

An Analysis of Tobacco Consumption & Existing Anti-Tobacco Laws in Bangladesh

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Abstract

This dissertation analysis the harmful effects of the tobacco usages and smoked and smokeless tobacco on Public Health, Social and Environment. This dissertation analysis the present status of tobacco control in Bangladesh and existing laws regarding to the tobacco control in Bangladesh as well. This research also examines the leading case – Prof. Nurul Islam Case for the banning of the advertisement of tobacco products as well as landmark guidelines from the High Court Division. This dissertation also analysis the loopholes of existing anti-tobacco laws in Bangladesh as well as the comparison of the legal provisions existing laws with the Indian existing laws. This dissertation also examines the activities of the government and different kinds of NGOs in Bangladesh. And lastly fifth and sixth chapter deals with the findings and recommendations that need to be implemented.

Keywords: Tobacco Consumption; Smoked and Smokeless Tobacco; Passive Smoking; Existing Laws; Public Place.

1. Introduction

Tobacco is the major leading cause of premature and preventable death and disease worldwide. It is the common public health concern. Tobacco is deadly in any form or disguise. Scientific evidence has unequivocally established that exposure to tobacco smoke cause death, disease and disability. It estimated to kills one in ten persons globally, accounting for approximately more than seven million deaths per year, out of which 1.2 million deaths occurs in the South-East Asia Region (SEAR). Tobacco causes various harmful diseases in human body. A recent study About three million people die prematurely each year due to tobacco use that causes cardiovascular diseases like as Heart attacks, stroke etc. and also the deaths were due to bronchial carcinoma as well as cancer of lips, mouth, mouth cavity, nasal cavity, lung cancer, Para-nasal sinuses, larynx, pharynx, gastric, infection in urinary bladder etc. that are caused by the consumption of tobacco. It is called silent hunter of human body because direct consumption of tobacco caused harm in human body but passive smoking is the great risk for non-smoker. It is also alarming that every year approximately six million deaths are occurred through second hand smoke exposure. Bangladesh has one of the world's highest rates of tobacco use and the rate among young people is particularly high. It's alarming that the rate is increasing day by day. People are taking tobacco in various forms or patterns as smoked tobacco or smokeless tobacco consumption (SLT) and the prevalence of tobacco consumption is raising high in rural areas and smokeless tobacco consumption rate is higher in rural areas than urban areas in Bangladesh. Smoked tobacco means cigarette or any other tobacco that exposed smoke and smokeless tobacco means such tobacco that may be taken by chewing such as tobacco leaf, sad pata, gul, jarda etc. Smoking was associated with excess death among smokers between thirty to seventy years mainly from tuberculosis and also from respiratory vascular disease. Second Hand tobacco smoking is the big risk to child and aged. There is conclusive evidence linking passive smoking to an increased risk of cardiovascular disease, lung cancer and other increased risk of cardiovascular disease, asthma and other respiratory disease in adults and children. The pregnant women and children who worked in tobacco industries are on heavy risk of health concern and who cultivates tobacco is also in high risk of health problem. Tobacco also effects on economy. It brings money by taxation but expense lot of money by public health issues. Tobacco leads to clearing of forests for cultivation, Stripping fuel wood forest resources for packaging thus damaging the environment. Tobacco depletes the soil nutrient at a very rapid rate and displaces the indigenous flora and fauna thus becoming a source of pet and for other crops. To reduce such problems in Bangladesh has some tobacco control measures. Tobacco control measure are expected to reduce smoking, or at the very least to the potential rise in smoking prevalence that has been observed in certain population groups. But the people are ignore the laws because of less knowledge and lack of strict and proper implementation of existing laws rating to tobacco control and somewhere the law

implementation authorities are not conscious or aware about the existing laws. Sometimes the issues or policies of the tobacco industry block the way to development of laws and proper implementation of existing laws.

2. Definition of Some Important Terms

2.1. Tobacco

Tobacco means any *Nicotiana tabacum* or *Nicotiana rustica* plant or any other related plants or its leaf or crop, root branch or any part of it.

