

Prevention of Secondhand Smoke: Efficacy of the Cigarette and Other Tobacco Products Act, 2003

Case Studies of three Public Transport Organizations in Karnataka (India)

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Précis

Tobacco control has gained momentum across the world due to high health risk associated with smoking and tobacco consumption. Taxation and restrictions on advertisements of tobacco products have been the measures generally adopted by the governments to curb tobacco consumption. The evidences available in recent years have established that exposure to secondhand smoke is a preventable cause of premature death and diseases. Many countries have enacted smoke-free laws considering this fact. The Indian government enacted 'The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003' (COTPA), which prohibits smoking in public places.¹ Although the Act came into effect from May 2004, the actual implementation is very weak and not uniform across the country. The new rules notified by the Central government on May 30, 2008 (presumed to add strength to COTPA) are declared effective from October 2, 2008. In addition to the places notified under section 3 (i) of COTPA the new rules include private places such as offices of Advocate, Chartered Accountant, Architects, private companies and doctor's clinic which have access to public. The Administrative Heads of institutes and offices are authorized to impose and collect fine against violation of these rules.

A sample survey of 2600 passengers was carried out in the premises of three mega public transport organizations in Karnataka state (the three together serve around 11 lakh passengers daily) to study the process of implementation of COTPA and its impact. The study reveals that there is a perceived reduction in smoking within the premises of public transport system. This reduction is not on account of regulation, but more due to the awareness created by the enactment of COTPA and awareness on health effects among the public. Knowing smoking is banned in public places itself creates awareness on health hazards of tobacco smoking. Regulation does play a role as reduction is higher within the premises of **Bangalore Metropolitan Transport Corporation (BMTC)**, Bangalore, which has taken certain simple

measures to prevent smoking. 1170 cases have been registered with the police during January 2005 to May 2007 for smoking within the premises of BMTC and **Karnataka State Road Transport Corporation (KSRTC)** in Bangalore. But, not a single case had been registered from the premises of **North West Karnataka Road Transport Corporation (NWKRTC)** in Hubli-Dharwad city, which has highest (62%) percentage of smokers who reported smoking at least once while waiting for bus. According to the study 21% of the passengers surveyed in the premises of public transport corporations are smokers. Thirty seven percent of them constituting 7.7% of the total passengers surveyed smoke in bus stations. On an average only 48% of the passengers knew that smoking is banned in bus stations. But, the awareness about the ban is higher among tobacco users (78%). If we assume that smoking by one passenger affects on an average at least five passengers around him then the extent of secondhand smoking in the bus terminuses of three public transport corporations taking in to consideration those who smoke in the bus stations is estimated to be approximately 38.5%. [7.7% x 5 times]. Our presumption matches with the reports of the non tobacco consuming passengers. Thirty nine percent of them have reported experiencing second hand smoke while waiting for bus on the day of the survey.

The number of smokers who smoke while waiting for the bus is different for the three transport corporations. Hence, the incidence of secondhand smoke varies accordingly as specified here: BMTC-24%; KSRTC-35.5%; NWKRTC-68.3%. The number of passengers exposed to secondhand smoke every day (in terminuses covered under the study) is estimated to be 1, 44,000 in BMTC bus terminus, 71,000 in KSRTC bus terminus and, 2,04,900 in NWKRTC bus terminuses.

The study revealed that while 86% of the smokers know that smoking is injurious to health, 74% are unaware that their smoking is harmful to the health of people around them. Seventy eight percent of the tobacco users and 51% of those who do not use tobacco are aware of the ban on smoking in public places. But, only 32% of tobacco users and 36% of non users are aware of COTPA. This indicates the necessity for taking appropriate measures to increase awareness among general public on the provisions of COTPA.

The implementation of COTPA at bus stations can be effective only when there is a ban on the sale of bidi/cigarettes in the premises of transport services. And there should be complete ban on advertisements of tobacco products at all places including points of sale viz. petty shops and warehouses. The percentage of passengers who smoke often at workplaces (54%), at home (18%) and in restaurants (15%) is higher as compared to those who smoke often at bus stands (3%). This doesn't indicate that there is a low risk at bus station. The risk would be obviously higher due to heavy traffic of passengers for e.g. BMTC bus station. Although the percentage of passengers smoking in the premises of BMTC is lower compared to other bus stations the number of people exposed to secondhand smoke is significant as around 6 lakh passengers travel daily from this place. So, while there is continued need for implementation of smoke free zone at bus stations, there is a greater need for effective implementation of COTPA at the other high smoking zone such as work places and restaurants. As regards passive smoking at residences,

there is need for a concerted effort to mobilize public opinion against it: Civil society than state can play a greater role in this regard.

The regulating authorities have to adopt zero tolerance level for violation of COTPA. Any ban on smoking cannot be effective if it is implemented in isolation and only in certain places. It has to be widespread and implemented with coordinated effort from the stakeholders. The simple and cost-effective method of implementing COTPA as done by BMTC would well become a role model for replication elsewhere. BMTC however, can strive harder to accomplish a 100% smoke free zone.

Major revelations

- On an average there is a perceived reduction in smoking within the premises of public transport system during the past one –two years. This is mainly on account of enactment of COTPA, 2003, which created awareness among the public
- Smoking is unabated in the bus stations of NWKRTC in Hubli-Dharwad city
- **A majority of the implementing authorities including the police are unaware of Supreme Court Order (2001) and the provisions of COTPA, 2003**
- Staff members of public transport systems also smoke in bus stations
- On an average 7.7% of the passengers smoke in bus stations. Their percentage is higher (13.6%) in NWKRTC bus stations where vigilance is zero
- Sixty five percent of the passengers were unaware of COTPA and, only 48% of the passengers knew that smoking is banned in bus stations. But, the awareness about the ban and COTPA is higher among passengers in bus stations where measures are taken to implement the ban
- Fifty four percent of the smokers reported smoking **often** at workplaces. The other places where they smoke often include home (18%), restaurants (15%) or bus stations (3%)
- Seventy four percent of the smokers are **unaware** that their smoking is harmful to the health of others around them
- The perceived reduction in smoking is reported to be higher in premises where measures are taken to implement the ban
- **Sixty five percent of the tobacco users and 77% of the non-users opine that there should be pictorial marks such as picture of cancer affected parts on the tobacco products**
- Passengers (80%) suggested that information on hazards of tobacco use and provisions of COTPA should be added in school curriculum so that the message reaches teachers, children and parents
- Simple measures adopted by BMTC to prevent smoking in its premises suggest that the implementation of rules under COTPA by public authorities does not impose additional cost burden on the implementing agencies. It simply demands the right execution of duties by the implementing authorities

In sum,

What promotes implementation of COTPA, 2003?

- Action by state government with specific notifications for implementation of the provisions of COTPA
- Civil Society and NGO involvement
- Leadership- Even a single officer having relevant power can make the difference in his area of administrative jurisdiction. The role model is BMTC.
- Ban on sale of tobacco products in the premises of all public road transport systems
- Prevention of smoking at bus stations creates awareness among different sections of the society as students, employees, teachers and the aged population, particularly the poor and from the middle class use public transport. Distribution of posters for installation at main sites and a request for frequent announcement of ban on smoking can result in smoke free environment for the passengers
- Fining each smoker on spot for the specified amount without any indecision would be very effective in preventing smoking. Imposing fine on smokers in public places has spur-of-the-moment. This action has demonstrative effect, discouraging others from smoking as well creating awareness among public.
- Organising district level advocacy workshops involving the panchayats [Advocacy should reach rural areas also]
- Printing the crucial provisions of COTPA on one page and circulating the copies to relevant stakeholders
- It would be cost effective to spend on installation of anti smoking posters and signboards at all the bus stations in urban and rural areas as the message reaches millions

I. The Context

Tobacco consumption has emerged as the greatest threat to the health of people in India and world over. Tobacco smoke contains harmful chemicals. Scientific studies across the world have revealed that tobacco use is one of the main causes of many cancers, respiratory and cardiovascular diseases. Around one million deaths occur every year in India due to tobacco consumption thus imposing a heavy burden on the economy and society. India's ranking is second in tobacco production and third in overall tobacco consumption in the world. It ranks eleventh in terms of cigarette consumption. Bulk of the tobacco consumption in India is in the form of bidi smoking and chewing. The recent data on tobacco use from the National Family Health Survey carried out during 2005-06 indicates that 57% of men and 11% of women in India use tobacco in some form (IIPS 2007).² And, 35.8% of rural male and 29.1% of urban male are smokers (15-49). The percentage of those who use smokeless tobacco is higher than the percent of smokers accounting for 9.9% of women and 38.1% of men.

Secondhand smoke: As tobacco smoking is harmful to the smoker it is also harmful to those who inhale the smoke exhaled by smokers. Inhaling the air containing tobacco smoke generated by burning bidi/cigarette is referred to as secondhand smoke. This kind of smoking is expressed in different terms viz. passive smoking, side stream smoke or environmental tobacco smoke. Second hand smoke has become an issue of public concern because it affects non smokers for no fault of theirs. A single smoker who smokes regularly can affect the health of many who work with him or stay around at home, work place and during travel. Although we do not have strong evidence or research work on secondhand smoke in the country, the increasing awareness among the common men on ill effects of tobacco smoking has resulted in resistance to smoking in public places.

