

REVIEW OF  
MECHANISMS  
FOR  
  
COMPREHENSIVE  
NATIONAL  
TOBACCO CONTROL  
  
IN  
SRI LANKA

PREPARED FOR

Who – searo

BY

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(apw: icp tob 001/ii ec 1/p1/a1)

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## BACKGROUND

### *APW*

The work done in preparation of this report is based on an Agreement for Performance of Work between myself and the SEAR Office of the World Health Organization. (**SE ICP TOB 001/II EC1/P1/A1** - SE/02/056011).

The terms of reference are as follows.

1. Review the current policies and regulations and other measures in place for tobacco control which were developed after 1975.
2. Discuss how these measures were developed and implemented with emphasis on how the process of development and implementation was initiated and conducted.
3. Identify practical difficulties in implementing in the mechanisms currently in place.
4. Identify state and non-state institutions presently involved in tobacco control and analyze their strengths and weaknesses in carrying out activities related to tobacco control at present, and discuss how these institutions can strengthen these activities.
5. Identify gaps in current mechanisms in place to reduce tobacco-related harms and propose suitable new mechanisms, laws, regulations and other initiatives needed to address issues identified to ensure comprehensive tobacco control.
6. Present the findings of this study at the Principal Investigators meeting to be held in December 2002 and at the Regional Seminar in early 2003.

The contents of this report address each item specified in the TOR, for items 1 to 5, in a separate chapter. The first item of the TOR is covered in chapter 2, the second in chapter 3 and so on. The last item of the TOR does not call for a report.

## *Tobacco issues and Sri Lanka*

The need to reduce tobacco consumption is universally agreed. There are a few special considerations that apply to each country, in how a reduction is to be achieved. Some of those that apply to Sri Lanka are outlined here.

Sri Lanka has a relatively high rate of male smoking. And, like in other countries, there is a strong effort by the tobacco trade to recruit more 'adult' users. There is a 'voluntary' avoidance of advertising by the tobacco industry – which in Sri Lanka is just British American Tobacco (BAT). The Sri Lankan manifestation of BAT is the Ceylon Tobacco Company (CTC).

The health damage from tobacco use is as elsewhere. But there are other, additional, considerations in economically disadvantaged countries such as Sri Lanka. One is the fact that in poor families, of which there are many, expenditure on tobacco is at the expense of essentials for basic health. And the poor smoke proportionately more. Even tobacco related deaths have greater impact on poorer families. Early death of a parent is bad for any child. But it is even worse when it happens to a child in a poor family. So in poor countries survivors of families where a parent is killed by tobacco find it even more difficult to recover and get along in life than those in richer settings do.

Another issue specific to Sri Lanka today is the opening up of a large area of the country previously engulfed in an internal armed conflict. Young people of these areas are now likely to be exposed to the sudden onslaught of direct and indirect promotions of tobacco, and they are relatively more vulnerable than youth in the rest of the country, who have at least partially been immunized against such promotions. So an urgent prophylactic activity is needed.

A special feature of the Sri Lankan tobacco scene is the relative stability, or slight decline until quite recently, in per capita consumption over the last ten to twelve years. This is despite there being little progress on the policy front and in spite of cigarettes becoming more affordable. Figures that are accessible are included in annexure 3.

Most of the tobacco used for cigarette manufacture is cultivated within the country. Tobacco growers are mostly poor and often operate on loans. And they can be organized to have an influence on politicians in their areas.

During the period under review (after 1975) Sri Lanka has seen several changes of government. An executive Presidency was created during this time. There have been four elected Executive Presidents during this time. The President had near unlimited powers when the Parliament too was of the same political party. This gave plenty of opportunity for tobacco control legislation to be enacted, had there been a will.

Laws are made by the national Parliament but there are Provincial Councils with specific 'devolved' subjects over which they have authority. Health is a devolved subject and this restricts the scope of certain laws that the central government may wish to enact.

## CURRENT POLICIES AND REGULATIONS

The single most important development in this field was the drafting of a national policy on tobacco in 1996-1997. This policy was part of a policy document commissioned by HE the President of Sri Lanka from a Presidential Task Force on Tobacco, Alcohol and Other Drugs. There were piecemeal regulations in force up to that time, but not really as a means of addressing the overall issue of reducing tobacco-related harm.

*Previous policies*

Since there was no overarching policy as such, on tobacco, the rules and regulations that existed prior to 1975 are of no great significance. Regulations were mostly for facilitating the collection of revenue for government.

*Policies developed after 1975*

The President of Sri Lanka decided in 1996 to appoint a Presidential Task Force charged with the task of developing a national policy on tobacco, alcohol and other drugs. The major shift in policy after 1975, or for that matter even from before 1975, was marked by this event.

The logical next step from the development of a policy has not occurred. There was no enactment of legislation to implement any of the proposals contained in the policy. Whether the report of the Presidential Task Force is still official policy too is unclear, as there has been a change of government and the policy was never formally put to the country by the previous cabinet of ministers that appeared to have accepted and approved it.

The document that was presented to H.E. The President and the Cabinet of Ministers is attached as annexure 1.

Several local or provincial legislatures have adopted their own legislation to curtail tobacco advertising within their jurisdiction.

*Other measures developed after 1975*

Following the submission of the Task Force the government in power at the time enacted several non-legislative measures.

