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RESEARCH ARTICLE

ComplianceAssessment of Tobacco Venders to provisions under section 4 & 7 of Cigarettes and Other Tobacco Products Act (COTPA), 2003 and FSSAI at Points of Sale (POS) in Three Jurisdictions of North India"

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Abstract: ***Background:*** Tobacco use, fueled by highly addictive nicotine, poses a global health risk with 8 million annual deaths and economic repercussions. The WHO's FCTC and India's COTPA aim to combat this crisis. ***Methods:*** In June 2022, a cross-sectional study assessed 753 Points of Sale (POS) in Shahabad, Sri Muktsar Sahib, and Chandigarh. The data was collected using WHO's Survey of Tobacco POS Violations tool, addressing variables like smoking aids, loose tobacco sales, and FSSAI license. Analysis employed SPSS version 27. ***Results:*** Compliance varied across POS, with 51.13% providing smoking aids. Active smoking around POS ranged from 20.29% in Sri Muktsar Sahib to 87.24% in Chandigarh. Compliance with COTPA Section 7 was 70.78%, while 62.15% sold loose tobacco. Only 11% had an FSSAI license, and 80% were non-compliant, with Shahabad at 93% non-compliance. Additionally, 67.3% violated FSSAI. ***Conclusion:*** Shahabad and Sri Muktsar Sahib exhibited higher awareness and enforcement of COTPA Sections 4 and 7, contrasting with poor FSSAI compliance in all three jurisdictions. Findings underscore the imperative for improved law enforcement, heightened awareness, and potential measures such as Tobacco Vendor Licensing to enhance anti-tobacco regulations.

Keywords: Tobacco use, COTPA (Cigarettes and Other Tobacco Products Act), Compliance, enforcement, anti-tobacco regulations, FSSAI.

INTRODUCTION

The repercussions of tobacco use have been justifiably established time and again. Tobacco contains the culprit ingredient nicotine which is a highly addictive in nature. Its use is a major risk factor for several cardiovascular and respiratory diseases, multiple types of cancer, many debilitating health conditions and even death, amounting to more than 8 million people every year world-over. It also significantly contributes to poverty and has detrimental impact on the nation's economy due to health expenditures and productivity losses.[1]

To reaffirm the right of all people to the highest standard of health, averted due to the tobacco epidemic, World Health Organization (WHO) negotiated a cross-border treaty to develop strategies in order to address the issue of tobacco, known as the WHO Framework Convention on Tobacco Control (WHO FCTC).[2] India was the eighth country to consent and in ratification adopted a comprehensive tobacco control law i.e. the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003.[3]
COTPA section 4 prohibits smoking in public places which, for the purpose of the study, have been taken as the Points Of Sale (POS) of tobacco products irrespective of its nature or type. It mandates putting up of a specified signage stating "No Smoking Area-Smoking Here is an Offence" on a sixty centimeter by 30 centimeter board in applicable Indian language along with name of the reporting officer, failing to do which is a punishable offence with fine imposition of up to Rs. 200. Providing customers with smoking aids like lighters, matches to facilitate smoking also constitutes a violation of the law.[4] Additionally, to make all tobacco consumers aware about the ill-effects of its use, Government of India through COTPA section 7 tried to regulate the production, supply and trade of these products. The section mandates that the packaging of all these products must have a statutory warning along with a pictorial representation of the same.[4] Moreover, the Food Safety and Standards Authority of India (FSSAI), laid down provisions to further enhance the check on manufacture and sale of pan masala or gutkha with tobacco and/or nicotine as active constituent; and their sale with food items.[A] Over the years, results of enforcement of the act in most regions in the country have been abysmal[5],[6],[7] and its implementation has posed great challenge.[8]

For the purpose of effective implementation of the objectives of WHO FCTC and enforcement of

provisions under COTPA and FSSAI, regular monitoring of methods for evaluating the progress and recording failures is strongly advised as an essential activity. In this context, the aim of the present study was to assess and compare the status of compliance with anti-smoking provisions under section 4 and 7 of COTPA and provision of banning sale of gutkha under FSSAI at POS while simultaneously attempting to spread awareness among the tobacco vendors to assist in the improvement of overall future compliance.

MATERIAL AND METHODS

Study design and Study sample- A cross sectional study was conducted at 200 POS in the field practice area of a North Indian Medical College- Shahabad (Haryana), 404 POS in District Sri Muktsar Sahib (Punjab) and 149 POS in Chandigarh (Union Territory). The data was collected in June 2022 simultaneously at all three locations. The POS were selected on a random basis. All POS were chosen irrespective of their type.

