

Tobacco & Youth: An Overview in Bangladesh

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Introduction

Tobacco consumption in Bangladesh is increasing, especially among the youth and the poor. The increase in tobacco consumption is due to many reasons. Recent socioeconomic development and increase in population size make the country a lucrative market for the tobacco industries. Easy availability of cheap tobacco products (such as biri), lack of strong tobacco control regulations and weak enforcements of existing regulations are also important factors. The tobacco consumption scenario in Bangladesh is also very different from others in its complexity. There is great variation in the pattern and mode of tobacco use. Smokeless forms of tobacco use is highly acceptable in the society.

Bangladesh government passed the Tobacco Control Law in 2005. It came into force in 2006. With increasing awareness about the harmful effects of tobacco use and campaign by various organizations the government felt the need to update the Law and it did so in 2013. Finally, on March 12 2015 Government has finalized necessary rules of the Law. It clearly delineates effective ways of controlling tobacco use in Bangladesh. Now, we need to enforce the Law to save young people from the harmful effects of tobacco.

Bangladesh signed the Framework Convention on Tobacco Control (FCTC) on 16 June 2003 and ratified it on 10 May 2004. As a signatory to the FCTC, Bangladesh is obliged to implement the provisions of the Convention and develop its own national regulatory regime to control smoking and production, use, sale, purchase and advertisements of tobacco products. The National Tobacco Control Cell (NTCC) under the Ministry of Health and Family Welfare is responsible for the proper implementation and monitoring the tobacco control laws, including the provision of ban on sale of tobacco products to and by minors, but its capacity to supervise and monitor the compliance of this provision is very limited.

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According to Global Adult Tobacco Survey (GATS) Bangladesh Report (2009), the age at smoking initiation; who began smoking between the ages of 15-16 years, 24.4% were rural residents and 26.7% urban residents. Among urban smokers, 21.0% initiate smoking between the ages 17-19, compared to 17.7% of rural smokers. This study shows that children (up to 18 years) in urban areas are more prone to this danger of smoking habit. Almost no one starts smoking after age 25. Nearly 9 out of 10 smokers started smoking by age 18, and 99% started by age 26. Progression from occasional to daily smoking almost always occurs by age 26.

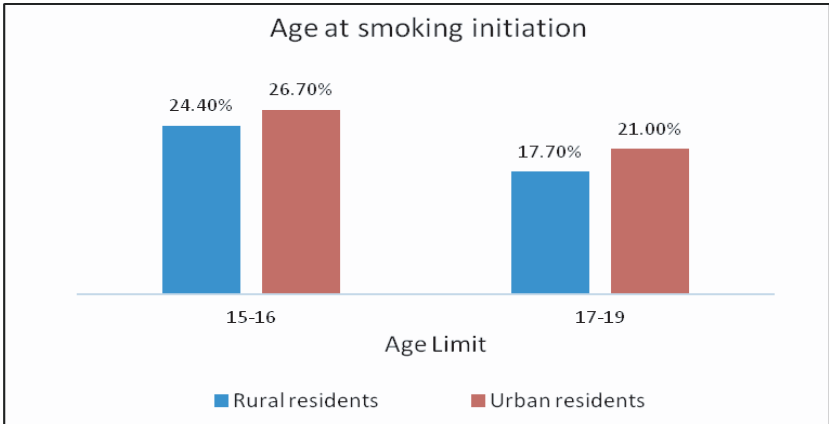


Figure 1: Age at smoking initiation

Source : GATs, Bangladesh Report, 2009

Study said that 98% people of the country think, more youths have been attracted to smoking than earlier because of availability of cigarette in low price. The report findings said, a person expends Tk 45 to Tk 50 daily in average for smoking, 34% people do not know that smoking at public places is prohibited. A total of 65% claimed there is hardly campaign on dangerous aspects of smoking and 46% people are known about the Smoking and Tobacco Products Usage (Control) (Amendment) Act 2013, according to the survey. Clean Air, a non-government organization presented this survey report (May 18, 2014).

In Bangladesh we find broadly two types of children of this age group, one is children engaged in education ranging from primary to undergraduate (up to 1st year) level and the another is children engaged in formal (factory, industry and other services) and informal (domestic work, construction work, road transport, pulling rickshaw/van, day laborers and street urchins etc.) employment.

For both type of children tobacco products are affordable and easily accessible. Although act prohibits sale to and by minors who have not attained 18 years of age, act has not provided any exemplary or deterrent punitive measure/s for the minors for buying tobacco products. Flagrant violation of this provision is appeared all over the country. Practically it is almost impossible for the vendors to refuse the offer of buying tobacco products by the youth. The problem is more severe when the seller him/herself is minor. Till now, there is no recorded instance of imposing fine to any vendor for violation of this provision.

