Overlooked Road-Safety Risk in Bangladesh

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Bangladesh's road-safety debate usually focuses on familiar dangers: speeding, unsafe roads, unfit vehicles, reckless driving and unlicensed drivers. Those risks are real and urgent. Yet one everyday behavior receives far less attention than it deserves, smoking while driving. A cigarette in a driver's hand may look like a private habit, but behind the wheel it can become a road-safety problem because it competes with the visual, manual and cognitive attention required to control a moving vehicle.

Smoking is a form of secondary activity that can create several types of distraction at once: the driver may take a hand off the steering wheel, look away while lighting or handling a cigarette, attend to ash or smoke, and divide mental attention between smoking and driving. The underlying point is important: road safety is not only about what a driver intends to do; it is also about whether the driver remains continuously capable of seeing, steering and responding.

International research cited in the report illustrates the problem. A study on smoking while driving found that smoking-related tasks can produce substantial periods of diverted attention. The report notes an example in which roughly 12 seconds of distraction at 50 km/h would correspond to travelling about 160 meters without continuous visual attention to the road. Even much shorter glances are consequential: at 50 km/h, one to two seconds represents roughly 14-27 meters of travel. These figures make an otherwise abstract concept-'distraction'-much easier to understand.

The most relevant local evidence cited in the report comes from a study of heavy-vehicle drivers in Bangladesh. Among 424 drivers surveyed, 75.9% reported tobacco use and 57.9% reported smoking while the vehicle was moving. The same study reported that 64.6% had been involved in at least one road traffic accident during their professional lives, and it found a statistically significant association between smoking while driving and road-traffic-accident involvement ($p < 0.003$; odds ratio approximately 2.087).

These numbers deserve attention-but also careful interpretation. An association is not the same as proof that smoking alone caused the crashes. Drivers who smoke while driving may also differ in fatigue, working hours, risk-taking, occupational conditions or other behaviors. The study is cross-sectional, so it cannot by itself establish a simple cause-and-effect chain. Nevertheless, the strength and statistical significance of the association, combined with international evidence on distraction, justify treating smoking while driving as a preventable road-safety risk rather than dismissing it as a harmless personal choice.

Bangladesh already has a legal foundation for tobacco control in public places and public transport, while professional drivers are also subject to regulatory requirements concerning fitness and, under government directions cited in the report, drug testing. The gap is that the road-safety consequences of smoking specifically from the driver's seat are not as clearly addressed as speeding, dangerous overtaking or other driving offences. A rule that exists on paper but is difficult to observe, record and enforce will have limited deterrent value.

This is where policy needs to become more practical. Smoking while driving should be framed within the broader distracted-driving agenda. Enforcement agencies do not need to treat tobacco use as a moral offence; they need to address a behavior that can interfere with safe vehicle control. Clear rules, consistent penalties and visible enforcement would send a stronger message to commercial drivers, fleet operators and passengers alike.

Tobacco use and other substance use among drivers and staffs of the bus. This is an important area for prevention, particularly where fatigue and long-distance driving create incentives for stimulant or other

substance use. But the evidence should be communicated responsibly. Tobacco use may correlate with other substance use, yet the report itself acknowledges that smoking should not automatically be described as a 'gateway' to harder drugs in every case. Public policy should therefore rely on evidence of impairment and unsafe driving, not on an oversimplified causal narrative.

A deeper lesson from the research is that smoking cannot be isolated from the working conditions of professional drivers. If a driver is routinely driving long hours, sleeping inadequately and using cigarettes to manage monotony or perceived fatigue, simply telling that driver to stop smoking will not solve the underlying safety problem. Rest opportunities, realistic schedules, enforcement of driving-hour limits and access to cessation support must accompany tobacco-control measures.

First, the government should consider a clear legal provision addressing smoking by a driver while a vehicle is in motion, with proportionate penalties and an enforceable mechanism for repeat violations. Any reform should be harmonized with existing tobacco-control and road-transport laws.

Second, BRTA, traffic police and transport operators should integrate tobacco-related distraction into driver training, licensing, refresher courses and road-safety campaigns. The message should be simple: when driving, both hands, eyes and attention should remain available for the road.

Third, commercial fleets should be encouraged and where proportionate, required to adopt internal no-smoking policies, complaint mechanisms and monitoring. Technology such as in-cab cameras or smoke detection may have a role in high-risk fleets, but privacy, cost, maintenance and due-process safeguards must be considered before making such systems mandatory.

Fourth, fatigue management must become a central part of the response. Drivers need adequate breaks and rest facilities, while operators need incentives and accountability to avoid schedules that encourage unsafe coping behaviors.

Finally, Bangladesh needs better data. Crash investigation forms and transport-safety monitoring should record relevant driver-distraction factors, including smoking, where evidence permits. Without systematic data, policymakers cannot measure the scale of the problem or determine which interventions work.

- Policymakers: clarify the legal treatment of smoking while driving and align tobacco-control, road-transport and enforcement frameworks.
- BRTA and traffic authorities: include smoking-related distraction in driver education, inspections, enforcement and crash-risk monitoring.
- Transport owners and operators: enforce no-smoking rules for drivers, provide rest opportunities and support cessation rather than relying only on punishment.
- Drivers: treat the moving vehicle as a no-smoking environment; if smoking is necessary, stop safely before doing so.
- Passengers and the public: avoid normalizing smoking by drivers and use appropriate complaint/reporting channels when unsafe behavior is observed.

Bangladesh does not need another road-safety slogan that disappears after a campaign. It needs a prevention system that recognizes the small behaviors capable of producing large consequences. Smoking while driving is one such behavior. The evidence does not justify claiming that every crash involving a smoking driver was caused by a cigarette. It does justify a more serious conclusion: smoking while driving can create avoidable distraction, and in a transport, system already burdened by speeding, fatigue and weak compliance, avoidable risk should not be ignored.

The choice is therefore straightforward. Bangladesh can continue to regard smoking behind the wheel as a private habit, or it can recognize it as part of the distracted-driving problem and respond accordingly. Safer roads will not come from one law or one campaign. They will come from combining enforceable rules,

responsible transport management, rested drivers, reliable data and a public culture that treats safe driving as a duty to everyone sharing the road.

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