



Tobacco Smoking in Sri Lanka: Identifying and understanding the last mile smokers

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1. Introduction

Sri Lanka has achieved commendable progress in controlling tobacco smoking over the years. The overall tobacco smoking prevalence rate for males (15 and above) that indicated as 38.1% in 2009 has fallen to 28.4% by 2018.¹ However, despite multiple measures by successive governments to bring down tobacco smoking prevalence in Sri Lanka, it is still considerably high among certain groups. The challenge for Sri Lanka now is to reach these remaining groups with higher smoking prevalence (henceforth referred to as the 'Last Mile Smokers'). We aim to promote policies to control tobacco to reduce the overall smoking rates below 10%. Based on a recent study,ⁱⁱ this Policy Discussion Brief highlights the following :

a) describes the population groups with a high prevalence of smoking (i.e., last mile smokers); b) describes the smoking behaviour of the last mile smokers (i.e., how they initiate smoking, their reasons to continue smoking, whether they have considered to quit smoking, how they have access to smoking products, affordability of cigarettes, and their awareness on the detrimental effects of smoking); and c) proposes policies that reach the last mile smokers.

2. Methodology

The study adopted a mix of quantitative and qualitative methodological approach to answer the research questions. Methodologies and data sources used to achieve each research objective are summarised in Table 1.

Table 1: Methodology, Tools and Data Sources

Research Objective	Methodology	Data Sources
To identify the remaining stock of smoking groups with higher smoking prevalence (last mile smokers)	Analysis of quantitative data from secondary data sources to identify the highly prevalent smoking groups – descriptive statistics	■ Tobacco Use Spot Surveys - Alcohol and Drug Information Centre (ADIC) ■ Global Youth Tobacco Survey (GYTS) - NATA (2015) ■ STEPwise approach to Surveillance (STEPS) Survey - WHO/ Ministry of Health (2015) ■ Demographic and Health Survey (DHS) 2016 - Department of Census and Statistics (DCS) ■ Annual Health Bulletins (AHB) - Ministry of Health, Nutrition and Indigenous Medicine ■ National Oral Health Survey – Ministry of Health (2015-16) ■ Self-reported Health Survey – DCS (2014) ■ Global School-based Student Health Survey - WHO (2016) ■ The Tobacco Atlas – Sri Lanka Country Profile (2018)

To understand the behaviour of last-mile smokers (smoking initiation, continuation, and cessation; access and affordability; and awareness)	Analysis of qualitative and quantitative data	- Focus Group Discussions (FGDs) – Eight FGDs with different high prevalence groups (40 + males, youth: non-schooling, construction workers, drivers, rural, estate, high prevalence area and low-income) - Key Informant Interviews (KIIs) – Six KIIs with experts working on tobacco control - Questionnaire survey among the FGD participants
Recommend policies or a mix of policies that are needed to reach the last mile	Brainstorming sessions/ consultations with expert stakeholders Literature review	- Brainstorming sessions/ consultations - Findings from the study

3. The high prevalence smoking groups - The Last Mile Smokers

Smoking prevalence rate is considerably high among males. It is as high as 30% among males, whereas it is only 0.1% among females.ⁱⁱⁱ Among males, those in the 40 and above age category record the highest smoking prevalence rate.^{iv} Among those in the 15-24 age category, a higher tobacco smoking prevalence was recorded from the non-schooling group than the schooling group.^v Among school children, smoking prevalence is higher for male students in the age group of 16-17 than those in the age group of 13-15.^{vi} Five districts with the highest percentage of detected smokers include Nuwara Eliya, Vavuniya, Mullaitivu, Mannar and Kilinochchi.^{vii} The percentage of households in which at least one member has smoked tobacco was the highest in the rural sector than in the urban and estate sectors.^{viii} Households in the lowest wealth quintile (i.e., poorest households) had the highest percentage for at least one member who has smoked tobacco, compared to the households from the other wealth quintiles.^{ix} In terms of occupational groups, 'Skilled agricultural and fishery workers' and 'Craft and related workers' have a higher percentage of current smokers than other occupational groups.^x

4. Smoking behaviours of smokers

Smoking Initiation

Perceiving smoking as a remedy for loneliness and distress, being curious to experiment with new things, breaking the monotony of jobs, peer pressure, and imitating other smokers in the family, community and famous characters, were the dominant drivers of smoking initiation. In some groups, influence from

popular characters is also a prominent factor that has stimulated people to get into the habit of smoking. The type of occupation (especially when doing the night shifts) provokes people to have their first smoke and gradually make it an integral part of their work routine.

