Brief Profile on Tobacco Control in Sri Lanka
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Acknowledgements

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Foreword

Sri Lanka is an island in the Indian Ocean in South Asia, 65 610 square kilometres in area, divided into nine administrative provinces. It has a 90% literate population of approximately 20 million. Its estimated annual mortality from tobacco-related illness is about 20 000 deaths. Sri Lanka’s recent transition from a longtime low-income country to a middle-income country has been associated with a change in its pattern of morbidity and mortality. Noncommunicable diseases [NCDs] have become the leading cause of morbidity and mortality - tobacco use is a recognized causal factor in the genesis of NCDs. Sri Lanka was the fifth country in the Region to sign the WHO Framework Convention on Tobacco Control (FCTC) and the first country in the Region to ratify it.

In the run-up to the presidential election of November 2005 in Sri Lanka, the elimination of all forms of intoxication and harmful effects of tobacco use became a major issue. The election manifesto of the incumbent President of Sri Lanka, in its very first paragraph, promised legislation to deal with the drug menace. Within a year of being elected President, the Parliament of Sri Lanka certified the National Authority on Tobacco and Alcohol Act [NATA] No. 27 of 2006. Thus the commitment of the political authority to the reduction of tobacco use in Sri Lanka is strong and clear.

According to the Global Youth Tobacco Survey conducted in 2007, 5.1% youth (13 – 15 - year old) ever smoked cigarettes; 39.5% smoked cigarettes before the age of 10 years. About 8.6% are current users of other tobacco products. Disturbingly, however, 65.9% are exposed to second-hand smoke in public places. It has been my privilege to serve as the Minister of Healthcare and Nutrition in this country since the turn of the century. Over the years my country has been an enthusiastic participant in WHO activities. In 2009, I was elected President of the World Health Assembly. In both capacities, I have endeavoured to pursue WHO policies designed to reduce tobacco use in Sri Lanka and in the rest of the world. Gratifyingly, WHO recognized the role I played in reducing tobacco use in Sri Lanka by conferring on me the WHO Director-General’s World No Tobacco Day Award for 2007.

I am happy to announce that Sri Lanka has been the recipient of a grant (Sri Lanka-3-02) under the Bloomberg Initiative to reduce tobacco use in the world. The major activity under this project is the establishment of
Tobacco Control Cells in the 26 health administrative districts of the Island. The project was ceremonially launched at the Presidential Secretariat on 29 May 2009 under the patronage of His Excellency, the President of Sri Lanka. At this launch, His Excellency, the President, articulated his vision of a tobacco-smoke-free Sri Lanka by the year 2015. Twenty-two of the 26 District Tobacco Control Cells (DTCCs) have now been established in all nine provinces of the country. The good news is that all the available evidence points to a decline in the consumption of tobacco in the country during the recent past.

The Brief Profile embodies the relevant and vital information pertaining to the tobacco control programme in Sri Lanka.

Nirmal Siripala de Silva
Minister of Healthcare and Nutrition
Tobacco burden in Sri Lanka

The current smoking prevalence is 39% among males and 2.6% among females. Chewing tobacco is more common than smoking among women. Noncommunicable diseases (NCDs) have become the leading cause of morbidity and mortality with tobacco use being the second biggest cause of all deaths and disabilities from NCDs. Over 20 000 people die due to tobacco-related illnesses annually in Sri Lanka.

