E blecher, L Yan, A Hyland. Do Cigarette prices motivatesmokers to quit? New evidence from the ITC survey. *Addiction*. 2011,106(3), 609-619.

<sup>79</sup> Yürekli A, Önder Z, Elibol M, Erk N, Cabuk A, Fisunoglu M, Erk SF, Chaloupka FJ, The Economics of Tobacco Control and Tobacco Taxation in Turkey, Paris: International Union Against Tuberculosis and Lung Disease; 2010.

[http://global.tobaccofreekids.org/files/pdfs/en/Turkey\\_Tobacco\\_Economics\\_full\\_en.pdf](http://global.tobaccofreekids.org/files/pdfs/en/Turkey_Tobacco_Economics_full_en.pdf)

<sup>80</sup> Donald P. Tashkin, Robert P. Murray, Smoking Cessation in Chronic Obstructive Pulmonary Disease, Elsevier Science Direct, *Respiratory Medicine*, 14 March 2009, 103, 963e974

<sup>81</sup> Donna R. Parker and Charles B. Eaton, **Chronic Obstructive Pulmonary Disease and Smoking Cessation**, *American Journal of Lifestyle Medicine*, 2012 6: 159

<sup>82</sup> Ellen R. Gritz, PhD, Damon J. Vidrine, DrPH, Michelle Cororve Fingeret, PhD, Smoking Cessation: A Critical Component of Medical Management in Chronic Disease Population, *American Journal of Preventive Medicine*, Volume 33, Number 6S, pp: 414-422

<sup>83</sup> Banu Salepçi, Ali Fidan, Özlem Oruç, Elif Torun, Benan Çağlayan, Şafak Nur Kader, Sigara Bırakma Polikliniğimizde Başarı Oranları ve Başarıda Etkili Faktörler, *Turkish Thoracic Journal*, August 2005, Vol 6, No 2, pp 151-158 <http://www.toraks.dergisi.org/text.php?id=441>

and extrapolate the results due to the lack of the evidence- based results. In this case, available studies guide us to conclude that cessation programs have a positive impact on a smoking-related diseases or mortality rates, however they do not give an opportunity to compare the effectiveness of the programs in terms of their success where they are implemented.

On the other hand, when looking at the institutional and governmental reports, each country has similar policies under taxation and media campaign activities. Within the framework of these policies, it appears that the evocation of emotions, which is conceptualized as fear appeal, for stimulating people towards an intended action is a part of the public health policies. According to the results, each country has succeeded their goals on of reaching an estimated number of smokers to apply for the cessation programs. As a result, the theory has been advantageously applied into practice.

Although criteria such as demographical components, economical status of the country, geographical, social and cultural characteristics do not always match one another in each country, comparison studies are useful to draw a global idea on how governments deal with public problems and how populations respond to these policies. In light of these questions, differences and similarities between the countries and populations are pronounced.

It is evident from the descriptive research, the qualitative survey, and the comparative literature review that cessation programs have a positive impact on health status regarding the smoke free air act and FCTC regulations. Additionally, findings from available studies supported this conclusion within a scientific frame. According to the results driven from several studies, tobacco control policies have a positive impact on diseases such as AMI and COPD. In this way, the first hypothesis of creating positive impact on health status in the society has been proven (see the results section). However, as mentioned, the lack of evidence-based studies sometimes did not permit a comprehensive comparison of results. For this reason, it can be concluded that programs have positively correlated impacts on health status but in relation to the fourth hypothesis, there is no way to conclude that one country's policies are superior to the others. Doing so would be an extrapolation of an insufficient sample, which might lead us to bias.

Furthermore, in the light of fear appeal theory and the survey results, I found out that the target population is aware of the fact that public health professionals use feelings as an instrument to stimulate people, especially in visual campaigns that have been diffused via media. This strategy was sometimes appreciated and well received by the target population, however it was sometimes found as exaggerated which can create a boomerang effect. At this point, it is crucial to predict the optimum dose of stimuli in order to achieve successful results.