"I started smoking when I was working at the harbour. Cigarettes were available frequently, and most of the time, I got them for free through friends who are dealing with ships."

FGD participant from low-income category, Moneragala

"I started to smoke because of my occupation. I used to drive a lorry and do night shifts. My friend recommended me to have a cigarette as it helps to be awake during the night when driving the vehicle, and it has been helpful ever since then when I drive at night."

FGD participant (Driver), Colombo

"I started smoking because of farming. I want to have one whenever I am exhausted during work (farming) and when it is cold. Since then, I have been continuing to smoke."

FGD participant from high prevalence area, Killinochchi

Peer pressure is a significant factor that stimulated the current smokers to start smoking. According to FGD participants, getting into the habit of smoking enabled them to get conformed to, and accepted from a specific crowd, find new friends, increase the circle of friends, maintain social status and to be a part of a specific clique with peers and adults.

"I started smoking to get involved with the clique of friends. Had I not smoked; I would have been left behind. Thus, to be a part of the group, I had to do what others did. Gradually, it became a habit."
FGD participant from the 40+ group, Negombo

Most of the smokers who participated in FGDs stated that their curiosity to experience new things at a younger age was one of the significant reasons to try out cigarette or beedi for the first time.

"Curiosity made us experience cigarettes, and then we got addicted to it. We can understand that the social status and persons who kept company with us at that time induced us to start smoking. Another reason is the motivation caused by adults around us. When we saw adults were smoking, we also wanted to smoke and have a new experience."
FGD participant from youth group, Dompe

Smoking initiation is also fuelled by seeing family and community members smoking frequently.

"I had a desire to experience cigarettes as I witnessed smoking in the community quite often, and that was in close vicinity. One day, I kept an eye on the cigarettes that are thrown away after use, and the very next day, I picked those cigarette buds and started trying them out by smoking the remaining parts of those buds. I managed to hide them from my family when doing so."

FGD participant from low-income category,
Moneragala

Moreover, famous characters in teledramas and movies (mainly in Tamil and Hindi Movies) provoked them to start smoking.

"I still remember how different actors used to smoke differently. They had their style of smoking. For instance, some were emitting smoke from their nose while others created various designs such as clouds and spirals when emitting smoke. It provoked us to start smoking. Those actors were our heroes back then, and even now, we appreciate their acting."
FGD participant from the estate sector, Hatton

"I still remember how those superheroes in films used to fight against the villain after smoking. We believed it to be something, which gives him strength and courage. Even now, when we have a smoke during work, we feel much better, and we get energy. Moreover, if it was awful for health, why would famous people smoke?."

FGD participant from the estate sector, Hatton

Smoking Continuation

In terms of factors that affect smoking continuation, almost all smoking groups interviewed had similar opinions. It has become a habit or addiction, to perceive smoking as a remedy to overcome the monotony associated with the occupation, lack of incentives and support channels to stop smoking, and lack of self-control to stop smoking.

Continuing smoking as a habit:

"Smoking has become a habit now as it is part of our daily routine. We smoke before meals, after meals, before going to the washroom, in the washroom, before we sleep. It has made our lives much easier"
FGD participant (construction worker)."
FGD participant, Colombo

Furthermore, respondents also revealed that the moment they stop the habit of smoking or delay taking a cigarette, they face many challenges in terms of health and mood swings. For instance, smokers tend to get headaches quite frequently, experience unfitness, inability to concentrate, difficulty in secretion, feeling distressed and getting upset quite often.

"I have a particular time for smoking; every day at 6.00 pm, if I delay a minute, I suffer from a severe headache" - FGD participant from the estate sector."
FGD participant, Hatton

Discussions also revealed that the nature of occupation plays a significant role in smoking continuation.

"When I do my work (masonry), I go for a smoke to take breaks in between and as an excuse to ditch work. It helps us as a time passer."

FGD participants from the 40+ age group, Negombo

"We, as fishermen, do not like to quit. For us, smoking is helpful when going on fishing at night. During fishing, we smoke from very early hours in the morning because it is cold."

FGD participant from 40+ age group, Negombo

The discussions with the current smokers also revealed that they continue smoking as they do not have reliable, convincing modes etc., that spread awareness on the dangers of smoking.

