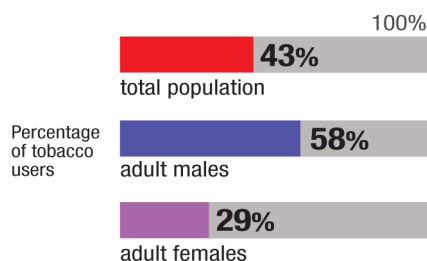


BANGLADESH

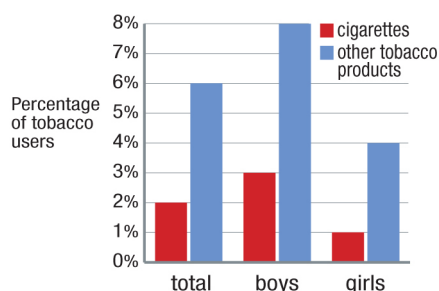
TOBACCO BURDEN FACTS

Bangladesh ratified the Framework Convention on Tobacco Control on June 14, 2004.

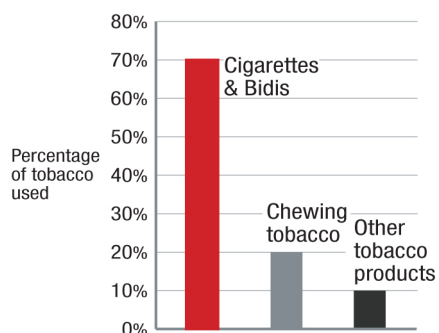
Prevalence of tobacco use in Bangladesh (2009)¹



Tobacco use among youth (age 13-15) in Bangladesh (2004)¹



Tobacco use by product in Bangladesh (2003)⁵



CONSUMPTION

Tobacco use is rising in Bangladesh.

- Approximately 43% of all adults (age 15+) use some form of tobacco (male 58%; female 29%).¹
- About 45% of males and 1.5% of females smoke, and 26% of males and 28% of females use smokeless tobacco.²
- Among youth (age 13-15), 2% currently smoke cigarettes (boys 3%; girls 1%).³
- 6% of youth (age 13-15) currently use tobacco products other than cigarettes (boys 8%; girls 4%).⁴
- Bidis, cheaper handmade cigarettes, are popular among the poor in Bangladesh and account for 75% by volume of the cigarettes sold.⁵

HEALTH CONSEQUENCES

Tobacco use is deadly. Smoking kills up to half of all lifetime users.⁶

- Over 57,000 people die in Bangladesh each year from tobacco-related diseases.⁷
- 16% of all deaths among people age 30 years and above are attributable to tobacco use.⁸
- There are about 1.2 million cases of tobacco-attributable illness in Bangladesh each year.⁹
- 42% of youth (age 13-15) are exposed to secondhand smoke in public places and 35% of youth are exposed to secondhand smoke at home.¹¹
- 45% of adults (age 15+) are exposed to secondhand smoke in public places and 63% are exposed to secondhand smoke at the workplace.¹⁰

COSTS TO SOCIETY

Tobacco exacts a high cost on society.

- Indirect costs of tobacco is estimated at 652.86 million USD (loss of income from death or disability due to tobacco-related illnesses).¹²
- Lost economic opportunities in highly populated, developing countries are severe because half of all tobacco-related deaths occur during the prime productive years (age 30-69).¹³
- Healthcare costs associated with tobacco-related illnesses amount to 10% of monthly household expenditures.¹⁴
- On a monthly basis, 5% of household expenditures are spent on tobacco products, money that is not used for food, health and education needs.¹⁵
- 30% of deforestation in Bangladesh is related to tobacco manufacturing.¹⁶
- Smoking also results in costs associated with fire damage and damage to the environment from the manufacturing and packaging of tobacco products.

1,2. Global adult tobacco survey (GATS): Bangladesh. World Health Organization; 2009. Available from: http://www.searo.who.int/LinkFiles/Regional_Tobacco_Surveillance_System_GATSBAN_FullReport2009.pdf. 3,4. Global Youth Tobacco Survey (GYTS) [database on the Internet]. Bangladesh - National 2007. Atlanta: Centers for Disease Control and Prevention. c2009 [cited 2009 July 21]. Available from: http://apps.nccd.cdc.gov/OSH_GTSS/default/Default.aspx. 5. Ali Z., Rahman A., Rahman T. Appetite for nicotine: an economic analysis of tobacco control in Bangladesh. Economics of Tobacco Control Paper no. 16. Washington, DC: World Bank; 2003. 6. Mackay J, Eriksen M, Shafey O. The Tobacco Atlas. 2nd ed. Atlanta: American Cancer Society; 2006. 7-9. World Health Organization (WHO). Impact of Tobacco-related Illnesses in Bangladesh. New Delhi: WHO Regional Office for South-East Asia; 2007. 10. GATS. 2009. 11. Best CM, Sun K, de Pee S, Bloem MW, Stallkamp G, Semba RD. Parental tobacco use is associated with increased risk of child malnutrition in Bangladesh. Nutrition. 2007; 23: 731-738. 12,13. Shafey O, Eriksen M, Ross H, Mackay J. The Tobacco Atlas. 3rd Ed. Atlanta: American Cancer Society; 2009. 14,15. WHO. Impact of Tobacco-related Illnesses in Bangladesh. Dhaka: WHO; 2005. 16. John S, Vaite S. Tobacco and poverty observations from India and Bangladesh. Efrogmson D, editor. Canada: PATH Canada; 2002.