Most of the recent activities in this area were initiated by orders from the President, in 1998, to the different ministries to implement the non-legislative responses that were part of the policy document. These were to be undertaken by each ministry whilst the government moved to get the legislation in place.

The setting up of a special unit to deal with alcohol and tobacco issues, under the direct supervision of the President, was a major development that occurred. This was in June 1999. This unit is charged with monitoring, supervising and reporting on the implementation of the policy. Although there was a change of government in the parliamentary elections held in 2001, the unit still continues to function and report directly to HE the President.

*Level of implementation and effectiveness*

The implementation is now in flux. Much of what still continues to be done for preventing tobacco-related harm is a carry over from the momentum that was built up on carrying out the previous policy. Each Ministry received a directive from HE the President in June 1998 to implement specified tasks. These were the activities that fell under the purview of that particular ministry, for reducing tobacco and alcohol-related harm.

A Presidential directive issued in 1998 June set forth what each ministry needed to implement specifically. These were monitored by way of reports requested from them by the Special Presidential Unit on the subject. Although the power of the President to demand action from different ministries has now all but disappeared (with a change of majority in Parliament going to a different political party) the activities are still nominally monitored by her Unit.

The responses originally assigned to various sectors or ministries and the current level of activities are detailed below, under each sector.

**Sector: Presidential Secretariat**

There is a special unit, in the Presidential Secretariat, which was set up in June 1999 to monitor the implementation of the government's new policy on tobacco and alcohol.

This unit has a staff of just three officers and other support staff. But it had great influence because it reported directly to the President who was at the time also the head of the ruling party in government. Thus it had the authority to call for reports from all departments or government agencies. It no longer carries this clout.

The special unit is still charged with reporting to HE the President the status of alcohol and tobacco related issues in the country. It has also to report the progress of each sector in implementing the policy on tobacco and alcohol.

The unit does not have any real budget for undertaking a significant initiative of its own. SO it has to work through other government sectors.

At present the unit's main function is more as a high quality technical resource for those who want to be trained in tobacco or alcohol related interventions. Although the government has changed the credibility of the unit is such that the staff are still called upon to participate in training and monitoring of initiatives to reduce the harm from the use of these substances.

**Sector: Poverty Alleviation**

The main implementing agency of the government in its poverty alleviation programme is the 'Sri Lanka Samurdhi Authority'. In 1996, even before the policy was enunciated, there was agreement that 'Development officers' and managers in this programme should address alcohol and tobacco consumption as a development issue.

Training programmes were formulated and the content developed over the next year or so. By 1998, on a directive from the President, two development officers in each of the 200 or so administrative divisions were nominated to deal exclusively with social issues. Reducing tobacco, alcohol and other drug consumption in that division was the first priority in their list of responsibilities.

In the initial year or so, the work of these officers was assessed monthly for content and impact at divisional level as well as by 'remote' means from the special unit under the President. There were also field reviews periodically undertaken from that unit.

At present these officers are not administratively under a system that has the President as the ultimate head. So the monitoring unit has less authority. But the activities that were initiated previously are still continuing.

The reports are that in about a third of the divisional areas concerned there is an influence that these officers have in preventing the spread of tobacco use and in promoting cessation to a lesser degree.

The current activities are going on despite there being no major push from the immediate supervisors of these officers to ensure that they actively try to reduce tobacco-related harm. The contact with the special unit allows transmission of technical capability on a continuing basis. There is also a system to get relevant officers dealing with reducing tobacco and alcohol related harm to meet with each other and provide a mutual monitoring and training of sorts.

### **Divisional secretaries offices**

These are the administrative offices of the state covering an electorate or so. The tasks of these offices too were expanded to include monitoring of the poverty alleviation programme. So the special officers to look at reducing alcohol and tobacco problems under this programme are also now administratively under the chief administrative officer of the division.

A good number of Divisional Secretaries took on this responsibility with interest while some felt that these new tasks were an additional imposition on them. Those who showed interest were able to use the special development officers effectively to address tobacco and alcohol-related issues in their areas.

As a result of this initiative the general administrative service too feels that it has a role in reducing tobacco consumption and related harm in their administrative area. In a majority of areas there is still an awareness of the amount of money that people in the district spend on tobacco. This alone has served to make them more sensitive to the size of the problem. Many did not believe that the quantum of money reportedly spent on tobacco could be so large.

The primary benefit of this activity is that consumption is monitored locally and the results seen locally too. This provides motivation for people to take some initiative to minimize this loss that they perceive to their communities.

The sensitization of senior administrative officers too, to the extent of tobacco consumption, in purely economic terms serves to influence them too towards supporting measures to reduce the harm.

This role of the general administrative service of the state being directly involved in reducing tobacco consumption has almost completely come to a halt in the majority of areas.

In a minority, however, the monitoring of tobacco consumption and activities to curtail it are still happening because of personal interest of the chief administrative officer (Divisional Secretary) of the area.

Measures of impact of these activities are not readily available. Some individual divisional secretariats will have records of tobacco and alcohol consumption in their division – especially among the recipients of poverty alleviation assistance.

**Sector: Education**

This is an area of enormous importance because the tobacco trade is particularly interested in reaching young people.

