



Original Research Article

ASSESSMENT OF COMPLIANCE WITH THE CIGARETTES AND OTHER TOBACCO PRODUCTS ACT (COTPA), 2003 IN PUBLIC PLACES OF SOUTH ANDAMAN DISTRICT, INDIA

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ABSTRACT

Background: The Cigarettes and Other Tobacco Products Act (COTPA), 2003 is a key legislative tool in India to curb tobacco use. However, its enforcement remains inconsistent. This study assessed the compliance of COTPA sections 4, 5, 6, 7, and 8 in public places and evaluated awareness among tobacco vendors in South Andaman district.

Materials and Methods: A cross-sectional observational study was conducted over two months (September–October). Using two-stage cluster sampling, 106 public places (accommodation facilities, educational institutions, health facilities, public transport, shops) across three regions (North, Central, South) of South Andaman were observed. Additionally, 30 tobacco vendors were interviewed using a structured questionnaire. Data were analyzed using descriptive statistics and chi-square tests.

Results: Only 23.3% of vendors were aware of COTPA. Overall compliance was poor: smoking in public places (Section 4) was observed in 41.5% of sites; 93.4% lacked mandatory signboards; 43.4% sold tobacco to minors (Section 6a); 27.4% sold within 100 yards of educational institutions (Section 6b). While 89.6% of tobacco packets displayed pictorial health warnings (Section 7), 93.4% sold loose cigarettes, violating the ban. Compliance with specified font and color for warnings (Section 8) was 83%. Regional variations existed, with poorer compliance in rural southern and northern areas for sales to minors, and urban central areas for advertising and packaging violations.

Conclusion: COTPA compliance in South Andaman is inadequate, reflecting poor awareness and weak enforcement. Strengthened inter-sectoral coordination, regular monitoring, stricter penalties, and targeted public awareness campaigns are urgently needed.

Keywords: COTPA, tobacco control, compliance, public places, Andaman and Nicobar Islands, tobacco vendors, enforcement.

INTRODUCTION

Tobacco use is one of the leading causes of preventable disease globally.^[1] The use of tobacco contributes to various serious illnesses like Cardiovascular disorders (CVD), Cancer, Stroke, Tuberculosis (TB), and Chronic obstructive pulmonary disorder (COPD). Over half of non-communicable disease (NCD) deaths are premature

and occur before the age of 70. These premature deaths are linked to unhealthy behaviours, or risk factors that include the use of tobacco. Approximately one person dies every 4 seconds due to tobacco use and up to half of current users will eventually die of a tobacco-related disease. Not only the smokers but the non-smokers are also seriously affected by second-hand exposure to cigarette smoke and it poses a great disease burden among the

youth and has a huge impact on the environment and economy.^[2]

In India according to the Global Adult Tobacco Survey (GATS-2) 2016-17, 29% of adults (42.4% men and 14.2% women) consume tobacco in any form.^[3] India is the 3rd largest tobacco-producing nation and 2nd largest nation consumer of tobacco.

Andaman and Nicobar Islands is a union territory, home to over 3,80,581 people, and consists of six tribes with tourist visits double its population per year.^[4] In Andaman and Nicobar Island the prevalence of tobacco use in any form was 58.7% in men and 31.3% in women and 3/4th of tobacco users initiated the use of tobacco before reaching the age of 21 years.^[5] Among the tribes of the Nicobarese group who are well civilized but are not well aware of the ill effects of tobacco and COTPA, there is a high prevalence of tobacco consumption (88.25%), especially the smokeless form of tobacco. The prevalence of oral mucosal lesions was found to be 25.75% of the total population, and among which keratosis was the most prevalent lesions which were 56.3%.^[6]

To reduce the impact of tobacco on the public, the Government of India has passed a legislation, Cigarettes and Other Tobacco Products Act (COTPA 2003) (prohibition of advertisement and regulation of trade and commerce, production, supply, and distribution).^[7] Under the COTPA, it is the responsibility of the shopkeeper or the tobacco vendors to display the warning signboard of tobacco use and any point of sale/shop selling tobacco products to minors or selling tobacco within a radius of 100 yards of any educational institution is illegal and the person in-charge can face certain legal action and punishable with a fine. Recent studies have shown that non-compliance with COTPA is common.^[8]

