Tobacco Burden in Sri Lanka

In Sri Lanka Non Communicable diseases have become the leading cause of morbidity and mortality, with tobacco consumption being classed as one of the main risk factors attributable to this increased NCDs.

PREVALENCE OF TOBACCO USE

Current Adult Smokers in Sri Lanka

Source: Report on Global Tobacco Epidemic - 2008

No of Cigarettes issued in Sri Lanka from 2000 - 2007

Source: Handbook of National Dangerous Drugs Control Board 2008

Types of tobacco products used in Sri Lanka

Tobacco Products

Betal with tobacco leaves

Bidi

Inside this issue:

1. Tobacco Burden
2. Tobacco Control
3. Tobacco Surveillance
4. MPOWER
5. Monitoring Tobacco Use
6. Protecting People
7. Offering help to quit
8. Warning about danger of use
9. Enforcing bans on advertisements
10. Raising Taxes
11. District Tobacco Control
12. Partnerships in Tobacco
13. What the media say
Tobacco Free Initiative

Tobacco Control in Sri Lanka

WHO Framework Convention on Tobacco Control (WHO FCTC)

This is a global policy involving the world to stand against the tobacco industry:
This policy includes:
- Price & Tax measures to reduce the demand for tobacco
- Non Price measures to reduce the demand for tobacco
- Protection from exposure to tobacco smoke
- Tobacco advertising, promotion and sponsorship
- Packaging & Labeling of tobacco products

Sri Lanka enacted a Tobacco Control Act in 2006 for comprehensive Tobacco control and established NATA (National Authority on Tobacco & Alcohol) to implement the Act. Important provisions of the NATA Act include:
- Sales & promotion of tobacco products to minors prohibited (Minor defined as below 21 years of age).
- Advertising, Promotions & Sponsorship prohibited.
- Vending machines prohibited.
- Health warnings compulsory.
- Smoking in indoor places prohibited with exceptions.

Sri Lanka signed the WHO FCTC on the 23rd September 2003
Sri Lanka ratified the WHO FCTC on the 11th November 2003

Sri Lanka is the fifth country in Region to sign and first country in the Region to ratify. Its position comes third globally in ratifying the WHO FCTC after Fiji (3 October 2003) and Malta (24 September 2003)

Presidential Election Manifesto—2005: “Mahinda Chinthanaya”

The Presidential election manifesto of President Mahinda Rajapaksa (in 2005) duly identified the perils of the drug menace affecting the country when he stated, “I will be dedicated to the task of totally eradicating the drug menace presently experienced in Sri Lanka. I will do so within a period of three years through a coordinated effort covering the implementation of laws, the action of police and other social institutions.

Financial assistance will be extended by the Government to intensify educational and awareness programmes against the use of drugs.

Steps will be taken to prohibit consumption of alcohol and cigarettes in common public places.

Government assistance will be accorded to voluntary organizations operating counseling centers to rescue and rehabilitate those addicted to alcohol, drugs and smoking. Towards this aim, Model Rehabilitation Centers will be set up by the Government covering the entire island”.

National Authority on Tobacco and Alcohol established in 2007 will provide necessary leadership towards achieving these objectives.
Sri Lanka has been participating actively in the Global Tobacco Surveillance System and has conducted Global Youth Tobacco Surveys, Global School Personnel Survey, and Global Health Professions Students’ Survey.

**Global Youth Tobacco Survey (GYTS) 2003 & 2006**

Global Youth Tobacco Survey (GYTS) is the survey of students in the age group of 13-15 years using a global standard protocol. This was conducted in sampled high schools in 1999, 2003 and in 2006 using the same standard protocol. These surveys showed that cigarette smoking among the youth is on the decreasing trend but use of other types of tobacco products is increasing.

**Global School Personnel Surveys (GSPS) 2006**

In 2007, Global School Personnel Surveys (GSPS) was carried out in schools selected for GYTS. All school personnel in these schools were eligible to participate. It shows that nearly 2 in 10 male school personnel use tobacco in some form.