Data collection tool- Data was collected by a well structured assessment Performa provided by Survey of Tobacco POS Violations WNTD Campaign 2022, a WHO SEARO & SIPHER initiative (Annexure-I attached in English and applicable Hindi language) in the form of printed questionnaire as well as google forms, by means of a face-to-face interview. The data was collected by MBBS Interns of a North Indian Medical College in Shahabad and Chandigarh; in Sri Muktsar Sahib by Interns of a public health institute. They were also asked to scrutinize the vicinity of each POS to make an informed response for certain set of questions, if the informant responded otherwise. Their observation was prioritized to eliminate false results. Before the interview, the participant was informed about the purpose of the study and assured of maintenance of confidentiality at all times. A free will to participate in the study was given and verbal consent was taken.The study proposal was approved by the Institutional Ethics committee for Biomedical & Health Research **(IEC-BHR) Vide Ref. No. AMCH/IEC-BHR/2022/08/02.** The questionnaire assessed 23 variables, which also included basic information like name of tobacco vendor, address of POS, contact number, date and time of visit. The variables relevant to our study are:

1. Smoking Aids provided to customers (match box/lighter/string),
2. Smoking in or around the POS
3. Sale of loose cigarettes/tobacco
4. Presence of pictorial health warnings with specifications
5. Owner had License under FSSAI
6. Selling of tobacco products along with food items.
7. Sale of pan masala and tobacco as twin packs

All tobacco vendors were also given pamphlets enlisting laws applicable at POS under which they can be prosecuted in case of violation. These pamphlets were made available in both English and Hindi language.

Statistical Analysis- The collected data was entered in MS Excel worksheet and analyzed by SPSS software version 27. Descriptive statistics were summarized using proportions for each of the above described category of data. The result from all three areas was displayed in the form of percentages and bar graphs for better comparison

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RESULTS AND OBSERVATIONS:

Out of the total 753 POS assessed at all three locations for adherence to the provisions of section-4 COTPA, 51.13% provided match box, lighter or string (smoking aids) to its customers. While 39.97% POS had active smoking in and around them.

The POS that provided with smoking aids to the customers were strikingly high in Chandigarh 92.6% (138).While in Shahabad, 82.5% (165) POS made them available to their tobacco buyers. The violation for this provision of section-4 was only 20.29% (82) of total POS of Sri Muktsar Sahib, which was the least among all three. (Table 1)

Smoking in and around POS was prevalent in all assessed locations, with the worst situation in Chandigarh of all. A whopping 87.24% (130) of all POS had smoking in and around them. This percentage was about halved in Shahabad with about 44.5% (89) culprit POS. And again, Sri Muktsar Sahib marked remarkably lower smoking in the vicinity of their POS, a mere 20.29% (82). (Table 2)

Some POS owners falsely responded, in negation to this question but the interviewers clearly noticed presence of several old as well as new cigarettes butts and bidi ends at the site of POS and thus, this observation was taken into account and prioritized.

A good 533[70.78%] POS showed compliance with section 7 of COTPA. Among the three jurisdictions- Sri Muktsar Sahib had the highest level of compliance 240[59.4%] followed by Shahabad 192[96%] and Chandigarh 101[67.7%] Nearly two-third POS (n=468, 62.15%) were found to be selling loose cigarettes and tobacco products, with highest violation in Chandigarh with 91.9% followed by 83.5% in Shahabad and 40.5% in Sri Muktsar Sahib. [Table-3 and figure 1]

In all three jurisdictions combined, mere 11% tobacco vendors had a license under FSSAI. At multiple sites, it was observed that tobacco products were being sold along with food items and therefore, collectively 606 (80%) POS were found to be non-compliant; with the highest non-compliance among POS atShahabad, i.e., 186(93%), followed closely by 130(87.2%) POS of Chandigarh and lastly, 290(71.8%) POS in Sri Muktsar. (Table 4 & Figure 2)

Additionally, an enormous 67.3% (507) of POS were violating the provisions of FSSAI by selling twin packs of pan masala and tobacco. If seen individually174(87%) were from Shahabad, 240 (47.3%) were from Sri muktsar, and 93(62.4) were from Chandigarh**.**(Table 4 & Figure 2)

