The International Tobacco Control Policy Evaluation Project

ITC Bangladesh Report on Smoke-Free Policies

FINDINGS FROM THE WAVE 1 (2009) AND WAVE 2 (2010) SURVEYS

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Promoting Evidence-Based Strategies to Fight the Global Tobacco Epidemic

UNIVERSITY OF Waterloo

itc
International Tobacco Control Policy Evaluation Project

THE NEED FOR SMOKE-FREE POLICIES IN BANGLADESH: EVIDENCE FROM THE ITC PROJECT

The WHO Framework Convention on Tobacco Control (FCTC), adopted in 2003, is the world's first public health treaty. The treaty aims to address the global tobacco epidemic through a variety of measures to reduce tobacco demand and supply, which are specified in various Articles covering a range of domains, including price and taxation, exposure to tobacco smoke, tobacco advertising and sponsorship, cessation and treatment, and tobacco warning labels. With 172 Parties as of May 2011, the FCTC is one of the most successful treaties ever established, with a great deal of evidence indicating the effectiveness of FCTC guidelines when implemented appropriately within countries.

Bangladesh was the first country to sign the FCTC in June 2003 and was among the first countries to ratify the treaty, in May 2004. As a Party to the FCTC, Bangladesh is required to adopt effective measures to provide protection from exposure to tobacco smoke. Guidelines for Article 8 recommend a comprehensive ban on smoking in public places and workplaces, without exceptions (see Table 1). In Bangladesh, smoking is restricted in public places and public transportation, however designated smoking areas are permitted, in accordance with the Tobacco Control Act (TCA) enacted in 2005.

Table 1. Article 8 Guidelines – a roadmap for effective smoke-free laws

1. **Eliminate tobacco smoke to create 100% smoke-free places**
2. **Protect everyone – don't allow exemptions**
3. **Use legislation, not voluntary measures**
4. **Provide resources for implementing and enforcing the law**
5. **Include civil society as an active partner**
6. **Monitor and evaluate smoke-free laws**
7. **Be prepared to amend the law if needed**

Source: Global Smoke-free Partnership (2010). Article 8 Status report (2010). Available at www.globalsmokefreepartnership.org

In an effort to evaluate the impact of tobacco control policies in Bangladesh, the ITC Bangladesh Project was created in 2008 by researchers from the Bureau of Economic Research (BER) and the Department of Economics at the University of Dhaka, working in collaboration with the University of Waterloo in Canada, the lead organization for the ITC Project. A nationally representative cohort of adult smokers and non-smokers, aged 15 and older were surveyed by face-to-face interview in 2009 (Wave 1) and 2010 (Wave 2). This report presents findings from Wave 1 and Wave 2 of the ITC Bangladesh Survey that assess the effectiveness of the current smoke-free policies in Bangladesh. The findings are discussed in relation to the FCTC Guidelines for Article 8 and the results of smoke-free policy measures from 19 other ITC countries.

ITC Bangladesh Survey

Survey Mode: Face-to-face survey

Wave 1 Survey Dates: February to May 2009

Wave 1 Survey Sample: A nationally representative cohort sample of 2,367 adult smokers (including cigarettes and bidis) and 2,008 adult non-smokers aged 15 and above.

Wave 2 Survey Dates: March to June 2010

Wave 2 Survey Sample: The Wave 2 sample consisted of 2,311 adult smokers (including 2,191 Wave 1 recontact smokers (93% retention from Wave 1) and 120 replenishment smokers) and 1,940 adult non-smokers (including 1,822 recontact non-smokers (91% retention from Wave 1) and 118 replenishment non-smokers).

What is the ITC Project?

