

A Study on Smoking in Public: Problems and Solutions With Special Reference to Kolhapur City

Vivek Dhupdale, Head, Department of Law, Shivaji University, Kolhapur

Abstract:

Smoking in public places continues to be a significant public health concern, causing widespread environmental pollution, health hazards to non-smokers, and challenges in effective law enforcement. Despite existing national regulations, including the Cigarettes and Other Tobacco Products Act (COTPA), 2003, the practical implementation and public compliance remain inconsistent, particularly in urban and semi-urban regions. Through a combination of field surveys, stakeholder interviews, and observational studies across major public zones in Kolhapur, such as transport hubs, markets, educational institutions, and recreational areas, the research evaluates the prevalence of public smoking, public awareness levels, and the responsiveness of enforcement authorities. The findings indicate that inadequate enforcement, cultural tolerance, lack of designated smoking areas, and limited public awareness contribute to the persistence of the problem. The study further explores best practices adopted in other regions and proposes practical, community-centered solutions including stricter enforcement, enhanced public awareness campaigns, establishment of well-defined smoking zones, and stronger collaboration between municipal authorities, police, and health departments. Ultimately, the research aims to provide actionable recommendations to reduce public smoking and promote a healthier, smoke-free environment in Kolhapur. The present study, with special reference to the Kolhapur district of Maharashtra, examines the socio-legal dimensions of public smoking, its impact on citizens, and the efficacy of existing regulatory mechanisms.

1. Introduction:

On a busy morning at Kolhapur's central bus stand, the air carries a mix of diesel fumes, food aromas and cigarette smoke. Commuters waiting for their buses, college students chatting near stalls, and vendors setting up their shops all share the same air, often unaware that every puff exhaled in public adds invisible harm to those around them. Despite clear national laws such as the Cigarettes and Other Tobacco Products Act (COTPA), 2003, which prohibits smoking in public places, the habit remains deeply ingrained in many parts of Kolhapur's urban life. Public smoking is not just a personal choice; it's a public health issue. Secondhand smoke contains over 7,000 chemicals, hundreds of which are toxic, and it significantly increases the risk of heart disease, lung cancer, and respiratory illnesses among non-smokers. Addressing this issue requires more than legal restrictions. It demands a combination of education, community participation, effective enforcement, and accessible cessation support. This article explores the key problems linked to public smoking in Kolhapur, the reasons current measures fall short, and the practical, locally grounded solutions that could help the city move toward a truly smoke-free environment.

1. Objectives of the Research:

- a. To assess the prevalence of smoking in public areas of Kolhapur, such as markets, bus stands, educational institutions, and government offices.
- b. To evaluate the level of public awareness regarding the health hazards of secondhand smoke and the existing laws that prohibit smoking in public under the COTPA Act, 2003.

- c. To examine the enforcement and effectiveness of anti-smoking laws and municipal regulations in Kolhapur, including the role of local authorities and police.
- d. To identify the major health, environmental, and social problems arising from public smoking within the city.
- e. To explore public attitudes and behaviors toward smoking restrictions and their willingness to support a smoke-free environment.
- f. To suggest practical and locally relevant solutions that can help reduce public smoking in Kolhapur.
- g. To provide recommendations for policymakers and public health officials to strengthen tobacco control initiatives in the district.

1.2 Statement of Hypothesis:

1. Lack of public awareness regarding the health hazards of secondhand smoke contributes significantly to the persistence of smoking in public places in Kolhapur.
2. Inadequate display of “No Smoking” signage and insufficient monitoring by authorities increase violations of the COTPA Act, 2003.

1.3 Research Methodology Adopted:

- a. Research Design: The study follows a descriptive and analytical research design. It aims to describe the current situation of public smoking in Kolhapur and analyze the relationship between enforcement, awareness, and prevalence of smoking in public areas. Both quantitative and qualitative methods have been used to ensure comprehensive understanding.
- b. Area of Study: The research has been conducted in Kolhapur city, Maharashtra.
- c. Population and Sample: Target Population: General public of Kolhapur city, including smokers and non-smokers found in public areas. Sample Size: Approximately 150–200 respondents. Sampling Technique: Stratified random sampling.