Tobacco use in Sri Lanka

Current smokers

<table>
<thead>
<tr>
<th>Age group</th>
<th>Sample size (N)</th>
<th>Prevalence %</th>
<th>(5% Confidence interval)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Males</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>825</td>
<td>19.3</td>
<td>14.2-24.4</td>
</tr>
<tr>
<td>30-39</td>
<td>706</td>
<td>44.7</td>
<td>38.3-51.0</td>
</tr>
<tr>
<td>40-49</td>
<td>667</td>
<td>47.9</td>
<td>41.7-54.0</td>
</tr>
<tr>
<td>50-59</td>
<td>448</td>
<td>54.9</td>
<td>48.2-61.5</td>
</tr>
<tr>
<td>60-69</td>
<td>229</td>
<td>48.2</td>
<td>39.5-56.9</td>
</tr>
<tr>
<td>70+</td>
<td>164</td>
<td>39</td>
<td>28.3-49.7</td>
</tr>
<tr>
<td><strong>18+</strong></td>
<td><strong>3 039</strong></td>
<td><strong>39</strong></td>
<td><strong>35.9-42.0</strong></td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>907</td>
<td>0.9</td>
<td>0.2-1.7</td>
</tr>
<tr>
<td>30-39</td>
<td>830</td>
<td>2.7</td>
<td>1.3-4.1</td>
</tr>
<tr>
<td>40-49</td>
<td>721</td>
<td>3.2</td>
<td>1.2-5.3</td>
</tr>
<tr>
<td>50-59</td>
<td>507</td>
<td>4.8</td>
<td>1.7-8.0</td>
</tr>
<tr>
<td>60-69</td>
<td>287</td>
<td>2.9</td>
<td>0.9-5.0</td>
</tr>
<tr>
<td>70+</td>
<td>191</td>
<td>3.4</td>
<td>0.9-5.9</td>
</tr>
<tr>
<td><strong>18+</strong></td>
<td><strong>3 443</strong></td>
<td><strong>2.6</strong></td>
<td><strong>1.6-3.6</strong></td>
</tr>
<tr>
<td><strong>Combined</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>1 732</td>
<td>10.4</td>
<td>7.5-13.3</td>
</tr>
<tr>
<td>30-39</td>
<td>1 536</td>
<td>25</td>
<td>21.2-28.9</td>
</tr>
<tr>
<td>40-49</td>
<td>1 388</td>
<td>26.5</td>
<td>22.5-30.5</td>
</tr>
<tr>
<td>50-59</td>
<td>955</td>
<td>31.7</td>
<td>26.8-36.6</td>
</tr>
<tr>
<td>60-69</td>
<td>516</td>
<td>27</td>
<td>21.1-32.9</td>
</tr>
<tr>
<td>70+</td>
<td>355</td>
<td>20.5</td>
<td>14.5-26.5</td>
</tr>
<tr>
<td><strong>18+</strong></td>
<td><strong>6 482</strong></td>
<td><strong>21.6</strong></td>
<td><strong>19.6-23.6</strong></td>
</tr>
</tbody>
</table>

World Health Survey, Sri Lanka, 2003
Tobacco use in Sri Lanka

A study on the types and constituents of tobacco products conducted in 2004 showed the varieties of tobacco products used in Sri Lanka.

**Smoking forms**

- **Cigarettes**
- **Bidi**

**Smokeless forms**

- **Betel quid with tobacco**
Tobacco control in Sri Lanka

NATA (National Authority on Tobacco and Alcohol Act No 27 of 2006)

This Act has been implemented with the intention of eliminating tobacco- and alcohol-related harm through different public health policies and their implementation. The following can be considered as significant viewpoints of tobacco control in Sri Lanka. The important provisions of the NATA Act are:

- Sales and promotion of tobacco products to minors prohibited (minor defined as below 21 years of age).
- Advertising, promotions and sponsorship prohibited.
- Vending machines prohibited.
- Health warnings made compulsory.
- Smoking prohibited in all public places.

The WHO Framework Convention on Tobacco Control (FCTC) and Sri Lanka

- Sri Lanka signed the WHO FCTC on the 23rd September 2003.
- Sri Lanka ratified the WHO FCTC on the 11th November 2003.
Sri Lanka and the Global Tobacco Surveillance System (GTSS)

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) 2001 and 2006

The 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 revealed that cigarette smoking among the youth was decreasing but the use of other types of tobacco products was increasing.