They launched activities to 'prevent underage smoking' and would have liked very much to infiltrate schools through this initiative. This they have not succeeded in doing yet.

There were activities undertaken by the Ministry of Education prior to the enunciation of the comprehensive tobacco policy of 1997. This included the incorporation of tobacco preventive content in the schools curricula and texts. Such content was included integrated with general teaching syllabuses of different subjects. These included science, health, and to a lesser extent, other subjects.

Other initiatives undertaken by the Ministry of Education even prior to the policy document were the issuing of circulars to gradually make schools tobacco free settings. Seven such circulars were issued between the years 1984 and 2000. In the circulars issued after 1998 there is strong mention of the ways in which tobacco is marketed. Steps that schools can take to ensure that children are protected against such practices are implied. These latter initiatives were the result of inputs from the special unit on tobacco and alcohol.

Thus there were circulars in 1984, 1995 and 1997 prohibiting smoking within school premises. The promotion of tobacco and alcohol, in any form whatsoever, within school premises was prohibited in 1998. In 2000 there was a prohibition of the sale of tobacco and alcohol products at school events such as sports meets.

**Sector: Media**

Simultaneously with the process of drafting the policy document, the Task Force set up by the President began to make initiatives to get actions implemented, which did not require legislation. Among these was an initiative with the media to prevent the overt advertising of tobacco as well as the covert promotion of smoking by the way it was portrayed in 'normal' entertainment such as dramas, sports and so on.

A recommendation by the Sri Lanka Medical Association that portrayal of tobacco and alcohol in attractive ways within television programmes should be discouraged. Where such insertions could not be eliminated the running of a subtitle warning viewers not to be seduced into smoking was suggested. This measure was resisted heavily through lobbies allegedly representing 'artistic freedom' and was deliberately implemented in a ham-handed way so that it was easy to overturn the measure quickly.

The 'Code of advertising standards and practice' says (section A # 27 and 28) that the television agency shall not accept advertising material which:

- promotes products that encourage smoking cigarettes, cigars, lighters, smokers' toothpaste etc.
- advertises cigarettes, liquors or alcoholic beverages.

This code was drawn up for the state owned television broadcasting agencies but later extended to apply to private TV channels as well.

From the year 2000 the Tobacco Company has said that it will refrain from advertising in the mass media 'voluntarily'. This offer came at a time when the process of legislating to restrict advertising by law appeared to be imminent.

## **Other Sectors**

### *Law enforcement*

Police officers may not smoke in uniform. The police have hardly any role at present in tobacco matters.

The police of the area are represented in the meetings that District Secretaries summon from time to time to assess progress in reducing tobacco, alcohol and drug related harm.

### *Youth affairs*

There has been a programme to train provincial youth service officers and youth leaders to prevent the initiation of young people into smoking.

In addition the special cadre of 'Samurdhi' officers assigned the task of preventing or minimizing alcohol and tobacco related harm in each division, referred to under 'Poverty alleviation' in a previous box, address and engage youth in the area.

### *Defence*

Although there is no expressed policy on tobacco for the members of the armed services, there are sporadic initiatives to improve understanding among service personnel, of the harm from tobacco.

Service personnel were issued a ration of free cigarettes until 1998. In response to a request from the Special Presidential Unit on Tobacco and Alcohol, this practice was changed in 1998. Members of the armed services were given an allowance of Rs. 500/= instead from this time.

## **Other Sectors**

### *Justice*

The task of drafting the relevant legislation to give effect to the policy on tobacco and alcohol was given to the Ministry of Justice. This act was presented to the Cabinet of Ministers in August 1998 and issued as a 'Gazette notification' in Sept 1999.

The draft legislation did not get placed on the order paper for presentation to Parliament even though these steps were taken. So the relevant act was not put up for consideration by Parliament even until the election which occurred in 2001.

Since there was a change of government in that election the package will again need to be put to the cabinet. There are no encouraging signs that the new government wants to carry forward the legislation that the previous government drafted and then back-pedalled.

### *Women's affairs*

Initial steps were taken by the Ministry of Women's Affairs to create homes that were smoking-free. It was decided to address women, especially mothers, to promote this initiative.

Some members of the ministry's staff who conducted programmes with women were trained on how this issue could be integrated into their activities.

### *Public Administration*

The Public Administration circular 08/99 issued in 2001 has declared that

- smoking is prohibited in all government buildings
- sale of tobacco products should not be sold in cafeterias of government buildings and
- no form of promotion of tobacco smoking should allowed in such premises and no sponsorship obtained from any agency promoting tobacco.

## **Other Sectors**

### *Transport*

In the 'Transport Act' of 1978, there is the section which states that a person who smokes in a public bus which displays a sign saying smoking is prohibited can be fined up to Rs.200.

In 2001 the Special Presidential Unit requested the Ministry of Transport to implement the prohibition of smoking within government buildings. After repeated reminders a move has been made to stop selling cigarettes at railway stations and to prohibit smoking in some locations.

### *Aviation*

Smoking in aircraft of the national carrier was prohibited in 1997.

The special Presidential Unit in 2001 requested the airport to construct separate smoking areas at the airport. Separate smoking areas are now evident at the international airport (from 2002) but they are not separately ventilated.