"We know the adverse health effects of smoking, and it is also mentioned on the cigarette packet, saying smoking causes cancer. However, we do not take it seriously."

FGD participant from the low-income sector, Monaragala

"We have witnessed that many healthy people suffer from various diseases than the ones who do not consider much of health. Therefore, we feel like cigarettes do not adversely affect our health, and it induces us to continue. Moreover, we will live only for a short period, so there is no point in stopping smoking now. You die even if you don't smoke, and everyone who gets cancer does not smoke."

FGD participant from the low-income sector, Monaragala.

Smoking Cessation

The majority of smokers who participated in FGDs wanted to quit and had tried to do so. Most of them had made at least one attempt to quit smoking. Most of the FGD participants stated that they prefer, and want to quit smoking. However, these participants are unable to do so as they lack willpower and self-control. Financial reasons, health concerns, and personal commitments were the primary reasons that have motivated them to consider quitting smoking.

'Financial reasons' can be seen as common factor to consider quitting smoking, across groups in different locations.

"We feel guilty when our family members complain about not having sufficient money to buy food provisions. My mother once said there is no money to buy provisions, and I felt terrible and sad at the same time because If I had not wasted money on cigarettes, we could have used that money for daily costs at home."

So, I decided to quit."

FGD participant from drivers' group, Colombo

"I stopped smoking because of financial difficulties. Our salary is low, and the cost of living is high. We spend most of our daily wages on buying cigarettes. It is not worth it."

FGD participant from the estate sector, Hatton

Health reasons according to respondents can be noted as below:

"When I used to smoke, I felt tired all the time, and I often coughed. I was a great sportsman in my young days, and I soon realised that I was unable to engage in sports activities like I used to do in the past, owing to my addiction to smoking. Therefore, I decided to stop smoking with great difficulty as it is not good for my health."

FGD participant from the estate sector, Hatton

"I stopped smoking after I got to know that I have been diagnosed with cancer. I was shocked when I heard about it. I know it is too late now to quit; however, I decided to do so because I do not want my condition to get worsen. It is heart-breaking to go to the cancer hospital in Maharagama and see what people are going through."

FGD participant, Killinochchi

Influence on children to start smoking:

"Since children around me witness smoking, and there is a chance for them to get used to the same habit as they grow older. Therefore, I quit smoking."

FGD participant from the estate sector, Hatton

Supporting Channels to Quit Smoking

Most of the smokers are in the opinion that self-determination is the most crucial factor to quit smoking. Family and close network support, shifting to substitutes which are healthier than smoking tobacco, are other standard methods used by smokers to quit smoking. Reaching for formal help in smoking cessation was minimal. Very few smokers have sought assistance for professional or medical help. The primary reason for the limited use of formal channels is the lack of awareness on existing formal cessation channels, which help them quit smoking.

Most of the respondents agreed that self-control plays a pivotal role in enabling them to stop smoking.

"I think self-control plays a major role and is the most important driver behind quitting smoking. Our lack of self-determination leads to the continuation of smoking."

FGD participant from the construction workers group, Colombo

Family and close network support is an essential factor for smokers to quit smoking successfully. Words of encouragement, motivation, and appreciation are essential in helping them to give up smoking.

"I used to have so many arguments with my wife as she was always showing displeasure towards my smoking, and I did not want to give up smoking at any cost. However, my wife was able to change me. When she told me the adverse effects smoking could bring to my wife's life and kids' lives, I was quite upset. I stopped smoking systematically, and now I spend that money on my kids' education and family's well-being."

FGD participant from the rural sector, Mahawa

Only a small number (26.4 per cent)^{xi} of participants had received any formal support to quit smoking. However, many participants stated that they would like to have support which help them quit smoking.

"There are no professional help services where we reside. I wish we had enough professional assistance in our area to overcome this habit. This is the first-ever programme that I have participated where I can talk about my habit publicly."

FGD participant from 40 years and above group, Negombo

"We have neither heard about cessation support nor have we participated in such programmes. This is the first time we came to know that support programmes exist for those who like to quit the habit. There have been many instances where we wished that there was someone or some support that would encourage or motivate us to stop smoking. We like to stop this habit, but we do not have access to such programmes."

FGD participant from the estate sector, Hatton

Most participants were not aware of available support and how to access such programmes. The KIs confirmed that there are only a few cessation programmes targetted at 'Last Mile Smokers.' Many existing support programmes are centred in Colombo and its suburbs, such programmes are almost out of reach and therefore, unlikely to be accessible.

