Dear Sir/Madam,

Please accept this submission for hearings of the Framework Convention on Tobacco Control (FCTC).

We in Sri Lanka will be interested to view the outcomes of the Convention and have hopes for the community/NGO sector to be catered for in the continuing war against BIG Tobacco.

Thank you and all the best with the Convention.

Jonathan Rollason
LIFE Drug Prevention Movement

EXECUTIVE SUMMARY

ORGANISATION NAME: LIFE Drug Prevention Movement
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Rajapihilla Mawatha
Kandy
SRI LANKA

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OBJECTIVE: To promote a culture and social environment free from drugs and focussed on community development

ORGANISATIONAL REGISTRATION:

* Registered as a non-profit company under Section 21 of the Companies Act No. 17 of 1982.N(A) 305

FUNDING:

LIFE receives some support from the local municipal council to operate a very small office space for staff and hundreds of volunteers to work. It is currently operating a community health project in drug prevention under funds obtained from The WHO. Tobacco control is a major thrust of the project. LIFE has received funds from PLAN International, UNICEF, AUSaid, The National Dangerous Drug Control Board, ADIC and has had the assistance of several international volunteer development workers.

TOBACCO CONTROL IN SRI LANKA: DANGERS, CHALLENGES, SUCCESSES FACED BY A YOUTH-LED NGO ....

The World Bank reports that consumption of tobacco use in Sri Lanka may be the highest in the South Asia region (1993). In 1989, 54% of males 12 years and above reported smoking; and more recently, a study has found that smoking levels may be as high as 80% among certain segments of the male population in Sri Lanka (Samarasinghe, 1995). In 1997, research by The Alcohol and Drug Information Centre (ADIC) found that close to 30% of low-income family household resources are being spent on tobacco and alcohol products (Perera, 1998).

An epidemic of chronic diseases has swept past infectious disease and malnutrition as a public health problem and, currently, the two leading causes of hospital deaths in Sri Lanka are ischaemic heart disease and cerebro-vascular disease; for both, tobacco smoking is the leading risk factor (Karunaratne, 1987; WHO, 1999).

In countries where transnational tobacco companies have gained a foothold (British-American Tobacco (BAT) have a monopoly in Sri Lanka
through the Ceylon Tobacco Company (CTC) name), ages of initiation have lowered, and consumption rates have increased among young people (Chaloupka and Laixuthai, 1996; Frankel, 1996; Hammond, 1998). The CTC exploits the abundance of time on young people's hands and they strategically market tobacco products to link with the lifestyles, dreams and aspirations of Sri Lankan youth. Deftly circumventing advertising restrictions, CTC employs powerful marketing devices to encourage smoking, and skillfully manipulates the political and legal system, people, places, information and visual media (Mehl, 2000).

While advertising on television, in newspapers and on sporting billboards has now been voluntarily withdrawn by the tobacco industry, indirect advertising is commonplace on TV and radio through slick promotions, often targeted at the youth market (Seimon and Mehl, 1998). Likewise, at youth entertainment venues and nightspots, tobacco companies have a distinct presence - even having named one of the popular bars in Colombo and decked it out with slick photography squared out in decorative frames, evoking the sense that it is really a tobacco industry art gallery. It is suspected that a variety of indirect advertising methods are now in operation, moreso after the withdrawal of more public advertising this year.

Young people generally have a lack of access to spaces where non-smoking is the norm. Such a paucity of non-smoking in public makes particular impact on those young people whose family members are smokers, or have died from smoking, and who have developed a personal need and desire to escape the pressures to smoke.

- In Kandy, Sri Lanka, while we face the continued challenges of tobacco companies, who have threatened our organisation and our campaigns, we have been able to register as a voice in the community to promote informed choices about tobacco:

- Among school action groups, village leaders and cross-sectoral programs. Assisting individuals to formulate their own action groups to combat tobacco influences and the pitfalls of smoking. Creating community ownership of tobacco control.

- Tobacco control teacher training for English and Tamil teachers, who have been somewhat overlooked in the tobacco control process. Developing relationships with English speaking students and including them into tobacco control action groups, as they are now identified as trend setters for other students. Dispelling the fact that to be Westernised it is cool to smoke.

- On public transport, Kandy campaigns have had great success in influencing non-smoking on buses in particular, and a follow-on affect
was felt across the country. Whilst "no-smoking" policies do exist for public spaces such as bus transport, LIFE's efforts have personalised and grounded them in everyday life. By approaching commuters who ride the bus, informing them of the policy, providing specific skills to address those who ignore the policies, and encouraging individuals to confront those who do smoke where it is prohibited.

- Likewise, point-of-sale advertising in shops across Kandy has been on the decrease over the last decade due to active intervention. LIFE has empowered shop owners to make an informed choice about the affects of tobacco in the community.

- Targeted campaigns that counter tobacco industry promotions with each campaign focussing on a different aspect of the tobacco problem affecting the community. Promoting a fun and fresh approach through the voices of youth.

- LIFE has touched many volunteers themselves and has made a successful impact with them because it has a dual emphasis on fun and health promotion, since members participate as much for social reasons as for commitment to drug prevention. All this fosters a needs based approach to the issues which are tackled and identified as important to the youth membership.

LIFE members benefit from the way the group serves as a forum for:

1/ Social activities (both informal and organised);

2/ Empowerment (eg. skills development, critical thinking)

3/ Social identity (eg. validation of a non-smoker identity)

4/ Communications and social change (eg. communication campaigns, visible tobacco-free lifestyles, training others, enforcement of anti-tobacco policies)

HOW CAN THE FCTC SUPPORT LOCAL ACTIVITIES WITHIN THE FRAMEWORK OF OUR ORGANISATION?

The FCTC can support local activities by supporting the community and NGO sector. Many policy recommendations for low income countries call for taxation and restrictions of public smoking, access and advertising (WHO, 1997; Jha and Chaloupka, 1999; WHO, 1999). "That they do not
emphasize the role of community-based organisations in enhancing the effectiveness of such directives, however, is ill-considered" (Mehl, 2000:138).

To develop social environments that empower people to act on smoking restrictions, communities take up new behaviours better when they feel that public policies implemented in their locales reflect their own interests, and that they "own" them. The present climate that relies solely on law-enforcement officials is short-sighted, and could be enhanced tremendously through community-based organisations with support from the FCTC.

Using low-tech, cost-effective, sustainable approaches, LIFE engages youth members and the general public in locally appropriate tobacco control activities. Their informed, calculated, and collective efforts have become an instrumental force in Kandy, challenging the way in which CTC frames smoking to the public, enhancing the effectiveness of government directed anti-tobacco control policy, and stirring public consciousness of tobacco control to higher levels.

The framework should support community-based organisations in low income countries to conduct their work. In high income countries, there are many examples of their successes as agents of social change to bring about new policies through enforcing pressure but also to help re-inforce new policies when they are implemented in people's daily lives. Engaging local communities in a debate about the influence of tobacco companies - who repeatedly target children and young people in a variety of ways (including dangerous indirect advertising) - in a localised way is important in low income countries, where people have often lost faith in governments and government policies.

A Health Promotion Foundation (eg. VicHealth, Australia) developed as a result of tobacco taxes is one way to aid the NGO sector. Funds diverted from the foundation could help NGO's to create a community-orientated approach to supplement policy level initiatives in tobacco control. It is not a point of one thing or the other working best. We need to work together.

** Much of the above information was based on the following report which was based on recent research collected in Sri Lanka:


For further information about the report, contact gmehl@rockfound.org