Moreover, it is assumed that policies providing different facilities such as cessation phone lines, quit therapy kits, and clinics also have a supportive effect on quitting when it is medically required of a patient after developing one or more of the diseases mentioned above. In this sense, control policies are successful in overall first as a cessation program. Considering the fact that the population is exposed to the policies regardless any classification of age, SES or educational level, policies also serve for the preventive purposes.

Additionally, as a final remark, even the individuals who do not consider quitting smoking agree on the negative effects of tobacco consumption. The magnitude of measurements and policies to reduce and/or prevent tobacco consumption continue to expand as the outcomes of tobacco consumption become more widely recognized. For example, the FCTC has gained a broader recognition with the joining of new countries. With the Smoke-free Air Act, the scope of non-smoking areas has extended. In the meantime, however, new tobacco-related products have been developed in order to respond increasing restrictions on smoking, such as E-cigarettes and smokeless cigarettes.

## 5. Recommendations

In order to make the comparison neater and more comprehensive, it is necessary to have a wider range of epidemiological studies regarding the effects of cessation programs on specific diseases and mortality rates. Also, when speaking on cessation policies, public health professionals should focus more closely on the roles of emerging products, such as smokeless and electronic cigarettes. The gap in the regulation and monitoring of these products must be bridged as tobacco companies and vested parties develop new strategies to circumvent anti-smoking policies. Thus, it is necessary to strategize precautionary measures for awareness, prevention, and cessation of tobacco-related products.

## References

### Electronic Sources

#### 1. World Health Organization, WHO

WHO, Tobacco Key Facts, Updated July 2013  
<http://www.who.int/mediacentre/factsheets/fs339/en/>

WHO, FCTC, 27 March 2014 [http://www.who.int/fctc/signatories\\_parties/en/](http://www.who.int/fctc/signatories_parties/en/)

WHO, WHO Framework Convention on Tobacco Control, 2003  
<http://whqlibdoc.who.int/publications/2003/9241591013.pdf?ua=1>

Nazmi Bilir, Hilal Özcebe, Toker Ergüder and Kristina Mauer-Stender, Tobacco Control in Turkey: Story of Commitment and Leadership, WHO Regional Office for Europe, March 2012, p:21.  
[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0004/98446/E93038.pdf](http://www.euro.who.int/__data/assets/pdf_file/0004/98446/E93038.pdf)

WHO, MPOWER: A Policy Package to Reverse the Tobacco Epidemic, 2008  
[http://www.who.int/tobacco/mpower/mpower\\_english.pdf](http://www.who.int/tobacco/mpower/mpower_english.pdf)

WHO Region for Europe, World No-Tobacco Day Awards, 2010  
<http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/world-no-tobacco-day/2010-gender-and-tobacco/world-no-tobacco-day-awards-2010>

WHO, MPOWER in Action: Defeating the Global Tobacco Epidemic  
[http://www.who.int/tobacco/mpower/publications/mpower\\_2013.pdf](http://www.who.int/tobacco/mpower/publications/mpower_2013.pdf)

WHO, FCTC Article 6  
[http://www.who.int/tobacco/publications/en\\_tfi\\_tob\\_tax\\_annex.pdf](http://www.who.int/tobacco/publications/en_tfi_tob_tax_annex.pdf)

#### 2. Tobacco Atlas

Eriksen M, Mackay J, Ross H. The Tobacco Atlas. Fourth Ed. Atlanta, GA: American Cancer Society; New York, NY: World Lung Foundation; 2012. Also available at [www.TobaccoAtlas.org](http://www.TobaccoAtlas.org). - See more at:  
<http://www.tobaccoatlas.org/more#sthash.6nLbpdDt.dpuf>

#### 3. Health Knowledge, UK

Health Knowledge, Confounding in Epidemiological Studies  
<http://www.healthknowledge.org.uk/node/803>

#### 4. Center for Disease Control and Prevention, CDC

CDC, Decline in Smoking Prevalence: New York City 2002-2006, MMWR 56(24);604-608, 22 June 2007  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5624a4.htm>