Tables

TABLE 1. Comparative Distribution depicting number of POS providing smoking aids to its customers

S no.	JURISDICTION	FREQUENCY (*n*)	PERCENTAGE (%)
1	Sri Muktsar Sahib	**138**	**92.6**
2	Shahabad	**165**	**82.5**
3	Chandigarh	**82**	**20.29**

TABLE 2. Comparative Distribution depicting number of POS with Smoking in and around them

S no.	JURISDICTION	FREQUENCY (*n*)	PERCENTAGE (%)
1	Sri Muktsar Sahib	**130**	**87.24**
2	Shahabad	**89**	**44.5**
3	Chandigarh	**82**	**20.29**

Table 3 Comparison of compliance of POS of different parameters in three jurisdictions- Chandigarh, Muktsar Sahib and Shahabad under section 7 of COTPA, 2003

Parameters	Chandigarh; n=149, n[%]	Sri Muktsar; n=404, n[%]	Shahabad; n=200, n[%]
Tobacco pack has pictorial Health warnings with specifications	101 [67.7]	240 [59.4]	192 [96]
Sale of Single or Loose Cigarettes/Loose Tobacco	137 [91.9]	164 [40.6]	167 [83.5]

Figure-1

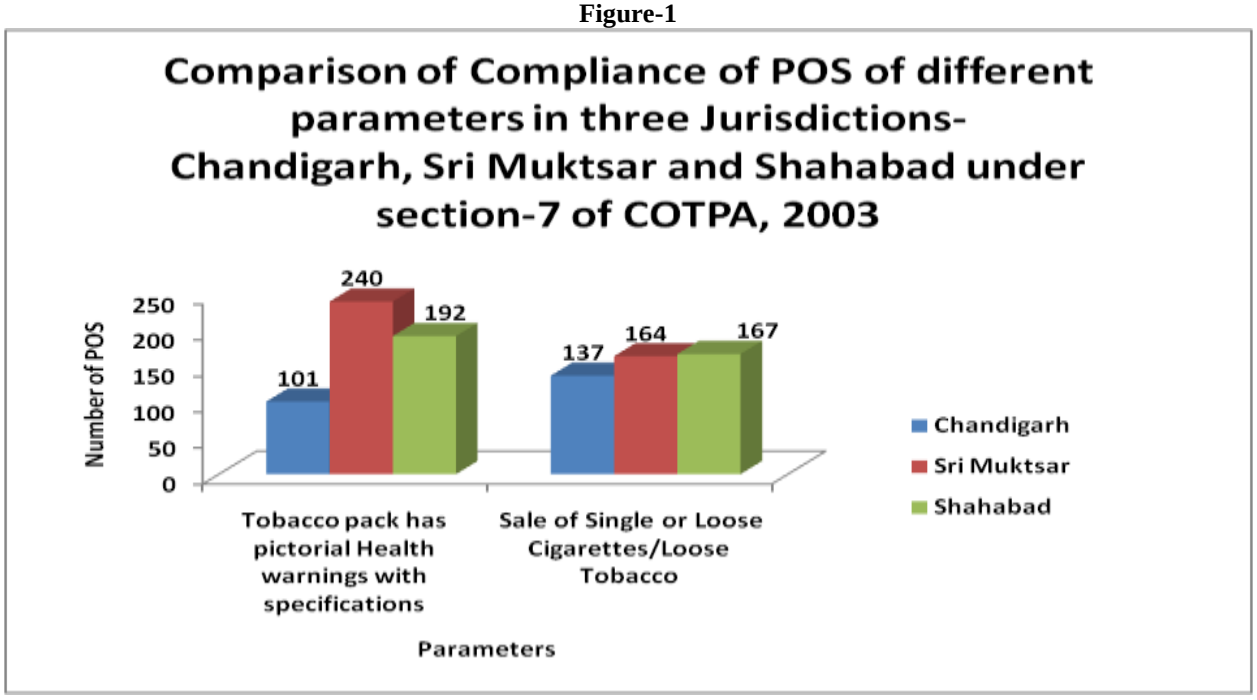
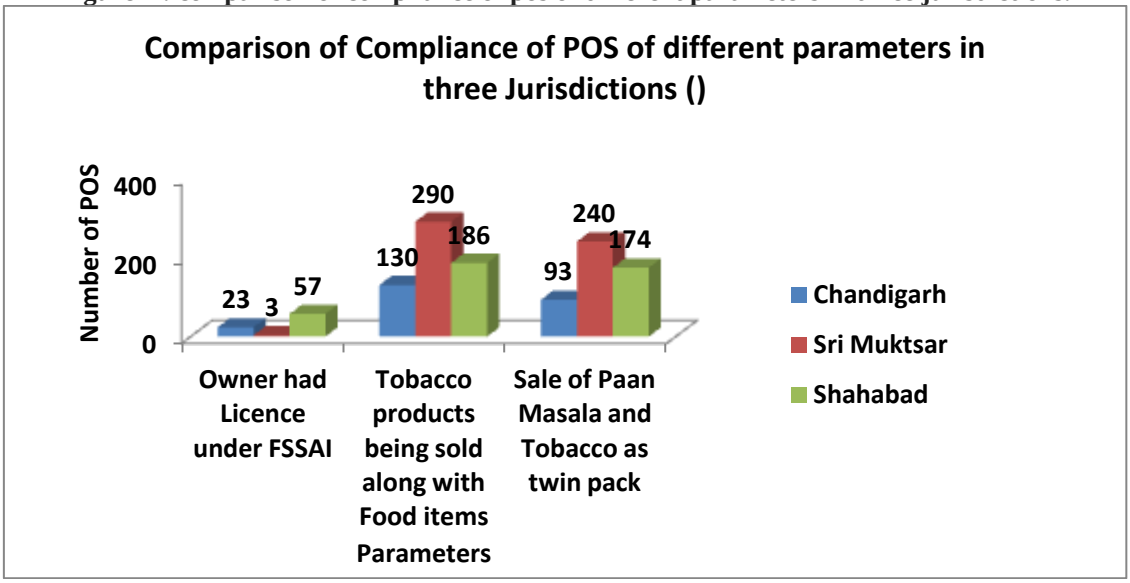