### *Trade*

The inclusion of a health warning was mandated in 1979 under the consumer protection act. The warnings that appeared stated:

Government warning: Smoking may be injurious to health

Government Gazette notification 969/6 of March 1997 required that there should be health warnings stating:

- Government warning: 'Smoking causes cancer'
- Government warning: 'Smoking causes heart disease'

## DEVELOPMENT AND IMPLEMENTATION OF CURRENT MEASURES

Current measures of significance are mostly those that flow from the policy document referred to in the previous chapter. So the influences that led to this policy development are the most important issues to consider under ‘how the process of development and implementation was initiated and conducted’. This process is referred to in the second item of the TOR.

### *Immediate influences*

The development of the comprehensive policy document and its acceptance, in 1997, by the President was not just a one-off event. It has to be seen in the light of developments over many years. But there was a clear-cut immediate influence that triggered off the process.

A delegation from the Sri Lanka Medical Association sought a meeting with the newly elected President to brief her about the need to have sensible policies on tobacco and alcohol. The President was surprised by the evidence about harm from tobacco and gave an undertaking immediately to push for the necessary legislation.

The initiation of this dialogue with the President was facilitated by the presence of a special advisor to the President, on social infrastructure, who was interested in getting pro-health legislation enacted. This support most probably stemmed from the fact that the special advisor was a medical doctor.

As a first step the President set up a ‘Presidential Task Force’ to draw up a policy document on tobacco and alcohol. This ‘Task Force’ included medical and non-medical professionals, relevant government official and a representative from the non-governmental sector. The committee called for representations from the public and examined the policies in other countries and looked at the evidence for these policy measures. It then drew up a set of recommendations based on the balance of evidence available.

The committee presented its report to HE the President in late 1997 and she was visibly keen to move things along. She took the unusual step of inviting the members of the committee to address the Cabinet of Ministers and present the findings and recommendations. She announced at this meeting the acceptance of the proposals and said that the government would begin the implementation in a phased manner.

### *Momentum from preceding efforts*

There have been, over the years, several initiatives by many parties towards getting measures for tobacco control enacted or otherwise implemented.

In the late 1970's and early 1980's the then Minister of Health (who was a medical doctor) initiated a series of steps to get some form of legislation to restrict the advertising and promotion of tobacco. This was purely a health ministry initiative and the cabinet appeared to have agreed to this proposal, although there was no great public outcry or demand for legislation.

Somewhere before or soon after the legislation was drafted that initiative quietly died. It was rumoured that the then President had said that he will find resources to counteract the promotion of tobacco and that there was therefore no need to draft legislation that would restrict the freedom for a legal product to be advertised. No clear reason was evident, for this change of heart. The minister concerned some time later left the post and went abroad.

Some time after this the Ministry of Health constituted a committee on tobacco control to examine ways of curtailing tobacco-related harm. In the late 1980's the Minister of Health asked that a representative from the Tobacco Company should sit in that committee. The Minister at the time was from the tobacco growing areas of Sri Lanka and had in her electorate many people closely linked to the tobacco industry.

Some of the members of the committee were unhappy about the inclusion of a tobacco industry representative, and one member refused to attend these meetings until 'this carbuncle is removed'.

In the early 1990's there was a policy drafted on alcohol, as well as a master plan for reducing drug related problems. Because the person who was a prime mover in this process (Professor Nandadasa Kodagoda) was active in trying to address tobacco, alcohol and other drug policies there was again a build up of interest in legislating to limit the spread of tobacco too.

The early 1990's also saw the emergence of a more 'popular' movement against the promotion of alcohol and tobacco use, led by a pioneering NGO called ADIC (Alcohol and Drug Information Centre) – which too was set up by the same person. Overtures were made to politicians regarding comprehensive measures that should be undertaken to reduce tobacco problems, which had previously been ignored. The Chief Minister of the Western Provincial Council wrote to ADIC offering her support for their campaign. This person, Chandrika Bandaranayake Kumaranatunga, was elected President of Sri Lanka in the presidential election that followed soon after.

This at least partly explains why the President was so receptive to the initial overture by the Sri Lanka Medical Association.

## DIFFICULTIES IN IMPLEMENTING CURRENT MEASURES

Many of the significant measures still in place flow from the comprehensive policy document of 1996/97.

*Ownership*

Some of the difficulties in implementation arise from problems of ownership. Many of the parties who are expected to play a role in preventing tobacco-related harm do not see it as part of their real responsibilities.

Several parties were represented in the drafting and development of the initiative to enunciate a formal policy. But they were sometimes merely 'officials' representing different government agencies. In such instances their interest in continuing the initiative may have dissipated once the official responsibility was removed. There may be others who did not feel engaged in the process of developing the present approaches.

*Authority*

Implementation of the measures that each sector was expected to carry out is also impeded by the responsible actors not having the authority to do things. Several measures were initiated concurrently in different sectors through goodwill too.

Most things in Sri Lanka happen at the behest of politicians. A major impediment to implementation of those aspects that are to be implemented by the state sector agencies is the evident lack of political will. So all measures have to be implemented on goodwill of various individuals in different agencies. But the lack of authority can become a major impediment when goodwill alone cannot move things along.

There certainly is broad public support for tobacco control. Indeed, this is what has kept the situation reasonably satisfactory in Sri Lanka. But government action can make a huge difference. Public opinion is not readily transmitted to government decision-making settings. The real decision making in government happens out of sight of the public. So there is no way for the public readily to influence the process.

