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Evaluation of Province Tobacco Control Inspectors' Field Experiences and Opinions About Smoke-Free Airspace*

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Main Points

- Tobacco inspectors most frequently stated that hookah cafes, traditional coffee houses/tea houses, bars/night clubs, and cafeterias/pastry shops have low compliance with the smoke-free airspace implementation.
- Half of the participants stated recording the inspections with cameras and the majority of the participants stated that the Green Detector application would facilitate the work of tobacco inspectors.
- Tobacco inspectors suggested that the definition of outdoor and indoor areas should be clarified, inspectors from different institutions should be assigned to the inspection teams, fines should be made more deterrent, the powers of inspectors should be increased, the conditions for obtaining licenses for establishments where tobacco is sold and served should be heightened, and security measures should be increased during inspections.

Abstract

This study was conducted to evaluate the field experiences of tobacco inspectors working in the smoke-free airspace implementation in Ankara Province and their opinions and suggestions on the development of smoke-free airspace implementation. Ankara Provincial/District Health Directorate's 77 tobacco control coordinators, tobacco inspectors, and clerical staff working in official correspondence between institutions participated in the study. The mean age of the participants was 44.36 ± 7.4 years (min: 24; max: 63); 61.0% (n = 47) were male, 49.4%(n = 38) were between the ages of 40 and 49, 53.2%(n = 41) were university graduates and above, and 33.8% (n = 26) were environmental health technicians. Of the participants, 81.9% stated that hookah cafes, 75.4% of traditional coffee houses/tea houses, 70.2% of bars/night clubs, and 66.3% of cafeterias/pastry shops have low compliance with the smoke-free airspace implementation, and 70.2%(n = 54) of the participants think that fines are generally useful, 59.7% (n = 46) emphasized camera recording of inspections, and 62.3%(n = 48) emphasized that the Green Detector application would facilitate the work of tobacco inspectors. Participants mentioned problems such as unclear definition of outdoor and indoor areas, insufficient knowledge of enterprises and the public about legal regulations, limited number of tobacco inspection teams, safety concerns of inspectors, and lack of technical infrastructure. They also suggested assigning inspectors from different institutions to the inspection teams, making fines more deterrent, increasing the authority of inspectors to impose fines, reviewing the licenses of establishments where tobacco is sold and served, aggravating the conditions for obtaining licenses, and increasing security measures.

Keywords: Second-hand smoke, Smoke-free airspace, tobacco, tobacco inspectors, tobacco laws

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Introduction

The tobacco epidemic, which is the most important public health threat in the world, was the leading cause of preventable diseases and deaths in the world in the last century, and it is understood that it will continue to be the same in the 21st century if current trends continue. The use of tobacco and tobacco products not only negatively affects the health of the user but also causes a wide range of diseases ranging from sudden infant death syndrome, respiratory infections, ear infections, asthma attacks, coronary heart disease, stroke, lung cancer, and death for those exposed to tobacco smoke (Remesh Kumar et al., 2018; WHO, 2024).

World Health Organization (WHO) has developed the MPOWER policy package, which includes six policy headings, to guide all countries in the fight against tobacco. Among these policies, the "P" (Protect) item in the second article symbolizes the creation of smoke-free environments to protect against passive smoking (WHO, 2008). The concept of smoke-free areas and related initiatives, which date back to the 18th century, came to the agenda in those years to reduce the risk of fire. Smoke-free areas applied in indoor public places protect non-tobacco and tobacco product users from the harms of second-hand tobacco smoke, as well as being a tremendous public health policy that can increase the motivation of smokers to quit smoking. Today, there are 74 countries with 100% smoke-free indoor airspaces and more than 2 billion people live in these countries (Hyland et al., 2012; WHO, 2023).

Studies have shown that smoke-free airspace practices have reduced respiratory and cardiovascular diseases such as chronic obstructive pulmonary disease (COPD) exacerbations, asthma attacks, acute coronary syndrome, stroke, and related hospitalizations (Lushniak, et al., 2014). There have also been changes in individuals' smoking behavior after smoke-free airspace policies, and smokers have been found to be more careful in their own homes, which are not covered by the ban (Hayes et al., 2012). Smoke-free airspace practices have even been associated with a decrease in smoking habits among young people (Titus et al., 2021).

The first smoke-free airspace initiative of Türkiye, where this study was conducted, was with the law enacted in 1996, and with the expansion of the scope of the law in 2008, it succeeded in becoming the third fully smoke-free country in Europe after the UK and Ireland in 2009 (Bilir, 2016). In fact, this success story of Türkiye has been shown as an example to other countries by the WHO (WHO, 2013).

Türkiye has banned the use of tobacco and tobacco products in open spaces in public institutions and organizations, in open spaces used by children (e.g., playgrounds) or created for physical activity (e.g., walking trails, sports fields), in areas where people move collectively (e.g., airports, bus terminals, train stations, shopping malls, cinemas, theaters, and health facilities) at least 5 m away from the entrance of public buildings (SB, 2015).

In order to increase compliance with the smoke-free airspace implementation in indoor areas, inspections are carried out by inspection teams whose secretariat is established by local health administrations. Within the inspection teams consisting of at least 2 people, personnel from public institutions such as Health Directorate, Police Directorate, National Education Directorate, Municipalities are assigned. Care is taken to ensure that there is a representative of law implementation agencies (police, gendarmerie) in each team. Teams undergo in-service training before going to the field and are equipped with technical infrastructure such as tablet computers and internet. Teams record the work and transactions related to the inspection in the Türkiye Ministry of Health Smoke-Free Airspace Inspection System (DHSDS) (Benli, 2023).

Smoke-free airspace implementation inspections are carried out routinely or upon notification. Notifications received through the Green Detector Application or ALO 184 SABIM (Ministry of Health Communication Center) applications are recorded on DHSDS. The provincial/district coordinator evaluates the notification and notifies the inspection team active in the field. Inspection teams carry out the inspection as soon as possible. If a violation is detected, a report is kept and all transactions are recorded on DHSDS after being evidenced by means such as photographs. Smoke-free airspace implementation inspection algorithm is given in Figure 1. The inspection teams operating across the country carried out nearly 4 million inspections in 2018 and issued more than 65 million TL in fines (SB, 2013)(Figure 1).