5. Access and Affordability

When considering access to cigarettes, there is no barrier in terms of purchasing cigarettes as there are shops near where they reside and work. A majority of the respondents did not have any specific place to purchase their cigarettes daily. As such, they usually purchase cigarettes from any boutique where they have their cup of tea, and at times, they feel like having a smoke.

However, some of the FGD participants who represented the drivers' groups revealed that there are specific places, which sell two types of cigarettes ('low-quality and high-quality' or 'foreign and local' types as they called them) of the same brand. In such cases, smokers are picky about deciding where to buy their cigarettes to ensure that their choice meets their requirements (exact cigarette type).

"There are certain shops that sell the local cigarettes stating that they are original ones (by appearance, they are the same). There is a difference in the taste in original ones and the local ones. If we come across cases like that, we stop buying from those shops. We have experienced that in some shops. Besides buying from such shops, we are okay to buy from any shop."

FGD participant from drivers' group, Colombo

Participants confirmed the importance of price in shaping their decision to smoke. Overall, according to participants, smoking has become less affordable in recent years, particularly for the estate sector workers and low-income groups. The response to the price increases can be mainly identified in three forms – to reduce the intake, to switch to cheaper products, and to quit smoking.

Due to the price increase in recent times, a reduction in the purchasing volume of cigarettes can be observed. Many smokers have switched from buying an entire pack to single sticks. The price increases have reduced the intensity of smoking and with a further price increase, made smokers consider quitting smoking. Some smokers have considered switching to cheaper smoking products due to price increase.

Impact of Price Increases

- The move to purchase single sticks: In terms of affordability of cigarettes, everyone stated that price has increased relative to that prevailed during the times they initiated smoking. As a result, they have switched from buying an entire pack to buying single sticks. Only 1% of the participants across all the focus groups reported buying cigarettes in a pack. This change in behaviour suggests that a ban on selling single sticks could substantially impact smoking behaviour in terms of reducing the intake.
- Reducing intake: Some of the respondents also revealed that, given further price increases in cigarettes, they would never consider quitting; however, they will have to reduce the intake owing to budget constraints.

"Smoking cigarettes has become a bit expensive. We, however, manage to save a sum from the daily wage for our cigarettes. We at least save money for two cigarettes."

FGD participant from construction workers' group, Colombo

- Switching to other smoking products: Respondents from sectors, namely; construction, driving and the youth group, stated that irrespective of further price increases, they would never shift from cigarettes to beedi owing to reasons such as bad smell and poor quality. However, participants from the rural, estate, 40+ years of age and Kilinochchi stated that they would consider shifting to beedi if the prices of cigarettes would be further increased.
- Quitting smoking: Several participants stated that the financial costs of smoking had motivated them to quit.

"I used to smoke around 20 cigarette sticks per day many years ago, but now, I have stopped smoking due to financial barriers. My family is happy about it because I contribute more for provisions."

FGD participant from the rural sector, Mahawa

Overall, all sectors affirm that smoking has become more expensive compared to past years. Respondents, specifically from the estate sector and the low-income group, stated that they could hardly afford a cigarette at present.

"Smoking cigarettes has become quite expensive now. Our salaries are meagre, and the price of cigarettes is relatively high. Some of us even shifted to beedi, because the cost of living is very high now, and we cannot increase the intake of cigarettes at the going rate."

FGD participant from the estate sector, Hatton

"Our cigarette consumption has reduced over time, owing to the constraints in purchasing power. We had shifted to buying single sticks now, and have given away the idea of buying an entire pack, unlike those days when cigarettes were quite easy to afford. If this comes to worse, we will have to manage our consumption by having only a cigarette per day or buy beedi from the remaining money. Even though most of us do not like that idea, they are more affordable."

FGD participant from the low-income group, Monaragala

6. Awareness

Almost all smokers from different sectors were aware of the adverse health and economic impacts of smoking. However, many were unaware of its adverse effects on the environment. For instance, drivers, low-income people, youth, rural and the estate community were unaware of the adverse effects of smoking on the environment. In general, FGD participants had a fair knowledge of current policies and regulations of tobacco smoking in the country.

"Smoking has had adverse effects on my brother. My brother died of a heart attack. He was a heavy smoker and got a heart attack owing to smoking"- FGD participant from construction worker group, Colombo.