The International Tobacco Control Policy Evaluation Project (the ITC Project) is the first-ever international cohort study of tobacco use, being conducted in 20 countries. It is designed to evaluate the impact of policies implemented under the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). Each ITC Survey follows standardized protocols and includes rigorous measures to assess the impact and identify the determinants of effective tobacco control policies in the following areas:

- **Health warning labels and package descriptors**
- **Smoke-free legislation**
- **Pricing and taxation of tobacco products**
- **Education and support for cessation**
- **Tobacco advertising and promotions**

ITC Survey findings provide an evidence base to guide policies enacted under the FCTC, and to systematically evaluate the effectiveness of these legislative efforts.

Suggested citation: ITC Project (May 2011). *ITC Bangladesh Report on Smoke-Free Policies*. University of Waterloo, Ontario, Canada and University of Dhaka, Bangladesh.

The Essential Role of Smoke-Free Policies in Tobacco Control

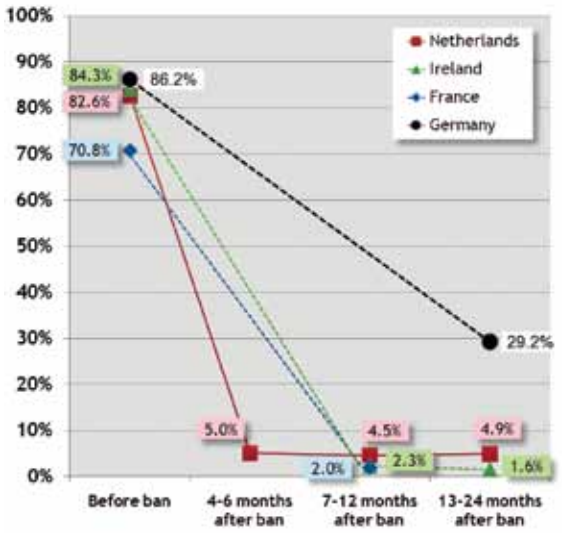
The WHO estimates that one-third of adults around the world are regularly exposed to second-hand smoke.[1] Tobacco smoke is known to contain at least 4,000 chemicals, and second-hand smoke has been shown to cause many adverse health effects, such as lung cancer, heart disease, asthma, and sudden infant death syndrome.[2, 3] Approximately 600,000 premature deaths each year are caused by second-hand smoke.[4] Smoke-free policies are essential to reducing exposure to second-hand smoke, thus alleviating the public health burden of second-hand smoke.

Guidelines for Article 8 of the FCTC adopted at the second Conference of the Parties in 2007 set the core principles for achieving 100% smoke-free environments, including monitoring and evaluation of enforcement of legislation. Many countries have implemented complete bans on smoking in public indoor areas and workplaces in line with Article 8 Guidelines.

Evidence from the ITC Project shows that strongly implemented national smoke-free policies can achieve a near-total reduction of smoking in public places. For example, smoking bans in bars and restaurants in Ireland, Scotland, and France resulted in reduced levels of observed smoking in these venues from more than 80% to less than 5%.[5, 6] In contrast, countries that have had weaker implementation of smoking restrictions, for example, Germany, which has implemented state-level bans with various exemptions have experienced less successful results (see Figure 1).

Smoke-free laws have been shown to be related to quitting. For example, 46% of Irish smokers reported that the law made them more likely to quit, and 88% of those who did quit said the law helped them to remain quit.[7] Similar findings were observed in Scotland after smoke-free legislation was enacted in 2006 — following the ban, 44% of quitters reported that the law had helped them to quit.[8]

Fig 1. Percentage of smokers who noticed smoking in restaurants at last visit, before and after smoking bans in Ireland, France, Germany and the Netherlands



Tobacco Use in Bangladesh

Tobacco use is a leading cause of death and disability in Bangladesh. Currently, there are 41.1 million people who use tobacco, including 20.9 million people who smoke either cigarettes or bidis or both.[9] The World Health Organization estimates that smoking causes 57,000 deaths and 400,000 disabilities each year in Bangladesh.[10]

