

# Effects of Smoking in the Public Places: A Proposal for Safe Smoking Places

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**Abstract:** This is basically exploratory study and was conducted at Nilkhet, Dhaka city, Dhaka, Bangladesh over a period of two months started from October, 2010 to November, 2010. The main objective of this study is to know the effects of smoking in the public places and propose safe place for smoking. Total 30 respondents were selected based on age class (10 respondents below 30 years, 10 respondents between 30 to 40 years and rest 10 respondents were over 40 years of age). All respondents were interviewed with semi structure questionnaire. Smoking in the public places caused serious problems for second hand smokers including lung cancer, respiratory disorders, coronary heart diseases, bronchitis pneumonia. Lots of effects were mentioned by the respondents. Even it is not well accepted to smoke in the public places. 100% respondents were mentioned that Lung cancer and bronchitis may occur for the second hand smokers due to smoke in the public places. The ultimate results of smoking in the public places for second hand smokers may be Esophagus, coronary heart diseases, oral cavity, larynx and infertility. We may minimize the negative impacts of smoking in the public places or elsewhere but do nothing else. In our survey, 100% respondents were mentioned to make provision of separate room in the hospitals for safe smoking, while 93.33% respondents were mentioned to keep booth on the roadside. 90% respondents were agreed for separate room in the market for safe smoking. Corresponding figure, 83.33% respondents were agreed for separate room in the house and restaurants for safe smoking places instead of open public places. We need to undertake motivational program (using booklets, billboard, seminar/workshop, rally and class room lectures on effects of smoking in the public places) to stop smoking in the public places. There is an urgent need to construct and develop designated places( separate room at restaurants, universities, hospitals, home, cinema halls and special booth in the roadside and parks) the for safer smoking rather than smoking in the public places.

**Keywords:** Chain smoker; public places; second hand smoker; smoking.

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## I. INTRODUCTION

Smoking is a detrimental awful habit. Smoking is a commonly recognized tradition in Bangladeshi men and is allied with socializing, sharing and male identity. Most of the smokers think that it gets rid of their hurt and fascination. Smoking not only physically harmful but also financially overwhelming. Smoking in the public places is dangerous and cause harmful effects for non smokers. A large population in the world as well as in Bangladesh is enthralled to smoking. Use of this small stick will kill 1 billion people worldwide in the 21<sup>st</sup> century if current smoking trends continue. A major cause of cancers of the lung, larynx, oral cavity, and esophagus is this cigarette. Smoking in public places should not be allowed because non-smokers should not have to breathe in air that is not healthy for them, especially since researchers now know that inhaling secondhand smoke has many effects on people. Bangladesh has banned smoking in public places, in line with a United Nations treaty on tobacco control. Parliament passed a law implementing the ban late on Sunday, setting a fine of 50 taka (80 U.S. cents) for people caught smoking in places such as schools, offices, libraries, hospitals and airports.

The historical descriptions of smoking held back as early as 5000BC in shamanistic rituals. One can't propel up himself alone and destroying others by smoking in the public places as well as in the office or home. According to the World Health Organization (WHO), a current or former smoker dies in every 6.5 seconds. Smoking causes more death and disability than any single disease (WHO). The Tobacco Atlas from the World Lung Foundation and the American Cancer

Society believes that between 33% and 50% of all smokers will die in advance on an average of 15 years than non-smokers. Evidence shows that 2000 people die due to passive smoking annually. In Croatia, a country with 4.4 million people, nearly 13,000 of them dies each year because of smoking where as 3,000 of those deaths are from passive smoking. Each day about 13,500 people worldwide die from smoking related diseases. Second-hand smoke (SHS) is a mixture of thousands of chemicals, at least 250 of which are known to cause cancer in humans. There is no safe level of exposure to SHS. Exposure to SHS causes serious diseases and death in non-smoking population. According to report of the California Environmental Protection Agency’s Air Resources Board 2005, in the adult population, SHS causes lung cancer; nasal sinus cancer; breast cancer in younger women, heart diseases and heart attacks and asthma.

Smoking in public places has been a serious issue around the world for a while now, and just recently we are beginning to see the ban pick up in many places all over the country. Anywhere from Texas to North Carolina, Florida to Minnesota, or even right here in Georgia, counties all over the states are beginning to see more and more of the infamous smoking in public places ban that is being placed. The smokers still have the right to smoke; they are just restricted to certain places. Now non-smokers have the chance to live a healthier lifestyle than they were living prior to the smoking bans.