2.2. Tobacco Products

Tobacco products means any products made from tobacco, tobacco leaves, or its extract which can be sucked or chewed or inhaled through smoking and shall include bidi, cigarette, cheroot, granulated, plug cuts, snuff, chewing tobacco, cigar and mixtures used in pipe.

2.3. Smoking

Smoking means inhaling and exhaling the smoke of any tobacco product and shall include the holding of controlling any ignited tobacco product

2.4. Smokeless Tobacco

Smokeless tobacco means taking tobacco by the way of chewing tobacco without inhaling and exhaling the smoke of tobacco.

2.5. Second hand or passive Tobacco Consumption

Generally Second-hand smoking means smoke that comes from the burning of a tobacco product and smoke that is exhaled by smokers. Inhaling secondhand smoke is called involuntary or passive smoking. Involuntary (or passive) smoking is the exposure to second-hand tobacco smoke (SHS) which is a mixture of exhaled mainstream smoke and side stream smoke released from a smoldering cigarette or other smoking device (cigar, pipe, bidi, etc.) and diluted with ambient air. Sometimes second-hand tobacco smoke is also referred to as “Environmental” tobacco smoke (ETS). Involuntary smoking involves inhaling carcinogens and other toxic components that are present in second hand tobacco smoke.

2.6. Public Place

Public place means educational institution, government office, semi-government office, autonomous office and private office, library, lift, indoor work place, hospital and clinic building, court building, airport building,

seaport building, river-port building, railway station building, bus terminal building, cinema hall, exhibition center, theatre hall, shopping center, restaurants surrounded by walls in all side, public toilet, children park, fairs, designate queues or places for passengers waiting to ride on public transport, any other public area to be combined used by the general people or ,any or all places declared time to time by the government or local government organization by general or special order.

2.7. Public Transport

Public Transport means motor car, bus, train, trump, ship, launch, all kind s of mechanized public transport, aircraft and any other transport determined or declared by the Government by notification in the Official Gazette.

3. Present Status of the Tobacco Control in Bangladesh

Tobacco is one of the preventable leading causes of disability and death worldwide Tobacco consumption is an important public health problem in Bangladesh. Bangladesh has double burden of tobacco production and consumption. It is the common risk factor of different diseases like cancer, lung disease and cardiovascular disease especially smoking is a major cardiovascular risk factor and death. Recent evidence has suggests appositve association between smoking and diabetes mellitus (DM) in both male and female. A study of Bangladesh shows, among the diabetic smoker (39.6 percent) had higher level of nicotine dependence and diabetic smokeless tobacco user (82.5 percent) had higher level of nicotine dependence measured by fagerstrom scale. Tobacco kills one in ten persons globally, accounting for approximately 5 million deaths as per year, out of which 1.2 million deaths occur in the South-East Asia Region (SEAR) According to WHO , a study in 2007; 30.9 million people aged 15 years and above consumed tobacco in some from or other. About 57000 people dies and 382000 become disabled due to eight tobacco related illness. Bangladesh suffered a net loss of 442 million US dollar (Taka 26.1 billion). At present Bangladesh is one of the high tobacco consumption countries of the world. According to Global Adult Tobacco Survey (GATS) Bangladesh 2017, a nationally repetitive household survey of men and women aged 15 years or above 43.3 Percent people currently use both smoke and smokeless tobacco. Twenty three Percent currently smoke tobacco and 27.2 Percent currently use smokeless tobacco. About 45 Percent of males and 1.5 percent of female smoke and 26 Percent of male and 28 Percent of female use smokeless tobacco. It is estimated that about 41.3 million adults use tobacco in Bangladesh. The GATS study shows, the average number of cigarettes and bidis smoked per day were five sticks, respectively day was eight. The rate of use tobacco is high in Students. The rate is high in University Students in Bangladesh. 7 out of 10 want to quit tobacco. Overall, 97.4 Percent of the adults believe that smoking caused serious illness and 92.7 Percent of the adults believe that smokeless tobacco use

causing serious illness. Bangladesh is one of the member states and also the first signatory states of WHO FCTC and committed to implement the demand reduction provisions. WHO introduced in 2008 the ‘MPOWER’ package of six evidence-based tobacco control demand reduction measures? The ‘MPOWER’ six packages are:

- a) Monitor tobacco use and prevention policies
- b) Protect people from tobacco smoke
- c) Offer help to quit tobacco use
- d) Warn about the dangers of tobacco
- e) Enforce bans on tobacco advertising, promotion and sponsorship
- f) Raise taxes on Tobacco

Framework convention on Tobacco Control (FCTC) was formulated in 16 June 2003 and ratified in June 2004 and it came into force in 27 February 2005. Bangladesh as a first signatory country signed on 16 June and ratified in 14 June 2004. In 2005, Government of People Republic Bangladesh passed a comprehensive tobacco Control law in line with FCTC as the “Smoking and Tobacco Products Usage (Control) Act 2005,” not only to show respect to FCTC but also to comply with the High court judgment in 1999 instructing the government to take a number of very specific measures for controlling tobacco, most of which were later included as important components of FCTC in 2003 and passed Tobacco control rules in 2006 to facilitate the enforcement of law. The National Strategic Plan of Action for Tobacco Control (2007-2010) has been implemented and the National Tobacco Control Cell (NTCC) has been established with the technical assistance of WHO. For minimizing the gaps of 2005s’ Tobacco Control Act, government amendment the law in March 2013 that cover all kind of smokeless tobacco came under law, pictorial warnings and Graphic Health warnings based on Anti-tobacco covering 50 percent of the surface on both sides of tobacco packet are included and combined with written message. The definition of public places and public transports is elaborated. All direct and indirect advertisements and promotions for tobacco products are banned. The government of Bangladesh has proposed to impose a surcharge of 2.5 percent imposed on tobacco in Bangladesh and 25 percent of export duty imposed on tobacco products to discouraging the production and consumption of tobacco and supplementary duty rate to 52 percent from 50 percent . According to the Directorate of Agricultural Expansion (DAE) statistics, tobacco was cultivated in about 70,000 hectares land in 2012-2013 farming season and it grew to 108,000 hectares land in the 2013-2014 farming season. An additional 38,000 hectares had come under tobacco cultivation during last financial year and it’s alarming for the country. Different types of Anti-tobacco Organization like BATA, Progga (Knowledge for Progress), ADUNIK, BTBJ(Bangladesh Tamak Birodhi

Jote), WBB (work for better Bangladesh) etc. work a little for the prevention of tobacco consumption in Bangladesh and the campaigns or other activities for raising awareness against tobacco is insufficient. The government only does the little activities to raising awareness of mass people and its only limited in “World No Tobacco Day”. At present Mass media doesn’t take any effective stapes to aware the mass people in Bangladesh. Though it’s a punishable offence to smoking in public place, the law enforcement authorities do not punish anybody who smoked in public places and public transports. In movie, drama or any other documentary film the scene of tobacco consumption is a trend now- a-days. In Spite of the Judgment of the HC to banned the advertisement of any types of tobacco products, the passive advertisement of tobacco product are showing by mass media. The existing Anti-tobacco laws must be amended for the better implementation of these laws by which it is possible to reduction of the usages of tobacco and tobacco products.