Despite the serious efforts of local health administrations to increase the compliance of the smoke-free airspace implementation by the public and enterprises, inspections may be ineffective due to reasons such as the fact that all kinds of organization of the inspections are carried out through health personnel, the passive role of the security personnel in the team during the inspections, thus creating a security weakness, and the fact that enterprises make various moves and develop different methods by frustrating the efforts of the teams to conduct objective inspections (Lushniak et al., 2014). In addition, relaxation in inspections, especially during election and referendum periods, difficulties in the collection of fines imposed on enterprises and the public, and the ignoring of enterprise closure fines by some authorities negatively affect the morale and motivation of smoke-free airspace implementation inspection teams (Mutlu & Seydioğulları, 2017). However, there are very few studies in the literature investigating these problems experienced by smoke-free airspace implementation inspectors.

This study was conducted to evaluate the field experiences of tobacco inspectors working in the smoke-free airspace implementation in Ankara, the capital of Türkiye and their opinions and suggestions on the development of smoke-free airspace implementation.

Material and Methods

In March 2023, in cooperation with the University of Health Sciences and Ankara Provincial Directorate of Health, capacity building training was provided for 91 smoke-free airspace inspection coordinators, tobacco inspectors, and clerical staff in charge of official correspondence between institutions in Ankara Province and 25 District Health Directorates. For this cross-sectional study, all personnel who participated in this training were invited, but the study was completed with 77 (84.6%) participants

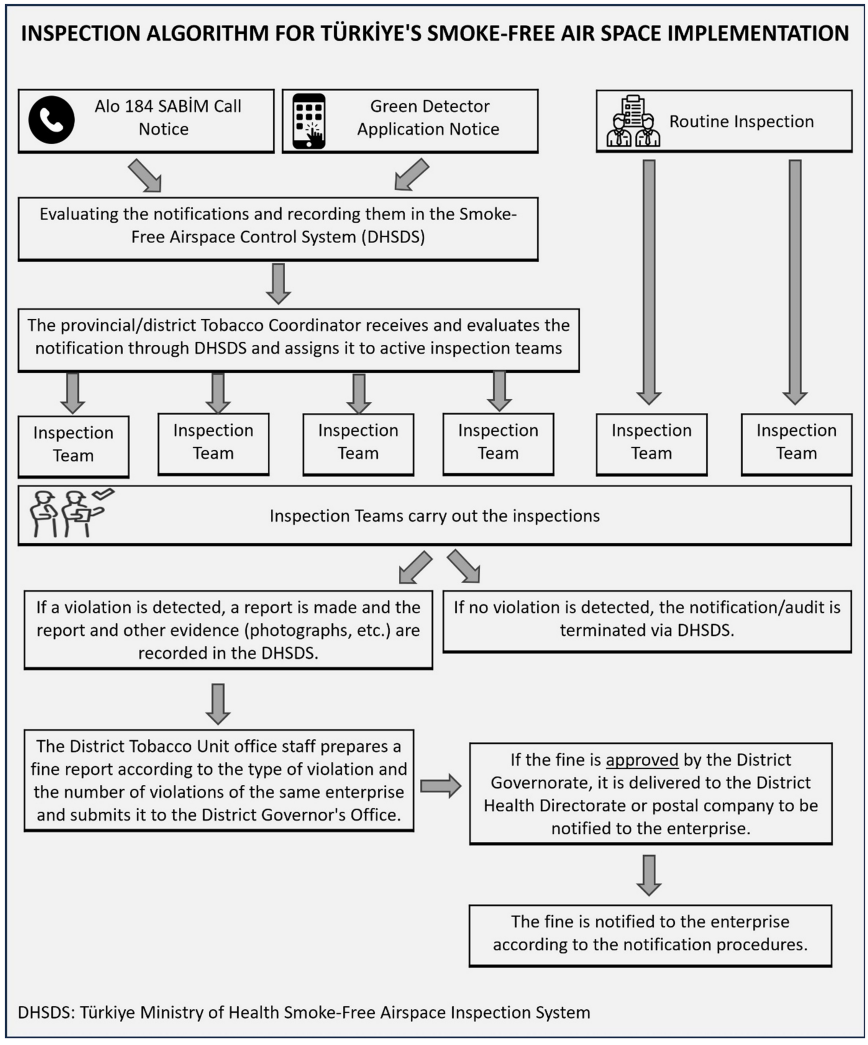

Figure 1. Inspection algorithm for Türkiye's smoke-free air space implementation.

who agreed to participate in the study and gave written consent. The district distribution of the participants is given in Table 1.

The questionnaire form, which was created by the researchers based on the literature and took about 15 minutes to complete, was applied to the participants by face-to-face method. The questionnaire consisted of questions about the sociodemographic characteristics of the participants such as age, gender, education level, occupation, income status, smoking consumption, presence of chronic diseases, working patterns, participation in smoke-free airspace inspections and the problems they encountered during inspections, their experiences with notice and routine inspections, the distribution of the types of enterprises inspected, and their opinions and suggestions about inspections and legislation.

Prior to the study, the approval of the Gülhane Scientific Research Ethics Committee (approval Number: 2023/109; date: March 14,2023) was obtained. No financial support was received from any institution or organization for the study.

Statistical Analyses

Data analysis was performed using IBM SPSS 26 (IBM SPSS Corp.; Armonk, NY, USA) statistical package program, and descriptive data were given as number and percentage distributions for categorical variables and mean ± standard deviation for continuous variables. The chi-square test was used to compare categorical variables. Significance level $p < .05$ was accepted as the level of statistical significance.