According to ITC Bangladesh Survey findings, overall smoking (cigarettes, bidis, and hookah) prevalence has been increasing since 2004. A national survey on tobacco use, conducted in 2004-5 by WHO, estimated smoking prevalence at 20.9%. In 2009, smoking prevalence had increased to 22.0% (42.0% of males and 1.3% of females) in the ITC Bangladesh Wave 1 Survey.[11] Compared to 2004, there are now 2.5 million more smokers in Bangladesh. Of particular concern is the growth in smokeless tobacco use – from 14.8% to 27.6% among men and from 24.4% to 32.0% among women between 2004 and 2009. According to the Global Adult Tobacco Survey (GATS) conducted in Bangladesh in 2009, 63.0% of workers (11.5 million adults) are exposed to tobacco smoke at the workplace and 45.0% of adults are exposed to tobacco smoke in public places.[12]

1. *WHO (2008). WHO report on the global tobacco epidemic, 2008: The MPOWER package. Geneva, World Health Organization. Available at: http://www.who.int/tobacco/mpower/en/*
2. *California Environmental Protection Agency (2001). Health effects of exposure to environmental tobacco smoke. Smoking and Tobacco Control Monograph 10. Bethesda, Maryland: National Cancer Institute.*
3. *Glantz S.A. and Parmley W. (1992). Passive smoking and heart disease: epidemiology, physiology, and biochemistry. Circulation 83:1-12.*
4. *WHO (2008). WHO report on the global tobacco epidemic, 2008: The MPOWER package. Geneva, World Health Organization. Available at: http://www.who.int/tobacco/mpower/en/*
5. *Fong G.T. et al. (2006). Reductions in tobacco smoke pollution and increases in support for smoke-free public places following the implementation of comprehensive smoke-free workplace legislation in the Republic of Ireland: findings from the International Tobacco Control (ITC) Ireland/UK Survey. Tobacco Control, 15(Suppl. 3): iii51–iii58.*
6. *ITC Project (February 2009). ITC France National Report. University of Waterloo, Waterloo, Ontario, Canada; French Institute for Health Promotion and Health Education (INPES) French National Cancer Institute (INCa), and French Monitoring Centre for Drugs and Drug Addiction (OFDT), Paris, France.*
7. *Fong G.T. et al. (2006). Reductions in tobacco smoke pollution and increases in support for smoke-free public places following the implementation of comprehensive smoke-free workplace legislation in the Republic of Ireland: findings from the International Tobacco Control (ITC) Ireland/UK Survey. Tobacco Control, 15(Suppl. 3): iii51–iii58.*
8. *Fowkes F.J. et al. (2008). Scottish smoke-free legislation and trends in smoking cessation. Addiction, 103:1888–1895.*
9. *ITC Project (April 2010). ITC Bangladesh National Report. University of Waterloo, Waterloo, Ontario, Canada; University of Dhaka, Dhaka, Bangladesh.*
10. *WHO (2006). Impact of Tobacco-Related Illnesses in Bangladesh. World Health Organization. South East Asia Region. New Delhi, India.*
11. *ITC Project (April 2010). ITC Bangladesh National Report. University of Waterloo, Waterloo, Ontario, Canada; University of Dhaka, Dhaka, Bangladesh.*
12. *WHO (2009). Global Adult Tobacco Survey: Bangladesh Report 2009. World Health Organization.*

The Tobacco Control Act does not protect the Bangladeshi people from the harms of exposure to tobacco smoke as required by Article 8 of the FCTC.

