



14-18 OCTOBER
2013

Sri Lanka

NEEDS ASSESSMENT MISSION

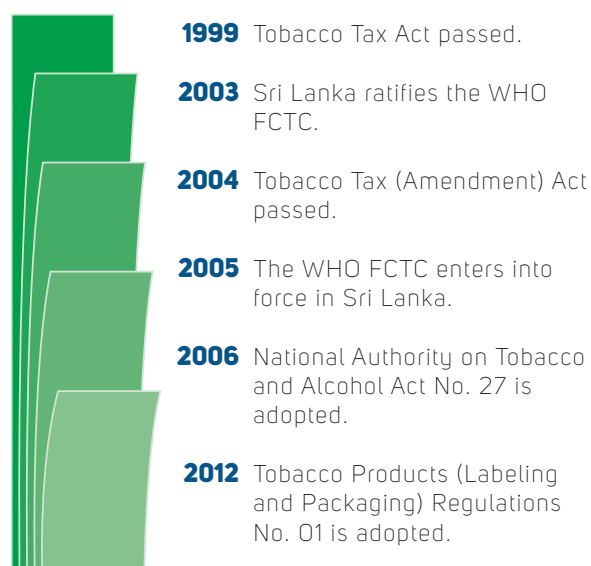


FCTC
WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL
SECRETARIAT

Introduction

The needs assessment mission for the implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) was conducted October 14-18, 2013, by the Convention Secretariat jointly with the Ministry of Health, Nutrition and Indigenous Medicine of Sri Lanka. The international team, which came at the government's invitation, included representatives of the WHO Regional Office for South-East Asia (SEARO) and the United Nations Development Programme (UNDP). The team met with the leaders of government agencies, NGOs and civil society who are involved in implementing the WHO FCTC at country level.

Tobacco control milestones in Sri Lanka



Tobacco production in Sri Lanka

YEAR	PRODUCTION
2003	4.462 billion cigarette sticks
2012	4.320 billion cigarette sticks

Key facts



Sri Lanka was the **first** country in **Asia** and the **fourth** country in the **world** to ratify the **WHO FCTC**.



22.8%
of **men** aged
15-64 are
daily **tobacco**
smokers.



0.3%
of **women**
aged 19-75 are
daily **tobacco**
smokers.



15.7%
of **boys**
aged 13-15
are current
tobacco users,
and **2.8%** are
cigarette
smokers.



5.4%
of **girls**
aged 13-15
are current
tobacco users,
and **0.3%** are
cigarette
smokers.

There is **higher**
prevalence of
chewing tobacco
use compared to
cigarette smoking
among **youth**.



In 2013, **taxes**
accounted for

74.14%
of the retail price of
Gold Leaf cigarettes.

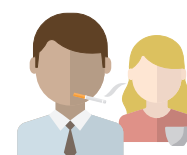


21.2%

of **young** people aged 13-15 live
in **homes** where others **smoke**
in their presence.

42.5%

of **young** people aged
13-15 have been exposed
to tobacco **smoke** in
enclosed public places.



Main findings and recommendations

● Sri Lanka has adopted the National Authority on Tobacco and Alcohol Act No. 27 of 2006 (the Act) and the Tobacco Products (Labeling and Packaging) Regulations No. 01 of 2012 (the Regulations). This legislation complies with a number of sections of the WHO FCTC, though amendments are required to meet other WHO FCTC provisions. Amendments are specifically required to meet the requirement of providing smoke-free environments and eliminating point-of-sale and cross-border tobacco advertising and sales to minors. The Regulations also need to be fully implemented and further regulations need to be developed.

Recommendation: Amend the Act and the Regulations to provide for smoke-free environments and eliminate point-of-sale and cross-border tobacco advertising and sales to minors and fully implement these provisions.

● Excise taxes do not apply to all smoking tobacco products. No smokeless tobacco products are subject to excise taxes. The excise tax structure is quite complex. There have been regular increases in the tobacco excise tax rates in recent years, which has helped shrink the demand for cigarettes.

Recommendation: Simplify the tobacco tax structure and apply the excise tax to all tobacco products at rates similar to those for cigarettes to prevent people from shifting to different products. Continue to increase tobacco taxes on a regular basis to make it less affordable.

The tobacco industry uses various tactics and strategies to affect public policy. This is especially true in the areas of illicit trade in tobacco products and sales to minors, as well as through “corporate social responsibility” programs.

Recommendation: Prevent tobacco industry interference by raising awareness and including measures in legislation.

● There are some exemptions to no-smoking rules, including for hotels, guest houses, restaurants, clubs, airports, private workplaces and outdoor public places.

Recommendation: Remove these exceptions and strengthen enforcement mechanisms.

● The Regulations adopted in 2012 require a pictorial health warning covering at least 80% of both the front and back of every pack of cigarettes. However, the tobacco industry has filed lawsuits and halted the implementation of this rule.

Recommendation: When this case comes up for hearing before the Supreme Court, the Ministry of Health should inform the Supreme Court of the WHO FCTC's deadline for implementing these rules.

● There are continuing efforts to educate target groups about the dangers of tobacco. These efforts focus primarily on the dangers of tobacco smoke.

Recommendation: Emphasize the danger of all types of tobacco products, particularly of smokeless tobacco. The Ministry of Health should work with other ministries and civil society organizations to obtain free airtime on national television and radio stations to broadcast anti-tobacco messages. These campaigns should reach all of society, and particularly vulnerable people such as children and pregnant women.

● Sri Lanka does not have national guidelines for tobacco dependence cessation and treatment. A quit line is available for information about where to receive substance abuse counseling and prescriptions for cessation aid medicines. Nicotine replacement therapy is not listed as an essential drug and is therefore not available in Sri Lanka.

Recommendation: Strengthen mechanisms to help people quit smoking.

● Sri Lanka has not yet ratified the Protocol to Eliminate Illicit Trade in Tobacco Products.

Recommendation: Ratify the Protocol to Eliminate Illicit Trade in Tobacco Products as soon as possible.

● Sri Lanka has made progress in banning the sale of tobacco to minors, though further measures are still needed.

Recommendation: Require sellers to put up signs warning that tobacco will not be sold to those under 21 years old and prohibit the sale of individual or small packs of cigarettes to make them less affordable for minors.

● Sri Lanka does not provide subsidies to tobacco growers. Tobacco growers are voluntarily moving to other crops.

Recommendation: Capitalize on this trend away from tobacco growing by helping farmers make the transition to economically viable alternatives.

Post needs assessment assistance available from the Convention Secretariat

● Developing a national strategic plan.

● Accessing resources through donor coordination.

● Developing a tobacco taxation policy.

● Establishing a tracking and tracing system.

● Including standard tobacco-related questions in ongoing national surveys.

● Convening a stakeholder workshop to consider the needs assessment report and adopt a plan for future action.

Outcomes



1) The needs assessment mission was extremely useful to Sri Lanka.

2) It helped to identify gaps related to the implementation of the WHO FCTC and to raise awareness of the importance of tobacco control to all relevant stakeholders.

3) Through the exercise, government officials got to know best practices that can be adopted in the country and areas where international cooperation can be more beneficial.