The recently circulated report of US Surgeon General on ‘The Health Consequences of Involuntary Exposure to Tobacco Smoke’ throws substantial information on second hand smoke. The report notes that ‘secondhand smoke is composed of side-stream smoke (the smoke released from the burning of a cigarette) and exhaled mainstream smoke (the smoke exhaled by the smoker) and, expresses the involuntary nature of the exposure to secondhand smoke as any non-smoker would be unwilling to inhale the smoke released by the smoker.³ The report also quotes that secondhand smoke has been designated as a ‘known human carcinogen’ (cancer causing agent) by the US Environmental Protection Agency, the National Toxicology Program and the International Agency for research on Cancer, and as an occupational carcinogen by the National Institute for Occupational Safety and health. The key message of the report is that “secondhand smoke is not just an annoyance. It is serious health hazard that can lead to disease and premature death in children and nonsmoking adults. Infants and children are more vulnerable to the poisons in the secondhand smoke as they are still in developing stage. Therefore the solution lies in laying complete ban on indoor smoking”.

Health Risks associated with secondhand smoking⁴

Smoking during pregnancy can lead to

- still birth
- low birth weight of babies
- poor academic performance

Exposure to secondhand smoke

- increases one’s risk of coronary artery disease and diabetes
- is a cause of lung cancer in non smokers
- causes reduction in lung function
- results in increased severity of symptoms of asthma in children and is a risk factor for new causes of asthma
- causes sudden infant death syndrome
- causes middle ear infections, pneumonia, bronchitis, cough, wheezing and, language difficulties in children
- increases child’s risk of developing heart disease and cancer as an adult
- increases risk of miscarriage

1.1 India-Facts on Tobacco Consumption

The Global Youth Tobacco Survey (GYTS) carried out during 2000-2004 to examine the prevalence of tobacco use among school going youth (13-15 years) in India indicates that 36.4% of the students were exposed to second-hand smoke inside their home while, 48.7% were exposed to second-hand smoke outside the houses (Reddy and Gupta 2004:62).⁵ The fact sheets for India from the recent GYTS report (2006)⁶ covering 12,086 students from class 8-10th standard, reveal that 26.5% of the students live in homes where others smoke, 35% of the students have one or more parents who smoke, 40.2% are around others who smoke in their presence and 6.1% have most or all friends who smoke. It is also noted that during the past 30 days of the survey, while 74% of the students saw anti tobacco media message, 71.6% saw pro-tobacco advertises. A point of concern is that 11% of the students were offered free cigarettes by a tobacco company representative.

The comparison of tobacco usage reported by NFHS-3 (2005-06) with the results of NFHS-2 (1998-99) reveals that there is increase in smoking among men from 29.4% to

The use of tobacco is higher in rural areas, higher among uneducated, among poor and among STs and lesser among Sikhs/Jains and high income groups (NFHS-3 2005-06).²

33.3% (15-49 age group).^{2,7} The percent of men using chewing and other tobacco has also increased from

28.3% to 38.1%. It is good that smoking among urban women has reduced from 0.9% to 0.5% and that of rural women from 3.1% to 2%. Even the percentage of women using chewing and other tobacco has come down from 12.4% to 9.9% (there could be some variation because of data-NFHS-2 gives details for >15 age group while NFHS-3 gives details for 15-49 and 15-54 age groups separately). Smoking among male household members aged 15 and above in India is higher in north eastern states of Mizoram (73.6%), Meghalaya (60.0%), Tripura (56.7%), and in West Bengal (50.1%).² Obviously, the percentage of population exposed to second-hand smoke could be higher in these states. The smoking among female members is highest in Mizoram (16.1%), Tripura (7.9%), Sikkim (5.4%) and Manipur (4.3%) [The changes reported in smoking between two rounds should be taken as broad indicator as NFHS-3 does not provide information on smoking among the aged i.e. >60].

Table 1 shows percentage of men and women smoking across selected states as revealed during the two rounds of NFHS. It is unfortunate that smoking among men has increased substantially in Mizoram, Meghalaya, Sikkim, West Bengal, Madhya Pradesh and Kerala. Maharashtra and Punjab, which had lowest percentage of smokers among men during 1998-99 exhibit increased smoking during 2005-06. In Karnataka the prevalence of smoking among men and women according to NFHS-3 (2005-06) is 27.9% and 0.1% respectively indicating slight increase in smoking among men. Goa has lowest percent of men smoking and as shown by the results of NFHS-3, male smoking in Goa has dropped from 17.8% to 13.6% during the period of six years (1998-99 to 2005-06).

Table 1 Percentage of men and women smoking tobacco^{2,7}

Sl.No.	States	NFHS-2*[1998-99] (%)		NFHS-3*[2005-06] (%)	
		Men	Women	Men	Women
1.	Mizoram	59.4	22.1	73.6	16.1
2.	Meghalaya	55.2	6.8	60.0	1.9
3	Nagaland	38.2	2.5	39.3	0.3

4.	J & K	44.5	8.5	40.2	0.7
5.	Harayana	40.6	3.6	39.8	2.6
6.	West Bengal	39.6	2.6	50.1	1.3
7.	Manipur	35.2	12.2	37.9	4.3
8.	Tripura	-	-	56.7	7.9
9.	Sikkim	19.5	8.3	33.3	5.4
10.	Madhya Pradesh	29.5	0.9	40.2	0.5
11.	Kerala	28.3	0.4	35.8	0.1
12.	Maharashtra	13.4	0.2	17.7	0.1
13.	Punjab	13.9	0.3	20.9	0.5
14.	Karnataka	26.0	0.3	27.9	0.1
15.	Andhra Pradesh	35.7	4.4	32.5	0.5
16.	Tamil Nadu	27.0	0.4	31.2	0.0
17.	Goa	17.8	2.1	13.6	0.2
	All India				
18.	Rural	32.6	3.1	35.8	2.0
19.	Urban	21.4	0.9	29.1	0.5
20.	Total	29.4	2.5	33.3	1.6

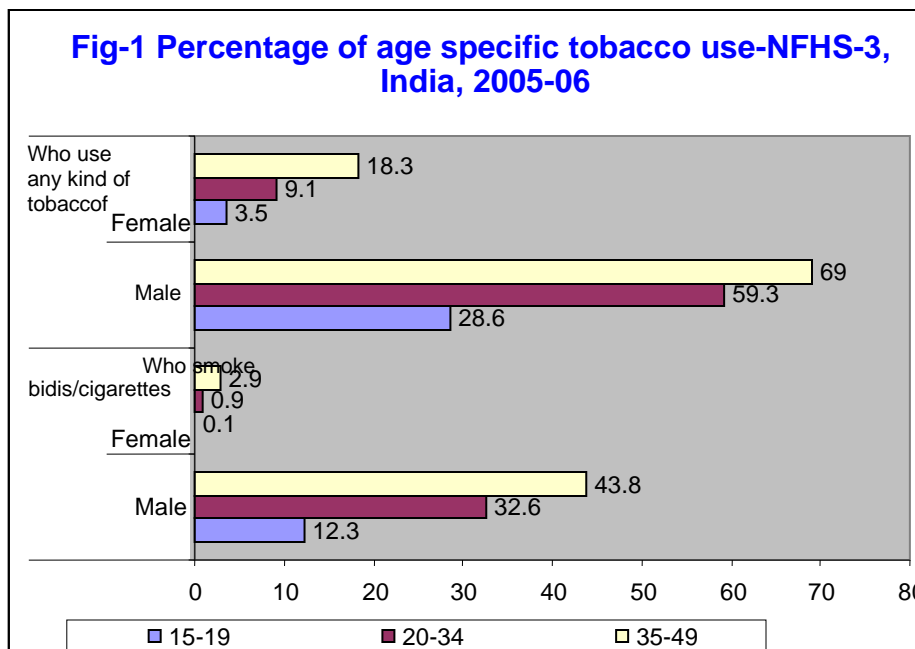
*[NFHS-2 =>15 age group; NFHS-3=15-49 age group]

Table 2 presents the percentage of men and women who smoke cigarettes and bidis in India as reflected during NFHS-3 household survey. The smoking habits gradually increase as the respondents' age increases. Figure 1 shows that the population in the age group 35-49 years exhibits highest level of smoking and the use of tobacco. The usage of tobacco is lower among female members.

Table 2 Percentage of age specific tobacco use-NFHS-3, India, 2005-06

Age Group	Who smoke bidis/cigarettes		Who use any kind of tobacco	
	Male	Female	Male	Female
15-19	12.3	0.1	28.6	3.5
20-34	32.6	0.9	59.3	9.1
35-49	43.8	2.9	69.0	18.3

Source: IIPS (2007), National Family Health Survey (NFHS-3) 2005-06, India, Mumbai, Table 13.8, p 429²



1.2 The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003

Considering the high incidence of tobacco consumption in India and the evidences on health risks associated with its use, the Government of India thought it proper to enact a legislation to regulate tobacco production and supply in the country. To this effect “The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003” was enacted by the central government with effect from May 2004. As India is a member of WHO Framework Convention on Tobacco Control (FCTC), enactment of the Act, 2003 is in compliance with India’s agreement to tobacco control. FCTC is the first international treaty negotiated under the auspices of WHO aimed to reduce the use of tobacco across the world. The treaty is in recognition of the right of people to good health and breath air free from hazardous elements.