It is true that the smoking ban is equally fair and important to both smokers and non-smokers. Most of us do not like to breathe other's smoke, whether it is an annoyance or a threat to our health. I agree that these bans should be placed because of the secondhand smoke creates health risk and the illnesses that are caused by the smoking of tobacco. The main objective of this study is to know the effects of smoking in the public places and propose safe place for smoking. The other associate objectives are to know the health risks in smoking; know the users pattern; find out widely used smoking places; know the reasons behind smoking; know the type of smoker and recommend safer places for smoking.

## II. METHODOLOGY

This is basically exploratory study and was conducted at Nilkhet, Dhaka city, Dhaka, Bangladesh over a period of two months started from October, 2010 to November, 2010. The study area was typically characterized by diverse type of people in relation to occupation, education, religion and simplicity to new idea. Many people came here from different location of the country with different religions, culture and professions. The study was embedded three types of smoker a) chain smoker: The smoker who smoked at least 15 sticks per day; b) occasionally smoker: the smoker who smoked 3 cigarettes per day; and c) sudden smokers: the smoker who smoked 14 cigarettes per week only. Total 30 respondents were selected based on age class (10 respondents below 30 years, 10 respondents between 30 to 40 years and rest 10 respondents were over 40 years of age). All respondents were interviewed with semi structured guided questionnaire.

## III. RESULTS

### Monthly income status of the respondents

As we know there is a link with income and expenditure but in case of smoking it is not true. The smokers usually were spent money for smoking without considering livelihood expenditure and family budget. The income status of the smokers was not remarkable. Only 30% smokers secure monthly income more than BDT 15000 where as 26.67% respondents were secured monthly income less than BDT 5000 (Fig 1). 23.33% respondents were mentioned that their monthly income ranges from BDT 10001 to BDT 15000.

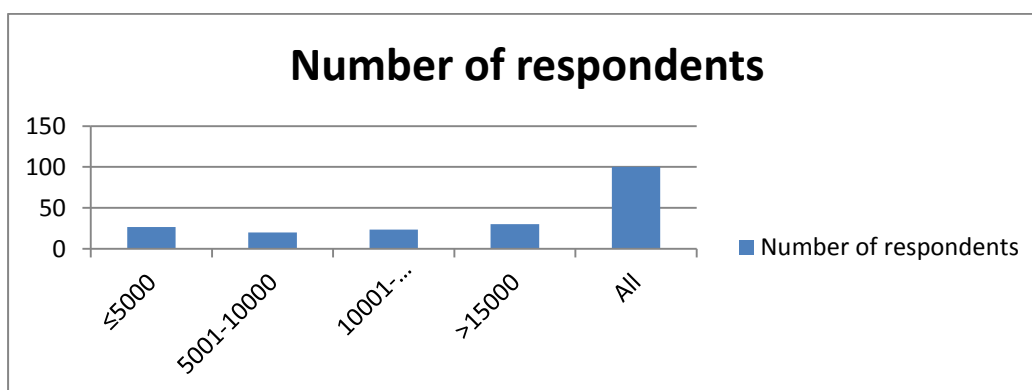
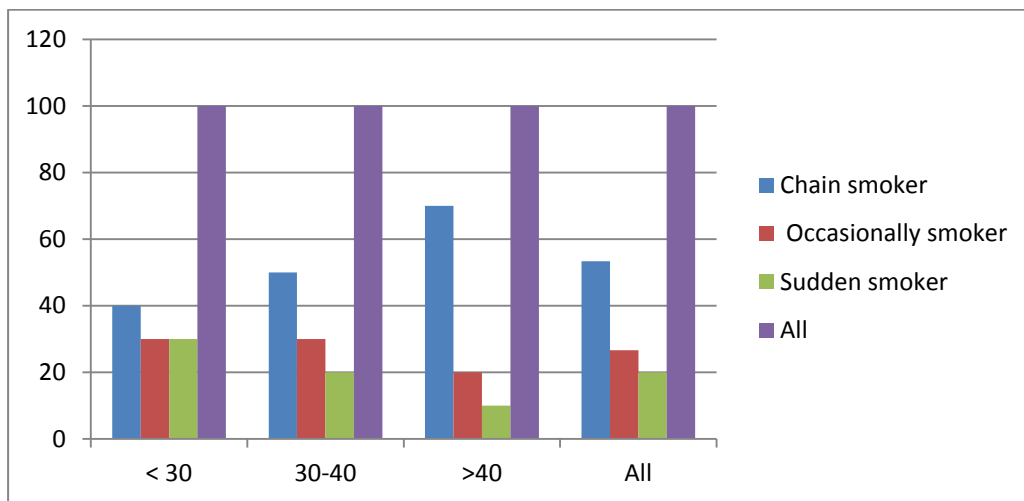