Lack of *accountability* is the net result. In the present climate nobody is really held accountable for failure to implement tobacco control measures recommended for each sector. Absence of any responsible authority means that there is nobody to hold different parties accountable. Even if different sectors had various responsibilities assigned to them there needs also to be a mechanism to ensure that they carry out the assigned responsibilities. At present there is no such authority.

### *Resources*

The government did not really provide any funds for the vast array of activities that the policy envisaged. It was left to identified agents within different departments to implement activities that were newly identified within their existing resources.

The task force itself was given funds, obtained from the World Bank by the government to popularize the policy measures that were adopted and to create public support for the policies and the legislation that would result. This was meant to be used mainly for mass media campaigns to highlight the harm caused by tobacco and alcohol use and to create support for the policies to minimize it.

Other than this particular initiative, to create support for legislation, there has been no financial allocation made specifically for activities in preventing tobacco-related harm. This is a major stumbling block as there is not even a minimal fund with which to initiate a new activity. There is however a large human resource that is available for tobacco prevention and cessation activities.

### *Other impediments*

For someone who is not personally interested in the public good, tobacco-control activities are of no obvious benefit. The absence of any *perceived benefits* from tobacco control work is one impediment to useful measures being taken. The beneficiary of the proposals that were put forward was only the population at large. No real personal benefits were available to any individuals who were delegated tasks to be carried out.

The tobacco trade has an incredibly powerful influence on the media. This is surprising in a country where the trade has 'voluntarily' stopped advertising. Even though there is no official tobacco money coming to the media through advertising, they still seem to want to safeguard the tobacco trade. The degree to which they are influenced not to mention things that are detrimental to the tobacco trade amounts to a *stranglehold on the media*.

*The seduction of tobacco smokers and tobacco growers* to protect the industry is a feature that is seen in other countries as well. These are probably the two groups most harmed or exploited by the tobacco trade. But they seem keen somehow to prevent any measure that will hurt the tobacco trade.

*'Covert' marketing and promotion* is reported in many countries. People being engaged to market through face to face encounters is an example. The inclusion of scenes in ordinary entertainment programmes, such as films and television productions, to make smoking look good is another. We see in Sri Lanka people flaunting smoking in public

where it was not previously visible but cannot prove that this is a tobacco trade ploy. The fashion trade promoting a positive image of tobacco is recently evident. Recently there have also been alleged 'research' overtures to persons trying to reduce tobacco-related harm.

The *role of 'business leaders'* in Sri Lanka has been unhelpful, to say the least. Unlike in many western countries, the business community here is unaware of the unethical and often unscrupulous measures that have been adopted by the tobacco trade globally. So they still perceive the tobacco trade as a legitimate member of the respectable business community. As a result they tend to protect the tobacco trade from any measures that are intended to reduce tobacco consumption.

## STATE AND NON-STATE INSTITUTIONS INVOLVED

A role exists for nearly all government ministries in the implementation of the comprehensive measures for tobacco control. Several non-state agencies of different sizes and influence too are involved.

*Agencies involved*

Of the many ministries and departments of government that have and play a role, some are more significant than others. These are listed below and any special strength or weakness that is worthy of comment is noted against each. But these comments are only about really special or noteworthy issues. Comments on strengths and weaknesses of the institutions that play a part are more important to consider collectively.

Agency and activity	Strengths	Weaknesses
<i>Government agencies</i>		
<p>President's office: Has a separate unit dealing with tobacco, alcohol and other substance use issues. It was meant originally to monitor the implementation of the policy on tobacco and alcohol and to recommend further steps, as necessary. It functions mostly as a technical resource at present.</p>	<p>High credibility as a technical resource and therefore called upon to assist in improving the quality of activities conducted by government agencies.</p>	<p>Has no formal authority over the different government sector agencies any more.</p>
<p>Health sector: Has a Director in charge of tobacco issues among other things. This Director has to deal with 'Non-Communicable Diseases'.</p>	<p>Linkage with the global tobacco control scene through WHO and the FCTC process.</p>	<p>There are few resources for the Director NCD to work with.</p>
<p>Poverty alleviation: Has a network of officers working at community level throughout the country. There are some who have as their main duty the reduction of harm from tobacco and alcohol in poor communities.</p>	<p>Extensive network of people working in nearly all divisions of the country. Able to 'cover' whole country.</p>	<p>At present there is no political drive to push these officers to deliver the goods. So the priority they and others attach to their work is low.</p>