Results

The study included 77 tobacco control coordinators, tobacco inspectors, and clerical staff in charge of official correspondence between institutions working in the smoke-free airspace implementation. The mean age of the participants was 44.36 ± 7.4 years (min: 24; max: 63); 61.0% (n = 47) were male, 49.4% (n = 38) were between the ages of 40 and 49 years, 53.2% (n = 41) were university graduates and above, 33.8% (n = 26) were environmental health technicians. Regarding work, 70.1% (n = 54) worked at the district health directorate and 18.2% (n = 14) worked at the provincial health directorate. Also, 13.2% (n = 11) of the participants were tobacco control coordinators, 21.7% (n = 18) were tobacco unit employees, and 65.1% (n = 54) were tobacco field inspectors (participants may have assumed more than one role in the institutions they worked in). Of the participants, 24.7% (n = 19) stated that they had a

Table 1.
District Distribution of Participants (n = 77)

District	n	%	District	n	%
Provincial Directorate of Health	14	18,2	Beypazarı	3	3,9
Etimesgut	4	5,2	Kalecik	3	3,9
Çankaya	4	5,2	Akyurt	2	2,6
Sincan	3	3,9	Bala	2	2,6
Yenimahalle	3	3,9	Elmadağ	2	2,6
Altındağ	3	3,9	Gölbaşı	2	2,6
Çubuk	3	3,9	Haymana	2	2,6
Keçiören	3	3,9	Kahramankazan	2	2,6
Mamak	3	3,9	Nallıhan	2	2,6
Güdül	3	3,9	Polatlı	2	2,6
Pursaklar	3	3,9	Çamlıdere	1	1,3
Şereflikoçhisar	3	3,9	Evren	1	1,3
Ayaş	3	3,9	Kızılcahamam	1	1,3
			Total	77	100,0

chronic disease and 37.7% (n =29) stated that they were current smokers (Table 2).

While 87.0% (n = 67) of the participants actively participate in smoke-free airspace inspections, the rest of them carry out the official correspondence of the unit. Also, 34.3% (n = 23) of those who actively participate in smoke-free airspace inspections and 70.0% (n = 7) of those who do not actively participate in inspections are women. A statistically significant difference was found in the distribution of active participation in smoke-free airspace inspections by gender ($p < .05$).

Participants were asked about their experiences with routine and notice inspections. Routine inspections were described as very easy by 3.9%, easy by 27.3%, medium by 53.2%, difficult by 11.7%, and very difficult by 3.9% of the participants. As for notice inspections, 2.6% of the participants described them as very easy, 19.5% as easy, 49.4% as medium, 14.3% as difficult, and 14.3% as very difficult (Figure 2).

The distribution of participants' answers to the questions "Which types of enterprises do you frequently inspect?" and "Which of the types of enterprises visited during inspections have low compliance with the smoke-free airspace implementation?" is given in Figure 3. Accordingly, 96.2% of the participants stated that they frequently inspect restaurants, 97.5% cafeterias/pastry shops, 96.2% traditional coffee houses/tea houses, and 81.9% hookah cafes. In addition, 81.9% of the participants emphasized that hookah cafes, 75.4% of traditional coffee houses/tea houses, 70.2% of bars/nightclubs, and 66.3% of cafeterias/pastries have low compliance with the smoke-free airspace implementation.

Of the participants, 70.2% (n = 54) stated that they thought that fines were generally useful, 59.7% (n = 46) stated recording the inspections with cameras, and 62.3% (n = 48) stated that the Green Detector application would facilitate the work of tobacco inspectors, and 84.4% (n = 65) of the participants stated that they had received education on smoke-free airspace practices within the scope of Law No. 4207, 71.4% (n = 55) on communication skills, and 90.9% (n = 70) on the harms of smoking. Also, 50.6% (n =39) of the participants suggested limiting smoking in open areas such as the main entrance, patio/garden in workplaces etc. (Table 3).

In addition, the suggestions of the participants were received on the difficulties experienced in smoke-free airspace implementation inspection activities, what can be done to improve smoke-free airspace inspection activities and increase compliance with the relevant law, and what can be done to improve the Green Detector Application. Participants mentioned problems such as unclear definition of outdoor and indoor areas, security concerns of inspectors in some enterprises, insufficient knowledge of enterprises and the public about legal regulations, limited number of tobacco inspection teams despite the high number of enterprises to be inspected. In addition, the definition of outdoor and indoor areas should be clarified, inspectors from different institutions should be assigned to the inspection teams, fines should be made more deterrent, the authority of inspectors to impose fines should be increased, the licenses of enterprises where tobacco is sold and served should be reviewed, the conditions for obtaining licenses should be aggravated, and security measures should be increased. They made suggestions such as increasing the recognition of the Green Detector application by promoting it, taking measures to prevent false reports made with the Green Detector application, imposing the necessary fines on those who are found to have made false notices, making the interface of the Green Detector application easier to use for users, and transforming it into a user-friendly application. Other problems and solution suggestions of the participants are presented in Table 4.

Discussion

After signing the Framework Convention on Tobacco Control, which is the first international agreement on the fight against tobacco, Türkiye prepared action plans and implemented the necessary legal regulations without wasting time. Within the scope of these regulations, a guide was prepared especially for the supervision of the smoke-free airspace implementation in indoor areas. According to this guide, inspection works and procedures are carried out by a commission in the provinces and the secretariat of this commission is carried out by the provincial health directorate. (SB, 2011). This study, which was conducted to determine the problems encountered by provincial/district health directorate employees who coordinate secretariat and field inspection activities during field inspection and official correspondence stages and to evaluate their solution suggestions, is one of the few studies in the literature thanks to the participation of tobacco inspectors and clerical staff from all districts in the province.