**Global Health Professions Students’ Survey (GHPSS) 2006**

The Global Health Professions Students’ Survey (GHPSS) was conducted in all third year students of medical and nursing schools in Sri Lanka in 2006. It shows that one in ten male medical students are using some form of

**Heard About Nicotine replacement therapies - 2006**

(source: Global Health Professions Students Survey (GHPSS), 2006 - Sri Lanka)
MPOWER Policy Package in Sri Lanka: A Policy Package to Reverse the Tobacco Epidemic

**Monitor tobacco use and prevention policies**
**Protect people from tobacco smoke**
**Offer help to quit tobacco use**
**Warn about the dangers of tobacco**
**Enforce bans on tobacco advertising and promotion**
**Raise taxes on tobacco products**

The Sri Lanka Tobacco Control Programme is implementing its activities in line with the six policies recommended in the “WHO Report on the Global Tobacco Epidemic 2008”.

**In Sri Lanka**

- Sentinel prevalence studies conducted every biennium.
- Global Health Professions Students’ Survey 2006.
- WHO Framework Convention on Tobacco Control (FCTC) reporting instrument.
- Global Tobacco Control Report yearly since 2006.

**Way Forward:**

- Global Adult Tobacco Survey to be conducted in 2010.
- To continue periodic surveys under Global Tobacco Surveillance System.
- To continue with NCD STEPS Survey.

**Around 20% smokes cigarettes daily**

- Cigarette Use
  - Female
  - Male

**Tobacco use prevalence among students and health professional students**

- Current Cigarette smoker
- Current user of other tobacco products

Source: World Health Survey - 2003 Sri Lanka
**Protect people from tobacco smoke**

Objective: Completely smoke-free environments in all indoor public spaces and workplaces, including restaurants and bars.

**Intervention D1.** Enact and enforce completely smoke-free environments in health-care and educational facilities as well as in all indoor public places including workplaces, restaurants and bars.

<table>
<thead>
<tr>
<th>In Sri Lanka</th>
<th>Restaurants</th>
<th>NO</th>
<th>Pub and Bars</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare facilities</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational facilities, except universities</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universities</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Governmental facilities</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indoor facilities</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Transport</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All other indoor public places</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the national law require fines for violations?</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the fines levied on the establishment?</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the fines levied on the smoker/patron?</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the national law dedicate funds for enforcement?</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Dr. Margaret Chan, Director-General, WHO, 2007.**

“*The evidence is clear. There is no safe level of exposure to second-hand tobacco smoke. Many countries have already taken action. I urge all countries that have not yet done so to take this immediate and important step to protect the health of all by passing laws requiring all indoor workplaces and public places to be 100% smoke-free.*”

**Way forward**
- All public places, public transport and workplaces to be 100% smoke free. Amendments are being done to the NATA Act to change the clause “Smoking in indoor places prohibited” to “Smoking in public places prohibited”
- Enforcement mechanism needs to be strengthened by amendments to the NATA act to make smoking in prohibited area a cognizable offence

**Offer help to quit tobacco use**

Objective: Easily accessible services to manage tobacco dependence clinically at 100% of primary health-care facilities and through community resources.

**In Sri Lanka**

<table>
<thead>
<tr>
<th>Want to Quit</th>
<th>Received help to quit</th>
</tr>
</thead>
<tbody>
<tr>
<td>68.2</td>
<td>25.8</td>
</tr>
<tr>
<td>25.8</td>
<td>25</td>
</tr>
</tbody>
</table>

Source: Global Health Professions Students Survey (GHPSS) - 2006 Sri Lanka.

“Among the smokers who are aware on the danger of tobacco, three out of four want to quit.”
Way Forward

- WHO Country office has supported the process of initiating a National
toll-free telephone quit line based in the district of Anuradhapura. This free line will be connected to approximately 5 different
mobile / land networks. The help line will initially function from 8am—4pm with a trained person available to discuss cessation
with callers. The training of these personnel on Tobacco cessation techniques (5A method) and counseling will occur in January
2010.

- Nicotine replacement therapy (e.g., patch, gum, lozenge, spray or inhaler) and Bupropion (e.g., Zyban, Wellbutrin) need to be
freely available. Some measures to ensure accessibility & affordability for NRT & Buproprion need to be taken in the next bi-annual
as a matter of priority.

