

IMPLEMENTATION STATUS OF TOBACCO CONTROL LAWS IN COURT AREA: LAWYERS' CONTEXT OF BANGLADESH

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Abstract. Smoking is the practice of burning tobacco and ingesting the smoke that is produced. Tobacco use among the Bangladeshi population remains a public health concern despite concerted efforts with the declared national tobacco control laws. This study aimed to delineate the status of the implementation status of Tobacco Control Laws in the court area and to identify its related predictors. An analytical cross-sectional study was conducted in south city corporations of Dhaka city. 350 samples were selected randomly from the registered lawyer's list which was collected from respective authorities. Data was collected by pre-tested semi-structured questionnaire through a face-to-face interview and analyzed by using SPSS software. Overall, the status of the implementation was poor 66% corresponding to a good 34%. Important predictors significantly found an association with the implementation: practicing duration department, family members, knowledge of health hazards, 'NO SMOKING' sign pasted in the court area. The study revealed a negative scenario regarding the implication of Tobacco Control Laws. Pivotal factors were significantly identified with the implication of tobacco control laws and implementation. Sustainable and effective implementation of laws are urgently needed to improve this scenario. The findings of this study highlight the critical need for strengthening and enforcing Tobacco Control Laws in court areas to reduce tobacco-related harm. Effective policy implementation can lead to significant public health benefits, including a reduction in smoking rates and tobacco-related illnesses. This research supports the continued development of regulatory measures to protect public health, particularly in vulnerable environments and populations.

Keywords: *Tobacco Control Laws, implementation, lawyers, court area, Bangladesh*

Introduction

The struggle against the pervasive use of tobacco products is a global issue with roots in public policy, economics, and health. Although it is not new to be aware of the lethal consequences brought on by tobacco products, it is more recent to see a concerted international effort to minimize tobacco use through law and policy (Efroymsen and Alam, 2009). A National Tobacco Control Cell (NTCC) was also required to be established by the Ministry of Health and Family Welfare to oversee and direct implementation and enforcement (Jackson-Morris et al., 2015). However, Bangladesh has not yet reduced tobacco consumption to the level of modest progress that was anticipated (Harizi et al., 2020). In 2004, ratified the Framework Convention for Tobacco Control, evidence indicates that Bangladesh's goal of having no tobacco use by 2040 will likely not be achieved because the progress made thus far has not been particularly significant (Hoque and Tama, 2021). The Bangladeshi government's current tobacco control law lists the locations that are smoke-free but also says that any public place's manager may designate a well-identified smoking area. The regulations that were passed a year following the statute were amended to address these issues.

However, numerous laws are passed that are never effectively put into effect and fail to deliver the desired results. Consequently, they fall short of the projected tobacco

usage reductions, which hurt morbidity, mortality, and other consequences (Efroymson and Alam, 2009). When fines are too small to serve as a deterrent, law enforcement is likewise compromised. This is especially true for businesses that may view fines for advertising as simply another advertising expense. Additionally, the only mention of the penalty statute is that smokers in public areas are subject to a 300 BDT fine. However, there is no mention of the authorization for the penalty's execution, which could help to curb tobacco use in public locations over time. The results show that important narratives openly express the political will to ban cigarettes. The national tobacco control unit must be given sufficient power and funding, and the government must gather several organizations to make Bangladesh tobacco-free (Hoe et al., 2019). Although there are many obstacles in the way of Bangladesh being a tobacco-free nation, they are not insurmountable. From a legal standpoint, the sustainability of Act No. XI of 2005 describes the process of putting a law into effect at many stages. It is hoped that this will be beneficial to individuals involved in tobacco control as they assist in the process of creating strong legislation, modifying current legislation, or enhancing enforcement.