4. The Existing Laws Regarding Tobacco Control in Bangladesh

Tobacco consumption is a global public health concern. It is leading risk factor for several non-communicable diseases. In Bangladesh, the burden from tobacco is alarming; about 35% of adults are currently using tobacco either in smoked and or smokeless form. Furthermore, 43% and 39% of adults are exposed to secondhand smoke at their workplaces and in their homes respectively. About 7% of youth aged 13 to 15 years use tobacco in Bangladesh to prevent such situation, Bangladesh became a party of the WHO Framework Convention on Tobacco Control on 16 February 2004. Government of Bangladesh passed Tobacco Control Law in line with FCTC in 2005. In 2005 government of Bangladesh passed a tobacco control law as “Smoking and Tobacco Products Usage (Control) Act 2005 (Amendment 2013). This is the principle law governing tobacco control in Bangladesh. The Act is comprehensive and covers smoke free policies; Tobacco Advertising Promotion and Sponsorship; and Packaging and Labeling of tobacco products among other areas and to proper implementation of this Amendment the law in 2013 and added the rules as “The Smoking and Tobacco Products Usage (Control) Rules, 2015 is the implementing rules of the principal Act and provide the further details regarding many provisions of principal law. And The Ministry of Health and Family Welfare Bangladesh established “National Tobacco Control Cell (NTCC) for tobacco control activities in Bangladesh. The Smoking and Tobacco Products Usage (Control) Act 2005 was passed after Bangladesh became a party to the WHO Framework Convention on Tobacco Control and was enacted of existing laws ,at least to the extent that there were no contradictory provisions. Under this law, smoking is prohibited in the majority of indoor and outdoor public places and workplaces, with a minor exception for fewer than four walls. Certain public places may have outdoor designated smoking zones but healthcare and educational facilities among other public places, shall not have such zones. Smoking is prohibited in one room means public transport, but public transport with two or more rooms may have designated smoking zones. And with respect to outdoor places like

children's school, parks, fairs, queues of passengers riding public vehicles are smoking free zones. Tobacco advertising is also prohibited in all print and electronic media, including at the point of sale under the existing laws in Bangladesh. Free and discounted tobacco products are also prohibited. Although sponsorship by the tobacco industry is not completely prohibited but publicity of the sponsorship is prohibited in Bangladesh. The law requires pictorial health warnings to cover at least 50% of the main display areas of all tobacco products. One of nine warnings (seven warnings for smoked products and two warnings for smokeless products) must be rotated every three months. Misleading terms as 'light' and 'low tar' are prohibited on tobacco packaging, but other misleading packaging e.g. colors, numbers, symbols etc. is not banned.

Section 3 of "Smoking and Tobacco Products Usage (Control) Act 2005 (amendment 2013) Includes various Metropolitan Police Acts as "The Dhaka Metropolitan Police Ordinance, 1976 (Ord. No. III of 1976), "The Rajshahi Metropolitan Police Act, (Act No. XXIII of 1992)", "The Sylhet Metropolitan Police Act, 2009 (Act No. XXIII of 2009) and the Barishal Metropolitan Police Act, 2009 (Act No. XXIV of 2009).

The non-exclusive list of existing legislation includes "The Railway Act, 1890 (governing smoking in railway compartments). There is also leading Case law (prof. Nurul Islam vs. Government of Peoples Republic of Bangladesh) by which the High Court division ordered to prohibiting all forms of tobacco and tobacco products advertisements. The Case law by which The High Court Division ordered to prohibiting all forms of tobacco and tobacco advertisements is given below:

5. Loopholes of Existing Anti-Tobacco Laws in Bangladesh

After analyzing the existing Anti-Tobacco laws and rules and the policy of Bangladesh I found some loopholes of the laws and policies. As a result the rate of tobacco consumption cannot be fully eradicated easily from Bangladesh. The loopholes that I found are given below:

- a) In Bangladesh the existing laws are not enough sufficient to eradicate the problem of tobacco consumption.
- b) The policy to curb the problem of tobacco consumption is also limited.
- c) The first loophole of the existing laws is lack of publicity and low punishment for the violation of any provisions of such existing laws.
- d) Even in some cases the authorities who have the power to enforcement of the laws don't aware about the existing laws and sometimes they also consumed tobacco.
- e) Some existing laws are not updated that's why it's not cover the new arising areas.
- f) The loophole is these existing laws almost emphasize over the smoked pattern of the tobacco consumption rather than smokeless form of tobacco consumption.