Tobacco use among students aged 13-15 years in Sri Lanka

- **Cigarettes**
  - 2003: 2.4
  - 2006: 1.2

- **Non-cigarettes**
  - 2003: 7
  - 2006: 8.6

Source: Global Youth Tobacco Survey, 2003 and 2006

Global School Personnel Surveys (GSPS) 2003 and 2006

In 2007, Global School Personnel Surveys (GSPS) were carried out in schools selected for GYTS. All school personnel in these schools were eligible to participate. They showed that nearly 2 in 10 male school personnel were using tobacco in some form.
Use of tobacco products among school personnel by sex

(Source Global School Personnel Survey 2006)

Global Health Professions Students’ Survey (GHPSS) 2006

The Global Health Professions Students’ Survey (GHPSS) was conducted for all Third Year students of medical and nursing schools in Sri Lanka in 2006. It showed that one in ten male medical students was using some form of tobacco.

Tobacco use among Third Year medical and nursing students by tobacco products

(Source: Health Professions Students Survey, Sri Lanka 2006)
MPOWER Policy Package in Sri Lanka

A policy package to reverse the tobacco epidemic

- **M**onitor tobacco use and formulate prevention policies
- **P**rotect people from tobacco smoke
- **O**ffer help to quit tobacco use
- **W**arn about the dangers of tobacco
- **E**nforce bans on tobacco advertising and promotion
- **R**aise 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”.

Mpower

Monitoring tobacco use

Country situation and activities

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

Weakness

- Limited resources for surveillance and research.
The way forward

- Plan to conduct Global Adult Tobacco Survey in 2010.
- To continue periodic surveys under the Global Tobacco Surveillance System.
- To continue with NCD STEPS Survey.
- To actively participate in the annual Global Tobacco Control Report.
- To comply with FCTC reporting instrument to the WHO FCTC Convention Secretariat.

Mpower
Protecting people from tobacco use

Country situation and activities

100% smoke-free places
- Health-care facilities
- Education facilities
- Universities
- Government facilities
- Indoor offices
- Other indoor workplaces

Non-smoking areas with designated smoking rooms
- Airports
- Restaurants
- Pubs and Bars

- Over 6 in 10 school students and health professional students were exposed to secondhand smoke in public places.

Tobacco control advocacy meeting
Percent of Students aged 13-15 years who have been exposed to secondhand smoke in public places by year in Sri Lanka


Percentage of health professional students exposed to second-hand smoke in Sri Lanka

Source: Global Health Professions Students Survey, 2006

Weakness
- No detailed guidelines on law enforcement.

The way forward
- All public places, public transport and workplaces to be 100% smoke-free.
- Enforcement mechanism needs to be strengthened.
Country situation and activities

- Community-based cessation activities in some areas.
- Training of basic health personnel on tobacco cessation.

Weaknesses

Sri Lanka does not have:

- Toll-free telephone quit line/helpline with a person available to discuss cessation with callers
- Nicotine replacement therapy (e.g. patch, gum, lozenge, spray or inhaler)
- Bupropion (e.g. Zyban, Wellbutrin)

Percentage of smoker students who want to quit now in Sri Lanka, by year

<table>
<thead>
<tr>
<th>Year</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>76.5</td>
</tr>
<tr>
<td>2003</td>
<td>73.7</td>
</tr>
</tbody>
</table>

Source: Global Youth Tobacco Survey 2003 and 2006
Formal training among school personnel to prevent youth tobacco use in Sri Lanka

- **Wish to have training to prevent youth tobacco use**
- **Per cent trained**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>68</td>
</tr>
<tr>
<td>Females</td>
<td>61.9</td>
</tr>
</tbody>
</table>

Source: Global School Personnel Survey Sri Lanka 2006

Formal cessation training among health professional students

- Agreed that health professionals should get specific training on cessation techniques.
- Learned cessation approaches to use with patients

<table>
<thead>
<tr>
<th>Type of students</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>72.5</td>
</tr>
<tr>
<td>Nursing</td>
<td>77.8</td>
</tr>
</tbody>
</table>

Source: Global Health Profession Students Survey, Sri Lanka 2006

**The way forward**

- Training of health personnel on cessation techniques and counselling.
- Enhance accessibility and affordability of NRT and Buproprion.
- “Quitlines” for smokers who want to quit.
- Establishment of counselling clinics at hospitals and health centres.
Warning about the dangers of tobacco

Country situation and activities

- National legislation requires that the pack of cigarettes and cheroots should mention that smoking can seriously affect health, and should carry other necessary warnings.

