International Journal of Applied Dental Sciences

ISSN Print: 2394-7489
ISSN Online: 2394-7497
IJADS 2021; 7(4): 264-268
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www.oraljournal.com
Received: 11-08-2021
Accepted: 15-09-2021

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Compliance monitoring of cigarettes and other tobacco products act (COTPA) and its awareness among person responsible for compliance in Srinagar government hospitals

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DOI: <https://doi.org/10.22271/oral.2021.v7.i4d.1406>

Abstract

Background: The unsolicited tobacco exposure among non-smokers has led to an increase in burden of tobacco related diseases. The Cigarettes and Other Tobacco Products (COTPA) Act 2003 Section 4, 6 aims to reduce exposure to SHS. Tobacco-free hospital campus reduce exposure to environmental tobacco smoke. Awareness and compliance to COTPA are key to achieving its intended outcome. With this background, the present work was designed to assess the compliance and awareness among persons responsible for compliance (PRC) of Section-4 and 6 of COTPA in hospitals of Srinagar district of Jammu and Kashmir.

Methods: An observational cross – sectional study was conducted within Government hospitals. A total of 10 hospitals were selected using convenient sampling. The Johns Hopkins Bloomberg School of Public Health's observational and interview checklist was used to for data collection. These places were observed for certain parameters of assessment by a structured checklist, which included evidence of active smoking, evidence of recent smoking, display of signages, presence of smoking aids, cigarette butts and bidi ends.

Results: The signs of active smoking were observed more in residential areas (66.7%). No smoking signages" board was displayed in 86% of the hospitals but compliance to content was found only 30%. Tobacco vendors were present in 80% in places around hospital buildings. 90% of persons responsible for compliance were aware of the existence of the COTPA law in public places. However, only (30%) knew that the provisions included a penalty for those who violated the provisions of the law.

Conclusions: Low compliance, coupled with the lack of appropriate awareness among PRCs about COTPA, demands a comprehensive strategy to enhance awareness and strict enforcement of the law.

Keywords: compliance, tobacco control, COTPA Act 2003, tobacco free hospitals, person responsible for compliance (PRC)

Introduction

Alarming increase in the use of tobacco among developing countries is contributing immensely towards the rising burden of tobacco related preventable illnesses and premature deaths in these regions. India is the second largest consumer and the third largest producer of tobacco in the world ^[1]. India is especially impacted by tobacco epidemic with its geographically diverse and heterogeneous smokeless and smoking forms of tobacco use ^[2]. Tobacco-related diseases account for an estimated 6 million deaths globally and 0.8–0.9 million deaths in India each year ^[3]. In addition, tobacco smoke also affects the health of non-smokers by unsolicited exposure to second-hand smoke (SHS) ^[4, 5]. Furthermore, the consumption of tobacco imposes enormous direct and indirect economic losses across States in India ^[6].

A legislative route to behaviour change has been advocated for many health issues, tobacco has taken a lead in this aspect. The World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) and its guidelines establish 100% smoke-free policies in workplaces and public places as the best practice to reversing the tobacco epidemic. (Article 8 and guidelines) ^[7, 8].

Tobacco legislation in India dates back to 1975 when the Cigarettes (Regulation of Production, Supply, and Distribution) Act, was enacted, which made it mandatory to display a statutory health warning on all packages and advertisements of cigarettes [3]. This was followed by a new legislation, the cigarettes and other tobacco products act (prohibition of advertisement and regulation of trade and commerce, production, supply, and distribution) 2003 (COTPA), which is the principal law governing tobacco control in India [9]. The Act was passed before India became signatory to the World Health Organization (WHO) Framework Convention on Tobacco Control on February 5, 2004.

Under Section 4 of COTPA, 2003 smoking in all “public places” is prohibited. “Public place” means any place to which the public have access, whether as of right or not, and includes auditorium, hospital buildings, railway waiting room, amusement centres, restaurants, public offices, court buildings, educational institutions, libraries, public conveyances and like which are visited by general public but does not include any open space [10].

Section 6 (a and b) of the COTPA law imposes restriction on the sale of cigarettes or any tobacco product to any person under 18 years of age and in an area within a radius of 100 yards of any educational institution (EI). It is the responsibility of the person responsible for compliance in charge of affairs of the EI to put up a display board stating prohibition of tobacco sale [10].

Health care facilities form the backbone of a healthy society and form a central role in dissipating health promotive, preventive, and curative and treatment services. Tobacco – free hospital campus act as “Role Model” to communicates a consistent pro-health message to the community and more so to the patients [11]. Smoke-free policies in campuses certainly reduces exposure to tobacco smoke and increases the quit rates [12, 13]. Tobacco-free hospital campus requires complying with the provisions under Section-4 and 6 of COTPA

The enactment of a 100% smoke-free law is a relatively easy and one-time process; the act of implementation is a continuous and more difficult process. This problem is more in tobacco, due to its social acceptability [14]. Many of the Indian states are not able to initiate effective measures for tobacco control. The internal monitoring of implementation of COTPA in 21 States, where the National Tobacco Control Programme is under implementation has revealed that only about half of the states (52%) have mechanisms for monitoring provisions under the law [15]. Success of compliance to the smoke-free legislation majorly depends on the willingness of persons responsible for compliance (PRC) to comply with the Act. PRCs include heads of all government departments at State level, local bodies, including Panchayat Raj Institutions (Local self-government), and all those in-charge of public places, that provide access to public gatherings, such as bus stands, railway stations, markets, parks, religious places, monuments and such places [16].