- g) There are no laws or rules to control the tobacco industries.
- h) Though Bangladesh became the party of World Health Organization Framework Convention on Tobacco Control and establish a law control law in 2005 and rules in 2015 but the laws are not cover the guidelines of the WHO FCTC.
- i) In the “Smoking and Tobacco Products Usage (Control) Act 2005 (Amendment 2013) section 2(f) defines the term “Public Place” which doesn’t cover the all area of public place i.e. it defines public place as a restaurant surrounded by walls in all side but not include the open restaurant or tea stall or tobacco selling point areas which are situated in the crowded areas.
- j) These laws don’t include any provisions for the particular selling point of the Tobacco Products. It is seen that the tobacco products are more available to the mass people than necessary products.
- k) These laws don’t include any provisions to prohibit the mobile form of selling points of tobacco products, by which the tobacco products are sale in the public place or anywhere they can and people smoke and chewing tobacco products in public place.
- l) There is no proper implementing Provisions to the proper implementation of the existing laws.
- m) There are no laws or rules for the safety of the workers who are dangerously affected by the tobacco when they worked in the tobacco industries.
- n) There are no awareness building guide lining provisions in the existing laws.
- o) The punishment for the violation of the provisions of existing laws is too much lower. For example, the violation of the provision of section 4 of the “Smoking and Tobacco Products Usage (Control) Act 2005 (Amendment 2013)” that provides the prohibition of smoking in public place and public transport is punishable offence and the punishment for the violation of this provision in is only three hundred taka only where the per capita income in Bangladesh is 1466 USD.
- p) The existing laws are not enough effective to the prevalence of tobacco control.
- q) Section 6 (a) of the “Smoking and Tobacco Products Usage (Control) Act 2005 (Amendment 2013” provides, no tobacco is sale to child who is under eighteen years old but not specifies the age of the seller of tobacco products. That’s why poor minors worked in tobacco industries and selling tobacco products for their livelihood.
- r) These existing laws don’t make any guideline to test or verified the age of minor whether he is under eighteen or not. That’s why the provision of section 6(a) of the “Smoking and Tobacco Products Usage (Control) Act 2005 (Amendment 2013) is loss its effectiveness.
- s) The existing laws don’t clear the provision to bar the cultivation of tobacco.

- t) Section 5 of the Smoking and Tobacco Products Usage (Control) Act 2005 (Amendment 2013) banned the advertisement of the consumption of tobacco products in cinema, but indirectly allowed to advertisement by the exception of this provision.
- u) Section 14 of the Smoking and Tobacco Products Usage (Control) Act 2005 (Amendment 2013) provides the offence under these laws are cognizable and bailable offence but cognizance may take only by the complain of authorized officer. So it's the great chance to escape the offenders easily.
- v) Under section 15 of the "Smoking and Tobacco Products Usage (Control) Act 2005 (Amendment 2013), the punishment is not clear for the violation of any provision by the company and the monetary penalty is not fixed by law.
- w) Another big loopholes of these existing laws is tobacco is not banned in Tobacco laws just try to control as a party of WHO FCTC.
- x) Authorized officers even consummated tobacco who have the authority to implement the existing laws.
- y) The tobacco rules provides to arrange a display with caution notice "Refrain from Smoking, it is a punishable offence" in Bengali but that types of display doesn't seen yet and the guidelines is not provided yet how and who arrange such display.
- z) There are no guidelines to the using of the sign of tobacco free zone in these laws.
- aa) There are no guidelines or provision for the criteria of the implementation of the laws and rules.
- bb) There is a provision for 50% pictorial warning must be attached in the packet of tobacco products but the companies don't follow the provision and in case of smoked tobacco it may be followed up to, 30-40% but in case of smokeless tobacco the rate of following this provision is 0% . And the loopholes of this provision are not clarifying the punishment for the violation of this provision.
- cc) The existing laws don't cover any provision for the safety of women, children and pregnant women who worked as a worker in the tobacco industries.
- dd) These existing laws don't cover any instruction to the authorities to rehabilitation of the tobacco addicted youth and aged people.