CDC, Economic Facts about US tobacco Production and Use  
[http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/economics/econ\\_facts/#sales](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/economics/econ_facts/#sales)

CDC, Tips From Former Smokers,  
<http://www.cdc.gov/tobacco/campaign/tips/about/campaign-overview.html>

CDC, Tips From Former Smokers Campaign Results  
<http://www.cdc.gov/media/dpk/2013/dpk-TIPS-campaign-results.html>

CDC, Reduced Hospitalizations for Acute Myocardial Infarction After Implementation of a Smoke-Free Ordinance City of Pueblo, Colorado, 2002—2006, MMWR Weekly, 57(51&52);1373-1377, 2 January 2009  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5751a1.htm>

#### 5. New York City Global Partners

New York City Global Partners, Best Practice: Tobacco Control Program, updated 3 February 2014  
[http://www.nyc.gov/html/ia/gprb/downloads/pdf/NYC\\_Health\\_TobaccoControl.pdf](http://www.nyc.gov/html/ia/gprb/downloads/pdf/NYC_Health_TobaccoControl.pdf)

#### 6. New York City Department of Health and Mental Hygiene

The New York City Department of Health and Mental Hygiene, Smoke-Free Air Act of 2002 <http://www.nyc.gov/html/doh/html/environmental/smoke-free-act.shtml#4>

#### 7. Republic of Turkey, Ministry of Health

The Republic of Turkey Ministry of Health, Tobacco Control Activities in Turkey  
<http://www.saglik.gov.tr/EN/belge/2-418/tobacco-control-activities-in-turkey.html>

#### 8. Institut National de Prevention et d'Education pour la Santé, INPES

INPES, Image sociale du tabac, 27 April 2012  
<http://www.inpes.sante.fr/10000/themes/tabac/image-tabac/image-sociale.asp>

INPES, Le produit: historique et composition  
<http://www.inpes.sante.fr/10000/themes/tabac/historique-composition.asp>

INPES, Tabac Info Service Présentations et données d'activité, 13 April 2012  
[http://www.inpes.sante.fr/10000/themes/telephonie\\_sante/tis\\_presentation.asp](http://www.inpes.sante.fr/10000/themes/telephonie_sante/tis_presentation.asp)

#### 9. Association of European Cancer Leagues

The Association of European Cancer Leagues, The Tobacco Control Scale 2010 in Europe, The 5<sup>th</sup> European Conference on Tobacco or Health, Amsterdam, 28-30 March 2011. <http://www.europecancerleagues.org/ecl-past-events/ecl-meetings-and-events/170-5th-ectoh-28-30-march-2011-in-amsterdam.html>

#### 10. New York State Department of Health

New York State, Department of Health, Tobacco Control Policies in NYS  
[https://www.health.ny.gov/prevention/tobacco\\_control/current\\_policies.htm](https://www.health.ny.gov/prevention/tobacco_control/current_policies.htm)

New York State Smokers' Quit Line, Annual Report 2012  
<http://www.nysmokefree.com/download/AnnualReport2012.pdf>



## 11. Tobacco Free Kids

Tobacco Free Kids, Türkiye'de Tütün Vergileri

[http://global.tobaccofreekids.org/files/pdfs/tu/Turkey\\_Tobacco\\_Economics\\_tu.pdf](http://global.tobaccofreekids.org/files/pdfs/tu/Turkey_Tobacco_Economics_tu.pdf)

Yürekli A, Önder Z, Elibol M, Erk N, Cabuk A, Fisunoglu M, Erk SF, Chaloupka FJ, The Economics of Tobacco Control and Tobacco Taxation in Turkey, Paris: International Union Against Tuberculosis and Lung Disease; 2010.

