From Policy to Practice: Lessons from Karnataka about Implementation of Tobacco Control Laws

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ABSTRACT

Background: Tobacco use accounts for eight to nine lakh adult deaths annually in India. India enacted a national legislation “Cigarettes and Other Tobacco Products Act, 2003” (COTPA) to protect health of non-smokers and reduce tobacco consumption. However, even a decade after enacting this law, its implementation remains suboptimal and variable across the Indian states. Karnataka has shown leadership on this front by enacting a state law and implementing COTPA at (sub-) district levels. We, therefore, aim to analyze COTPA implementation processes in Karnataka to understand how COTPA can be effectively implemented. Methods: We developed a case study of COTPA implementation in Karnataka using reports from health, police, education, and transport departments as well as government orders and media reports related to COTPA. We analyzed these data to map and understand the role played by the government agencies in COTPA implementation. We used the proportion of the districts reporting COTPA violations, the number of COTPA violations cases reported, and the proportion of schools reporting compliance with COTPA as proxy measures for COTPA implementation. Results: We found that five government agencies (police, education, health, transport, and urban development) played a major role in COTPA implementation. All the police districts reported COTPA violations with 59,594 cases in a year (April 2013–March 2014). Three of the district anti-tobacco cells and two of the transport divisions reported 1130 and 14,543 cases of COTPA violations, respectively, in the same year. In addition, 84.7% of schools complied with signage requirements of COTPA. COTPA reporting was made part of the reporting systems within health, police, and education departments. The health department created awareness on tobacco harms and COTPA. Conclusions: COTPA implementation in Karnataka was made possible through integrating COTPA implementation within structure/functions of five government agencies.

Keywords: COTPA, health policy, Implementation, Karnataka, tobacco control

Introduction

Deaths, disabilities, and impoverishment from tobacco use constitute a formidable public health challenge in India. Nearly one in two men and one in five women are current tobacco users. Tobacco use accounts for nearly eight to nine lakh adult deaths annually in India. The government of India enacted a national legislation, the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA). The four major provisions of COTPA include (1) section 4: prohibition of smoking in public places; (2) section 5: prohibition of direct and indirect advertisement of tobacco products; (3) section 6: prohibition on the sale of...
tobacco products to and by minors, and within 100 yards of educational institutions; and (4) section 7: display of pictorial health warnings on tobacco products.\textsuperscript{[3]}

The compliance with these provisions remains low.\textsuperscript{[4]} A national survey (2009-10) revealed that 29\% of adults were exposed to the second-hand smoke at public places.\textsuperscript{[5]} About two in three adults had seen tobacco product advertisements.\textsuperscript{[5]} In 2009, 47\% of youth were purchasing cigarettes from stores and 56.2\% of them were not refused the sales despite their young age.\textsuperscript{[5]} However, 74.4\% children reported seeing cigarette advertisements on billboards.\textsuperscript{[5]}

There is a dearth of literature on how COTPA is being implemented in India and how could we possibly improve the same.\textsuperscript{[6]} Karnataka provides a good case for studying COTPA implementation. Karnataka is one of the focus states under the National Tobacco Control Program, one of the objectives of which is to improve COTPA implementation. Karnataka enacted the state law (the Karnataka Prohibition of Smoking and Protection of Health of Non-smokers Act, 2001)\textsuperscript{[7]} even before COTPA was enacted by the national government and is among a few states that have shown political will by taking steps towards COTPA implementation. Since 2007, several districts in Karnataka have declared themselves as highly compliant to COTPA.\textsuperscript{[8,9]}

This study, therefore, aims at mapping COTPA implementation processes and outputs in Karnataka over time in order to generate lessons for effective COTPA implementation.

**Materials and Methods**

**Study setting/design**

Case study has been a suitable and commonly employed technique in policy studies. We used the case study of COTPA implementation in Karnataka, considering it as a “good” case, using a broader framework developed by the Campaign for Tobacco Free Kids (USA) that explains the implementation of the tobacco control law.\textsuperscript{[10]} The framework provides three key roles for implementing agencies: enforcing the law, educating public and private sectors about the law, and periodically assessing compliance with the law.