6. Comparison of legal Provisions in Bangladesh and India

India became a party to the WHO Framework Convention on Tobacco Control on February 27, 2005. "The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act 2003, (COTPA) is the principal comprehensive law governing tobacco control in India. The Act was passed before India became a party to the WHO Framework Convention on Tobacco Control. In 2004, the Ministry of Health and Family Welfare exercised the powers granted to it in

Section 31 of COTPA by promulgating a first set of rules, which, with respect to smoke free and tobacco advertising issues, have been stayed by court order or superseded. Following the passage of COTPA in 2003, various rules implementing COTPA address smoke free policies or provide useful definitions. These include G.S.R. 561 (E) (defining the term “educational Institutions”); G.S.R. 417 (E) (superseding the 2004 Rules and establishing new rules covering designated smoking areas, and enforcement obligations, authorities and penalties among other items); G.S.R. 680(E) (authorizing certain persons to collect fines for violation of smoke free rules); and G.S.R. 500 (E) (amending the 2008 rules established by G.S.R. 417 (E)). The Railway Act 1989 also regulates smoking on trains. Additionally, “The Cable Television Networks (Regulation) Act, 1995 (CTNA) and its 2009 implementing rules prohibit direct advertisement of tobacco products on Indian cable networks. Finally, Guidelines issued pursuant to section 5B(2) of The Cinematograph Act of 1952, require the Central Board of Film Certification to ensure that certain types of smoking scenes do not appear in movies. The government of India implemented new rounds of warnings on December 1, 2011 and on 1 April, 2013. On 15 October 2014 the government of India introduced new larger warning via G.S.R 727 (E) that, among other things, increased the Warning size from 40% of one side of tobacco product packaging to 85% of both sides of tobacco packaging and amended the rotation scheme prescribed in G.S.R. 985 (E). Although the rules announced by G.S.R.727 (E) were to have gone into effect on April 1, 2015, G.S.R. 739 (E) establishes April, 2016 as the implementation date of the 85% health warnings and establishes the subsequent round of health warnings, which will be required to appear on product packaging beginning September 1, 2018.

The Principal Tobacco control in India is “The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act 2003. This is an effective law for the tobacco control in India. There are various rules also. This Act at first focus on tobacco industries, though India became a party of WHOFCTC after Bangladesh. In case of Bangladesh, in case of existing laws no provision focused to the control of Tobacco Industries. Indian tobacco control Act clarified the definition of “Public place”, “advertisement”, “label”, “packaging”, “Production” etc. On the other hand in Bangladesh, the principal law of tobacco control “Smoking and Tobacco Products (Control) Act 2005(Amendment 2013) define the word “Public Place” which is not clear and the area that covered by the law is narrower than Indian existing laws about the tobacco consumption. In Indian existing laws provides a provision for the minor and students who are studied in any educational institutions that is – “Prohibition on sale of cigarette or other tobacco products to a person below the age of eighteen years and in particular area” the particular area means – in an area within a radius of one hundred of any educational institution. In Bangladesh, the anti-tobacco laws covered the prohibition on sale of tobacco to a minor and prohibition of