1. Sources of Data:

- a. Primary Data: Collected directly from respondents and field observations through: Questionnaire surveys administered to residents, shopkeepers, students, commuters, and public officials. Personal interviews with key stakeholders such as municipal officers, police representatives, and health professionals under the National Tobacco Control Programme (NTCP). Direct observation of public places to record the presence of smokers, signage, and enforcement activity.
- b. Secondary Data: Gathered from reliable published and online sources, including: 1. The Cigarettes and Other Tobacco Products Act (COTPA), 2003 and related government notifications. 2. Reports from the National Tobacco Control Programme (NTCP) and the Ministry of Health and Family Welfare (MoHFW). 3. World Health Organization (WHO) studies and national surveys on tobacco use. 4. Research papers, journal articles, and local news reports related to Kolhapur’s tobacco control activities.

2. Research Instruments / Tools for Data Collection: Structured Questionnaire, Observation Checklist, Interview Schedule

- a. Data Analysis Techniques: Quantitative Analysis: Data from questionnaires will be tabulated and analyzed using simple statistical tools such as percentage analysis, mean, and chi-square tests to test hypotheses and relationships between variables (e.g., awareness level vs. compliance).

Qualitative Analysis: Responses from interviews and observations will be summarized thematically to identify patterns, challenges, and best practices.

b. Scope of the Study: The research focuses specifically on public places within Kolhapur city limits and does not extend to private or semi-private establishments. The study aims to provide actionable insights for local authorities, public health departments, and community organizations working on tobacco control.

c. Limitations of the Study: The study is limited by time and resource constraints; therefore, sample size is moderate. Self-reported data from respondents may involve bias or underreporting. Observations are restricted to selected public areas and may not represent all locations in Kolhapur district.

2. Smoking in Public: Conceptual Analysis:

1. Concept of Smoking:

Smoking refers to the inhalation and exhalation of smoke from burning tobacco products such as cigarettes, bidis, cigars, or pipes.

2. Meaning of Public Smoking:

Public smoking refers to the act of smoking tobacco products in open or shared spaces accessible to the general public.

3. Second-hand and Third-hand Smoke:

Second-hand Smoke (SHS): is a mixture of smoke exhaled by smokers and that emitted directly from burning tobacco. It contains the same toxic substances as mainstream smoke, often in higher concentrations. Third-hand Smoke: Refers to the residual nicotine and other chemicals left on indoor surfaces, clothes, or furniture long after the cigarette has been extinguished.

2.4 Legal and Policy Framework:

In India, smoking in public places is regulated by the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA).

2.5 Public Health Perspective:

From a public health viewpoint, smoking in public spaces transforms an individual habit into a community hazard.

2.6 Socio-Cultural Dimensions: Smoking behavior is influenced by cultural norms, peer pressure, stress, and social acceptance.

3. Smoking in Public: Legislative Framework:

1. International Framework: a) World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC), 2003

3.2 National Legislative Framework (India): a) The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA)

3.3 State and Local Framework (Maharashtra and Kolhapur): a) Maharashtra State Tobacco Control Initiatives. Kolhapur District and Municipal Implementation. b) The Kolhapur District Tobacco Control Cell, under NTCP, works with the Kolhapur Municipal Corporation (KMC) and local police to enforce anti-smoking laws.

