

Protect people from tobacco smoke

Warn about the dangers of tobacco

Enforce bans on tobacco advertising,
promotion and sponsorship

Raise taxes on tobacco

Capacity building for MPOWER



International Union Against
Tuberculosis and Lung Disease

Health solutions for the poor

Tobacco Control Case Study Summary

Smokefree City: Chandigarh



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Smokefree City: Chandigarh

1. Focus and Scope

The Union Territory of Chandigarh was the first city in India to become smokefree in 2007. This case study examines the context for and development of smokefree legislation, preparation for implementation, the role of key partners, enforcement and compliance, and lessons learned.

2. The Context

Population profile

Chandigarh is the administrative headquarters for the Haryana and Punjab State Governments. It has a population of about 900,000 – of whom 79% are Hindus and 16% are Sikhs (whose religion forbids smoking).

Chandigarh has the highest per capita income in India and has a literacy rate of 82%.

Tobacco use and smoking behaviour

- Overall tobacco use in Punjab and Haryana is lower than the national average of 57% of men and 11% of women.

- In Chandigarh, 17% of men over 15 and <1% of women smoke tobacco. This is lower than the national average of 33% of men and 1.4% of women.
- Smoking rates are higher among the poor and those with lower educational levels.

The health costs of tobacco

Smoking causes approximately 700,000 deaths each year in India. In 2002/3 the three major tobacco-related diseases cost the country an estimated Rs 308 billion (6.5 billion USD). Separate data is not available for Chandigarh.

The smokefree policy context

The national legal framework and key policy milestones:

May 1990 – Government directive prohibiting smoking in a range of public places.

November 2001 – Landmark court judgement asserting the right of smokers not to be exposed to the health risks of secondhand smoke.

March 2001 – Tobacco Control Bill introduced.

February 2003 – Tobacco Control Bill approved.

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Welcome sign: A smokefree billboard at the city gateway highlights Chandigarh's smokefree status.



Summary

18 May 2003 – The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act 2003 (COTPA) receives Presidential assent. This is a comprehensive approach to tobacco control that includes legislation for smokefree public places.

February 2004 – Framework Convention on Tobacco Control (FCTC) ratified.

2006 – National Tobacco Control Programme developed.

Chandigarh has also adopted a comprehensive approach to tobacco control through the Chandigarh Tobacco Control Cell (CTCC), which was established in 2007.

3. The Indian Smokefree Law

The COTPA Rule (2004) and the Prohibition of Smoking in Public Places Rules (2008) set out how smokefree provisions in the law are applied in practice.

Extent of smokefree spaces

The 2003 Act states that “no person shall smoke in any public place”. It defines a “public place” as “any place to which the public have access”.

Exemptions

Designated smoking areas can be provided in hotels with more than 30 bedrooms, in restaurants with seating capacity for more than 30 customers and in airports. Smoking is also permitted in bedrooms in larger hotels, subject to certain criteria.

Hotels, restaurants and airports must make smoking and non-smoking areas physically separate, and ensure that the public does not have to pass through a smoking area. Smoking areas are also subject to other strict criteria.

Enforcement authorisation and penalties

Any officer authorised by central or state government is empowered to enforce the law’s smokefree provisions. This includes those with direct jurisdiction over their workplace. Fines of up to Rs 200 (\$4 USD) can be charged.

A proposed National Regulatory Authority to support monitoring and enforcement has not yet been set up.