Of the participants 39.0%, all of whom are in charge of smoke-free airspace implementation in Ankara Province, are women. When we look at the rate of women among those who actively participate in smoke-free airspace inspections, it is seen that it decreased to 34.3%. There is a statistically significant difference in the distribution of active participation in smoke-free airspace inspections according to gender ($p < .05$). This shows that women prefer background tasks rather than actively participating in

Table 2.
Some Sociodemographic Characteristics Of Tobacco Inspectors and Their Role in Smoke-Free Air Space Implementation

Characteristics		***n***	**%**
Gender	Woman	30	39.0
	Man	47	61.0
Age groups	20 – 29 years	2	2.5
	30 – 39 years	17	22.1
	40 – 49 years	38	49.4
	50 – 59 years	19	24.7
	60 years and above	1	1.3
School of graduation	High school	19	24.7
	High school and equivalent	17	22.1
	University	32	41.5
	Master's degree and above	9	11.7
Occupation	Environmental health technician	26	33.8
	Civil servant	18	23.4
	Midwife/nurse	14	18.2
	Health officer	14	18.2
	Doctor/specialist/Head of the Department	5	6.4
Working unit	District Health Directorate	54	70.1
	Provincial Directorate of Health	14	18.2
	Community Health Center	9	11.7
Role in the implementation of the smoke-free air space*	Inspector	54	65.1
	Unit employee	18	21.7
	Tobacco control coordinator	11	13.2
Actively participating in smoke-free airspace inspections	Yes participates	67	87.0
	No do not participate	10	13.0
Working hours	Weekdays from 8 to17 hours	44	57.1
	Seizure system	33	42.9
Income status	Income pays for expenses	39	50.6
	Income less than expenditure	27	35.1
	Income more than expenditure	11	14.3
Chronic disease condition	Yes	19	24.7
	No	58	75.3
Smoking status	Does not smoke	26	33.8
	Still smoking	29	37.7
	Quit smoking	22	28.5

*Some participants take more than one role.

field inspections. In the study conducted by Demir et al. with tobacco inspectors in Konya Province, it was reported that 98.0% of the participants were male and there was only one female inspector (Demir et al. 2017). Compared to this study, the rate of female inspectors in our study is quite high. In a study investigating the difficulties experienced by female inspectors in a different sector, difficulties such as the fact that inspections are a male-dominated profession, women's responsibilities (home-work), not being accepted as an authority in inspection, the existence of prejudices against female inspectors, and the low number of female inspectors were pointed out (Babaoğlan, 2011). However, a report published in the United States emphasizes that having a female inspector increases success in tobacco audits (Ward, 2021).

Among the participansts, 37.7% reported that they were current smokers. According to the TUIK Health Survey 2022, the rate of daily tobacco use in the Turkish population over the age of 15 was 28.3%, and in a study conducted in a Provincial Health

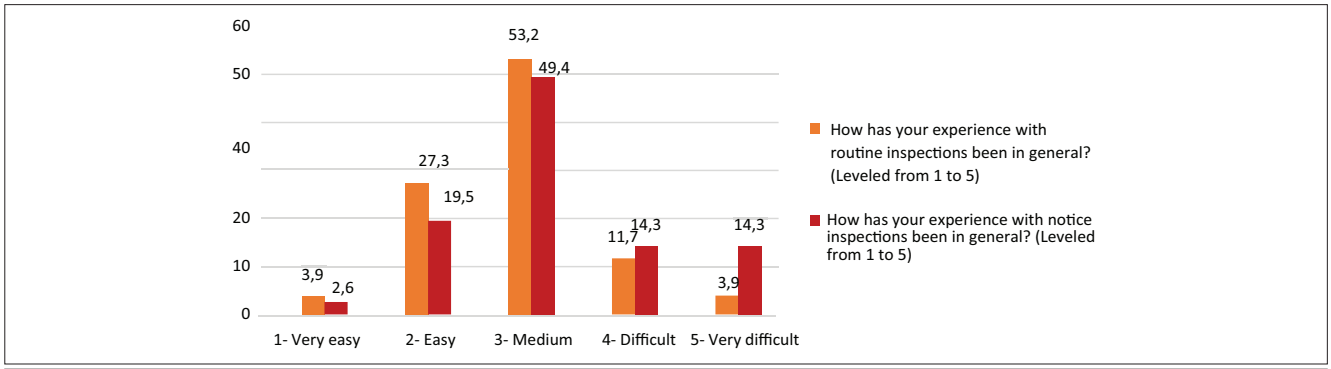

Figure 2. Difficulty level distribution of tobacco inspectors' experience with routine and notice inspections of enterprises.

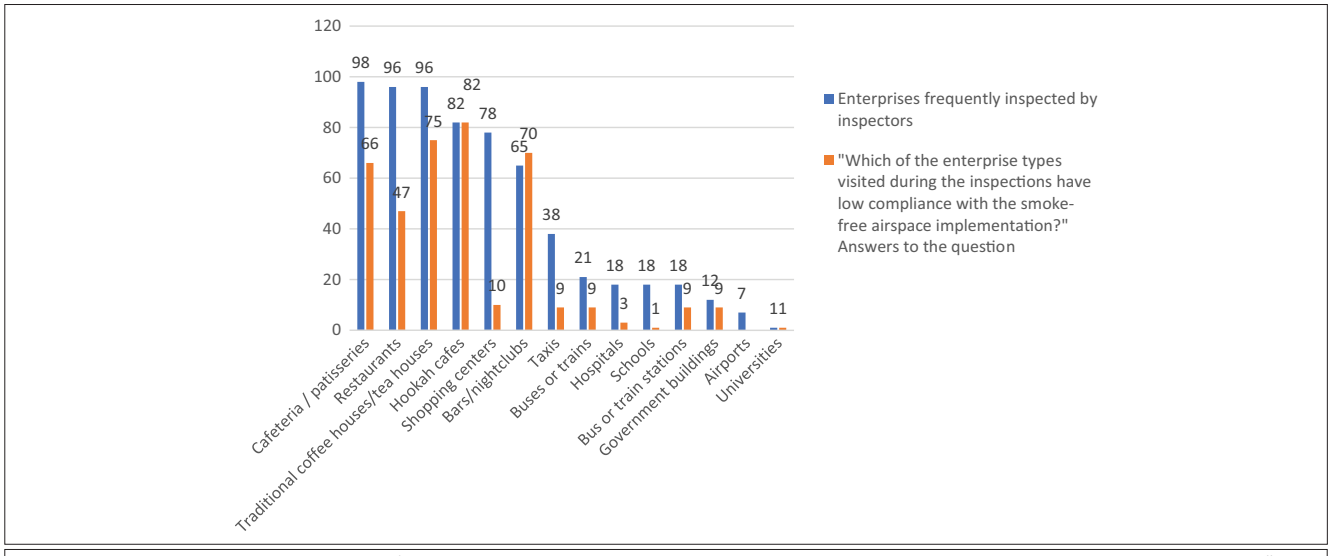

Figure 3. Distribution of participants' answers to the questions "What are the types of enterprises you frequently inspect?" and "Which of the types of enterprises visited during inspections have low compliance with the smoke-free airspace implementation?".