tobacco consumption in educational institutions but not specified the measurement of the selling point which are generally situated besides the educational institutions. By this way students can easily smoked or chewing tobacco products. In Indian existing laws provides a provision for which manner the specified warning shall be made. This provision imposed some conditions to specifying the manner of warning shall be made in the packaging of the tobacco products. According to section 8 (3) of The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act 2003 One of the condition is “every package containing cigarettes or any other tobacco products shall be so packed as to ensure that the specified warning appearing thereon, or on its label, is, before the package is opened, visible to the customer. In Bangladesh the existing laws provides 50% of warning pictorial shall be attached in the package of the tobacco product but not specifically provides to the company to ensure that the pictorial warning shall clearly visible to the customers before the package is opened. The Indian existing laws relating to tobacco consumption provides some provisions such as- Confiscation of package, power to give option to pay costs in lieu of confiscation, punishment of confiscation, adjudication Appeal etc. But in Bangladesh the existing laws regarding to tobacco control don’t provides such terms. In Indian existing laws provides various provision for the offences that commit by the tobacco companies. But in case of Bangladesh the existing laws are more liberal than Indian existing laws relating to Anti-tobacco. The Indian existing Anti-tobacco laws provides the power of rules making to the Central Government but in Bangladesh the power of making Anti-tobacco rules to the Ministry of Health and Family Planning -“National Tobacco Control Cell”. In India, ‘The Railway Act 1989 covers the Anti-tobacco laws in the Railway station. The Cable Television Networks (Regulation) Act, 1995 covers the area of advertisement of tobacco. The Cinematograph Act of 1952 covers barrier of using tobacco in cinema. In Bangladesh only “Smoking and Tobacco Products Usage (Control) Act 2005 (Amendment 2013) and “The Smoking and Tobacco Products Usage (Control) Rules, 2015, “The Railway Act,1890” and some other Metropolitan laws covers the all laws relating to the Anti-tobacco laws. So these laws are not enough to eradicate the tobacco consumption rate from Bangladesh. In Bangladesh this topic is such a taboo and in 2000, only one case was filed and this is came in the law as a precedence that is ((prof. Nurul Islam vs. Government of Peoples Republic of Bangladesh) but in India new cases related tobacco law violation is filed every year, that’s why new cases help to amend the loopholes of the existing laws and help to make the better laws relating to such area. The recent cases relating to tobacco consumption are -

- a. Health for Millions Trust v. Union of India.
- b. Karnataka Beedi Industries v. Union of India.
- c. Godawat Pan Masala v. Union of India.

7. Activism regarding Anti- tobacco in Bangladesh

Bangladesh is the country of oh heavy burden of tobacco related illness. In this way as the first signatory countries of WHO Framework Convention on tobacco control Bangladesh government take some effective measures with the assistance of WHO to control tobacco consumption rate and set a goal for 2040 to down the rate of tobacco usage as 0% in Bangladesh. Therefore the recent prevalence of adult smoking (person aged 15 years and over) in Bangladesh fell from 34.6% to 20% between 2000 to 2013.

To reduce the tobacco consumption rate WHO and other Anti-tobacco NGOs like BATA (Bangladesh Anti-tobacco Alliance , ADHUNIK, Progga , Bangladesh Tamak Niyantaran karjokrom, Anti-Tobacco Media Alliance (ATMA) , Bangladesh Tamak Birodhi Jote , YPSA , Dhaka Ahsania Mission and more than 270 diverse Organizations around the country work for tobacco control. The activities of Government to control tobacco enacting laws and rules, established (NTCC) to monitoring the related activities of Anti-Tobacco with the assessment of WHO.

7.1 Activities of National Tobacco Control Cell (NTCC) against tobacco prevalence

National Tobacco Control Cell (NTCC) has been established in 2007 and it is the functional arm of the Ministry of Health and family Welfare for tobacco control activities in Bangladesh. It has become the hub of national coordination, referral NGOs in Bangladesh. NTCC is conducting the activities with support from WHO and Bloomberg Initiatives and take initiatives to enforce the law like take initiative step with Mobile Court to enforce the law. It also organize tobacco control event, campaign or other work to aware the mass people.

7.2 Activities of Diverse NGOs against tobacco prevalence

In Bangladesh there are more than 270 diverse organizations to work against tobacco prevalence. The activism of such organizations is as followings:

- 1) The Bangladesh Anti-tobacco Alliance (BATA): The Bangladesh Anti- tobacco is working not only in Bangladesh but also in the other countries. They help hospitals to distribute medicines among victims of tobacco prone diseases and train people to adopt smoke free habits. They collaborate with grass root agencies to organize seminars for local people. It has collaborated with the media community in order to expand its reach. It conducts training workshops on tobacco control for journalists with a view to strengthen the role of media with activities. BATA defines its main goals as, amendment of the tobacco control law, slapping higher tobacco taxes in the national budget, exposing tobacco industry tactics for tobacco promotion and spreading awareness about detrimental health effects of tobacco.
- 2) ADHUNIK: ADHUNIK is the one of the pioneer organizations involved in tobacco control, founded in 1987 by National Professor Nurul Islam. ADHUNIK representatives held many seminars and press

conferences, published information in newspapers, appeared on television, printed information about tobacco and so many things.

