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Aims and Scope

The National Authority on Tobacco and Alcohol (NATA) was established under section 2 of National Authority on Tobacco and Alcohol act, No. 27 of 2006, with the responsibility to tobacco and alcohol related harm through public health policy development and implementation, and advocacy. The authority is functioned under five key objectives,

- To identify the board and specific policies in relation to tobacco and alcohol (and other narcotics) for protecting public health
- To eliminate tobacco and alcohol related harm through the assessment and monitoring of the production, marketing, advertising and consumption of tobacco and alcohol products.
- To make provision discouraging persons specially children from smoking or consuming alcohol by curtailing their access to tobacco products and alcohol products
- To promote and adopt and implement clean air laws restrict the available spaces to protect the community from tobacco and alcohol.
- To propose and promote all the measures, including cessation tobacco and alcohol programs necessary to prevent harm from tobacco and alcohol to the population.

National Symposium on Tobacco and Alcohol prevention, 2025 (NSTAP- 2025) is organized by the NATA with the aims of enriching the literature on tobacco and alcohol related research conducted in Sri Lankan setting and creating a platform for Sri Lankan researchers who are interested in tobacco and alcohol control.

To combat this epidemic, we feel that a platform is required for the publications of research/policy actions on tobacco and alcohol control measures. As common issues have common solutions, this strategy provides valuable opportunity to the tobacco and alcohol control community at the national level. NATA be lives that we are the connectors at national level which can connect and empower stakeholders including researchers who are committed to tobacco and alcohol control in the country. Hence, the NSTAP encourages as Cessation and prevention of tobacco and alcohol consumption, health impact of tobacco and alcohol consumption, sociological impact of tobacco and alcohol consumption. environmental impact of tobacco and alcohol consumption legal aspect of tobacco and alcohol.

NATA strongly believes that this initiative will support the quality and latest scientific evidence on tobacco and alcohol control aspects and provide an inspiration to the researchers to contribute to enriching the tobacco and alcohol control related scientific evidence.

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Understanding Generational Patterns in Alcohol and Tobacco Misuse: A Thematic Analysis of Case Studies and Professional Reflections Beyond Law and Public Health Education

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Abstract

Alcohol and tobacco use remain major social concerns, despite existing laws, public education, and poverty reduction efforts. While these measures have had some success, the authors suggest that deeper, less examined causes may contribute to continued misuse. This study investigates the generational and familial influences behind substance use, drawing on five case studies and the authors' professional experiences in healthcare and forensic practice. This study employed both thematic and conceptual analysis to explore five selected cases of alcohol and tobacco misuse, chosen for their relevance to commonly observed patterns in substance abuse. The analysis aimed to identify and interpret recurring themes such as generational transmission of substance use, family dysfunction, psychological distress, socio-economic hardship, lack of moral or religious guidance, and environmental influences. These findings were further contextualized and deepened by the authors' long-standing professional experience in healthcare and forensic settings, allowing for a more detailed understanding of the complex factors contributing to substance misuse. The analysis reveals that substance abuse is often closely linked to difficult family environments, trauma, and a lack of strong moral or religious upbringing. In several cases, psychological distress, financial difficulties, and family dysfunction were prominent. The study stresses the importance of strengthening family bonds, fostering empathy, and encouraging responsibility to family and society. It raises the question of why some individuals develop addictions to alcohol or smoking, while others do not, and whether laws, health education, and poverty alleviation are enough to address these issues, or if other approaches are needed.

Keywords: Personal responsibility, Family influence, Social impact, Behavioral analysis, Alcohol and Tobacco control, Generational patterns

Introduction

Human behavior is influenced by several factors, including genetic predisposition, social upbringing, family background, national laws, personality traits, economic status, health education, and overall education. Despite these influences, humans possess advanced brain functions that allow them to distinguish right from wrong. Unlike animals, humans require a prolonged period of care and attention, especially in childhood. Therefore, the influence of parents is crucial in the development of a child's personality. It is well-known that individuals from better family backgrounds tend to develop more positively (Anderson, 2014). The authors believe that this aspect should be emphasized in Sri Lanka as well. Consider a newborn baby today. Their potential to become a legally and an overall responsible adult begins to form by the age of eighteen as per the law (AGE OF MAJORITY ORDINANCE). By this time, if their mindset and personality are not shaped in a positive manner, their contributions to society may not be as beneficial as they could be. This highlights the need for stakeholders to plan and implement effective programs well in advance. The most effective place to start imparting strong messages is during preschool years when children are most impressionable. From birth, children are cared for by their parents or responsible adults, who may provide the one of the most crucial influence in shaping the child's personality (The importance of caregiver-child interactions for the survival and healthy development of young children, 2004). Imagine a situation where the family background plays a role in shaping the child's views. If parents believe that alcohol and smoking are essential for having fun and regularly host parties with alcohol and cigarettes, children will receive a strong message that fun in life requires these substances and that such behavior is normal (Lander, Howsare & Byrne, 2013). Can teachers break this understanding? Will it lead the children to adopt alcohol and smoking as regular practices in their lives? Despite any restrictions imposed later, changing a child’s early perceptions is extremely difficult. It is generally accepted worldwide that enjoying life occasionally with substances like alcohol and smoking is fine as long as it is done in moderation (Chiva-Blanch & Badimon, 2019). However, the key question is: where should the line be drawn? How can individuals recognize their limits in these matters? Who is responsible for setting these boundaries? Should they be self-imposed, or should schools, society, or parents take on the role of imposing such restrictions? The authors believe that humans have wisdom and intelligence, which is one fundamental difference between humans and animals. While animals are mainly concerned with survival and pleasure,

humans are burdened with many other responsibilities. For instance, children must learn how to behave as good individuals, and adults must learn how to earn, save, care for elderly parents, serve their country, and protect the environment. These complexities make the issue of preventing substance addiction in a country more complex and deserving of attention. For example, we use electricity and gas cookers every day without harm, provided they are used responsibly. Similarly, the use of alcohol and smoking can be part of life when consumed in moderation, without causing harm to oneself or society. The key is using these substances in a controlled manner, ensuring that they do not lead to negative consequences. As professionals in the healthcare sector, who regularly interact with patients and the deceased, we encounter numerous health issues that often arise from the excessive use of alcohol and smoking (World Health Organization, 2023), (Flor et al., 2024), (Stanley, 2020). It is all too common to see the breadwinner dying prematurely from diseases caused by alcohol, leaving the family to bear the emotional and financial burdens. What happens to the family left behind?

Materials and methods

This study is based on a conceptual analysis of the authors' personal experiences, combined with a detailed review of five recent case studies involving individuals facing issues with alcohol and tobacco use. These cases were chosen because they are closely connected to the topic and represent common patterns observed in substance misuse across the generations. The aim of the study was to identify shared traits and contributing factors to alcohol and tobacco consumption, focusing particularly on family backgrounds, religious influences, socioeconomic conditions, and psychological characteristics. The analysis concentrated on finding major themes across the cases. One key theme was the influence of family structure and relationships—particularly how broken or dysfunctional families may contribute to substance use behaviors in subsequent generations. Another important theme was the influence of religious and moral values, considering whether religious beliefs could help prevent substance misuse. Socioeconomic factors, including financial hardship and poverty, were also examined for their possible links to alcohol and tobacco use. The role of peer pressure and social environment was analyzed as well, to understand how social groups might encourage or discourage such behaviors. The study also explored psychological and emotional factors, such as trauma, mental health problems, and emotional stress, which could contribute to starting and continuing substance use. The discussion included the importance of personal

responsibility and the ability to make decisions, examining how individuals manage their choices. Cultural and societal norms were reviewed to understand how different communities accept or reject alcohol and tobacco use. In addition, the research considered the health and social consequences of alcohol and tobacco use, including both physical health effects and impacts on personal relationships. For data collection, the researchers used case histories and analyzed social and behavioral patterns. There were no direct interviews with patients and all information came from documented reports and clinical observations. The principal author, who has a strong interest in the background factors related to substance abuse and family influences, habitually gathers broader contextual information to contribute positively to society. Throughout the study, ethical standards were strictly followed by keeping all case details confidential and anonymized. By combining case study analysis with personal and professional experience, the study aims to offer a deeper understanding of the underlying causes of alcohol and tobacco use. The findings emphasize that it is important to address the societal and psychological roots of substance misuse, rather than focusing only on legal and policy solutions. The overall goal of the study is to create a clear framework for understanding the root causes of alcohol and tobacco use and to suggest effective strategies for addressing these problems within the limits of this study.

Results and discussion

Mentioned below are the case studies that retrospectively analyzed along with the practical experiences.

Case 1

In this case it is discussed about three generations, the examinee, ie. the 4-year-old girl, her parents (second generation) and their parents (first generation and the grandparents of the baby). A call was received from the emergency services (119), reporting that the parents were physically abusing their 4-year-old daughter who was the granddaughter of this scenario. This led to a medico-legal investigation of the complaint, resulting in the examination of the child to confirm or refute the allegation on medical grounds. Upon taking the generational family history, it was found that both parents (i.e. the second generation) of the baby (third generation) were using alcohol and methamphetamine, as well as smoking cigarettes. Furthermore, the mother and father of the baby exhibit marked unpredictable traits and do not adhere to any religious beliefs. And investigating more, it was revealed

that both the parents of this family were from very disturbed family back grounds. The grandfathers and grandmothers (first generation) of the baby were several times were remanded for the offenses of substances of abuse. Inquiring into the religious backgrounds they never spent time on those and never discussed about the ethical behavior by the grandparents. Poverty was also noted. Parents of the baby were unable to explain or pinpoint the reasons that why they had addicted for substances.

Case 2

A healthy man gradually became addicted to alcohol and eventually turned to theft. Initially, he was a trustworthy individual with a good rapport at the workplace, but over time, he started stealing items from his workplace to fund his alcohol consumption. He engaged in all kinds of unethical activities to find cash for his nightly alcohol shots. Some nights, he didn't even go home and would sleep in random places due to the effects of alcohol. Eventually, his job was suspended as he was found to be a threat to the workplace, drinking during working hours, exhibiting aggressive behavior, and engaging in theft. No religious tendency in the person. He was very hot-tempered and seemingly selfish to get done his own desires. Inquiring into the family background of the examinee he was from a broken family as the mother left the family on his early age to abroad and she never returned to them. The farther also a chronic alcoholic and a smoker. However, he managed to educate because of the help of an aunt. He said that although he was aware of what was right and wrong, his addictive behavior often overpowered his sense of ethics. When questioning about why he was used to consume substances, he came about an answer that 'I feel lonely".

Case 3

An educated couple, both holding science degrees, faced a tragic situation when the husband became a chronic alcohol user. This addiction eventually led to various psychiatric illnesses, creating problems for the family, neighbors, and his workplace. He became an ongoing source of trouble for everyone involved. the husband was not a religious person and only thought about oneself and tend to argue for slightest things to get his own way in every time by threatening others. The husband's parents were very strict on him and otherwise parents had a good family life. The authors inquired about their religious background, revealing that they regularly visited the priest and appeared to be religious. With the question of why he abuses substances he replied "I feel easy to handle myself with alcohol".

Case 4

He was a driver by profession and owned a Toyota Hiace KDH vehicle, which he used for hire. The vehicle was obtained through leasing. One day, he drove the KDH after consuming alcohol and collided with a tree due to over speeding. He died at the scene, resulting in the condemnation of the vehicle. His family members faced numerous difficulties due to this incident. He was not a religious person and somehow try to get things done on his own way. He was very stubborn and not like for any advice. He had lots of debts as well. This person was looked after by a grandmother as he was barley thrown out of the family as both parents of him went with some other partners leaving his burden to grandmother's hand.

Case 5

He was a good father and husband when sober, but under the influence of alcohol, he became abusive. This case involved extreme domestic violence, leading to multiple issues within the family. The eldest daughter became depressed and attempted suicide several times because of her father's behaviour. She first tried to hang herself but was saved by her mother. She then had tried to jump into a well, but was rescued by a passerby in years later. On her third attempt, she ingested a large number of paracetamol tablets and was admitted to a hospital. There, she was diagnosed with depression and prescribed medication. After completing her A/L exams, she moved to Colombo for work. While there, she was sexually abused by a boy she met at her workplace, where she worked as a press helper. Despite having a proper boyfriend, she cheated on him at the age of 19. This led to further emotional turmoil, and she again took an overdose of paracetamol due to the complexity of the issues she was facing. She said he used to take alcohol with her friends to relieve the uncomfortable mindset. The parents of this girl were not religious or ethical in behavior and they had never taught about the honesty for their children. And there had been lots of financial issue in her family.

Results and Discussion

Results of the thematic analysis

This analysis explores five case studies using thematic analysis to understand how family background, childhood trauma, mental health, social influences, and religious and ethical values contribute to substance abuse across

generations. The focus is on identifying patterns that reveal how experiences within families shape and sustain addictive behaviors.

1. Generational influence and family background

A prominent theme across all five cases is the strong influence of family history, particularly how substance use is passed down through generations. In Case 1, substance abuse was evident across three generations. The grandparents had a history of drug-related offences, the parents were using alcohol and methamphetamine, and the third generation (a 4-year-old child) was already suffering due to this cycle of dysfunction and neglect. Case 2 shows a man from a broken home where both parents were absent or addicted. His father was a chronic alcoholic, and his mother had left the country during his early childhood, leaving caregiving to an aunt. His addiction and unethical behaviors appear rooted in this unstable upbringing. In Case 3, although the individual's parents led a relatively stable and religious life, they were overly strict. This may have contributed to emotional suppression in the son, leading to alcohol dependence later in life. Case 4 highlights how the absence of parental care led to the individual being raised by his grandmother. His parents left the family, which may have contributed to his stubborn behavior and eventual death in a drunk-driving incident. Case 5 portrays a father whose alcohol misuse severely impacted his family, particularly his eldest daughter. She faced multiple psychological crises and attempted suicide that could be due to the emotional toll of living with an abusive, alcoholic father. Across these cases, it is evident that generational patterns, lack of nurturing environments, and family instability strongly correlate with substance misuse.

2. Childhood trauma and neglect

Childhood trauma, neglect, and lack of supportive caregiving were consistently reported in the case narratives. The child in Case 1 was exposed to physical abuse and neglect at the hands of her addicted parents. In Case 2, early abandonment by the mother and the presence of an alcoholic father created emotional instability. Feelings of loneliness, as reported by the individual, could be a major trigger for addiction. Case 4 mirrors this pattern—being "thrown out" by his parents and raised by a grandmother may have caused deep emotional voids that contributed to reckless behavior and alcohol misuse. The daughter in Case 5 experienced severe emotional trauma due to her father's abusive behavior when intoxicated. This directly led to suicidal tendencies and further victimization in her teenage years. These

cases highlight how unresolved childhood trauma increases vulnerability to substance use and associated mental health problems.

3. Mental health and emotional regulation

A recurring factor across the cases is poor emotional regulation and emerging mental health issues resulting from long-standing familial issues and substance abuse. Case 3 demonstrates how chronic alcohol use progressed into psychiatric illness, which disrupted the individual's family, community, and work life. In Case 5, the daughter's mental health suffered severely, resulting in repeated suicide attempts and a formal diagnosis of depression. Case 2 also presents emotional dysregulation, with the man acknowledging that his addictive behavior overtook his ethical reasoning, pointing to internal struggles. The 4-year-old child in Case 1, though too young to express psychological distress, was already in an environment likely to affect her emotional development negatively. It is clear that unaddressed psychological stress, loneliness, and poor coping mechanisms significantly contribute to continued substance abuse and harm.

4. Religious and ethical beliefs

Another shared theme is the lack of strong religious or ethical grounding, which may have contributed to a weak moral framework and limited resistance to addictive behavior. In Cases 1, 2, 4, and 5, individuals or families were either not religious or did not uphold ethical standards. The parents in Case 1 had no religious guidance, and ethical discussions were reportedly absent across generations. The individual in Case 2 admitted that although he knew right from wrong, his addiction was stronger than his ethical sense. He had no religious inclination and acted selfishly to meet his needs. Case 3 stands out slightly, as the individual’s parents were religious, but at the same time parents appeared very strict on the child that could have neutralize this religious background. These findings suggest that absence of religious values or ethical teachings may weaken an individual’s ability to make morally grounded decisions when facing substance-related temptations.

5. Social and economic factors

Across all five cases, social and economic challenges appeared to create a setting where substance misuse could take root and persist. In Case 1, poverty was noted as part of the family’s background, affecting not just the parents but also the grandparents. The financial struggle may have influenced the

parents' emotional instability and lack of proper care for their child. Case 4 highlighted the presence of significant financial debt. The individual had taken out a lease to purchase a vehicle and eventually lost his life and livelihood in an alcohol-related accident. His background also revealed abandonment by his parents, adding to social isolation and hardship. In Case 5, the family was dealing with both financial difficulties and moral neglect. The emotional strain within the home, along with the lack of guidance and resources, appeared to make the children more vulnerable to psychological issues and risk-taking behaviors. Case 2 showed that while the individual had managed to gain an education with help from an extended family member, the social environment lacked stability. The absence of parental care and ongoing emotional loneliness may have contributed to his eventual dependence on alcohol and unethical behavior. These cases collectively show that limited financial means, unstable family environments, and inadequate social support can act as long-term stressors. These conditions not only increase the risk of initial substance use but also make recovery and stability much harder to achieve.