Percentage of students aged 13-15 years) who have been taught about the dangers of smoking in Sri Lanka, by year

<table>
<thead>
<tr>
<th>Year</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>79.8</td>
</tr>
<tr>
<td>2006</td>
<td>72.8</td>
</tr>
</tbody>
</table>

Source: Global Youth Tobacco Survey Sri Lanka 2003 and 2006

Weaknesses

- No graphic/pictorial warnings on cigarette packs.
- Text warnings not specific.
- It needs to cover smokeless tobacco products.

The way forward

- Regulation/notification that pictorial health warnings should cover at least 30% of the principal display areas of cigarette, bidi and cigars and smokeless tobacco product packs.
- School education needs to cover the issue of harm from tobacco use.
Country situation and activities on tobacco control

National legislation bans all forms of direct advertising in:

- national TV and radio;
- local magazines and newspapers;
- point of sale;
- billboards;
- outdoor advertising; and
- Internet

Students aged 13-15 years exposed to tobacco advertisements on billboard and print media, by years

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>81</td>
</tr>
<tr>
<td>2003</td>
<td>79.3</td>
</tr>
<tr>
<td>2006</td>
<td>67.4</td>
</tr>
</tbody>
</table>


The national law completely bans promotion of all tobacco products and brand names through:

- free distribution in the mail or by
- other means;
• promotional discounts;
• non-tobacco goods identified with tobacco brand names;
• brand names of other products used for tobacco products;
• appearance of tobacco products in TV and/or films; and
• sponsored events.

**Students aged 13-15 years exposed to indirect promotions by tobacco industry in Sri Lanka, by years**

<table>
<thead>
<tr>
<th>Year</th>
<th>Have an object with a cigarette brand logo on it.</th>
<th>Offered a free cigarette by a cigarette company</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>10.5</td>
<td>6.4</td>
</tr>
<tr>
<td>2003</td>
<td>11</td>
<td>5.9</td>
</tr>
<tr>
<td>2006</td>
<td>5.7</td>
<td>3</td>
</tr>
</tbody>
</table>


**Weakness**

- Strong law exists, but there is no strategy or actionplan on enforcement. It is under active consideration of the Government.

**The way forward**

- Prohibition of advertisement on international TV and radio (broadcast from abroad including satellite).
- To strengthen enforcement mechanism.
Raising taxes on tobacco products

Country situation and activities on tobacco control

- Tax on cigarettes is 54%.

Weakness

- Taxes on all tobacco products are not similar.

The way forward

- Harmonious increase in tobacco taxes for all forms of tobacco products.
- Advocacy on raising taxes on tobacco products.
- Integrating tobacco control into poverty alleviation programme.

Launching of the District Tobacco Control Cells in Kandy, Matale and Nuwara-eliya, held at the PDHS Office Central Province, Kandy on 09 July 2009.
Conclusion

Sri Lanka has a strong National Tobacco Control Act and many groups of people are working hard to create a strong tobacco control environment. Findings from different surveys under GTSS have shown that exposure to direct and indirect advertisements of tobacco products among young kids have decreased. However, exposure to second-hand smoke in public places is high. Many people want to quit tobacco use, but proper cessation services are not available in the country. Multisectoral efforts are needed towards effective enforcement of the law to bring about a significant decline in the prevalence of tobacco use and exposure to second-hand smoke, and to monitor the key indicators of MPOWER Policy Package through periodic application of different surveys under the GTSS.
Bibliography


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Tobacco Control in Sri Lanka