Since 1996, Delhi and some of the other state governments viz. Assam, Meghalaya, Sikkim, Jammu & Kashmir, West Bengal, Kerala, Goa and Himachal Pradesh have introduced laws to prohibit smoking in public places, sale of tobacco products to minors, sale in the vicinity of schools, ban on advertisements, etc. In 1999, the Railway Ministry banned sale of cigarettes and bidis on railway platforms and passenger trains.

The Cigarettes and Other Tobacco Products Act, 2003 (COTPA) passed by the Parliament in 2004 prohibits smoking in public places, prohibits advertisements of cigarettes and other tobacco products, prohibits sales to minors (below 18 years age) and bans sale in an area within a radius of 100 yards of any educational institution. Public

place means any place to which public have access, whether as right or not including auditoria, hospital buildings, railway waiting rooms, amusement centers, restaurants, public offices, court buildings, educational institutions, libraries, public conveyances and the like which are visited by general public, but does not include any open space (Government of India, 2003).¹ **However, there is relaxation for hotels having thirty rooms, restaurants having seating capacity of thirty persons or more and for airports, provided a separate provision for smoking area or space is made in such places.** The Act extends to the whole of India and would be effective as and when Central or State governments notify the rules with respect to provisions of the Act.

- Those who smoke in public places (violation of rule under section 4) are punishable with a fine, which may be extended up to Rs. 200 and the person would be taken before the Magistrate to be dealt with according to law.
- Violation of rule under section 5 i.e. advertisement of tobacco products will attract an imprisonment for a term which may extend to two years or with a fine which may extend to Rs.1000 (for first conviction) and, an imprisonment for a term which may extend to five years or with a fine extending to Rs. 5000 (for second conviction)
- Any person selling tobacco products to minors (<18 years) or/and, selling in an area within a radius of 100 yards of any educational institution (violation of rule under section 6) shall be punishable with a fine which may extend to Rs.200

II. Rationale for undertaking this study:

In compliance with COTPA many state governments, institutions, and autonomous bodies started taking concrete action to implement its provisions for the benefit of the public. In Karnataka media reports indicated that the authorities of the BMTC and KSRTC have taken action to strictly prohibit smoking in their premises. This is a massive task we thought, for the transport staff as around eight lakh passengers travel daily from these two terminuses. Considering the scope for undertaking an empirical exercise to get hold of the public response and actions by authorities, we proposed to undertake a study on the two segments of the Bangalore Transport Services. News reports (Times of India, May 5, 2004, p.3; Times of India, June 10, 2004, p.3; Business Line March 1, 2004, p.3) also indicated that despite of the Supreme Court order and COTPA both, which banned smoking in public places, people continue to smoke in bus stands and railway stations in Hubli-Dharwad and sell tobacco products to minors in Belgaum city. It was felt that the sample drawn from BMTC and KSRTC versus sample from any other city would be the best for comparative analysis to understand what promotes and what demotes best practices.

We therefore selected six bus terminuses of the NWKRTC in Hubli-Dharwad twin city. Bangalore is located in southern part of Karnataka, while Hubli-Dharwad is part of northern Karnataka. These case studies we thought would be the factual examples in understanding the efficacy of the law in terms of any changes in the prevalence of second hand smoking in public places.

III. Key Issues

The study addresses to the following main issues:

- The current level of secondhand smoke in selected public places
- The extent of reduction in secondhand smoke in public places due to implementation of the Act, 2003
- The extent of shift from smoking to other tobacco use
- Methods adopted to reduce secondhand smoke
- The economics of implementing the Act, 2003
- Public response to the Act, 2003
- The role of stakeholders in reducing secondhand smoke
- Role of NGOs in reducing tobacco smoke
- Difficulties in implementing the provisions of the Act, 2003

IV. The Approach

This exercise is a case study of public transport services in Bangalore and Hubli-Dharwad twin cities in Karnataka. There are two segments of the public transport services in Bangalore. BMTC covers city areas and KSRTC covers mofussil or sub-urban places in and around Bangalore and inter district and inter state transport services. BMTC is supposed to be one of the largest transport corporations in India in terms of its passengers and inflow and outflow of vehicles. BMTC terminus with 26 platforms has 12646 daily trips carrying around six lakh passengers. BMTC has banned smoking in its premises from November 1 2005. KSRTC terminus with 30 platforms has daily trips of 5,000 buses carrying around two lakh passengers.

Hubli-Dharwad is a medium developed twin city as compared to Bangalore, which is a capital city as well as a developed metropolis area. Hubli-Dharwad is chosen for logistic reasons. It is an educational center attracting students from all over the country for engineering, dental, medical, pharmacy courses, and a known place because of renowned poets and musicians. It still has the features of a *mofussil* region and is a growing city. Hubli-Dharwad twin city has six main bus terminuses with 79 platforms serving the rural areas, city population and the inter-district and inter-state travel. The total number of trips per day is around 4725 buses carrying on an average around 3 lakh passengers.

The population of Bangalore city is 4.3 million and that of Hubli-Dharwad city is around 1.1 million.

4.1 Data Sources

- Random sample survey of passengers in three public transport systems (two in Bangalore city and one in Hubli-Dharwad city)
- Discussions with other stakeholders [implementing authorities including transport officials and Police, security personnel and staff]

- Observation method

The information was gathered from the respective respondents through administration of structured schedules and by organizing formal and informal discussions.

4.2 Sample size

We have covered totally 2600 passengers with a distribution of 1,000 each for the terminus of BMTC and KSRTC in Bangalore and 600 (100 in each of the six terminuses) for NWKRTC in Hubli-Dharwad city. In Bangalore from each platform a random sample of 38-40 passengers for BMTC segment and around 33-34 passengers for KSRTC segment is drawn for personal interview.

In Hubli-Dharwad, the sample of 100 for each of the terminuses is distributed according to the number of platforms in each terminus. NWKRTC has two rural terminuses, two city terminuses and two inter-city/state terminuses. The number of passengers interviewed per platform is given in Table-3.

Table 3 Sample Distribution

Sl. No.	City	Bus Terminus	Total Sample	No of platforms	Sample per platform
1.	Bangalore	BMTC	1000	26	38-40
2.	Bangalore	KSRTC	1000	30	33-34
3.	Dharwad	City Bus Terminus	100	5	20
4.	Dharwad	Old Bus Stand	100	24	4-5
5.	Dharwad	New Bus Stand	100	12	8-9
6.	Hubli	City Bus Terminus	100	6	16-17
7.	Hubli	Old Bus Stand	100	20	5
8.	Hubli	New Bus Stand	100	12	8-9
			2600	-----	-----

4.3 Key Informants

- Passengers of BMTC and KSRTC in Bangalore and NWKRTC in Hubli-Dharwad cities
- Staff of all the three transport corporations [including enforcement officials, security guards and routine staff]
- Police staff posted in stations covering the transport corporations
- Petty shop keepers in selected bus terminuses

V. Results

5.1 Do all transport systems adopt preventive measures to implement the ban on smoking in bus terminus?

On the basis of our preliminary observations and discussions with concerned authorities and passengers the three sample transport systems viz. BMTC, KSRTC and

NWKRTC may be ranked first, second and third (almost zero) in terms of the measures taken by them to prevent smoking in their respective bus terminuses.

5.1.1 BMTC:

In BMTC, Bangalore the campaign against smoking started when one of the authorities decided to act upon the Supreme Court order (2001),⁵ which in the public interest banned smoking in public places such as schools, libraries, railway waiting rooms and public transport throughout the country and asked the states to take measures in this connection. Impressed by the order the Assistant Traffic Manager immediately decided to implement complete ban on smoking in the premises of BMTC.

The ban was introduced in BMTC from November 1 in the year 2005. Before imposing the ban BMTC made announcements every hour continuously for eight days regarding the restrictions on smoking. It did not deploy separate squad for vigilance. The staff members (conductors, drivers, cleaners and security guards) were motivated to stop smoking in the premises and efforts were put in to de-addict those (staff) who were chain smokers. Labels were glued on the walls near the entrance, bus stops and toilets. The strategy adopted by the authorities to stop smoking is very interesting. Every time the staff found somebody smoking they would go near him and start shouting without directly addressing the smoker. In general they would say in loud voice “Oh! People are so unabashed! Although we have displayed that smoking is banned in BMTC premises they smoke and harm others’ health”. As a result of the hullabaloo public would gather and the smoker would realize by then that he should follow the rules. They did not use any harsh words, but followed this unusual indirect way to propel the message. They know that people do not care for harsh words. Added to this the public does not consider smoking as an offence.