- 3) The National Non-Smokers' Forum: This organization was founded in 1986 as the first Anti-tobacco Organization in Bangladesh. The organization is still active in collaboration with BATA. It publishes a quarterly newsletter and undertakes various public relations activities such as running seminars and workshops and printing international materials.
- 4) Consumers' Association of Bangladesh (CAB): As part of its mandate to protect consumers, addresses the issue of tobacco as the most dangerous of all consumer products.
- 5) Progga: Progga is an organization which work for various aspects to the betterment of the society. It's also work for anti-tobacco in Bangladesh. It makes the various survey of tobacco consumption, organizes anti-tobacco campaign, seminar, Training , Tobacco control fellowship , Mass media campaign for popularizing smoke-free policies, Tv talk show and making documentary to aware people about the harmful effect of tobacco etc.
- 6) Dhaka Ahsania Mission: This Organization works in many sectors and has conducted many activities in tobacco control, including organizing (jointly with the LSTB) a discussion meeting on tobacco control law; persuading the Bangladesh postal Development to produce a stamp and other materials, celebrating World No Tobacco Day; organizing discussion meetings throughout the country; running a program to establish smoke-free schools; and printing and distributing stickers and posters. In recent thus organization receives Tobacco Control Award'2018 for its outstanding contribution in tobacco control.
- 7) Law and Society Trust, Bangladesh (LSTB): It is a key party in obtaining the High Court decision against BAT. It has been active in the intergovernmental Negotiating Body (INB) meeting for the Framework Convention on Tobacco Control (FCTC) and in revising legislation for submission to the government.
- 8) Work for a Better Bangladesh (WBB): The WBB, as BATA's secretariat, plays a key role in coordinating BATA events. It has conducted a series of tobacco control training workshops throughout the country. It co-produced with PATH Canada, the "Hungry for tobacco" report and two PATH Canada publications: a how to guide for Tobacco control and a guide to Tobacco Control Law. THE WBB has issued and is distributing, through BATA, a booklet of advice on quitting smoking, and it has produced various leaflets stickers and posters.
- 9) Yong Power in Social Action (YPSA): This organization is based in Chittagong; had a critical role in organizing events to protest the landing of Voyage of Discovery yacht in Chittagong port. With the WBB, it also organized a workshop in Chittagong, and it is active in encouraging local organization to work on tobacco control.

8. Conclusion

Using tobacco makes the big harm to the public health and social norms. Now it is the big challenge to eradicate this problem because day by day the pattern of tobacco has been changed. The existing laws are defective even old also. The existing laws cannot cover the all areas of the tobacco problems. The poor Implementation makes the existing laws more defective. The existing laws includes a provision for juveniles who are under eighteen but not specify any way to identify them. The farmer and worker who respectively cultivate tobacco and works in the tobacco industries are in high health risk of tobacco related diseases but no provision includes in the existing laws to ensure their safety. The punishment of violating the related laws is also low. The policy of government is a few liable for the poor implementation of existing laws. So to eradicate this dangerous problem government should identify the loopholes of existing laws and enact new comprehensive laws and should ensure the proper implementation of these laws. The laws should be specified. The public awareness should be increased. Government should increase the opportunities of entertainment of public because depression raises the number of tobacco users. To control the tobacco industries, new regulatory rules and authority should be appointed. In cinema the usages of tobacco should be banned and the publicity on the harmful effect of tobacco usages should be increase. The mass media should take their contribution to conscious the mass people by telecast documentary and advertisements to aware the mass people about the harmful effect of tobacco usage. In a gist, the tobacco and tobacco should be banned from the country and the conjoint contribution of all against tobacco can eradicate this dangerous problem from the country and all over the world.

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