Table 3.
Distribution of Some Opinions and Suggestions of Tobacco Inspectors About Inspections and In-Service Trainings They Received

		n	%
In general, do you think that fines are useful?	Yes	54	70.2
	No	23	29.8
Do you think that recording inspections with cameras would facilitate the work of field inspectors?	Yes	46	59.7
	No	14	18.2
	No opinion	17	22.1
Does the Green Detector Application facilitate your inspection activities?	Yes it makes it easier	48	62.3
	No it does not make it easier	16	20.7
	No opinion	13	16.8
Have you received training on smoke-free airspace implementations within the scope of Law No. 4207?	Yes	65	84.4
	No	12	15.5
Have you ever received training on communication skills before?	Yes	55	71.4
	No	22	28.5
Have you ever received training on the harms of smoking?	Yes	70	90.9
	No	7	9.09
Do you recommend limiting smoking in open areas at your workplace (main entrance outside, patio/garden)?	Yes	39	50.6
	No	38	49.3

Table 4.
Inspectors' suggestions on the difficulties experienced in the inspection activities of smoke-free airspace applications, what can be done to improve the inspection activities and increase compliance with the relevant law, and what can be done to improve the Green Detector application

Difficulties Experienced in Smoke-Free Airspace Implementation Inspection Activities	Participants' Suggestions for Improving Smoke-Free Airspace Implementation Inspection Activities and Increasing Compliance with the Relevant Law
• Unclear definition of open space and enclosed area	• Clarifying the definition of open space and enclosed area
• Security concerns in some enterprises as a result of inspectors' confrontation with enterprise owners and/or employees	• Increasing security measures to prevent confrontation between enterprises and inspectors during inspections
• The knowledge of enterprises and the public about legal regulations is still insufficient	• Assigning inspectors from different institutions to inspection teams
• Limited number of tobacco inspection teams despite the high number of enterprises to be inspected	• Making fines more deterrent, increasing the authority of inspectors to apply fines
• Difficulties in the notification of fines to enterprises	• Reviewing the licenses of enterprises that sell and serve tobacco and aggravating the conditions for obtaining a license
• Excessive paperwork procedures in inspections	• Increasing the awareness of institutional officials on the subject through in-service trainings
• Lack of technical infrastructure	• Strengthening the technical infrastructure and eliminating infrastructure-related problems
Participants' Suggestions for Improving the Green Detector Application	
• Increasing the recognition of the application by promoting it	
• Taking measures to prevent false reports and imposing the necessary fines on those who are found to have made false notifications	
• Making the interface of the application easier to use for users, transforming it into a user-friendly application	
• Sharing the enterprise name and address as well as location information with the inspectors in the notifications made	
• Prohibition of more than 1 notification from the same enterprise within 2 hours	

Directorate in the Central Anatolia Region, the rate of current smoking among healthcare workers was 32.6% (TUIK, 2023; Çalışkan & Saykılı, 2020).

In Malatya Province, the smoking rate among members of the Provincial Tobacco Control Board was found to be 58.4% (Tülücü et al., 2012). Both our study and the studies in the literature show that, contrary to expectations, personnel involved in tobacco control use tobacco and tobacco products more frequently than the society and other healthcare professionals. In the world, it is known that in countries where the prevalence of tobacco use decreases, smoking among healthcare workers also decreases, whereas in countries where the prevalence of tobacco use increases or remains constant, the prevalence among healthcare workers, especially women, increases. However, health workers are expected to advocate for smoke-free airspace policies, encourage patients to quit smoking and, most importantly, be role models by not using tobacco (WHO Tobacco Free Initiative, 2005). In addition, more than 90% of the participants in our study stated that they had received training on the harms of smoking before. Studies have already shown that healthcare professionals have more knowledge about the harms of smoking than other occupational groups, but for tobacco control and awareness of being a role model, it is not enough to know the harmful effects of smoking on health (Gaydan et al., 2013).

Compliance with indoor smoking bans varies according to the type of enterprise. According to the 2023 WHO Report On The Global Tobacco Epidemic, compliance is highest in health and education facilities and lowest in cafes, pubs, bars, private offices, and restaurants (WHO, 2023). In this study, 31.2% of the participants characterized routine inspections as very easy and easy, and 15.6% as difficult and very difficult according to their field experiences, while these rates were 22.1% and 28.6%, respectively, for notice inspections. This shows that smoke-free airspace implementation inspectors experience more difficulty in notice inspections than in routine inspections. In order of frequency, participants stated that they most frequently inspect restaurants, cafeterias/pastry shops, traditional coffee houses/tea houses, and hookah cafes; in addition, starting from the most non-compliant, hookah cafes, traditional coffee houses/tea houses, bars/night clubs, and cafeterias/pastry shops have low compliance with the smoke-free airspace implementation. Looking at recent studies around the world, it was observed that restaurants in Pakistan, bars and restaurants in Guatemala, restaurants, cafes, bars, and nightclubs in Russia, shopping malls, cafes, hotels, and public facilities in Indonesia, and restaurants, entertainment, and shopping venues in Nepal were the least compliant with smoke-free airspace practices (Ahsan et al., 2022; Barnoya et al., 2016; Zasimova, 2019; Nasution et al., 2022; Basnet et al., 2022). Similar to our study, schools and health institutions in India and health institutions in Bangladesh are the most compliant indoor spaces (Goel et al., 2018; Chowdhury et al., 2023).