Smoke-Free Policies in Bangladesh

In 2005, the Tobacco Control Act (TCA) declared a complete ban on smoking in health-care and educational facilities and public transportation; however, there is only a partial ban on smoking in universities, government facilities, indoor offices, restaurants, and pubs and bars as designated smoking areas are permitted. Thus, Bangladesh has not implemented a comprehensive national smoke-free policy without exemptions as recommended by Article 8 of the FCTC. Article 8 Guidelines state that approaches other than 100% smoke-free environments, including ventilation, air filtration, and the use of designated smoking areas (whether separate ventilation systems or not), have repeatedly been shown to be ineffective. Given the current policy weaknesses, the WHO MPOWER (2008) report assigned Bangladesh a score of 0 out of 10 in the implementation of smoke-free policies, and a score of 4 out of 10 on compliance with smoke-free regulations.[13]

Smoke-Free Policy Evaluation Measures in the ITC Survey

The ITC Bangladesh Survey measures smokers' and non-smokers' awareness of current rules about smoking in various public venues, as well as smoking restrictions in the home and levels of support for policies to ban or restrict smoking in various public venues. The ITC Survey asks smokers and non-smokers whether they observed smoking during their last visit to each key public venue, which is a primary measure of the effectiveness of the smoke-free law. Finally, current smokers are asked whether the smoke-free law introduced in 2005 made them cut down on the amount that they smoke or made them more likely to quit smoking.

Bangladesh lags far behind other countries in efforts to reduce exposure to tobacco smoke. Strong guidelines adopted for Article 8 require all indoor workplaces and public places to be completely smoke-free without exemptions. By allowing designated smoking rooms in workplaces, restaurants, and other indoor public places, the Tobacco Control Act falls short of meeting the Article 8 Guidelines.

13. WHO (2008). WHO report on the global tobacco epidemic, 2008: The MPOWER package. Geneva, World Health Organization. Available at: http://www.who.int/tobacco/mpower/en/

FINDINGS FROM THE ITC BANGLADESH WAVE 1 AND WAVE 2 SURVEYS

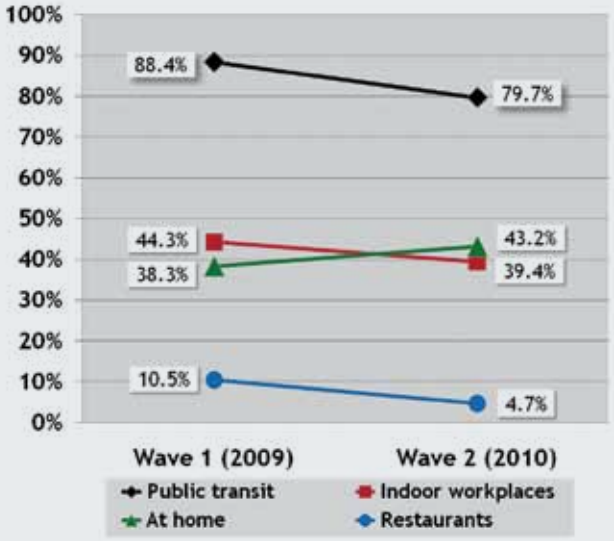
Smoking on Public Transportation

The majority of smokers and non-smokers are aware of the current smoking ban on any mode of public transportation. At Wave 2, 80% of smokers and 81% of non-smokers indicated that smoking is not allowed at all on buses, ferries, launches, or trains — a slight decrease in awareness of the policy from Wave 1 (88% of smokers and 87% of non-smokers, respectively) (see Figure 2).

Despite high awareness of the ban, more than one-third of smokers (37%) and 31% of non-smokers who rode public transportation in the last 6 months observed people smoking during their last trip. There is evidence of a decrease in smoking on public transportation between Wave 1 and Wave 2. At Wave 1 almost half of respondents (49% of smokers and 46% of non-smokers) said they observed smoking on their last trip (see Figure 3).

An overwhelming majority of smokers and non-smokers support the complete ban on smoking on public transportation. At Wave 2, 97% of smokers and 98% of non-smokers agreed that there should be a complete ban on smoking in public transportation, which is essentially unchanged from 99% among both groups at Wave 1 (see Figure 4).