This study has been performed for the first time in the South Andaman district, which is the most populated district of Andaman and Nicobar Islands. Currently, there is no statistical estimate of the implementation of COTPA on the island, Therefore, the study has done to assess the compliance of sections 4,5,6,7 & 8 of COTPA among the tobacco vendors and various public places of the South Andaman district, along with this it also provided education and awareness to the concerned people regarding COTPA and the ill effects of tobacco and its products. The study has provided the information that will help the concerned authority in the proper implementation of the act on the Islands.

MATERIALS AND METHODS

Study Design and Setting: A cross-sectional observational study was conducted in South Andaman district over two months (September–October 2023). Public places such as restaurants, educational institutions, health facilities, public transport facilities, shops/point of sale were included in the study whereas the places that did not come under the criteria of COTPA were excluded

Sample Size and Sampling: With no prior compliance estimates, a sample size of 106 public places was calculated using the formula $n = [z^2 pq/d^2]$, assuming 50% prevalence of compliance of COTPA act in public places, 95% confidence, and 10% absolute precision. Additionally, 30 tobacco vendors were purposively selected for interviews.

A two-stage cluster sampling method was employed. In the first stage of sampling, The South Andaman district was divided into three regions: North, Central, and South. Four clusters from each of three regions i.e. North, Central, and South regions of the south Andaman district were selected. In the second stage, nine public places like accommodation facilities/restaurants, educational institutions, health facilities, public transport facilities, and shops/point of sale were selected randomly from each cluster.

Data Collection: Data were collected via two tools: Part A: An observational checklist for public places covering Sections 4–8 of COTPA (12 items). Each site was observed for 10 minutes.

Part B: A structured questionnaire administered to vendors assessing socio-demographics and awareness of COTPA provisions (11 questions, score ≥ 6 considered satisfactory).

Ethical Considerations: Institutional Ethics Committee approval was obtained (ANIIMS/IEC/2022-23/46). Written informed consent was secured from all vendors. Participation was voluntary, with confidentiality assured.

Statistical Analysis: Data were entered in MS Excel and analyzed using descriptive statistics (frequencies, percentages). Associations between socio-demographic variables, awareness, and regional compliance were tested using Chi-square and Fisher's exact tests ($p < 0.05$ considered significant).

RESULTS

Table 1: Compliance of section 4, 5, 6, 7 and 8 of COTPA in public places

Section	Sl. No.	Questions based on sections of COTPA	NA		No		Yes	
			n	%	n	%	n	%
Section 4	a	Do people smoke in public places?	0	0	62	58.5	44	41.5
	b	Is there any sign board saying "Tobacco selling to minors is illegal"?	0	0	99	93.4	7	6.6
Section 5	a	Is there any kind of advertisement for tobacco products in any form at the visited place?	0	0	88	83.0	18	17.0
Section 6	a	Is there selling of tobacco products to persons below 18 years?	0	0	60	56.6	46	43.4
	b	Is there selling of cigarette and tobacco products within 100 yards of an educational institutes?	33	31.1	44	41.5	29	27.4
	c	Are there any employees under 18 years of age for processing and sale of tobacco and its product?	0	0	100	94.3	6	5.7
Section 7	a	Does the packet of tobacco products contain written and pictorial health warnings?	4	3.8	7	6.6	95	89.6
	b	Is there selling of single cigarettes/ bidi?	4	3.8	3	2.8	99	93.4
	c	Nicotine and tar contents displayed in the cigarette pack?	4	3.8	9	8.5	93	87.7
	d	Nicotine and tar contents displayed in the bidi pack?	4	3.8	76	71.7	26	24.5
	e	Nicotine and tar contents displayed in the chewable tobacco pack?	4	3.8	44	41.5	58	54.7
Section 8	a	Is the health warning in a specified font and colour as per COTPA?	4	3.8	14	13.2	88	83.0

In table 1, smoking was observed in 41.5% of public places, and 93.4% of sites lacked mandatory “No Smoking” signage. Section 5 identified tobacco advertising in 17% of shops. In Section 6a, 43.4% of shops were found selling tobacco to minors, while 5.7% employed minors in tobacco sales. Under Section 6b, among shops located near educational institutions, 27.4% were selling tobacco within the prohibited 100-yard radius.