The authorities of BMTC included sudden inspections in their routine after noticing that every morning the sweeper was finding lots of pieces of smoked bidis and cigarettes in some corridors of the premises. The duties of the staff members who allowed smoking were shifted from night duty. Since smoking is higher in winter and rainy season the authorities keep a strict vigilance during these days. The senior authorities hold meetings with the staff every three days in this connection. In addition, to restrict the availability of the products BMTC has taken measures to stop the sale of bidi and cigarette at petty shops in its premises. In the first year of implementation, around 600 cases were handed over to police. After two years of implementation, the authorities feel that smoking is a very rare sight in BMTC bus station.

5.1.2 KSRTC:

KSRTC initiated certain specific measures in 2006 to prevent smoking in its premises. The actions included frequent announcements, vigilance by Traffic Controllers and pasting of anti smoking stickers in prominent places. But, the authorities say that they have not handed over any smoker to police so far. Since many smokers do not have even Rs.50 in their pocket, authorities find it difficult to file a case. They just inform the smoker that smoking is banned and see to it that he stops smoking. Unlike BMTC,

majority of the passengers in KSRTC are not frequent travelers. It is generally the floating population. So the passengers who are new to the premise are unaware of smoking restrictions. Added to this the frequency of announcements made by KSRTC was observed to be few in number.

5.1.3 NWKRTC

The third case study i.e. NWKRTC in Hubli-Dharwad, which has six main terminuses catering to population from different regions and areas nearby has not given serious thoughts to the implementation of The Cigarettes and other Tobacco Products Act, 2003. The discussions, with the officials, police, etc., as well our observation in all the terminuses indicate that NWKRTC has not taken any specific initiatives to ban smoking in bus stands and its premises. Stickers displaying prohibition of smoking are glued in new bus stands of Hubli-Dharwad where the number of passengers is very low. These stickers are not visible in other bus terminuses, where there is heavy traffic of buses and inflow and outflow of passengers.

5.2 The profile of passengers

The total sample of 2600 passengers interviewed from the bus terminuses of Bangalore and Hubli-Dharwad cities included 24% passengers residing in rural and 76% residing in urban area constituting 25% female and 74% male passengers. The proportion of rural residents is found to be higher in KSRTC bus terminus, Bangalore. Age-wise, 5% included 15-18 age group, 10% adults, 71% middle aged and 14% aged population. Seventy percent of the passengers reported that they frequently traveled from the respective bus terminuses. The overall characteristics of the commuters are presented in brief in Table 4.

Majority of the passengers belong to working class or employed category. Thirty four percent of the respondents are working in private sector, followed by 20% engaged in business, 13% in agriculture and 8% employed in government service. Students constitute 11% of the sample. The percentage of passengers working in private sector and business is higher in Bangalore city than in Hubli-Dharwad wherein majority is from agriculture sector. A significant numbers of passengers have received formal education most of them being graduates (33%) and those who completed secondary education (28%). Only 4.5% were found to be illiterates (see Table 4).

The percentage of smokers is higher among graduates and postgraduates. Reporting of health problems is higher among passengers who use tobacco. As 26% of the smokers and other tobacco users reported health problems, only 7% of the passengers who do not consume tobacco reported some kind of health problems. Counted separately, the reporting of respiratory problems and cardio vascular problems is also higher (24%) among tobacco consumers as compared to non-consumers (13%). It was found that there is no significant difference in the reporting of health problems by tobacco consuming passengers in three selected transport corporations of Karnataka.

Table 4 General characteristics of passengers

Sl. No.	Characteristic	Terminus →	BMTC	KSRTC	NWKRTC	Total
1.	Sample size (Nos.)		1000	1000	600	2600
2.	Area					
	i) Rural (%)		16.90	28.20	28.33	23.88
	ii) Urban (%)		83.10	71.80	71.67	76.12
3.	Gender					
	i) Male (%)		77.00	73.30	74.83	75.00
	ii) Female (%)		23.00	26.70	25.17	25.00
4.	Frequent travelers (%)		76.20	66.10	40.40	70.27
5.	Current Tobacco consumers-No (%)		308(30.80)	314(31.40)	275(45.83)	897 (34.50)
6.	Smokers – No (%)		209 (20.9)	208 (20.8)	133 (22.17)	550 (21.15)
7.	Smokers who smoke in bus stand No (%)		48 (22.97)	71(34.13)	82 (61.65)	201(36.54)
8.	Age Group					
	i) 15-18 (%)		6.50	3.30	3.50	4.58
	ii) 19-21 (%)		13.10	9.20	7.00	10.19
	iii) 22-49 (%)		68.80	73.10	71.67	71.11
	iv) >=50 (%)		11.00	14.40	17.83	14.12
9.	Educational level (%)					
	i) Illiterate		3.30	4.50	6.67	4.55
	ii) Primary		3.40	4.20	6.33	4.38
	iii) Secondary		23.80	31.00	29.83	27.96
	iv) Pre-university		16.90	14.80	14.17	15.46
	v) Graduates		39.70	31.80	32.17	33.00
	vi) Technical & Post graduate		17.90	13.70	10.83	14.65
10.	Occupation groups (%)					
	i) Agriculture		8.20	15.00	19.33	13.39
	ii) Business		21.20	19.90	19.33	20.27
	iii) Private sector		40.70	31.20	27.83	34.08
	iv) Government service		6.80	8.20	11.17	8.27
	v) Professional		4.90	5.00	3.17	4.54
	vi) Student		9.00	12.30	11.50	10.85
	vii) Others		9.20	8.40	8.00	8.60

5.3 Prevalence of smoking and tobacco use among passengers

Thirty seven percent (971) of the passengers reported to have ever consumed tobacco, while 8% (74) of them said they have stopped consuming tobacco now. Currently, 21% of the passengers in BMTC and KSRTC bus stations and 22% of the passengers in NWKRTC bus stations smoke bidi and cigarettes. Six percent of the tobacco consumers are females. But, none of them reported smoking. This can be related with findings of NFHS-3 according to which smoking among women in Karnataka is almost nil being 0.1%. Majority of the women passengers who consume tobacco chew tobacco with beetle leaves. The percentage of smokers who started smoking during the last one year is 6%, while those who have been consuming for more than one year, but within 5 years is 23%. Thirty seven percent have been smoking since 5-15 years and 28% since 15-30 years.

The current tobacco consumers include 43.7% cigarette smokers, 17.5% bidi smokers, 22.5% gutkha users and 12% who consume tobacco with beetle nuts. Reporting of tobacco chewing with beetle leaf is found to be higher in bus terminuses where there is

frequent movement of passengers from the nearby villages. Average number of bidis smoked per day is higher (20 nos) than the number of cigarettes smoked (6 nos). Majority of the smokers started smoking during the age of 21-49 (66%) followed by the age group 19-21 (19%). The average amount spent per day on tobacco by tobacco consuming passengers in all the three transport corporations is highest on cigarettes (Rs.16.37), followed by gutkha (Rs.9.14) and bidi (Rs.6.63). Per capita per day expenditure on tobacco products is higher for KSRTC (12.69) followed by BMTC passengers (Rs.11.47) and passengers of NWKRTC (Rs.9.02). The cigarette smoking is higher among passengers in metropolitan city whereas bidi smoking and use of gutkha and tobacco with beetle leaf is higher in moffusil region of Hubli-Dharwad. The percentage of smokers is higher among passengers with higher education. This finding is in contrast with the findings of NFHS -3, which states the use of tobacco to be higher among uneducated. The difference could be due to non-bifurcation of tobacco users in NFHS-3 as smokers and chewers according to educational levels. And, as majority of the passengers belong to employed category it is likely that educated with higher earnings prefer or shift to smoking.

Table 5 shows that majority of the smokers prefer smoking in work places (54%) followed by home (18%), restaurants (15%) and colleges (4%). Only 3% reported smoking often in bus stands and none of the smokers reported smoking while traveling in the bus. It is natural that people spend more time in workplace than any other place, therefore those who smoke will lit more sticks during office hours.

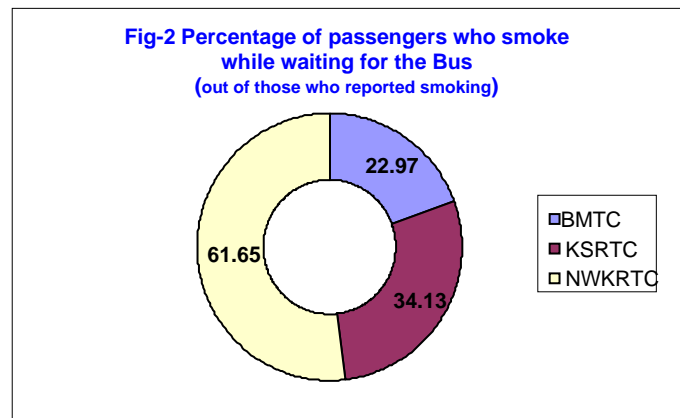
Table 5 Where do passengers (out those who reported smoking) often smoke?