Discussion

Studies focusing specifically on generational patterns of substance use are relatively scarce, particularly within the Sri Lankan context, where such research appears to be limited or unavailable. However, a few international studies offer valuable insights that help to understand key factors associated with intergenerational transmission of substance misuse. These works emphasize on how family dynamics, early childhood experiences, and broader socio-economic influences may shape substance use behaviors across generations, providing a useful foundation for interpreting local case studies and identifying potential areas for further research. Studies involving twins conducted in the United States and Europe indicate that around 45–65% of the risk for developing alcoholism can be attributed to genetic factors (Heath, 2024). Although it has been recognized for a long time that alcoholism often appears within families, this observation alone is not enough to prove a genetic basis. Multiple independent studies have provided evidence supporting the role of genetics in the development of alcoholism (Edenberg and Foroud, 2013). For example, research on adoptees has found that alcoholism is more closely linked to their biological parents than to their adoptive parents. This kind of generational behavior transfer is not only biological (genetic predisposition to addiction) but also social (normalization of substance abuse). According to Näsman, based on interviews with parents

seeking support in raising young children, the authors of the publication demonstrate that experiences of parental substance misuse continue to affect individuals into adulthood, negatively influencing their parenting. Harm caused by neglect, abuse, parentification, and the family's culture of silence contributes to lasting psychological issues such as anxiety, depression, low self-confidence, insecurity, and mistrust. These difficulties, in turn, impact their relationships with their own children. The article offers new arguments for early intervention in the lives of children of addicted parents and highlights the need to support including adults with such backgrounds. It also emphasizes that professionals must not only address neglect and abuse but also recognize the lasting effects of family dynamics like low self-esteem and parentification (Näsman, 2019). Parentification refers to a distortion in family roles where a child assumes responsibilities that are typically the duty of a parent, either by taking care of siblings, managing household tasks, or offering emotional support to caregivers. This role reversal often arises in dysfunctional family environments, particularly where there is neglect, substance abuse, or emotional unavailability from caregivers. According to a research performed at Sweden (a research related to the upbringing of children by substances of abusing parents), the given participants described experiencing significant emotional abuse, neglect, and a lack of community support during childhood. As parents, they reported high levels of stress and predominantly insecure attachment styles. These early adverse experiences, combined with insufficient societal support, were found to negatively impact their children's psychosocial development. The findings highlight the need for tools to identify individuals raised in substance-misusing families in order to address and prevent the transgenerational transmission of these effects. (Tedgård, Råstam & Wirtberg, 2018). Several studies have identified adolescence as a particularly important period for the onset of alcohol use (Kuehn, 2006). The patterns of parental alcohol consumption, including both the amount and frequency, have a long-term effect on young individuals' drinking behaviors throughout their lives. Additionally, various aspects of the parent-child relationship have been associated with alcohol use during adolescence (White et al., 2000). Research comparing alcohol consumption across different parenting styles suggests that strategies such as monitoring the child's whereabouts and activities, while avoiding excessive conflict and strictness, are effective in reducing alcohol experimentation among adolescents (Latendresse et al., 2009). The case 3, in our study has demonstrated this feature. According to Tedgård et al research has also shown a strong association between broken or disrupted family environments and an increased likelihood of alcohol addiction in children (Tedgård, Råstam

& Wirtberg, 2019). This is often linked to the absence of stable role models, a lack of healthy coping strategies, and greater exposure to peer pressure. Moreover, children from disrupted families are more likely to face early life adversities, such as witnessing parental violence or experiencing trauma, which further elevates the risk of substance abuse. The case 5, in our study is the best example to this research finding. In the case 2 also it is best evident as he had to survive with a help of an aunt, among many hardships and difficulties. The case 4 history is also very much compatible with these research findings. Many children who grow up with substance-abusing parents take on caregiving roles for themselves, their siblings, and even their parents. Although these children often appear well-behaved and capable, it is important to identify and support them, as they are at risk of developing significant psychological and emotional challenges that may persist into adulthood. They represent a particularly vulnerable group who may require specialized support, not only during childhood but also later in life, including when they assume parenting roles themselves. This finding highlights the need for further research into parenting practices among individuals raised by substance-abusing parents (Tedgård, Råstam & Wirtberg, 2019). According to the article "Influence of Substance Misuse on Families: An Exploratory Research on the Role of Family in Youth's Drug Addiction," published in Health Psychology and Behavioral Medicine: An Open Access Journal, thematic analysis identified parental involvement and emotional expressiveness as key elements of family communication. It was found that while parents cared about their children, they were often not assertive enough in enforcing family rules. With the exception of Case 3, it was evident in all other cases that the parents had largely focused on living their own lives, with little effort made to guide their children in ethical decision-making or in developing the ability to make responsible choices. Family environments marked by instability, emotional disconnection, and conflict have been consistently linked to an elevated risk of substance use disorders. Research indicates that a significant proportion of children, ie. around 40% in the United States, experience parental separation before reaching adulthood, reflecting the prevalence of such disruptions in early life (Wilkinson & Finkbeiner, 2024). This form of family breakdown can compromise a child's emotional development and increase their vulnerability to future maladaptive behaviors, including substance misuse. The cases 2 and 4 are better examples in our study to be compatible with these research findings. Children are inherently dependent on their parents, and when parents themselves are not fully conscious or aware, it becomes highly challenging for them to nurture a balanced and healthy-minded child. Except for the case 3, all the case studies

had obviously demonstrated the paying less attention for their own children by the respective parents. This presents a complex issue that must be addressed at the personal and individual level. While external regulations and laws may offer some guidance, they cannot provide a complete solution, as legal frameworks can be disregarded or broken without catching by the law enforcement. A more sustainable resolution lies in fostering genuine awareness and a strong sense of responsibility among parents regarding the impact of their actions on their children's development. If the majority of parents are conscious of their role and the potential harm caused by substance abuse, it is likely that both parental addiction rates and subsequent harm to children would significantly decrease. A very applicable study to the theme of the study under discussion had been performed by Bailey et al. The study explored the continuity of substance use behaviors across three generations, beginning with substance use in the first generation (G1) and its influence on adolescent behaviors in the second generation (G2), and extending to how substance use by both G1 and G2 was associated with behavioral issues in the third generation (G3) during childhood. The results emphasize the critical need to intervene early in order to disrupt the recurring patterns of substance use and associated behavioral difficulties across generations. (Bailey et al., 2006). Except the case 3, all the case studies are compatible in this study as well. Another study performed about transgenerational habits of smoking revealed that parental smoking behavior exercises a direct impact on the likelihood of smoking in their children, irrespective of generational level. The transmission of smoking habits from grandparents (G1) to grandchildren (G3) appears to be indirectly influenced through the intermediary role of the parental generation (G2), indicating a pattern of behavioral continuity in smoking across successive generations (Vandewater et al., 2013). Exposure to parental smoking significantly increases the risk of smoking initiation in adolescents according to Gilman et al. This risk escalates with both the number of parents who smoke and the length of time the child is exposed to smoking, indicating a dose-dependent effect. These findings suggest that parental smoking plays a critical role in adolescent vulnerability to initiating smoking, and that cessation by parents could help reduce this risk (Gilman et al., 2009).

As the authors of this publication have noted, the development of addiction to alcohol and smoking is influenced by multiple factors beyond the law and the health education. It is the family dynamics that play a significant role, other social, psychological, and environmental factors also contribute. It is important to recognize that not all individuals raised by substance-abusing

parents develop addictions themselves. Some achieve considerable success despite their early adversity. These individuals represent outliers, a phenomenon common in any sample, and this principle applies to the present discussion as well. In this context, the concept of "cycle breakers" becomes important. Cycle breakers are younger family members who consciously reject harmful or unrealistic values inherited from their parents. Aware that perfectionism, physical punishment, and guilt-based parenting can inflict lasting emotional harm, they deliberately choose to raise their own children with healthier and more positive approaches to value-teaching (Ungvarsky, 2024). Their efforts reflect the possibility of resilience and change, even in the face of challenging family backgrounds. The main limitation of this study is the small sample size, as it is based on only five selected cases. Furthermore, it would have been valuable to include at least five cases from families with strong parental bonds, absence of alcohol or substance abuse, and observe the outcomes in subsequent generations for comparison. However, the primary aim of this study is to reflect on long-term professional experience, using five illustrative cases to highlight key generational patterns and contributing social factors.

Conclusion

The authors experience the negative consequences of alcohol and smoking misuse every day, both in terms of health and personal costs. These repercussions are directly felt by us. However, the authors wonder why some individuals do not misuse alcohol or tobacco at the same time. Based on the author's professional experience, it is postulated that factors such as an adverse upbringing, poverty, intergenerational effects, and lack of religious beliefs may contribute to the use of alcohol, tobacco, and other substances of abuse. This basic qualitative research was conducted to explore some of these factors. The research revealed several key themes, i.e. generational transmission of substance abuse, family dysfunction and moral deprivation, understanding emotional distress and coping mechanisms, the absence of ethical or religious teachings, psychological trauma, environmental influences, and the role of intergenerational trauma. The authors recommend to consider that tackling substance abuse requires more than just strict laws and awareness. In Sri Lanka, strict legal measures and strong educational efforts have been in place for a long time. However, issues related to substance abuse continues to rise, suggesting that other social and psychological factors may also play an important role. This can be achieved through support from religious leaders and normalizing mental health

conversations within society. Since the transmission of habits across generations is a factor that must be addressed in many cases, if not all, the impact of interventions aimed at shaping present societal foundations may only become evident after many years. Recommendations include encouraging individuals to understand their own personalities, developing empathy for others and themselves, taking responsibility for their families and the country, and implementing strategies at the school level to better understand how the mind works. One key recommendation is the early identification of high-risk groups where patterns of substance and alcohol use may be perpetuated across generations.

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Success Interventions to Reduce Alcohol Related Problems in the Tea Plantation Community

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The plantation community faces daily challenges like poverty, poor cash management, inadequate housing, unsafe water, and low education, these issues severely impact their economic and social well-being. Alcohol consumption is notably high among men, with up to two-thirds of their income spent on alcohol, leading to increased violence and hindering community development. Myths surrounding alcohol are also common among women. To tackle these challenges, to address these issues, ADIC launched a comprehensive intervention in Kotiyagala estate, targeting 655 families across two divisions**.** The objective of this study is to empower the community to reduce alcohol-related problems through community-driven strategies. A multi-sectoral approach engaged estate health staff, volunteers, and leaders as mobilizers. Estate health staff received training to integrate alcohol prevention into daily work. An innovative voice message quiz system boosted knowledge on alcohol demand reduction. Regular progress reviews enabled ongoing improvement. Targeted interventions addressed children, youth, women, and alcohol users. A community exhibition, "Let's start to reduce," raised awareness, while informal group discussions supported users in taking practical steps to reduce alcohol use and improve community well-being. Alcohol consumption among selected users decreased from 84% to 69%. There was a 25% reduction in alcohol expenditure and an 80% decrease in alcohol-related violence. Significant changes in belief systems were observed: the myth "a person is not conscious after drinking" dropped from 54.29% to 5%, and other common myths also saw notable reductions. The intervention proved effective; sustained follow-up and empowering estate-based groups are key to maintaining reduced alcohol-related harm and lasting behavioral change. This initiative also helps protect youth and children from initiating alcohol use by shifting their perceptions, resisting social norms, industry influence, and the glamorization of alcohol.

Key Words: Tea Plantation community, Alcohol Issues Reduction

None Randomized Interventional Study On 5A Smoking Cessation Method at Eastern Naval Area (ENA) in 2021/22.Public Health Approach Resilience in Crisis Period.

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Non-communicable diseases (NCDs) are the leading cause of morbidity and mortality globally, with tobacco use being a recognized causal factor in their development. Smoking remains the most significant modifiable risk factor for premature cardiovascular mortality. The predicted rise in NCDs linked to long COVID-19 emphasizes the urgent need for effective smoking cessation interventions. The 5A's method (Ask, Advise, Assess, Assist, Arrange), recommended by the US Public Health Clinical Practice Guidelines, is a proven psychological intervention for smoking cessation. This non-randomized purposive interventional study was conducted among sailors exhibiting unhealthy smoking behaviours in the Eastern Naval Area (ENA) from March to October 2022. The sample size (n=147) included individuals with NCD or pre-NCD conditions (87%, n=128), such as impaired glucose tolerance (IGT), blood glucose >100 mg/dL, high body mass index (BMI), or low-density lipoprotein cholesterol (LDL-C) >116 mg/dL. The age distribution was as follows: 19.8% (n=30) aged 20–29 years, 66.6% (n=105) aged 30–39 years, and 13.2% (n=12) aged 40–49 years. Educational qualifications were limited, with only 17% (n=28) having advanced-level education, while 83% (n=120) were junior sailors. Participants underwent health promotion by behaviour change communication with a brief intervention using the 5A's method, supported by naval nurses, counselling officers, and public health inspectors, with follow-up for six months. Of the cohort, 72.34% (n=107/229) either quit smoking or reduced consumption by 39.8% within three months of initiating the intervention. Paired T-Test are, T-Statistic: 2.88×10162.88 \times 10^{16}2.88×1016 and p-value is 0.00. The p-value is extremely small (<0.05< 0.05<0.05), indicating a highly statistically significant reduction in smoking consumption following the intervention. This suggests that the behavior change communication using the 5A's method was highly effective. This study demonstrates that the 5A's method is a low-cost, effective approach for smoking cessation, particularly during the post-COVID-19 era, to mitigate the predictable surge of long COVID-related NCDs. Factors such as age, education level, rank, and seniority may influence intervention outcomes.

Keywords: NCD, 5A method, smoking cessation, resilience, COVID-19

The Right to Health of the Child and Exposure to Tobacco and Alcohol: A Legal Analysis under Sri Lankan and International Law

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Abstract

Children are uniquely vulnerable to the harms of tobacco and alcohol. Despite Sri Lanka's early adoption of international legal instruments such as the WHO Framework Convention on Tobacco Control (FCTC) and its alignment with the Convention on the Rights of the Child (CRC), exposure of children to secondhand smoke, underage smoking, and alcohol use remains a persistent issue. This paper explores whether Sri Lanka's legal and regulatory frameworks adequately protect the child's right to health in this context. Using doctrinal legal analysis, it reviews key domestic laws, including the National Authority on Tobacco and Alcohol Act (NATA), the Penal Code, and the National Child Protection Authority Act, and evaluates enforcement challenges. A comparative analysis with the United Kingdom, Australia, and the Philippines highlights successful child-focused interventions, such as bans on smoking in vehicles with minors, plain packaging laws, and age-specific sale restrictions. The study finds that while Sri Lanka's framework is broadly aligned with international obligations, enforcement gaps, limited public awareness, and cultural normalization of substance use undermine its effectiveness. This paper argues for a rights-based approach to regulatory reform that elevates the child's right to health as a legal and moral priority. It recommends targeted legal amendments, stronger enforcement capacity, coordinated institutional efforts, and integration of health education in schools. The paper concludes that real progress requires both legal innovation and societal commitment to ensuring that all Sri Lankan children can grow up in environments free from tobacco and alcohol-related harm.

Keywords: Child rights, Tobacco and alcohol regulation, Sri Lankan law, WHO FCTC, Public health law, Comparative legal analysis

1. **Introduction**

Children are uniquely vulnerable to the harms of tobacco and alcohol. Biologically, their developing bodies and brains are more susceptible to toxic exposures, and behaviorally they are easily influenced by adults and media. Exposure to secondhand tobacco smoke alone causes an estimated 1.2 million premature deaths globally each year, disproportionately affecting women and children (WHO, 2020; Öberg et al., 2011). In low- and middle-income countries, over half of youths aged 12–15 report exposure to secondhand smoke in public or at home (Xi et al., 2016). Alcohol use by minors, while often culturally tolerated, also poses serious health and social risks – a 2004 survey found about 5.7% of Sri Lankan school-age adolescents were current drinkers (UNICEF, 2004). The research problem, therefore, is how effectively current laws protect the health of children in Sri Lanka from tobacco and alcohol, and where gaps remain. Despite a robust legal framework (Sri Lanka was among the first in Asia to implement the WHO tobacco control treaty), children continue to be harmed by secondhand smoke, underage smoking/drinking, and indirect marketing of these products. This paper analyzes the legal responses to this issue under international standards and Sri Lankan law, identifying challenges and recommending reforms.

Materials and Methods

The objective is to assess the extent to which Sri Lanka's laws uphold the child's right to health in the context of tobacco and alcohol exposure. The paper adopts a doctrinal legal analysis, reviewing international treaties, Sri Lankan statutes and case law, as well as policy reports. A comparative approach is used to draw insights from other jurisdictions (UK, Australia, Philippines) on child-centered strategies. The analysis is structured thematically, beginning with the legal basis for the child's right to health, then examining Sri Lanka's regulatory framework, its enforcement gaps and social context, comparative perspectives, and finally proposing a rights-based approach for reform.

Structure: Following this introduction, Section 2 explains the right to health of the child under international law (notably the Convention on the Rights of the Child and the Framework Convention on Tobacco Control) and its recognition in Sri Lankan law. Section 3 reviews Sri Lanka's legal and regulatory framework on tobacco/alcohol control as it relates to children – including the National Authority on Tobacco and Alcohol Act and other

relevant statutes – and enforcement mechanisms. Section 4 discusses key challenges in protecting children (such as gaps in coverage, weak enforcement, and cultural norms). Section 5 provides comparative insights from the UK, Australia, and the Philippines, highlighting innovative child-focused measures (like smoke-free cars and plain packaging). Section 6 makes the case for a rights-based approach, outlining needed legal reforms, institutional strengthening, and integration with public health and education. Finally, Section 7 concludes with recommendations to better safeguard children's health in Sri Lanka.

2. The Right to Health of the Child: Legal Basis

The right of children to the highest attainable standard of health is firmly established in international law. Article 24(1) of the United Nations Convention on the Rights of the Child (CRC) provides that "States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health", and that no child should be deprived of access to such health care services (United Nations, 1989). More specifically, the CRC obliges states to take measures to "combat disease... taking into account the dangers and risks of environmental pollution" (United Nations, 1989). This broad language encompasses protecting children from involuntary exposure to tobacco smoke and alcohol-related harms as environmental health hazards. While the CRC does not explicitly mention tobacco or alcohol, the U.N. Committee on the Rights of the Child has interpreted Article 24 as requiring states to address risk factors like smoking and harmful substance use among children as part of fulfilling the child's right to health (UN Committee on the Rights of the Child, 2013). In addition, CRC Article 3(1) enshrines the "best interests of the child" as a primary consideration in all actions concerning children (United Nations, 1989). This principle supports strong regulatory action: policies that restrict smoking or alcohol in children's environments are justified by the imperative of putting children's health and well-being first, even if it limits certain adult behaviors. Another relevant provision is CRC Article 33, under which States Parties must take measures to protect children from illicit narcotic drugs and psychotropic substances. Although tobacco and alcohol are not classified as "illicit" drugs, this article signals an international consensus that children merit special protection from substance abuse. By analogy, governments are expected to shield children from exposure to other harmful addictive substances, including the legal but dangerous substances of tobacco and alcohol. The spirit of the CRC thus calls

for proactive legal steps to prevent children's exposure to smoking and drinking, whether through direct consumption or secondhand effects. Apart from the CRC, the WHO Framework Convention on Tobacco Control (WHO FCTC) provides a specialized international legal framework for tobacco regulation with explicit attention to youth. The FCTC – the world's first global public health treaty – states as its objective "to protect present and future generations from the devastating health consequences of tobacco consumption and exposure to tobacco smoke" (WHO, 2003). Sri Lanka was an early signatory and the first country in Asia to ratify the FCTC in 2003 (WHO, 2023; Tobacco Tactics, 2021), reflecting a national commitment to implement its measures. Several FCTC provisions emphasize protecting children. For example, Article 16 obligates parties to prohibit the sale of tobacco products to minors (as defined by domestic law) and to penalize sellers who violate such bans. It also calls for preventing access by minors to tobacco (including banning vending machines if accessible to youth) and prohibiting the distribution of free samples to minors. Article 13 of the FCTC requires comprehensive bans on tobacco advertising, promotion and sponsorship – a measure largely motivated by evidence that such marketing recruits youth as "replacement smokers" for the millions killed by tobacco (ATCA, 2021a; Tobacco Tactics, 2023). Additionally, Article 8 mandates protection from exposure to tobacco smoke in indoor public places, a protection particularly beneficial to children who cannot avoid secondhand smoke in shared environments. Although there is no equivalent international treaty for alcohol control, global health strategies recognize the need to protect young people from alcohol's harms. The WHO's Global Strategy to Reduce the Harmful Use of Alcohol (2010) urges countries to implement restrictions on alcohol advertising, minimum age-of-purchase laws, and other measures to shield adolescents from early initiation (World Health Organization, 2010). In conjunction with the CRC's general right to health, these international standards create a strong legal basis for arguing that states have an obligation to regulate tobacco and alcohol in ways that prioritize children's health. In summary, international law – through binding conventions like the CRC and FCTC and persuasive global norms – establishes that children have a right to grow up free from the preventable health risks of tobacco smoke and alcohol exposure, and that states must use all appropriate legislative and administrative measures to realize this right. Sri Lankan Law – Constitutional and Statutory Recognition: Domestically, Sri Lanka's legal system echoes these principles to varying degrees. The current Constitution of Sri Lanka (1978, as amended) does not explicitly enumerate a fundamental right to health. However, the Constitution's