[http://global.tobaccofreekids.org/files/pdfs/en/Turkey\\_Tobacco\\_Economics\\_full\\_en.pdf](http://global.tobaccofreekids.org/files/pdfs/en/Turkey_Tobacco_Economics_full_en.pdf)

## 12. Comité Nationale Contre le Tabagisme, CNCT

CNCT, Taxation des produits du tabac et contrebande: où en est la France aujourd'hui?, 9 June 2011 <http://www.cnct.fr/communiqués-de-presse-44/taxation-des-produits-du-tabac-et-contrebande-ou-en-est-la-france-51.html>

## 13. Sénat, France

Sénat, Projet de loi de financement de la sécurité sociale pour 2013

<http://www.senat.fr/rap/a12-104/a12-10413.html>

## 14. Federal Trade Commission, FTC

Federal Trade Commission, FTC Releases Reports on Cigarette and Smokeless Tobacco Advertising and Promotion, 29 July 2011

<http://www.ftc.gov/news-events/press-releases/2011/07/ftc-releases-reports-cigarette-smokeless-tobacco-advertising>

## 15. Tabac Info Service

Tabac Info Service, Chiffres du Tabac <http://www.tabac-info-service.fr/Vos-questions-Nos-reponses/Chiffres-du-tabac>

## 16. International Tobacco Control

International Tobacco Control, Rapport National ITC France, October 2011

[http://www.itcproject.org/files/Report\\_Publications/National\\_Report/itc-france-nrfre\\_final.pdf](http://www.itcproject.org/files/Report_Publications/National_Report/itc-france-nrfre_final.pdf)

## Press

### 17. Reuters

Reuters, Rate of Smokeless Tobacco Use in the US unchanged: CDC, 11 June 2014

<http://www.reuters.com/article/2014/06/11/us-smokeless-tobacco-cdc-idUSKBN0EM21420140611>

Reuters, Turkey Hikes Consumption Taxes on Cars, Alcohol and Cigarettes, 1 January 2014

<http://www.reuters.com/article/2014/01/01/turkey-tax-idUSL6N0KB0VW20140101>

## 18. Haber 7

Haber 7, Yasak 16 Milyar Sigarayı Söndürdü, 2 January 2014

<http://ekonomi.haber7.com/gundem-veriler/haber/1119431-yasak-16-milyar-sigarayi-sondurdu>

## 19. Cihan Haber

Cihan Haber, Bakanlığın Sigara Raporu: 5 Yılda 5 Milyon TL Ceza Kesildi, 24 March 2014 [http://www.cihan.com.tr/news/Bakanligin-sigara-raporu-5-yilda-65-milyon-TL-ceza-kesildi\\_6221-CHMTM4NjlyMS8x](http://www.cihan.com.tr/news/Bakanligin-sigara-raporu-5-yilda-65-milyon-TL-ceza-kesildi_6221-CHMTM4NjlyMS8x)

## Articles:

1. Tengilimoğlu, D. & Güzel, A. & Günaydın, E., Smoke Free Zone within the Scope of Social Marketing: A Sample Application, Gazi Üniversitesi İktisadi ve İdari İlimler Fakültesi Dergisi 15 (2), 2013.  
[iibfdergisi.gazi.edu.tr/index.php/iibfdergisi/article/download/606/515](http://iibfdergisi.gazi.edu.tr/index.php/iibfdergisi/article/download/606/515)
2. Kim Witte (1992), **Putting the Fear Back into Fear Appeals: The Extended Parallel Process Model**, Communication Monographs, 59, p:331.
3. Kim Witte, Mike Allan (2000), A Meta Analysis of Fear Appeals: Implications for Effective Public Health Campaigns, Health Education and Behavior, Vol.27(5), pp:591-592.
4. Donna M. Vallone, Jeff Niederdeppe, Amanda Kalaydjian Richardson, Pallavi Patwardhan, Raymond Niaura, and Jennifer Cullen (2011) A National Mass Media Smoking Cessation Campaign: Effects by Race/Ethnicity and Education. American Journal of Health Promotion: May/June 2011, Vol. 25, No. sp5, pp. S38-S50.
5. Karen Friend, David T. Levy, Reductions in Smoking Prevalence and Cigarette Consumption Associated with Mass-Media Campaigns, Health Education Research Theory& Practice, Vol 17, No 1, 2002, pp :85-98.
6. Melanie A. Wakefield, PhD, Sarah Durkin, PhD, Matthew J. Spittal, PhD, Mohammad Siahpush, PhD, Michelle Scollo, Dip. Comm Health, Julie A. Simpson, PhD, Simon Chapman, PhD, Victoria White, PhD, and David Hill, PhD, Impact of Tobacco Control Policies and Mass Media Campaigns on Monthly Adult Smoking Prevalence, American journal of public health, 2008;98:1443–1450.
7. Tim McAfee, Kevin C Davis, Robert L Alexander Jr, Terry F Pechacek, Rebecca Bunnell, Effect of the first federally funded US antismoking national media campaign, Lancet 2013; 382: 2003–11
8. Hilal Özcebe, Sema Attila, Recep Bolat, Aria Forouz, Keziban Koçyiğit, Özenç Özkan, Bedia Taşçı, Kamu Çalışanlarının Televizyonda Yayınlanan Tütün Karşıtı Reklam Filmleri Hakkındaki Bazı Görüşleri, turkish Thoracic Journal, Hacettepe University Medical School, April 2013, Vol 14, No 2, pp. 064-071