Fig 2. Percentage of smokers who reported a complete smoking ban in various venues, Wave 1 and Wave 2

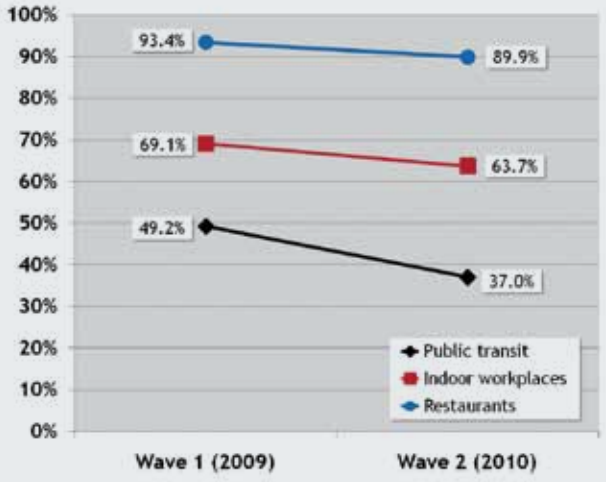


Smoking in Workplaces

Complete smoking bans in indoor workplaces exist in Bangladesh, but they are not universal. At Wave 2, among those who work outside the home in an indoor workplace, 39% of smokers indicated that smoking is not allowed in any indoor areas. This is a slight decrease from 44% at Wave 1 (see Figure 2). Therefore the majority of smokers do not have 100% smoke-free workplaces —almost two-thirds (64%) of smokers at Wave 2 reported that they noticed people smoking indoors at their workplace in the last month. This is the second highest percentage among 16 ITC countries. In addition, 44% of smokers indicated that there are no rules or restrictions on smoking in their workplaces, which is almost identical to Wave 1 (46%).

The majority of smokers support a complete ban on smoking in workplaces. However, as indicated in Figure 4, there was a significant decline in support between Wave 1 and Wave 2 (from 80% at Wave 1 to 62% at Wave 2). This decline was also found among the cohort sample of smokers who participated in both the Wave 1 and Wave 2 surveys. Among non-smokers, support for a complete ban on smoking in the workplace remained very high, although there was a slight decline — 91% at Wave 1 vs. 87% at Wave 2.

Fig 3. Percentage of smokers who noticed smoking in various venues at last visit, Wave 1 and Wave 2



60% of smokers in Bangladesh who work indoors report that their workplace does not have a complete smoking ban, and 64% report that they are exposed to second-hand smoke in indoor workplaces. However, 61% of smokers support a complete ban in indoor workplaces.

Smoking in Restaurants and Tea Stalls

Bangladesh does not have strong policies on smoking in restaurants and as a result virtually all patrons are exposed to second-hand smoke. Accordingly, 63% of smokers at Wave 2 said that there are no rules or restrictions on smoking in restaurants and tea stalls. Only 5% of smokers indicated that there is a complete ban on smoking inside restaurants and tea stalls (see Figure 2).

Among those who visited a restaurant in the last 6 months, 90% of smokers noticed people smoking during their last visit, compared to 93% at Wave 1. This is the highest percentage of observed smoking compared to 18 other ITC countries and the same prevalence as observed in China (see Figure 5). In contrast, the prevalence of noticing smoking was very low in the most recent wave of other ITC countries such as Ireland (1%), France (2-3%), and Mexico City (11%) where smoke-free policies in restaurants were carefully planned and launched with public information campaigns and followed up with strong enforcement and strict penalties.

Support for a complete ban on smoking in restaurants is weaker among Bangladeshi smokers than for other venues and there is also evidence of a decrease in support between Wave 1 (70% of smokers) and Wave 2 (44% of smokers). However, among non-smokers, complete bans in restaurants are as strongly supported (86% of non-smokers) as they are in workplaces and this support has remained fairly consistent since Wave 1 (86% supported restaurant bans).