No smoking area – smoking here is an offence

4. The Chandigarh Experience: Key Stages in Implementing the Smokefree Law

Encouraging implementation

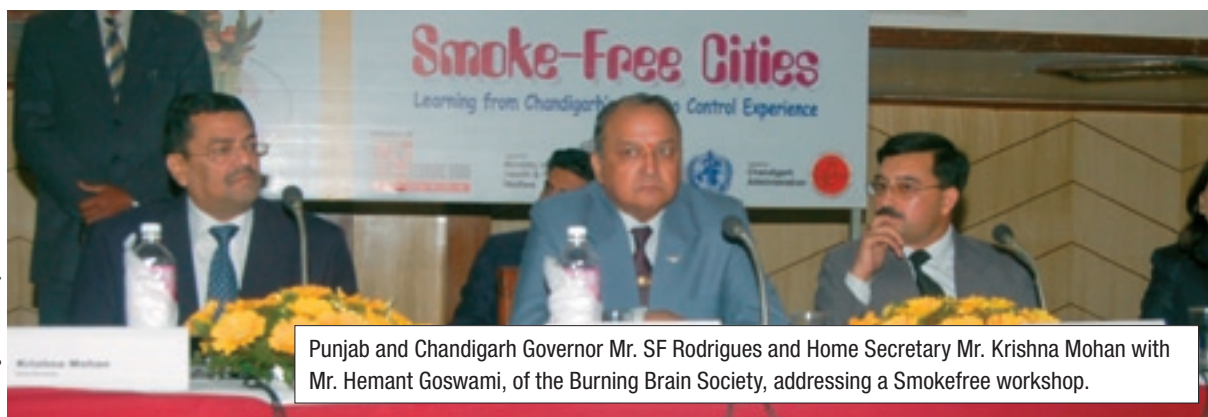
When COPTA came into force, little action was taken in Chandigarh, or elsewhere in India, to implement the legislation. However, things began to change when intense civil society pressure was brought to bear on the administration of the Union Territory.

A highly active campaign, led by the Burning Brain Society (BBS), and a series of focused actions, raised the profile of the smokefree law in Chandigarh and spurred the local authorities to accelerate and intensify their enforcement of it.

Civil society partners adopted a twin strategy of using legal mechanisms to push local authorities into action and seeking to raise public awareness of the smokefree law and the reasons for it.

Based on a Public Interest Litigation filed by the BBS with the High Court in July 2005, the Chandigarh Administration notified the law with immediate effect. It empowered police officers (at sub-inspector level or above) and food and drug inspectors within the Department of Health to take action against violations of the law.

Civil society partners used “Right to Information” legislation to push the police and the Health Department to implement COTPA. In May 2006 the BBS began filing over 300 petitions asking





State Nodal Officer Dr. Honney Sawhney briefs enforcement officials on enforcement of the smokefree premises.

for information on whether the public sector was complying with the law.

In many cases the serving of the petition spurred the organisations to comply with the legislation.

Raising public awareness

During 2006/7 the Chandigarh Administration, in partnership with civil society, organised a campaign using posters, stickers, TV interviews and scrolls, as well as public announcements and a schools programme.

Civil society partners independently used the media and involved volunteer activists in street demonstrations. The local press regularly reported tobacco control issues.

Other methods were also effective:

- The police worked with regular contacts in resident and trade associations.
- NGO and public sector representatives informed hotels and restaurants.
- The BBS engaged with the wider Chandigarh Administration.
- Health workers engaged with residents in slum areas.
- "Smoke Free Chandigarh" signs posted at entry points to the city and on tourism materials raised awareness.

By Spring 2007, good progress had been made. However, there was less awareness of where it was and was not permissible to smoke.

Awareness-raising activities peaked in the build up to the declaration of the city's smokefree status and have continued.

Final preparations for the smokefree city declaration

A constructive working partnership developed between the NGOs and the Chandigarh Administration.

A key meeting on 7 May 2007 formally set out the steps for declaring Chandigarh smokefree and maintaining its smokefree status. These included:

- authorising police officers at sub-Inspector level to compound offences "on the spot".
- ensuring that warning signs were displayed in public places and on public.

The CTCC was set up.

A period of intensive activity followed, to ensure that procedures were in place for enforcing the smokefree law. It included training the police, focusing on the health rationale for the law. Enforcement activity on the streets of Chandigarh followed each day's training and the police issued over 200 challans (penalty notices).

Chandigarh was declared a smokefree city on 15 July 2007.

Opposition to the law

Although the tobacco industry was caught "off guard" by the speed of the smokefree agenda, the new measures provoked a reaction from the industry. The Indian Tobacco Company (an affiliate of BAT) supported petitions claiming that Chandigarh had wrongly interpreted tobacco legislation.

A few individuals also petitioned the High Court of Punjab and Haryana. However, these arguments were rejected. In these cases, the Burning Brain Society filed intervention applications.

The industry unsuccessfully tried to persuade the Chandigarh Administration to allow smoking zones, e.g. in smoking kiosks around the city.