9. RP Sargent, RM Shepard, SA Glantz, Reduced incidence of admissions for myocardial infarction associated with public smoking ban: before and after study. *BMJ*, 2004; 328:977-980.
10. James M. Lightwood, PhD; Stanton A. Glantz, PhD. Short-term Economic and Health Benefits of Smoking Cessation Myocardial Infarction and Stroke, American Heart Association, *Circulation*. 1997; 96: 1089-1096 doi: 10.1161/01.CIR.96.4.108
11. Crystal E. Tan and Stanton A. Glantz, Cerebrovascular, and Respiratory Diseases: A Meta-Analysis Association Between Smoke-Free Legislation and Hospitalizations for Cardiac, American Heart Association, *Circulation*, 2012;126:2177-2183
12. Harlan R. Juster, PhD, Brett R. Loomis, MS, Theresa M. Hinman, MPH, Matthew C. Farrelly, PhD, Andrew Hyland, PhD, Ursula E. Bauer, PhD, MPH, and Guthrie S. Birkhead, MD, MPH **Declines in Hospital Admissions for Acute Myocardial Infarction in New York State After Implementation of a Comprehensive Smoking Ban** *American Journal of Public Health*. 2007 November; 97(11): 2035–2039.
13. K Messer, AL Mills, MM White, JP Pierce, The effect of smoke-free homes on smoking behavior in the US, *American Journal of Preventive Medicine*, 2008, 35(3), pp: 210-216.
14. AL Mills, Messer K, EA Gilpin, JP Pierce, The Effect of smoke-free homes on adult smoking behavior: a review, *Nicotine&Tobacco Research*, 2009, 11(10):1131-41
15. Maya Vijayaraghavan, MD, MAS, Karen Messer, PhD, Martha M. White, MS, and John P. Pierce, PhD The Effectiveness of Cigarette Price and Smoke-Free Homes on Low-Income Smokers in the United States, *American Journal of Public Health*, 2013, 103:2276–2283.
16. DT Levy, E Romano, E Mumford. The relationship of smoking cessation to sociodemographic characteristics, smoking intensity, and tobacco control policies. *Nicotine&Tobacco Research*, 2005, 7(3), pp:387-396.
17. S Thomas, D Fayter, K Misso, et al. Population Tobacco control interventions and their effects on social inequalities in smoking: systematic review. *Tobacco Control*, 2008, 17 (4), pp:230-237
18. P Bader, D Boisclair, R Ferrence. Effects of tobacco taxation and pricing on smoking behavior in high risk populations: a knowledge synthesis. *International Journal of Environmental Research and Public Health*, 2011, 8(11), 4118-4139.
19. H Ross, E blecher, L Yan, A Hyland. Do Cigarette prices motivatesmokers to quit? New evidence from the ITC survey. *Addiction*. 2011,106(3), 609-619.
20. M. Shields, Smoking bans: influence on smoking prevalence. *Health Reports*, 2007, 18(3), pp:9-24
21. FJ Chalupka, K Straif, ME Leon. Effectiveness of tax and price policies in tobacco control. *Tobacco Control*, 2011, 20(3), pp: 235-238