Smoking in the Home

Evidence from the ITC Project suggests that comprehensive smoking bans in public places do NOT lead to more smoking in the home. In fact, they sometimes lead to an increase in smoke-free homes.[14, 15, 16, 17, 18]

Complete smoking bans in the home are surprisingly common in Bangladesh. 43% of smokers have completely banned smoking in their own homes (see Fig. 2), and an additional 21% have partial smoking restrictions in the home. The percentage of smokers who report having no rules or restrictions about smoking in their home decreased from 45% at Wave 1 to 36% at Wave 2.

Support for Smoking Bans in Other Public Venues

Smokers and non-smokers almost unanimously supported complete smoking bans in hospitals (98% of smokers at Wave 1 and Wave 2) and in schools, colleges, and universities (97% of smokers supported a complete ban, representing a slight increase from 95% at Wave 1).

Impact of the Current Smoking Ban

Only about one-third of smokers at Wave 2 (36%) said the current smoke-free law made them more likely to quit smoking. In addition, a minority of current smokers (25%) said the law made them cut down on the amount they smoke. Both of these findings were fairly consistent with Wave 1 results.

Fig 4. Percentage of smokers who support a complete ban in various venues, Wave 1 and Wave 2

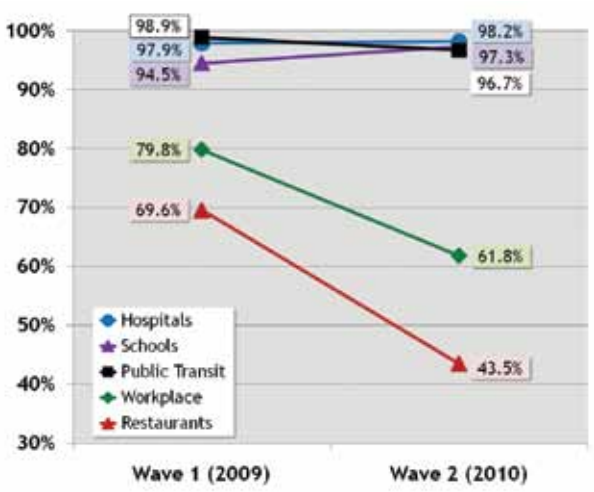
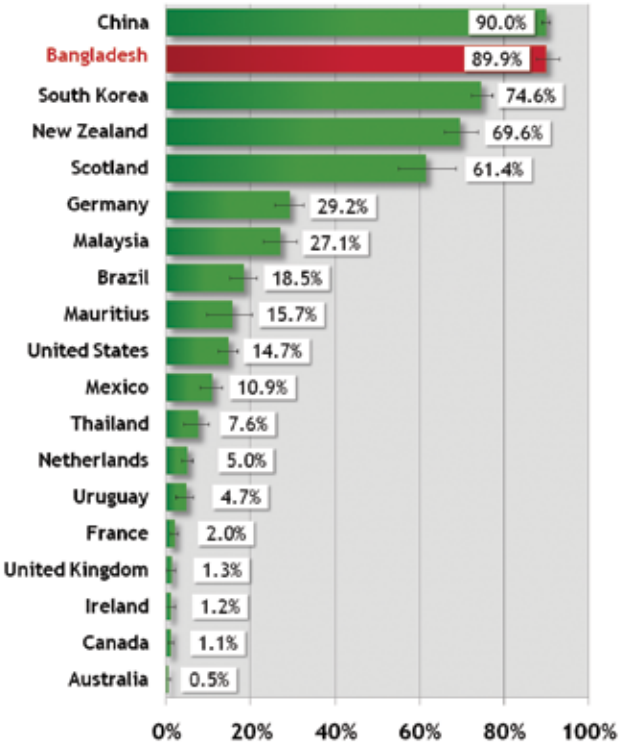


Fig 5. Percentage of smokers who observed people smoking indoors in a restaurant during their last visit in the last 6 months, by country



Ireland and Scotland data 2006.
South Korea, New Zealand and France data 2008.
Australia, Canada, US, UK, and Uruguay, data 2008/09.
Brazil, China, Germany, Malaysia, and Thailand data 2009.
Bangladesh, Mexico, Mauritius, and Netherlands data 2010.