There was little opposition from local restaurants and hotels, mainly because the President of Chandigarh's Hotel and Restaurant Association is a committed tobacco control advocate.

Smokefree advocates did not face a hostile press. Civil society efforts were important in generating and maintaining local media support.

Enforcement and Compliance

Public authorities demonstrated a strong commitment to enforcing smokefree legislation.

Enforcement

The police and the food and drug inspectors of the Department of Health have integrated tobacco control enforcement activity into their routine operations.

The police have continued to challan premises and individuals in breach of the law.

Sometimes the media accompanied the police when entering premises that violated the law.

Summary

The police have been sensitive to accusations of harassing citizens when issuing *challans*, and so have worked closely with community liaison groups.

Payment of fines can now take place 'on the spot', whereas previously court attendance was required.

Restaurants, other eateries and food shops need a licence and are checked at least annually by the Department of Health. Restaurants are visited up to once every month during the summer. Any premises not complying with the law are given seven days to do so.

A series of hookah outlets were closed following legal action taken by the BBS.

Compliance

Civil society partners have adopted a "watchdog" role to monitor compliance. A team of volunteers periodically carry out randomly-controlled checks.

This monitoring suggests high levels of compliance with the law. However, robust data is not readily available.

Anecdotal evidence points to some areas of concern:

- Smoking in some taverns – alcohol retailers, mainly outdoors.
- Lower compliance in the city's slum areas – for instance, within shops, tea shops, eating places and drinking places.

The focus of civil society has now shifted to pressurising private sector workplaces to display "No smoking" signs. Civil society partners have issued legal notices to workplaces, submitted complaints to the police and filed cases with magistrates.

5. Impact of the Law

Exposure to secondhand smoke

Air quality monitoring studies suggest that, in 2008, smoking was still taking place in some indoor public places, in particular restaurants and entertainment venues. The subsequent rules clarifying smoking areas are likely to lead to greater compliance.

Economic impact

Anecdotally, the law has not made any noticeable economic difference to restaurants or hoteliers - apart from the closure of hookah outlets. New restaurants and hotels have opened in Chandigarh since the city's smokefree declaration.

Influence of the Chandigarh experience on tobacco control in India

Chandigarh has been held up as an example for other Indian cities to follow. Chandigarh stakeholders have shared their experience with tobacco control advocates from other parts of the country. Several cities are progressing their own smokefree agendas.

6. Conclusions and Lessons

Scope of the law

Because the legislation allows designated smoking areas, it is not as protective as some other laws worldwide. Myths regarding the impact of smokefree laws on restaurants and bars have been hard to overcome.

The entrance to a Chandigarh school displays tobacco-control notices.



Chandigarh has been ambitious in using the law to restrict smoking in some outdoor places, such as parks, markets and other retail areas. Although this has been broadly accepted in the city, enforcement can be more difficult than for indoor spaces - especially when there is uncertainty about precisely where smoking is, or is not, allowed.

Success factors

- Key stakeholders with commitment and drive.
- Effective co-ordination between civil society and the Chandigarh Administration.
- Innovative use of the legal system.
- Robust enforcement.
- Raising awareness among the authorities and the public.
- Leading by example - ensuring government premises were complying with the law gave it credibility.
- Building enforcement capacity and knowledge through practical training.
- Engaging with the private sector, to raise awareness of and generate support for the law.
- Maintaining focus, e.g. through “watchdog” roles adopted by local NGOs.

Transferability

Although India's tobacco control legislation applies to states, central laws are “on paper only” unless the states effectively implement them.

The Chandigarh experience can support other cities and states in India taking forward smokefree agendas, though in some states smokefree is not a policy priority. Also, other jurisdictions may not have the low levels of smoking prevalence and well-organised civil society that Chandigarh has.

Next steps and future challenges

There is a need to continue raising awareness and remind people of the law. The CTCC is committed to improving compliance in pubs and taverns.

A better understanding among the public of where it is and is not permissible to smoke is needed.

The CTCC needs to consider carefully how they inform hotels of their obligations in relation to smoking bedrooms.

More systematic compliance monitoring by the local authorities is needed.

Ultimately, governmental leadership at state and city levels will be crucial to the ongoing success of the smokefree law.





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Health solutions for the poor

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