

## CHAPTER 5

### CONCLUSION

Tobacco epidemic has been spread as a global epidemic for the last decades. Tobacco use is a behavioral risk factor which has caused several problems, not only the increasing health problems but also in economy and social aspect. In health matter, tobacco use has contributed to the increasing number of people who suffer from diseases caused by the smoking habit and the secondhand smoke such as lung diseases, cancer, respiratory disorders, heart diseases and so on. Moreover, tobacco use can also cause avoidable mortality. In economy aspect, tobacco use may cause some economical loss. The rate of tobacco use in the low-and-middle-income countries in which the number of poor and very poor people who live under the poverty line is proven high. As smokers, they potentially get the direct impact of using tobacco products. Purchasing tobacco products for those who are addictive to smoking can be more prioritized than purchasing the basic needs such as meals and housings. Tobacco use, instead, causes an additional spending on health care which should be paid by individual and government of a country in addition to the loss caused by the increasing mortality and health problems which eventually cause the loss of productivity. Furthermore, there are some social problems occurred because of tobacco use. In some agricultural countries, tobacco is one of cultivated plant. Consuming tobacco product is also part of the inherited culture. To live with tobacco around has been part of someone's daily life and source of money. Yet, most of tobacco farmers do not get big advantages of being so. Firstly, they potentially get some losses through

the possible health problems from being in direct contact with tobacco and the possibility to face an environmental damage and infertile land which most of time causes some additional spending in order to survive. Secondly, most of tobacco farmers do not get a big amount of money by cultivating tobacco. Their crops are usually low paid and the grade of the leaves is determined by graders who are sent by the tobacco companies the farmers have contract with. The money they get is not equal to the risks they may face and the money they should spend. This situation is difficult to avoid when the role of tobacco industries within a society is too strong.

The problems above can actually describe the situation of Bangladesh related to tobacco. Tobacco use has caused the major Non Communicable-Diseases in Bangladesh. Both men and women, even teenager use smoked and/or smokeless tobacco products in Bangladesh. More than 50,000 of deaths and nearly 400,000 disabilities were attributable to tobacco use in Bangladesh in 2004. There was more than 40 percent of men smoke. For women, the percentage of smoking only accounted for less than 5 percent. But, women who used smokeless tobacco products were highest in Bangladesh. Though overall Bangladesh is not one of the leading tobacco consuming countries in the world, it is placed in the second rank after India for the highest smokeless tobacco consumer.

Tobacco consumption does not only cause health problems. The economy impacts are even more complex. Firstly, it contributes to the increasing of poverty and the decreasing quality of life as most of the smokers are the poor and very poor people. Moreover, more than 30 percent of Bangladesh people live under the poverty line. They suffer more as they usually do not fulfill the daily needs

(nutricious meals, appropriate housing with good environment) and instead purchasing tobacco products. As the consequence, they may need to spend some health care cost. The huge cost to cover is not only imposed to the smoker individually but also the country as a whole. While tobacco industries claimed that they contributed to the national economy, in fact, the annual benefit from tobacco sector in 2004 was 24.8 billion taka while the annual cost of tobacco related illness attributable to tobacco use was 50.9 billion taka.

Tobacco cultivation was not a dominant of Bangladesh economy. The production of tobacco leaves was not significant while the employment in tobacco farming accounted only less than 0.5% of the total agricultural employment. Instead, tobacco cultivation caused health problems to the farmer and environmental damage to the land area and forest in Bangladesh.

There are many tobacco industries in Bangladesh. The most dominant one is British American Tobacco for multinational company and Dhaka Tobacco Industry for the local one. Their promotion and advertisement were massive. But in fact, cigarette trade in Bangladesh is insignificant. The frequency of both import and export activities are low while the import rate is higher than export. This caused a negative trade balance in Bangladesh during the 1990s. Tobacco production and consumption only benefits the industries who get most of the profits of the purchase of tobacco products and the National Board of Revenue which receives the tax. Farmers are the ones who suffer the most. Moreover, employment in tobacco manufacturing is only less than 1% of overall manufacturing employment in Bangladesh.