Materials and Methods

A quantitative cross-sectional study was carried out from July to December 2022. Semi-structured data were collected in this study to obtain information on the implementation status of tobacco control laws in court areas among lawyers practicing in Dhaka city of Bangladesh. This study considered 350 registered lawyers listed by the Dhaka Bar Association, Dhaka. In Bangladesh, each district has an individual Bar Association. Dhaka Bar Association was selected for this study amongst all Bar Associations of Bangladesh due to the largest number of registered lawyers (27,953) under this Bar Association. The practicing lawyers of Dhaka South City Corporation (DSCC) were included in this study due to the location of the Supreme Court of Bangladesh at DSCC which implies over density of lawyers' offices and institutions in the southern part of the capital of Bangladesh. The lawyers with at least a Bachelor of Laws, practiced at different offices and institutions under DSCC, and provided their consent to participate in this study. Initially, a potential standard sample size was assumed as 299 calculated by using the formula: $n = Z^2 pq / d^2$; where Z (standard normal deviate) was considered as 1.96; p (compliance with smoke-free legislation in outdoor 26.5%) was considered as 0.26 (Chowdhury et al., 2023) and margin of error was considered as 0.05. With a minimum calculated sample of 299, an additional 10% was added as a cushion to take into account non-responses (lawyers are usually extremely busy with their professional purposes and also difficult to reach them) and 7% was added considering data cleaning and initial management and the final samples were 350. The data were collected using a systematic random sampling technique. Sample selection also depended on the lawyers' availability and consent to participate in the study.

Quantitative data was collected by using a pre-tested and semi-structured questionnaire through the interviewer-administered method. Respondents were interviewed according to their convenience in September 2022 and onwards. The survey took only 10 to 15 minutes for the interviewer to complete. All authors had access to the collection and preserving participants' information during or after data collection. The survey was administered in the Bengali language with the utmost support of the lawyers'

authority. This study was approved by the Ethical Review Committee of the Department of Public Health of Northern University Bangladesh and conformed to the Declaration of Helsinki. Participation of the respondents was anonymous and voluntary. The questionnaire was pre-validated by two independent reviewers and pre-tested among 10 respondents. The quality of the questionnaire addressed the responses of the pre-test (Liza et al., 2023). The pivotal components of the questionnaire were: (i) Socio-demographic information (ii) Professional information (iii) Pattern of tobacco use (iv) Knowledge of tobacco hazards (v) Compliance with tobacco control laws. (vi) Status of implementation of tobacco control laws in court area. Collected data was checked and analyzed employing the Statistical Package for the Social Sciences (SPSS) software. Study characteristics were subjected to descriptive statistics (frequency and proportions) to summarize the obtained data. Relevant continuous data were categorized following mid values of the percentage scores as cut points (Banu et al., 2021). A multinomial logistic regression analysis was performed followed by a modeling procedure considering a backward elimination process, including pre-specified confounders i.e. marital status, family type, working department, practicing duration, tobacco consumption status, tobacco initiation age, tobacco use by the family members, knowledge on health hazards of tobacco use & tobacco control laws, tobacco consumption status in court area, prohibit colleague/peer group to smoke in a public place, 'No Smoking' sign pasting in the court area. Odds Ratios with 95% confidence intervals concerning the status of implementation of tobacco control laws in court areas (poor and good implementation) were calculated for the specified exposures.

Results and Discussion

Status of Tobacco Control Laws (TCL) implementation in the court area

Concerning overall TCL implementation status within court areas; about 69.70% were responsible for poor implementation status whereas only 30.30% were for good implementation. According to *Figure 1*, poor implementation considered a-fine implementation against tobacco consumption (no) 76.90%, especially allocating a specific smoking zone in the court area (no) 77.40%, single stick cigarette selling in court area (yes) 83.70%, selling/buying tobacco by minors in court area (yes) 82.60%, anti-tobacco advertisement in court area (no) 77.40%, advice from the authority in court area (no) 82.90% (*Figure 1*).

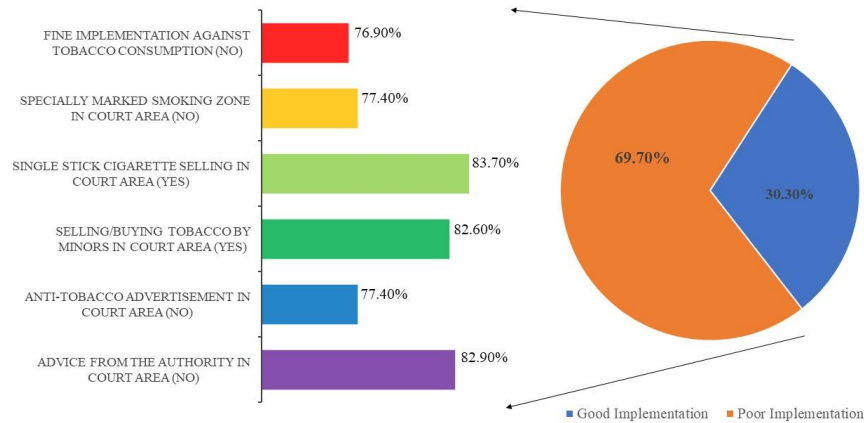


Figure 1. Status of Tobacco Control Laws (TCL) implementation in the court area.