In our study, hookah cafes ranked fourth after cafeterias, patisseries, restaurants and traditional coffeehouses/tea shops in

the ranking of the most frequently inspected enterprises, while they were the most non-compliant type of enterprise. When enterprises with low compliance are evaluated as places where inspectors have more difficulties, it can be said that these enterprises are mostly inspected based on notifications. In addition, if routine inspections were carried out effectively and efficiently, it could be thought that there would be no need for notification inspections since the targeted tobacco control would be achieved. The Ministry of Health of the Republic of Türkiye developed a system using GPS-supported tablet computers in order to conduct smoke-free airspace inspections faster and more efficiently within a program covering all the enterprises in the province, to monitor and evaluate the inspection data instantly, and to record evidence of violations such as photographs and videos, and made this system available to tobacco inspectors working in all provinces. The Ministry of Health's inter-provincial cross-inspection model aims to ensure more effective inspections. The aim of this model is to recognize the inspectors who conduct inspections in their own region over time and to prevent them from being subjected to pressure to write fines (SB, 2018).

Countries have developed a number of interventions to increase compliance with smoke-free policies. Almost all countries (87%) impose fines on enterprises, users, or both for violations of smoking bans. Türkiye is one of the countries that fines both (WHO, 2023). According to one view, the responsibility for enterprises to be smoke-free should predominantly lie with the owner or manager. For inspectors, it is easier to catch enterprises that do not comply with the law due to evidence such as ashtrays, visible cigarette smoke, and inappropriate signage (Efroymson & Alam, 2009). In a study conducted at an American university, it was observed that fines significantly reduced cigarette consumption, but not to zero (Clemons et al., 2018). Again, a study conducted in the United States has shown that in cities where tobacco-related laws and fines are applied uncompromisingly, there is a significant decrease in tobacco sales compared to cities where tobacco-related laws and penalties are applied more loosely (Jason et al., 2003). In this study, 70.2% of the inspectors who participated in the study think that fines imposed on businesses and individuals are useful in ensuring a smoke-free airspace. Considering the inspection system for smoke-free airspace protection and tobacco control in Türkiye, a higher percentage of field inspectors, who are the providers of tobacco control, could be expected to think that fines are useful. In order to make inspections more effective, the opinions and suggestions of inspectors should be listened to. Most of the inspectors stated that recording the inspections with cameras and expanding the Green Detector application would facilitate the inspection activities. Green Detector, which was developed as a mobile application by the Turkish Green Crescent to ensure tobacco control in enclosed spaces, provides detailed location and enterprise information to tobacco inspectors in real-time by keeping the identity of the notifier confidential (Bilkay et al., 2023). In a study conducted in Samsun, it was emphasized that the number of notifications increased after the Green Detector application (Arslan et al., 2019). Although the Green Detector is seen as an effective and useful application for tobacco control, a study conducted with enterprise owners in Istanbul and Sakarya, two of Türkiye's largest cities, suggests that this application can be easily misused by malicious citizens or business owners (Arifoğlu et al., 2021).

Tobacco inspectors who participated in the study listed problems such as unclear definitions of open and closed areas, insufficient knowledge of enterprises and the public, insufficient number of teams, security concerns, and lack of technical infrastructure. In the study conducted by Demir et al. with tobacco inspectors in Konya province, it was stated that the most common problems experienced during inspections were verbal assault, threats, and physical assault (Demir et al., 2017). In Demir et al.'s study, the majority of the inspectors were law enforcement officers, whereas in our study, all of the tobacco inspectors participating in the study were health workers. This may explain the difference in the prioritization and diversity of the problems encountered. In the study conducted by Kılınç on tobacco control, it was emphasized that the motivation of the inspection teams was low because they did not receive a satisfactory financial or moral reward and that law enforcement officers, who were members of the inspection teams, did not provide sufficient support to tobacco inspections. In the same study, it is recommended to establish special teams equipped with authorizations to ensure full implementation of the relevant law against these problems that reduce the effectiveness of tobacco inspections (Kılınç & Günay, 2014). In parallel with the problems they experienced, tobacco inspectors who participated in the study suggested clarifying the definition of outdoor and indoor areas, increasing security measures, raising awareness of the issue through trainings, strengthening the technical infrastructure and eliminating infrastructure-related problems, assigning inspectors from different institutions to the inspection teams, making fines more deterrent, increasing the authority of inspectors, reviewing the licenses of enterprises that sell and serve tobacco and tobacco products, and aggravating the conditions for obtaining licenses.

The WHO Framework Convention on Tobacco Control (FCTC) recommends the definition of an enclosed area as "any area covered by a roof or enclosed by one or more walls or sides, irrespective of the type of material used for the roof, walls, or sides, whether the structure is permanent or temporary" (WHO, 2013). The laws of many countries, such as the UK, Norway, France, Germany, Uzbekistan, etc., do not include a definition of an enclosed area, while there are differences between countries that do define an enclosed area in their laws. Undefined terms or vague definitions can undermine the enforcement of other substantive provisions of a law. For example, Brazil defines a closed area as: "a public or private place of a permanent or temporary nature, open to public or common use, wholly or partially enclosed on any side by walls, partitions, roofs, awnings, or covers." However, this definition has been found too vague. According to Taiwan's legislation, a place is an indoor space if it is enclosed by walls that cover more than a quarter of its total wall area. Bolivian law's definition of an enclosed space is in line with the FCTC's definition but is proposed to include both permanent and temporary structures (Tobacco Control Laws, 2024). According to the legislation in Türkiye, where this study was conducted, an enclosed space is defined as: "Areas with a fixed or mobile ceiling or roof (including tents, sunshades, etc.), all side surfaces of which are temporarily or permanently completely closed except for doors, windows, and entrance ways, and places with a ceiling or roof but more than half of the side surfaces are closed" (Turkish Prime Ministry Circular, 2008). Even if the ceilings or side surfaces of these areas

or both of them are kept open from time to time, these places are considered closed areas (Hasuder, 2012). Compared to other countries, Türkiye's definition of an enclosed space can be considered more open and inclusive. Nevertheless, the fact that tobacco inspectors who participated in the study stated that the lack of a clear definition of open and closed areas is a problem reveals the need for a legal regulation in this direction. This study, which evaluated the field experiences of tobacco inspectors working in the smoke-free airspace implementation and their opinions and suggestions on the development of the implementation, revealed that it is necessary to listen to the voices of inspectors to increase the effectiveness of the smoke-free airspace implementation. Measures should be taken to address the difficulties experienced by tobacco inspectors during field implementation, safety concerns, personnel and technical problems, and the relevant legislation should be updated in line with current needs. In addition, the level of knowledge and awareness of enterprise owners and the public about the smoke-free airspace implementation should be increased.

