Secondhand smoking in children : Bangladesh perspective

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Globally, more than 5 million deaths are attributable to direct tobacco use annually, while more than 600,000 nonsmokers die every year from secondhand smoke (SHS).[1] Secondhand tobacco smoke contains more than 7,000 chemicals, 70 of which can cause cancer.[2] SHS exposure may cause the same complications as active smoking. Accordingly, SHS may cause both acute and chronic diseases. Chronic exposure to SHS is suggested to be, on average, 80%90% as harmful as chronic active smoking.[3,4] Scientific evidence has confirmed a doseresponse relationship with no risk-free level of exposure (threshold dose). The harms associated with children's exposure to SHS are now well documented. For the same level of SHS exposure in the environment, children tend to be more susceptible to SHS-related harm than adults.[5] In terms of disability adjusted life years (DALYs) lost, children bear the biggest burden of disease due to SHS exposure than any other age group. Children are particularly vulnerable to the harms caused by this smoke, as their lungs are still developing and they breathe at a faster rate than adults. About 165,000 of the deaths occur in children due to SHS, and most are due to infections specially chest and ear infection.[2]

Worldwide, as many as 40% of children are exposed to second-hand smoking (SHS).[5] In Bangladesh this condition is very worse. Nine out of ten primary school children in Dhaka city, Bangladesh are exposed to SHS.[2] In Bangladesh, 80% - 95% children reporting social visibility of smoking in their surrounding public spaces, it is likely that these children got exposed to SHS in public places as well as or instead of their homes and cars.[2,6]

Most governments have recognised the harms associated with secondhand smoke and have introduced comprehensive smoking bans in enclosed public places and workplaces.[7-8] Bangladesh was among the first 40 countries that signed the Framework Convention on Tobacco Control (FCTC). The Bangladesh Tobacco Control Act (TCA) 2005, which includes enhanced warning labels on tobacco packaging, smoke-free legislation, and advertising and promotion restrictions was implemented in 2006. It was further strengthened in 2012 with an amendment, including comprehensive smoke-free laws and displaying graphic warning labels. Currently, there is complete prohibition to smoke in the majority of indoor public places, workplaces, and public transport in Bangladesh.[9] Healthcare and educational facilities are also covered by the legislation with no provision for any outdoor designated smoking zones In many Western countries, these bans were introduced with widespread public support. There has been an increase in the number of smoke-free homes in many countries, indicating shifting social norms. However, evidence on the positive impact of smoke-free legislation indicating their successful implementation originated mainly from high-income countries (HIC). In contrast, such evidence remains scarce in low- and middle-income countries (LMICs).[10,11] The implementation of smoke-free policies in public places in Bangladesh is very poor. The different surveys[2,6] findings in Bangladesh suggested that, quite clearly, current measures are failing to protect the vast majority of children from secondhand smoke and the risks it poses. Smoking on public places and homes is still commonplace, and there is no restriction on smoking in the home in Bangladesh.

Any death due to secondhand smoke is avoidable, and Bangladeshi children are clearly not benefiting from their country's smoking ban. The authorities clearly need to do more, including properly enforcing the laws on smoking in public places. Public

awareness campaigns are also needed to raise awareness about the harms of secondhand smoke exposure in children. And nongovernmental organisations should support a grassroots movement to change smoking norms in communities. Urgent action on multiple fronts is needed to address this serious public health issue.

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