Figure 1 Income of the respondents

**Type and age class of smokers**

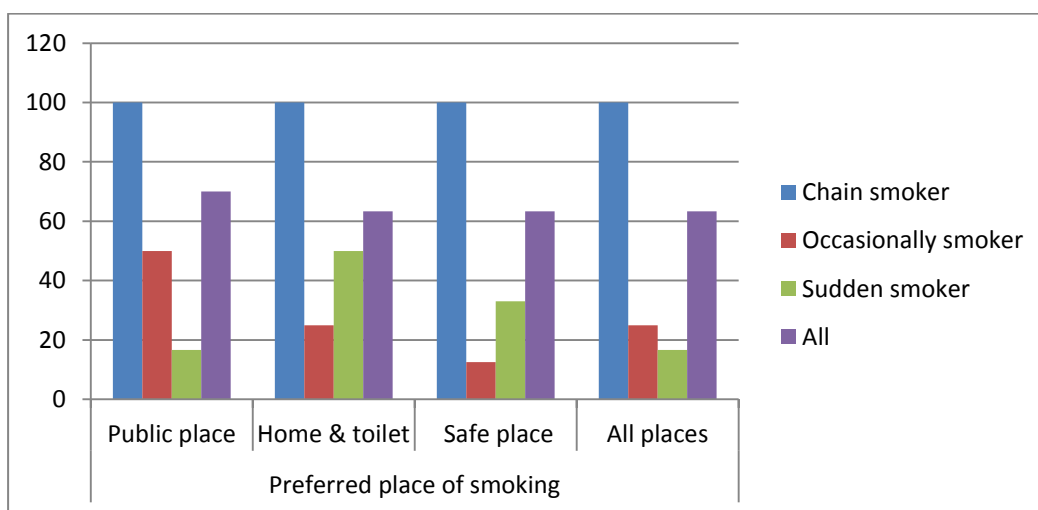
The total number of respondents were 30 (Chain smoker=16, occasionally smoker=8 and sudden smoker=6) in the study area. According to age and smoking type 70% chain smokers were above 40 years of age followed by 50% in between 30 to 40 years and 40% below 40 years respectively (Fig 2). Corresponding figure 53.33% chain smoker, 26.67% occasionally smoker and rest 20% were sudden smoker. Only 10% sudden smokers were over 40 years old.



**Figure 2 Types & age class of the respondents**

**Preferred places for smoking**

Chain smoker usually smoked everywhere. 100% chain smokers smoked everywhere including public places, home, toilet and safe places. According to study, 100% chain smokers were smoked in the public places then followed by occasionally and sudden smoker respectively ( Fig 3). Considering home and toilet as the smoking places, the chain smokers were used it widely then followed by sudden smokers and occasionally smoker respectively.



**Figure 3 Preferred places for smoking**

**Sticks used by the smokers**

According to my survey report, 66.17% chain smokers were consumed 450 sticks in a month. On the other hand 24.47% occasionally smokers were consumed 180 sticks and 7.35% sudden smokers were consumed 50 sticks in a month respectively. The chain smokers were consumed almost 2.5 times than occasionally smokers and 9 times than sudden smokers (Fig 4).