Directive Principles of State Policy recognize the state's responsibility towards children's well-being. Article 27(13) of the Constitution provides that "The State shall promote with special care the interests of children and youth so as to ensure their full development (physical, mental, moral, religious and social), and to protect them from exploitation and discrimination." (Government of Sri Lanka, 1978). While this provision is not directly justiciable (Directive Principles are not enforceable in court under the Constitution (Government of Sri Lanka, 1978)), it signifies a constitutional recognition that the state must safeguard children's physical development and health. One can infer from this that lawmakers have a duty to consider children's welfare in policymaking. Similarly, Article 12(4) of the Constitution explicitly allows special provision by law for the advancement of women or children, underscoring that equal protection principles permit affirmative measures for vulnerable groups. Sri Lanka's national laws further enshrine the child's right to health in the contexts of tobacco and alcohol. The National Child Protection Authority Act, No. 50 of 1998 (NCPA Act) created the National Child Protection Authority and mandates it to protect children from all forms of abuse and neglect. The law defines "child abuse" broadly to include physical or emotional injury or "ill-treatment, neglect, or negligent treatment, exploitation, including sexual abuse" (Government of Sri Lanka, 1998) – a scope that could extend to willfully exposing a child to harmful substances. Indeed, the NCPA Act's objectives include preventing "all forms of child abuse" (Government of Sri Lanka, 1998). While the NCPA Act is primarily focused on issues like child abuse, exploitation and neglect, its mandate is broad enough to encompass advocacy and policy advice on substance abuse affecting children. For example, ensuring children are not being given dangerous substances or used in illicit sales could fall under its purview of preventing such abuse (Government of Sri Lanka, 1998). The NCPA Act also empowers the Authority to coordinate with other agencies and advise the government on policies. Section 33 of the Act authorizes NCPA officers to enter premises and investigate suspected child abuse cases – a power that could be used to investigate, for instance, someone supplying minors with tobacco or alcohol (Government of Sri Lanka, 1998). In practice, the NCPA often works with police on issues like child labor or exploitation; similarly, it could assist in enforcing laws against selling tobacco or alcohol to children. Sri Lanka's Penal Code provides a safety net for extreme cases of child endangerment from substances. Section 308A of the Penal Code (inserted by Act No. 22 of 1995) criminalizes "cruelty to a child" by anyone having custody of the child, defined as willfully ill-treating or neglecting the child in a manner likely to

cause injury to health (Government of Sri Lanka, 1995). This could, in theory, apply to a guardian who intentionally causes a child to consume alcohol or who heavily exposes a child to smoke, as such conduct can cause injury to the child's health. Violation of Section 308A is punishable by up to 10 years' imprisonment (Government of Sri Lanka, 1995). While this is a blunt instrument and is rarely (if ever) used for secondhand smoke or underage drinking scenarios, it reflects the legal principle that serious harm to a child's physical well-being – including health injury from substances – is a criminal offense. Additionally, an older law, the Children and Young Persons Ordinance (CYPO) of 1939, contained provisions aimed at protecting minors from substances. Notably, Section 76 of the CYPO prohibited the sale of tobacco to any person under 16 years of age (Government of Sri Lanka, 1939). This represents one of the earliest recognitions in Sri Lankan law of the need to shield children from tobacco. Although the CYPO's tobacco-sales provision has been superseded by the higher age limit in the NATA Act (21 years), it is indicative of a longstanding public policy consensus that children should not have access to tobacco. The CYPO also criminalizes anyone who gives or causes to be given any "intoxicating liquor or dangerous drug" to a child except on medical direction – meaning that a person supplying alcohol to a child could face charges under the Ordinance as well. The existence of these provisions shows that even decades ago, Sri Lanka acknowledged a duty to protect children from dangerous substances. In summary, Sri Lanka's legal system does recognize the child's right to health vis-à-vis tobacco and alcohol, albeit in a piecemeal fashion. The Constitution sets out a guiding principle to protect children's well-being. The NCPA Act directly targets substance-related harms to children as a matter of child protection policy. Ancillary laws like the Penal Code and CYPO provide mechanisms to address extreme cases and to coordinate child protection. Together, these establish a legal basis for asserting that Sri Lankan children have a right (and the state a corresponding duty) to be protected from exposure to tobacco and alcohol that could harm their health.

3. Legal and Regulatory Framework in Sri Lanka

Sri Lanka has enacted a comprehensive regulatory framework to control tobacco and alcohol, with specific provisions aimed at protecting children. The cornerstone is the National Authority on Tobacco and Alcohol Act, No. 27 of 2006 (often called the NATA Act). This Act was expressly designed as a public health law aligning with Sri Lanka's obligations under the WHO FCTC (National Authority on Tobacco and Alcohol, 2006;

TobaccoUnmasked, n.d.). It created the National Authority on Tobacco and Alcohol (NATA) as the lead government agency to implement tobacco and alcohol control policies. The NATA Act's objectives underscore child protection: one of the key purposes is "to make provisions to discourage persons, especially children, from smoking or consuming alcohol by curtailing their access" to these products (National Authority on Tobacco and Alcohol, 2006; TobaccoUnmasked, n.d.). To that end, the Act introduced a range of legal measures:

Minimum Age and Sales Restrictions - The NATA Act makes it illegal to sell any tobacco product or alcohol product to persons under 21 years of age (National Authority on Tobacco and Alcohol, 2006). This is a higher threshold than the international norm of 18, reflecting a precautionary approach to youth protection. It meets and exceeds the standard set by FCTC Article 16, which requires banning sales to minors (WHO, 2003). The law also prohibits minors themselves from selling these products (preventing the use of children in tobacco/alcohol retail). To enforce age restrictions, sellers are required to check proof of age where doubt exists. Violation of the age-limit provision is an offense subject to fines. A related ban is on the installation of vending machines for tobacco or alcohol (National Authority on Tobacco and Alcohol, 2006), since these might allow unsupervised purchases by youth. By cutting off retail access, the law aims to delay or prevent initiation of smoking and drinking among teens. (Notably, a World Health Organization survey in 2003 found that over 72% of Sri Lankan teen smokers who attempted to buy cigarettes in a shop were not refused despite their age (WHO, 2006).) The NATA Act's stricter enforcement regime was intended to change that dynamic.

Advertising, Promotion and Sponsorship Ban - The Act imposes a comprehensive ban on tobacco and alcohol advertisements in Sri Lanka (National Authority on Tobacco and Alcohol, 2006). This includes traditional media ads, billboards, promotional events, and sponsorships of events by tobacco/alcohol brands. The only limited exception is that inside licensed alcohol sale premises, some notices may be allowed, but public advertising is disallowed. By removing positive marketing messages, the law seeks to reduce the appeal of smoking and drinking to young people. It also bans the free distribution of tobacco or alcohol products (National Authority on Tobacco and Alcohol, 2006) – often a tactic to hook young users with giveaways or samples. These provisions echo FCTC Article 13's requirements. As a result of the NATA Act, Sri Lanka went from a landscape

of ubiquitous cigarette and liquor ads (common prior to 2006) to virtually none – a significant cultural shift benefiting youth who are highly impressionable to advertising. Depictions of smoking and drinking in entertainment media are also curbed. In 2011, NATA issued administrative instructions to television channels prohibiting the airing of programs or scenes with smoking or drinking, and requiring health warnings when older films with such scenes are shown (Ada Derana, 2011; National Authority on Tobacco and Alcohol, 2011). This innovative measure directly targets the indirect advertising effect of glamorized use in media, recognizing that children can be influenced by on-screen role models.

Packaging and Labelling Rules - Under the Act, all tobacco product packages must carry health warnings, and the sale of tobacco without the prescribed warnings is banned. Initially, only text warnings were mandated. In 2012, regulations under the Act introduced graphic pictorial warnings covering 80% of the cigarette pack surface, among the largest such warnings globally. These graphic warnings – upheld after tobacco industry litigation – were implemented to graphically convey the health consequences (cancers, etc.), with the intention of deterring youth from picking up smoking. Although plain packaging (standardized, unbranded packs) is not yet implemented in Sri Lanka, the large graphic warnings achieve a similar objective of stripping the pack of glamorous branding. (For context, Australia became the first country to require plain packaging in 2012, followed by the UK and France in 2016, as part of a trend of packaging measures "to protect youth and reduce tobacco use" (ATCA, 2021b; Canadian Cancer Society, 2021). Sri Lanka's move to expansive pictorial warnings places it in line with this international best practice, and discussions continue on adopting full plain packaging.)

Smoke-Free Public Places - The NATA Act prohibits smoking in any enclosed public place to which the public has access (such as government buildings, schools, hospitals, public transport, restaurants, etc.) (National Authority on Tobacco and Alcohol, 2006; WHO, 2003). This creates smoke-free indoor environments by law, protecting non-smokers – especially children – from secondhand smoke in those settings. Sri Lanka's smoke-free law is comprehensive on paper, although it does permit designated smoking areas in certain venues like hotels or airports by regulation. Importantly, schools and educational institutions are 100% smoke-free by law (no designated areas allowed). Public transportation is entirely smoke-free as well. These measures fulfill FCTC Article 8 obligations and recognize that

children have a right to smoke-free air in public domains. However, one notable omission is that the law does not extend to private vehicles and homes – it remains legal to smoke in a car or house when children are present (assuming no other law like child cruelty is violated). This is a gap compared to countries like the UK, where smoking in a car carrying a child is illegal (NursingCenter, 2015; BBC News, 2015).

Other Protections - The Act also bans the sale of any tobacco products that are prescribed by regulation as particularly attractive to children – for example, flavored cigarettes or candy-like mini-cigars could be prohibited (though specific regulations on this have yet to be made). It furthermore makes it an offense to sell cigarettes individually (loosies) if regulations so prescribe, since cheap single sticks make it easier for minors to buy; indeed, selling tobacco in single units or small packs is strongly discouraged. For alcohol, the Act empowers similar restrictions on packaging and promotions. The NATA Act even includes provisions related to the Motor Traffic Act, enabling police to act if drivers violate tobacco/alcohol laws (for instance, driving under the influence, though DUI is mainly handled by other statutes). All offenses under NATA carry penalties – generally fines, and for serious or repeat violations, imprisonment. By design, enforcement authority is given to Public Health Inspectors (PHIs), police officers, and other authorized officers who can conduct inspections and prosecutions (National Authority on Tobacco and Alcohol, 2006).

Beyond the NATA Act, other laws buttress the regulatory framework

The Excise Ordinance and subsidiary regulations complement NATA by controlling alcohol availability. For example, excise laws in Sri Lanka restrict the hours of alcohol sales, license the sellers, and impose their own age limits (which NATA raised to 21). They also prohibit the sale of alcohol in certain places (e.g. near schools or places of worship). Excise authorities conduct raids on illicit alcohol and underage sales as part of enforcement.

The National Child Protection Authority (NCPA), though not a regulatory body for substances, plays a role in advocacy and coordination. The NCPA can receive complaints or reports if, say, someone is systematically supplying minors with alcohol or using children in the illicit liquor trade. It has powers under its Act to authorize officers to enter premises and investigate (Section 33 of NCPA Act) (Government of Sri Lanka, 1998). In practice, NCPA often works with police on issues like child labor or abuse; selling drugs or alcohol to children might be treated as a form of abuse or exploitation. The NCPA

also has a mandate to advise the government on policies – it could recommend stricter measures or better inter-agency cooperation on protecting children from substance harms. As mentioned, the CYPO still contains the provision (Section 76) banning sale of tobacco to under-16 (Government of Sri Lanka, 1939). Although after 2006 the age-21 rule applies, the Ordinance also criminalizes anyone who gives or causes to be given any "intoxicating liquor" or dangerous drug to a child except on medical direction. This means a person supplying alcohol to a child could face charges under the CYPO (in addition to any Excise law violation). The Penal Code provisions on criminal negligence or causing hurt could theoretically apply if someone's reckless supply of alcohol or exposure of a child to harm led to injury. For example, if an intoxicated parent's actions result in a child's injury, criminal charges could ensue (e.g. under general provisions for causing hurt or endangerment). These are not commonly invoked for public health scenarios but remain on the books as a backstop. On paper, Sri Lanka's laws are robust. However, enforcement is the linchpin of effectiveness. The NATA Act is implemented through a multi-agency approach: the National Authority on Tobacco and Alcohol (comprising officials from health, law enforcement, education, etc.) formulates policy and oversees enforcement efforts. Authorized officers – notably Public Health Inspectors (PHIs) in the health ministry – are empowered to inspect retailers and public venues for compliance (National Authority on Tobacco and Alcohol, 2006). PHIs and police have conducted raids to seize illicit tobacco products and to charge vendors selling to minors. For instance, soon after NATA's enactment, publicized raids on shops near schools were carried out to enforce the under-21 sales ban. The Act also allows courts to cancel or suspend business licenses of repeat offenders.

Sri Lanka has used some innovative enforcement tactics, such as deploying underage decoys to test compliance with age checks, and establishing district-level Tobacco and Alcohol Control Cells to coordinate local enforcement. Additionally, public awareness campaigns (e.g. warning posters in shops about the under-21 law, and hotline numbers to report violations) support enforcement by encouraging community vigilance. Despite these mechanisms, enforcement has faced challenges (explored in Section 4). An assessment after several years of the NATA Act found that many of its ambitious measures had "proven difficult to enforce", resulting in only modest reductions in youth smoking rates (Lombardo et al., 2013; World Bank, 2019). For example, even with legal bans, some vendors continued selling single cigarettes to adolescents, and initially health warnings on cigarette packs were limited (until large pictorial warnings were mandated).

Nonetheless, the legal framework itself is comprehensive and largely in line with international standards. It provides a strong foundation on which to build improved protections. The next section will discuss where the gaps and weaknesses lie in practice, despite these laws.

4. Key Challenges in Protecting Children

Despite Sri Lanka's commendable legal strides, several practical and structural challenges continue to impede full protection of children from tobacco and alcohol-related harms. These challenges span three main dimensions: regulatory gaps, enforcement deficits, and socio-cultural normalization. A major legal gap exists in relation to **secondhand smoke exposure in private settings**. Current laws do not prohibit smoking in homes or private vehicles even when children are present. This is especially concerning given that approximately **50.9% of Sri Lankan youths live in homes where smoking occurs** (Epidemiology Unit, 2018; WHO, 2020). Unlike the UK and some Australian states, which have made smoking in cars with children illegal (NursingCenter, 2015; ABC News, 2010), Sri Lanka has yet to adopt such protective measures. This leaves a significant source of exposure unregulated, even though children's vulnerability in such settings is medically well-established. Proposals to treat severe secondhand smoke exposure as a reportable form of child abuse are yet to be reflected in Sri Lankan law. Regulatory oversight is also challenged by **indirect marketing** and emerging products. Although direct advertising is banned, **point-of-sale displays, corporate sponsorships, and digital media** remain channels through which tobacco and alcohol companies reach young people (Think Global Health, 2020). Monitoring CSR initiatives or influencer-driven promotions is especially difficult. The rise of **e-cigarettes and vaping products**—which were not envisioned under the 2006 NATA Act—adds complexity. Although Sri Lanka has banned imports, **comprehensive legislation on age limits, usage, and advertising is still evolving**. The **implementation gap** is another major hurdle. Enforcement of the NATA Act has historically been **inconsistent**, with low staffing levels, insufficient inspections, and low penalties reducing deterrence (Lombardo et al., 2013; World Bank, 2019). Convictions are often delayed due to court backlogs, while under-resourced authorities struggle to maintain continuous oversight. Though spot fines and role clarification through 2007 notifications helped, **multi-agency coordination remains a persistent challenge**, with overlapping jurisdictions among health officers, police, excise officials, and educators. **Industry interference**, a globally documented issue, also affects

local enforcement. From lobbying efforts to alleged local-level bribery, such influences can dilute the impact of even the most well-crafted legislation. In smaller communities, enforcement officers may hesitate to act against influential local business owners. Public participation, though critical, is limited. **Awareness of legal protections is still not universal**, and social hesitance inhibits reporting violations. While public health campaigns have improved knowledge, many citizens remain unsure about how or when to intervene. Institutionally, **NATA's momentum has fluctuated**, depending on political will and leadership. After the proactive tenure of Prof. Carlo Fonseka (2006–2015), tobacco control efforts reportedly slowed. Additionally, the **National Child Protection Authority (NCPA)**—while mandated to prevent child exploitation—has not consistently engaged with tobacco and alcohol-related risks. Perhaps the most complex barrier is **deep-rooted social and cultural normalization**. Smoking and drinking are often viewed as markers of adulthood, masculinity, or hospitality. Children frequently observe these behaviors within family and community settings, reinforcing their acceptability. Peer influence is also a strong factor in adolescent uptake, even when risks are known (Lombardo et al., 2013). Traditional products like **beedis and toddy** are commonly used in rural areas and often escape regulation, while **global media and entertainment** continue to glamorize substance use (ATCA, 2021a; Tobacco Tactics, 2023). Even economic realities contribute: in low-income households, **children may be tasked with purchasing cigarettes or alcohol for adults**, reinforcing familiarity and potential access. These patterns cannot be addressed through law alone but require sustained community education, norm change, and empowerment. In summary, Sri Lanka's effort to protect children is hindered by (1) legal blind spots, especially in private environments and novel product categories; (2) limited and uneven enforcement capacity; and (3) a socio-cultural context that often normalizes youth exposure. Addressing these barriers requires legal innovation, institutional strengthening, and social transformation rooted in child rights.

5. Comparative Insights

To further illuminate potential strategies for Sri Lanka, it is useful to examine how a few other jurisdictions have approached the protection of children from tobacco and alcohol. This section considers the United Kingdom (UK), Australia, and the Philippines – each representing a different legal and cultural context – and highlights child-centred legal measures they have implemented, such as smoke-free cars, plain packaging, and other innovative

regulations. These examples illustrate how a rights-based mindset can translate into concrete policies.