Factors associated with the status of the implementation of Tobacco Control Laws (TCL) in court area

Results of multivariate (cross table) analysis revealed that a married lawyer (n=88/144, COR/p=1.98/0.04; 95% CI: 1.25-3.15) who lives in an extended family (n=88/111, COR/p=2.04/0.01; 95% CI: 1.19-3.46) found to have poor implementation status of TCL within court area. We observed that TCL was poorly implemented by expert lawyers of the Criminal dept. (n=58/74, COR/p=2.04/0.01; 95% CI: 1.02-4.08) who had more than 18 years of experience (n=67/84, COR/p=1.98/0.02; 95% CI: 1.09-3.58). The most interesting fact that drew our attention was both the non-smoker layer (n=83/98, COR/p=3.13/0.00; 95% CI: 1.70-5.73) and those who do not have any smokers in their family (n=89/115, COR/p=3.09/0.00; 95% CI: 1.78-5.36) are less likely to adhere to TCL practice in court areas. On the other hand, smokers who initiated smoking at a late age (after 25 years) (n=68/83, COR/p=3.70/0.00; 95% CI: 1.96-6.99) of their lives were also significantly associated with poor implementation of TCL in court premises. It was unexpected to observe that, TCL in court premises was very poorly practiced by lawyers with good knowledge of TCL (n=243/344, COR/p=9.53/0.04; 95% CI: 1.05-86.30), and even those who had good knowledge of fine penalty of 3 USD for smoking in public places (n=237/333, COR/p=3.53/0.01; 95% CI: 1.30-9.53). Layers who have no history of tobacco consumption in the court area (Never smoked in court: n=89/115, COR/p=3.09/0.00; 95% CI: 1.78-5.36, Not applicable: n=83/98, COR/p=4.99/0.00; 95% CI: 2.62-9.51) and those who discourage other colleagues and peers not to smoke showed less TCL implementation status. Lastly, it was found that lawyers who were linked with pasting ‘NO SMOKING’ signs (n=23/24, COR/p=10.9/0.02; 95% CI: 1.45-82.01) in court area were ten times more reluctant to implement TCL in their premises (Table 1).

Table 1. Factors associated with the status of the implementation of Tobacco Control Laws (TCL) in court area (n=350).

Category	Status of implementation			Statis of implementation (poor vs good)		
	A	B	C	D	E	F
Marital status						
Married	50 (14.3%)	156 (44.6%)	206 (58.9%)	8.58/0.01*	1.98 (1.25-3.15)	0.04*
Single	56	88	144		Reference	Reference

	(16.0%)	(25.1%)	(41.1%)			
Family type						
Nuclear	83 (23.7%)	156 (44.6%)	239 (68.3%)	7.04/0.01*	Reference	Reference
Extended	23 (6.6%)	88 (25.1%)	111 (31.7%)		2.04 (1.19-3.46)	0.01*
Working department						
Income tax	35 (10.0%)	62 (17.7%)	97 (27.7%)	8.35/0.04*	Reference	Reference
Criminal dept.	16 (4.6%)	58 (16.6%)	74 (21.1%)		2.04 (1.02-4.08)	0.04*
Civil dept.	26 (7.4%)	39 (11.1%)	65 (18.6%)		1.655 (0.91-2.98)	
Immigration dept.	29 (8.3%)	85 (24.3%)	114 (32.6%)		0.84 (0.44-1.61)	
Law practicing duration (in years)						
<18	89 (25.4%)	177 (50.6%)	266 (76.0%)	5.28/0.02*	Reference	Reference
>18	17 (4.9%)	67 (19.1%)	84 (24.0%)		1.98 (1.09-3.58)	0.02*
Tobacco initiation age (in year)						
<25	76 (30.2%)	93 (36.9%)	169 (67.1%)	17.46/0.01*	Reference	Reference
>25	15 (6.0%)	68 (27.0%)	83 (32.9%)		3.70 (1.96-6.99)	0.00*
Tobacco use by family members						
Yes	65 (25.8%)	72 (28.6%)	137 (54.4%)	16.72/0.01*		
No	26 (10.3%)	89 (35.9%)	115 (45.6%)		3.09 (1.78-5.36)	0.00*
Overall knowledge of tobacco control laws						
Poor	5 (1.4%)	1 (0.3%)	6 (1.7%)	8.14/0.01*	Reference	Reference
Good	101 (28.9%)	243 (69.4%)	344 (98.3%)		9.53 (1.05-86.30)	0.04*
Knowledge of the fine penalty of 3 USD for smoking in public places						
Good	96 (27.4%)	237 (67.7%)	333 (95.1%)	6.89/0.01*	3.53 (1.30-9.53)	0.01*
Poor	10 (2.9%)	7 (2.0%)	17 (4.9%)		Reference	Reference
Tobacco consumption status in the court area						
Yes	65 (18.6%)	72 (20.6%)	137 (39.1%)	32.73/0.01*	Reference	Reference
No	26 (7.4%)	89 (25.4%)	115 (32.9%)		3.09 (1.78-5.36)	0.00*
Not applicable	15 (4.3%)	83 (23.7%)	98 (28.0%)		4.99 (2.62-9.51)	0.00*
Prohibit colleague/peer group to smoke in public places						
Yes	41 (11.7%)	170 (48.6%)	211 (60.3%)	29.65/0.01*	3.64 (2.261-5.867)	0.00*
No	65 (18.6%)	74 (21.1%)	139 (39.7%)		Reference	Reference
'NO SMOKING' sign is pasted in the court area						
Yes	1 (0.3%)	23 (6.6%)	24 (6.9%)	8.33/0.01*	10.92 (1.45-82.01)	0.02*
No	105 (30.0%)	221 (63.1%)	326 (93.1%)		Reference	Reference