22. Donald P. Tashkin, Robert P. Murray, Smoking Cessation in Chronic Obstructive Pulmonary Disease, Elsevier Science Direct, Respiratory Medicine, 14 March 2009, 103
23. Donna R. Parker and Charles B. Eaton, Chronic Obstructive Pulmonary Disease and Smoking Cessation, American Journal of Lifestyle Medicine, 2012 6: 159
24. Ellen R. Gritz, PhD, Damon J. Vidrine, DrPH, Michelle Cororve Fingeret, PhD, Smoking Cessation: A Critical Component of Medical Management in Chronic Disease Population, American Journal of Preventive Medicine, Volume 33, Number 6S, pp: 414-422
25. Banu Salepçi, Ali Fidan, Özlem Oruç, Elif Torun, Benan Çağlayan, Şafak Nur Kader, Sigara Bırakma Polikliniğimizde Başarı Oranları ve Başarıda Etkili Faktörler, Turkish Thoracic Journal, August 2005, Vol 6, No 2, pp 151

Annexes:

Visual 1: Vintage Cigarette Ads

To keep a slender figure  
*No one can deny...*

Reach  
for a  
**LUCKY**  
instead of a  
*sweet*

**LUCKY STRIKE**  
"IT'S TOASTED"  
CIGARETTES

**"It's toasted"**  
No Throat Irritation - No Cough.

The advertisement features a woman with dark, curly hair and a purple top, looking upwards with a serene expression. A pack of Lucky Strike cigarettes is positioned in the lower right, with several cigarettes protruding from the top. The background is a solid light green color.

# 121 brands of fat cigarettes fit men. Virginia Slims are made slimmer to fit you.

Virginia Slims are the  
slimmer cigarettes made just  
for women.

They're tailored slimmer to  
fit your hands and your lips.

With rich Virginia flavor  
women like.

**You've come  
a long way, baby.**



Warning: The Surgeon General Has Determined That  
Cigarette Smoking Is Dangerous to Your Health.

Regular: 18 mg. tar, 1.2 mg. nicotine—Menthol: 18 mg. tar, 1.3 mg. nicotine av. per cigarette, FTC Report Apr. '72

Victor Jans for V & J Designs

*from Here  
to Victory*  
**It's Chesterfield**  
**the cooler, better-tasting, definitely milder cigarette**

When there's a job on hand a good cigarette is mighty comforting to have along . . . and Chesterfields are on the beam with the one and only Right Combination of the world's best cigarette tobaccos. It's the combination that smokers quickly find to their liking and count on to give them everything it takes to Satisfy.

*Make your next pack Chesterfield . . . enjoy more smoking pleasure with the full knowledge that regardless of price there is no better cigarette made today. They Satisfy*

Copyright 1951, American & British Tobacco Co.