Tertiary Care
Youth friendly counseling centres

Secondary Care
Community Support centres

Primary Care
(Community Support centres)
Curative Institutions - PEN

One in every district
Male psychiatric Nurse in charge - Under RDHS of district
Visiting Psychiatrist - Daily Clinic
OPD Services Only - Appointment Based
Referral from community - midwife, primary level
institutions

Ideally Psychiatric Nurse / Trained Nurse or sister
Medical Officer Mental Health visits regularly
Referral from midwives, CDS, GNs, Priests, School teachers

WHO Package of Essential NCD Intervention for Pri-
mary Care in Low-Resource Settings (WHO PEN)
**Warn about the dangers of tobacco**

**Objective:** High levels of awareness of the health risks of tobacco use across age groups, sexes and places of residence, so that all people understand that the result of tobacco use is suffering, disfigurement and early death.

**Intervention W1. Require effective pack warning labels**

*In Sri Lanka*

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>72.8</td>
</tr>
<tr>
<td>2003</td>
<td>79.8</td>
</tr>
<tr>
<td>1999</td>
<td>62.7</td>
</tr>
</tbody>
</table>

Source: Global Youth Tobacco Survey (GYTS) - 1999-2007 Sri Lanka

**Proposed pictorial warnings for Sri Lanka**

"Every person should be informed of the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke."

WHO FCTC Article 4.1
**Intervention W2. Implement counter-advertising**

**Intervention W3. Obtain free media coverage of anti-tobacco activities**

**In Sri Lanka**

Many Documentaries, Songs, Video CDs, Media Clips have been produced and aired on the TV channels. We have been fortunate that the President of Sri Lanka has issued a message in relation to World No Tobacco day 2008 together with the Minister of Health and also religious dignitaries.

Messages given by His Excellency the president of Sri Lanka

Messages given by Hon. Health Minister

Messages given by Religious leaders

Messages given by NATA chairman

Manual on Tobacco Control in schools is being translated into the local language and this should be available by 2010 for education programmes

**Way forward**

- FCTC and NATA acts as a significant role in pack warnings. FCTC: Packaging and Labeling of tobacco products—Article NATA Act: Health Warnings compulsory—Article 34
  Regulation/notification for pictorial health warnings developed with 70% of principal display covered. The cigarette packet will include the warning in all three languages and will also include the quit line number.
- The warnings need to cover not only cigarettes but also bidi, cigars and smokeless tobacco products packages.
- Education programmes are ongoing to various sectors including Schools, Police, Judges, Community Groups and these cover harm from tobacco use.
Tobacco faces smoking death case

By Stanley Samarasinghe

The Court of Appeal in a landmark judgment delivered on Thursday held that a widow from Beruwala, Polonnaruwa had cause of action to claim compensation from Ceylon Tobacco Company Ltd. for the death of her husband who died of cancer due to smoking cigarettes.

The Bench comprised Justice H.W. Wimaladharma and Eric Barlow. The judgment, while dismissing the appeal of Ceylon Tobacco Company Ltd., affirmed the order of the Colombo District Court, given earlier in favour of the widow.

R. Lalitha, whose husband Cecil Perera, who was a tailor by profession, died of cancer at an early age, filed a case against the Ceylon Tobacco Company. He claimed Rs.5 million concerning that he contracted cancer as result of smoking.

He died pending the hearing of the case and his widow therefore filed a separate case claiming the Rs.5 million from the company in the District Court of Colombo.

In her plaint, Lalitha stated that her husband was addicted to smoking cigarettes manufactured by the Tobacco Company and due to heavy smoking her husband contracted cancer and died.

She stated that Tobacco Company was aware of the harmful effects caused to smokers like her husband, but refrained from revealing such facts. The Tobacco Company filed answer praying that Lalitha’s action be dismissed and stated that her husband was aware or deemed to have been aware, that cigarettes contained nicotine.

