

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%).¹
 - 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.¹
- Among youth (ages 13–15), 6.9% use tobacco in any form (boys 9.2%; girls 2.8%).²
 - 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.³

- 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.¹
- 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.²

HEALTH CONSEQUENCES

Tobacco use is deadly. Tobacco kills up to half of its users.⁴

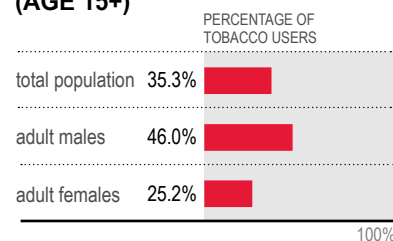
- Tobacco killed nearly 126,000 people in Bangladesh in 2018, accounting for 13.5% of all deaths in the country.⁵
- There are currently about 1.5 million adults suffering from tobacco-attributable illness in Bangladesh.⁵
- More than 61,000 children (below age 15) are suffering from diseases caused by exposure to secondhand smoke.⁵
- Compared to never users, tobacco users have a 57% higher risk of developing a tobacco-related disease such as ischemic heart disease, stroke, COPD, or lung cancer, and a 109% higher risk of tobacco-related cancer.⁵

COSTS TO SOCIETY

Tobacco exacts a high cost on society.

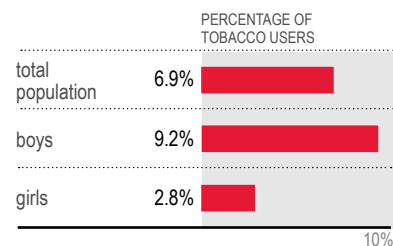
- In 2018, the total economic cost of tobacco-related death and disease in Bangladesh was BDT 305.6 billion (USD 3.6 billion), or 1.4% of the nation's GDP that year.⁵
 - Direct healthcare costs from treating tobacco-related diseases was estimated to be BDT 84 billion, while the remaining BDT 221.7 billion was due to lost productivity from tobacco-attributable premature death and disability.
 - About 13.5% of the total costs attributable to tobacco were estimated to be caused by exposure to secondhand smoke.
- 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.⁶

ADULT TOBACCO USE (AGE 15+)



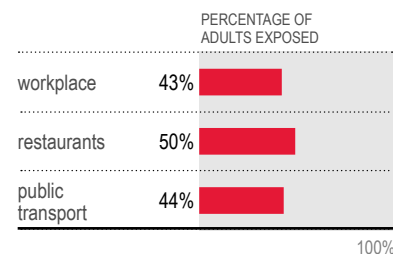
SOURCE: GATS, 2017

YOUTH TOBACCO USE (AGES 13–15)



SOURCE: GYTS, 2013

ADULT SECONDHAND SMOKE EXPOSURE (AGE 15+)



SOURCE: GATS, 2017

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. 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. 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. 4. World Health Organization. Tobacco: Key facts. Updated March 9, 2018. Available from www.who.int/news-room/fact-sheets/detail/tobacco. 5. Faruque GM et al. The economic cost of tobacco use in Bangladesh: A health cost approach. Bangladesh Cancer Society, 2019 February 23. 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/.