An international regime on tobacco control is then established to response the global tobacco epidemic. The WHO establishes a regime called Framework Convention on Tobacco Control (FCTC) in order to reduce the prevalence of smoking in global scale through the implementation of tobacco control policies in national level. It was established in 2003 and was ratified by most of world countries in 2004. Finally, it was entered into force in 2005 and was ratified by most of world countries. The negotiation process of FCTC as an international regime started in 1979 when the WHO Expert Committee on Smoking Control made a report on tobacco epidemic. Since then, tobacco epidemic has been an important agenda in the WHO. Involving experts, governments and representatives of civil society organizations, the regime formation negotiation was conducted through WHO meetings and conferences and was supported by research findings and reports. After the WHO FCTC became a crucial topic discussed for years and the content was being revised here and there, finally in May 2003 the WHO FCTC was adopted. Once the FCTC negotiation process in international level has been done, it should be followed by negotiation process in the domestic level in which countries should decide whether or not they would become parties of the FCTC. Finally in June 2004, the WHO FCTC had been signed by 168 countries and this made FCTC was the most widely embraced legal international treaty under the UN. The WHO FCTC focuses on reducing the bad impacts of tobacco use in the society by controlling the demand and supply of tobacco products. The main requirements imposed to

- a. Controlling mechanism on price, tax, advertisement, sponsorship and promotion on tobacco products,
- b. Putting the health warning label in the cigarette packaging,
- c. Regulate the sale of tobacco to the minor.

Bangladesh was one of the first FCTC parties who signed the regime on the first days open for signature. It signed the FCTC on June 16, 2003 and ratified it on June 14, 2004. Several key factors become the reason why Bangladesh ratified the FCTC in the early age of the regime, comply to the principles regime and adopt the regulations agreed under the regime in its national tobacco control policies. Through the findings and explanations in the previous chapters, the writer can prove that the hypothesis written earlier are true. Bangladesh ratified the WHO FCTC based on these three key factors:

1. The principles and norms of the FCTC as international regime are in line with Bangladesh's principles and norms on tobacco control.
2. Within the negotiation process in domestic level, Bangladesh has less conflicting domestic components. Its economy, social and political aspects are in support of FCTC ratification and implementation of strong and effective national tobacco control.
3. There is incentive received by Bangladesh by ratifying the WHO FCTC and being consistent in national tobacco control effort. Therefore ratifying the FCTC is also financially more beneficial for Bangladesh in order to develop.

Bangladesh FCTC ratification brings about more benefits rather than disadvantages. By ratifying the FCTC, Bangladesh is able to reduce the number of

tobacco consumption, improve the trade balance, eliminate the cost of health care and productivity loss. Financially, Bangladesh receives supports from WHO and many international organizations who are in the collaboration with WHO FCTC. Bangladesh also gains international respect and attention by strongly committed to initiate and strengthen its national tobacco control. It may create indirect impact for Bangladesh which allows it to develop more domestic sectors rather than tobacco and increase the human quality and productivity. After establishing the Smoking and Using of Tobacco Products (Control) Act in 2005 as the real implementation of the WHO FCTC in domestic level, Bangladesh keeps on improving its national capacity building in term of tobacco control by keeping up the effectiveness of tobacco control policies (for example through amendment), conducting many research on tobacco control and producing qualified researchers and experts, and improving the quality of NGOs which focus on tobacco control to be able to construct recommendation and become better media between society and government of Bangladesh.

Bangladesh becomes a great example to the rest of the world. Eventhough Bangladesh is not a big country with good economy and life standard, it has a strong commitment to protect its people from the dangers of tobacco. The incentives it receives through grants and technical assistance by ratifying the WHO FCTC may help it to improve its national tobacco control and to produce useful findings and knowledge about tobacco problems. The decision of Bangladesh can become a reflection for many countries in the world who might be economically better and politically more stable than Bangladesh but have not ratified the WHO FCTC or implemented a strong national tobacco control

policies. Solving tobacco epidemic, which is not only national but also global issue, can be accommodated by FCTC as international regime in which governments and other institutions or organizations involve within to jointly overcoming the global tobacco epidemic through the implementation of national tobacco control. Cross-border tobacco problems can be minimized and several national achievements can gradually follow