

# FACTSHEET BANGLADESH

## Heart disease and stroke are the commonest ways by which tobacco kills people

**QUIT TOBACCO USE NOW - FOR A HEALTHIER HEART**



Gross national income per capita  
(lower middle-income country)

**US\$ 1330**

Total population

**164.7 million**

Youth population  
(13–17 years)

**16.3 million = 10%**

Economically productive  
population (30–69 years)

**66.1 million = 40%**

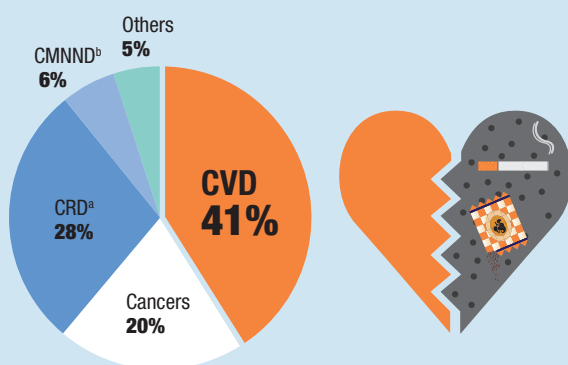
Tobacco<sup>1</sup> kills

**161 253**  
people each year

**19%**  
of all deaths

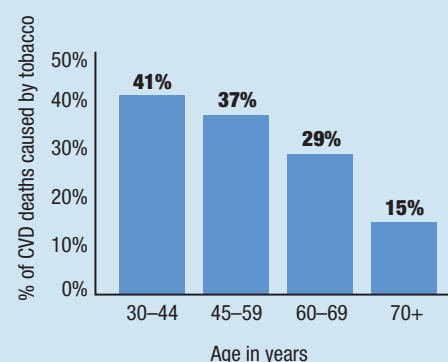


The most common way tobacco kills is  
from cardiovascular diseases (CVDs)<sup>2</sup>



Distribution of tobacco deaths by cause

CVDs in younger people are more  
likely to be caused by tobacco use



CVDs are the number one cause of death, causing **277 942** each year  
(32.8% of all deaths), as well as of premature death

Top 5 causes of overall death

- 1 Ischemic heart disease
- 2 Cerebrovascular diseases
- 3 Chronic obstructive pulmonary disease
- 4 Lower respiratory infection
- 5 Diabetes

Top 5 causes of premature death  
(YLL—years of life lost)

- 1 Ischemic heart disease
- 2 Cerebrovascular diseases
- 3 Lower respiratory infection
- 4 Neonatal encephalopathy
- 5 Other neonatal

CVD deaths caused by tobacco use

**66 749 deaths**

**24%** of all CVD deaths each year

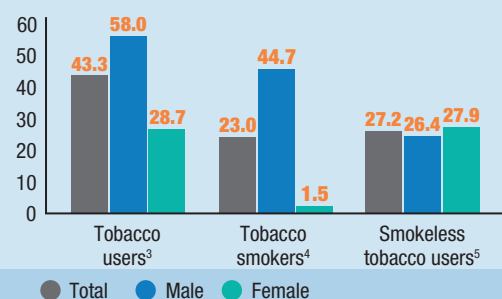


Tobacco control is essential for  
preventing and controlling deaths  
and disability caused by CVDs

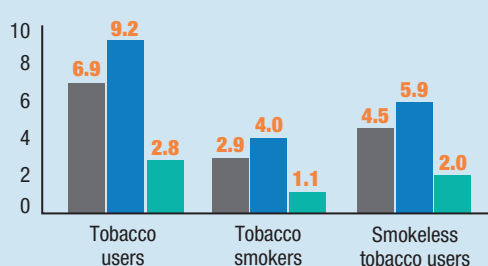
● Communicable, maternal, neonatal and nutritional diseases ● Noncommunicable diseases

**41.3 m** current tobacco users and a substantial number of people exposed to secondhand smoke are at increased risk of CVDs

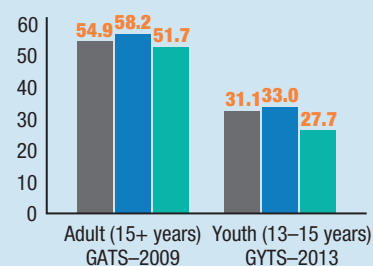
Current tobacco use among adults  
(15+ years) GATS–2009



Current tobacco use among youth  
(13–15 years) GYTS–2013



Exposed to secondhand  
smoke at home<sup>6</sup>



● Total ● Male ● Female



## Most people start early, increasing the risk of heart disease in younger people

Mean age at initiation of daily smoking: **18.8** years

Despite strong evidence that quitting both smoked and smokeless tobacco helps to immediately reduce the risk of CVDs, FEW tobacco users are quitting, requiring more programmatic effort

### Quit attempt by current <sup>7</sup>



Smokers  
**47.3%**



Smokeless tobacco users  
**28.5%**

### Users advised to quit tobacco smoking by healthcare provider <sup>8</sup>



Smokers  
**52.9%**



Smokeless tobacco users  
**47.9%**

### People who quit tobacco use



Former daily smokers <sup>9</sup>  
**17.8%**



Former daily smokeless users <sup>10</sup>  
**5.5%**

## Preventing and controlling sickness, death and disability from cardiovascular diseases



### Help current tobacco users to quit tobacco for a healthier heart:

- Quitting immediately reduces the risk of heart attack and/or stroke;
- Quitting helps even if a person has already had a heart attack and/or stroke, irrespective of his/her age;
- Train health providers to ask about tobacco use at each encounter with their patients and advise them to quit.