**Table 1: The effectiveness of the message given in the ads**

Effective	Ineffective
<ul style="list-style-type: none"> <li>• I have never seen a smoking commercial like this. It was different than other smoking commercials (HA, France, F, 1991)</li> <li>• It is very graphic and shocking. Makes you realize the actual effects on people's lives and how they can be ruined by a habit (AS, US, F, 1990)</li> <li>• As I lost my father from cancer, it affected me. I have been already trying to quit smoking. When the man in the ad says 'because we don't feel anything bad, we continued to smoke' hit me the most (EU, Mexico, F, 1974)</li> <li>• I felt empathy with the person in the ad and I realized that I don't want to end up like this one day. It reminded me that I should give up soon or later. This made me feel angry with myself (OÖ, Turkey, M, 1985)</li> <li>• Wow. Simple and powerful... It's a very serious advertisement that would make you think about the long-term consequences of smoking and whether it's really worth it to smoke now (SE, Austria, F, 1991)</li> <li>• 100% true (DAH, Lebanon, F, 1982)</li> <li>• It convinced me (EK, Turkey, M, 1984)</li> <li>• I believe that striking fear against bad habits in the health sector is an effective method (BK, Turkey, F, 1984)</li> <li>• It depends on the person, so each everyone can give different kind of reaction. From this regard it is possible to be effective (SC, Turkey, M, 1976)</li> <li>• Nobody wants to end up increasing their chances of ending up like that. Even though it's more likely you develop lung cancer and die within four months of diagnosis (JD, Canada, M, 1990)</li> <li>• Yes, it may be effective to increase the awareness because it is highly possible that smokers in Turkey may not know the adverse effects of smoking on their health... (CO, France, M, 1982)</li> <li>• ... I would say that this advertisement represents an effective tool to thwart people from smoking (KP, France, F, 1989)</li> <li>• ...This ad was effective! (SP, US, F, 1987)</li> </ul>	<ul style="list-style-type: none"> <li>• It doesn't affect me at all (SM, Turkey, F, 1991; HK, Austria, F, 1985; LA, Turkey, M, 1985; EB, Turkey, F, 1959; EC, Turkey, F, 1992)</li> <li>• It's worrying and you know that it can happen but you don't suppose that mortal diseases can happen to you. I run across this ad but this is the first time that I am touched. Nevertheless, I don't consider quitting smoking at least for now (KA, Turkey, F, 1994)</li> <li>• ...These ads are not effective at all, they just make you recall bad scenes while smoking and it reduces the pleasure of smoking. But the willingness to smoke doesn't decrease... (NK, France, F, 1986)</li> <li>• These ads stay weak against the strongest addictive compound on the earth. It's not possible to catch the addicted through the health-centered approach... (GB, Turkey, M, 1975)</li> <li>• I believe those are prepared by the people who don't smoke, so they speak from the very high level and for this reason the message doesn't reach smokers. At least, it didn't get me (IB, Turkey, M, 1983)</li> <li>• I thought nobody would pay attention to this ad (CA, Turkey, F, 1983)</li> <li>• ... I saw these ads before but they don't affect me because we smoke despite the fact of death that we're going to develop cancer or a mortal disease (PT, France, F, 1987)</li> <li>• ...If everybody would end as this woman ends because of smoking, the video wouldn't be needed (EG, France, F, 1984)</li> <li>• Nothing changed (ZL, US, F, 1987)</li> <li>• I don't think the commercial was very informative, yes it shows what could happen to you if you smoke, but it is not informative and I don't think a smoker could be impacted by it (HA, France, F, 1991)</li> <li>• I don't think it is intimidating for addicts. I have many people around me whose arms or legs were cut off but haven't quit smoking. I think it's all up to being psychologically ready and willing to quit smoking (HK, Austria, F, 1985)</li> </ul>



<ul style="list-style-type: none"> <li>I believe that ads with real stories make easier to empathy with them. It may help to reduce smoking in order not to be exposed to similar health problems as they are demonstrated in the ads (OK, France, F, 1987)</li> </ul>	<ul style="list-style-type: none"> <li>The scary ones don't help... (SH, France, F, 1987)</li> <li>... Because people don't make any decisions in a second by watching a video. Doesn't matter how much strong the video is, after a while the effect fades away and people forget the impression (MK, Turkey, F, 1987)</li> </ul>
--	--