Section 7 showed that 89.6% of tobacco packets displayed the required pictorial health warnings; however, 93.4% of vendors were selling loose cigarettes. Display of nicotine and tar content varied across product types—found on 87.7% of cigarette packs, but only 24.5% of bidi packs and 54.7% of chewable tobacco packs. Section 8 indicated that 83% of tobacco packets complied with mandated font size and color specifications for health warnings.

Table 2: Association of section 4,5,6,7 & 8 of COTPA with region wise compliance

Sections				Regions of South Andaman			P-value (fisher's exact test)
				Central	South	North	
Section IV a.	Do people smoke in public places?	YES	n (%)	15 (34.1)	16 (36.4)	13 (29.5)	0.87
		NO	n (%)	21 (33.9)	20 (32.2)	21 (33.9)	
b.	Is there any sign board saying "Tobacco selling to minors is illegal"?	YES	n (%)	3 (42.8)	3 (42.8)	1 (14.4)	0.54
		NO	n (%)	33 (33.3)	33 (33.3)	33 (33.3)	

Section V a.	Is there any kind of advertisement for tobacco products in any form at the visited place?	YES	n (%)	8 (44.4)	5 (27.8)	5 (27.8)	0.59
		NO	n (%)	28 (31.8)	31 (35.3)	29 (32.9)	
Section VI a.	Is there selling of tobacco products to persons below 18 years?	YES	n (%)	12 (26.1)	19 (41.3)	15 (32.6)	0.44
		NO	n (%)	23 (41.8)	15 (27.3)	17 (30.9)	
		N/A	n (%)	1 (20)	2 (40)	2 (40)	
b.	Is there selling of cigarette and tobacco products within 100 yards of educational institutes?	YES	n (%)	10 (34.5)	10 (34.5)	09 (31)	0.16
		NO	n (%)	20 (45.5)	13 (29.5)	11 (25)	
		N/A	n (%)	6 (18.2)	13 (39.4)	14 (42.4)	
c.	Are there any employees under 18 years of age for processing and sale of tobacco and its product?	YES	n (%)	0 (0)	4 (66.7)	2 (33.3)	0.18
		NO	n (%)	35 (36.4)	31 (32.3)	30 (31.3)	
		NA	n (%)	1(25)	1(25)	2(50)	
Section VII a.	Does the packet of tobacco products contain written and pictorial health warnings?	YES	n (%)	31 (32.6)	34 (35.8)	30 (31.6)	0.61
		NO	n (%)	4 (57.1)	1 (14.3)	2 (28.6)	
		N/A	n (%)	1 (25)	1 (25)	2 (50)	
b.	Is there selling of single cigarettes/ bidi?	YES	n (%)	34 (34.4)	33 (33.3)	32 (32.3)	0.64
		NO	n (%)	1 (33.3)	2 (66.7)	0 (0)	
		N/A	n (%)	1 (25)	1 (25)	2 (50)	
c.	Nicotine and tar contents displayed in the cigarette pack?	YES	n (%)	30 (32.3)	33 (35.5)	30 (32.2)	0.62
		NO	n (%)	5 (55.6)	2 (22.2)	2 (22.2)	
		N/A	n (%)	1 (25)	1 (25)	2 (50)	
d.	Nicotine and tar contents displayed in the bidi pack?	YES	n (%)	11 (42.3)	06 (23.1)	09 (34.6)	0.61
		NO	n (%)	24 (31.5)	29 (38.1)	23 (30.4)	
		N/A	n (%)	1 (25)	1 (25)	2 (50)	
e.	Nicotine and tar contents displayed in the chewable tobacco pack?	YES	n (%)	22 (37.9)	20 (34.5)	16 (27.6)	0.50
		NO	n (%)	13 (29.5)	15 (34.1)	16 (36.4)	
		N/A	n (%)	1 (25)	1 (25)	2 (50)	
Section VIII a.	Is the health warning in a specified font and colour as per COTPA?	YES	n (%)	26 (30.6)	32 (37.6)	27 (31.8)	0.44
		NO	n (%)	09 (52.9)	03 (17.7)	05 (29.4)	
		N/A	n (%)	1 (25)	1 (25)	2 (50)	