"I am currently under treatment for cancer. The best part of our lives is gone for smoking, and now, in the middle age is gone for paying off its negative effects. You start to think of quitting when you get seriously ill, and by that time, it is too late."

*FGD participant from high prevalence area,
Kilinochchi*

"I am married and have children. It is hard to finance my family's daily expenses; I do not save what I earn. I spend my entire income on buying provisions for home, other daily expenses and on cigarettes."

FGD participant from 40+ group, Negombo

Policy Recommendations

1. Introduce Targetted, and Specific Policy Interventions

that reach the last mile smokers: As existing programmes do not reach the last mile smokers who have specific needs and features in an adequate manner, novel approaches that are more targetted and especially tailor-made are needed for a wider reach to influence the last mile smokers. Further, most of the remaining smokers are from the informal sector- a sector that often goes unnoticed and is not captured adequately by the existing health service networks. Hence, it is vital to ensure that these interventions reach such sectors.

2. Respond to Unmet Demand for Smoking Cessation

- The study findings indicate that although most smokers want to quit, there is substantial unmet demand for smoking cessation support. Emphasis should be placed on approaches that support smokers' self-determination towards quitting smoking. These interventions reach such sectors.

3. The Price Increase should be Continued as a Key Tobacco Smoking Control Policy Intervention.

Price increases in smoking products have forced some crucial changes in smoking behaviour (e.g., to reduce the intensity of smoking and quit smoking) indicating that it is an effective way of curbing smoking. In this context, price increases must continue, and these should be inflation-adjusted to make smoking products less affordable.

4. Banning of Continued Promotion by the Tobacco Industry

- The tobacco industry continues to promote tobacco use through a range of methods, including entertainment and social media platforms. Stronger actions are needed to stop continuing cigarette promotions. Smoking initiation mostly happens at young ages, and there is intense pressure from the tobacco industry to attract young people as new smokers. As such, restricting smoking promotion to prevent young people from getting into the habit of smoking is crucial.

5. Strengthen Awareness Creation

- The last mile smokers lacked knowledge in certain aspects of smoking (secondhand smoking, third-hand smoking, and the environmental and social impact of smoking). Further, awareness creation on the detriments of smoking would discourage attracting the young into the habit of smoking, i.e., in initiating smoking.

This Policy Discussion Brief was prepared based on the study ‘Tobacco Smoking in Sri Lanka: Identifying and understanding the Last Mile Smokers’ by IPS researchers, Sunimalee Madurawala (sunimalee@ips.lk), Chathurga Karunanayake (chathurga@ips.lk), and Chamini Thilanka (chamini@ips.lk) under the IPS Tobacco Control Programme.

ⁱAlcohol and Drug Information Centre. (2019). Trends in Tobacco Smoking in Sri Lanka. Retrieved July 5, 2020 from Alcohol and Drug Information Centre: <http://adicsrilanka.org/2019/10/17/tobacco-smoking-fact-2018/>

ⁱⁱInstitute of Policy Studies of Sri Lanka. (2019). IPS Tobacco Control Programme: Understanding the Policy Problem – Who is in the Last Mile? Retrieved July 5, 2020 from IPS, Research: <https://www.ips.lk/data-harmonizing-ceq-study-2-2/>

ⁱⁱⁱMinistry of Health, Nutrition and Indigenous Medicine and WHO. (2015). Non Communicable Disease Risk Factor Survey, Sri Lanka. Colombo: Ministry of Health, Nutrition and Indigenous Medicine. Retrieved July 5, 2020 from World Health Organisation: <https://www.who.int/ncds/surveillance/steps/-STEPS-report-2015-Sri-Lanka.pdf>

^{iv}Alcohol and Drug Information Centre. (2019). Trends in Tobacco Smoking in Sri Lanka. Retrieved July 5, 2020 from Alcohol and Drug Information Centre: <http://adicsrilanka.org/2019/10/17/tobacco-smoking-fact-2018/>

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^{viii}Department of Census and Statistics. (2017). Demographic and Health Survey, 2016. Colombo: Department of Census and Statistics.

^{ix}Ibid.

^xAlcohol and Drug Information Centre. (2019). Trends in Tobacco Smoking in Sri Lanka. Retrieved July 5, 2020 from Alcohol and Drug Information Centre: <http://adicsrilanka.org/2019/10/17/tobacco-smoking-fact-2018/>

^{xi}Based on the short survey conducted among the participants of FGDs.