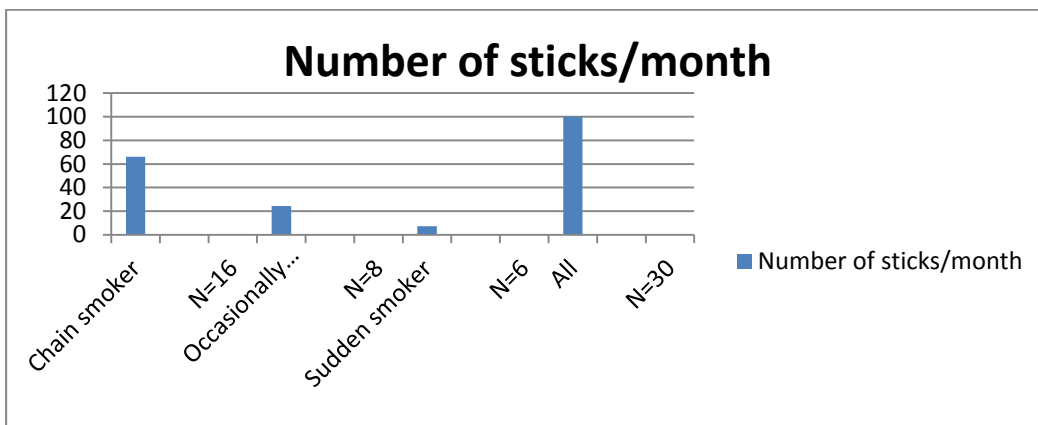


Figure 4 Sticks used by the smokers

**Smoking length**

Result showed that only 13.33% respondents were smoking more than 17 years (Fig 5). Majority of the respondents (26.67%) were smoking over 12 years and 8 years. On the other hand 16.67% respondents were smoking for 15 years and 3 years.

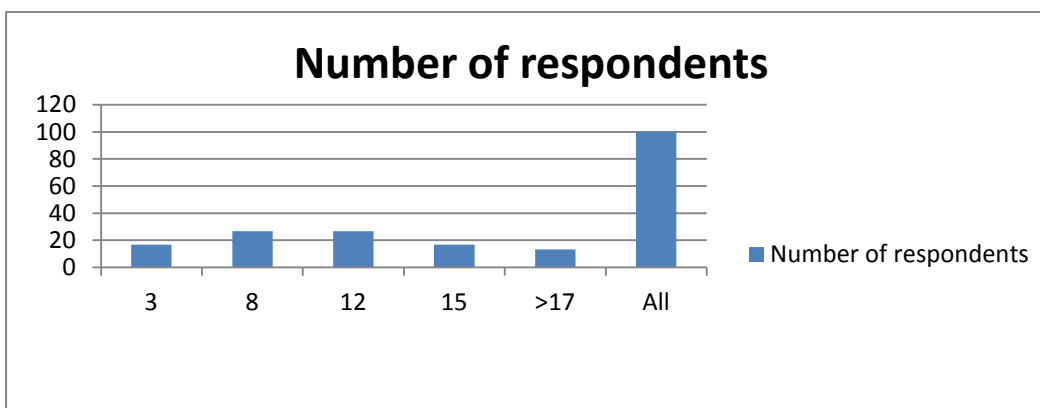


Figure 5 Lengths of smoking

**Effects of smoking in the public places**

The main problems of smoking in the public places are second hands smoking effects. Lots of effects were mentioned by the respondents. Even it is not well accepted to smoke in the public places. 100% respondents were mentioned that Lung cancer and bronchitis may occur for the second hand smokers due to smoke in the public places (Fig 6). The ultimate results of smoking in the public places for second hand smokers may be Esophagus, coronary heart diseases, oral cavity, larynx and infertility.

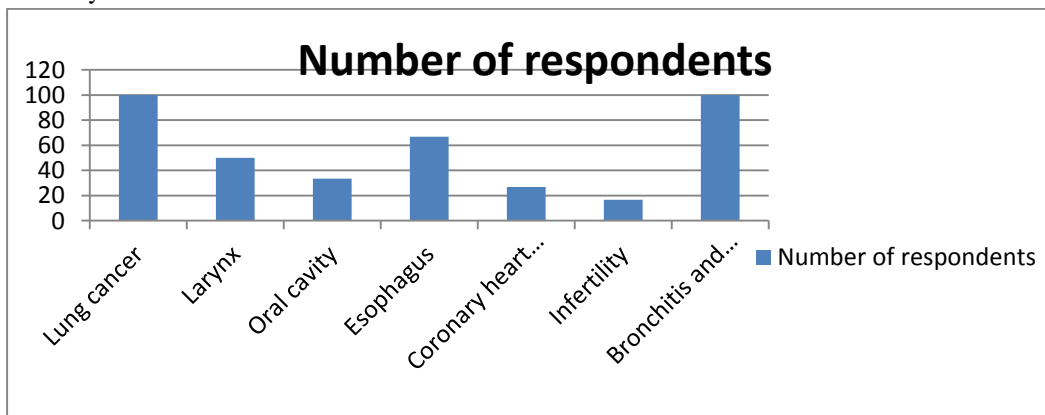


Figure 6 Effects of smoking

**Common perception on smoking**

As per our survey results, 50% respondents were perceived problems of smoking in the public places (Table I). 83.33% respondents were agreed that smoking in the public places are serious hazardous for health. 63.33% were agreed for banning of smoking in the public places.

