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## A study on cigarette and other tobacco products act (COTPA) compliance (for section 4, section 5 (POS), of COTPA 2003) in urban Shimoga, Karnataka

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### Abstract

**Background:** According to Global Adult Tobacco Survey (GATS-2), conducted by the Institute of population Sciences, Mumbai and Tata Institute of Social Sciences on behalf of Health and Family welfare department reported that 28.6% of adults use tobacco in any form. India has amended its legislation against tobacco in 2003 and implemented its strongest legislation as COTPA 2003 (Cigarette and other Tobacco Products Act 2003). The main aim of the study was to assess compliance to prohibition of smoking and other provisions under COTPA in Shivamogga town.

**Materials and methods:** Descriptive cross sectional study was conducted using purposive sampling. Total sample size was 200, observation was made and information was collected about sections 4, 5, 6a, 7, 8 and 9 of COTPA 2003 (Cigarette and Other Tobacco products Act 2003), to assess its level of compliance and implementation.

**Results:** The compliance rate was found very poor in the public places visited. 'NO SMOKING AREA' and 'Smoking Here Is an Offence' signage was seldom placed in most of the public places. These signage were seen only in 42.76% of the public places visited.

**Keywords:** Smoking, COTPA, compliance

### Introduction

Tobacco is considered as one of the leading causes of premature death. Worldwide, tobacco use causes nearly 6 million deaths every year, and current trend shows that it will reach 8 million deaths per year by 2030 [1]. The problem is not just with the First Hand Smoking, even the Second Hand Smoking ranked among the top three risk factors for many non-communicable diseases [2]. According to Global Adult Tobacco Survey (GATS-2), conducted by the Institute of population Sciences, Mumbai and Tata Institute of Social Sciences on behalf of Health and Family welfare department reported that 28.6% of adults use tobacco in any form. The figure is really disturbing as more than 1/4 of the adult population who are supposed to be the most productive people, are the victims of this bad habit, which cause premature deaths [3, 4]. There are estimates that nearly 23.7% of deaths in men and 5.7% of deaths in women aged 35-69 years are attributed to tobacco related illness [5]. Approximately one person dies every 6 seconds due to tobacco, accounting for 1 in every 10 adult deaths [6]. According to a case control study conducted by Jha *et al*, smoking causes median reduction. In survival rate of 8 years and 6 years among women and men respectively [7]. Even though global fight against smoking started long back in 60s, World Health Organisation took its landmark step against tobacco ie Framework Convention on Tobacco Control (FCTC) in 70s [8]. Keeping this guidelines in mind India passed its first anti-tobacco legislation in 1975 (Cigarette act of 1975). This was followed by incremental progress and amendments; recently India has amended its legislation against tobacco in 2003 and implemented its strongest legislation as COTPA 2003 (Cigarette and other Tobacco Products Act 2003). The act covered most tobacco products such as cigarettes, cigars, bidis, cheroots, pipetobacco, hookah tobacco, chewing tobacco, mpan masala and gutkha, and banned smoking on major public places [9]. However, despite having comprehensive legislation in place, the effective enforcement has been a big challenge in India. Keeping all this in mind we have carried out this survey to assess the compliance level of COTPA Act in related to Section 4 and 5. The main aim of the study was to assess compliance to prohibition of smoking (under section-4 and 5 of COTPA) and other provisions under COTPA in Shivamogga town.

**Objectives of the study**

- To measure the level of compliance to Section 4 ie Prohibition of Smoking in Public Places
- To measure the level of compliance to Section 5 ie Prohibition of Advertisement of Cigarette and other tobacco products

**Materials and Methods**

**Study Design:** This is a descriptive cross sectional study

**Study period:** 1<sup>st</sup> May to 30<sup>th</sup> June 2018. For 2 months

**Sampling and Sample Size**

Purposive sampling was used for study purpose, total sample size was 200 (thought of visiting 200 public places and 200 PoS, but we had visited extra places), 290 public places (includes education Institutes, Bus stations, Hotels, Markets and Public transports) and 247 point of sales were visited in Urban Shimoga during study period, observation was made and information was collected about sections 4, 5,6,7,8 and 9 of COTPA 2003 (Cigarette and Other Tobacco products Act 2003), to assess its level of compliance and implementation.

**Questionnaire**

Pretested and pre -validated questionnaire of COTPA-2003, survey of Govt of Karnataka, was used to collect the relevant information.

**Data analysis**

The data is collated, triangulated, entered and analyzed by

using Epi-info software. Proportions are calculated for each domain of the checklist and results is expressed as proportion and percentage (%).

