

# TOBACCO BURDEN FACTS BANGLADESH

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

## TOBACCO CONSUMPTION

- 35.3% of all adults (age 15+) use any tobacco products (men 46.0%; women 25.2%).<sup>1</sup>
  - 18.0% smoke tobacco (men 36.2%; women 0.8%)
  - 20.6% of adults use smokeless tobacco (men 16.2%; women 24.8%)
- Bidis are cheaper, handmade cigarettes that are popular among the poor in Bangladesh. Over a quarter of Bangladeshi adult smokers (5.0% of adults overall) consume bidis.<sup>1</sup>
- Among youth (ages 13–15), 6.9% use tobacco in any form (boys 9.2%; girls 2.8%).<sup>2</sup>
  - 2.9% currently smoke tobacco (boys 4.0%; girls 1.1%)
  - 4.5% use smokeless tobacco products (boys 5.9%; girls 2.0%)

## SECONDHAND SMOKE EXPOSURE

**There is no safe level of secondhand smoke.<sup>3</sup>**

- 42.7% of adults who work indoors are exposed to secondhand smoke in the workplace, 49.7% of those who visit restaurants are exposed there, and 44.0% of adults who use public transport are exposed while on it.<sup>1</sup>
- 59.0% of youth (ages 13–15) are exposed to secondhand smoke in public places and 31.1% of youth are exposed to secondhand smoke at home.<sup>2</sup>

## HEALTH CONSEQUENCES

**Tobacco use is deadly. Tobacco kills up to half of its users.<sup>4</sup>**

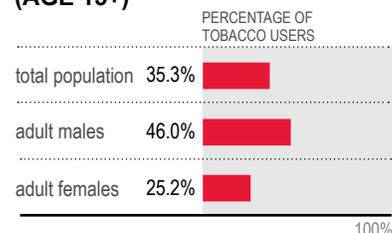
- Over 113,000 people die in Bangladesh each year from tobacco-related causes. Around 23,000 of these deaths are due to secondhand smoke exposure.<sup>5</sup>
- Among Bangladeshi men aged 25–69:<sup>6</sup>
  - A quarter of all deaths were attributable to smoking in 2010
  - Smoking-attributable deaths represent about 30% of all deaths from vascular disease, 38% from all cancers, 35% from pulmonary tuberculosis, and over 24% of deaths from other respiratory diseases.
- There are about 1.2 million cases of tobacco-attributable illness in Bangladesh each year.<sup>7</sup>

## COSTS TO SOCIETY

**Tobacco exacts a high cost on society.**

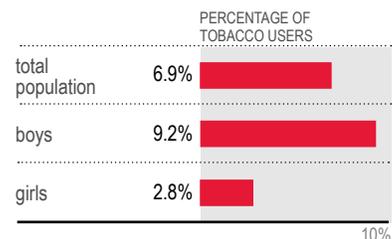
- Conservatively, the total annual cost of tobacco in Bangladesh is 1.85 billion USD.<sup>8</sup>
  - Direct healthcare costs from treating tobacco-related diseases is estimated to be 856 million USD
  - Lost productivity from tobacco-attributable premature deaths (indirect costs) are estimated to cost 993 million USD annually
- Male smokers between the age of 25–69 are 70% more likely to die from tobacco-related diseases during their prime productive years than never smokers.<sup>6</sup>

### ADULT TOBACCO USE (AGE 15+)



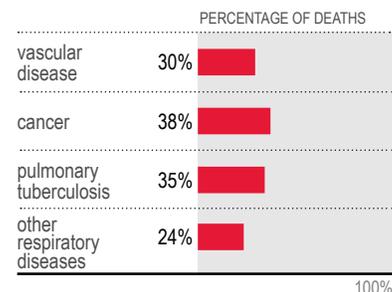
SOURCE: GATS, 2017

### YOUTH TOBACCO USE (AGES 13–15)



SOURCE: GYTS, 2013

### SMOKING-ATTRIBUTABLE DEATHS (MEN AGE 25–69)



SOURCE: Alam et al. 2013

1. Bangladesh Global Adult Tobacco Survey (GATS) 2017. Centers for Disease Control and Prevention (CDC); 2018. Available from [www.cdc.gov/tobacco/global/gtss/gtssdata/index.html](http://www.cdc.gov/tobacco/global/gtss/gtssdata/index.html). 2. Bangladesh Global Youth Tobacco Survey (GYTS) 2013. Centers for Disease Control and Prevention (CDC); 2015. Available from [www.cdc.gov/tobacco/global/gtss/gtssdata/index.html](http://www.cdc.gov/tobacco/global/gtss/gtssdata/index.html). 3. U.S. Department of Health and Human Services. The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General. Atlanta: Centers for Disease Control and Prevention; 2006. Available from [www.cdc.gov/tobacco/data\\_statistics/sgr/2006/index.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/2006/index.htm). 4. World Health Organization. Tobacco: Key facts. Updated March 9, 2018. Available from [www.who.int/news-room/fact-sheets/detail/tobacco](http://www.who.int/news-room/fact-sheets/detail/tobacco). 5. Global Burden of Disease (GBD) 2017. Seattle, WA: Institute for Health Metrics and Evaluation (IHME), University of Washington; 2019. Available from <http://vizhub.healthdata.org/gbd-compare/>. 6. Alam DS et al. Smoking-attributable mortality in Bangladesh: proportional mortality study. Bulletin of the World Health Organization. 2013 October;91(10):717-796. Available from [www.who.int/bulletin/volumes/91/10/13-120196/en/](http://www.who.int/bulletin/volumes/91/10/13-120196/en/). 7. Impact of Tobacco-related Illnesses in Bangladesh. New Delhi: WHO Regional Office for South-East Asia; 2007. 8. Barkat A et al. The economics of tobacco and tobacco taxation in Bangladesh. Paris: International Union Against Tuberculosis and Lung Disease; 2012. Available from [http://global.tobaccofreekids.org/files/pdfs/en/Bangladesh\\_tobacco\\_taxes\\_report.pdf](http://global.tobaccofreekids.org/files/pdfs/en/Bangladesh_tobacco_taxes_report.pdf).