United Kingdom - The UK is often seen as a leader in tobacco control and has explicitly framed certain measures around child welfare. In 2015, the UK introduced a landmark regulation banning smoking in cars where a child (under 18) is present. This was enabled by the Children and Families Act 2014, which gave the government power to enact such regulations to protect children's health. As of 1 October 2015, it became illegal in England and Wales for an adult to smoke in a private vehicle carrying any passenger under 18 (NursingCenter, 2015). Public health authorities launched education campaigns explaining that "children are more vulnerable and susceptible to the pollutants in second-hand smoke, especially in the confined space of a car", where toxin levels can build up rapidly. The UK encountered arguments about personal freedom and the difficulty of enforcement, but ultimately lawmakers agreed that the child's right to a clean air environment outweighed these concerns (NursingCenter, 2015). The ban has both symbolic and practical value – it sends a strong message that exposing children to tobacco smoke is unacceptable, and it gives police a tool to intervene in egregious cases. Early evaluations indicated high public support for the measure and a decline in observed smoking in cars with kids. Additionally, the UK implemented standardized (plain) packaging for tobacco products in 2016, with the explicit aim of reducing the appeal of cigarettes to youth. All cigarette packs must be a drab brown-green color with large health warnings and no logos or unique branding, apart from the product name in a standard font (UK Government, 2015; ATCA, 2021b). This policy was influenced by evidence that tobacco companies used branding to target young people – colorful packs, slim "feminine" designs, rugged "masculine" imagery, etc., which constitute advertising on the packet. The UK followed Australia's precedent (Australia was the first to do plain packaging in 2012). By removing glamour from the pack, the hope is that fewer adolescents will be enticed to start smoking. Indeed, internal industry reports from earlier decades acknowledged that "the marketing of tobacco… [works by] recruiting new, young smokers by positioning smoking not as something deadly but as something aspirational" (Tobacco Tactics, 2023). The UK decided to dismantle that strategy. In tandem, the UK has some of the strictest prohibitions on point-of-sale displays; since 2015, all stores including small shops must keep tobacco out of sight (Department of Health, 2008; HM Government, 2002). This prevents cigarettes from being visible to children as normal consumer products. The UK also long ago banned virtually all

forms of tobacco advertising and sponsorship (the Tobacco Advertising and Promotion Act 2002 and subsequent regulations) (HM Government, 2002; Department of Health, 2008). On alcohol, the UK has historically been less strict than on tobacco in terms of marketing, but there are child-protection-oriented rules as well. For example, alcoholic drinks in the UK must not be sold to (or by) persons under 18; this is actively enforced with "Challenge 25" retail policies (asking anyone who looks under 25 for ID). In recent years, campaigns for explicit health warnings on alcohol bottles and for minimum unit pricing (to reduce affordability for youth) have gained ground in parts of the UK. The lesson from the UK is the importance of targeted child-specific measures (like the car smoking ban) and a comprehensive ban on marketing that extends to packaging and displays – all grounded in protecting children and youth as a vulnerable class.

Australia - Australia is widely recognized for its aggressive tobacco control policies, many of which have a strong focus on preventing youth uptake. As noted, Australia was the first country to implement plain packaging (in December 2012) – a move specifically justified by the need to "reduce the attractiveness of tobacco products to consumers, particularly young people" (ATCA, 2021b). Despite fierce legal challenges by the tobacco industry (including international investment arbitration and WTO litigation), Australia's High Court upheld plain packaging, reinforcing the government's right to prioritize public health over trademark interests. The success and subsequent decline in youth smoking in Australia have emboldened other countries (like France, the UK, Canada) to follow suit. Australian states also pioneered smoke-free cars with minors even before the UK. For example, the state of Tasmania banned smoking in vehicles carrying children under 18 effective January 2008, and Victoria did so in 2010 (ABC News, 2010; ABC News, 2012). All Australian states and territories now have such laws in place. This patchwork shows how subnational units can lead the way. In addition, many Australian states ban smoking in a wide range of outdoor places where children congregate – such as playgrounds, school grounds, and sports fields – to reduce secondhand smoke exposure and de-normalize adult smoking in front of kids. Australia's approach to alcohol and youth has included strict enforcement of age limits and heavy taxation that raises prices (Australia has long imposed high alcohol taxes, which indirectly deter youth consumption due to cost). Some states have programs to address underage drinking through school-based interventions and policing of teen parties (for instance, laws against supplying alcohol to minors even in private settings without parental permission). Advertising of alcohol in Australia is largely

self-regulated by industry codes, which many public health experts criticize as insufficient; however, alcohol ads cannot be shown on TV at times when children form a significant portion of the audience (before 8:30pm, with some exceptions for sports broadcasts). There is growing pressure in Australia to treat alcohol more like tobacco in terms of marketing restrictions, precisely to protect adolescents from early exposure to pro-alcohol messaging.A noteworthy aspect of both the UK and Australia is the use of hard-hitting mass media campaigns as a complement to law, often emphasizing the impact on others (e.g., children). For instance, Australia's campaigns on secondhand smoke in the 2000s ("Your smoke is harming your kids") helped build public support for expanding smoke-free laws to homes and cars. This synergy of public education and legal prohibition makes the measures more acceptable and effective.

Philippines - The Philippines provides an interesting perspective as a middle-income country with strong anti-tobacco measures and evolving alcohol policies. In the past two decades, the Philippines dramatically improved its tobacco control regime, in part to fulfill its commitments under the FCTC and under strong political leadership. A comprehensive Tobacco Regulation Act (Republic Act No. 9211 of 2003) was enacted which, among other things, banned smoking in public places, restricted tobacco advertising, set a minimum age of 18 for purchase, and prohibited sales within 100 meters of schools and playgrounds (Republic of the Philippines, 2003; Tobacco Tactics, 2021). In 2017, President Rodrigo Duterte (himself a vocal anti-smoking advocate) issued an Executive Order establishing a nationwide smoke-free policy in all public and enclosed places, essentially creating smoke-free environments similar to much wealthier nations (Republic of the Philippines, 2017). This Executive Order (often dubbed a "smoking ban") has been strictly enforced by local government units and police, with fines for violators. It also included a prohibition on smoking in public transport and specified buffer distances from building entrances, again benefiting children who use public transport or simply walk on the street. The minimum sale age in the Philippines for tobacco was recently raised from 18 to 21, mirroring Sri Lanka's standard. This was accomplished via legislation in 2019–2020 that amended existing laws, also encompassing e-cigarettes and vaping products (which were becoming popular among teenagers). By raising the age to 21, the Philippines sought to further delay initiation, recognizing that most smokers start well before age 21 – and that those who don't start before 21 are unlikely to ever become regular smokers (Institute of Medicine, 2015; Campaign for Tobacco-Free Kids, 2019). Alongside this, the Philippines bans

the sale of single-stick cigarettes and small packs, and as noted, bans sales near schools, making it harder for students to obtain tobacco even if they want to. On the issue of plain packaging, the Philippines has not yet adopted it, but it has implemented large graphic health warnings covering 50% of cigarette packs (ATCA, 2021b). The country also pioneered extremely high tobacco excise taxes (through a "Sin Tax" Reform law in 2012 and subsequent hikes) that significantly raised cigarette prices. This had a notable impact: smoking prevalence among Filipino youth declined as cigarettes became less affordable to them. The tax revenues were funneled into healthcare, creating a virtuous cycle argument – protecting health while funding health. Regarding alcohol, the Philippines historically has had more lenient controls. The legal drinking age is 18, and enforcement of age checks has been fairly lax. Advertising of alcohol is common (beer ads on TV, celebrity endorsements, etc.), and as a result alcohol use among teens has been a concern. In fact, it's often noted that the Philippines treated tobacco as a serious health issue earlier than it did alcohol. There is now recognition of this gap: "The Philippines continues to lack regulations on alcohol marketing, relying instead on alcohol companies to regulate themselves with their own advertising code", with no laws even on health warnings on alcohol products (Think Global Health, 2020). This "blind spot" is now being discussed by lawmakers and health advocates, especially as the country sees the success of its tobacco measures. In 2019, the Philippine government did pass a law increasing taxes on alcohol and e-cigarettes (and raising the purchase age for both to 21, matching tobacco) (Inquirer, 2020; Philippine News Agency, 2020). Some local governments have set curfews on hours of alcohol sales and banned liquor sales near schools. So, the Philippine trajectory shows a country moving from virtually no controls to very strong controls in tobacco (with corresponding public health gains), and beginning to extend that philosophy to alcohol. The key insight from the Philippines is the importance of political commitment and framing the issue as a child and youth priority. Strong leadership (the President, health ministers) publicly framed tobacco as an enemy of youth and the nation's future, which helped overcome lobbying by industries and enabled the passage of stringent laws. Also, community-based enforcement (e.g. smoke-free task forces) created social pressure to comply. Such approaches could be emulated in Sri Lanka – galvanizing public opinion by highlighting, for example, the daily toll of tobacco (around 60 Sri Lankans die each day from tobacco-related diseases (Epidemiology Unit, 2018; ATCA, 2021a)) and linking that to the need to protect the next generation from a similar fate.

6. Towards a Rights-Based Approach

Framing tobacco and alcohol exposure as a **children's rights issue** offers a more robust legal and moral foundation for action. A **rights-based approach** recognizes children as rights-holders entitled to a safe and healthy environment and views the State as a duty-bearer responsible for fulfilling these rights. This perspective is grounded in key international instruments, including the **Convention on the Rights of the Child (CRC)**, which Sri Lanka has ratified. The **CRC Article 24** mandates that children enjoy the highest attainable standard of health, while **Article 3** requires all state action concerning children to prioritize their best interests. These provisions support comprehensive regulatory measures to prevent children's exposure to harmful substances. If tobacco and alcohol exposure are treated as **violations of fundamental rights**, the legal and institutional obligations surrounding enforcement, education, and accountability become non-negotiable priorities. Importantly, a rights-based framework creates legal accountability. For example, civil society actors or guardians may invoke children's rights to challenge insufficient enforcement or regulatory gaps. Countries such as India and South Africa have seen courts demand stronger health protections when citizens invoked constitutional or international rights. In Sri Lanka, making children's right to a substance-free environment explicit in domestic law would enable courts and agencies to interpret relevant laws more robustly and ensure consistent protections. Moreover, **non-discrimination and equity** are key pillars of a rights-based model. Children in low-income or rural communities often face greater exposure to harmful substances, yet are least protected by enforcement. Girls may be more vulnerable to secondhand smoke at home, a form of exposure that remains largely invisible. A child rights lens demands tailored interventions that reach the most marginalized groups. This model also enhances **cross-sectoral collaboration**. Protecting children's health is not the responsibility of the health sector alone—it requires the participation of the education system, law enforcement, social services, and civil society. Ministries such as Education and Women & Child Affairs could integrate tobacco and alcohol prevention into their mandates. For instance, schools can deliver age-appropriate education about substance risks and resistance strategies, thereby fulfilling the right to health information under the CRC (UNICEF, n.d.). International alignment is another benefit. A rights-based strategy enables Sri Lanka to better comply with its **international legal obligations**, particularly under the **CRC and the WHO Framework Convention on Tobacco Control (FCTC)**. These frameworks increasingly call for measures to protect children from

environmental health risks and commercial exploitation by harmful industries. Aligning national efforts with these standards may attract technical and financial support from agencies such as WHO and UNICEF.

To operationalize this framework, Sri Lanka must:

- **Legally affirm** the child's right to a tobacco- and alcohol-free environment.
- **Update and expand legislation** to address emerging threats like e-cigarettes.
- **Strengthen enforcement capacity** and penalties.
- **Integrate rights education** and prevention into schools.
- **Ensure multi-agency cooperation** and institutional accountability.

This rights-based transformation reframes child protection not as charity or policy preference but as a **legal duty**, empowering communities and institutions alike to uphold the right of every child to grow up free from tobacco and alcohol-related harm.

7. Conclusion and Recommendations

The right to health of the child is firmly grounded in international law and reflected in Sri Lanka's domestic framework. The **CRC**, the **WHO FCTC**, and global best practices all support the need for strong legal and policy interventions to protect children from the harms of tobacco and alcohol. Sri Lanka has made commendable progress with the **National Authority on Tobacco and Alcohol Act (NATA Act) of 2006**, raising the minimum age of purchase, banning public advertising, and mandating health warnings on tobacco products. However, children remain vulnerable to exposure in **private settings**, through **emerging products like e-cigarettes**, and due to **weak enforcement mechanisms**. Social normalization of tobacco and alcohol, especially in homes and communities, continues to undermine formal protections. Examples from the **United Kingdom, Australia, and the Philippines** demonstrate that strong leadership, targeted legal innovations (e.g. smoke-free cars, plain packaging), and public education can significantly reduce youth exposure. These countries offer important models for Sri Lanka to emulate.Going forward, Sri Lanka must **consolidate and expand** its existing legal tools, ensuring that child protection is at the center of all tobacco and alcohol control strategies. A **rights-based approach** ensures that this shift is both principled and actionable.

Recommendations

1. Embed Child Health Rights in Law

Amend existing legislation such as the NATA Act or the **Children and Young Persons Ordinance (CYPO)** to affirm that every child has the right to grow up in an environment free from harmful substances. This creates a legal foundation for future policy enforcement, in line with **CRC Article 24** (UNICEF, n.d.).

2. Ban Smoking in Vehicles with Children

Following models from the **UK and Australian states**, Sri Lanka should introduce a ban on smoking in private vehicles carrying minors. Enforcement can be supported through fines, signage, and public awareness campaigns (NursingCenter, 2015; ABC News, 2010).

3. Promote Smoke-Free Homes

Introduce a voluntary national program encouraging households with children to adopt smoke-free pledges. Public health workers and the **National Child Protection Authority (NCPA)** can support families with resources and cessation programs. In extreme cases, secondhand smoke exposure should be treated as a child welfare concern.

4. Close Regulatory Gaps on Emerging Products

E-cigarettes, vapes, and similar products should be comprehensively regulated. This includes banning their sale to under-21s, restricting advertising, and applying existing smoke-free laws. Regulations should be responsive to marketing strategies targeting youth.

5. Enhance Enforcement and Penalties

Increase the number of **Public Health Inspectors (PHIs)** and grant them powers to issue spot fines for minor violations. Strengthen penalties for vendors who repeatedly sell to minors, ensuring they act as true deterrents.

6. Empower Community Monitoring

Establish a **hotline and digital reporting system** (such as WhatsApp) at NATA for reporting violations. Encourage civil society involvement through

training, small incentives, or formal partnerships with youth groups and religious organizations.

7. Strengthen School-Based Education

Work with the **Ministry of Education** to integrate tobacco and alcohol prevention into curricula. Focus on building students' resistance skills, awareness of health risks, and understanding of legal protections.

8. Engage Youth Leadership

Support **peer education programs** and school-based anti-tobacco/alcohol clubs. Empower adolescents to lead campaigns and give feedback on policies. A **Youth Advisory Council** under NATA or the Health Ministry could institutionalize youth participation (CRC Article 12).

9. Tighten Alcohol Policies

Strengthen enforcement of the 21-year minimum age for alcohol purchases. Extend advertising bans to all forms of media, including online platforms. Introduce **clear health warnings** on alcohol packaging and restrict sales near schools or during late-night hours.

10. Improve NATA–NCPA Coordination

These agencies should jointly develop a national strategy on children and substance exposure. Information-sharing, joint training, and cross-referrals can enhance their impact. Institutionalizing this partnership ensures long-term sustainability.

11. Launch Rights-Focused Awareness Campaigns

Use mass media to reframe tobacco and alcohol as **violations of children's rights**. Feature child voices and promote legal protections. These campaigns can foster societal accountability and shift cultural norms.

12. Monitor and Evaluate Progress

Regularly conduct surveys such as the **Global Youth Tobacco Survey (GYTS)** and collect enforcement data. Publicly report findings and use them to inform continuous policy improvements and resource allocation.

By adopting these recommendations within a child rights framework, Sri Lanka can move beyond symbolic legal commitments and ensure **real-world protections**. The result would be a generation of children who are **healthier, safer, and more empowered**, contributing to the long-term social and economic well-being of the country.

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Knowledge, Attitudes, and Practices on Tobacco and Alcohol Among Tea Estate Communities in Sri Lanka, 2024

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Abstract

This study examines the knowledge, attitudes, and practices (KAP) regarding tobacco and alcohol use among tea estate communities in Sri Lanka, a population historically affected by socio-economic hardship and limited access to health education. A cross-sectional survey was conducted across major tea estate districts, with a predominantly female sample (58.1%) and a majority of Tamil ethnicity (86.2%). The findings reveal a high prevalence of smokeless tobacco (SLT) use, with 70.3% of respondents having tried SLT and 63.1% identified as current users, primarily consuming betel nut with or without tobacco. Daily and frequent use is common, particularly among middle-aged adults, and SLT use is deeply embedded in both workplace and home environments. Cigarette smoking is less prevalent (28.9% current users), with most smokers engaging in the habit occasionally rather than daily, and initiation often occurring later in adulthood compared to global norms. Alcohol consumption is reported by 33.4% of respondents, with arrack and beer as the most common beverages; daily or habitual use is widespread. Peer influence, cultural normalization, and easy accessibility are key drivers of both tobacco and alcohol use. Despite widespread consumption, significant knowledge gaps persist: only a minority accurately recognize the health risks associated with SLT and alcohol, and awareness of legal restrictions is low. Health concerns, family responsibilities, and financial stress are primary motivators for attempts to quit or reduce substance use, though barriers such as accessibility and entrenched social norms remain. The study underscores the urgent need for targeted health education, stricter policy enforcement, and community-based interventions to address substance use and its associated health risks in Sri Lanka's tea estate sector.

Key Words: Tobacco prevention, Alcohol Prevention, KAP Study, Estate Communities, Sri Lanka

Introduction

Background

Tobacco and alcohol consumption are among the most pressing global public health challenges, contributing substantially to preventable morbidity, mortality, and economic strain on healthcare systems worldwide. The World Health Organization (WHO) estimates that tobacco use is responsible for more than 8 million deaths annually, while alcohol consumption is linked to approximately 3 million deaths each year, primarily due to its association with a wide range of non-communicable diseases, injuries, and social harms (WHO, 2023). The "tobacco epidemic" is among the biggest public health threats the world has ever faced, killing over eight million people a year, according to World Health Organization (WHO,2023). More than seven million of these deaths are the result of direct tobacco use, but some 1.3 million non-smokers die from exposure to second-hand smoke. The detrimental effects of these substances are not confined to individual users; rather, they extend to families, workplaces, and entire communities, creating ripple effects that undermine social and economic development (Rehm et al., 2009; WHO, 2021). Globally, the burden of tobacco and alcohol use is disproportionately borne by marginalized and socio-economically disadvantaged populations. These groups often face intersecting barriers such as poverty, limited access to education, and inadequate healthcare, all of which increase vulnerability to substance use and its adverse consequences (Jha & Peto, 2014; Marmot, 2015). In Sri Lanka, this pattern is acutely evident among tea estate communities, which are primarily composed of Tamil-origin plantation workers who have historically experienced structural disadvantages, including economic deprivation, social exclusion, and limited opportunities for upward mobility (Seneviratne et al., 2019; Jazeel, 2019). The roots of tobacco and alcohol use in Sri Lanka's tea estates are deeply intertwined with the country's colonial history. During British rule, large-scale tea plantations were established, and Indian Tamil laborers were brought in under exploitative conditions, often with minimal rights and limited access to welfare (Jazeel, 2019). The resultant social isolation and economic hardship fostered the normalization of tobacco and alcohol use as coping mechanisms for stress relief, socialization, and escape from daily hardships (Samarasinghe, 2020). Over time, these behaviors have become entrenched through peer influence, cultural acceptance, and the aggressive marketing of tobacco and alcohol products. The easy availability and affordability of locally produced substances, such as arrack and betel quid

with tobacco, have further fueled widespread use (Seneviratne et al., 2019; Samarasinghe, 2020). The health consequences of tobacco and alcohol use in these communities are profound and multifaceted. Smoking and smokeless tobacco (SLT) use are major risk factors for chronic respiratory diseases, oral and lung cancers, and cardiovascular conditions (Gupta et al., 2020). Alcohol consumption, meanwhile, is a leading cause of liver disease, injuries, and is closely linked to domestic violence and social instability (Rehm et al., 2009; Perera et al., 2018). The economic impact is equally severe, as significant portions of household income are often diverted to purchase these substances, perpetuating cycles of poverty and limiting resources available for essential needs such as nutrition, education, and healthcare (Jha & Peto, 2014; Marmot, 2015). Additionally, mental health issues such as depression and anxiety are frequently exacerbated by substance use, particularly in contexts of chronic economic stress and social marginalization (Seneviratne et al., 2019). Despite the high prevalence and well-documented risks, knowledge about the health impacts and legal restrictions surrounding tobacco and alcohol use remains limited among tea estate workers. International and local studies have highlighted persistent misconceptions regarding the dangers of SLT, low awareness of legal bans, and a general underestimation of the risks associated with both tobacco and alcohol (Gupta et al., 2020; Perera et al., 2018). These knowledge gaps, combined with powerful social and economic drivers, underscore the urgent need for targeted public health interventions, community-based education, and effective policy enforcement to address substance use in Sri Lanka's estate sector. In summary, the intersection of historical, cultural, economic, and social factors has resulted in deeply entrenched patterns of tobacco and alcohol use in Sri Lanka's tea estate communities. This has led to substantial health, social, and economic consequences, necessitating a nuanced and multi-sectoral approach that incorporates both local realities and evidence-based strategies from global public health research (WHO, 2021; Marmot, 2015; Seneviratne et al., 2019).