As regards the laws of Bangladesh, inadequacy of law is not the main problem rather non-compliance of existing law is the main problem. Lack of strict monitoring and compliance mechanism will cause further violation of legal provision. For effective implementation of provision a compliance mechanism is required to be developed after identifying the causes and consequences of violation of this provision on the country's estimated 70 million children.

Tobacco use by youth and young adults causes both immediate and long-term damage. One of the most serious health effects is nicotine addiction, which prolongs tobacco use and can lead to severe health consequences. The younger youth are when they start using tobacco, the more likely they'll be addicted.

Factors Associated With Youth Tobacco Use Include the Following

Social and physical environments

The way mass media show tobacco use as a normal activity can promote smoking among young people.

Youth are more likely to use tobacco if they see that tobacco use is acceptable or normal among their peers.

High school athletes are more likely to use smokeless tobacco than their peers who are non-athletes.

Parental smoking may promote smoking among young people.

Biological and genetic factors.

There is evidence that youth may be sensitive to nicotine and that teens can feel dependent on nicotine sooner than adults.

Genetic factors may make quitting smoking more difficult for young people.

A mother's smoking during pregnancy may increase the likelihood that her offspring will become regular smokers.

Mental health: There is a strong relationship between youth smoking and depression, anxiety, and stress.

Personal perceptions: Expectations of positive outcomes from smoking, such as coping with stress and controlling weight, are related to youth tobacco use.

Other influences that affect youth tobacco use include:

Lower socioeconomic status, including lower income or education

Lack of skills to resist influences to tobacco use

Lack of support or involvement from parents

Accessibility, availability, and price of tobacco products

Low levels of academic achievement

Low self-image or self-esteem

Exposure to tobacco advertising

Effects of Smoking Among Young People

Smoking reduces lung function and retards lung growth. Youths who smoke are not only short of breath today, they may end up as adults with lungs that will never grow to full capacity. Such damage is permanent and increases the risk of chronic obstructive pulmonary disease.

In adults, cigarette smoking causes. Studies have shown that early signs of stroke and heart disease can be found in adolescents who smoke.

Youth are sensitive to nicotine and can feel dependent earlier than adults. Because of nicotine addiction, about three out of four teen smokers end up smoking into adulthood, even if they intend to quit after a few years.

Smoking hurts young people's physical fitness in terms of both performance and endurance even among young people trained in competitive running. On average, someone who smokes a pack or more of cigarettes each day lives 7 years less than someone who never smoked.

Smoking at an early age increases the risk of lung cancer. For most smoking-related cancers, the risk rises as the individual continues to smoke.

Teenage smokers suffer from shortness of breath almost three times as often as teens who don't smoke, and produce phlegm more than twice as often as teens who don't smoke.

Youths who smoke are three times more likely than nonsmokers to

use alcohol, eight times more likely to use marijuana, and 22 times more likely to use cocaine. Smoking is associated with a host of other risky behaviors, such as fighting and engaging in unprotected sex.

The Environmental Protection Agency has concluded that secondhand smoke causes lung cancer in adults and greatly increases the risk of respiratory illnesses in children and sudden infant death syndrome. The carbon monoxide in tobacco smoke increases the chance of cardiovascular diseases, and children who breathe secondhand smoke are more likely to develop ear infections, allergies, bronchitis, pneumonia, and asthma. Older children whose parents smoke get sick more often.