Understanding the challenges to comply with the Act and identifying solutions that are feasible and pragmatic are needed to progress towards a smoke-free society. Literature search indicates that the current status of tobacco control and awareness regarding COTPA is not known in the Jammu and Kashmir. This led to the conceptualization of the study, with the primary aim of determining the level of compliance of Section 4 and 6 of COTPA in health facilities and secondarily to assess awareness among PRC in Kashmir.

Methodology

Study design and population

An observational cross-sectional study was conducted from October 2019 to December 2019 in public places within hospital campus. A total of 10 hospitals were selected for the study using convenient sampling. The public places were divided into four different zones like hospital buildings, office buildings public places outside the hospital and residential areas to get maximum response. Public places outside the hospitals included marketplaces, recreational spots such as greens, eating joints, schools, library, etc. Residential areas included staff quarters, hostels for doctors and nurses and homes for patients. In our study, the public places are defined as per COTPA Section 4. The trained field investigator visited these public places. The visits to the hospital buildings, office buildings and sites outside hospital was done during 10 -12 noon, whereas residential quarters/hostels were paid a visit during the evening hours.

The Ethical clearance for the study was obtained from Institutional Ethical Review Board of the Government Dental College and Hospital, Srinagar, J&K (No-GDC/Perio/1216).

Data Collection

Assessment of COTPA compliance

A structured assessment proforma adapted from the guide on ‘Assessing Compliance with Smoke-Free Laws’ guide jointly developed by John Hopkins School of Public Health, Tobacco Free Kids and International Union against Tuberculosis and Lung Disease 2014, was used for assessing compliance to Section 4 and 6 COTPA [17].

Interview

Interview was conducted among the PRC of the hospitals using a questionnaire adapted from schedule 2 of the guide on ‘Assessing Compliance with Smoke-Free Laws’ [17]. The questionnaire reflected the awareness about COTPA among PRC, educated efforts made by them, acceptances or rejections, challenges or difficulties faced by them in implementing the Act, efforts and further course of actions adopted to implement the Act. The purpose of the interview was explained well in advance to the person responsible for compliance (PRC) before the start of the interview.

Outcomes of the study

- Observed smoking in no- smoking areas.
- Display of ‘No Smoking’ signages
- Observation of cigarette/ bidi buds
- Sale of tobacco products within 100 yards of the hospital
- Awareness of provisions of COTPA among PRC

Statistical analysis

The data regarding the location was recorded in the observation sheet. The information collected was entered into MS-Excel and necessary analysis were carried out using the SPSS software version-17. The results are presented in the form of table and expressed as percentages

Results

A total of 105 public places within the hospital campus (hospital buildings-50, office buildings- 10, public places outside the hospitals-30, and residential areas- 15 were visited during the study. The signs of active smoking were observed more in residential areas (66.7%), followed by public places outside hospital buildings (43.3%), office buildings (30%) and least were recorded in hospital building (20%). “No

smoking signages" board was displayed in 86% of the hospitals but compliance to content was found only 30% in these hospitals. Display of tobacco free institution boards was seen in 30% of the hospitals with only 10% receiving the names of the reporting officer written. The tobacco vendors shops should not be present within 100 yards of any

institution as per Section-6, but it was observed that these tobacco vendors were present in 80% in places around hospital buildings, followed by public places (76.7%), residential areas (73.3%) and office buildings (70%) [Table 1 and Figure 1].

Table 1: Compliance of Different Parameters Related to Section 4 and 6 of COTPA within Srinagar Government Hospitals.

Parameters	Hospital Buildings n = 50	Office Buildings n = 10	Public Places outside Hospital n = 30	Residential Areas n = 15	Overall Sites n =105
Signs of active smoking/ tobacco chewing	20% (n=10)	30% (n=3)	43.3% (n =13)	66.7% (n =10)	34.3% (n =36)
Cigarette butts and bidi stubbs	16% (n=8)	10% (n=1)	6.7% (n =2)	0	10.5% (n =11)
No Smoking signages displayed	86% (n=43)	20% (n=2)	0	0	42.9% (n =45)
Content of no smoking display boards	30% (n=15)	10% (n=1)	0	0	15.2% (n =16)
Tobacco free institution boards	30% (n=15)	0	0	0	14.3% (n =15)
Tobacco vendors/ shops within 100 yards	80% (n=40)	70% (n=7)	76.7% (n =23)	73.3% (n =11)	77.1% (n =81)

Fig 1: Compliance to Tobacco Free Legislation in Public Places within Srinagar Government Hospitals

Most persons responsible for compliance (90%) were aware of the existence of the COTPA law in public places. Surprisingly, only (30%) knew that the provisions included a penalty for those who violated the provisions of the law. A majority of the persons responsible for compliance undertook educational efforts, which included mostly oral warnings not

to smoke (60%) and display of 'No Smoking' signboards (90%). Mostly, they received a negative response to their efforts (70%). 90% of persons responsible for compliance encountered resistance/arrogance from public followed by non-compliance of COTPA guidelines (80%) [Table 2].

