



SMOKING CESSATION POLICIES IN SRI LANKA

Smoking cessation policies and programmes play an important role in controlling smoking and tobacco usage effectively. Given that tobacco products contain nicotine, a highly addictive drug on par with heroin and cocaine, smoking cessation is often a difficult and long-term process. Using evidence-based cessation programmes significantly increase the likelihood of successfully quitting the habit. Offering help to quit tobacco use is one of the six major policy components of the World Health Organization's (WHO) MPOWER policy package¹.

In Sri Lanka, 51.8% of the current smokers² have attempted to quit smoking, while 35% of users³ were advised to quit tobacco usage by healthcare providers. Quit ratio for daily smoking⁴ was recorded as 34.4% in Sri Lanka. Cessation has an important role to play in reducing smoking especially when it is combined with other policy interventions (e.g. increasing tax on tobacco). If cessation programmes are to be effective, however, cessation must (i) be tailored to what works in a Sri Lankan context, and (ii) must be targeted at last mile smokers specifically, and to be made more widely available outside of Colombo. To achieve this, cessation support will need to be adequately resourced.

Cessation Programmes in Sri Lanka

The 'Strategy for Tobacco Cessation in Sri Lanka 2020-2025' prepared by the National Authority on Tobacco and Alcohol (NATA) and the Ministry of Health, Nutrition, and Indigenous Medicine has identified two complementary approaches for tobacco cessation in Sri Lanka; community tobacco cessation and clinical cessation. Community cessation includes a broad array of actions driven by the participation of the communities to reduce the use and harm of tobacco. Clinical cessation targets the persons with addiction problems who seek treatment. Of these, community cessation is more cost-effective as a large number of people will quit tobacco use within a short period of time. 'Smoke Free Villages' is one such community cessation initiative successfully implemented in many villages throughout the country. 'Creating Smokeless and Healthy Home Environment for Pregnant Mothers and Children' is another community-based intervention carried out by the Public Health Midwives (PHMs).

Sri Lanka's current efforts in tobacco cessation are mostly fo-

cused on changing the behaviour of people through conducting diversified programmes, targeting different groups (Table 1). The main aim of educative sessions and training programmes is to share the methods of quitting through developing a 'Quit Plan' based on WHO recommendations. The National Helpline, introduced by NATA, is a free quitting helpline. Free counselling programmes are carried out by both government and non-government organisations to eliminate tobacco smoking from the country.

However, these programmes are mostly done in Colombo and urban centres. The effectiveness of the quit helpline is also questionable given the poor public awareness of it. At the ground level most of the smoking cessation intervention programmes are carried out by the PHIs and PHMs. But they are often deprived with the resources and burdened with the workload. The key stakeholders are emphasising on the importance of having more intensive campaigning and lobbying on smoking cessation.

Key Points in Smoking Cessation

Understanding and identifying initiation and cessation cycles are important in effective policy formulating. The level of motivation to quit smoking varies from smoker to smoker. Once a smoker decides to quit, there may be relapses. Smokers at different stages of initiation and cessation cycle are needed to address through different programmes. A smoker who has experienced a several relapses would need more incentive and a more systematic approach than a smoker just starting their quitting efforts.

Identifying and controlling the push factors that encourages for smoking is important. People tend to initiate and continue smoking for many reasons. Personality traits (such as sensation seeking, possessing a very low conscientiousness factor, openness to experiences, neuroticism or being nervous in behaviour), as well as external factors (such as peer pressure, family and community norms and acceptance, easy access and affordability) encourage smoking. As different smokers are affected by different push factors, an individual approach would be more effective in smoking cessation. Similarly, different personality traits of

¹MPOWER is a policy package intended to assist in the country-level implementation of effective interventions to reduce the demand for tobacco, as ratified by the World Health Organization Framework Convention on Tobacco Control

²Among current smokers and former smokers who have been abstinent for less than 12 months in the past 12 months

³Among those smokers who visited a healthcare provider in the past 12 months.

⁴From the former daily users, people who quit smoking tobacco

Table 1: Summary on Cessation Programmes in Sri Lanka

Type of Cessation Programme	Aimed Group
Educative Sessions	<ul style="list-style-type: none"> ■ School-aged youngsters ■ Drug addicts ■ Personnel recruited in armed forces ■ Nursery kids and school children ■ Corporate sector
Training Programmes (ToT) for grassroot level government officials to promote and assist in smoking cessation	<ul style="list-style-type: none"> ■ Public Health Inspectors (PHI) ■ PHM ■ Community divisional officers in Divisional Secretariats ■ Samurdhi officers ■ Teachers in National College of Education
Awareness Programmes (through channels such as electronic and print media and entertainment programmes e.g. short drama competitions, kite festivals)	<ul style="list-style-type: none"> ■ Tobacco smokers and general public
Quit Helpline (Free of Charge)	
Counselling Programmes	<ul style="list-style-type: none"> ■ Tobacco smokers and their family

Source: KIIs

smokers should be taken into consideration when helping them to quit (e.g. an introvert smoker would prefer individual counselling to group behaviour therapy). It is also important to ensure the sustainability of such interventions.

Smoking cessation interventions take different approaches (e.g. behavioural and pharmacological, preventive and curative, price bans and advertising bans) and their effectiveness vary. Pharmacotherapy approach aims primarily to reduce the intensity of the urge to smoke and/or adjust the aversive symptoms, whereas behavioural support aims to boost or support motivation to resist the urge to smoke and develop smokers' capacity to stick to their resolutions. Preventive approaches focus on health promotional activities, such as mass advertising campaigns in the media, peer education programmes, and community mobilisation. Price controls aim reduce smoking prevalence by changing the price or increasing taxes tobacco related products. Different approaches in cessation should be used in different settings – and in combination with one another. Encouragingly, the proposed 'Strategy for Tobacco Cessation in Sri Lanka 2020-2025' has identified two complementary approaches (community cessation and clinical cessation) to reach the current smokers.

Penetrating the 'hard to reach groups' is important. Fear of being judged, lack of knowledge, inflexibility, and the lack of accessibility to cessation services are some critical barriers in reaching 'hard to reach groups. Given that the current smoking prevalence is high among certain hard to reach groups in Sri Lanka, it is important that cessation programmes reach these high prevalence groups. Flexibility, accessibility, spontaneous actions and high visibility, and wider outreach are important in reaching the 'hard to reach group'. Currently, counselling programmes are mostly based in Colombo and thus, do not have access to people living in the rural and estate areas.

Policy Implications

Smoking cessation interventions play a very important part in reducing tobacco prevalence in Sri Lanka. Recent IPS research suggests that most of the Last Mile smokers want to quit, yet the existing cessation interventions do not properly reach them. There is a huge unmet demand for smoking cessation. There have been some promising cessation initiatives (e.g. 'Smoke Free Villages', 'Creating Smokeless and Healthy Home Environment for Pregnant Mothers and Children') in the country. These generally take a community cessation, rather than clinical cessation approach, which is felt to be more suited to the Sri Lankan context.

Existing smoking cessation programs and services (e.g. counselling, training) are mostly based in Colombo and other urban centres. They are not being effectively targeted at Last Mile groups and regions. More human and financial resources are needed in strengthening the ongoing cessation interventions as well as in developing new channels in reaching the Last Mile group in order to meet the un-met demand for smoking cessation.

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