### Prevent people from starting tobacco use:

- Tobacco use starts early;
- Prevent them from starting tobacco use by fully implementing WHO Framework Convention on Tobacco Control: raising taxes; informing people of tobacco risk through tobacco package warnings and information campaigns; and comprehensive ban on tobacco advertising and promotion in any form.



### Combine tobacco control with the following strategies for effective prevention of CVDs:

- Help people to reduce salt, sugar, trans-fat in their diet, reduce harmful use of alcohol and create opportunities for regular physical activity;
- Provide early screening and effective treatment for raised blood pressure and raised blood sugar levels.

#### Technical notes and key definitions:

- 1 Tobacco use includes use of both smoked (*cigarette, bidi, hukkah*) and smokeless (*jarda, sada pata, gul*).
  - 2 Cardiovascular diseases include all the diseases of the heart and circulation such as coronary heart disease, angina, heart attacks and stroke (cerebrovascular disease).
  - 3 Current tobacco user is defined as a person reporting use of any smoked or smokeless tobacco product daily or less than daily at the time of survey.
  - 4 Current tobacco smoker is a person who reports smoking any tobacco product on a daily or less-than-daily basis at the time of survey.
  - 5 Smokeless tobacco user is a person who reports the use of any smokeless tobacco product on a daily or less-than-daily basis at the time of survey.
  - 6 A person passively exposed to tobacco smoke from other people using it around him/her.
  - 7 Among current smokers and former smokers who have been abstinent for less than 12 months in the past 12 months.
  - 8 Among those smokers who visited a healthcare provider in the past 12 months.
  - 9 Among ever daily smokers, also known as quit ratio for daily smoking.
  - 10 Among ever daily smokeless users, also known as quit ratio for daily smokeless users.
- a. CRD – chronic respiratory diseases; b. CMNND – communicable, maternal, neonatal, and nutritional diseases

#### Sources of data:

1. *Total population, youth population and population in economically productive age group*: Population – United Nations, Department of Economic and Social Affairs, Population Division. World population prospects: the 2017 revision (for the reference date as of 1 July 2017). New York: United Nations; 2017.
2. *Gross national income per capita 2016 (by Atlas method) and current country economic classification*: World Bank, 2017. (<http://data.worldbank.org/data-catalog/world-development-indicators>, accessed 7 May 2018)
3. *Data on total and proportional deaths from CVDs, tobacco use and proportion of total tobacco deaths due to CVDs*: Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2016 (GBD 2016) Results. Seattle, United States: Institute for Health Metrics and Evaluation (IHME): 2017(<http://ghdx.healthdata.org/gbd-results-tool>, accessed 7 May 2018).
4. *Adult tobacco use prevalence; mean age at initiation of tobacco use, tobacco quitting, and secondhand exposure for adults data*: Global Adult Tobacco Survey (GATS, 2009) ([http://www.searo.who.int/entity/noncommunicable\\_diseases/data/ban\\_ncd\\_reports/en/](http://www.searo.who.int/entity/noncommunicable_diseases/data/ban_ncd_reports/en/), accessed 7 May 2018).
5. *Youth tobacco use prevalence and exposure to secondhand smoke*: Global Youth Tobacco Survey (GYTS, 2013): [http://www.searo.who.int/tobacco/data/ban\\_rtc\\_reports](http://www.searo.who.int/tobacco/data/ban_rtc_reports), accessed 7 May 2018.

#### Key references:

1. United States Department of Health and Human Services. The health consequences of smoking: 50 years of progress: a report of the Surgeon General. Atlanta, GA: United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014.
2. Catiñ MC, Deng R, Martinez RS, Sharma R, Grossblatt N. Secondhand smoke exposure and cardiovascular effects: making sense of the evidence. Washington (DC): Institute of Medicine of the National Academies; 2009.
3. Gupta R, Gupta S, Sharma S, Sinha DN, Mehrotra R. Risk of coronary heart disease among smokeless tobacco users: results of systematic review and meta-analysis of global data. *Nicotine Tob Res.* 2018 [e-pub ahead of print]

For more information refer to Website <http://www.searo.who.int/nts>

For technical information, please contact: Dr Manju Rani, Regional Adviser, NCD and Tobacco Surveillance, Email: [ranim@who.int](mailto:ranim@who.int); Mr Naveen Agarwal, Surveillance Management Associate, Email: [agarwaln@who.int](mailto:agarwaln@who.int)