Education: Growing tendency to make schools 'smoke-free'. Mostly through official decrees ('circulars') issued to schools periodically.	Has access to the most vulnerable section of the population. Many teachers committed to prevent students initiating tobacco use.	Risk that the upper levels of the ministry could be taken in by 'youth prevention' ploy of the tobacco industry.
Mass Communication: Has so far managed to keep free and powerful promotions of tobacco out of the advertising arena. Works by holding media to code of ethics in advertising. It has no power to do anything if anyone breaks the code – especially in the private media houses.	Sensitive to the vast body of opinion among the public that opposes the advertising of tobacco.	Insensitive to the 'covert' promotion of tobacco through insertions in ordinary entertainment programmes.
Youth affairs: Has trained some of its youth service officers in preventing the spread of tobacco.	Links to network of youth organizations.	No core of opinion within agency that is interested in pushing for more action on tobacco.
Justice: Was originally charged with getting the relevant legislation before parliament. Did get strong act in draft for presentation to the cabinet.	Core of committed and honest officers interested in getting tobacco legislation through.	Lack of knowledge of technicalities – e.g., on loopholes that the tobacco trade can use to circumvent intent of legislation.
Trade: Has worked to get more strong labels on cigarette packs.	Can get activities implemented on existing legislation without having to wait for new.	Lack of knowledge of technicalities and little interest in preventing tobacco-related harm.
Public administration: Issued regulations asking that all government buildings be smoke-free.	Good interest in public welfare.	Authority, or the means to influence core tobacco control issues, is small.
Defense: Has only a limited role. Mostly able to influence its own members' consumption.	Armed service personnel are influential in changing youth impressions.	Little commitment to address tobacco use in service personnel.
Law enforcement	Have relatively minor roles	
Women's affairs		
Transport and aviation		
Religious affairs		

<i>Other agencies</i>		
ADIC (Alcohol and Drug Information Centre): A highly innovative and technically advanced tobacco, alcohol and substance use prevention agency. Works not only to promote appropriate policies but also to generate effective community responses.	Technical capability and discipline of constantly looking at results of their activities. Large network of linkages to committed volunteers island-wide.	Relatively less experiences in cessation activities. Seen as 'radical' by many opponents and some in the field as well.
SLMA (Sri Lanka Medical Association): Has a special committee dealing with tobacco and alcohol related problems. Was instrumental in stimulating the previous regime's interest in developing a policy on these substances.	Relatively high in competence on preventive and cessation work and on matters of policy.	Has no funding to implement activities of its own, other than voluntary contributions of its own members.
Federation on Smoking and Health: Includes representatives from several organizations such as the Cancer Society, Swarna Hansa Foundation and Temperance societies.	Is keen on pushing for good policies. Was responsible for initiating first ever litigation against tobacco company by cancer victim.	Perhaps too readily distracted to actions that are more cosmetic or visible. Litigation too appears to have lost momentum.
Others: There are several smaller agencies of varying levels of competence and commitment scattered throughout the country. Some of these work in a specified geographical location only. Names of agencies include Life, TEEDA, Nest, Students Against Promotion of Drugs, Kedella, and so on.	Many have active and committed core of persons who are competent and well informed. Able to reach parts of Sri Lanka that 'national' organizations cannot reach.	Relatively small size and scope of activities. Severe financial constraints limit the activities that they can undertake.

### *Overall Strengths*

Probably the greatest overall strength in tobacco control in Sri Lanka is the relatively high degree of interest and involvement of the public in the subject. Governments have generally only paid lip service to tobacco control. During the regime prior to the government now in power there was an initial interest and commitment beyond any preceding effort. This was successfully turned around by the relative lobbying power of the industry compared to those interested in reducing tobacco related harm.

Although the policy that was recommended is neither accepted policy nor otherwise, there is still beneficial influence from it. The policy enunciated was of wide coverage

and spelt out the roles of each and every sector of government. So it offers guidance for people with interest on what they should do within government.

The presence of a special unit under the President and the assigning of responsibility for tobacco to a Director in the Ministry of Health are positive developments. Even though there was back-peddalling by the central government, quite a few local government bodies have adopted such legislation as they can within their powers.

Public awareness of the way in which the tobacco trade has behaved is relatively high. There is fair resistance (relative to the norm in other countries) to the tactics employed by the trade to promote smoking. Covert promotions used by the international tobacco agencies – which reach Sri Lanka too – are recognized to a fair degree. People are aware of the influence of attractive portrayals of smoking scenes in films and television programmes, for example.

Another strength, perhaps, is that the country has so far managed to resist the march of tobacco. Despite all of the forces that the tobacco trade musters, the level public awareness and concern for each other seems until recently to have managed to hold it up.

#### *Overall weaknesses*

Absence of formal legislation to control the promotion of tobacco or to prevent smoking in specified locations is a major weakness. The fact that legislation was obstructed at the final step is an indication of things to come, as it reflects the power of the industry. Given their success during a regime which is less supportive of the tobacco industry, the chances of getting legislation in place now is even less as the present regime is even more tobacco-friendly than the previous one. The legislation that was drafted and published in the 'Government Gazette' but never put to parliament is given in annexure 2.

The relative powerlessness of even the few officials who have tobacco control as part of their responsibility is a second weakness. This impedes the implementation of those measures that can be activated without recourse to legislation.

Perhaps the most worrying weakness within the official government apparatus is the lack of knowledge, or concern, about the benefits to the state of using proper tobacco taxation policy. It appears that officials in the Treasury and Ministry of Finance are terribly ill informed of the economics of tobacco taxation as a means of maximizing government revenue and of reducing tobacco-related harm. Officials simply reiterate readymade industry arguments about smuggling or losing revenue by increasing taxes. It appears that there are no specialists on tobacco taxation policy within the government finance sector and so whoever is in charge of the subject picks up knowledge from tobacco industry briefings only.