**Table I: Smoking perception**

Perception	Problems of smoking	Problems on health	Banning of smoking
Yes	15(50)	25(83.33)	19(63.33)
No	12(40)	3(10)	8(26.67)
No comments	3(10)	2(6.67)	3(10)
All N=30	30(100)	30(100)	30(100)

N=Population

Figure in parenthesis indicates percentage value

**Proposed places for safe smoking**

Results showed that there was no place for safe smoking. The negative impacts of smoke are widely known to all. We may minimize the negative impacts of smoking in the public places or elsewhere but do nothing else. In our survey, 100% respondents were mentioned to make provision of separate room in the hospitals for safe smoking, while 93.33% respondents were mentioned to keep booth on the roadside (Table II). 90% respondents were agreed for separate room in the market for safe smoking. Corresponding figure, 83.33% respondents were agreed for separate room in the house and restaurants for safe smoking places instead of open public places.

**Table II: Proposal for safe smoking places**

Type of smoker	Proposed safe places to smoke								
	Separate room in the residents	Separate room in the restaurants	Separate room in the Universities	Separate place in the market	Separate room in the Hospitals	Separate booth in the parks	Separate room in the cinema halls	Separate room in the stadium	Separate booth in the roadside
<b>Chain smokers n-16</b>	16(100)	15(93.75)	12(75)	16(100)	16(100)	10(62.5)	16(100)	12(75)	16(100)
<b>Occasionally smokers n=8</b>	6(75)	5(62.5)	5(62.5)	8(100)	8(100)	4(50)	8(100)	4(50)	8(100)
<b>Sudden smokers n-6</b>	3(50)	5(83.33)	2(33.33)	3(50)	6(100)	3(50)	3(50)	2(33.33)	4(66.67)
<b>All N=30</b>	25(83.33)	25(83.33)	19(63.33)	27(90)	30(100)	17(56.67)	27(90)	18(60)	28(93.33)

N=Population,

Figure in parenthesis indicates percentage value

**IV. DISCUSSION**

Smoking in public places causes serious problems with non-smokers inhaling second-hand smoke. Several chemicals can be found within this second-hand smoke of which some have been found to be harmful to the human body.

Smoking causes an estimated 90% of all lung cancer deaths in men and 80% of all lung cancer deaths in women. An estimated 90% of all deaths from chronic obstructive lung disease are caused by smoking [1]. The adverse health effects from cigarette smoking account for an estimated 443,000 deaths, or nearly one of every five deaths, each year in the United States [2,3]. More deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined[2,4].

As mentioned by Sari Harrar that tobacco products have raised the risk of illnesses in smokers such as rupturing plaque in artery walls, promoting blood clots, and prompting irregular heart rhythms [5]. Secondhand smoke is especially dangerous to older people, people with cardiovascular disease, and with impaired respiratory function ("Americans" 1). According to Mark Hiller, a professor of health management and policy at the University of New Hampshire, Durham, other illnesses may include cancer, heart disease, chronic lung disease, and asthma ("Banning"). In non-smoking adults, tobacco is responsible for approximately three thousand lung cancer deaths each year. It also is capable of harming the respiratory health of children. Secondhand smoke is also responsible for other diseases such as low birth weight, sudden infant death syndrome and bronchitis (Foulkes 8). These diseases are not to be dealt with lightly by anyone because they can eventually cause death to someone. Smoking is a very serious habit, a habit which can be controlled, if willing to be by smokers themselves.

The smoking ban has positive effects on the environment and businesses. Tanya Albert, a columnist for the American Medical News, makes a statement referring to the positive outcome of public smoking as: ".protects the public from the serious health consequences of secondhand smoke [6]. Arthur Foulkes, author of "The Economics of Smoking Bans" believes that if businesses are smoke-free, then they will attract the better qualified workers to the jobs, which will force the less qualified workers to less desirable work [7].