Terminus	Work place	School/College	Bus stop	Home	Restaurant	Others	Total
BMTC	94	14	1	44	35	21	209
(%)	44.98	6.70	0.48	21.05	16.75	10.05	100.00
KSRTC	116	6	3	37	33	13	208
(%)	55.77	2.88	1.44	17.79	15.87	6.25	100.00
NWKRTC	86	4	12	16	14	1	133
(%)	64.66	3.01	9.02	12.03	10.53	0.75	100.00
Total	296	24	16	97	82	35	550
(%)	53.82	4.36	2.91	17.64	14.91	6.36	100.00

Though only 3% reported of smoking **often** in bus stand (as given in Table 5) 37% of the smokers have admitted that (see Table 6) they smoke at least one or two puffs while waiting for the bus. It may be one or two puffs. This is a point to be considered seriously as 37% of the passengers who wait for the bus on an average for just 20 minutes smoke at least once during that time. Fig. 2 shows that smoking while waiting for the bus is higher among passengers (who are smokers) in NWKRTC.

Table 6 Passengers who smoke while waiting for the bus (out of those who reported smoking)

Terminus	Yes (%)	No (%)	Total
BMTC	22.97	77.03	100.00
KSRTC	34.13	65.87	100.00
NWKRTC	61.65	38.35	100.00
Total	36.54	63.46	100.00



5.4 Efficacy of the “Cigarettes and Other Tobacco Products Act, 2003”-Empirical evidences

In general, the “Cigarettes and Other Tobacco Products Act, 2003” as desired has negatively influenced the prevalence of secondhand smoke in bus stations where it is implemented strictly. But, there is a long way to go to achieve 100% smoke free zone. The mere enactment of the Act itself has operated significantly in reducing secondhand smoking. However, the impact is visible in BMTC terminus, which stands unique in the way measures have been taken to ban smoking.

Smoking is lower among frequent travelers and higher in terminuses where there is floating population from the rural areas. The reduction in secondhand smoke is evidenced by the reports of 70% of non-tobacco consumers who feel that there is low incidence of smoking in the bus premises during the past one year.

The role of media is noteworthy in creating awareness on the ban. The Act, 2003 received media attention right from its enactment. Although they did not take up any specific drive or programme in this connection there is flow of reports on the efficacy or violation of the rules of the Act, 2003. The news following the Act has created awareness among the public and has slightly alerted the authorities. Adding to this the increasing awareness about the adverse effects of tobacco consumption is contributing to the reduction of smoking among users. We should note that among those who consumed tobacco earlier, self-awareness on the ill effects of tobacco is the second main reason (19%) for giving up consumption. It was reported that 7% of the consumers stopped tobacco consumption due to pressure from family and friends and 4% stopped due to restrictions at workplace. Sixty nine percent of those who ever consumed tobacco have given up tobacco mainly for health reasons. **Only 1% of the users reported public restrictions as the reason to quit tobacco.**

The passengers of the three transport corporations, staff of the transport system, security personnel in bus terminuses and police opine that there is general reduction in smoking as they find few people smoking in bus stop as compared to the situation one-two years back. This is the opinion generally expressed by all the stakeholders in all the bus terminuses of Bangalore and Hubli-Dharwad city. The main

reasons stated by them for such reduction are spread of news on the ban and awareness among the public.

However, despite of all preventive measures, 39% of the passengers reported experiencing secondhand smoke in BMTC. The percentage of passengers those who experienced second hand smoke is 35% in KSRTC and 50% in NWKRTC. So none of the bus stations are 100% smoke free whatever be the level of preventive measures adopted by the authorities. Although one finds current situation to be still disappointing, we should be happy to hear people saying that smoking in bus stations has reduced.

5.5 Can “Cigarettes and Other Tobacco Products Act, 2003” alone make the difference?

The immediate answer would be ‘No’. At least in the initial years of its implementation there is need for creating awareness, preventing those who smoke and imposing fine on those who smoke in public places, particularly in bus stations. The necessity for taking measures to strictly implement the provisions of the Act is substantiated by the facts or differences recorded with reference to tobacco smoking and behaviour of the stakeholders among the three bus terminuses of Bangalore and Hubli-Dharwad cities. As mentioned earlier BMTC, KSRTC and NWKRTC can be ranked first, second and third (almost zero) respectively in terms of the measures adopted by the transport authorities.

Table 7 Percentage distribution of commuters according to their opinion on prevalence of smoking

Terminus	High	Medium	Low	Nil	Total
BMTC	0.30	1.4	73.2	25.00	100.00
KSRTC	1.3	3.8	64.20	30.70	100.00
NWKRTC	8.17	27.51	37.82	26.50	100.00
Total	2.54	8.35	61.58	27.54	100.00

As per figures in Tables 6 and 7 we reveal that the extent of smoking is associated with the levels of implementation of the Act or ban on smoking. It has been said earlier that while BMTC has taken actions to reduce smoking in its premises, NWKRTC is silent on implementing the provisions of the Act, 2003. The ratings of high smoking are lowest for BMTC and highest for NWKRTC (Table 7). The percentage of passengers who have noticed any person smoking in the bus station on the day of survey is also lowest for BMTC and highest for NWKRTC (see Table 8).

Table 8 Distribution of frequent non-tobacco users (passengers) according to their observations on smoking

Did you notice anybody smoking bidi or cigarette in this bus stand today?			
Terminus	Yes	No	Total
BMTC Bangalore	78	586	664
(%)	11.75	88.25	100.00
KSRTC Bangalore	132	522	654
(%)	20.18	79.82	100.00

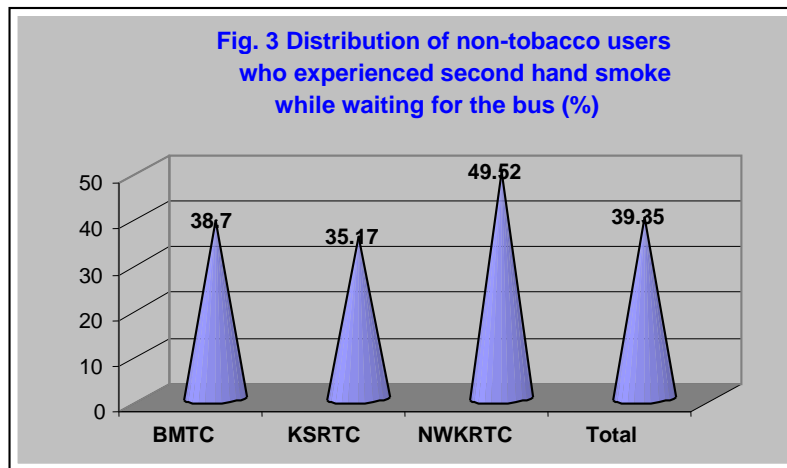
NWKRTC	117	194	311
(%)	37.62	62.38	100.00
Total	327	1302	1629
(%)	20.07	79.93	100.00

The fact that 39% of the passengers experienced secondhand smoke while waiting for the bus in BMTC terminus, which claims of imposing 100% ban on sale and consumption reveals the difficulty in managing public health safety measures without the support of public.

The survey revealed that the percentage of passengers i.e. those who experienced secondhand smoke while waiting for the bus is also less in BMTC and KSRTC bus stations as compared to NWKRTC bus station (see Fig. 3).

Table 9 Distribution of non-tobacco users who experienced second hand smoke while waiting for the bus

Sl. No	Terminus	Yes (%)	No (%)
1.	BMTC	38.70	61.30
2.	KSRTC	35.17	64.83
3.	NWKRTC	49.52	50.48
	Total	39.35	60.65



The importance of monitoring in preventing smoking in bus stations is supported by the fact that around 25% of the smokers from both the terminuses in Bangalore reported that they were stopped by the security and transport authorities while smoking. But, in NWKRTC it was only the passengers who objected to smoking in bus stands and not the security or police.

The prevention of smoking by BMTC and KSRTC, Bangalore in their premises has compelled 19% and 21% of the smokers respectively to pay fine for their behaviour. Although the efforts put in by the authorities need appreciation, we should also note that around 80% of smokers from BMTC and KSRTC premises who smoked in bus stop have escaped the penalty. This could be the one of the reasons why there is continued smoking in BMTC and KSRTC premises. None of the smokers in NWKRTC terminus have paid

fine for smoking as there is complete absence of regulation and monitoring in the bus stations of Hubli-Dharwad city.

Totally only 48% of the passengers knew that smoking is banned in bus stations. The awareness is very low (only 30%) in NWKRTC bus stations. However, 78% of the passengers who consume tobacco know that smoking is banned in the bus terminus. The awareness is higher (92%) among consumers in BMTC and lower in NWKRTC where 45% are ignorant of any such ban or restriction on smoking. Advertisements and announcements made in the bus stations are the main sources through which passengers are aware about the ban. **But, only 32% of the tobacco consumers and 36% of the non-tobacco consumers (among passengers) are aware of the Central Government Law i.e. Cigarette and Other Tobacco Products Act, 2003.** News paper and television have been the main source of information for those who are aware about the Act, 2003.

5.6 What is the response of public (commuters) to smoking in bus stand?

In BMTC 30% of the non-tobacco consuming passengers as against 14% in NWKRTC have noticed co-passengers objecting to smoking in the bus station. This could be because of higher awareness among the BMTC passengers who either have heard anti-smoking announcements made by the BMTC staff or seen security objecting to smoking. Hence they know that smoking is banned. They also have the guts to object as they understand that law backs their objection and the guilty are punished by levy of fine in BMTC.