Tobacco and Alcohol Use in Sri Lanka's Tea Estates

Tea estate communities in Sri Lanka form a unique and historically marginalized population, predominantly composed of Tamil-origin plantation workers who have endured generations of economic hardship, social exclusion, and limited access to education and healthcare (Seneviratne et al., 2019). The legacy of colonial-era labor practices, which saw Indian Tamil laborers brought to Sri Lanka under exploitative and isolating conditions, has contributed to persistent poverty and social marginalization

that continue to shape the lived experiences of estate residents today (Jazeel, 2019). Within this context, the use of tobacco and alcohol has become deeply normalized, often serving as coping mechanisms for the chronic stressors associated with estate life. Substance use is frequently intertwined with daily routines and social customs, providing perceived relief from the physical demands of plantation work, financial insecurity, and social alienation (Samarasinghe, 2020). Peer influence and cultural acceptance further reinforce these behaviors, making tobacco and alcohol consumption an entrenched aspect of estate community identity.

Patterns of Tobacco Use

Smokeless tobacco (SLT) products, particularly betel quid with or without tobacco, are widely consumed among estate workers. Notably, SLT use is prevalent among both men and women, reflecting a convergence of occupational, social, and cultural drivers (Gupta et al., 2020; Jayatilake et al., 2012). The affordability and accessibility of SLT products, coupled with a lack of awareness about their health risks, have contributed to high rates of daily and frequent use. Jayatilake et al. (2012) found that SLT use in Sri Lanka is especially high in plantation sectors, where cultural and social factors facilitate early initiation and frequent use. Similarly, cigarette smoking, while less common than SLT use, remains a significant concern, with initiation often occurring in adulthood and influenced by peer pressure and workplace culture (Perera et al., 2018).

Patterns of Alcohol Use

Alcohol consumption is another major public health issue in these communities. Locally brewed arrack and beer are the most commonly consumed alcoholic beverages, with patterns of use shaped by cultural norms, peer influence, and economic factors (Seneviratne et al., 2019). Alcohol is frequently used as a means of socialization and relaxation after long working hours, but it also contributes to a range of health and social problems, including liver disease, domestic violence, and reduced economic productivity (Rehm et al., 2009).

Socio-Economic and Health Impacts

The impact of tobacco and alcohol use in Sri Lanka's tea estates extends far beyond individual health. High rates of substance use contribute to increased household expenditure on non-essential items, perpetuating cycles of poverty

and limiting investment in nutrition, education, and healthcare (Jha & Peto, 2014). Furthermore, substance use is strongly associated with mental health issues such as depression and anxiety, particularly among those facing chronic economic and social stressors (Marmot, 2015). Despite the widespread prevalence of tobacco and alcohol use, knowledge about the associated health risks remains limited in estate communities. Misconceptions about the dangers of smokeless tobacco, low awareness of legal restrictions, and underestimation of the harms of alcohol are common (Gupta et al., 2020; Jayatilake et al., 2012). These knowledge gaps, combined with deep-rooted cultural practices and aggressive marketing by substance industries, highlight the urgent need for targeted interventions and policy reforms. In summary, tobacco and alcohol use are deeply embedded in the social and economic fabric of Sri Lanka's tea estate communities. The interplay of historical, cultural, and structural factors has created a landscape where substance use is both a symptom and a driver of broader health and social inequalities. Addressing these challenges requires a nuanced, multi-sectoral approach that integrates public health education, community engagement, and socio-economic development (WHO, 2023; Marmot, 2015).

Objectives

- Assess the prevalence and patterns of tobacco and alcohol use among tea estate workers.
- Evaluate knowledge and perceptions regarding the health risks of tobacco and alcohol.
- Identify socio-demographic factors influencing substance use.
- Recommend policy and community-based interventions.

Methodology

Study Design and Area

This research adopted a cross-sectional survey design to assess knowledge, attitudes, and practices (KAP) regarding tobacco and alcohol use among tea estate communities in Sri Lanka. The study was conducted in three major tea estate districts: Nuwara Eliya, Deniyaya, and Badulla. These districts were purposively selected as they collectively represent the demographic, cultural, and socio-economic diversity of Sri Lanka's estate sector (Seneviratne et al., 2019). Nuwara Eliya is the largest tea-producing region, while Deniyaya and Badulla also have significant estate worker populations, each with unique historical and cultural backgrounds (Jazeel, 2019).

Sample Size and Sampling Method

A representative sample was drawn to reflect the estate population's gender, age, and ethnic composition. The sampling frame was developed in consultation with local estate management and community leaders to ensure inclusivity. Stratified random sampling was employed to achieve proportional representation across the three districts and key demographic strata, including gender, age groups, and ethnicity. The final sample comprised a majority of female respondents (58.1%), with males constituting 41.9%. This gender distribution mirrors the workforce composition in Sri Lankan tea estates, where women are predominant in field labor roles (Seneviratne et al., 2019).

Data Collection

Data were collected using a structured, interviewer-administered questionnaire. The questionnaire was developed based on validated KAP survey instruments from previous studies (Gupta et al., 2020; Jayatilake et al., 2012), and adapted to the local context through expert review and pre-testing in a pilot sample. The tool comprised sections on:

- Socio-demographic characteristics (age, gender, ethnicity, education, income, marital status, employment)
- Patterns of tobacco and alcohol use (types, frequency, age of initiation, setting)
- Knowledge of health risks and legal restrictions
- Attitudes towards substance use and cessation
- Motivations and barriers for quitting

The survey was administered in Tamil and Sinhala by trained field researchers to minimize language barriers and maximize response accuracy. Informed consent was obtained from all participants prior to data collection, and confidentiality was strictly maintained.

Data Analysis

Data were entered into a secure database and analyzed using SPSS version 26.0. Descriptive statistics (frequencies, percentages, means, and standard deviations) were used to summarize socio-demographic characteristics and KAP variables. Cross-tabulations and chi-square tests were conducted to examine associations between socio-demographic factors and substance use

patterns. Thematic analysis was applied to open-ended responses regarding motivations and barriers to cessation. Results were interpreted with reference to relevant local and international literature (Jayatilake et al., 2012; WHO, 2021).

Ethical Considerations

The study protocol received ethical clearance from the relevant institutional review board. Participation was voluntary, and respondents could withdraw at any stage without penalty. Data were anonymized to ensure privacy and confidentiality.

Results and Discussion

The present study reveals a strikingly high prevalence of smokeless tobacco (SLT) and alcohol use among tea estate communities in Sri Lanka, with patterns shaped by socio-economic, cultural, and occupational factors. Most participants were female (58.1%), reflecting the gendered nature of estate labor, and the majority were of Tamil ethnicity (86.2%), consistent with the demographic composition reported in prior research (Seneviratne et al., 2019). The age distribution was centered on the 31–40 age group, which also showed the highest rates of substance use, suggesting that mid-life stressors and entrenched social norms may play a significant role in perpetuating these behaviors. Educational attainment among respondents was notably low, with nearly 80% having either no formal education or only having completed up to Grade 8. This aligns with findings from Jayatilake et al. (2012), who reported that low educational levels in Sri Lankan estate communities are associated with higher tobacco use and poorer health literacy. Economic hardship was also pronounced, with 98% earning below LKR 50,000 per month, a factor known to increase vulnerability to substance use as a coping mechanism (Jazeel, 2019; Marmot, 2015). SLT use was particularly widespread, with 70.3% of participants having tried it and 63.1% identified as current users. Betel nut, both with and without tobacco, was the most popular form, a finding consistent with Jayatilake et al. (2012), who noted that SLT is deeply embedded in estate culture and often normalized as part of daily routines. The frequency of use was concerning, with over 60% of users consuming SLT at least once daily and nearly a third exceeding three times per day. This pattern mirrors the high rates of SLT use found in other South Asian plantation settings, where occupational stress and social rituals reinforce habitual use (Gupta et al., 2020). Knowledge about the health risks of SLT was inconsistent. While most respondents recognized some oral

health consequences, only 36.3% were aware of legal bans on selling betel nut with tobacco, and just 38.8% correctly identified oral cancer as the primary risk. More than half incorrectly cited lung cancer, and over 60% were unaware of cardiovascular and diabetes risks. These misconceptions reflect findings from international studies, which highlight persistent gaps in risk awareness among marginalized populations (Gupta et al., 2020; WHO, 2021). Notably, 69.4% underestimated the harmfulness of SLT compared to smoking, suggesting a critical need for targeted health education. Cigarette smoking was less prevalent than SLT use, with 28.9% of respondents identified as current smokers, almost all of whom smoked only 1–3 times per week. The initiation age for smoking was later than national and global averages, with most users starting between 31–40 years. This contrasts with urban Sri Lankan and global trends, where smoking typically begins in adolescence or early adulthood (Perera et al., 2018; Jha & Peto, 2014). Peer influence and perceived enjoyment were the main reasons for smoking, echoing findings from both local and international research (Samarasinghe, 2020; Rehm et al., 2009). Encouragingly, 62.1% of smokers had attempted to quit, motivated by health, family, and economic concerns, which is in line with the motivations reported by Perera et al. (2018) in other Sri Lankan populations. Alcohol use was also substantial, with 33.4% of participants reporting current consumption, most commonly of arrack and beer. Daily or frequent use was reported by the majority of drinkers, and the 31–40 age group again showed the highest rates. Peer influence, affordability, and easy access were the main drivers, while health concerns, financial stress, and family responsibilities were the leading reasons for attempts to quit. These findings are consistent with previous studies that have documented high rates of alcohol use in plantation sectors and its association with social and economic stressors (Seneviratne et al., 2019; Rehm et al., 2009). Despite moderate awareness of alcohol's link to diabetes (59.7%), only 37.6% recognized its association with domestic violence, and 42.3% were unaware of its contribution to global mortality. Awareness of legal restrictions, such as advertising bans, was also low. These knowledge gaps are similar to those identified in other marginalized or rural populations, both in Sri Lanka and internationally (Gupta et al., 2020; WHO, 2021). When compared to urban and non-estate rural populations in Sri Lanka, the prevalence of both SLT and alcohol use in tea estates is significantly higher (Jayatilake et al., 2012; Perera et al., 2018). The normalization of SLT among women and the later age of smoking initiation are notable deviations from national and global trends, highlighting the unique cultural and occupational context of estate communities. Internationally, similar patterns of high SLT and alcohol use

have been observed in other South Asian plantation settings, where poverty, social isolation, and aggressive marketing by substance industries are prevalent (Gupta et al., 2020; Rehm et al., 2009). In summary, the findings of this study underscore the urgent need for targeted, culturally sensitive interventions in Sri Lanka's tea estate sector. The high prevalence of SLT and alcohol use, combined with significant knowledge gaps and socio-economic vulnerabilities, points to the necessity of integrated public health strategies. These should include community-based education, improved access to cessation support, and stronger enforcement of legal restrictions. Lessons from both local and international research suggest that multi-sectoral approaches, addressing both social determinants and individual behaviors, are most likely to yield sustainable reductions in substance use and improvements in health outcomes for these marginalized communities.

Conclusion

This study reveals alarmingly high rates of smokeless tobacco (SLT) and alcohol use among Sri Lanka's tea estate communities. The findings highlight not only the widespread normalization of these substances within daily life and work environments, but also a profound lack of awareness regarding their associated health risks. Socio-economic challenges such as poverty, low educational attainment, and limited access to healthcare further compound the problem, making these communities particularly vulnerable to the harmful effects of substance use. The persistence of misconceptions about the dangers of SLT and alcohol, as well as limited knowledge of legal restrictions, underscores the urgent need for context-specific interventions. Without targeted efforts, the cycle of substance use, poor health outcomes, and socio-economic disadvantage is likely to persist, perpetuating health inequities within this marginalized population.

Recommendations

To address these pressing issues, a multi-pronged approach is essential. First, policy measures should be strengthened to ensure the effective enforcement of existing bans on SLT and alcohol advertising and sales, particularly within estate areas where these products are most accessible and normalized. Enhanced regulatory oversight and stricter penalties for violations can help reduce the availability and promotion of harmful substances. Second, community awareness initiatives must be prioritized. Targeted health education campaigns should be developed and delivered in local languages, using culturally relevant messaging to correct misconceptions about the risks

of SLT and alcohol use. Engaging community leaders, peer educators, and local health workers will be crucial in changing attitudes and behaviors. Third, improving healthcare access is vital. Expanding screening services for substance-related health conditions and providing accessible cessation support within estate communities can facilitate early intervention and support individuals who wish to quit. Training local healthcare providers to deliver brief interventions and counseling can further enhance these efforts. Finally, it is imperative to address the underlying socio-economic drivers of substance use. Integrated development programs that focus on poverty reduction, educational opportunities, and economic empowerment can help break the cycle of dependency on tobacco and alcohol. By improving the overall quality of life and providing alternative coping mechanisms, these programs can contribute to sustainable reductions in substance use and associated harms. In summary, tackling the high rates of tobacco and alcohol use in Sri Lanka's tea estate sector requires coordinated action across policy, education, healthcare, and socio-economic development. Only through such comprehensive and context-sensitive strategies can meaningful progress be made in improving the health and well-being of these vulnerable communities.

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An Analysis of Alcohol and Tobacco Industry Influences in Popular Media

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The media plays a crucial role in shaping public perception by reinforcing both promotional and preventive efforts related to alcohol, tobacco and other drugs. While the National Authority on Tobacco and Alcohol (NATA) Act No. 27 of 2006 prohibits all forms of advertising and promotion of alcohol and tobacco products in the media, the industry continues to exploit subtle and indirect promotional strategies, mainly targeting children and youth to create an attraction towards these products. In response, the Alcohol and Drug Information Centre (ADIC) developed a monitoring system to analyze media content related to alcohol and tobacco across print, electronic, and social media platforms. This initiative aims to identify and expose the influence of the alcohol and tobacco industries on the general public and to recognize and promote preventive efforts featured in the media. Using purposive sampling and content analysis, the system monitors three daily weekday and three weekend newspapers in Sinhala, English, and Tamil languages; seven popular teledramas broadcast during evening prime time across four television channels; and content from four major social media platforms during peak hours. The identified content is categorized into five themes as prevention, positive policy, negative policy, law enforcement and promotion. Further analysis is conducted on the type of substance portrayed and the intended target audience. Findings are compiled into three monthly fact sheets which are shared with policy makers and relevant authorities during advocacy efforts. The findings consistently reveal a greater presence of promotional content compared to preventive messaging across all platforms. Promotional strategies frequently include glamorization of substances, surrogate advertising, industry image-building, reinforcement of harmful social beliefs, granting unfair privileges and promotion disguised as prevention. These insights reinforce the urgent need for strengthened countermeasures and more effective policy enforcement to prevent and minimize alcohol and tobacco industry interference and support a media environment conducive to public wellbeing.

Keywords: alcohol promotion, tobacco promotion, industry interference, print media, electronic media

Public Opinion Survey on How Alcohol Violates Women's Rights in Sri Lanka

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As a nation, Sri Lanka faces significant health, economic and social issues arising from the use of alcohol. Women are especially affected by alcohol in numerous ways. The rate of alcohol consumption among women in the country remain low. Therefore, alcohol companies are utilizing different strategies to convert women into consumers and normalize alcohol products among them. Such interferences are being carried out in most countries around the world. ADIC conducted a survey with the aim of uncovering alcohol industry strategies and investigating problems faced by women due to other's alcohol consumption. The survey was conducted using a questionnaire, with data collected from 1000 women above 15 years of age from 25 districts in Sri Lanka. The objective was to investigate the problems women face due to others' alcohol consumption and how alcohol violates women's rights. The findings revealed that among the participants, 54% of women have faced problems due to others' alcohol use, 42% of women reported to face mental and psychological challenges due to others' alcohol consumption, 69% of women reported to have experienced discomfort in public places due to alcohol, 37% of women were not aware that alcohol company strategies attract women to use alcohol by linking it to women's rights, and 64% of the participants reported that women's rights are being violated when alcohol companies use women to promote their products. The findings of this survey have thereafter been used as a tool for advocating towards stronger alcohol control policies in the country. It is necessary to create awareness and empower women to respond to harassments done under the guise of alcohol consumption. From a young age, girls should be educated about women's rights, freedom, and alcohol industry's deceptive strategies. Such actions would protect them from the harm associated with alcohol.

Keywords: Alcohol prevention, women's rights, alcohol industry, advocacy

The Silent Retreat: Exploring The Decline of Environmental Regulation Over Tobacco and Alcohol Industries in Sri Lanka

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The environmental damages caused by the tobacco and alcohol industries including deforestation, soil degradation, water depletion, hazardous waste, and greenhouse gas emissions are increasingly recognized globally. However, in Sri Lanka, regulation has primarily focused on public health, with limited legal attention to environmental harms. This study aims to investigate the decline or absence of environmental regulation specifically addressing the ecological impacts of these industries. It adopts a library-based qualitative approach, grounded in doctrinal and policy analysis. The research examines domestic legal instruments such as the National Environmental Act No. 47 of 1980, Waste Management Rules (2008), Forest Ordinance, Fauna and Flora Protection Ordinance, and Municipal Council legislations, alongside the National Authority on Tobacco and Alcohol Act No. 27 of 2006. It also considers international frameworks including the Basel and Stockholm Conventions and relevant Sustainable Development Goals (SDGs). Findings reveal significant regulatory gaps: the tobacco and alcohol industries are not subject to Environmental Impact Assessments (EIAs), there is no Extended Producer Responsibility (EPR) framework for their packaging waste, and no legal obligations for environmental disclosures. Institutional weaknesses, lax enforcement, and regulatory capture further aggravate the problem. The study concludes that this legislative inaction undermines environmental sustainability and the constitutional right to a clean and healthy environment. It recommends urgent regulatory reforms to establish ecological accountability in alignment with national and international obligations.

