**STATEMENT OF**

**TURKISH NATIONAL COALITION ON TOBACCO OR HEALTH (SSUK)**

**REG. THE DECREE OF COUNCIL OF MINISTERS 2014/6836**

**The following is the statement of the Steering Committee of the Turkish National Coalition on Tobacco Control of Health made regarding the Decree of Council of Ministers dated 30 September 2014 and numbered 2014/6836, which was published in the Official Gazette on 16 October 2014:**

The Decree of Council of Ministers dated 30 September 2014 and numbered 2014/6836, which was published in the Official Gazette on 16 October 2014 states that, “*independent of their social security status, and on the condition that their numbers do not exceed 300,000, patients receiving cessation treatment shall obtain through tobacco addiction therapy and education units nicotine replacement products and pharmaceuticals containing Bupropion HCI and Varenicline to be distributed by the Ministry of Health to first, second and third tier health care facilities.*”

Following the publication of the Decree, the Turkish press has covered it extensively with such headlines as “tobacco cessation medications to be handed out for free”. Such a news article in English can be found at <http://www.dailysabah.com/nation/2014/10/16/free-treatment-for-300000-nicotine-addicts>.

The decree is evidence for the unfortunate misinformation contained in WHO Report on the Global Tobacco Epidemic, 2013 (<http://apps.who.int/iris/bitstream/10665/85380/1/9789241505871_eng.pdf?ua=1> ), which states that “*Today, one country, Turkey, now protects its entire population of 75 million people with all five MPOWER measures at the highest level.*” (p. 13 and 42), and in the section titled “*Turkey marks singular achievement in tobacco control*” (p. 46-47), it is stated that “*the government established a national quit service in 2010 and began to cover costs of nicotine replacement therapy and other cessation services.*” Further, Turkey is shown as an example for other countries in that “*subsidized cessation can be offered to more people, and access made easier.*”

In Turkey, the costs of medications used in cessation therapy are not covered or reimbursed by the Social Security Authority. Since the introduction of Law No 4702, which is Turkey’s flagship tobacco control legislation, the Ministry of Health has failed to fulfil its legal duty under Article 4(9) of this Law, which clearly provides that “*the Ministry of Health shall work on programs encouraging tobacco cessation and making pharmaceutical therapy of tobacco addiction accessible*”.

The rather spasmodic remedy for only 300,000 patients (or more likely 300,000 boxes of medicines) is far from introducing a solution in a country where the estimated number of smokers amounts to 15 million, and it certainly does not comply with medical ethics, as well as the principles and conventions of equitable health care provision.

The Ministry of Health is repeating the same mistake of providing a limited number of free smoking cessation medications as hand-outs on a first-come, first-serve basis. As in the case of 270,000 boxes of Bupropion and Varenicline which were made available in 2011, the stocks are expected to be depleted in an estimated short period of 6 months and the effects of the policy to remain extremely limited and unsustainable. The press release of the Turkish Thoracic Society made on 18 October 2014 on the subject matter (<http://www.toraks.org.tr/userfiles/file/Sigara%20B%C4%B1rakma%20%C4%B0la%C3%A7lar%C4%B1n%C4%B1n%20%C3%9Ccretsiz%20Da%C4%9F%C4%B1t%C4%B1lmas%C4%B1.pdf>) points at the experience of 3 years ago, when the announcement of free distribution of medications caused people to flock to cessation clinics demanding medications without receiving proper evaluation and full treatment, causing disruption of services, and in some instances, harassing doctors. And when the clinics ran out of stocks in few months, treatment programs forged on the basis of availability of free pharmaceuticals had to be discontinued.

The Turkish tobacco control community believes that tobacco use is a treatable disease, and therefore should be included within the universal coverage of patient care. Cessation therapies are remarkably cost effective, and accessibility through universal coverage would benefit entire population and result in high quit rates. For this reason, the Steering Committee of SSUK urges the Turkish Government to take the necessary measures to cover the costs of tobacco cessation therapy under the social security scheme of the country and to rectify misinformation about the country’s achievements based on facts, which would ultimately serve for the greater good of public health in Turkey and abroad.