

Assessing the level of compliance with smoke-free legislation is key to reducing secondhand smoke exposure. Turkey enacted smoke-free legislation in 2008 extending it to hospitality venues in July 2009. [In a previous report](#), we provided the level of compliance with the smoke-free legislation in Turkey in 2013. We reassessed the presence of smoking, ashtrays, cigarette butts, and “No Smoking” signs in both indoor and outdoor areas of the same hospitals that had been assessed in 2013 as well as in narghile venues, which had not been assessed previously.

In February 2015, the Turkish Ministry of Health released a circular, proposing a ban on the use of tobacco and tobacco products within at least five meters of the entrance to public buildings. We, therefore, assessed the compliance level of outdoor areas of venues in this study. The study was conducted between December 2016 and January 2017 in Ankara, Istanbul and Izmir. Researchers observed 44 hospitals and 75 narghile venues for a total of 543 indoor locations and 6673 people observed (Table 1).

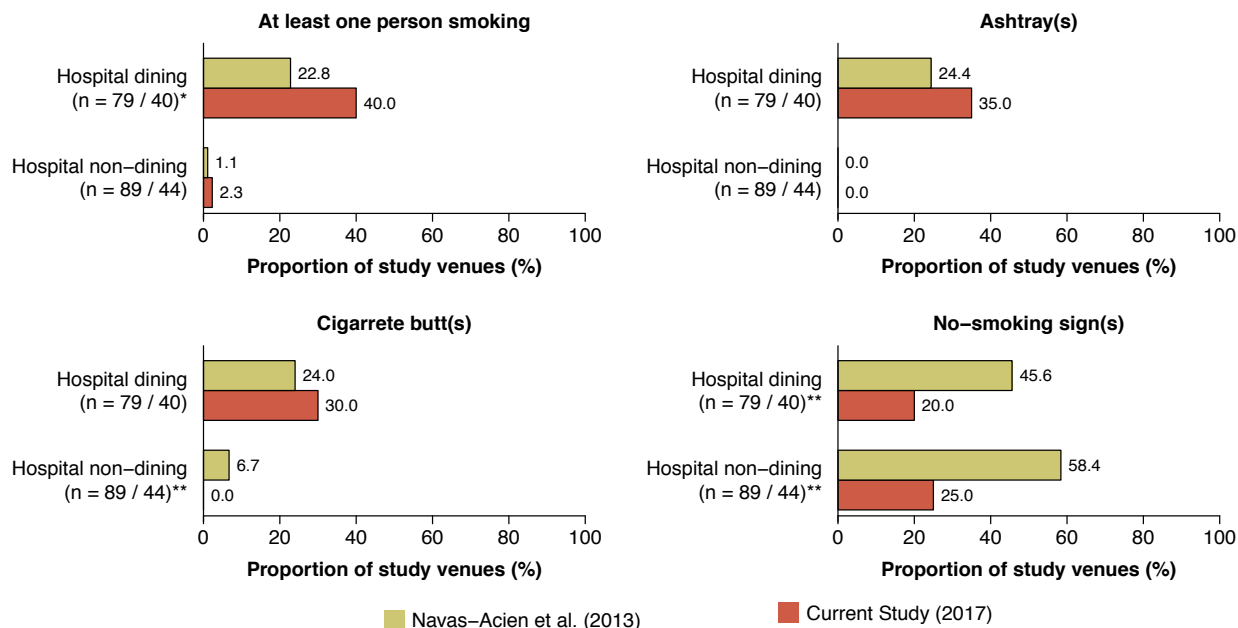
Table 1. Number of observations in indoor areas of hospitals and waterpipe venues, Turkey, 2016–2017

Venue Type	Area	Number of hospitals	Number of locations	Number of people observed
Hospital	Indoor dining	40	40	883
Hospital	Indoor non-dining	44	217	3654
Waterpipe venue	All Indoor	75	286	2136

Results

In hospital dining areas (n=44), the presence of smoking (40% vs 23%), ashtrays (35% vs 24%) and cigarette butts (30% vs 24%) was higher in 2017 compared to 2013, while the presence of no-smoking signs was lower both in the dining (20% vs 46%) and non-dining (25% vs 58%) areas of hospitals (Figure 1). Few non-smoking signs had penalty information (24%) and often they were not easily visible (59%). Compliance was excellent in non-dining indoor areas of hospitals, with just one smoker observed in one hospital.

