

The present status of tobacco control in Bangladesh

Abstract

Tobacco use is one of the preventable causes of death and disability. Worldwide 63% of all deaths are caused by NCDs, for which tobacco use is one of the greatest risk factors. Approximately 43% people of Bangladesh aged 15years or above use both smoking and smokeless tobacco. Bangladesh enacted tobacco control law in 2005 and amendment the law in March 2013 to minimize the gap of the law. The issue on rule of the amendment is not passed and it is quite important to control tobacco effectively.

Keywords: tobacco control, FCTC, mpower

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Abbreviations: DM, diabetes mellitus; SEAR, south-east asia region; GATS, global adult tobacco survey; FCTC, framework convention on tobacco control; DAE, directorate of agricultural expansion

Opinion

Tobacco is one of the leading causes of disability and death worldwide. Bangladesh has double burden of tobacco production and consumption. It is the common risk factor of different diseases like cancer, lung disease and cardiovascular diseases. Tobacco, especially smoking is a major cardiovascular risk factor and death. Recent evidence has suggests a positive association between smoking and diabetes mellitus (DM) in both male and female. A study of Bangladesh shows, among the diabetic smoker (39.6%) had higher level of nicotine dependence and diabetic smokeless tobacco user (82.5%) had higher level of nicotine dependence measured by fagerstrom scale.¹ In a cohort study at USA shows positive association between cigarette smoking and DM. Cigarette smoking may be an independent, modifiable risk factor for insulin dependent diabetes mellitus. In another study it was found that, smoking is independently associated with increased risk of DM among both middle aged and elderly men and women.² Tobacco kills one in ten persons globally, accounting for approximately 5million deaths per year, out of which 1.2million deaths occur in the South-East Asia Region (SEAR).³

Tobacco consumption is an important public health problem in Bangladesh. According to a WHO study in 2004; 30.9million people aged 15years and above consumed tobacco in some form or other. About 57,000 people died and 3, 82,000 became disabled due to eight tobacco related illness. Bangladesh suffered a net loss of 442million US\$ (Taka 26.1billion).⁴ Bangladesh is one of the high tobacco consumption countries of the world. According to Global Adult Tobacco Survey (GATS) Bangladesh 2009, a nationally representative household survey of men and women aged 15years or above, 43.3% people currently use both smoke and smokeless tobacco. 23.0% currently smoke tobacco and 27.2% currently use smokeless tobacco. About 45% of males and 1.5% of female smoke, and 26% of male and 28% of females use smokeless tobacco. It is estimated that about 41.3million adults use tobacco in Bangladesh. The GATS study shows, the average number of cigarettes and bidis smoked per day were five sticks and seven sticks, respectively. The average number of times smokeless tobacco was used per day was

eight. 7 out of 10 want to quit tobacco. Overall, 97.4% of the adults believe that smoking causes serious illnesses and 92.7% of the adults believe that smokeless tobacco use causes serious illnesses.⁵

Currently more than 5million people die globally each year due to tobacco related illness, a figure expected to increase to 8.3million by 2030.⁶ Tobacco attributable deaths are projected to decline by 9% between 2002-2030 in high-income countries but to double from 3.4million to 6.8million in low and middle income countries.⁷ According to WHO Tobacco Free Initiative 63% of all deaths are caused by NCDs, for which tobacco use is one of the greatest risk factors and > 600 000 people die each year from exposure to second-hand smoke.⁸

Demand reduction provisions are very important to control tobacco. In particular, WHO works with its Member States and other partners to:⁸

- Encourage the use of standards and scientific and evidence-based protocols for tobacco surveys
- Build capacity on conducting and implementing surveys, as well as disseminating and using their results
- Develop, maintain and report data to monitor tobacco control policies
- Develop, maintain and report data on health outcomes related to tobacco use and exposure

Bangladesh is one of the member states of WHO FCTC and committed to implement the demand reduction provisions. WHO introduced in 2008 the 'MPOWER' package of six evidence-based tobacco control demand reduction measures.⁹ Bangladesh is following the WHO MPOWER packages to implement tobacco control activities.

We are doing well in M, P, W, E points regarding MPOWER. The six packages are:

- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco

- v. Enforce bans on tobacco advertising, promotion and sponsorship
- vi. Raise taxes on tobacco.

Framework Convention on Tobacco Control (FCTC) was formulated in 16 June 2003, ratified in 14 June 2004 and it came into force in 27 February 2005.¹⁰ WHO FCTC has 180 parties. Bangladesh was not only one of the first signatories of FCTC; it also was one of the early countries to ratify it and have national tobacco control law. Bangladesh enacted the ‘Smoking and Tobacco Products Usage (Control) Act 2005’ not only to show respect to FCTC but also to comply with the High Court judgment in 1999 instructing the government to take a number of very specific measures for controlling tobacco, most of which were later included as important components of FCTC in 2003. For minimizing the gaps of 2005 act, government amendment the law in March 2013 that cover all kind of smokeless tobacco came under law; pictorial warnings, covering 50% of the surface on both sides of tobacco packet are included and combined with written messages; the definition of public places & public transports is elaborated; all direct and indirect advertisements and promotions for tobacco products are banned. According to the Directorate of Agricultural Expansion (DAE) statistics, tobacco was cultivated in about 70,000 hectares land in 2012-2013 farming season and it grew to 108,000 hectares in the 2013-2014 farming season. An additional 38,000 hectares had come under tobacco cultivation during the last financial year and that is alarming.¹¹ We do not apply pictorial warning into the tobacco packs as the rule of amendment of tobacco control law is not passed. Pictorial warning will help people to more aware about the hazard of tobacco use both literate and illiterate. We are at very early stage of tobacco cessation and need to provide training among healthcare professional and cessation service to the population.

We should take action to prevent premature death and disability due to tobacco use. The recent amendment of tobacco control will help to control tobacco use, though the rule of the amendment is not passed. But it is necessary to pass the rule immediately to control tobacco. However, tobacco control activities are conducting by the previous law. We should implement all strategies simultaneously to see the effective tobacco control in Bangladesh.

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Conflict of interest

Author declares that there is no conflict of interest.

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