**Ethical consideration:** Ethical clearance was obtained from our Institutional Ethical Committee (IEC-SIMS)

**Results**

**Section 4**

**Table 1:** Information about location/public place

Type of Public Places	Frequency	Percent
Lodge/hotel/rest house	20	6.90%
Restaurant/bars/dhaba/ tea stall	95	32.76%
Educational establishments	22	7.59%
Offices (government/office)	29	10.00%
Health care facility (govt. /pvt.)	29	10.00%
Bus stand/taxi stand/ rain shelter/mall/market/cinema ghar/amusement park/museum	80	27.59%
Public transport: bus/taxi/maxi cab/three wheeler	15	5.17%
Total	290	100.00%

**Table 2:** Display of No Smoking Signage

Signage	Frequency	Percent
Yes	124	42.76%
no	166	57.24%
Total	290	100.00%

**Table 3:** Place of display of signage

At Entrance And Other Conspicuous Places	Frequency	Percent
Yes	87	70%
No	37	30%
Total	124	100.00%

**Table 4:** Signages Are As Per the Specification of Act

Specification-Size text and design as per Act	Frequency	Percent
Yes	70	80.4%
No	17	19.6%
Total	87	100.00%

**Table 5:** People found smoking at public places

People Found Smoking	Frequency	Percent
YES	71	24.5%
NO	219	75.5%
Total	290	100.00%

**Table 6:** Smoking aids in public places and signs of smoking

Ashtrays/Matchboxes/Lighters/Match Sticks/ Cigarette And Bidi Butts	Frequency	Percent
Yes	166	57.4%
No	124	42.5%
Total	290	100.00%

**Table 7:** Smoking Zones

Designated Zones	Frequency	Percent
Yes	10	2.9%
No	280	97.1%
Total	290	100.00%

**Section 5**

**Table 8:** Tobacco Products Advertisements

Designated Zones	Frequency	Percent
Yes	21	8.43%
No	226	91.57%
Total	247	100.00%

Total of 290 public places were visited during the study. The maximum public places visited were Restaurants

(32.9%) followed by Bus stands/ Parks/Markets. Overall the compliance rate was found very poor in the public places visited. (Table 1) No Smoking Area' And 'Smoking Here Is an Offence' signage was seldom placed in most of the public places. These signage were seen only in 42.76% of the public places visited. (Table: 2) Around 30% of the public places visited signages were displayed inside the building, which were not in conspicuous places. (Table: 3). in around 19.6% of the places signages were smaller in size than the specified size of 60\* 30cms under the rule (Table: 4). People found smoking in most of the public places, the rate of smoking in public places were 24.5%. (Table 5). Compliance related to ban on smoking in public places found very poor in our study. Nearly 1/4<sup>rd</sup> of public places were found polluted by smoking in public places. Only less than half of the (42.5%) public places observed were devoid

of any smoking aids/ signs of smoking. Every second public place visited had either a sign of smoking or smoking aids. (Table: 6). Exclusive smoking zones were found only in 3% of the public venues visited in the study. (Table 7). Among the 249 POS (Point of Sale), 21 (8.43%) places had tobacco advertisement displayed. Most of the advertisement types were posters, boards and banners. (Table 8).

### Discussion

It is clear from our study that COTPA law is poorly implemented in our town. In spite of stringent law and punishment for violations, most of the stake holders violated the law. The compliance rate for the Section 4 was very poor. Total of 290 public places were visited during the study. The maximum public places visited were Restaurants. 'No Smoking Area' And 'Smoking Here Is an Offence' signage was seldom placed in most of the public places. Similar results were observed in study conducted by Swetha GH *et al.* in Bengaluru city <sup>[10]</sup>. In nearly 1/3<sup>rd</sup> of the public places "No Smoking" Signages were not displayed in prominent places and entrances. A similar kind of study conducted in Delhi and Tamil Nadu by Hriday Organisation reported similar results, ie 89% of the public Palces were not displayed 'No Smoking' Signages in conspicuous places <sup>[11]</sup>. In places where there are multiple floors, the recommended Signages were displayed only on ground floors. This was brought to the notice of local law enforcement authority. We have observed that around 1/5<sup>th</sup> of the places Signages were not according to the law specifications with regards to the size, colour of the signage and texts. Similar results were reported in the study conducted in Mumbai <sup>[12]</sup>. Compliance related to ban on smoking in public places found very poor in our study. Nearly 1/4<sup>rd</sup> of public places were found polluted by smoking in public places. The study conducted by Thripty *et al.* in Chandighad city of India has reported higher rate of smoking in public places ie 52.2% <sup>[13]</sup>. Every second public place visited had either a sign of smoking or smoking aids. The problem of smoking aids/ and sign of smoking found in our study was 57. 4%. A study conducted by Thripty *et al.* in Chandighad city was found signs of smoking in 92.5% of the public venues they visited <sup>[13]</sup>. Similar study conducted by Kumar R *et al.* in Himachal Pradesh reported that they found bidi/cigarette butts in 34.5% the public places <sup>[14]</sup>. Compliance related to Section 5 of COTPA 2003 was found relatively better. Only in 8.4% of the PoS (Point of Sale) had displayed advertisement related to tobacco products. Most of the advertisement types were posters, boards and banners. According to Global Adult Tobacco Survey (GATS) 28% of the Indian adults are exposed to Tobacco related advertisements <sup>[15]</sup>.