Limitations and Directions/Suggestions for Future Research

The strength of the study is that it was conducted with tobacco control teams working in almost all districts of Ankara. However, the fact that members of the police force were not included in the study can be seen as a limitation. In addition, since the study was conducted only with healthcare professionals working in the capital city of Ankara, the results obtained may not be generalizable to the country. This study can be carried out with other non-healthcare members of the smoke-free airspace implementation team, even enterprise owners and citizens, and the opinions of all parties of tobacco control can be evaluated.

Ethics Committee Approval: Ethical committee approval was received from the Ethics Committee of Health Science University Gülhane Faculty (approval number: 2023/109; date: March 14, 2023).

Informed Consent: Written informed consent was obtained from all participants who agreed to take part in the study.

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Extended Abstract

Ankara İli Tütün Denetçilerinin Saha Deneyimlerinin ve Dumansız Hava Sahası İle İlgili Görüşlerinin Değerlendirmesi

Giriş

Dünyada en önemli halk sağlığı tehdidi olan tütün salgını, geçen yüzyılda dünyada önlenebilir hastalık ve ölümlerin başlıca nedeniydi ve mevcut eğilimler devam ederse yirmi birinci yüzyılda da aynı şekilde olmaya devam edeceği anlaşılmaktadır. Türkiye'nin ise ilk dumansız hava sahası girişimi 1996 yılında çıkardığı yasa ile olmuş, 2008 yılında yasanın kapsamının genişlemesiyle 2009 yılında Avrupa'da tam dumansız üçüncü ülke olmayı başarmıştır. Hatta Türkiye'nin sergilediği bu başarı diğer ülkelere örnek gösterilmiştir. Dumansız hava sahası denetimleri yerel sağlık idareleri tarafından kurulan ekipler marifeti ile gerçekleştirilmektedir. Yerel sağlık idarelerinin ciddi çabalarına rağmen, denetimlerin her türlü organizasyonun sağlık personeli üzerinden yürütülmesi, denetimler sırasında ekipteki emniyet mensubunun pasif rol üstlenmesi, böylece güvenlik zafiyeti oluşması, işletmelerin ekiplerin nesnel denetim yapabilme çabalarını boşa çıkarak türlü hamleler yapmaları ve farklı yöntemler geliştirmeleri gibi nedenlerden dolayı denetimler etkisiz kalabilmektedir. Ayrıca özellikle seçim ve referandum dönemlerinde olmak üzere denetimlerde gevşemelerin olması, işletmelere ve halka uygulanan para cezalarının tahsilinde güçlükler yaşanması, işletme kapatma cezalarının bazı yetkililer tarafından göz ardı edilmesi dumansız hava sahası uygulaması denetim ekiplerinin moral ve motivasyonlarını olumsuz etkilemektedir. Bu çalışma, Ankara İli'nde dumansız hava sahası uygulamasında görev yapan tütün denetçilerinin saha deneyimlerinin ve dumansız hava sahası uygulamasının geliştirilmesi ile ilgili görüş ve önerilerinin değerlendirmesi amacıyla yapılmıştır.

Yöntem

2023 yılı mart ayında Sağlık Bilimleri Üniversitesi ile Ankara İl Sağlık Müdürlüğü iş birliği ile Ankara İli ve 25 İlçe Sağlık Müdürlüklerine 'ne bağlı toplam 91 Dumansız Hava Sahası Denetim Koordinatörleri, tütün denetçileri ve kurumlar arası resmi yazışmalarda görevli büro personeline yönelik Kapasite Geliştirme Eğitimi verilmiştir. Kesitsel tipte planlanan bu çalışma için eğitime katılan personelin tamamı davet edilmiş ancak çalışma, çalışmaya katılmayı kabul edip onam veren 77 (%84,6) katılımcı ile yine 2023 yılı mart ayında tamamlanmıştır. Katılımcılara araştırıcılar tarafından literatüre dayalı olarak oluşturulan ve doldurulması yaklaşık 15 dakika süren veri toplama formu yüz yüze yöntem ile uygulanmıştır. Veri toplama formu katılımcıların yaş, cinsiyet, öğrenim durumu, meslek, gelir durumu gibi sosyodemografik özellikler ile, sigara tüketimi, kronik hastalık varlığı, mesai düzeni, dumansız hava sahası denetimlerine katılma durumu ve denetimlerde karşılaştıkları sorunlar, ihbar ve rutin denetimler ile ilgili deneyimleri, denetlenen işletme türü dağılımları, denetimler ve mevzuat hakkındaki görüş ve önerilerini sorgulayan sorulardan oluşmaktadır. Çalışma öncesinde Sağlık Bilimleri Üniversitesi Gülhane Bilimsel Araştırmalar Etik Kurulu'nun 2023/109 kayıt numaralı uygunluk onayı alınmıştır. Araştırma için herhangi bir kurum veya kuruluştan maddi destek sağlanmamıştır. Veri analizi IBM SPSS 26 istatistik paket programı kullanılarak yapılmış, tanımlayıcı veriler kategorik değişkenler için sayı ve yüzde dağılımları, sürekli değişkenler için ise ortalama±standart sapma ile verilmiştir. Kategorik değişkenlerin karşılaştırılmasında Ki kare testi kullanılmıştır.

Bulgular

Çalışmaya Ankara İl/İlçe Sağlık Müdürlüğü dumansız hava sahası uygulamasında görev alan 77 tütün denetim koordinatörü, tütün denetçisi ve kurumlar arası resmi yazışmalarda görevli büro elemanı katılmıştır. Katılımcıların yaş ortalaması 44.36 ± 7.4 (min:24; max:63)'tür; %61,0 (n = 47)'i erkek, %49,4 (n = 38)'ü 40-49 yaş arasında,%53,2 (n = 41)'si üniversite ve üzeri mezunu, %33,8 (n = 26)'i çevre sağlığı teknisyenidir. %70,1 (n = 54)'i ilçe sağlık müdürlüğünde çalışmaktadır. Katılımcıların %13,2 (n = 11)'si tütün denetim koordinatörü, %65,1 (n = 54)'i ise tütün saha denetçisi olduğunu belirtmiştir. Katılımcılara rutin ve ihbar denetimleri ile ilgili deneyimleri sorulmuştur. Rutin denetimleri katılımcıların %3,9'u çok kolay, %3,9'u çok zor olarak tanımlamıştır. İhbar denetimlerini ise katılımcıların %2,6'sı çok kolay ve %14,3'ü ise çok zor olarak ifade etmiştir.