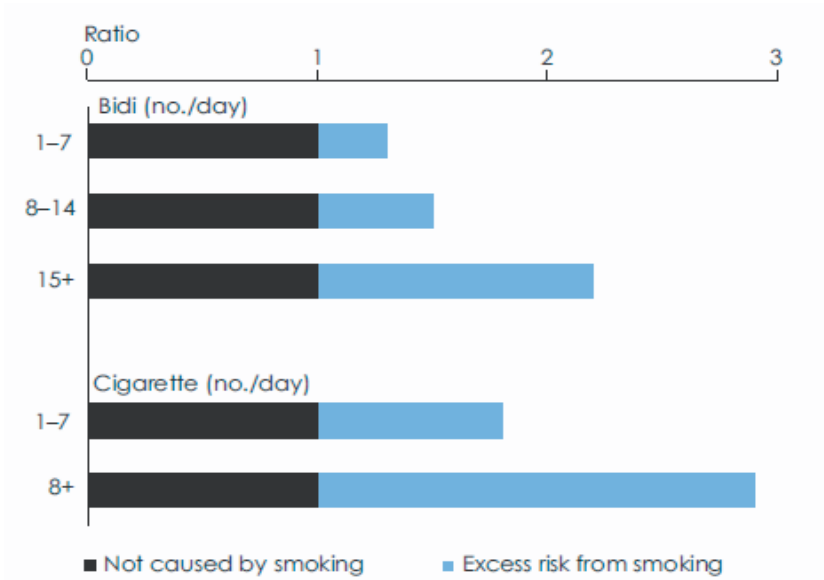


Figure 2: Risk of death by amount and type, men aged 30-69

Note: Risks adjusted for alcohol use, education and age.

Source: Jha *et.al*, 2008

Recommendations for Reducing Youth Tobacco Use in Bangladesh

An increase in tax is the single most effective intervention to reduce demand for tobacco. Numerous studies indicate that higher tobacco prices significantly and consistently reduce tobacco use as price increases encourage people to stop smoking, prevent others from starting in the first place and reduce the number of ex-smokers who resume the habit.

It has been estimated that a modest increase in cigarette excise tax of 10% would increase tobacco tax revenues by about 7% overall with the effects varying by country. A proportion of the tobacco revenue should be used for tobacco control programmes. Bangladesh government has taken a laudable initiative by introducing 1 percent health development tax. This fund should be used to control tobacco usage and reduce related health hazards.

Universities should be smoking free zone. Teachers should discourage students about tobacco use. In every department there are student counselors. They should make students aware about the harmful effects of smoking. Smoking habit often turns into drug addiction. Young people often become victims of drugs. So this awareness about smoking should be taken as seriously as anti-drugs campaign. University Grants Commission should issue a directive banning use of tobacco in university campuses.

One needs license to sell alcohol but not for cigarettes. But the gravity of danger caused by cigarettes is thousand times more than that of alcohol. Obviously, there should be licensing provision for selling cigarettes. It will impose control on easy access to cigarettes.

In public places we see signboards with the message 'no smoking zone' which is not right. It should be written as 'smoking in public places is a punishable offence'. The amount of penalty should also be mentioned in the sign board.

We could request the religious leaders of our country, be it imams, reverends or priests, to include the ill-effects of smoking in their sermons. Thus, a wider segment of the population could be made aware about how destructive smoking is through their respective religious institutions. Continued efforts are needed to prevent and reduce the use of all forms of tobacco use among youth.

Prohibition of smoking at public places and workplaces not only protect non-smokers but also create an environment that encourages smokers to cut back or quit. The ban on smoking in public places must be strict and require publicity and government enforcement. The tobacco act has defined 'public place' but it should be more stringent; governments also have to conduct public awareness activities to inform all concerned what a public place is. Efforts should be made to make refraining from smoking in public places a social norm.

In Bangladesh, NGOs monitor tobacco company activities and submit reports to government on law violation. Legal authority, with the help of a mobile court, can then remove illegal tobacco advertisements and charge companies for law violation, and fine those smoking in prohibited areas. Running mobile courts increases awareness of the law and encourages people to respect it, contributing to creation of more smoke free places.

Though framing law is the duty of government, it is the duty of all to help in implementation. It is difficult for government alone to ensure proper compliance and enforcement. Mobile courts, supported by monitoring by NGOs to identify violations, serve as a useful device for law implementation in Bangladesh. They also can raise awareness that will increase compliance and thus make law enforcement easier and more successful.

Conclusion

It would be extremely difficult to persuade a 50-year old chain smoker to quit smoking. However, we could ensure that school children are convinced of the dangers of smoking. Teachers and parents play a major role in this regard. I believe that every parent needs to be aware of whether their children are smoking or not. In TV serials and movies we often see scenes of smoking which is prohibited by the Law. Young generation are attracted with smoking by this kind of activities. Directors of film and TV serials should be made aware about this gross violation of Tobacco Law. Strong political commitment is crucial to combat the tobacco epidemic. High level National Tobacco Control Taskforce should be worked properly & actively collaboration with the Health Sector. We need to ensure that such significant discussions reach the concerned authorities in the government who can implement these suggestions.

Tobacco-related illnesses such as cancer, cardiovascular and respiratory diseases are already major problems in Bangladesh. To combat this powerful epidemic supported by a powerful opponent, there should be concerted collaboration between relevant sectors of the government and NGOs. Partnership with civil societies, NGOs, donors and other anti-tobacco stakeholders is necessary.

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