(Continued on page 2)
**Enforce bans on tobacco advertising, promotion and sponsorship**

**Objective:** Complete absence of tobacco advertising, promotion and sponsorship

**Intervention E2.** Enact and enforce effective legislation to ban indirect tobacco advertising, promotion and sponsorship

**In Sri Lanka**

<table>
<thead>
<tr>
<th>National TV and Radio (including satellite)</th>
<th>International TV and Radio</th>
<th>Local magazines and newspapers</th>
<th>International magazines and Newspapers</th>
<th>Billboards and outdoor advertising</th>
<th>Points of sale</th>
<th>Internet</th>
<th>Other please specify under &quot;Comments&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>

**Advertising / Promotions of cigarettes in printed media**

<table>
<thead>
<tr>
<th>Years</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>68.4</td>
</tr>
<tr>
<td>2003</td>
<td>78.4</td>
</tr>
<tr>
<td>2006</td>
<td>83.4</td>
</tr>
</tbody>
</table>

Source: Report of the Global Youth Tobacco Survey (GYTS) - WHO Regional office for South-East Asia

**Percentage of students age 13 - 15 years who have seen advertisements on billboards**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>75.3</td>
</tr>
<tr>
<td>2006</td>
<td>67.4</td>
</tr>
</tbody>
</table>

Sources: Report of the Global Youth Tobacco Survey (GYTS) - WHO Regional office for South-East Asia

**Way Forward**

- FCTC and NATA play a significant role in enforcing bans advertisement, promotion & sponsorships. However there is no strategy and action plan on enforcement and hence this is an area which need to be strengthened in the coming years.
- NATA is being revised to ban point of sale advertising.
- There need to be a mechanism for prohibition of advertisement from international TV and radio (broadcast from abroad including satellite).

"Tobacco addiction is a communicable disease — communicated through advertising, promotion and sponsorship."

Dr. Gro Harlem Brundtland, former WHO Director General, 2001
**Raise taxes on tobacco products**

**Objective:** Progressively less affordable tobacco products

**Intervention F1.** Increase tax rates for tobacco products and ensure that they are adjusted periodically to keep pace with inflation and rise faster than consumer purchasing power.

**Intervention F2.** Strengthen tax administration to reduce the illicit trade in tobacco products.

**In Sri Lanka**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total tax income</th>
<th>Tobacco tax</th>
<th>Sticks issued</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>182392</td>
<td>19268</td>
<td>4605</td>
<td>10.56%</td>
</tr>
<tr>
<td>2001</td>
<td>210840</td>
<td>19475</td>
<td>4401</td>
<td>9.44%</td>
</tr>
<tr>
<td>2002</td>
<td>221837</td>
<td>19847</td>
<td>4370</td>
<td>9.28%</td>
</tr>
<tr>
<td>2003</td>
<td>231597</td>
<td>20055</td>
<td>4345</td>
<td>8.66%</td>
</tr>
<tr>
<td>2004</td>
<td>281551</td>
<td>23457</td>
<td>4287</td>
<td>6.33%</td>
</tr>
<tr>
<td>2005</td>
<td>338029</td>
<td>26992</td>
<td>4145</td>
<td>7.92%</td>
</tr>
<tr>
<td>2006</td>
<td>428376</td>
<td>30067</td>
<td>4791</td>
<td>7.02%</td>
</tr>
<tr>
<td>2007</td>
<td>599817</td>
<td>33438</td>
<td>4670</td>
<td>5.57%</td>
</tr>
</tbody>
</table>


**Way forward**

- Tax on cigarettes is 54%. However, taxes on all Tobacco products are not similar and advocacy need to ensure in the next bi-annual to increase taxes for all forms of tobacco products.

**Translating policy into practice...**

**Establishment of District Tobacco Control Cells**

The Ministry of Healthcare and Nutrition with the collaboration of the National Authority on Tobacco and Alcohol (NATA) has set up Tobacco Control Cells (TCCs) in all districts of the country.

The purpose of the cells are to implement Tobacco Control strategies at the district level. The Provincial Directors of Health Services (PDHS) will take leadership in establishing these cells with membership from Medical Officer NCD, Representatives from Police, department of excise, department of education and NGO. If deemed necessary, representatives of Religious Denominations; Prison Department; Samurdhi Authority; and Community Based Organizations may be co-opted.