In Table no. 2 the association of different sections of COTPA with region-wise compliance has been shown wherein on assessing Section 4, it was found that out of the places where smoking was common, maximum smoking in public places was seen in southern (36.4 %) and central (34.1%) regions. Non compliance of depiction of sign boards indicating “tobacco selling to minors is illegal” was equally seen the three regions(33.3%). On observing section 5, among the places displaying advertisement of tobacco products, highest proportion was seen in central (44.4%) followed by northern (27.8 %) and southern (27.8%) regions.

With respect to the compliance of section 6, Among th places which sold tobacco products to minors, the least were found in central region (26.1%) followed by the north (32.6%) and south (41.3%) having comparatively lesser compliance. Only 31.15% shops sold tobacco within 100 yards of education institute, among which high and equal non-compliance was seen in central and south region (34.5%).out of 106 places, 4 places did not sell tobacco/ related products. Further, under 18 employees for selling tobacco were kept only in few places (5.8%), out of which maximum (66.7%) was seen in Southern region.

On observing the compliance of section 7, out of the places compliant to displaying written and pictorial health warnings in cigarette packets, highest were found in Southern region (35.8%) followed by central (32.6%) and north (31.6%). On the contrary, non-compliance of few provisions of section 7 was observed maximum in central region where selling of single cigarettes/bidi was prevalent in most of the shops (34.4%) followed by the southern (33.3%) and northern regions (32.3%). Among the places non complaint to display of nicotine and tar contents in a cigarette pack, in 55.6% of the shops were in southern, 22.2% of the shops in northern and central region respectively. similarly, no displaying of the same in bidi packets was seen maximum in the shops in central (42.3%) followed by north (34.6%) and central regions (23.1%) respectively. Similarly, 37.9 % of the shops in central, 34.5% in southern and 27.6% in northern regions did not display nicotine and tar contents in chewable tobacco packs.

Whereas among the places which were not displaying health warning in specified font and colour, highest were in the southern region i.e. 37.6%, ffollowed northern (31.8%) and central region (30.6%) respectively. None of these

associations were found to be statistically significant.

Table 3: Awareness of COTPA among Tobacco vendors

Sl. No.	Questions	YES		NO	
		Frequency	Percentage	Frequency	Percentage
1	Are you aware of the Cigarette and Other Tobacco Products Act(COTPA)?	7	23.3	23	76.7
2	Are you aware of the prohibition of advertising tobacco products in any form?	7	23.3	23	76.7
3	Are you aware of the prohibition of selling tobacco to person below 18th year?	19	63.3	11	36.7
4	Did you place a sign board saying "Tobacco selling to minors is illegal?"	1	3.3	29	96.7
5	Are you aware of the prohibition of selling cigarettes and tobacco within 100 yards of an educational institute?	13	43.3	17	56.7
6	Are you aware that employing any person under 18 years old for the processing and sale of tobacco and its product is prohibited?	16	53.3	14	46.7
7	Are you aware that there should be a compulsion of both written and pictorial health warnings on tobacco product packets?	3	10.0	27	90.0
8	Are you aware of the prohibition of selling single cigarettes/bidi?	0	0	30	100.0
9	Are there any mentions of nicotine and tar contents on the pack?	26	86.7	4	13.3
10	Is the health warning displayed in a specified font and colour?	25	83.3	5	16.7
11	Do you know the maximum fine for a violation under the act?	6	20.0	24	80.0