Table 4 : Comparison of compliance of pos of different parameters in three jurisdictions .

Parameters	Chandigarh; n=149, n(%)	Sri Muktsar; n=404, n(%)	Shahabad; n=200, n(%)
Owner had License under FSSAI	23 (15.4%)	3 (0.7%)	57 (28.5%)
Tobacco products being sold along with Food items	130 (87.2%)	290 (71.8%)	186 (93%)
Sale of Pan Masala and Tobacco as twin pack	93 (62.4)	240 (59.4%)	174 (87%)

Figure 2 : comparison of compliance of pos of different parameters in three jurisdictions.



DISCUSSION

Evidently, the findings of our study point towards greater awareness and far better law enforcement infrastructure prevalent in Sri Muktsar Sahib for section 4 of COTPA and in Shahabad for section 7 of COTPA.Whereas, the compliance with provisions under FSSAI was quite poor in all three regions.

In a study conducted by Goel S et al. (2018) 22 districts of Punjab were assessed. An overall compliance was found to be quite high, an enormous 83.8% [10], which directly coincides to the findings of the current study. However, in another study by Goel S et al, 80.8% of tobacco products had pictorial health warnings written on them [11].While in the present study the situation has worsened in Chandigarh despite being a smoke-free city.

In Chandigarh, the pervasiveness of non adherence to the components of Section-4 of COTPA has been clearly highlighted. In one such study, the overall compliance rate was found to be a mere 23%. Various public places were assessed on an observational basis for the purpose of the study. Among the observed places, only 35% were devoid of any smoking aids and 92.5% showed clear evidences of active smoking i.e. cigarette butts and bidi ends.[7] These results are parallel to the findings of our study.

In a study conducted in Maharashtra, the results pointed toward 41% violations as gutka and panmasala packets were openly displayed for sale at the POS. Apart from that there was also evident surrogate evidencewith empty packets of these products visible around 13% tobacco outlets which adds suspicion ofunderestimation of the former numbers.[12]

There can be multitude of reasons for such failure; a few could be lack of awareness, addictive nature of tobacco, poor enforcement strategy and negligible monitoring. The present study successfully addressed one particular reason possible at our level; by spreading awareness among the tobacco vendors about the provisions of COTPA and FSSAI; and the consequences of its violation.

The aforementioned compliance findings also confirm that awareness of tobacco vendors about anti tobacco laws is very essential. Along with that Tobacco Vendor Licensing (TVL) can be an effective method by which governments can improve the enforcement of anti-tobacco laws and manage to protect non-smokers from second hand smoke.

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