Katılımcıların %96.2'si restoranları, %97.5'i kafeterya/pastaneleri, %96.2'si geleneksel kahvehane/çay evlerini, %81.9'u ise nargile kafeleri sıklıkla denetlerken; %81.9'u nargile kafelerin, %75.4'ü geleneksel kahvehaneler/çay evlerinin, %70.2'si barlar/gece kulüplerinin, %66.3'ü ise kafeterya/pastanelerin dumansız hava sahası uygulamasında uyumunun düşük olduğunu ifade etmişlerdir.

Katılımcıları %70,2 (n =54)'si genel olarak cezaların faydalı olduğunu düşündüğünü, %59,7 (n = 46)'si denetimlerin kamera ile kayıt altına alınmasının, %62,3 (n = 48)'ü ise Yeşil Dedektör uygulamasının tütün denetçilerinin işini kolaylaştıracağını ifade etmiştir. Katılımcıların %84,4 (n = 65)'ü 4207 sayılı kanun kapsamında dumansız hava sahası uygulamaları hakkında, %71,4 (n = 55)'ü iletişim becerileri, %90,9 (n = 70)'u ise sigaranın zararları konularında daha önce bir eğitim aldığını belirtmiştir. %50,6 (n = 39)'u ise iş yerlerinde ana giriş, veranda/bahçe gibi açık alanlarda sigara kullanımının sınırlandırılmasını önermektedir.

Katılımcılar açık alan ile kapalı alan tanımının net olmaması, işletmelerin ve halkın kanuni düzenlemelerle ilgili bilgisinin hala yetersiz olması, tütün denetim ekip sayısının sınırlı olması, denetçilerin güvenlik endişelerinin olması gibi sorunlardan bahsetmişlerdir. Ayrıca,

açık alan ile kapalı alan tanımının netleştirilmesi, denetim ekiplerine farklı kurumlardan denetçiler görevlendirilmesi, cezaların daha caydırıcı olması, cezai işlem uygulama ile ilgili denetçilerin yetkilerinin artırılması, tütün satılan ve sunulan işletmelerin ruhsatlarının gözden geçirilmesi, ruhsat alma şartlarının ağırlaştırılması, güvenlik önlemlerinin artırılması, Yeşil Dedektör Uygulamasının tanınırlığının artırılması, Yeşil Dedektör uygulaması ile yapılan asılsız ihbarların önüne geçmek için önlemler alınması, asılsız ihbar yaptığı tespit edilenlere gerekli cezanın uygulanması, Yeşil Dedektör uygulamasının arayüzünün kullanıcılar için daha kolay kullanılır hale getirilmesi, kullanıcı dostu uygulamaya dönüştürülmesi gibi önerilerde bulunmuşlardır.

Tartışma

Türkiye, tütünle mücadelede ilk uluslararası anlaşma olan Tütün Kontrolü Çerçeve Sözleşmesi'"ni imzaladıktan sonra eylem planlarını hazırlamış ve gerekli yasal düzenlemeleri vakit kaybetmeden yerine getirmiştir. Bu düzenlemeler kapsamında özellikle kapalı alanlarda dumansız hava sahası uygulamasının denetlenmesi ile ilgili bir rehber hazırlanmıştır. Bu rehbere göre denetim iş ve işlemleri illerde bir komisyon marifetiyle yürütülmekte ve bu komisyonun sekreteryasını il sağlık müdürlüğü yapmaktadır. Sekreterya ve saha denetim faaliyetlerini koordine eden il/İlçe sağlık müdürlüğü çalışanlarının saha denetimi ve resmi yazışma aşamalarında karşılaştıkları sorunları saptamak ve çözüm önerilerini değerlendirmek amacıyla yapılan bu çalışma, ildeki tüm ilçelerden tütün denetçi ve büro elemanlarının katılımı sayesinde literatürdeki sınırlı sayıdaki çalışmadan birisi olma özelliği taşımaktadır. Dumansız hava sahası uygulamasında görev yapan tütün denetçilerinin saha deneyimlerinin ve uygulamanın geliştirilmesi ile ilgili görüş ve önerilerinin değerlendirildiği bu çalışmada, dumansız hava sahası uygulamasının etkinliğini artırmak için denetçilerin sesine kulak vermek gerekliliği ortaya çıkmaktadır. Saha uygulaması sırasında tütün denetçilerinin yaşadıkları zorluklara, güvenlik kaygılarına, personel ve teknik aksaklıklara yönelik önlemlerin alınması ve ilgili mevzuatın güncel ihtiyaçlar gözetilerek güncellenmesi gerekmektedir. Ayrıca işletme sahipleri ve halkın dumansız hava sahası uygulaması hakkında bilgi düzeyleri ve farkındalıklarının artırılması sağlanmalıdır. Diğer ülkelere nazaran Türkiye'nin kapalı alan tanımı daha açık ve kapsayıcı olarak değerlendirilebilir. Buna rağmen çalışmaya katılan tütün denetçilerinin açık ve kapalı alan tanımının net olmamasını bir sorun olarak sunmaları, bu yönde bir yasal düzenleme gereksinimini ortaya çıkarmaktadır. Çalışmanın kısıtlılığı, ekip üyelerinden sadece sağlıkçıların çalışmaya dahil edilmesidir. Dumansız hava sahası uygulaması denetçi ekibinin sağlıkçı olmayan diğer üyeleri, hatta işletme sahipleri ve halkın görüş ve önerilerinin değerlendirildiği çalışmalar yapılabilir.