Table no. 3 shows the awareness of COTPA among the tobacco vendors. Only 23.3% were aware of COTPA whereas 76.7% were unaware of COTPA and its provision, similar findings were observed about the prohibition of advertisement of tobacco products in any form. On the other hand, about 63.3% were aware that selling tobacco to minors is prohibited. 96.7% were unaware of placing the signboards of "tobacco selling to minors is illegal". About 43.3% were aware that selling within 100 yards of an education institute is prohibited and 56.7% were unaware of the same. About half of the participants i.e., 53.3% were aware that employing minors for the sale of tobacco is prohibited and

46.7% were unaware of the same. The majority of the vendors (90%) were unaware that there should be a compulsory written and pictorial health warnings on the tobacco packet. Whereas none of the participants (100%) were aware that selling of single cigarette/bidi is prohibited. Regarding the mention of nicotine and tar contents on tobacco packets, 86.7% were aware of it and a similar result was found regarding the awareness of displaying a health warning in a specified font and colour (83.3%). About 80% of the vendors were unaware of the fine for violating the act and only 20% had knowledge about it.

Table 4: Association between total score and socio-demographic data

Socio-Demographic variables		Total score				Total	P-value (fisher's exact test)
		<6		≥6			
		n	%	n	%		
Age	≤30	2	66.7	1	33.3	3	0.350
	31-40	7	63.6	4	36.4	11	
	41-50	6	85.7	1	14.3	7	
	51-60	4	66.7	2	33.3	6	
	≥61	3	100	0	0	3	
Gender	Female	5	62.5	3	37.5	8	0.428
	Male	17	77.3	5	22.7	22	
Education status	Below 9th	11	91.7	1	8.3	12	0.032
	10th pass	7	77.8	2	22.2	9	
	12th pass	4	57.1	3	42.9	7	
	Graduation	0	0	2	100	2	
Year of service	≤1 yr	1	100	0	0	1	0.370
	1-5 yr	3	60	2	40	5	
	6-10 yr	3	50	3	50	6	
	>10 yr	15	83.3	3	16.7	18	

Table no. 4 depicts the association between socio-demographic variables and the total score. About 100 % of the graduated vendors had a score of >6 whereas 91.6% of vendors educated below the 9th standard had a total score of <6. These associations were found to be statistically significant (p-value < 0.05). Among the different age groups higher score (>6) was seen maximum in the age group of 31-40 years (36.3%). Females (37.5%) were found to have better score (>6) as compared to males and the people who had completed 6-10 years of service had a better score than others. None of these associations were found to be statistically significant.

DISCUSSION

This research study was conducted to assess the compliance of various sections of COTPA in public places in south Andaman. It involves 30 tobacco vendors and 106 public places which was observed. On observing the public places, the study revealed that there is poor compliance of section 4 of COTPA where smoking was prevalent in 41.5% of the public places/prohibited areas and 92.5% of places didn't have any warning signboard. Similar to our study, many studies have shown poor compliance with section 4.^[9-13] On the contrary, compliance of section 5 was good (83%) as compared to other sections with only 17% of the shops displaying/advertising the cigarettes. Recent studies conducted in Karnataka and Ahmedabad also showed similar findings with compliance of section 5.^[10-11]

On assessment of the compliance with section 6a of COTPA, only 5.7% of the shops were found to be employing minors but about 43.4% of the shops were selling to minors which is a very alarming situation and is also one of the reasons for the increasing prevalence of tobacco consumption among the youths aged 13-15 years as per Global Youth Tobacco Survey (GYTS) 2019 which revealed that nearly 70% of children were getting access from street vendors.^[14] Similarly, section 6b also shows poor compliance to certain extent with some shops (27.4%) selling tobacco within 100 yards of the educational institutes. In a similar observational study conducted in Karnataka and Odisha poor compliance to section 6b was seen.^[15-16] Thus, this signifies the lack of inter-sectoral coordination to involve the education department in enforcing the act in our islands.