Lack of resources to disseminate widely the highly promising approaches to prevention and cessation that have been developed through agencies such as ADIC is another problem. Community efforts to encourage cessation have been found highly promising in Sri Lanka. But these are spread now using resources that come only from people's individual commitment and goodwill. This is inadequate to disseminate widely enough the successes that have been demonstrated on a small scale.

Another potential weakness is the likely infiltration of the preventive agencies by paid stooges of the tobacco trade. This risk had become evident in some situations in the past. And it probably cannot be prevented. A similar difficulty, if not a weakness, is the winning over of influential officials and politicians by the tobacco trade through personal lobbying. This is a continuous process that the industry engages in and the inability to counteract its influence is indeed an impediment, if not a weakness.

## GAPS IN CURRENT MECHANISMS

Gaps in current mechanisms are those things that have not yet been done but need to be.

These gaps are of different kinds and sizes. Simply listing them will be unhelpful. There has to be a means of assigning relative importance or priority to the things that should be addressed.

The point of analyzing the gaps is to fill them. One basis for prioritizing the gaps is therefore the feasibility of filling them. We can look at what is most feasible versus what is most unlikely to be achieved within the foreseeable future. Another basis is the relative importance in terms of the size of potential impact. A third is the logical order in which things should be taken up.

Each country will probably have to develop its own means for prioritizing the gaps. A list of lacunae by itself will be a relatively meaningless product. An attempt is made here to analyze in different ways the gaps that can be identified in the Sri Lankan setting.

*Feasibility classification:*

The most feasible gaps to fill are those just beyond the perimeter now covered. If there is an activity that already occurs in a community, district or province we can look at the next step beyond where it has now stopped. The next step can be to spread the initiative into new locations or to add to the scope of that initiative.

Let's take the measures that can be applied nationally first. A gap that is relatively easy to address is the absence of legislation at local government level. There are examples of seventy local government bodies enacting legislation to curtail the display of advertising and promotional material on tobacco and the sponsorship by tobacco of sporting and other events within the area of jurisdiction .

*Gap number 1* in terms of this 'feasibility priority' is then the absence of local legislation to prevent the promotion of tobacco in all other local government areas ('Pradeshiya Sabha's). Such legislation may not be as powerful as the scope of national legislation. But it is more feasible because there is already a momentum. Improving the implementation of the legislation that has been enacted will be useful.

The *second most important gap* in this view is the absence of legislation to tax tobacco sales outlets in each local government area. Since there is legislation already in 70 local government areas to curtail promotion and sponsorship by the tobacco trade, extension of legislation to include a tax on local tobacco sales points should also be achievable.

*Gap number three* is the inadequacy of the scope of the existing, and highly active, community responses against the spread of tobacco. They should take on all aspects needed to make their interventions comprehensive. The most important elements to be so

added to the successful community activities seen at present are components to promote cessation and to restrict availability and affordability, if possible.

The features that need to be added to each of numerous scattered community responses are likely to be different. A gap that exists is the absence of a mechanism to disseminate technical inputs to reach these widely scattered initiatives. Several methods by which this can be achieved can be explored.

*Major versus minor classification:*

*Lack of national legislation* even of most basic kind is probably the greatest hindrance to tobacco control in Sri Lanka. Getting carefully drafted legislation through is enormously difficult in a country where politicians are notoriously corrupt.

The *absence of financial commitment* by the state is another major gap. This is a gap that has implications beyond the obvious. When there is zero allocation of state funds for activities to combat the spread of tobacco the obvious result is that there is no possibility of any real initiative. The less obvious impact is that it sends a strong signal to the country about what the government thinks of tobacco as a matter for government action.

The public is awakened to, say, the need to prevent the spread of HIV infection or diseases such as measles, tuberculosis or tetanus because it hears of and sees the government's efforts to combat these. When not a whimper is heard on the media, for instance, of government action to reduce tobacco-related harm, the public too sees it as unimportant.

The tobacco lobby seems to have a *strong influence on the media*. This is a very quite and covert influence. But the absence of a means to counteract this influence is indeed a major gap. Some or most of the tobacco-promotive content seen in the media may be quite accidental and not due to a direct intervention by the tobacco trade. But the result is the same whether the communication is the result of payment by the trade or not.

Take, for example, the inclusion of scenes of very appealing and attractive tobacco use (usually smoking) portrayed in many of the films or television programmes seen in Sri Lanka. Some of these are produced in this country and some come from outside – mostly from India. The sources of these mass media productions are probably not reached in any way by tobacco-control advocacy. This lack is a significant gap in the current measures in force.

*Failure to disseminate successful interventions* is another serious gap. The basis of this may still be the earlier factor identified, namely, the resource limitation. But there may be other reasons too. One ingredient of success in interventions is the interest, enthusiasm and commitment of the people implementing it. When the same measure is recommended to others it fails. Disappointing performances in 'duplication' may be due simply to the fact that the initiative was a success because of the interest and motivation

of those carrying it out. In a different setting, with less commitment to that particular approach or to tobacco control in general, the results may be disappointing.

The answer is to focus on the core technical content of successful interventions. If the only ingredient that is found is the charisma and energy of a committed and enthusiastic person it is unlikely to be replicable. But if the content has a clear technical component specific to that intervention it may be worthwhile trying to disseminate it.