14. *Borland, R., Yong, H.H., Cummings, K.M., Hyland, A., Anderson, S., and Fong, G.T. (2006). Determinants and consequences of smoke-free homes: findings from the International Tobacco Control (ITC) Four Country Survey. Tob Control 15:iii42-iii50.*
15. *Fong, G.T., Hyland, A., Borland, R., Hammond, D., Hastings, G., McNeill, A., et al. (2006). Reductions in tobacco smoke pollution and increases in support for smoke-free public places following the implementation of comprehensive smoke-free workplace legislation in the Republic of Ireland: findings from the ITC Ireland/UK Survey. Tob Control 15:iii51-iii58.*
16. *Hyland, A., Higbee, C., Hassan, L., Fong, G.T. et al. (2007). Does smoke-free Ireland have more smoking inside the home and less in pubs than in the United Kingdom? Findings from the International Tobacco Control Policy Evaluation Project. Euro J Public Health 18(1):63-65.*
17. *ITC Project (February 2009). ITC France National Report. University of Waterloo, Waterloo, Ontario, Canada; French Institute for Health Promotion and Health Education (INPES), French National Cancer Institute (INCa), and French Monitoring Centre for Drugs and Drug Addiction (OFDT), Paris, France.*
18. *ITC Project (January 2010). ITC Germany National Report. University of Waterloo, Waterloo, Ontario, Canada; DKFZ (German Cancer Research Center).*

CONCLUSIONS AND IMPLICATIONS

The ITC Bangladesh Survey provides evidence that the Tobacco Control Act has not been effective in protecting the Bangladeshi people from exposure to tobacco smoke, as required by Article 8 of the FCTC. The Wave 2 findings indicate that smoking in public places has decreased slightly since Wave 1, however it continues to be prevalent in restaurants and workplaces, as well as on public transit where smoking is banned.

The findings highlight the importance of implementing comprehensive smoking bans with no exceptions as recommended in the Article 8 Guidelines in both workplaces and restaurants in particular. The prevalence of smoking in these indoor spaces was very high, which shows the ineffectiveness of partial smoking restrictions allowing designated smoking areas in achieving smoking reductions.

Policymakers in Bangladesh must move forward to address the shortcomings of the Tobacco Control Act and adopt a strong comprehensive national smoking ban with no exceptions in workplaces and other indoor public places.

Evidence from the ITC Project suggests that well-implemented smoke-free laws result in many benefits – near elimination of second-hand smoke, strong public support for the policy, and increases in smoke-free homes. Although smokers' support for complete smoking bans in restaurants was low, evidence from other ITC countries indicates that support for comprehensive smoking bans increases dramatically among both smokers and non-smokers after they are implemented. For example, in the ITC Ireland Survey, support for complete smoking bans in each of seven venues, including restaurants and bars, increased following the enactment of smoke-free legislation in all workplaces.[19] Strong support among smokers for existing complete smoking bans on public transportation and in hospitals and schools in Bangladesh suggests that they will become more supportive of smoking bans in other public places after they are implemented. Non-smokers are already unanimous in their support for a 100% ban on smoking in public places and this has not changed since Wave 1.

At Wave 2, there was an increase in the percentage of smokers who reported implementing complete smoking restrictions in the home compared to Wave 1. This can be expected to increase as stronger smoke-free policies in other public venues are implemented.

By ratifying the FCTC, Bangladesh is obligated to implement strong and comprehensive smoke-free laws, in accordance with Article 8 Guidelines. To protect the public from the negative health consequences of second-hand smoke, Bangladesh must implement a strongly enforced, national comprehensive ban on smoking in public places with no exceptions. Evidence from successful smoking bans in other ITC countries point to key factors that make smoke-free laws work: information campaigns to educate the public about the hazards of tobacco smoke and the importance of smoke-free laws in reducing those hazards followed by strong and consistent enforcement of the policies.[20]

19. Fong G.T. et al. (2006). Reductions in tobacco smoke pollution and increases in support for smoke-free public places following the implementation of comprehensive smoke-free workplace legislation in the Republic of Ireland: findings from the International Tobacco Control (ITC) Ireland/UK Survey. Tobacco Control, 15(Suppl. 3):iii51–iii58.