Maximum shops (89.6%) had written and pictorial health warnings on the tobacco packet, which is similar to recent studies conducted in Karnataka.^[10,15] Similarly, nicotine and tar contents were displayed in the cigarette packet in the majority of the shops (87.7%). Contrary to this, majority of the shops do not display nicotine and tar content bidi packets (71.7%) and chewable tobacco packets (41.5%).

Almost all the shops (93.4%) were selling loose cigarettes/bidi thus violating section 7 of COTPA. A study conducted in Karnataka on observing the compliance of section 7 i.e., a ban on the sale of loose tobacco concluded that 92% of the tobacco vendors were unaware of the ban on the sale of loose tobacco.^[16,17] Studies showed that the reason for selling loose cigarettes is demand from the buyers and the benefit of selling more cigarettes as compared to a packet.^[18] Other studies showed that selling loose/single cigarettes without health warnings evades taxes and is therefore preferred by the youth.^[19]

Loose cigarettes don't contain health warnings thus contributing to the increased prevalence of smoking. Health warnings create awareness and it may lead to a change in behaviour in smoking. On the contrary, compliance of section 8 was good with a maximum number of shops (83%) selling cigarette and tobacco packets with specified font and colour. Similar results have been seen in other studies,^[20,21] whereas non-compliant shops (13.2%) that sell cigarette packs without specified font and colour were located near frequently visited places like beaches that have the imported packet without warning signs and improper font and colour because tourist visit is on the higher side on those places and thus violating the act. Warning signs in the cigarette and tobacco packets should be visible and highlighted to the consumers which will aid in creating awareness regarding the ill effects of its use.

In this study, the tobacco vendors were interviewed about their knowledge of COTPA and its provisions and it was seen that the majority of the study participants (76.7%) had no knowledge about COTPA and its provisions, and only (23.3%) of the participants were aware of the same. This signifies that despite the government having enacted the act 20 years ago there is still a lack of awareness and poor implementation of COTPA in Andaman and Nicobar Islands. A similar study was carried out in Haryana in which 30 residents were interviewed about the provision of COTPA. Poor knowledge about COTPA was found among the participants.^[22]

The study also discovered that there was good knowledge among graduated vendors (100%) and those who passed the 12th standard (42.8%) compared to those who studied below 9th or never studied (8.3%). A recent study that was conducted in Puducherry also demonstrated that there was poor knowledge among the illiterate as compared to the literate.^[23] Another similar study done in Assam shows that those who did more than 10 years of schooling were four times more aware as compared with their counterparts.^[24] A good knowledge among the educated indicated that they have gained the information from various sources like reading newspapers and books as compared to illiterate participants.

This study has certain limitations that should be considered while interpreting the findings. As the

study employed a cross-sectional design, it provides only a snapshot of compliance during the two-month study period (September–October 2023) and may not reflect seasonal variations. In the context of the Andaman Islands, fluctuations in tourist inflow could influence vendor practices and compliance with tobacco control regulations. In addition, the relatively small number of tobacco vendors (n = 30), selected through purposive sampling, limits the extent to which the findings on vendor awareness can be generalized to other areas in the country. The assessment of vendor awareness was based on self-reported responses, which may be influenced by recall bias or social desirability bias. Furthermore, the study did not explore in depth the reasons for non-compliance, such as potential enforcement challenges faced by regulatory authorities or economic factors that may motivate vendors to violate the provisions of the COTPA.

CONCLUSION

Hence from the above research study, we can conclude that there is poor compliance of COTPA in the South Andaman district of Andaman and Nicobar Islands. The lack of awareness of COTPA among tobacco vendors and poor compliance in various places points out the lack of proper implementation. Poor implementation results in violation of the act and thus leads to increased tobacco consumption and its ill effects on health. Proper enforcement and inspection should be done by multiple law enforcement agencies including the Andaman and Nicobar Administration regularly with appropriate penalties for violating the act and active measures should be taken to increase public awareness regarding the ill effects of tobacco and curbing the use of tobacco

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Conflict of Interest

None declared.

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