Among those who raised voice against smoking co-passengers rank first (77%) followed by transport officials (15%) and security personnel (8%). Creation of awareness, imposition of fine and ban on the sale of tobacco products in the premises are the three main measures suggested by passengers to prevent smoking in bus terminuses. Around 15% feel that there should be strict implementation of the rules specified in the Act, 2003.

Majority (80%) of the tobacco users support ban on smoking in public places and slightly a less percent (72%) agree that there should be a ban on advertisement of tobacco products. Percentage of those who favour ban is higher in terminuses where smoking is strictly prohibited. **Sixty five percent of the tobacco users and 77% of the non-users opine that there should be pictorial marks such as picture of cancer affected parts on the tobacco products.**

While smokers know that smoking is injurious to their health a majority (74%) strongly disagrees or is unaware that their smoking is harmful to the health of people around them.

Awareness about hazards of smoking is higher in BMTC (91%) and lower in NWKRTC (79%).

The importance of implementing the provisions of the Act, 2003 is depicted in Table 10, which presents the differences in the pattern of smoking observed in three transport systems of Karnataka, which exhibit different levels of imposition of rules.

Table 10 Differences in level of implementation and secondhand smoking pattern

Sl. No	Features as observed and revealed by survey (%)	BMTC ¹ [claims complete ban on smoking (including ban on sale)]	KSRTC ² [has restrictions on Smoking (excluding ban on sale)]	NWKRTC ³ [has not taken measures to prevent smoking]	Average
1.	Sample size (Nos.)	1000	1000	600	2600
2.	Current Tobacco consumers-No (%)	308(30.80)	314 (31.40)	275 (45.83)	897 (34.50)
3.	Smokers – No (%)	209 (20.9)	208 (20.8)	133 (22.17)	550 (21.15)
4.	Reduction in smoking- As observed by non-tobacco users (%)	78.00	66.00	56.00	69.00
5.	Smokers who smoke while waiting for the bus - No (%)	48 (22.97)	71(34.13)	82 (61.65)	201(36.54)
6.	Percentage of smokers who often smoke in bus stand (as reported by smokers)	0.48	1.44	9.02	2.91
7.	Current level of secondhand smoke in bus stand estimated assuming 5 persons around them to be affected (No of smokers x 5) (as % of total commuters)	(48x5/1000) 24.00	(71x 5/1000) 35.50	(82x5/600) 68.33	(201x5/2600) 38.65
8.	Secondhand smoking as actually experienced by non-tobacco users (%)	38.7	35.17	49.52	39.35
9.	Objections to smoking by security and transport authority-(as reported by smokers)	28.00	27.00	0.00	23.29
10.	Percentage of total commuters rating smoking to be high in bus stand	0.4	1.30	8.17	2.54
11.	Awareness about the ban on smoking in bus stand A) Tobacco users B) Non-tobacco users	91.87 63.40	78.37 45.57	55.22 35.05	77.86 50.83
12.	Awareness of the Cigarette and Other Tobacco Products Act, 2003 A) Tobacco users B) Non-tobacco users	43.15 45.33	29.19 31.50	22.14 25.40	31.92 35.97
<ol style="list-style-type: none"> 1. BMTC-Ban on sale & consumption and cases handed over to police 2. KSRTC-Ban on consumption, but sale continues and cases not handed over to police 3. NWKRTC-No restrictions on sale & consumption and none of the cases reported to police. 					

Prior discussions with stakeholders and the details presented in the Table 10 indicate that though Acts are well planned and enacted with the objective of public welfare gain, real benefits of the Acts can be reaped only when they are implemented seriously. We understand that none of the transport organizations in other cities and rural areas of Karnataka except BMTC and KSRTC have tried to impose ban on smoking in their premises. There is difference in gluing anti-smoking wall papers and in actual prevention of smoking. As such passengers in all the cities and villages continue to inhale deadly tobacco smoke knowingly but, helplessly.

5.7 Implementing the provisions of the Act, 2003

(5.7.1) Role of implementing transport organizations

Discussions with stakeholders (officials, conductors, drivers, security and the passengers) reveal that BMTC and KSRTC have taken strict supervisory measures to prevent smoking in bus stands. In addition, BMTC has taken regulatory measures by banning sale of tobacco products in premises and by handing over smokers to police for registering the case.

The initiatives taken by higher officials of BMTC and KSRTC have encouraged or compelled the staff members including assistant traffic controllers, traffic managers, conductors, drivers and security to object and prevent smoking in the premises. During our survey we did not find even a single staff member smoking in BMTC or KSRTC premises. But, the situation is not the same in NWKRTC in Hubli-Dharwad. Staff members (particularly drivers) were found smoking behind the buses. And, the reports by passengers as well our observations indicate that the staff of NWKRTC and the duty police do not object to anybody's smoking in the premises. During night journey it was observed that smokers entered the bus with cigarette or bidis in hand. Even though passengers objected lightly, the conductor remained silent. Smoking is found to a large extent on the bus platforms of NWKRTC.

(5.7.2) Role of regulating authority (Police)

Smoking in general is not considered as an offence or crime either by the consumers or by public. Even the police who are responsible for enforcement of the ban are sometimes sympathetic towards the consumers. They feel discomfited to drag white-collar smokers to court hence, ignore the smokers.

The number of cases registered by the police (see Table 11) in the premises of BMTC or KSRTC, Bangalore during January to October 2005 was only 10. These were the cases registered in general response to the enactment of Act, 2003 from May 2004. But, within a period of 2 months after imposing the ban during 1st November to December 31st 2005, 465 cases were registered. This was the impact of measures taken by BMTC to prevent smoking completely in its premises, which received wider publicity. In 2006, the number of cases registered was 655. In 2007, during the period of five months only 40 cases were registered. This reduction is attributed to growing awareness among the passengers regarding the ban on smoking in bus stations.

Table 11 Cases filed by Town Police against smokers in BMTC and KSRTC premises in Bangalore

Sl. No.	Period	No of cases
1.	1.1.05 -- 31.10.2005	10
2.	1.11.05 -- 31.12.2005	465
3.	1.1.06 -- 31.12.2006	655
4.	1.1.07 -- 31. 5. 2007	40

Source: Uppar Police Station, Bangalore

We checked for similar cases in respective police stations of Hubli–Dharwad city and found that none of the police stations has registered cases against smoking in bus stations. In Dharwad one of the Police Officers asked for a copy of the Supreme Court order or the Act, so that they can implement the ban successfully. This shows the extent of seriousness attached to the laws related to smoking. As reported by one of the policemen, everyday they have to look into many other crimes committed by people, which they find more serious than smoking. As such, cases of smoking are ignored and non smokers are exposed to this slow and disguised killer.

Read this note to know how the ban on smoking at BMTC has created awareness even among unemployed and tricksters

On 18th June, 2007 while we were recording the number of smoking cases registered at Uppar Police Station, Bangalore, an unemployed youth was brought to the station for cheating the passengers who smoked in the premises of BMTC. This youth showed off as security by purchasing the security dress and was charging Rs. 20 to Rs. 50 per smoker who smoked in the premises of BMTC warning them that if they did not pay the fine a case would be filed and they have to visit the court to pay Rs.200. After donating his blood many times for money the person had found this new way for earning. Though we felt pity for the person, we were happy that BMTC has created awareness in the city such that even the unemployed and low educated felt that smoking is a crime and banned activity. This incident also streaked an idea into our minds for putting a complete ban in public places. Why not authorize some NGOs for overseeing the implementation of the ban in all the public places for a period of say one year until awareness is created among public. A nominal amount may be given as fees to them for taking up this responsibility. We are sure their involvement will enhance collection of fine in the short run, but completely discourage smoking in public places in the long run.

5.8 Are there any costs involved in implementing the ban on smoking in bus terminus?

Our discussions with the transport authorities revealed that no additional costs are incurred on imposing the ban in the premises of public transport systems. There is no deployment of additional staff also. But, the existing staff is required to perform their duties sincerely as implementation involves constant monitoring. Pictures and stickers with “No smoking” message have been glued on the walls and these are part of the routine activities of the transport corporations to maintain the premises clean, healthy and pleasant.

5.9 What promotes the success of implementing the ban on smoking?

- Public resistance or pressure: Since smoking also affects the person who is around the smoker, public resistance is a best and the single most effective weapon to prevent smoking when there is prevailing law as a backup in this connection. Though authorities are inactive, they are compelled to act when there are complaints from the

public because they cannot disregard the law. And the pressure should be regular and mounting.

- The governments and NGOs should use media, which currently is playing the role occasionally, in creating awareness and in building the pressure on concerned authorities.
- Anti-smoking slogans and pictures should be exhibited in each and every corner of the bus stands and at all entrance points.
- Announcements in bus-stands should be made every half an hour. The authorities in KSRTC make announcement may be every 10 minutes asking passengers to beware of those who pickpocket in bus stations. Similarly, restrictions on smoking may be communicated to the passengers in all the bus stations in the entire state of Karnataka.
- Duty Police should be held responsible if smoking is observed in public places.