Lack of an *adequate mechanism for monitoring progress* is another lacuna that has to be filled. This is not a total absence but a partial inadequacy. One of the strengths of community and other approaches to tobacco control in Sri Lanka is the relative high level of awareness of measurement and monitoring issues among those carrying out such activities. At a national level this monitoring is not sufficient. There is the special unit in the Presidential Secretariat, which looks at the overall tobacco situation. But limitations of time and resources have resulted in there still being an inadequate monitoring of trends, consequences and results of interventions.

*Logical order classification:*

We know that successfully addressing tobacco-related harm is only achieved by generating a variety of responses. Hence, a ‘comprehensive approach’ is generally advocated. One means of creating a comprehensive response is to look at what aspects are at least partially addressed now and what aspects aren’t addressed at all.

In such an analysis the lack of legislation is not an insurmountable problem. Legislation too tries to achieve changes in the country and community that favour reduced use of tobacco. If there is no legislation we should look at achieving by other means the changes that the legislation was intended to achieve. Such other means may not be easy to find. They certainly will be difficult to disseminate widely enough to cover a whole population. It is therefore useful to try to get the right legislation in place. But the absence of legislation should not be a reason for helpless despair.

If we examine the Sri Lankan situation in this light we can work out the most pressing needs to make the responses ‘comprehensive’. Legislation tries to reduce the impact of advertising and promotion of tobacco, for instance. The advertising and promotion that legislation curtails is mostly the promotion of tobacco smoking. Smoking is promoted by making it appear to young people as a glamorous, sexy, pleasurable, adult, rebellious and cool. So the counter-tobacco measures should try to prevent or reverse the image that is so built up.

The technical ability to address this issue is fairly well developed in several communities in Sri Lanka, where interventions have been implemented. But a gap that is evident is the *failure to counteract easy availability and affordability*. The best way to address this is obviously by correct fiscal policy by the government. But in the absence of this interest

by the government, communities will need to see how they can make tobacco less affordable.

Another legislative response that makes tobacco control measures more comprehensive is the prohibition of smoking in specified locations. This again is a measure that communities can enforce themselves. *Inadequate restriction of smoking in public venues* is then a gap that should be noted and addressed.

Examining the responses to the tobacco problem provides a totally different logical analysis. In this sense the first step in a logical approach is a proper analysis and plan. Then a framework for implementation, monitoring, evaluation and redirection is needed. The *absence of a short, medium or long-term plan* for addressing tobacco issues is a gap. There was a plan of sorts, which began rolling well in the late nineties. But things have regressed. So there is now no real plan or no real owners of a plan, who have the power to implement it.

Along with a strategic plan goes the need for a *monitoring and implementing mechanism* – which too is lacking. Setting such a plan in motion would have led to the *identification of resources* – including the human resources – that has to go with the planned activities.

## CONCLUSION

*Summary*

The striking feature of the tobacco control scene in Sri Lanka is the absence of an official policy at national level and near total lack of necessary legislation. We see, despite this seemingly crippling lack, a fair response to keep tobacco problems at least partially under control. This is partly due to the momentum from a more explicitly stated, and now apparently defunct, policy enunciated by the previous government. The other helpful contributor has been a vibrant response from the public at large, through NGOs and community organizations.

Legislative measures that are virtually absent at national level are supplemented by a significant number of responses from local government authorities. Their scope for restricting advertising, promotion and tobacco sponsorship is less than that of the central government.

Many government agencies still take on 'residual' responsibilities from the previous policy initiative. The Ministries of Samurdhi (Poverty Alleviation) and Health are perhaps now the most active ministries in trying to reduce tobacco consumption in Sri Lanka. But the vigilance and enthusiasm of the non-government sector and many grassroots agencies partially compensates for the inadequacy of initiative by the state.

These agencies help address mostly the visible promotions of tobacco. They also work to reduce the attractiveness and glamour that is built up around the image of tobacco use – especially smoking. These interventions have a fair coverage throughout the country but are not uniformly spread. They are also small in size. There is a need to spread or disseminate the approaches that have in this way been developed and tested.

Restricting or limiting availability and affordability and promoting cessation are necessary components that are not presently addressed well enough.

## *Recommendations*

Starting with the most feasible next step is probably wise. This includes the expansion of the scope of activities already in place to make them more comprehensive. The other aspect is gradually spreading to new localities from those where successful responses have taken root. These are listed specifically in the preceding chapter on 'Gaps'.

Continued pressure will need to be maintained for a comprehensive package of legislation, but activities should not all be focussed on this.

The content of the programmes now in place should be expanded to include more efforts to promote cessation and to reduce acceptance of smoking (and other forms of tobacco use) in public places.

Strengthening the means for national planning, monitoring and evaluation of responses to reduce tobacco-related harm is a great need. Formal or informal mechanisms should be developed to address this.

Support from a regional network should be sought to move things forward that are not readily winnable using resources within Sri Lanka alone. The following are areas where a regional response can be usefully generated.

- Inclusion of tobacco issues in the agenda of the regional committee of health ministers that attend the SEARO meeting.
- Through them initiating resolutions that can be brought at ASEAN and SAARC meetings which will then mandate national legislation (such as the European Community initiatives on tobacco and SAARC ones on illicit drug trafficking).
- Addressing the source of media productions, which promote tobacco use and cross national borders.
- Adopting at least a few shared initiatives throughout the region, which will lead to greater sharing and dialogue.