Letter to the Editor

Factors establishing smoke-free zones in Sri Lanka

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Dear Editors,

There are different approaches employed to control of tobacco use all over the world and the World Health Organization Framework Convention for Tobacco Control (WHO-FCTC) advocates for smoke-free cities as an effective tobacco-control strategy[1]. Sri Lanka was the fifth country in the South-East Asian Region to sign the Framework Convention for Tobacco Control in September 2003, and the first country in the region to ratify it in November 2003. Under the WHO-FCTC, Sri Lanka enacted the National Authority on Tobacco and Alcohol Act, No. 27, in 2006, and it is one regulatory measure that Sri Lanka has applied to prevent issues regarding alcohol and tobacco use.

According to a study conducted on the NATA Act, the support of the community to authorized officers in implementing the Act and the implementation of the Act at the community level are poor. There is an important provision on smoking in indoor-places that includes the prohibition of smoking in indoor-places, with exceptions, for the protection of public health[2]. According to the legal measures in Sri Lanka, smoking is prohibited in many indoor public-places, workplaces and on public transport. But smoking is permitted in smoking areas in airports, hotels having more than 30 rooms, restaurants having a seating capacity of a minimum of 30 persons. In Sri Lanka second-hand smoke exposure in the home and in public places remains a significant problem, even though laws prohibit public smoking.

Previous studies also have revealed that smoke-free zones decrease smoking among the youth[3]. Studies regarding smoke-free zones are scarce in Sri Lanka. Various health promotional programs are conducted by Governmental and Non-Governmental Organizations. The Ministry of Health and the National Authority on Tobacco and Alcohol commenced a specific program to establish smoke-free zones in Sri Lanka, targeting the prevention of non-smoker exposure to second- and third-hand smoking. Therefore, the overall objective of this study was to explore factors affecting the establishment of smoke-free zones, with special reference to the Central Province of Sri Lanka.

This qualitative study was carried out in November 2015 in the Central Province of Sri Lanka, in three administrative districts (Kandy, Matale, and Nuwara–Eliya). Public Health Inspectors (PHI) were the study subjects and all PHIs of the three districts participated in the study (n=132). Thirty-four focus-group discussions (14 in Kandy, 13 in Nuwara–Eliya, 7 in Matale) and five in-depth interviews were conducted to collect data. First, positive factors, including strengths and opportunities, were explored. After that, negative factors including weakness and threats were explored, within the form of a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis (Table 1). Data were analyzed through a framework-analyzing method.

We recommend that the above factors be taken into consideration together with the necessary steps to further develop the strengths and opportunities, as well as to minimize the weaknesses and threats, to create a supportive environment prior to establishing smoke-free zones. According to the respondents' views, the gaps of the NATA Act

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were identified as a weakness, and therefore the strengthening and revision of the Act should be given priority. Other infrastructure requirements that are, more or less, similar for each and every district need also to be addressed properly, to ensure the future of smoke-free zones in the country.

Table 1. SWOT analysis

Strengths	*Weaknesses*
Assistance of grass-root level public-health staff	Busy time-schedule of PHIs due to heavy-duty list
Current legal provisions relating to tobacco	Limitations of the NATA Act
Authority as an authorized officer	Insufficient PHIs
Skills and expertise of PHIs	Lack of educational material
Public respect for the PHIs	Low enthusiasm of middle and top management
Availability of transport facilities (K & NE, only)	Lack of financial facilities (K & NE, only)
	Administrative issues (K & NE, only)
	Communication problems (K & NE, only)
Opportunities	*Threats*
Assistance of other Governmental Officers	Addicted to tobacco smoking
School-health clubs	Traders' negative attitude
Connection between PHIs and teaching staff of school	Influence and threats by tobacco companies
Active participation of religious leaders	Promotional strategies
Active participation of community leaders	Low-level education
Active participation of community organizations (women, youth, elderly, and three-wheel drivers)	Legal and illegal liquor sales
	Tobacco farmers and processing-plant owners
Community urge for living in a drug-free environment	Influence of peer groups
Certain facilities (human resources, technical support)	Availability of tobacco products
Access to implementing programs at: schools, health clinics, workplaces	Poor policy implementation
	Officers addicted to smoking tobacco (NE only)
Positive awareness among communities	Cold climate (NE only)
Assistance of Non-Governmental Organizations	Youth unemployment (K only)
Trade Unions (NE – 69%, K – 43%, M – 43%) Dharma schools (K & M, only)	Mothers emigrating to find work (K only)

Districts: K – Kandy, M – Matale, NE – Nuwara Eliya

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CONFLICT OF INTEREST
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