5.10 What adds to breaking the law?

- As per the Act, 2003 though smoking is banned in bus-stands, sale of tobacco is not banned. As a result smokers have easy access to cigarettes and bidis. Since the Transport Corporations did not include conditions prohibiting the sale of tobacco products in their original contract it is difficult for the authorities now to stop the sale of cigarettes/bidis/tobacco products in the premises. A smoker waiting for the bus is tempted to buy as he sees advertisement at the shop.
- Some passengers said that they smoke at the entrance of the terminus or on the way bridge where smoking is generally not under vigil.
- Lack of awareness: Smokers are confused where to smoke, what the amount of fine is and whom to pay. As per the Act, 2003 the authority to levy fine vests with the court and not the police. A smoker who pays fine has to collect the receipt after one or two days, which generally cannot be followed by passengers who hurry to reach their office or home.
- Some of the smokers in Bangalore who smoked in the premises have paid the fine, but reported that they did not receive the receipt. This indicates that smokers who pay fine on spot do not know that it has to be remitted to the court and later they can get the receipt from the court only. This leads to two possibilities. One, smokers who wants to get rid of police or security and do not have time to go to court walk away without receipt even though they pay the full amount of Rs. 200. Secondly, the poor or even the middle class who do not have money pay Rs. 10 – 50 and get rid of the security. They cannot ask the receipt because they do not pay full amount and also because they are let off by the police.
- As reported by the police it is difficult to levy fine or file cases on staff members of the transport corporations who smoke behind the shadow of the buses.

VI. Revelations in the light of the issues raised before the study

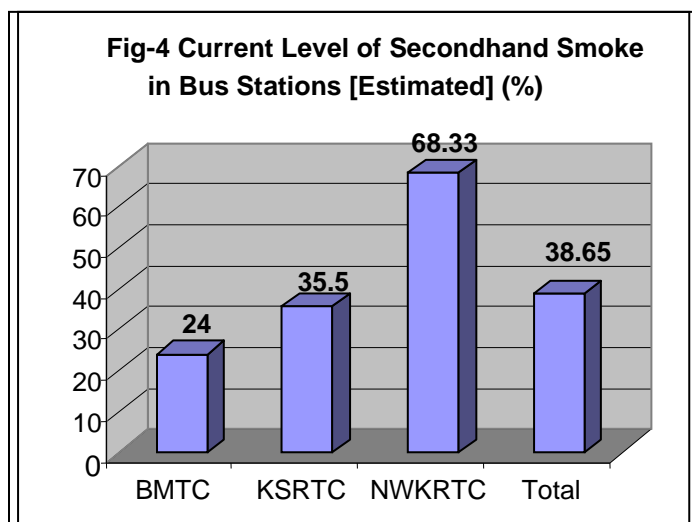
The study indicates that totally 35% of the passengers from the sample drawn in public transport corporations consume tobacco of which 21% are smokers. Thirty six percent of the smokers smoke in bus stand accounting for 7.7% of the total passengers

surveyed in the three bus terminuses. If we assume that smoking by one passenger affects on an average at least five passengers around him, then the extent of secondhand smoking in the bus terminuses of three public transport corporations taking in to consideration the number of smokers who smoke in the bus stands, could be estimated to be approximately 38.5% [7.7% x 5 times]. We have considered here smoking carried out at least once by the smoker while waiting for the bus (see Table 12 and fig-4). The reports by passengers during the survey also revealed that around 39% of the non-tobacco users experienced second hand smoke while waiting for the bus. This group excludes smokers and users of other tobacco products. Secondhand smoking is likely to be higher in bus terminuses where there is lack of regulatory measures for example, second hand smoking is estimated to be 24% (240 passengers) in BMTC 35.5% (360 passengers) in KSRTC and 68.3% (408 passengers) in NWKRTC.

Table 12 Current level of secondhand smoke in bus stations

[Estimated assuming 5 persons around a smoker is affected (No of smokers x 5)/ (as % of total commuters)]

Bus Terminus			
BMTC	KSRTC	NWKRTC	Total
24.00	35.50	68.33	38.65



The number of passengers exposed to secondhand smoke every day (in terminuses covered under the study) could be 1, 44,000 in BMTC bus terminus, 71,000 in KSRTC bus terminus and, 2,04,900 in NWKRTC bus terminuses. **Although the percentage of passengers smoking in the premises of BMTC is lower compared to other bus stations the number of people exposed to secondhand smoke is significant as around 6 lakh passengers travel daily from this place.**

Considering the number of fresh smokers (last one year) and those who have currently given up smoking, it may be roughly estimated that every year while, 1.23% of passengers give up tobacco around 1.35% of passengers turn out to be new consumers. Hence, we may predict that tobacco smoke continues to be in the air, but the rate of

increase may not be high if preventive measures are taken by respective authorities. Awareness and counseling in addition to strict implementation of the ban can help reduce smoking not only in public places but also smoking per se.

It is encouraging to know that there is reduction in secondhand smoking in bus stations as observed by 69% non-tobacco consuming passengers and the reduction is higher in the places where implementation is strict. Reduction is not just on account of the law, but also mainly because of the implementation of rules by authorities, advertisements, health reasons and self-awareness.

The legal implications have not compelled smokers to shift from smoking to consumption of other forms of tobacco. They are not the main reasons quoted by commuters who have given up tobacco consumption. Public restrictions on smoking accounts for only 1% of the reasons reported to stop tobacco consumption, but their share is 3% in BMTC which has comparatively higher restrictions on smoking. Of those who have given up tobacco 24% are smokers and 50% of them are passengers of BMTC. We may therefore assume that the efforts of the authorities have helped to a large extent in reducing smoking in BMTC.

Our discussions with the smokers indicates that restricting smoking during travel or in the bus stands compels the smoker to smoke immediately and smoke more as soon as he reaches his work place or his home. There is no scientific justification to support this reporting, but this could be an issue to be probed and studied further.

The study revealed that **methods adopted by BMTC to prevent smoking are simple including announcements, posting/gluing of stickers, constant vigilance by the staff and higher authorities, handing over the smoker to police, counseling staff members who smoke, etc.** And, BMTC did not incur **additional costs to implement the ban on smoking in its premises.**

We did not find the involvement of any NGOs in the prevention of secondhand smoke in any of the bus stations. But, public (here the passengers) are responding positively to the ban as we noticed that objections to smoking in bus stations have come mainly from co-passengers (77%). Other stakeholders such as police, BMTC and KSRTC staff in Bangalore have cooperated with the authorities in implementing the ban in the premises.

Lastly, but importantly the study shows that there are some major practical problems in implementing the provisions COTPA. **Although the authorities are bent on reducing smoking, the procedure for registering the case and remittance of fine to the court leads to corruption. And as COTPA does not include ban on sale in public places it is difficult to convince some of the petty shopkeepers who deny stopping the sale of bidis and cigarettes in bus stands.**

VII. Scope for Intervention – A few thoughts

We usually think flaccid on many of the laws enacted by the government. This is because the implementation is always weak may be on account of corruption, practical problems, lack of awareness among public and lack of understanding of the law by the implementing authority itself. The situation is not very much different with COTPA, with an exception to BMTC, which is one of the cases studied. However it should be noted that mere enactment of the Act, 2003 itself has resulted in reducing smoking through spread of news and display effects. There is increasing awareness among smokers on adverse health consequences of smoking. Today people are becoming conscious of **health care. As revealed by the study of those passengers who reported** who have given up tobacco have left it on account of health problems and 19% have given up on account of self-awareness. Pressure from family members and restrictions at work places also contribute to reduction in tobacco use. The effect would be more if implementing and regulating authorities at the local level create awareness. **Public resistance does not influence people to quit tobacco use, but it may reduce or stop consumption in certain specified public places.**

- During the course of this survey there was suggestion from some authorities that there should be provision for smoking zone in public places. Such type of rooms or space can be suggested only if the smoke exhaled by the smoker is absorbed and left into the air high above. In the absence of such mechanism the smokers may be severely affected by the smoke released in the smoking zone.
- Regardless of its applicability to the whole of India, the respective state governments have not taken complementary measures to implement the provisions of COTPA. The State Governments by notifications in Official Gazette should bring it to the notice of the public and specify rules and regulations attached to the provisions of the Act. And also authorize suitable public servants to act according to the provisions of the Act indicating the place and the procedure adopted in punishing those who make an offence against the rules of the Act 2003. But, many State governments have not taken serious action in this regard.
- We should also note that 54% of the smokers reported smoking at work places and around 15% in restaurants. This calls for initiating cooperation from private sector in preventing smoking.
- The survey revealed that next to work places it is the home where smokers often exhale the smoke (around 18%). This reminds us of the statement made by the Health Minister Shri Ramadass after receiving the WHO Director-General's Special Award for tobacco control on July 20th 2007 (Action City TV Channel –20.7.07). Overwhelmed by the facilitation the Minister said that within three months measures would be taken to completely ban smoking and restrict smoking in homes. Such initiatives would certainly prevent thousands of children, women including housewives and maidservants from the hazardous effects of smoking at homes. **But, the continued prevalence of smoking in spite of ban in public places across the**

country questions the validity of imposing restrictions on smoking at household level, which is more difficult to monitor than public places.