4. Smoking in Public: Judicial Approach:

4.1 Landmark Judgments:

a. In Murli S. Deora v. Union of India & Others the Supreme Court of India recognized the right of non-smokers to breathe smoke-free air as part of their fundamental rights under Article 21 of the Constitution. The Court declared that non-smokers cannot be compelled to inhale harmful tobacco smoke, as this violates their fundamental right to life under Article 21. The Court exercised its power to issue guidelines under Articles 32 and 142 of the Constitution of India in the absence of specific legislation. This case played a crucial role in shaping India's regulatory framework on smoking in public places even before comprehensive tobacco control laws were enacted.

b. The case of Ankur Gutka Case – Health for Millions Trust v. Union of India was concerned with the widespread availability and consumption of gutka, a tobacco-based product linked to oral cancer and other serious health risks. Public health organizations, including **Health for Millions Trust**, approached the Supreme Court seeking a nationwide ban on gutka due to its severe health consequences. In 2012, the **Supreme Court directed all States and Union Territories** to strictly implement the ban on the manufacture and sale of gutka containing tobacco or nicotine under Section 2(v) of the FSSA. The Court emphasized that public health must take priority and that the separation of ingredients (tobacco + pan masala) could not be used to bypass the law.

c. In Ramakrishna Mission v. State of Meghalaya case the issue concerned the regulation of smoking in public places within the State. The Ramakrishna Mission, which operated various educational and public service institutions, challenged State notifications prohibiting smoking in public areas, arguing that the restrictions were excessive and affected their institutional autonomy. The Court **upheld** the validity of the State's anti-smoking regulations. It held that the State may impose **reasonable restrictions** on smoking in public places to safeguard public health. Institutions or private bodies cannot claim exemption from such rules.

d. In S. Prakash v. State of Tamil Nadu, the petitioner challenged a Government Order issued by the Tamil Nadu Government that prohibited smoking in public places. The petitioner argued that the State's action violated individual freedom and lacked legislative backing. The Court **upheld the validity** of the ban on smoking in public places. It held that such restrictions are **reasonable, justified, and necessary** to protect public health. The Government Order was found to be consistent with constitutional obligations.

5. Smoking in Public: Problems and Solutions With Special Reference to Kolhapur: Field Survey, Data Collection and Analysis:

1. Introduction:

To understand the ground realities of public smoking practices in Kolhapur, a field survey was conducted as part of this study. The primary objective was to collect empirical data on the prevalence of smoking in public areas, the awareness of laws such as the Cigarettes and Other Tobacco Products Act (COTPA, 2003), and the public perception of problems and possible solutions.

5.2 Objectives of the Field Survey:

Data Analysis and Interpretation: The data collected were analyzed both quantitatively (percentages, frequency tables, and charts) and qualitatively (narrative analysis of responses and observations).

Table 1: Awareness of the Law (COTPA, 2003):

Awareness Level	No. of Respondents	Percentage
Fully aware	30	20%
Partially aware	60	40%
Not aware	60	40%
Total	150	100%

The above data can also be represented in graphical form:

Interpretation:

Only about one-fifth of respondents were fully aware of the laws prohibiting smoking in public places. Lack of awareness remains a major barrier to compliance in Kolhapur.

Table 2: Observation of Public Smoking:

Frequency of Seeing Smokers in Public	Respondents	Percentage
Very Often	70	47%
Sometimes	55	37%
Rarely	20	13%
Never	5	3%
Total	150	100%

The above data can also be represented in graphical form:

Interpretation:

Nearly 84% of respondents had seen people smoking in public places, showing that public smoking remains common despite the legal prohibition.

Table 3: Places Where Public Smoking is Most Common

Location Type	Percentage of Responses
Bus stands / Railway stations	35%
Markets / Tea stalls	28%
Educational areas	15%
Parks / Gardens	12%
Offices / Government buildings	10%
Total	100%

The above data can also be represented in graphical form:

Interpretation: Bus stands and market areas are the most affected locations in Kolhapur where smoking in public is frequently observed.

Table 4: Attitude Toward Public Smoking

Public Opinion	Respondents	Percentage
Should be strictly banned	100	67%
Should be restricted to designated areas	40	27%
Should be allowed freely	10	6%
Total	150	100%

The above data can also be represented in graphical form:

Interpretation:

A strong majority (67%) supports a complete ban on public smoking, reflecting a growing public awareness of its health and social hazards.

