Smokeless tobacco control policy in Bangladesh: A stakeholder study of challenges for implementation and compatibility with the World Health Organization Framework Convention on Tobacco Control

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Background

- Smokeless tobacco (ST) covers a variety of commercial or non-commercial products and combinations that include tobacco as the main component and are used either orally or nasally without combustion.
- ST which is widely used in South East Asia contributes substantially to overall tobacco use in Bangladesh.
- Approximately, 22 million adults are current user of ST in Bangladesh.
- Among the current user, a higher percentage of women (24.8%) used ST in compare to men (16.2%).
- ST contains more than 30 carcinogens and is associated with adverse health outcomes, including oral cancer, oropharyngeal cancer, oesophageal and pancreatic cancer, cardiovascular disease, hypertension, and adverse pregnancy outcomes.
- In Bangladesh, available ST are betel quid with tobacco, zarda, gud, safa pole, and Khonkii.
- There are concerns that FCTC legislation and implementation of ST control policy is insufficient in Bangladesh.

Method

- Semi-structured interviews with key informants were conducted in Dhaka, Bangladesh.
- Interviews were conducted in Bangladesh between September 2017 and January 2018.
- Three groups of key informants (policy makers, non-governmental organization (NGO) workers and tobacco control advocates) were purposively selected, using previous knowledge of stakeholders who were relevant players in the tobacco control program in Bangladesh.

Participants

- All invited participants agreed to take part in the study.
- A total of 20 participants were interviewed and saturation was reached at this stage.
- Participants (16 males and 4 females) included officials from government organizations, international funding agencies, journalists, physicians, NGO officials, tobacco control promoters, academicians and economists.

Types of smokeless tobacco

- Backed quid (with) tobacco
- Leaf tobacco
- Tobacco-cured betel quid
- Dry quid
- Table quid
- Paan
- Paan with tobacco
- Tobacco powder
- Tobacco roll
- Tobacco dice
- Tobacco-powdered tobacco
- Tobacco-wet quid
- Tobacco-cream quid
- Chewing quid
- Cigarette shaped shisha
- Tobacco packets/containers

Result

Theme 1: FCTC policy adoption and national policies

1. Participants’ major concerns were limited availability of awareness programs related to health hazards of ST products in Bangladesh. Several participants identified that tobacco control activities are not visible in Bangladesh except the celebration of World No Tobacco Day.
2. Participants identified lack of regulation about the harmful contents of locally produced ST products and an absence of rules for disclosure of contents of ST products to the government.
3. Bangladesh has introduced 50% graphical health warning (GHW) on tobacco package. But there are concerns about limited visibility of GHW for delivering health harm messages due to variability in size and shape of packets/containers.
4. ST products are taxed at a much lower rate than cigarette based on the percentage of ‘ex-factory price’ rather than retail price. Manufacturer decide the ex-factory price. Eventually base price of ST products are low.
5. FCTC supply reduction measure, policy for elimination of illicit trade in tobacco (i.e. smuggling, illicit manufacturing, counterfeiting) is not available in Bangladesh and consequently there are no directions for control of illicit trade
6. The smoking and tobacco products usage (control) act, Bangladesh, prohibited all forms of tobacco advertising, promotion and sponsorship. But indirect forms of advertisement are occurring in Bangladesh. Picture of owners of manufacturing companies are bigger than the GHW in some ST packages.
7. Tobacco control law in Bangladesh stated that government can take necessary initiatives to discourage tobacco cultivation. Participants urged government should come forward with financial incentives for farmers to cultivate agricultural products other than tobacco.

Theme 2: Challenges of ST control

1. Lack of product regulation, gaps in current legislation and inadequate training of law enforcement agencies hinder proper law enforcement in case of ST products in Bangladesh.
2. Lack of knowledge hampers highlighting health hazards of ST and works as a barrier in providing evidence for policy change.
3. Monitoring of supply side of ST products is overlooked: a significant number of unregistered companies and tobacco vendors exist in the market

Theme 3: Incompatibility with FCTC

1. Implementation of FCTC guideline is very slow and the activities are limited to policy level.
2. Need a comprehensive initiative for policy formulation i.e. packaging, stopping illicit trade of ST in South Asian countries.
3. Tobacco companies try to interfere in government policy in Bangladesh.

Theme 4: Expansion of ST control policy

1. Need strong government leadership and political commitment to fulfill the Bangladesh government’s tobacco-free initiative by 2040.
2. Few NGOs collaborate with public sector in ST control issues. Participants urged stewardship of the government sector regarding control of ST products.
3. Bangladesh health development surcharge (a 1% toll on all tobacco products) could be used for awareness campaigns, capacity building and monitoring of ST products.

Discussion

- Bangladesh has adopted some important FCTC policy.
- Legislation remains inadequate to implement graphic health warning, cross country trade and ban on sale to and by minors.
- Domestication FCTC in Bangladesh requires collaboration with different stakeholders.
- Bangladesh needs to uphold ST control as a priority.

Selected representative quotes

- ‘Many people just think smoking cigarettes is harmful; they quit cigarettes and initiate ST’
- ‘There is no policy for disclosure of contents of ST. Information is not provided in the packet of ST’
- ‘Health warning is small, color is not appropriate and not clear’
- ‘The current tax system is ineffective. Base price is too low, so tax increases do not have any impact on price increase’
- ‘Neighbouring countries’ ST products are available in Bangladesh. There is no information whether these are imported legally or not’
- ‘Implementation of provisions of the rules are not yet very harsh unlike smoking products’
- ‘If we do not focus on the supply side factors to reduce the supply, then ST control efforts will be obstructed’
- ‘Most ST manufacturers do not comply with law in marketing their products’
- ‘A guideline and action plan are needed for implementing all provisions of tobacco control law effectively’
- ‘Industry often publicized ST industry as cottage industry’
- ‘There is lack of coordination between relevant government organizations for tobacco control

References

5. Singh PK. Smokeless tobacco use and public health in countries of South-East Asia region