*Note: A=Good Implementation [n(%)]; B=Poor Implementation [n(%)]; C=Total [n(%)]; D=p-values χ^2 /p-value (≤ 0.05); E=Un-justed OR (95% CI); F=p-value (≤ 0.05). Data are presented as frequency (n), percentage (%); *Statistical significance at p-value ≤ 0.05 . A chi-square test was used to observe the association at 95% CI. Logistic Regression Analysis was used to identify the factors. *Statistical significance at p-value*

≤ 0.05 ; reference category was considered for implementation status as 'good implementation.

Predictors of the status of implementation of Tobacco Control Laws in the court area

Final predictors were identified after adjustment modeling and eliminating all the confounders in a backward manner. Here, non-smoker respondents who do not smoke (AOR/p=6.65/0.00; 95% CI: 3.24-12.46) and smokers who do not have any need to smoke (AOR/p=3.71/0.00; 95% CI: 1.91-7.19) during the practice period are completely non-adherent to the implementation of TCL within their court area, as they have fewer urges to smoke. On the other hand, responsible lawyers who had an experience of pasting "No Smoking Sign" (AOR/p=8.46/0.04; 95% CI: 1.06-67.91) experienced (>18 years) lawyers (AOR/p=2.72/0.003; 95% CI: 1.41- 5.24) of Civil (AOR/p=2.27/0.01; 95% CI: 1.16-4.43) and criminal (AOR/p=4.03/0.01; 95% CI: 1.74-9.14) departments were also found to be much more reluctant about the implementation of TCL within the court area which indicates an alarming situation in near future (Figure 2).

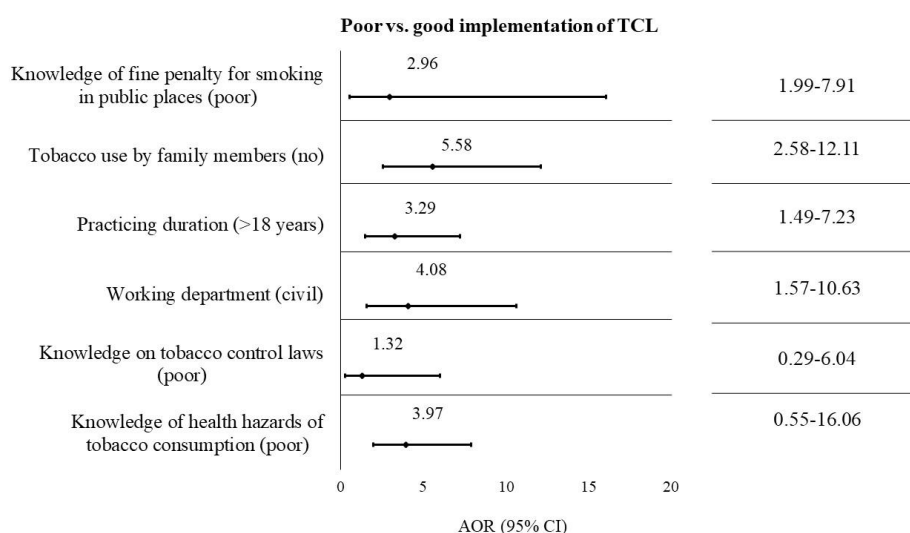


Figure 2. Predictors of the status of implementation of tobacco control laws in the court area.