Keywords: Environmental law, tobacco industry, alcohol regulation, Sri Lanka, sustainability

Cross-Cultural Analysis of Alcohol Cessation and Prevention Strategies: A Comparative Study of Sri Lankan and United States Approaches

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This thematic analysis examines alcohol cessation and prevention strategies employed in Sri Lanka and the United States, revealing distinct approaches shaped by cultural, economic, and policy frameworks. Through systematic comparison of intervention methodologies, regulatory mechanisms, and public health initiatives, this study identifies five primary themes: policy implementation disparities, cultural adaptation of prevention programs, healthcare system integration, community-based intervention effectiveness, and socioeconomic determinants of program accessibility. In the United States, comprehensive strategies encompass evidence-based treatments, including cognitive-behavioral therapy, medication-assisted treatment, and an extensive rehabilitation infrastructure supported by federal funding mechanisms. Prevention efforts integrate school-based education programs, community coalitions, and digital health interventions targeting diverse demographic populations. Conversely, Sri Lanka's approach emphasizes culturally adapted interventions that incorporate traditional healing practices, religious community engagement, and family-centered treatment modalities, operating within resource-constrained healthcare systems. The analysis reveals that while the United States demonstrates superior technological integration and research-backed interventions, Sri Lanka's community-oriented approaches show promising outcomes in culturally specific contexts. Both nations face challenges in addressing alcohol-related morbidity and mortality, though through markedly different pathways. The United States prioritizes individualized treatment protocols and pharmaceutical interventions, whereas Sri Lanka leverages social networks and indigenous knowledge systems. Comparative examination indicates that effective cessation strategies require contextual adaptation rather than universal application. Policy transferability remains limited due to varying socioeconomic conditions, healthcare infrastructure, and cultural acceptance of alcohol consumption. Future interventions should integrate evidence-based practices with culturally responsive methodologies to optimize treatment outcomes across diverse populations.

Keywords: *Alcohol cessation, Prevention strategies, Community-Based intervention, cross-cultural comparison, public health interventions*

An Assessment on Cigarette Usage Among SIN Sailors: A Case Study of The Diving Unit

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Cigarette use undermines operational readiness in military settings, with divers facing specific risks due to the physiological demands of underwater tasks. This study explored the prevalence, causes, and policy implications of cigarette smoking among sailors in the Sri Lanka Navy Diving Unit. A descriptive cross-sectional survey of 100 divers from various naval commands employed a structured, bilingual questionnaire to collect data on demographics, smoking history, price sensitivity, access to foreign cigarettes, stress levels, peer influence, and awareness of health risks; both descriptive and inferential statistics were applied. Current smoking was reported by 87% of respondents, with higher daily intake in Western and Southern commands. 68% reported switching from premium brands to cheaper alternatives after price increases, while 55% indicated increased consumption linked to the easy availability of untaxed foreign cigarettes through interactions with foreign ships at coastal bases. Peer norms (43%) and occupational stress (57%) were key drivers, and stress showed a moderate positive correlation with smoking frequency ($r = 0.47$). Despite 78% recognizing health risks, only 26% attempted to quit within the past year. The results suggest that individual knowledge alone is insufficient to alter behavior when environmental access and occupational pressures remain. Targeted, military-specific interventions are necessary, including stricter control of foreign cigarette imports at ports, customized education programs for divers, enhanced cessation support integrated with mental health and stress management services, and leadership-driven culture change to reduce tobacco use and improve force readiness.

Keywords: Cigarettes, Naval divers, Sri Lanka Navy, Smoking behavior, Military health

Media, Marketing, and the Social Construction of "Cool": Influence on Urban Youth Substance Use in Sri Lanka

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This study investigates how media and marketing contribute to making the use of tobacco and alcohol appear "cool" among urban youth in Sri Lanka. Grounded in social constructionist theory, it explores how targeted advertisements, social media content, and popular media shape youth attitudes toward substance use. The research focuses on urban youth aged 15 to 24 across several metropolitan and semi-urban areas, including but not limited to Colombo, to acknowledge geographic diversity and reduce location-based limitations. A hybrid research approach was adopted, combining a survey of 100 young individuals with two focus group discussions. The study examines media consumption patterns, peer influence, brand perception, and early experiences with tobacco and alcohol. Media content was also analyzed to identify how these substances are framed as symbols of independence, trendiness, and social success. Findings suggest a strong connection between media exposure and positive attitudes toward substance use. Youth frequently associated smoking and drinking with feelings of confidence, freedom, and social inclusion. Influencer-driven marketing and aspirational digital imagery were especially effective in shaping attitudes. Additionally, the study highlights how increased digital engagement, particularly on platforms like Instagram and TikTok, is not only a source of exposure but often reinforces consumption behavior. A noteworthy pattern emerged: individuals who consumed more alcohol or tobacco tended to be more active on social media, posting images or content that aligned with a curated "cool" identity. The study concludes that digital media plays a significant role in normalizing and glamorizing substance use among urban youth. It recommends targeted interventions, such as culturally sensitive media literacy programs, stricter regulations on digital advertising, and awareness campaigns focused on unpacking the constructed meanings of "cool" in online spaces.

Keywords: *Urban Youth, Substance Use, Social Media, Digital Marketing, Social Constructionism*

Compliance with Smoking Cessation efforts and Behavioral Response in Sri Lankan Smokers

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Despite widespread awareness of smoking's health risks, compliance with smoking cessation advice remains low. This study assesses compliance with cessation efforts, focusing on exposure to media messages and advice received from healthcare providers in Sri Lanka.The study involved 360 adult male daily smokers from the Colombo district, Sri Lanka. Smokers were randomly selected to participate in the study. Data was collected using an interviewer-administered questionnaire that covered smoking behaviors, exposure to anti-smoking media, and healthcare advice regarding smoking cessation. Compliance was determined by evaluating smokers' responses to cessation events and their interaction with healthcare providers.The study revealed that 99.2% (n=357) of smokers expressed a willingness to quit smoking, with 89.2% (n=321) having made previous unsuccessful attempts to quit on their own. However, 44.2% (n=159) of smokers visited a primary care doctor in the past year, and only 33.3% (n=50) received smoking cessation advice. A significant percentage of smokers (93.3%, n=336) reported exposure to anti-cigarette messages in newspapers, and 94.7% (n=341) had seen similar messages on television. Additionally, 97.6% (n=337) of smokers had noticed health warnings on cigarette packs, and 61.4% (n=221) stated that these warnings positively influenced their attitude towards quitting. However, 10.8% (n=39) had seen cigarette advertisements in retail stores, and 10.6% (n=38) had received promotional offers from tobacco companies in the past year. Financial factors were also significant, with 91.9% (n=331) of smokers purchasing loose cigarettes, suggesting that economic constraints play a role in smoking behavior. While most smokers are motivated to quit and have made self-efforts to do so, the low level of compliance with healthcare advice and the limited success of self-initiated

quit attempts highlight the need for more structured healthcare interventions and robust cessation programs. Additionally, the influence of anti-smoking media is positive, but the presence of cigarette advertisements and promotional materials remains a barrier. Increased healthcare provider engagement and stronger anti-smoking campaigns are essential to improve smokers' compliance and increase their success in quitting.

Keywords: Smoking cessation, compliance, tobacco addiction, media influence, healthcare guidance, Sri Lanka

A Comparative Analysis of Respiratory Health and Pulmonary Function Between Adult Male Cigarette Smokers and Non-Smokers in Sri Lanka

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Cigarette smoking has long been identified as a major cause of diminished lung function and an increase in respiratory symptoms globally. Despite this well-established connection, there is a lack of research exploring the specific impact of smoking intensity on lung volumes, particularly in South Asia. This study investigates the prevalence of respiratory symptoms and changes in pulmonary function among cigarette smokers and compares these to non-smokers in Sri Lanka. It fills a critical gap in the literature, being the first study focused on lung function specifically among smokers in Sri Lanka. The study involved 360 adult male daily smokers and 180 non-smokers from the Colombo district, Sri Lanka. The two groups were matched based on age, height, and weight. Data on socio-demographics, smoking behavior, and clinical respiratory symptoms were gathered using a questionnaire. Pulmonary function was assessed using a Medikro® Pro spirometer, measuring variables such as Forced Vital Capacity (FVC), Forced Expiratory Volume in 1 second (FEV1), FEV1/FVC ratio, Peak Expiratory Flow (PEF), and Forced Expiratory Flow between 25% and 75% of FVC (FEF 25-75%). The Brinkman Index was calculated by multiplying the number of cigarettes smoked per day by the number of years the individual has been smoking, providing a measure of the cumulative exposure to tobacco smoke. The study revealed that smokers had a significantly higher prevalence of respiratory symptoms than non-smokers. Furthermore, smokers exhibited lower values for FVC, FEV1, FEV1/FVC, PEF, and FEF 25-75%. A negative correlation was found between smoking duration and lung function values, including FVC, FEV1, FEV1/FVC, PEF, and FEF 25-75%, as well as with the Brinkman Index. Multiple regression analysis showed that smoking significantly contributed to the deterioration of pulmonary function. This

study highlights the harmful impact of continuous smoking on lung function and respiratory health. Early strategies aimed at reducing tobacco use are recommended to mitigate these adverse effects.

Keywords: Cigarette smoking, Pulmonary function, Brinkman Index

Identification of Psychological Well-being of Individuals to Avoid Consumption of Tobacco & Alcohol

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It is important to highlight that excessive consumption of alcohol and tobacco by Sri Lankan citizens has become a significant challenge in various ways for the country. On the other hand, it has become a threat to the country's national security in terms of health, human, social, and economic security. Further, there are responsible stakeholders available in Sri Lanka to prevent the consumption of alcohol and tobacco by the citizens. However, it has been observed that understanding the root causes of addiction and consumption of alcohol and tobacco has not been studied properly in the Sri Lankan context. Additionally, mental well-being is a human right, and as a member state of the UN, Sri Lanka also acknowledges it. The primary objective of the study is to understand why individuals are addicted to the consumption of tobacco and alcohol, and the second objective of the study is to examine the self-understanding of individuals and their peers' psychological health status while addicted to tobacco and alcohol. The third objective of the study is to forward recommendations to identify vulnerable communities. This study uses a qualitative research methodology and uses primary and secondary data. The key respondents were selected using the purposive sampling method, and primary data were collected through interviews with respondents from various clusters. A triangulation strategy was employed to enhance the validity and reliability of the research findings. The study has found that poverty, sexual weaknesses, rejection by the sexual partner, peer influence, and job stresses are the most impacted causes for addiction to alcohol and tobacco. Also, explored that respondents from various clusters believe that victims are addicted due to their poverty, sexual weaknesses, peer influence, rejection by their sexual partner, and job stresses. Importantly, the study has identified that there is a gap in understanding the causes why they are suffering from poverty, sexual weaknesses, rejection by their sexual partner, and job stresses. Importantly, the study has examined that gap and the main root cause for poverty, sexual weaknesses, trap with peer influence, rejection by the sexual partner, and job stresses is the unhealthy psychological status of the victim. Further, unhealthy psychological status widely impacts middle-income and middle-agers with domestic issues, leading to addiction to alcohol and tobacco rather than illicitly produced synthetic opioids or narcotic drugs. In addition, the study has explored that not identification of

the main root cause is due lack of knowledge on the psychological well-being of victims and peers. On the other hand, it is fueling the identified gap of the study, and psychologically unstable individuals are influenced by themselves and their peers' addiction to alcohol and tobacco. In order to close the research gap as identified main root cause, the study recommends expanding the conduct of community awareness programmes on psychological health and increasing the number of treatment centers, including the generalization of people obtaining psychological treatments and therapies. Also, recommend empowering individuals to avoid addiction to alcohol and tobacco by improving psychological well-being while addressing the social issues of curtailed access to psychological treatments and therapy. Further recommends that poverty can be avoided and decreased by putting mental wellness and prevention strategies into place. Finally, the study recommends that responsible stakeholders establish a sound mechanism to empower vulnerable communities by monitoring linkage with poverty status, psychological well-being, and addiction to alcohol & drugs.

Keywords: Psychological Well-being, Awareness, Peers, Root causes

Prevention and Termination of Tobacco and Alcohol Use in Sri Lanka

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Tobacco smoking and alcohol consumption in Sri Lanka has been a major public health concern for decades and has been calling for an increase in Non-Communicable Diseases (NCDs), including cancer, cardiovascular disease and liver disease. This overview gives a description of tobacco and alcohol consumption in Sri Lanka. Excessive alcohol use in urban and rural population groups are 13% of men and 3% of women reporting regular alcohol use. Peer and media availability are highly dependent on luck, and peer and possess a strong predictor on the front line among youth. Tobacco and alcohol consumption are central risk factors of NCD, contributing to over 70% of Sri Lanka's total death rate. Alcohol as a result of smoke-related diseases such as lung cancer and chronic obstructive pulmonary disease (COPD), and liver disease and road accidents. Sri Lanka has enforced many guidelines, examples, tobacco bans, public smoking and alcohol taxation. Enforcement is weak and bans on advertising are practically insufficient to counteract the increased consumption. Governments must have more robust system to implement pertinent legislation and prohibit the sale of alcohol and tobacco to youth. Other national public health campaigns address alcohol and tobacco use risks among youth and high-risk groups via mass media and communities. This can be done through additional helplines, subsidies for nicotine replacement therapy, and health system staff training in cigarette and alcohol support methods. Interventions involving local managers and medical personnel can play a crucial part in driving tobacco and alcohol in remote areas. Interventions should impact sociocultural and social meaning for use. Prevention and control of alcohol and tobacco consumption in Sri Lanka require intersectoral action based on evidence regarding social, economic and cultural determinants. Action is being taken, but efforts must restore access to politics, public health education and suspension programs. Intersectoral approaches in which all segments of society, health care and employment engage individuals to reduce tobacco and alcohol-related morbidity and improve overall population well-being.

Key words: Intersectoral, Legislation, Nicotine Replacement Therapy, Non-Communicable Diseases, Risk factors

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අන්තරායකර ඖෂධ පාලක ජාතික මණ්ඩලය විසින් මත්ද්‍රව්‍ය දුර්භාවිත අක්‍රමතා සඳහා ප්‍රතිකාර ලබාගැනීමට ප්‍රතිකාර සහ පුනරුත්ථාපන මධ්‍යස්ථාන සඳහා ඇතුළත්වන සේවාලාභීන්ගේ තොරතුරු ඇතුළත් මත්ද්‍රව්‍ය දුර්භාවිත දත්ත පද්ධතියක් යාවත්කාලීනව පවත්වාගෙනයනු ලැබේ. ඒ ආශ්‍රිත දත්ත විශ්ලේෂණය කරමින් මාසික, කාර්තුමය සහ වාර්ෂික වාර්තා සැකසීම, ප්‍රවණතා හඳුනාගැනීම, එම අනාවරණ හරහා මත්ද්‍රව්‍ය පාලන වැඩසටහන් සැලසුම් කිරීම සහ ප්‍රතිපත්ති සම්පාදනයට අවශ්‍ය නිර්දේශ ඉදිරිපත් කිරීම සිදුකරනු ලැබේ. මෙහි මුඛ්‍ය පරමාර්ථය වූයේ ප්‍රතිකාර සේවාවන් සඳහා ඇතුළත්වන මත්ද්‍රව්‍ය භාවිතා කරන පුද්ගලයන්ගේ දුම්කොළ සහ මද්‍යසාර භාවිතය ආශ්‍රිත පසුබිම ආනාවරණය කර ගැනීමය. 2024 වර්ෂයේ මත්ද්‍රව්‍ය දුර්භාවිත දත්ත පද්ධතියට වාර්තාවී ඇති සම්පූර්ණ සේවාලාභීන් සංඛ්‍යාව 3140ක් විය. ඔවුන්ගේ දුර්භාවිත මත්ද්‍රව්‍ය අතර දුම්කොළ ආශ්‍රිත නිෂ්පාදන (දුම්වැටි), මද්‍යසාර, ගංජා, හෙරෝයින්, මෙතැම්පිටමීන්, ඖෂධමය පෙතිවර්ග, කොකේන්, එක්ස්ටසි, එල්. එස්. ඩී. හෂීස්, අබිං, මදනමෝදක, බබුල් යනාදිය ප්‍රධාන විය. මේ අතුරින් සේවාලාභීන් 1855ක් (59%) මුල්වරට භාවිතාකර තිබුණේ දුම්වැටි විය. මුල්වරට මද්‍යසාර 790ක් (25%) භාවිතාකර තිබුණි. ඒ අනුව සෙසු මත්ද්‍රව්‍ය වලට සාපේක්ෂව බහුතර පිරිසක් මුල්වරට භාවිත කර තිබූ මත්ද්‍රව්‍ය වූයේ දුම්වැටි සහ මද්‍යසාර විය. දුම්වැටි සඳහා මුල්වරට යොමු වීමේ සාමාන්‍ය වයස් ප්‍රමාණය අවුරුදු 19ක් විය. මධ්‍යසාර සඳහා එය අවුරුදු 24කි. දුම්කොළ සහ මධ්‍යසාර භාවිතයට යොමු වීම සඳහා මුලින්ම බලපෑම් කර තිබූ කරුණු අතර සම වයස් මිතුරු බලපෑම, ගැටලුකාරී තත්ත්වයන්ට මුහුණ දීම, විනෝදාස්වාදය, ලිංගික උද්දීපනය, අත්හදා බැලීම, දැඩි ආශාව, මත්ද්‍රව්‍ය අලෙවිය යනාදී හේතු මූලිකව බලපා තිබුණි. පසුකාලීනව දුම්කොළ ආශ්‍රිත නිෂ්පාදන භාවිතය ප්‍රමාණවත් නොවීම මත වෙනත් මත්ද්‍රව්‍ය වෙත විතැන්වීම, දුම්වැටි සමඟ දැඩි මත්ද්‍රව්‍ය භාවිතයට යොමු වීම, දුම්වැටි ඇබ්බැහිය සඳහා ප්‍රතිකාර ලබාගැනීමේ ප්‍රවේශය ඉතා අවමවීම සහ මධ්‍යසාර සඳහා යම් ප්‍රතිකාර ප්‍රවේශයක් පවතිනබව නිරීක්ෂණය විය. මෙම දත්ත විශ්ලේෂණය ඇසුරින් නිගමනය වන්නේ දුම්කොළ සහ මද්‍යසාර සමස්තයක් ලෙස මත්ද්‍රව්‍ය භාවිත කරන පුද්ගලයන්ගේ ප්‍රාථමික මත්ද්‍රව්‍ය ලෙස භාවිතවී ඇති බවය.