Table 5: Perceived Effectiveness of Enforcement

Rating	Respondents	Percentage
Highly effective	10	7%
Moderately effective	40	27%
Ineffective	80	53%
Don't know	20	13%
Total	150	100%

The above data can also be represented in graphical form:

Interpretation:

Over half of respondents (53%) believe enforcement in Kolhapur is ineffective, indicating a need for stronger municipal and police coordination.

5.3 Qualitative Observations:

5.3.1 Field visits revealed that:

1. “No Smoking” signage was missing or damaged in many public areas.
2. Police officials acknowledged low manpower for continuous enforcement.
3. Many shopkeepers near bus stands and markets sell loose cigarettes, encouraging casual public smoking.
4. There is a social tolerance toward smoking among young males, particularly in informal spaces like tea stalls.
5. Awareness programs by the Kolhapur District Tobacco Control Cell have reached only a limited audience.

5.3.2 Key Findings:

1. Public smoking remains prevalent in Kolhapur, especially in transport and market areas.
2. Awareness of COTPA and its penalties is low among both smokers and non-smokers.
3. Enforcement mechanisms are weak and inconsistent.
4. Cultural acceptance and peer behavior contribute to persistence of the habit.
5. The public shows strong support for stricter laws and more awareness programs.

6. Conclusion and Suggestions:

6.1 Conclusion: The field survey clearly demonstrates that while legal provisions exist, practical enforcement and awareness are insufficient in Kolhapur. Public smoking continues due to weak monitoring, social indifference, and limited communication of legal norms. To achieve a smoke-free Kolhapur, there must be a synergistic approach—combining law enforcement, public education, and community responsibility. This will not only uphold the spirit of COTPA but also safeguard the fundamental right to health and clean air of every citizen.

6.2 Suggestions:

1. **Awareness Campaigns:** Regular awareness drives through local media, schools, and community centers.
2. **Stricter Enforcement:** Increase frequency of inspections and fines by KMC and police.
3. **Clear Signage:** Install durable “No Smoking” boards in high-traffic public zones.

4. **Community Involvement:** Encourage citizens to report violations and participate in smoke-free initiatives.
5. **Smoking Cessation Centers:** Strengthen NTCP clinics in Kolhapur for counseling and nicotine-dependence treatment.
6. **Educational Outreach:** Integrate tobacco awareness into school and college curricula.

References:

1. The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA). (2003). Government of India. PDF.
2. Ministry of Health & Family Welfare, Government of India. (n.d.). National Tobacco Control Programme (NTCP) — official site and resources. ntcp.mohfw.gov.in
3. Tata Institute of Social Sciences; Ministry of Health & Family Welfare. (2017). Global Adult Tobacco Survey (GATS) — India 2016–17 (Round 2). Government of India. (Report). ntcp.mohfw.gov.in
4. Kumar, R., Navas-Acien, A., & others. (2014). How good is compliance with smoke-free legislation in India? Results of 38 subnational surveys. *International Health*, 6(3), 189–195. [PubMed+1](#)
4. Goel, S., Kumar, R., & Singh, A. (2017). Compliance with smoke-free legislation and smoking behaviour: observational field study from Punjab, India. *Tobacco Control* (BMJ). [Tobacco Control+1](#)
5. Bhat, N., & colleagues. (2015). Effect of anti-smoking legislation in public places: a cross-sectional study (Udaipur, India). *Indian Journal / PubMed Central (PMC)*. [PMC+1](#)
6. Nazar, G. P., et al. (2020). Impact of India's National Tobacco Control Programme on tobacco consumption: an evaluation. *Tobacco Control*. [Tobacco Control](#)
7. World Health Organization / FCTC resources and country materials: GATS and WHO FCTC implementation (India annexes & data). [WHO Extranet+1](#)
8. Report on Tobacco Control in India, 2022. (2024). Comprehensive national report (NTCP / HRIDAY / PHFI contribution).