Source: Statistically significant predictor is considered at $p \leq 0.05$. The reference category for Smoking tobacco within the Court area is 'Yes,' for Linked with no smoking sign is 'No,' duration of practicing Law is '< 18 years'; for the practicing department is 'income tax'. (Regression Analysis).

Lawyers are directly associated with the foundation of a country's legislation and must comply with laws properly. However, despite being a legal professional, layers are at high risk of consuming tobacco, especially smoking, due to work-related stress. In France, by 2014, it was also observed that 26% of self-employed lawyers smoked, which was alarming according to the smoking rate throughout the country (Leignel et al., 2014; CDC, 2011). In Korea, an alarming rate of smokers was found in 2005, which illustrates 38.0% current smokers and 38.9% ex-smokers from the male lawyer group (Chung et al., 2005). In Bangladesh, the tobacco consumption rate was found to be high in different scientific explorations. This current study was conducted among 350 lawyers to explore the status of the implementation of tobacco control laws in the court area. To yield a diversified outcome, layers were selected from the different

departments like Civil (18.6%), Income tax (27.7%), criminal (21.1%), and immigration (32.6%). Mostly, they had less than 18 years (76%) of professional experience. Another study in France showed a similar portrayal of marital status while professional criteria were not explored. However, they compared the status of lawyers with that of pharmacists (Leignel et al., 2014). In addition, the direct age-adjusted smoking rate among Korean male lawyers was found to be 42.1% (Chung et al., 2005). In this study, alarmingly, it was observed that most (72%) of the layers were current smokers, and their consumption initiation (67.1%) happened before age 25. In more than half of the cases (54.4%), they have tobacco user family members. In addition, though they have a good knowledge of TCLs, they don't have good knowledge about the health hazards of tobacco consumption. The scenario is much more devastating than the reports in other studies in France and Korea (Leignel et al., 2014; Chung et al., 2005).

Moreover, this study revealed a poor implementation status among the majority (69.70%) of the lawyers. Poor implementation was considered through— fine implementation against tobacco consumption (no) 76.90%, specially marked smoking zone in court area (no) 77.40%, single stick cigarette selling in court area (yes) 83.70%, selling/buying tobacco by minors in court area (yes) 82.60%, anti-tobacco advertisement in court area (no) 77.40%, advice from the authority in court area (no) 82.90%. There is no empirical study conducted to explore such indicators globally. Bangladesh Tobacco Control Act prohibits smoking in public places, including court areas (Chowdhury et al., 2023). A study conducted in four districts in Bangladesh reported that 12.5% of respondents believed that the tobacco control law is implemented correctly in public places, while more than fifty percent of respondents had poor knowledge about the law (Haque and Siddiqua, 2013). In that study, predominant non-satisfactory compliance was found to explore the conditions of buying and selling tobacco (78.4%), pasting no-smoking signage (3.2%), and anti-tobacco advertisements within the university (34.8%) area. Along with the mentioned alternatives, psychological assistance is important to prevent tobacco consumption among lawyers throughout the world. The study revealed some significant factors associated with the status of implementation regarding tobacco control laws through multivariate (cross-table) analysis. Concerning socio-demographic background, an exciting finding spot on the fact that the respondent's family type (extended family; $n=25.1\%$; $\chi^2=7.04$, $p=0.01$) and marital status (married; $n=44.6\%$; $\chi^2=8.58$, $p=0.01$) relatively presents poor implementation. According to the working department respondents from the criminal dept. ($n=16.6\%$; $\chi^2=8.35$, $p=0.04$) shows poor implementation than income tax ($n=62,17.7\%$). Respondents who have working experience of more than 18 years show ($n=24\%$; $\chi^2=5.28$, $p=0.02$) poor implementation. Smokers who initiated smoking at a late age (after 25 years) ($n=68/83$, $COR/p=3.70/0.00$; 95% CI: 1.96-6.99) of their lives and they had non-smoker family member ($n=35.9\%$; $\chi^2=16.72$, $p=0.01$) were also significantly associated with poor implementation. Responder's overall knowledge of TCL (Good knowledge: $\chi^2=8.14$, $p=0.01$), penalty fine of 3 USD for smoking in a public place (Good knowledge: $\chi^2=6.89$; $p=0.01$), the status of Tobacco consumption in court area (No/not applicable: $\chi^2=32.73$; $p=0.01$), prohibiting colleague/peer group from smoking in public places (Yes: $\chi^2=29.65$; $p=0.01$) and status of hanging "NO SMOKING" sign in court area (Yes: $\chi^2=8.33$; $p=0.01$) are significantly associated with poor implementation status.