මුඛ්‍ය පද - දුම්කොළ සහ මද්‍යසාර, මත්ද්‍රව්‍ය දුර්භාවිත දත්ත පද්ධතිය, දොරටු මත්ද්‍රව්‍ය, සම වයස් මිතුරු බලපෑම, අත්හදා බැලීම

Addressing Tobacco and Alcohol Consumption Among Men Through the Health Promotion Intervention by Using the Children in Wellaragama Village in Anuradhapura District

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Tobacco and alcohol consumption are major health concerns globally, as well as in Sri Lanka. According to the National Authority on Tobacco and Alcohol (NATA) and the ADIC survey, 60 people and 40-50 people die daily, respectively, due to tobacco consumption and alcohol consumption. Addressing tobacco and alcohol is crucial with users, especially with men. Therefore, this study aimed to address tobacco and alcohol consumption among men through the children in *Wellaragama* village in Anuradhapura district using a community-based health promotion intervention. Men were the target group. The intervention was initiated with the children and was later extended to men. Determinants of tobacco and alcohol consumption were identified by the community with the facilitation and then prioritized after several discussions with them using numbering methods. Prioritized determinants were a lack of knowledge about the harm of tobacco and alcohol consumption, mental health changes, such as stress, anxiety, and attraction towards tobacco and alcohol. Community-designed activities were implemented to address the prioritized determinants together with community-driven tools. The "Happiness calendar" enabled families to monitor daily changes in family happiness when the father consumed alcohol. The *"Leda roga avadanam calendar (disease risk calendar)"* served as a monthly reminder of the health risks associated with tobacco and alcohol consumption. Children created *"Ithurum Kate"* with their fathers. Fathers tried to save money by reducing tobacco and alcohol consumption. Discussions were conducted with the children to understand the industrial strategies used in cartoons by the tobacco and alcohol promoting companies. According to the feedback of men and children, knowledge about the harm of tobacco and alcohol improved among children and men, and children's attraction towards tobacco and alcohol decreased. Men reported financial savings due to reduced use. The health promotion intervention showed that children can play an active role as change agents to easily reach out and address prioritized determinants of tobacco and alcohol consumption among men.

Key words : Health Promotion, children, determinants, consumption

Influencing Smokeless Tobacco Use Behavior Among Villagers by Empowering Adolescents: Findings from A Community-Based Intervention.

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Sri Lanka was one of the top ten countries with the highest rates of smokeless tobacco use, causing cancers of the lips, oral cavity and pharynx. The most common form of smokeless tobacco use in Sri Lanka is as an ingredient of betel quid. The intervention aimed to change smokeless tobacco use behavior among villagers by empowering adolescents through a community-based intervention. The intervention was conducted for one year with a children's society of forty-two children aged between 11-16 years in Katupotha village. Children were guided to identify determinants for smokeless tobacco consumption among villagers through a series of engaging discussions. They prioritized determinants as a group, considering the level of influence, level of importance to change and level of ease to change. Peer influence, not being aware of harm and the availability of tobacco readily at home were the prioritized determinants. Children were facilitated to engage in activities such as distinguishing the facial appearance of tobacco users versus nonusers and calculating the cost of using smokeless tobacco in their village/households. They also developed and used tools together with the activities conducted to address determinants. The tool "*Vita malla salli karamu*" was used by children to calculate the daily cost of betel chewing in their families. They acquired skills to change the attitudes of users by showing the real harm of smokeless tobacco. Children also created posters on the harmfulness of tobacco consumption and displayed them at public places in the village. Forty-two children actively participated in the intervention. Thirty-four children out of forty-two used "*Vita malla salli karamu*" tool in their families. Twenty-eight children reported that the daily cost of tobacco chewing in their families was reduced following the intervention. They claimed that they had used that money for other purposes, such as buying stationery and food. This study showed that empowering adolescents through a community-based health promotion intervention changed smokeless tobacco use behavior among their family members and villagers.

Key words: Adolescents, Smokeless tobacco

An Analysis of E-Cigarette Sales and Marketing Strategies on Social Media Platforms in Sri Lanka.

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Despite the legal ban on selling e-cigarettes (*THE NATIONAL AUTHORITY ON TOBACCO AND ALCOHOL ACT, No. 27 OF 2006*) in Sri Lanka, these products continue to be widely available and easily accessible through e commerce sites and social media platforms. This investigative study aimed to examine the social media platforms which are used to sell e-cigarettes such as Facebook, Instagram, Tik Tok, YouTube, and various e-commerce websites and their marketing strategies. Data was collected through systematic search of these media platforms and analyzed to assess product availability, price ranges, ingredient transparency, accessibility, and enforcement of age restrictions. The findings of this research reveal that social media platforms such as Facebook, Instagram and e-commerce sites serve as key marketplaces, with vendors using direct messaging and third-party apps like WhatsApp to finalize transactions. Tik Tok and YouTube are predominantly used for promotional content of local stores. Most sellers offer island-wide cash-on-delivery services, bypassing traditional retail scrutiny and regulatory enforcement. Age verification is mostly absent or inconsistently enforced, thus making e-cigarettes easily accessible to underage users. A wide variety of disposable and refillable electronic nicotine and non-nicotine delivery systems, accessories, and flavored nicotine liquids are available at competitive prices. As in conclusion these factors, combined with more attractive packaging, promotions on social media and the normalization of vaping in online communities which are created on face book have contributed to the growing popularity of e-cigarettes, especially among young Sri Lankans. The study highlights the urgent need for stronger regulatory monitoring of digital spaces to curb the illegal promotion and distribution of e-cigarettes.

Key words: e-cigarettes, social media platforms, Sri Lanka

A Study of Alcohol Consumption Expectancies among Alcohol Consumers

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According to the World Health Organization, alcohol use is responsible for the deaths of 2.6 million people worldwide annually, as well as the physical impairments and general ill health of millions more. Overall, 4.7% of the world's burden of disease is due to the harmful use of alcohol. People use alcohol while maintaining certain expectancies, as stated by the theories of alcohol expectancies. Studies should be carried out in this instance to determine the expectancies associated with alcohol use. Understanding the expectancies of alcohol usage helps identifying the perceptions and attitudes of those who use alcohol. This research aimed determines the expectancies of alcohol consumption. This study is part of a research focused on expectancies related to drug consumption. Using the purposive sampling technique, 10 people with a history of alcohol use were added to the 40-person sample of the main study. The research employed a structured questionnaire along with in-depth interview techniques for data collection. Expectancies regarding alcohol use were found to be associated with a range of life activities, entertainment, and alcohol, as well as sexuality, social background and social interaction, emotions, moods, and physical health of the individual. After consuming alcohol, nine (90%) people agreed that one might experience pleasant feelings. Eighty percent (8) of participants agreed that they were drawn to the opposite sex after consuming alcohol. Seventy percent of respondents agreed that consuming alcohol is a nice way to spend holidays. The majority (90%) of respondents agreed that alcohol tastes sweet. The research revealed several negative expectancies, including violence, anxiety, uncontrollable actions, aggression, and shyness. It can be concluded that alcohol users have both positive and negative expectancies about alcohol consumption. It is also possible to draw the conclusion that positive expectations of alcohol consumption encompass everything from sexuality to life activities.

Keywords- Alcohol, anxiety, expectancies, sexuality, violence

පුද්ගලයින්ගේ මද්‍යසාර භාවිතය පවුල් සංස්ථාව කෙරෙහි සිදු කරනු ලබන බලපෑම පිළිබඳ බුදුදහම ඇසුරින් විශ්ලේෂණාත්මක අධ්‍යයනයක්

කේ.ඒ.ඩී මධුශානි [1] , ඩී.එම්. රාජපක්ෂ [2]

1. අන්තරායකර ඖෂධ පාලක ජාතික මණ්ඩලය, ශ්‍රී ලංකාව

2. රුහුණු විශ්වවිද්‍යාලය, ශ්‍රී ලංකාව

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බුදුන්වහන්සේ ගිහි ශ්‍රාවකයන් ආමන්ත්‍රණය කරන ප්‍රධාන සූත්‍ර වල මද්‍යසාර හා මත්ද්‍රව්‍ය භාවිතයේ අහිතකර ප්‍රතිඵල ගැන සඳහන් කර ඇති අතර එම මත්ද්‍රව්‍ය භාවිතයෙන් වැළකීම සඳහා අවශ්‍ය පියවර ගැනීමට උපදෙස් ලබා දී ඇත. මත්ද්‍රව්‍ය භාවිතය පුද්ගලයෙකුගේ කායික හා මානසික පැවැත්මට බලපෑම් ඇති කරන බව පර්යේෂණ අධ්‍යයන හරහා ද අනාවරණය කර ඇත. ඒ අනුව පුද්ගලයින්ගේ මද්‍යසාර භාවිතය හේතුවෙන් පවුලට ඇති වන බලපෑම හඳුනා ගැනීම සඳහා මෙම අධ්‍යයනය සිදු කිරීම ප්‍රධාන අරමුණ විය. අධ්‍යයනය සඳහා මිශ්‍ර පර්යේෂණ ක්‍රමවේදය භාවිත කරන ලදි. පර්යේෂණ ක්ෂේත්‍රය ලෙස බස්නාහිර පළාතේ කොළඹ දිස්ත්‍රික්කයේ ශ්‍රී ජයවර්ධනපුර කෝට්ටේ ප්‍රාදේශීය ලේකම් කොට්ඨාශයේ මද්‍යසාර භාවිත පුද්ගලයින් සිටින පවුල් 50 ක් අරමුණු සහගත නියැදි ක්‍රමය යටතේ තෝරාගෙන ඇත. දත්ත රැස් කිරීම සඳහා ප්‍රශ්නාවලිය, ගැඹුරු සම්මුඛ සාකච්ඡා ක්‍රමය, නිරීක්ෂණ ක්‍රමය හා බෞද්ධ ප්‍රාථමික මූලාශ භාවිත කර ඇත. ද්විතීයික මූලාශ්‍ර ලෙස සාහිත්‍ය විමර්ශනය සඳහා සපයා ගන්නා ලද මූලාශ්‍ර පරිශීලනයෙන් දත්ත ලබාගෙන ඇත. SPSS මෘදුකාංග ක්‍රමය භාවිත කරමින් ප්‍රමාණාත්මක දත්ත විශ්ලේෂණය කර ඇත. තේමාත්මක අන්තර්ගත විශ්ලේෂණ ක්‍රමය යටතේ ගුණාත්මක දත්ත විශ්ලේෂණය කර ඇත. මද්‍යසාර භාවිතය ද පවුල තුළ විවිධ ගැටලු ඇති වීමට හේතු වී තිබේ. අධ්‍යයන නියැදියේ පුද්ගලයින් 50 දෙනාගෙන් පුද්ගලයින් 28 (56%) ක් මද්‍යසාර භාවිතය නිසා තම පවුල සමඟ පැවති ධනාත්මක සබඳතා වලින් ඈත්වීමත්, පුද්ගලයින් 22 (44%) ක් මද්‍යසාර භාවිත කළ ද පවුල් සබඳතා අඛණ්ඩව පවත්වා ගනිමින් කටයුතු කර ඇති බවත්, පුද්ගලයින් 28 (56%) ක් පවුලේ සාමාජිකයින් සමඟ නිතර නිතර ගැටුම් ඇති කරගෙන තිබූ බවටත් තොරතුරු අනාවරණය විය. මද්‍යසාර භාවිතය හේතුවෙන් දරුවන් හා දෙමාපියන් අතර දුරස්ථභාවයක් වර්ධනය වීම, දරුවන්ට ලැබිය යුතු ආදරය, රැකවරණය හා සමාජ ආරක්ෂාව ද නොලැබී තිබේ. මද්‍යසාර භාවිතය හේතුවෙන් නිසි ලෙස අඛණ්ඩව රැකියාවට නොයෑම හෝ විනය විරෝධී හැසිරීම් හේතුවෙන් රැකියාව අහිමි වීම වැනි තත්ත්වයන් ද වර්ධනය වී ඇත. තවද නීතිමය ගැටලු වලට මුහුණ පෑමට සිදුවීම නිසා පවුල තුළ මූල්‍යමය දුෂ්කරතා ද ඇතිවී තිබේ. පවුල තුළ පැවතිය යුතු පෝෂණය, රැකවරණය, ආර්ථික සුරක්ෂිතභාවය, සෞඛ්‍ය, අධ්‍යාපනය හා පවුලේ සමාජයීය තත්ත්වය වැනි සාධක කෙරෙහි බලපෑමක් ඇති කරන ආකාරය අධ්‍යයනය තුළ දී අනාවරණය විය. බුදුදහමෙහි සිඟාලෝවාද සූත්‍රය තුළින් පවුලට ඇති විය හැකි බලපෑම් මෙන්ම මත්වීම නිසා ඇතිවන අකුසල විපාක දක්වා ඇත. එම සූත්‍රයෙහිම ධනය නාස්ති කිරීමේ හෝ නාස්ති වීමේ ක්‍රම භයක් දක්වා ඇත. එම අකුසල විපාක ආර්ථික, සෞඛ්‍ය සහ

සමාජයීය පැතිකඩයන්ට බලපාන ආකාරය පැහැදිලි කරයි. ඒඅනුව මද්‍යසාර භාවිතයට පුද්ගලයා යොමුවීම තුළින් පවුලට සහ සමස්ථ සමාජයේ සමතුලිතතාවය බිඳදැමීමට හේතු වන බව නිගමනය කළ හැකිය.

ප්‍රමුඛ පද : මද්‍යසාර, ඇබ්බැහිය, පවුල, බුදුදහම

1948 දුරකථන මනෝ උපදේශන සේවයේ ප්‍රගතිය පිළිබඳ පසු විපරම් ඇමතුම් ආශ්‍රයෙන් විශ්ලේෂණය

ඩී.ජී.එන්.එල්. චන්ද්‍රරත්න
දුම්කොළ හා මධ්‍යසාර පිළිබඳ ජාතික අධිකාරිය

දුම්කොළ හා මධ්‍යසාර භාවිතය යනු වර්තමානය වන විට ශ්‍රී ලංකාව පමණක් නොව මුළු මහත් ලෝකයම මුහුණ දෙන ගැටලුවක් බවට පත්වී ඇත. මේ වන විට ලෝකයේ අති බහුතර ජනතාවක් රෝගීන් බවට පත් කරන හා මරා දමන දෙවන ප්‍රධාන සාධකය දුම්වැටි භාවිතය වන අතර මධ්‍යසාර භාවිතය එහි පස්වන ස්ථානය හිමිකර ගන්නා බවට ලෝක සෞඛ්‍ය සංවිධානයේ(WHO) සමීක්ෂණ වාර්තා පෙන්වා දෙයි. දුම්කොළ හා මධ්‍යසාර භාවිතා කරන්නන් කායිකව, ආර්ථිකව මෙන්ම සමාජයීය වශයෙන් ද දිනෙන් දින පිරිහීමට ලක්වේ. නමුත් විශේෂම කරුණ වන්නේ මෙකී දුම්කොළ හා මධ්‍යසාර භාවිතය මානසික සෞඛ්‍ය කෙරෙහි ඇති කරන්නා වූ අයහපත් බලපෑමයි. දුම්කොළ හා මධ්‍යසාර පිළිබඳ ජාතික ප්‍රතිපත්ති සම්පාදනය කිරීම, නව නීති රෙගුලාසි පැනවීම, දුම්කොළ හා මධ්‍යසාර යන දෙවර්ගයෙහි ආදීනව පිළිබඳ ව ජනතාව තුළ අවබෝධය වැඩි කිරීමට සහ දුම්කොළ හා මධ්‍යසාර ව්‍යසනයෙන් සමාජය මුදා ගැනීම යන අරමුණු පෙරදැරිව දුම්කොළ හා මධ්‍යසාර පිළිබඳ ජාතික අධිකාරිය පිහිටුවා ඇත. "1948" දුරකථන මනෝ උපදේශන සේවය යනු අධිකාරියෙහි මෙකී දුම්කොළ හා මධ්‍යසාර නිවාරණය හා වැළැක්වීමෙහි ලා ආරම්භ කර ක්‍රියාත්මක කරගෙන යනු ලබන ව්‍යාපෘතියකි. 1948 දුරකථන මනෝ උපදේශන සේවයට දිනකට ලැබෙන දුරකථන ඇමතුම් සඳහා පුහුණුව ලත් මනෝ උපදේශකවරුන් පැය විසිහතර පුරාම දුරකථනය හරහා උපදේශනය ලබා දෙනු ලැබේ. දිනකට ඇමතුම් 50 ක පමණ ප්‍රමාණයක් ලැබෙන අතර සේවාලාභියා ද, සේවාලාභියාගේ සමීපතමයෙකු හෝ වෙනත් උපදේශන සේවා ද, වෙනත් සේවාවන් ද ලබා ගැනීමේ අරමුණෙන් අමතන අයවලුන් ද වශයෙන් ඇමතුම් ලබාගන්නා ප්‍රජාව වෙන් කර දැක්විය හැකිය. මෙහිදී බුලත් විට, දුම්වැටි හා මධ්‍යසාර භාවිතයට ඇබ්බැහි වී ඇති ඉන් මිදීමේ අවශ්‍යතාවය තිබෙන උපදේශනලාභීන්ට උපදේශනය ලබාදෙනු ලැබේ. 2023 වර්ෂයේ අප්‍රේල් මාසයේ සිට 2025 වර්ෂයේ මැයි මාසය දක්වා ලැබුණු සම්පූර්ණ ඇමතුම් ප්‍රමාණය 7049 ක් වන අතර එම වර්ෂයන්වල දී උපදේශලාභීන් 1404 දෙනෙකු සඳහා උපදේශනය ලබා දී තිබේ. උපදේශනය ලබා ගත් උපදේශනලාභීන් හට උපදේශනය ලබාගෙන සති දෙකේ සිට මාසය දක්වා කාලය තුළ සහ ඉන් පසුවද අවශ්‍ය වූ විට නැවතත් යනුවෙන්ද ඔවුන් අමතා ඔවුන් දුම්කොළ හා මධ්‍යසාර කෙරෙහි ඇතිකරගෙන තිබූ ඇබ්බැහිය පාලනය කරගෙන හෝ සම්පූර්ණයෙන් නවතාගෙන ඇත්දැයි සොයා බැලීමට පසු විපරම් දුරකථන ඇමතුම් ලබා ගැනීමේ ක්‍රමවේදයක් ද ක්‍රියාත්මක වේ. 2024 වර්ෂයේ සිට 2025 වශයෙන් මැයි මාසය දක්වා එලෙස ලබාගත් පසු විපරම් ඇමතුම් ප්‍රමාණය 310 ක් වන අතර ප්‍රදේශනය ලබාගෙන භාවිතය සම්පූර්ණයෙන් නවතාගෙන ඇති උපදේශනලාභීන් ගණන 69 ක් වේ. භාවිතය සම්පූර්ණයෙන් නවතා ගැනීමට නොහැකි වුව ද බොහෝ දුරට අඩු කරගත් උපදේශන ලාභීන් ගණන

125 කි. මෙම දත්ත ඇසුරෙන් නිගමනය කළ හැක්කේ දුම්කොළ හා මධ්‍යසාර භාවිතයට ඇබ්බැහි වූ පුද්ගලයන්ට සිය ඇබ්බැහියෙන් මිදී මෙවා භාවිතය නවතා ගැනීමට අවශ්‍යතාවය ඇති නමුත් ඒ සඳහා කුමක් කළ යුතු ද සහ සහාය ලබා ගන්නේ කාගෙන්ද යන කරුණු පිළිබඳව අවබෝධයක් නොමැති බැවින් නොමිලේ සැපයෙන 1948 දුරකථන මනෝ දේශන සේවය මගින් ඇබ්බැහිගත ප්‍රජාව ඉන් මුදවා ගැනීමට හැකි වී ඇති බවත් ය.

