Tobacco to kill eight million people by 2030

Oral cancer is one of the most devastating forms of cancer and is the greatest concern associated with smokeless tobacco use. Those who survive often experience a significant impact on their quality of life.

Mohammad Wali Raman

One of the main and presentable causes of premature death and disability is the use of tobacco. About 54 lakh people die every year due to tobacco-related diseases. By 2030, the annual death will rise to 8 million. More than three-fourths of these deaths will occur in lower and middle-income countries. So the picture of tobacco-related death and damage in Bangladesh is horrific. According to Tobacco Atlas-2018, in Bangladesh every year one lakh thousand two hundred people die from tobacco-related diseases.

In our country, tobacco use is two types - smoking and smokeless. Smoke tobacco products include cigarette, bidi, hookah, hookah, and cigar etc. Smokeless tobacco includes zarda, gud, saadapata, kharie etc. Smokeless tobacco products are widely accepted and widely used among the people of our country. Among South Asian countries India, Pakistan, Sri Lanka, and Afghanistan also have use of smokeless tobacco products, but not less than the female number of men besides. Generally, in our house or village grandfathers, and uncle as well as aunts are seen to have zarda and saadapata with betel leaf. More importantly, the use of leaf at our wedding reception is very popular and is very much appreciated by guests. But we do not know, we take the poison in our own social system.

According to WHO Global adult tobacco survey (GATS)-2017, we found 35.3 per cent overall (37.8 million adults), 40 per cent of men and 25.4 per cent women currently used tobacco.

This study shows that 21.6 per cent (22.5 million) adult population is using smokeless tobacco products person in the age of 15 years, according to the study of the primary and theoretical factors. A significant portion of the study is that women are using smokeless tobacco products more often. The rate of use of smokeless tobacco products in the year 2009 was 26.4 per cent among adult males, 27.9 per cent for adult women and the year 2017 is 16.2 per cent in adults and 24.6 per cent in adult males. So, according to the results of two studies, the use of smokeless tobacco products among women is still very high. The use of smokeless tobacco products mainly increases heart disease, stroke, and neck as well as mouth cancer. Use of smokeless tobacco products among adult men is getting high blood pressure, cardiovascular disease. In the last 15 years, mouth and neck cancer has increased due to the use of smokeless tobacco products. In our country, among all cancers have 32-33 per cent of mouth and neck cancer. The number of patients will be doubled in 10 years. People are suffering from cancer due to having smokeless tobacco. There is a significant increase in non-communicable diseases due to the use of tobacco products as social norms in the South Asian region as well as Bangladesh at female teenagers and women. Smokeless tobacco and public health in Bangladesh (Indian Journal of Public Health Supplement) in the study, found that the cheaper variety of Zarda is sold for 60-65 Taka per gram, and the highest price variant is sold for 6.40–1,00 Taka per gram, the price of Gud is relatively skewed centering on a global way. Bangladesh is the first signatory country of this agreement and in its continuation, Bangladesh formulated the Smoking and Tobacco Products (control) Act in 2005 and subsequently amended the law in 2013. Although there is no restriction on the use of smokeless tobacco in the law, various initiatives may be taken to reduce the use of smokeless tobacco products. The potential initiatives are as below:

1. "saadapata" production companies should be highlighted, marketing is undertaken by packaging tax structure.
2. Take appropriate measures to control the use of tobacco products by government and related authorized organizations.
3. Smokeless tobacco packaging should be manufactured by Graphical Health Warning (GHW) by the law, and it will be monitored.
4. Instead of the complex structure of the tax, to make specific supplementary duty or excise duty, and to increase the tax excise tax of 15 per cent, in order to reduce the ability to purchase tobacco products, and increase the government revenue.
5. Increase the health development charge from 1 per cent to 2 per cent.
6. According to the law, tobacco products should not be sold to anyone under 16 years of age. There are FCTC basic prerequisites for achieving sustainable development goals in developing countries like Bangladesh. And by 2040 for tobacco-free country, we need to change the tax structure and take the necessary steps to make effective pictorial health warning.