**Data collection**

We used five data sources providing data for the last 1-year period (~April 2013 to March 2014) as outlined below:

1. Government orders and notifications with regard to COTPA issued by state departments of police, education, health, transport, municipal administration, and the municipal corporation of Bangalore city for a period from January 2011 to March 2014.

2. Monthly Crime Review reports for data on COTPA enforcement by state department of police for a period from April 2013 to March 2014.

3. Monthly Education Reports by state department of education for a period from April 2013 to March 2014.

4. Data on COTPA enforcement by district anti-tobacco cells provided by the state anti-tobacco cell (department of health and family welfare) for a period from April 2013 to March 2014.

5. Media reports related to tobacco in Karnataka compiled as part of a tobacco control project at our organization for a period from April 2013 to March 2014.

The authors are affiliated with a not-for-profit non-government organization nominated as a nodal agency by police department in Karnataka to help implement COTPA. It is also a member of the state anti-tobacco cell, a nodal agency in the state to implement National Tobacco Control Program. This made it easier for us to access the relevant data as we were provided access to meeting minutes and relevant government orders/reports.

**Data analysis**

The qualitative data (news reports and government orders) were used to identify the role played by government agencies for COTPA implementation. The quantitative data from reports were analyzed to produce graphs depicting trends in enforcement of and/or compliance with COTPA over time. The proportion of districts reporting COTPA violations and the number of COTPA violation cases reported by districts were used to assess COTPA enforcement. The proportion of schools (out of total schools inspected by education inspectors in a given month) reporting the presence of necessary signage required by COTPA were used as proxy to COTPA compliance in schools.

**Results**

We found that the five government agencies played a major role in COTPA implementation in Karnataka: departments of health and family welfare, police, education, transport, and urban development. Table 1 provides major implementation steps and outputs regarding the COTPA implementation by these agencies.
Based on an advisory letter by union government (health ministry), the state police department integrated COTPA violations into the monthly crime review system of the department. Designation of the Deputy Superintendent of Police or Additional Superintendent of Police as a nodal officer in-charge of COTPA implementation in every district. Printing of challans (violation receipts) and creation of an account head to deposit fines collected for COTPA violations. Training of range, district, and sub-district police officers on COTPA.

**Health and Family Welfare department**

Formation of district anti-tobacco cell and COTPA section 5 monitoring committees at the district level; formation of state-anti tobacco cell at the state level. Formation of district squads at district anti-tobacco cell levels for COTPA enforcement drives. Awareness on tobacco harms and COTPA through website, educational materials, and mass media. Printing of challans.

Three of the 35 districts (8.6%) reported 1130 cases of COTPA violations during a period from April 2013 to March 2014. 35 out of 35 districts (100%) reported the formation of district anti-tobacco cells.

**Discussion**

We found that five government departments (police, health, education, transport, and urban development) played a major role in COTPA implementation in Karnataka in 2013–2014. Other agencies notified for COTPA implementation (such as Revenue, Labour, Industries, Panchayati Raj, and department of Post) were yet to play any significant role. We now discuss important observations and their implications for COTPA implementation.

The role taken up by the five government agencies was not uniform. Although the thrust of police and transport departments was on enforcing the law by monitoring and penalizing COTPA violations, the education department reported high compliance with COTPA among schools without having to enforce the law through penalties. Although police, education, and transport departments carry out COTPA implementation activities in their respective departments, the structures established by health department enable coordination and convergence of these department-based activities at district and state levels. Also, creating awareness on tobacco harms and COTPA appears a legitimate concern by health department that might not be readily discharged by other departments. So while COTPA nominates many government agencies, often without detailing their role towards COTPA implementation, developing a clear role to be played by the relevant government department might be crucial in achieving their buy-in for COTPA implementation. Policy making process shall anticipate and account for enforcement/implementation issues in order to avoid a gap between a policy and its implementation in practice.