Table 2: Awareness of Section 4 and 6 of COTPA Act among persons responsible for compliance at public places within Srinagar Government Hospitals

Awareness of provisions of the COTPA	n = 10
Aware of COTPA Law	9 (90%)
Smoking is banned in public places	9 (90%)
Health Warning on tobacco products	10 (100%)
Banning of sale of tobacco products to minors	9 (90%)
Prohibition of sale of tobacco products within 100 yards of the institute	8 (80%)
Offenders can be penalized	3 (30%)
Type of efforts undertaken	
Penalize the offender	0
Penalties imposed in past one month (in Indian Rupees)	
1-50	0
51-100	0
101-150	0

151-200	0
Oral warning not to smoke	6 (60%)
Display of 'No smoking' Signboards	9 (90%)
Responses to efforts undertaken	
Positive	2 (20%)
Negative	7 (70%)
Type of challenges encountered	
Non-compliance to COTPA guidelines	8 (80%)
Resistance / arrogance	9 (90%)

Discussion

The present study was undertaken to study the compliance to Section 4 and Section 6 of COTPA in government hospitals located in Srinagar. In the present study, out of 105 sites surveyed, active smoking was seen in 66.7% of the sites. In contrast, compliance regarding active smoking observed by Reddy *et al.*,^[18] and Rijhwani *et al.*,^[19] was 36% and 40% respectively. The wide variations in compliance can be attributed to various cultural and social factors but more so can be the result of strong administrative will in strict enforcement of law. Tobacco free hospitals not only protect the patients and health care workers from the unsolicited exposure to second-hand smoke, but also increase public consciousness of the adverse health effects of tobacco.

Another important parameter studied in the present survey was the "display of signage board." In the present study, out of 105 sites studied, there was display board only at 45 sites (42.9%) and only 15.2% of the total displays matched recommended specifications, and these results were almost similar to study by Lal *et al.*,^[20] in four Indian jurisdictions and Rijhwani *et al.*,^[19]. In contrast, reports by Tripathy *et al.*,^[21] and Sharma N, *et al.*,^[22] in another health-care institution observed the display of signage compliance to be 28%.

The low compliance to display of signage at various settings can be the result of poor monitoring at the administrative level.

Observations revealed that 80% of hospital buildings have tobacco vendors/shops present within 100 yards suggesting non-compliance with Section-6 of COTPA. Similar types of observation were also found in public places of Bengaluru city by Habbu and Krishnappa^[23] and Rijhwani *et al.*,^[19]. Easy accessibility to tobacco products near such high-risk areas like Hospitals would further intensify the existent burden of diseases related to tobacco.

The majority of persons responsible for compliance of COTPA in public places were aware of the smoke-free law. Most of those who were aware made efforts to comply with the COTPA Act. Most efforts were educational in nature and about one-fifth reported encountering difficulties to implement the Act. Enforcement in terms of penalizing the offenders was not done at all. Persons responsible for compliance of COTPA were not aware of the provisions under the Act; that in public places can penalize the offenders. Similar results were observed by Banadur SP *et al.*,^[24]. The lack in enforcement of COTPA suggests a gap between the awareness and practice of the law. For proper implementation of COTPA law PRC (person responsible for compliance) needs a better understanding of their responsibilities and rights under the law.

The study is not without limitations and needs to be considered with them. The study was a cross sectional study; considered only one time field assessment. So in order to strengthen the information generated parameters needs to be evaluated during different timings of the day. Social desirability bias might have influenced the persons responsible for compliance of the Act to respond favourably

to the interview. However, observation of hospital sites, informed consent, explanation of study purposes and procedures are likely to reduce this bias.

Conclusion

The conclusion of this study highlighted a lower compliance rate than expected and lack of enforcement of COTPA law by person responsible for compliance which raises questions on law enforcement concerning tobacco. The stronger implementation of COTPA guidelines could be done using a multipronged approach. Compliance is a behavioral issue and the first step towards compliance is making the PRCs aware of the Act. Thus, awareness about the Act, importance of effective implementation on the health of people, awareness that even PRCs can penalize the offenders in public places, is likely to contribute to an increase in compliance and social acceptance. Secondly, Constant efforts to create awareness regarding the public-health aspects of the smoke-free Act in public places are needed.

To achieve maximum gains, different strategies need to be adapted. A series of sensitization programs among authorized officers and persons responsible for compliance, and public-health campaigns to increase awareness of the public-health benefits of the Smoke-Free law, are more likely to smoothen enforcement, reduce resistance among stakeholders and eventually ensure compliance.

Regular evaluation of anti-smoke laws through compliance studies forms the backbone for the successful implementation of COTPA law and ultimately helping us in reducing the tobacco related disease burden. These studies help us to understand the gaps between the knowledge and practice of the smoke free laws.

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