Economics of Tobacco Harm Reduction and the Regulatory Environment in Türkiye

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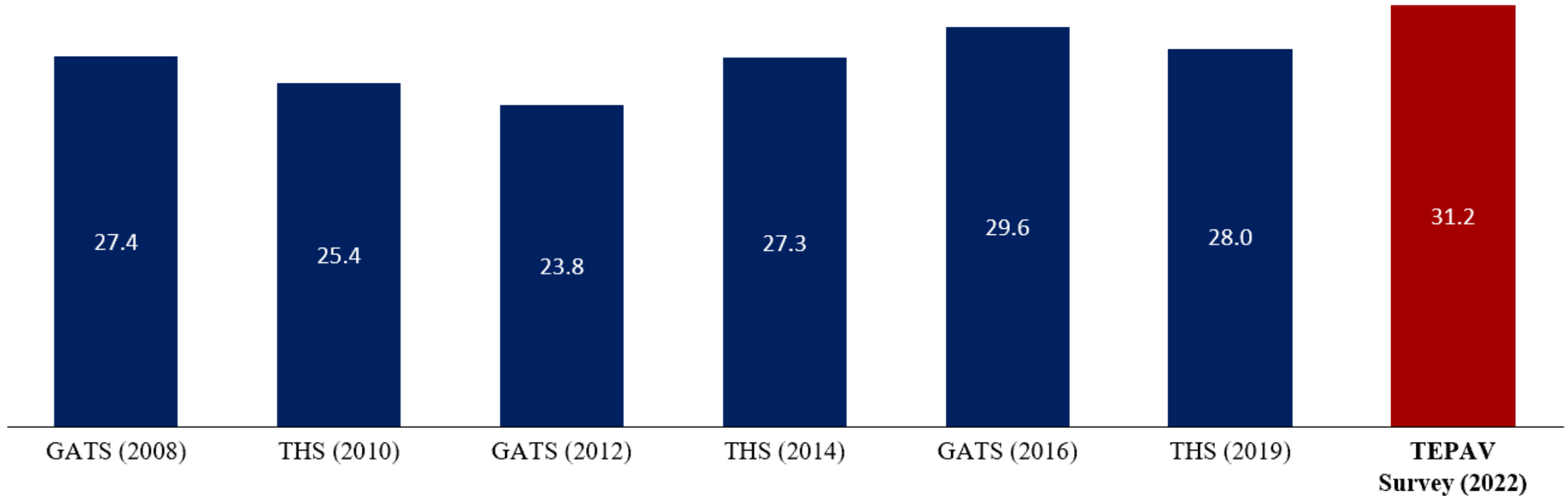**Economic Research Agenda Association (ERAA)**

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The Tobacco Control Policy Environment in Türkiye

- **The 1st country to adopt all WHO tobacco control measures "MPOWER" at the highest level. (Monitor use, Protect from smoke, Offer help to quit, Warn about dangers, Enforce bans on advertising, Raise taxes)**

- **Restrictions in public places, sales restrictions, restrictions on promotion and advertisement, taxation, …**

- **Plain Packaging (PP) + intensified health warnings, graphic + text warnings: since January 2020.**

- **February 2020, Türkiye banned imports of all THRPs (e.g., e-cigarettes, HTPs).**

  - Ban includes electronic devices, apparatus, spare parts and solutions to be used with e-cigarettes and HTPs. (Reference: Official Gazzette February 25, 2020 no: 31050, decree no:2149)

- **Exception: Personal imports, allowing one device per person along with cartridges or solutions up to 30ml. Alternatively, individuals can import up to 10 disposable e-cigarettes in total.**

Although smoking prevalence rate in Turkey fluctuated over the years, in 2022 it has reached its highest rate in 15 years.

The percentages of daily/regular smokers in Turkey by years, %

GATS (2008)	THS (2010)	GATS (2012)	THS (2014)	GATS (2016)	THS (2019)	TEPAV Survey (2022)
27.4	25.4	23.8	27.3	29.6	28.0	31.2

Reference: CDC, TurkStat, WHO, TEPAV survey 2022, TEPAV compilations and calculations

Smoking and Vaping Prevalence in Türkiye, 2022
(Reference: Health Research Survey by TurkStat, 2022)

Smoking prevalence:

	DAILY	OCCASIONAL	QUIT
MEN	41.31%	4.01%	13.02%
WOMEN	15.48%	3.55%	4.66%

Vaping prevalence:

	DAILY	OCCASIONAL	QUIT
MEN	0.52%	1.26%	2.91%
WOMEN	0.20%	0.75%	1.09%

The Costs of Smoking

Smoking-Attributable Fraction (Tütüne Atfedilir Oran)
Smoking-Attributable Health Expenditures (Tütüne Atfedilir Sağlık Harcamaları)

- The "tobacco attributable fraction" is a metric that indicates the proportion of diseases caused by tobacco use.

- It serves as an indicator of the extent to which tobacco use is associated with healthcare utilization, healthcare costs, deaths, and other health risks. It is based on prevalence rate and relative risk of smokers vs.non-smokers.

(Reference: The Social Security Institution (SGK) World Bank Tobacco Report, 2010)

What do we know about the new products?

Quite a bit is known. For example:

- Used by heating, without burning, such as in e-cigarettes,
- We observe a significant increase in their use,
- Emerged as a tool to obtain nicotine without getting smoke, in other words, to quit or reduce traditional cigarettes,
- Found to be effective in this regard,
- Found to carry much less health risk than smoking,
- Many do not contain tobacco, but contain nicotine, which is addictive.

➢ **What motivates consumers to try, use, or quit tobacco products?**

➢ **How do smoking and vaping affect users' health? Compared to cigarettes, what are the health risks of new products?**

➢ **How do consumers perceive the new products? As tobacco products, electronic tools, cessation tools, fashion items?**

➢ **How do regulations influence consumers' perceptions, attitudes, and behaviors?**

➢ **How do the product attributes (price, legal status, and flavor availability) affect consumer choice?**

➢ **What is the best regulatory strategy for Türkiye regarding traditional and new tobacco products?**