

# **Making Bangladesh Tobacco Free by 2040: Where We Stand Now and Future Projections**

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## **Abstract**

This is well understood by both general people and policy makers that wide spread tobacco use is a cause of rise cardiovascular diseases, cancer, chronic obstructive pulmonary diseases in Bangladesh. After the World Congress on Tobacco or Health 2015, many countries have put forward a target of making tobacco free world by 2040. World Health Organization has also set a target of relative reduction of tobacco use by 30% by 2025 and Government of Bangladesh has also agreed to set up plans for achieving this target. Moreover, honorable Prime Minister Sheikh Hasina has clearly stated the goal of making Bangladesh tobacco free by 2040 in the South Asian Speaker's Summit of 2015. Therefore government need to take steps to conduct comparable surveys or repeat Global adult Tobacco survey to get a scientifically valid data point for detecting trend.

## **Introduction**

Bangladesh is one of the high tobacco consumption countries of the world. Unlike many other countries, Bangladeshi population use both smoking tobacco mainly cigarette and biri and smokeless tobacco products such as zarda, gul, sadapata. Approximately 43% of all adults (age 15+) use some form of tobacco (male 58 %, female 29%) (WHO, 2009). About 45% of males and 1.5% of females smoke, and 26% of males and 28% of females use smokeless tobacco. It is estimated that about 40.1 million adults use tobacco in some form or other in Bangladesh (WHO, 2014). Exposure to Second hand smoking (SHS) in Bangladesh, which has serious health risks, is also very high. About 69.4% of male and 20.8% of the female adult population are exposed to SHS in public places in Bangladesh, which is very high compared to other countries of the world (WHO, 2009).

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This is well understood by both general people and policy makers that wide spread tobacco use is a cause of rise cardio-vascular diseases, cancer, chronic obstructive pulmonary diseases in Bangladesh. In fact these chronic non-communicable diseases cause about 59% of total deaths of this country (WHO 2014). There are clear scientific evidences that one in two current tobacco users will die prematurely due to one of those tobacco related diseases and it brings immense loss, tragedy to family, society and country. It is estimated that Government of Bangladesh had to spend double the amount it receive as tobacco tax for treatment of those disabling and life threatening disease (WHO, 2007). In addition to public health problem, tobacco use also causing environmental degradation threatening food security and causing huge economical loss to the country (WHO, 2007). It is imperative that government must act seriously in curbing this tobacco epidemic.

There has been strong demand from community and social organizations for taking strong measures for tobacco control since mid-eighties of last century in Bangladesh. Non-Governmental organization had successfully created a social movement and government also responded to the popular demand by signing Framework convention on Tobacco Control (FCTC) and enacting tobacco control act in 2005 and subsequently revising it in 2013.

### **Real Scenario in Bangladesh for Tobacco Control**

National Tobacco Control Cell (NTCC) under the auspices of Ministry of Health & Family Welfare was established to oversee and coordinate the government and non-government initiatives for tobacco control, which is a very positive step indeed. Good efforts have been taken by both government and non-government organizations in promoting and enforcing various aspects of Tobacco Control Act over the last decade. Banning advertisement, making people aware of smoke free public places, raising awareness about health effects, exposing industry tactics, advocacy for tax increase are some of them. A lot of government officials, tobacco control activists were trained at national and international levels which have been very helpful for producing a critical mass for tobacco control in Bangladesh. In this regard generous grants from Bloomberg Philanthropy, USA to NGOs and NTCC though campaign for Tobacco Free Kids, USA and The UNION, World Lung Foundation were very helpful for sustaining tobacco control activities. World Health Organization with its long lasting tobacco control program in Bangladesh also playing a vital role especially sensitizing government officials on tobacco tax issues. Local government authorities in various cities and towns have taken own-

initiatives and allocated resources for tobacco control.

After the World Congress on Tobacco or Health 2015 in Abu Dhabi, many countries have put forward a target of making tobacco free world by 2040 (Robert, *et.al.* 2015). By Tobacco free it means less than 5% tobacco user in a country. World Health Organization has also set a target of relative reduction of tobacco use by 30% by 2025 and Government of Bangladesh has also agreed to set up plans for achieving this target (WHO, 2013). Moreover, honorable Prime Minister Sheikh Hasina has clearly stated the goal of making Bangladesh tobacco free by 2040 in the South Asian Speaker's Summit of 2015.

Now the question is it achievable? Although we have noted increase in tobacco prevalence of tobacco usages between 2005 and 2009 national survey but there were methodological differences between those two surveys and inference based on a direct comparison between those surveys may not be give us a clear picture of trend. Recent analysis by Institute for Health Metrics and Evaluation (IHME), University of Washington has shown that over all smoking rate in Bangladesh have not increased since 1980 and a slight decreasing trend is observed (IHME, 2014). Another report published in Lancet also projected that if government administers measures stipulated in FCTC and also MPOWER strategies then it would be possible to reduce smoking prevalence as low as 29% by 2015 from the current level (Bilan, *et.al.* 2015 and WHO, 2008). Between 2007 and 2014, there was a global increase in the implementation of all key demand-reduction measures. The mean smoking prevalence for 126 countries was 24.73% in 2005 and 22.18% in 2015. It is estimated that about 7% percentage point decrease in smoking prevalence in Bangladesh has occurred between 2005 to 2015 (Gravelly, 2017).

## **Conclusion**

However, we also need to be aware of the smokeless tobacco use which is shows worrying trend of significant increase in use among men from 2005 to 2009 as evident from national surveys. It is estimated that to reach the target of tobacco free Bangladesh by 2040 or the WHO target, we need to reduce tobacco use by 1% in each year from 2010. Whether we are on the track, it has to be evaluated by well-designed nationally representative surveys. In 2009 Global Adult Tobacco Survey was done which provided standard internationally comparable data on various aspects of Tobacco control issues. Similar kinds of surveys are required at least at every five years to see the

trend of tobacco use. Therefore government need to take steps to conduct comparable surveys or repeat Global adult Tobacco survey to get a scientifically valid data point for detecting trend. These surveys will also demonstrate the impact of other interventions in the community in terms of exposure to second hand smoke exposure, exposure to advertisement etc. Any deviation from the lowering trend in tobacco use detected by comparable surveys should be dealt with renewed efforts as this would jeopardize our aim of attaining tobacco free Bangladesh.

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