The launching ceremony of the District Tobacco Control Cells was held 29 May 2009 at the Presidential Secretariat in Colombo. It was well attended by a mix of many notable political and religious dignitaries and high-ranking officials from the health, police, excise and the legal departments representing both the center and the provinces. These officials are expected to play key roles in the newly created cells, which are expected to support the National Authority on Tobacco and Alcohol Act’s implementation programme in the districts.
This event was organized by the National Authority on Tobacco and Alcohol (NATA) and also marked the launching of the NATA website.

Speaking at the launching ceremony of the District Tobacco Control Cells, His Excellency the President of Sri Lanka Mahinda Rajapaksa identified the tobacco menace as a matter of grave concern to the women and children in the country.

"Smoking plunges many families into poverty. This has lead to many women and children to suffer in silence", observed the President.

While acknowledging that the eradication of the tobacco, alcohol and drug menace is not an easy task, the President said, "A task being difficult doesn’t mean that we would back out. That is not my way. Terrorism that was portrayed as an invincible menace has been totally erased from this country today. So defeating 'tobacco smoke' may not be so difficult provided we adopt correct measures. By the year 2015, the tobacco menace should be totally eradicated".

Hon. Nimal Siripala de Silva, the Minister of Healthcare and Nutrition and Prof. Carlo Fonseka, Chairman, National Authority on Tobacco and Alcohol also spoke.

The event was followed by an orientation workshop on the District Tobacco Control Cells, conducted for the provincial and district heads of the health, police and the excise departments by the NATA.

**WHO Package of Essential NCD Interventions for primary care in Low resource settings (WHO PEN)**

The WHO Package of Essential Non communicable Disease Interventions (WHO PEN) is a prioritized set of cost-effective Interventions, tools and aids that make it possible to deliver acceptable-quality of care even in resource-poor settings. It can be used to strengthen National Capacity to integrate and scale-up care of heart disease, stroke, cardiovascular risk, diabetes, cancer, asthma and chronic obstructive pulmonary disease. Most importantly, it provides a minimum set of core NCD interventions which also includes Tobacco Cessation (5A) method as part of the protocols. The WHO PEN allows tobacco cessation techniques to be piloted at the primary care level.
National Tobacco Control Programme - a truly comprehensive effort

NCD Unit  | Mental Health Unit
Planning Unit  | Youth / Elderly
Health Education Bureau  | Family Health Bureau

National Tobacco Control Programme

Ministry of Education
Ministry of Youth
Ministry of Public Administration & Home Affairs
Ministry of Social Services
Ministry of Nation Building
Ministry of Media & Mass Communication
Ministry of Justice & Law reforms

NATA
Other Ministries
NGOs
Media
SLMA

Education Ministry
- Life skill teachers trained on Tobacco cessation services
- School Health Clubs
- Circular for all schools to have a teacher counsellor

Ministry of Public Administration & Home Affairs
- Counseling Officer & Social Services officer
- Home visits done at request of GN, Village leaders, GMB, Volunteers
- Counseling at Home with follow up

Ministry of Labour

Most of us spend half our waking life at work...

Ministry of Nation Building
- Samurdhi Officers
- Recommending allowance for the poor
- Monthly meeting to be used for group counseling

Ministry of Youth & Youth Empowerment
- "Youth Corps"

Work Heart
The Bloomberg Initiative (BI) to Reduce Tobacco Use in low- and middle-income countries was launched in 2006. The BI places priority on countries with the greatest number of smokers. Based on this criteria, 15 Bloomberg focus countries in the world were selected under this initiative, out of which 4 countries are in the South-East Asia Region.

Although Sri Lanka was not listed as a Bloomberg focus country, the NATA was able to secure a grant in 2008 with technical assistance from WHO SEARO as well as WHO CO. Various activities have ensued and the greatest achievement under this project thus far is the establishment of the District Tobacco Control Cells in all districts of the county.

Involvement of the high ranking police officials in the

Mathata Thitha Programme organized by the Ministry of Nation

Ministry of Health and the NATA Officials at the launching of the DTCC Anuradhapura at the RDHS office Anuradhapura

Discussion session at the launch of the DTCC

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E-mail: dissanayake@searo.who.int

World Health Organization
Sri Lanka