මුඛ්‍ය පද - **මනෝ උපදේශය, දුම්කොළ නිවාරණය, මද්‍යසාර නිවාරණය**

ශ්‍රී ලංකාවේ දුම්කොළ, දුම්වැටි සහ මධ්‍යසාරවලට ඇබ්බැහි වූවන්ගේ ප්‍රදේශ අනුව අධ්‍යයනයක්

මල්කාන්ති ජී.ආර්.

දුම්කොළ හා මධ්‍යසාර පිළිබඳ ජාතික අධිකාරිය

දුම්කොළ හා මධ්‍යසාර පිළිබඳ ජාතික අධිකාරියේ (1948) ක්ෂණික දුරකථන ඇමතුම් අංකය වෙත ලැබෙන දුරකථන ඇමතුම් පදනම් කරගෙන දුම්කොළ, දුම්වැටි සහ මධ්‍යසාර වෙත ඇබ්බැහි වූ උපදේශනලාභීන්ගේ ප්‍රදේශ අනුව මෙම අධ්‍යයනය සිදු කර ඇත. එහිදී දත්ත රැස් කිරීම සඳහා 1948 ක්ෂණික දුරකථන ඇමතුම් අංකය වෙත ලැබෙන සේවාලාභීන්ගේ ඇමතුම් සලකා බලන ලදී. සේවාලාභීන් වෙත මනෝ උපදේශනය සැපයීමේ දී විශේෂයෙන් ඔවුන් ජීවත් වන ප්‍රදේශය පිළිබඳ අවධානය යොමු කරන ලදී. ඒ අනුව 2024, 2025 වර්ෂයේ ජූනි මාසය දක්වා උපදේශනය ලබාගත් සේවාලාභීන් පළාත් සහ දිස්ත්‍රික්ක අනුව වර්ග කරමින් අධ්‍යයනය සිදුකරන ලදී. ඒ අනුව 2024 වර්ෂයේ මුළු උපදේශනලාභීන් ගණන 573 කි. ඉන් වැඩිම ප්‍රතිශතයක් බස්නාහිර පළාතෙන් 28% ක් වාර්තා වේ. දෙවනුව දකුණු පළාතෙන් 19.5% ක් ද, තෙවනුව මධ්‍යම පළාතෙන් 13% ක් ද, සිව්වනුව වයඹ පළාතෙන් 11% ක් ද, පස්වනුව උඋව පළාතෙන් 9.5% ක් ද, හයවනුව උතුරු මැද පළාතෙන් 9% ක් ද, හත්වනුනුව සබරගමුව පළාතෙන් 8.5% ක් ද, නැගෙනහිර පළාතෙන් 1.5% ක් ද වශයෙන් හඳුනාගත හැකිය. 2025 වර්ෂය ගත් විට ජනවාරි සිට ජූනි මාසය දක්වා මුල් මාස හය තුළදී උපදේශනලාභීන් 205 ක් වාර්තා විය. ඉන් වැඩිම එනම් 28.2% ක ප්‍රතිශතයක් බස්නාහිර පළාතෙන් ද, දෙවනුව 23 % ක ප්‍රතිශතයක් දකුණු පළාතෙන් ද, 12% ක ප්‍රතිශතයක් සබරගමුව පළාතෙන් ද, 10.2% ක ප්‍රතිශතයක් මධ්‍යම පළාතෙන් ද, 9% ක ප්‍රතිශතයක් වයඹ පළාතෙන් ද, 7.2% ක ප්‍රතිශතයක් උතුරු මැද පළාතෙන් ද, 7% ක ප්‍රතිශතයක් උඋව පළාතෙන් ද, 3.4% ක ප්‍රතිශතයක් නැගෙනහිර පළාතෙන් ද වාර්තා විය. වර්ෂ දෙකම සසඳන විට උපදේශනලාභීන් වැඩිම ප්‍රතිශතයක් පිළිවෙලින් බස්නාහිර සහ දකුණු පළාත්වලින් වාර්තා වී ඇත. අඩුම ප්‍රතිශතයක් වාර්තා වී ඇත්තේ නැගෙනහිර පළාතෙනි. වර්ෂ දෙක සසඳන විට උතුරු පළාතෙන් කිසිදු උපදේශනලාභියෙකු වාර්තා වී නැත. 2024 වර්ෂයට සාපේක්ෂව 2025 වශයෙන් මුල් කාර්තුව තුළ ලැබුණු ඇමතුම් ප්‍රමාණයේ යම් අඩු වීමක් හඳුනාගත හැකිය. එය සුභ නිමිත්තකි. එනම් 1948 උපදේශන ක්‍රියාවලියේ සාර්ථකත්වය සහ වෙනත් හේතු ඊට බලපාන්නට ඇතැයි විශ්වාස කළ හැකිය. විශේෂයෙන් ම මෙම අධ්‍යයනයට අනුව වැඩිම උපදේශනලාභීන් වාර්තා වන ප්‍රදේශ ඉලක්ක කර ගනිමින් සෞඛ්‍ය ප්‍රවර්ධන වැඩසටහන්, උපදේශන වැඩසටහන් ක්‍රියාත්මක කිරීමට යෝජනා සැකසිය හැකිය. ශ්‍රී ලංකාවේ දුම්වැටි, දුම්කොළ සහ මධ්‍යසාර භාවිතා කරන්නන් සඳහා වන රාජ්‍ය මට්ටමෙන් ක්‍රියාත්මක වන ප්‍රධානතම උපදේශන සේවාව ලෙස ඉතා හොඳ ඉහළ පිළිගැනීමක් ඇති බවත්, තව තවදුරටත් මෙම සේවය භෞතික හා මානව සම්පත වර්ධනය කිරීම සඳහා යොදා ගැනීමටත්, දුම්වැටි, දුම්කොළ සහ මධ්‍යසාර භාවිතය වැළැක්වීමට සක්‍රීයව දායක වීමට හැකි බව නිගමනය කළ හැකිය.

මුඛ්‍ය පද :- දුම්කොළ, දුම්වැටි, මධ්‍යසාර, උපදේශනය, උපදේශනලාභීන්

අධි අවදානම් කණ්ඩායම් අතර මද්‍යසාර සහ සිගරට් දොරටු රසාගඳ ලෙස භාවිතය සම්බන්ධයෙන් පවතින ප්‍රවණතා සහ වෙනත් අවදානම් වර්යාවන්

ජී.ජී.ඒ. මධුහංසි[1],ඒ.ටී දර්ශන[1], කේ.ඒ.ඩී. මධුශානි[1], කේ.ඩී.ඒ. රණසිංහ[1]
[1]අන්තරායකර ඖෂධ පාලක ජාතික මණ්ඩලය

ශ්‍රී ලංකාවේ මත්ද්‍රව්‍ය දූර්භාවිතය ආශ්‍රිත ප්‍රවණතා, භාවිත රටා මෙන්ම ඒ ආශ්‍රිතව පුද්ගලයින්ගේ වර්යාවන් කලින් කලට සන්දර්භයෙන් සන්දර්භයට වෙනස් වෙමින් පවති. එබැවින් අධි අවදානම් කණ්ඩායම් (සමරිසි පුරුෂයන්, වාණිජ ලිංගික වෘත්තියේ නියැලෙන කාන්තාවන්, බීච් බෝයිස් කණ්ඩායම, එච් අයි වී ඒඩ්ස් රෝගය සමග ජීවත්වන්නන්) අතර අලුතින් උද්ගත වන මත්ද්‍රව්‍ය භාවිත රටා සහ වර්යා සම්බන්ධයෙන් මෙම හරස්කඩ අධ්‍යයනය සිදුකර ඇත. එම අධි අවදානම් කණ්ඩායම් තුළ මද්‍යසාර සහ සිගරට් දොරටු රසාගඳ ලෙස භාවිතය සම්බන්ධයෙන් පවතින ප්‍රවණතා සහ වෙනත් අවදානම් වර්යාවන් අධ්‍යයනය කිරීම මෙහි අරමුණ වේ. මිශ්‍ර පර්යේෂණ ක්‍රමවේදය යටතේ කොළඹ දිස්ත්‍රික්කය තුළ හිමබෝල නියැදීම් ක්‍රමයට දත්ත දායකයින් 36 ක් නියැදිය සඳහා යොදාගත් අතර දත්ත රැස්කිරීමේ ශිල්ප ක්‍රම ලෙස, ප්‍රශ්නාවලි, ගැඹුරු සම්මුඛ සාකච්ඡා ක්‍රමය, සිද්ධි අධ්‍යයනය යොදා ගෙන ඇත. ප්‍රමාණාත්මක දත්ත SPSS මෘදුකාංගය භාවිත කරමින් විශ්ලේෂණය කර ඇති අතර ගුණාත්මක දත්ත තේමාත්මක අන්තර්ගත විශ්ලේෂණය අනුව විශ්ලේෂණය කරන ලදි. අධ්‍යයනයේ අනාවරණ අනුව, නියැදියට අයත් පුද්ගලයින්ගෙන් 69.44 % ක්(25) මුල්වරට මද්‍යසාර හෝ සිගරට් භාවිත කර ඇත. ඒ අනුව, මද්‍යසාර භාවිතා කරන ලද 11 ක්, සිගරට් සහ දුම්කොළ ආශ්‍රිත නිෂ්පාදන භාවිත කරන ලද 14ක් සිටියි. තවද, නියැදියට අයත් පුද්ගලයින්ගේ වර්තමාන මත්ද්‍රව්‍ය භාවිතය පිළිබඳ අවදානය යොමු කිරීමේ දී, මොවුන් සියලු දෙනාම බහුවිධ මත්ද්‍රව්‍ය භාවිත කරන්නන් වේ. ඒ අතර ප්‍රමුඛ මත්ද්‍රව්‍ය ලෙස, මද්‍යසාර,සිගරට්" මෙතැම්පිටමින්, එල්.එස්.ඩී" ගංජා, කොකේන් යනාදිය හඳුනාගන්නා ලදි. අධ්‍යයනයට ලක් කළ සමරිසි පුරුෂයන් සියලුදෙනාම, මත්ද්‍රව්‍ය භාවිතයට යොමුවී සිටි අතර ලිංගික දිශානිතය වෙනස් වීම මත තරුණ අවධියේ දී එම පුද්ගලයින් සමාජ අපකීර්තියට පත්වීම නිසා එසේ මත්ද්‍රව්‍ය භාවිතයට යොමු වීමට ප්‍රධාන හේතුවක් වී ඇත. බීච් බෝයිස් කණ්ඩායම ආශ්‍රිතව මත්ද්‍රව්‍ය භාවිතය සම්බන්ධයෙන් පවතින අවදානම් වර්යාවන් ලෙස, වෙරළ සාද ඇතුළුව වෙනත් වෙරළාශ්‍රිතව පවතින සියළු අංගයන් හිදී මත්ද්‍රව්‍ය භාවිත කර ලිංගික කාර්යයයේ නිරත වීමේදී ආරක්ෂිත ක්‍රමවේද භාවිත නොකරන අතර HIV AIDS රෝගය ඇතුළු ලිංගාශ්‍රිතව බෝවන රෝග ව්‍යාප්ත වීමට එය හේතුවේ. HIV AIDS රෝගය සමග ජීවත් වන්නන් මත්ද්‍රව්‍ය භාවිතයට ඇබ්බැහි වීම හා අනාරක්ෂිත ලිංගික වර්යා වල නිරත වීම දක්නට ලැබේ. එහිදී වාණිජ ලිංගික වෘත්තිකයින් ලෙස කටයුතු කිරීම, සමලිංගික සම්බන්ධතා පැවැත්වීම, කණ්ඩායම් ලිංගික ක්‍රියාකාරකම් වලට සම්බන්ධ වීම ආදියේදී එම ක්‍රියා අවධානම් සහගත ලෙස සිදු කරයි. තවද, මත්ද්‍රව්‍ය වලට ඇබ්බැහි වූ කාන්තා ලිංගික ශ්‍රමිකයින් (FSWs) මත්ද්‍රව්‍ය භාවිත අක්‍රමතා හේතුවෙන් විවිධ ගැටලු වලට මුහුණපා ඇත' මේ අනුව, නියැදියට අයත් වූ ඉලක්ක කණ්ඩායම් වලින්

බහුතරය මත්ද්‍රව්‍ය භාවිතයට යොමු වීම සඳහා දොරටු රසාගඳ ලෙස මද්‍යසාර සහ දුම්කොළ ආශ්‍රිත නිෂ්පාදන භාවිතයක් පවතින බව සහ පසුකාලීනව ඔවුන් බහුවිධ මත්ද්‍රව්‍ය භාවිතයට යොමු වීම හේතුවෙන් අවදානම් චර්යාවන්ට යොමු වීමක් ඇති බව නිගමනය කළ හැක.

ප්‍රමුඛ පද - මත්ද්‍රව්‍ය ඇබ්බැහිය,සිගැරට්,මද්‍යසාර, දොරටු රසාගඳ, HIV AIDS

සෝමවතිය පූජා භූමිය සහ අවට ප්‍රදේශය දුම්කොළ නිශ්පාදන භාවිතයෙන් හා අලෙවියෙන් තොර කලාපයක් බවට පත් කිරීම.

රත්නායක ආර්.එම්.බී.එන්.

සෞඛ්‍ය වෛද්‍ය නිලධාරී කාර්යාලය - පොළොන්නරුව.

ගෞතම බුදුරජාණන් වහන්සේගේ දකුණු දළදා වහන්සේ වැඩ සිටින උතුම් සෝමවතිය චෛත්‍ය රාජයාණන් සුපිහිටි සෝමවතිය පූජා භූමිය වන්දනා මාන කර ගැනීම සඳහා විශාල බැතිමතුන් ප්‍රමාණයක් දිනපතා පැමිණේ. විශේෂයෙන්ම පොහොය දින වල වැඩි සංඛ්‍යාවක් පැමිණෙන අතර, වෙසක්, පොසොන් පොහොය දින වල අති විශාල පිරිසක් මේ පුදබිමට පැමිණේ. එසේ පැමිණෙන වන්දනා කරුවන්ගෙන් පිරිසක් දුම්වැටි පානය කිරීම හා බුලත් විට කෑම දැකගත හැකි විය. එමෙන්ම එම ප්‍රදේශයේ පවතින වෙලඳ ස්ථාන වලින් දුම්වැටි හා බුලත් විට ප්‍රසිද්ධියේම අලෙවි කිරීම දැකගත හැකි විය. එම දුම් පානය නිසා පිටවන දුම නිසා විශාල පිරිසක් අක්‍රීය දුම් පානයට භාජනය වීම දක්නට ලැබුන අතර බුලත් විට කෑම නිසා පූජා භූමියේ තැන තැන කෙල ගැසීමෙන් පරිසරයේ අප්‍රසන්නතාව ඇතිවීම දැකගත හැකි විය. පූජා භූමියේ දුම්කොළ නිශ්පාදන අලෙවිය හා භාවිතය පිළිබඳව මූලින්ම සමීක්ෂනයක් සිදුකරන ලදි. එම සමීක්ෂන දත්ත අධ්‍යනය කොට විහාරස්ථානයේ ස්වාමීන්වහන්සේලා, වෙළඳ ප්‍රජාව, රාජ්‍ය නිලධාරීන් සමග සාකච්ඡා සිදු කොට මාස 03 ඇතුලත දුම්කොළ නිශ්පාදන අලෙවිය නැවැත්වීමට දින නියම කර ගන්නා ලදි. අනතුරුව එම ඉලක්කය සපුරා ගැනීම සඳහා පූජා භූමියේ විවිධ සෞඛ්‍ය අධ්‍යාපන වැඩසටහන් දියත් කරන ලදි. එවිට වෙළඳ ප්‍රජාවට දුම්කොළ නිශ්පාදන භාවිතයේ විපාක පිළිබඳ කරුණු පැහැදිලි කර දෙන ලදි. එමෙන්ම පූජා භූමියේ දුම්කොළ නිශ්පාදන භාවිතයේ ආදීනව දැක්වෙන පෝස්ටර්, ස්ටිකර්, බැනර් ආදිය ප්‍රදර්ශනය කරන ලදි. අත්පත්‍රිකා ආදියද බෙදා දෙන ලදි. විවිධ ක්‍රියාකාරකම් මාස තුන පුරා ක්‍රියාත්මක කර අවසානයේ නැවත සමීක්ෂණයන් සිදු කර බැලූවිට පූජා භූමියේ සියළුම වෙළඳ ස්ථාන දුම්කොළ නිශ්පාදන අලෙවියෙන් වළක්වා ගත හැකිවිය. දුම්කොළ හා මධ්‍යසාර පිළිබඳ ජාතික අධිකාරිය(NATA) මගින් ලබා දුන් රූපමය අවවාද සහිත විශාල පුවරු පූජා භූමියේ ස්ථාපනය කරමින් දුම්කොළ නිශ්පාදන භාවිතයෙන් හා අලෙවියෙන් තොර කලාපයක් පිහිටුවීමට හැකි විය. නිගමනය, දුම්වැටි වලට වඩා බුලත් විට වලට ගැමි ජනතාව බෙහෙවින් ඇබ්බැහි වී සිටී. එහි ආදීනව බොහෝ අය නිසි පරිදි නෙදනී. එබැවින් දුම්කොළ නිශ්පාදනයේ අදීනව දැක්වෙන පුවරු ආදිය ජනතාව ගැවසෙන ස්ථානවල වැඩි වශයෙන් ප්‍රදර්ශනය කිරීමෙන් දුම්කොළ නිශ්පාදන වලට ඇබ්බැහි වන ප්‍රමාණය අඩුකර ගත හැකිය.

ප්‍රමුඛ පද: දුම්කොළ නිශ්පාදන, අක්‍රීය දුම් පානය, රූපමය අවවාද

Barriers to Behaviour Change: A Study on Why Urban Youth in Ratmalana Use Tobacco and Alcohol Despite Knowing the Risks

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Despite growing awareness of the health, social, and financial consequences of tobacco and alcohol use, many young individuals continue to engage in these behaviours. The primary objective of the research is to identify the factors that prevent behaviour change in young adults who are aware of the negative effects of substance use. A mixed-method research design was employed, combining qualitative interviews and quantitative surveys conducted with 20 young workers aged between 20-30. The findings revealed that while the majority of participants expressed a desire to quit, they cited difficulties in doing so due to addiction, peer pressure, emotional stress, and lack of continuous support. Many admitted, "I'm trying to stop, but it's difficult," highlighting a clear gap between knowledge and action. The discussion of these findings emphasizes the importance of developing comprehensive, community-based prevention strategies. Key recommendations include implementing awareness programs in schools and universities to build early resistance, initiating peer-to-peer counselling to create relatable support systems, and involving professional counsellors for personalized guidance. Additionally, the study suggests the enforcement of strict laws and penalties, increased family involvement to ensure emotional backing, and the establishment of youth support groups to provide a safe space for discussion and motivation. These interventions, when combined, could address both the psychological and social barriers that hinder behaviour change. Addressing substance use among urban youth requires a multi-pronged approach that acknowledges both awareness and behavioural challenges, offering consistent support and targeted prevention methods to bridge the gap between knowledge and action.

Keywords: Barriers, Behaviour change, urban youth, tobacco and alcohol