Figure 1. Observations of smoking, ashtrays, cigarette butts, and no-smoking signs in indoor areas of hospitals, by dining and non-dining areas, in the 2013 (Navas-Acien et al.) and the current study (2017)

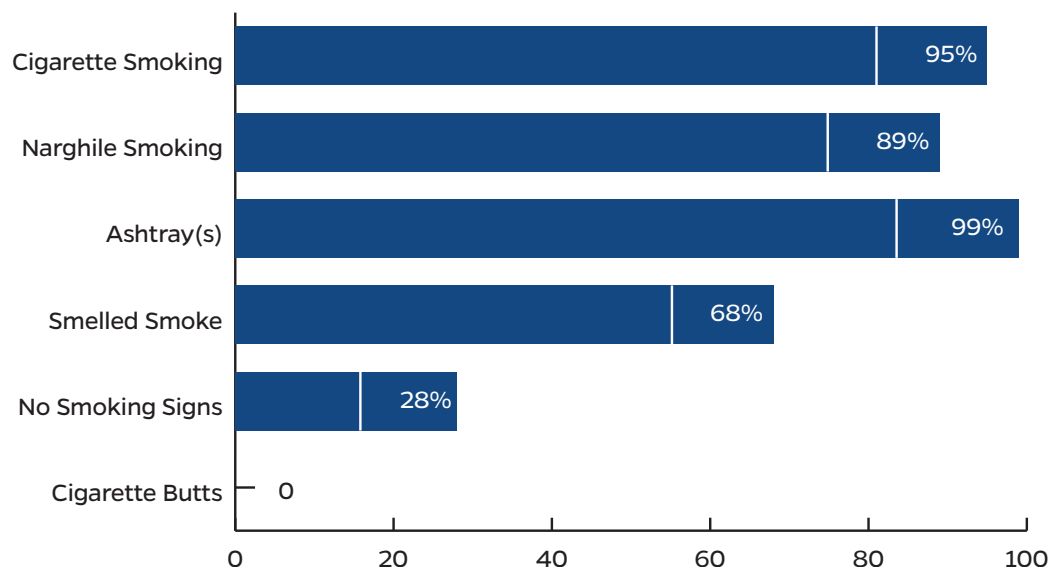


Notes: The sample sizes are shown as number of venues observed in Navas-Acien / Current study
*p-value<0.05 **p-value<0.001

Results, continued

Among narghile venues (n=75), we observed cigarette smoking in 95%, narghile smoking in 89%, ashtrays in 99%, no-smoking signs in 28%, and smelled smoke in 68%. The signs generally did not include penalty information or health warnings and often were not visible. The mean number of narghiles in use per venue was 3.5 (median 2, interquartile range 0 to 5) and the mean number of narghile users per venue was 5 (median 3, interquartile range 0 to 7). Based on field staff observations, 3 narghile users seemed to be under 18 years old. The percentage of observed smoking in hospital outdoor areas was 77.3%, cigarette butts 93.2%, and ashtrays 45.5%. The same percentages in the outdoor areas of narghile venues were 2.7%, 45.2%, and 5.5%, respectively.

Figure 2: Observations of smoking, ashtrays, cigarette butts, no smoking signs, and smoke smell in narghile venues, Turkey, 2016–2017

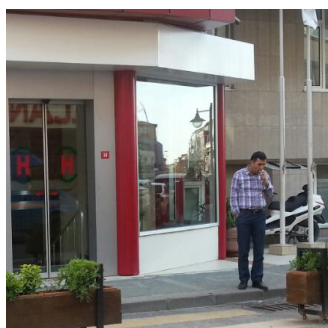


Conclusions

- We reassessed compliance with smoke-free legislation in hospitals in 3 cities in Turkey and compared the results between 2013 and 2017. Compliance was high in indoor non-dining areas of hospitals but low in dining areas.
- We assessed compliance with smoke-free legislation in narghile venues de novo in 2017. Compliance was very low: cigarette and narghile smoking was observed in 95% and 89% of the venues, respectively.
- An action plan is urgently needed to increase compliance with the smoke-free legislation in hospital dining areas and narghile venues to protect people in Turkey from the serious health effects of secondhand tobacco smoke.



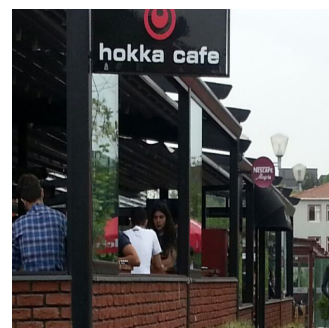
Hospital



Hospital



Hospital



Water pipe venue