While the smokers continue to smoke in public places, the non-smoker continue to show their disgust and revulsion. Though everyone has a right to live freely in this world, he/she is not permitted to cause harm to other people. It has become practically impossible to refrain oneself from getting a second hand exposure to the smoke stench. Right from the bars and discos to simply walking on the road, everywhere a non-smoker is exposed to smoking.

It is very irritating to be encircled by the smoke smell. It has been noted that flaccid smoking is much more dangerous than active smoking, because in the former case, you gasp the smoke emitted out by a smoker. Designated areas, allotted for the smoker to go and smoke, in a public place would be advantageous for both the smoker as well as the non smoker. While a smoker can freely smoke at the smoking zone, the non smoker will be able to relax, without tormenting about the unpleasant smell, smoke or harmful side effects.

Several effects of smoking in the public places were mentioned by the respondents including lung cancer, bronchitis followed by esophagus, larynx, oral cavity, coronary heart disease and infertility. Passive smoking also increases the chances of bronchitis and asthma to lung cancer and heart disease and even SIDS (sudden infant death syndrome). While the smokers definitely affect their health, they also make the innocent people becoming a victim. Smoking has many adverse reproductive and early childhood effects, including increased risk for infertility, preterm delivery, stillbirth, low birth weight, and sudden infant death syndrome.

Studies also revealed that passive smoking leads to lung cancer and ischemic heart disease in adult non-smokers. It also results in respiratory ailment, cot death, middle ear disease and asthmatic attacks in children [8].

According to Tufts University Health and Nutrition Letter that thirty-five thousand non-smokers die every year from diseases caused by secondhand smoke ("Secondhand" 2). As many of us may know, there are thousands of chemicals in cigarettes and other tobacco related products. These chemicals can cause serious harm to one's body and can eventually result in death, in some cases [9].

According to the U.S. Environmental Protection Agency, the residue of cigarette smoke that is said to affect other people is referred to as "passive smoking." The components of passive smoking are "mainstream" smoke, which is the exhaled smoke from the cigarette smoker, and "side stream" smoke, which comes from the burning end of the cigarette itself. These components are reported to contain several chemicals that can potentially lead to a variety of health concerns, ranging from eye and throat irritation to heart disease and cancer [10].

In view of the impact of instinctive smoking, the dilemma may even be greater for it is likely that neither smokers nor non-smokers are sentient of its consequences. It is believed that disclosure to environmental tobacco smoke, the smoke emitted from a lit cigarette and tobacco smoke exhaled by the smoker is associated with a higher danger of lung and respiratory diseases and with several other important health ailments in children including swift infant death syndrome.

Individuals who smoke should apprehend that smoking in public places can be a source of great nuisance to people who are around. Hence it is crucial that they should abstain from smoking in public places where others are present. It is the only means to deal with passive smoking in an effective manner. The users who smoke at home should be conscious of the consequences that their exploit can have on their children, and so should not smoke in front of them either at home or any other places.

## V. CONCLUSION AND RECOMMENDATIONS

Gasping smoke coming from other people's cigarettes can lead to serious problem including irritation of the eye, headache, cough, sore throat, dizziness and nausea. Infact, there was no designated area for smokers has put the smoker and non-smoker in an uncomfortable situation. If public places would comprise and designate certain areas for smoking and non smoking then everyone could be comfortable or satisfied.

Recommendations should be enforced at three levels.

### Policy level:

- Reinforcement of recently passed anti smoking law (banning smoking in public places) in the entire public places.
- Advocacy for awareness should be developed and implemented campaign for creating greater awareness on the effects of smoking in the public places.
- Need to undertake motivational program( using booklets, billboard, seminar/workshop, rally and class room lectures on effects of smoking in the public places) to stop smoking in the public places

### Action level:

- There is an urgent need to construct and develop designated places (separate room at restaurants, universities, hospitals, home, cinema halls and special booth in the roadside, market places and parks) for safer smoking rather than smoking in the public places
- Disseminate the information on effects of smoking in the public places to create greater awareness among the mass people through mass media.

### Research level:

- Need more study on effects of smoking in the public places to non-smokers who passage by the smokers

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