**Table 2: The emotions that ads evoke on participants**

<b>Sadness</b>	<b>Fear</b>	<b>Regret</b>	<b>Annoying</b>
EK, Turkey, M, 1984; BK, Turkey, F, 1983; KA, Turkey, M, 1979; JA, France, F; RO, US, M, 1986; ZO, Turkey, F, 1989; JO, Canada, F, 1990; JU, Senegal, F, 1989; PE, Lebanon, F, 1988; AR, France, M, 1982	AS, US, F, 1990; SH, France, F, 1987; KA, Turkey, F, 1994; NK, France, F, 1986; SF, France, F, 1979; BK, Turkey, F, 1984; AS, US, F, 1990; VOC, US, F, 1988; JO, Canada, F, 1990; AY, France, F, 1986; EC, France, F, 1978; CC, Turkey, F, 1982; SP, US, F, 1987; LG, France, F, 1991; HCO, Greece, M, 1978; KK, Turkey, F, 1991	EU, France, F, 1987; ZO, Turkey, F, 1989; OO, Turkey, M, 1985; OK, France, F, 1987; SE, Austria, F, 1991; PGL, US, M, 1983	SH, France, F, 1987; EES, Turkey, F, 1987; PT, France, F, 1987; GK, Turkey, F, 1984; VOC, US, F, 1988; CO, France, M, 1982; ZO, Turkey, F, 1989; AY, France, F, 1986; EU, Mexico, F, 1974

## Abstract

Several studies show that tobacco use is one of the main risk factors for the several leading causes of death such as cardiovascular diseases, respiratory diseases, lung cancer and diseases, etc. According to WHO, each year more than 5 million people die from diseases directly related to tobacco use, and more than 600,000 deaths occur as a result of exposure to second hand smoking. My purpose in this study is first to provide a descriptive background about the activities and outcomes of the implementations and policies on tobacco cessation programs in these three countries and after to compare these programs in order to evaluate the efficiency and effectiveness of the programs. Regarding media campaigns, one of the results is the use of fear is one of the widely used theories in public health for the health promotion and education. Several studies conducted at national level proved that campaigns are effective to create this effect. Several studies from the US showed that smoke free laws are effective on reducing heart diseases such as AMI, ACS, ACE, IHD, angina, CHD and SCD, stroke, asthma and lung infection according to literature review for these outcomes. Also, tobacco taxation policies and increases in prices per packages have positive impacts in terms of decline in smoking prevalence and initiation to smoking. In conclusion, in the literature the lack of epidemiological studies in the non English-speaking world makes it difficult to conclude and extrapolate the results because of the lack of the evidence- based results. In that case, available studies guide us to conclude if the cessation programs have a positive impact on a smoking related disease or mortality rate but do not give an opportunity to compare the effectiveness of the programs in terms of their success where they are implemented.

## Abstrait

Plusieurs études montrent que la consommation de tabac est l'un des principaux facteurs de risque de plusieurs principales causes de décès telles que les maladies cardiovasculaires, les maladies respiratoires, le cancer du poumon et les maladies, etc. Selon l'OMS, chaque année plus de 5 millions de personnes meurent de maladies directement liées à la consommation de tabac, et plus de 600.000 décès surviennent à cause du tabagisme passif. Mon objectif, dans cette étude, est premièrement de fournir un contexte descriptif sur les activités et les résultats des implémentations et les politiques sur les programmes d'arrêter de fumer dans ces trois pays et ensuite de comparer ces programmes afin d'évaluer l'efficacité et l'efficience des programmes. L'un de résultats en ce qui concerne les campagnes de media, est l'utilisation du sentiment de peur comme il est une des théories les plus utilisés en santé publique pour la promotion et l'éducation de la santé. Plusieurs études dirigées au niveau national ont montré que les campagnes sont efficaces pour créer cet effet. Selon la recherche de littérature aux études menées en États-Unis ont aussi montré que les lois anti-tabac sont efficaces sur la réduction des maladies cardiaques telles que l'AMI, ACS, ACE, IHD, angine, maladie coronarienne et SCD, accident vasculaire cérébral, l'asthme et les infections pulmonaires. En outre, les politiques et l'augmentation de prix par paquet ont des effets positifs en termes de baisse de la prévalence et de l'initiation au tabagisme. En conclusion, à cause de l'absence d'études épidémiologiques dans le reste du monde non-anglophone, il est difficile de conclure et généraliser les résultats. Dans ce cas, les études disponibles nous guident de conclure si les programmes d'abandon du tabac ont un impact positif sur une maladie liée au tabagisme ou le taux de mortalité, mais ne donnent pas l'occasion de comparer l'efficacité des programmes en fonction de leur succès où ils sont mis en place.