20. For example, the Global Smoke-free Partnership at http://www.globalsmokefreepartnership.org is a key resource for helping countries to achieve 100% smoke-free places by providing information and materials on smoke-free policies and technical assistance on implementation, enforcement, and training.

THE ITC INTERNATIONAL TEAM

The ITC International Research team includes over 80 tobacco control researchers in 20 countries worldwide. Its Principal Investigators are:

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FUTURE DIRECTIONS

The ITC Project continues to explore opportunities for collaborating with low- and middle-income countries to help policy makers design, implement, and evaluate FCTC policies.

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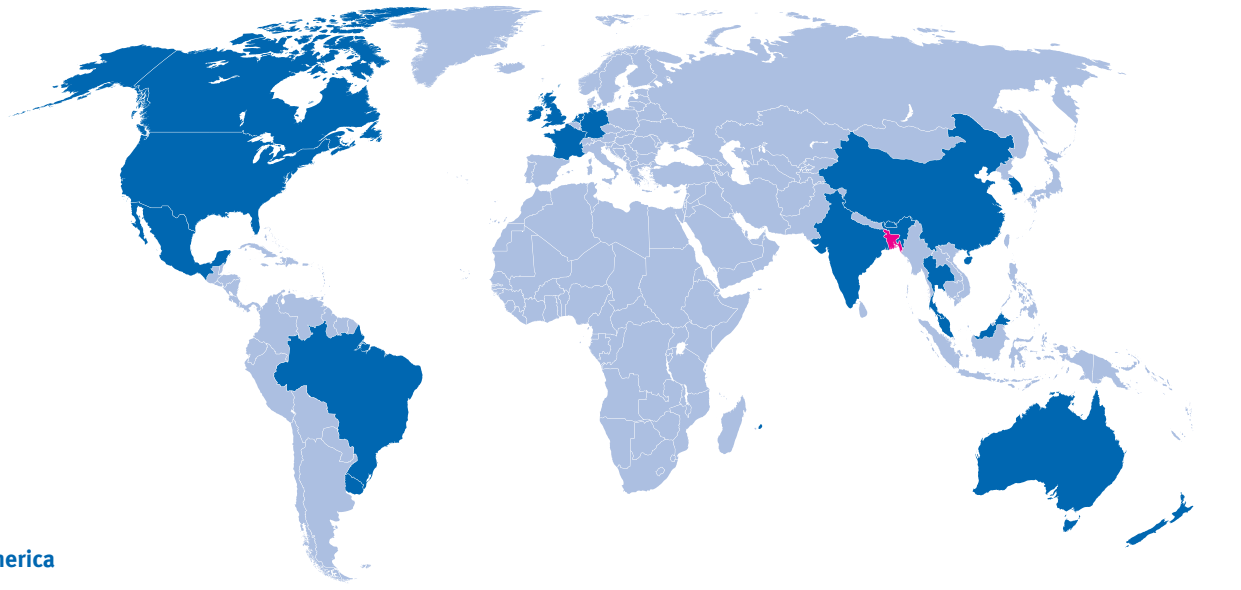
****Support for ITC Bangladesh Project**

THE ITC PROJECT: EVALUATING THE IMPACT OF FCTC POLICIES IN...

20 countries • 50% of the world's population • 60% of the world's smokers • 70% of the world's tobacco users

Australia
Bangladesh
Bhutan
Brazil
Canada
China (Mainland)
France
Germany
India
Ireland
Malaysia
Mauritius
Mexico
Netherlands
New Zealand
South Korea
Thailand
United Kingdom
Uruguay
United States of America



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