We noticed that the departments were able to implement COTPA when they effectively institutionalized COTPA.
Implementation within their own departmental structure/functions. There is a direct correlation between the extent of institutionalization of implementation and the extent of actual implementation. For example, the police department that did most of the enforcement also exhibited a much greater level of institutionalization of COTPA within its structure: designation of nodal officers, their training on COTPA, printing of challans, creating account head for fine deposits and reporting as part of monthly crime review. Same is the case of the health and the education department in making COTPA compliance as part of their routine reporting mechanism. We agree with Kaur et al. [4] and reiterate that ensuring a reviewable reporting system has been pivotal in driving COTPA implementation thereby increasing accountability and sustainability. As pointed out by Mohan et al.,[11] mere knowledge of regulations might not automatically translate into better implementation at local level. Robust reporting and monitoring systems utilized by some departments, such as the police, ensure that the implementation can be measured and evaluated periodically.

An overarching challenge is to achieve better horizontal coordination across departments doing COTPA implementation. Here, district anti-tobacco cells under the stewardship of the district commissioner are a platform that could foster a critical balance between department-based activities, and its overall coordination and review at district level.

Finally, there are limitations of our analysis, which is largely based on the data related to COTPA implementation as reported by government departments. Data were not externally validated and in some cases (e.g., education department) were limited to government-run premises. Also, in the absence of proper documentation of tobacco control activities of various government agencies in public domain, we might have missed out on activities of some of the other government agencies. With all its limitations, we hope that our analysis might help other states to understand potential mechanisms to institutionalize and implement COTPA while allowing for government agencies in the state to reflect on challenges for better implementation of COTPA.

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Conflicts of interest

Authors are part of the project that aims to enhance COTPA implementation in Karnataka. There is no competing interests.

References

1. Global Adult Tobacco Survey (GATS) India 2009-2010 [Internet] Ministry of Health and Family Welfare Government of India. 2010. Available from: http://mohfw.nic.in/WriteReadData/l892s/1455618937GATS%20India.pdf. [Last accessed on 2015 Dec 15].
2. Reddy KS, Gupta PC (editors). Report on tobacco control in India. Ministry of Health and Family Welfare Government of India.
3. The Cigarette and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003. Available from: http://www.mohfw.gov.in/WriteReadData/l892s/COTPA.pdf [Last accessed on 2015 Dec 15].
4. Kaur J, Jain DC. Tobacco control policies in India: implementation and challenges. Indian J Public Health 2011;55:220-7.
5. Global Youth Tobacco Survey (GYTS) India 2009-2010. Available from: http://www.who.int/fctc/reporting/Annexoneindia.pdf. [Last accessed on 2014 Aug 14].
6. Panda B, Rout A, Pati S, Chauhan AS, Tripathy A, Shrivastava R, et al. Tobacco Control Law Enforcement and Compliance in Odisha, India-Implications for Tobacco Control Policy and Practice. Asian Pacific J Cancer Prev 2012;13:4631-37.
7. The Karnataka Prohibition of Smoking and Protection of Health of Non-smokers Act, 2001. Available from: http://dpal.kar.nic.in/ao2003/Prohibition%20of%20Smoking-English.pdf. [Last accessed on 2015 Dec 15].
8. Gadag district tops nation in COTPA implementation. The Hindu. 2014. Available from: http://www.thehindu.com/todays-paper/tp-national/tp-karnataka/gadag-district-tops-nation-in-cotpa-implementation/article5619309.ece. [Last accessed on 2015 Dec 15].
9. Police working to improve COTPA implementation. Deccan Herald, 2015. Available from: http://www.deccanchronicle.com/content/497868/police-working-improve-cotpa-implementation.html. [Last accessed on 2015 Dec 15].
10. Richardson Y. Implementation framework. Presented at International Legal Consortium seminar series-Seminar on legal strategies for implementing tobacco control laws. 23rd June 2014, Washington DC.
11. Mohan S, Mini GK, Thankappan KR. High knowledge of Framework Convention on Tobacco Control provisions among local government representatives does not translate into effective implementation: Findings from Kerala, India. Public Health 2013;127:178-81.