### Conclusion and recommendations

The Compliance to Cigarette and other products Acts, related section 4 is very poor in our town. Even though we have a very stringent law, it has not been implemented effectively. The law enforcing personnel should strictly acts on those who violate law. More sensitisation workshops should be conducted for all stake holders regarding COTPA Act. The limitation of the study is that we chose convenience sampling; the results could be biased and may not represent the actual percentage of COTPA violation in Shivamogga Town. In spite of this all the efforts were made to reduce the bias.

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**Conflicts of Interest:** There are no conflicts of interest

### References

1. Health Effects of Cigarette Smoking. Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, 2015. Available from: [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/effects\\_cig\\_smoking/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm). [Last accessed on 2018 February 06].
2. Lim SS, Vos T, Flaxman AD, Danaei G, Shibuya K, Adair- Rohani H, *et al.* A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 2012; 380:2224-60.
3. Government of India, Ministry of Health and Family Welfare. Global Adult Tobacco Survey (GATS2) factsheet. Government of India, Ministry of Health and Family Welfare, 2016-17. Available from: <https://www.mohfw.gov.in/sites/default/files/GATS-2%20FactSheet.pdf>. [Last accessed on 2018 Feb 06].
4. Government of India, Ministry of Health and Family Welfare. Global Adult Tobacco Survey (GATS) India Report. New Delhi: Ministry of Health and Family Welfare, 2009-2010. Available from: [http://www.who.int/tobacco/surveillance/en\\_tfi\\_india\\_gats\\_fact\\_sheet.pdf](http://www.who.int/tobacco/surveillance/en_tfi_india_gats_fact_sheet.pdf). [Last accessed on 2018 Feb 10].
5. Sharma N, Chavan BS. Compliance to tobacco-free guidelines (Cigarettes and Other Tobacco Products Act) in medical institute of North India. *Indian J Soc. Psychiatry.* 2018; 34:213-6.
6. Dhadwal DS, Kaushal K. Knowledge about the ill effects of tobacco use and Cigarettes and other tobacco products (Prohibition of advertisement and regulation of trade and commerce, production, supply and distribution) Act. among adult male population of Shimla City. *Chrismed J Health Res.* 2016; 3:279-83.
7. Jha P, Jacob B, Gajalakshmi V, Gupta PC, Dhingra N, Kumar R, *et al.* A nationally representative case-control study of smoking and death in India. *N Eng. J Med* 2008; 358:1137-47.
8. The WHO Framework Convention on Tobacco Control. World Health Organization. Available from: [http://www.whoindia.org/en/Section20/Section25\\_927.htm](http://www.whoindia.org/en/Section20/Section25_927.htm). [Last accessed on 2018 Feb 10].
9. Cigarette and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act-2003. New Delhi: Ministry of Health and Family Welfare, Government of India, 2003.
10. Habbu SG, Krishnappa P. Assessment of implementation of COTPA-2003 in Bengaluru city, India: A cross-sectional study. *J Indian Assoc. Public Health Dent.* 2015; 13:444-8.
11. Reddy KS, Arora M, Shrivastav R, Yadav A, Singh D, Bassi A. Implementation of the Framework Convention on Tobacco Control (FCTC) in India-A Shadow Report-2010. Health Related Information Dissemination amongst Youth. Printers-Star Communications, 2010.
12. Oswal KC, Raute LJ, Pednekar MS, Gupta PC. Are

- current tobacco pictorial warnings in India effective?  
Asian Pac J Cancer Prev. 2011; 12:121-24.
13. Tripathy JP, Goel S, Patro BK. Compliance monitoring of prohibition of smoking (under section-4 of COTPA) at a tertiary health-care institution in a smoke-free city of India. Lung India. 2013; 30:312-5.
  14. Kumar R, Chauhan G, Satyanarayana S, Lal P, Singh RJ, Wilson NC. Assessing compliance to smoke-free legislation: results of a sub-national survey in Himachal Pradesh, India. WHO South- East Asia J Public Health 2013; 2:52-6.
  15. International Institute for Population Sciences. Global adult tobacco survey (GATS India 2009 2010), New Delhi, India: Ministry of Health and Family Welfare, Government of India, 2010.