The outcomes of the regression analysis indicate that lawyers from the criminal department had a 4.03 times higher rate of poor implementation status than those from different departments. This is true for those lawyers who have more than 18 years of working experience. In addition, nonsmoker lawyers showed 6.65 times poor implementation compared to the smoker group. While from the smoker group, who do not smoke in the court area, also had 3.71 times poor adherence with the implementation of TCL. However, some of them were associated with the pasting of "No Smoking Sign" in the court area. Still, they showed 8.46 times poor implementation status compared to others. Studies conducted by the CDC showed that most law students who are future lawyers pretend to have less tobacco smoking compared to others. However, knowledge and implementation of tobacco control law among law students or future lawyers were not explored. Another study in Bangladesh showed that the poor compliance rate of TCLs in educational settings was 3.57 times higher among those students who had poor knowledge of TCL too (Haque and Siddiqua, 2013). The scenario suggests that exemplary implementation of TCLs can be successful when respondents have a good knowledge of the law, which will make them aware as well as increase their adherence. Alarming, a negative scenario of lawyers' malpractice regarding tobacco was portrayed in a study. The study showed that tobacco industry lawyers prohibit showing negative health reports of tobacco consumption and facilitate the tobacco companies to sustain. Thus, the study suggested stricter professional oversight to reduce the cruel practice of lawyers as tobacco-related disease vectors in favor of tobacco promotion (Guardino and Daynard, 2007). The study findings revealed some insights into the poor implementation status of TCLs in the lawyers practicing in Dhaka city, which might vary in terms of the existing policies applied in the court area. Further, the study findings also revealed the level of knowledge of tobacco among them, which may differ from those practicing in other areas of Bangladesh. Furthermore, the study did not reveal the barriers to proper implementation of TCLs in court areas which might be a good recommendation for planning and improving the existing policies regarding the enforcement of the laws. In addition, this study is a unique exploration as it is done for the first time regarding the implementation of TCLs among lawyers in Bangladesh. For this study, data were gathered randomly from throughout the Dhaka city. Therefore, future nationwide study is required using a similar study design, perspective, and analytical methods in terms of exploration of enforcement and implementation of TCLs in Bangladesh with the active involvement of lawyers as they are responsible for developing laws as well as implementing the regulations.

Conclusion

This cross-sectional study has demonstrated that the status of the implementation of tobacco control laws in court areas is very poor. The way-outs are found to be good but there is a good number of respondents has poor practice. Thus this study will provide future researchers of this field with a concrete base for future study and will come into great assistance to the policymakers of the pertinent arena. Evaluation reports help enforcement programs review and learn from successes or failures in the application of the various enforcement tools. An important measure of the success or failure of an enforcement program is the amount of tobacco consumed by a population. On this basis risk groups can be identified and further interventions can be undertaken to reduce the

prevalence of tobacco consumption. However, it would be misleading to rely entirely on public health results to measure the effectiveness of the legislation, so other measures must be added, including the level of compliance achieved by the whole range of the regulated community, the quality of inspections, the frequency and number of inspections, the number of major violators in the regulated community and the quality and quantity of reporting received under the legislation. It is likewise important to monitor the number of responses and the amount of time taken to complete such enforcement responses fully, measured against set enforcement time goals. It should be kept in mind, as remarked at the beginning of this document, that a comprehensive tobacco control enforcement regime may not be achieved at the outset of legislative development. It may be necessary to adopt an incremental approach to establishing enforcement mechanisms for tobacco control, focusing enforcement resources on the most significant violators of the tobacco control law.

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Conflict of interest

The authors confirm that there is no conflict of interest involve with any parties in this research study.

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