- Involvement of NGOs in the effective implementation of the Act and prevention of second hand smoking might help. Select NGOs may be asked to take positive initiative in this respect.
- Majority of the regulatory authorities and officials responsible for preventing smoking in public places are not aware of the provisions of the Act. NGOs may be involved in conducting countrywide workshops for training regulatory and implementing authorities and creating awareness.
- **Authorities should adopt zero tolerance level for breaking laws/rules on tobacco use. Unless they adhere to this, people will not take the rules seriously.**

Modifications looked-for in the rules under Cigarette and Other Tobacco Products Act, 2003

The Government of India has to take a firm stand in ensuring smoke free environment for the Indian public. The state governments may be taken in concord to modify rules in the Act and to frame measures to implement ban in all the public places at one stretch across the country. Some of the points that can be considered are elaborated here.

- The prohibition of advertisement of tobacco products under COTPA does not apply to those displayed at the entrance of warehouse or shops where the products are sold. Usually the general shops do not display advertisement on necessities and grocery (bread, flour, grains, gram, ...etc.). Then, is it necessary to allow warehouses and petty shops to display advertisement of tobacco products in attractive posters. It is strongly felt that there should be complete ban on advertisements of tobacco products.
- The Act should have provisions, which specify that the respective authorities say transport officials, school and hospital administration, owners of cinema halls and restaurants should compulsorily display stickers in their premises specifying details of ban on smoking in public places with particulars of fine (amount) that would levied for violating the rule. The amount should be more than Rs.200 and fixed. The Act

The high rate of smoking in bus stands of Hubli-Dharwad (NWKRTC) indicates the complete failure of regulating authorities i.e. police and the transport authorities in implementing the provisions of the Act. Who should be held responsible for continued smoking in public places? The Act does not have any answer in this regard.

says that the fine may be extended upto Rs.200. The information on payments of fine and visits to court would certainly discourage the smoker because passengers usually do not have time as they are in a hurry to reach their workplaces or home. And, any amount above Rs. 200 is large for the middle class and the poor who generally use public transport system.

- Making it compulsory to remit the charges or fine in the court may not be effective way to prevent smoking in public places. Instead the duty police officer may be held responsible for vigilance and collection of fine on spot (as it the practiced by Traffic Inspector in the case of helmets). In the due course people may stop smoking as they see police frequently charging fine on smoking.
- The ban on smoking in public places cannot be effectively enforced unless there is ban on sale of bidi/cigarettes in the premises of public places. The provision should be made in the Act by amending the rules. Until then the authorities in the public interest should take measures by revising the existing contracts of sale with the petty shop keepers who deny stopping the sale of bidis and cigarettes.
- **The Act allows smoking in hotels having thirty rooms, restaurants having seating capacity of thirty persons or more and, in airports, provided a separate provision for smoking area or space is made in such places. This dilutes the definition of public places included for imposing ban. And, creating smoking area gives more freedom to smokers who may spend time in such places without realizing that they are inhaling all the harmful chemicals. Those who clean and maintain such places are also likely to be victims of carcinogenic smoke.**
- The efforts put in by BMTC in preventing smoking indicate that implementation of the Act 2003, does not impose any additional costs on the administration. As such the existing staff and authorities in all the public places can bring in change by efficient management of their time and labour. The Bangalore Metropolitan Transport Corporation is a model in this regard to all the transport systems in the country.

Ultimately it is the awareness among the public, which can stop smoking in public places. Creating awareness on a large scale is beneficial. If people are aware of health risks associated with secondhand smoke and assured that legal action is taken for smoking in public places they would definitely object if someone smokes beside them. To take up the campaign in an effective way the fine collected in respective premises may be deposited with the authorities so that they can use them for installing large eye catching posters or displays with electronic flash lights indicating the ban and payment of fine. The display should also specify that smoking is harmful to the smokers as well as their co-passengers.

To conclude, the enactment of the Cigarettes and Other Tobacco Products Act, 2003 in general has resulted in creating awareness among public and in reducing smoking in the premises of public transport systems. The impact is higher in places where there is strict implementation for e.g. in BMTC bus premises in Bangalore and very low in NWKRTC bus premises in Hubli-Dharwad.

We strongly feel that Advocacy Forum for Tobacco Control (AFTC) in India can play a positive role in sensitizing private companies, regulating authorities, students and the general public in controlling tobacco menace. This can be possible with the support from central and state governments. The ban on smoking cannot be effective if it is implemented in isolation and only in certain places. It has to be

extensive and implemented with coordinated effort from all the stakeholders. Health Ministry in India intends to apply ban on smoking in all the public places including private places such as homes. It is a welcome feature, but as this study shows enactment without widespread implementation just adds to the list of several laws and may fade away in the course of time. So the pressure from civil society has to persevere until all public places are 100% smoke free.

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Glossary

AFTC: Advocacy Forum for Tobacco Control

BMTC: Bangalore Metropolitan Transport Corporation

CBT: Central Bus Terminus

COTPA: The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003

FCTC: Framework Conventiopn on Tobacco Control

GYTS: Global Youth Tobacco Survey

IIPS: International Institute of Population Science

KSRTC: Karnataka State Road Transport Corporation

MOHFW: Ministry of Health and Family Welfare

NFHS: National Family Health Survey

NGOs: Non Governmental Organisations

NSS: National Sample Survey

NWKRTC: North West Karnataka Road Transport Corporation

WHO: World Health Organisation

Smoking unabated in Bus stations of Bangalore and Hubli – Dharwad City [2007]



K.S.R.T.C. bus stand Bangalore



K.S.R.T.C. bus stand Bangalore



BMTC bus stand Bangalore



BMTC bus stand Bangalore –Warning in Kannada with reference to Supreme Court order banning smoking in public places



BMTC bus stand Bangalore –Warning in Kannada and English



**Entrance at BMTC and KSRTC bus stands Bangalore [subway]
I can smoke here, this is not their premise**



BMTC bus stand Bangalore [Let me take one puff, the guard is not here]



CBT Dharwad



New Bus Stand Dharwad [NWKRTC staff member- we haven't imposed restrictions on smoking. It is good for me]



Old bus stand Dharwad [Nobody is bothered about my smoking]



**Old bus stand Dharwad [Oh! It is boring to wait for the bus.
The petty shop has cigarette. Let me lit one]**



Old bus stand Dharwad



Old bus stand Dharwad [The NWKRTC staff member sitting there isn't objecting. Let me enjoy my smoking]



New bus stand Hubli [Does my smoking affect children?]



CBT Hubli [Take the photograph - Who cares?]



Old bus stand Hubli [Let me help you in this journey towards darkness]



Old bus stand Hubli



KSRTC bus stand Bangalore [dhua-dhua –See I can create white smoke. So it is not darkness]



KSRTC bus stand Bangalore

Not much awareness on ban on smoking

People continue to smoke in bus stands, says survey

Staff Correspondent

DHARWAD: Ban on smoking in public places, including bus stands, might be in force. But that has not reduced the number of people smoking in public places.

According to a survey conducted by the Centre for Multi Disciplinary Research (CMDR), Dharwad, the ban had not made much impact and some of the officials of State road transport corporation were not aware of the Act.

Giving information on the survey conducted at six bus stands in the State, including the Banagalore Metropolitan Transport Corporation (BMTTC) and the Karnataka State Road Transport Corporation (KSRTC) bus stands at

• **The survey was conducted at six bus stands**

• **1,168 cases were registered at the BMTTC bus stand**

Bangalore, head of the survey team of CMDR, Nayanatara, told presspersons here on Saturday that 2,600 commuters were questioned during the survey held during a span of three months.

Dr. Nayanatara said that while 24 per cent smokers were found in the bus stand of the BMTTC, 36.5 per cent smokers were found smoking at Kempegowda Bus Stand in Bangalore. The percentage of smokers in bus stands of Hu-

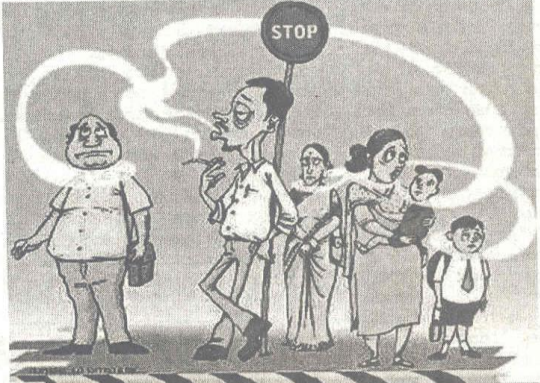
bli-Dharwad was 64 per cent, she said.

She said while the measure taken in BMTTC bus stand such as ban on sale of cigarettes in the bus stand and displaying boards giving information on the ban had resulted in bringing down the practice of smoking in public, no such measures were found in Hubli-Dharwad.

While 1,168 cases of violating the prohibition on smoking in public were registered at the BMTTC bus stand and Kempegowda Bus Stand between November 2006 and May 2007, no cases had been registered in Hubli-Dharwad.

She said more awareness initiatives were required for the successful implementation of the prohibition on smoking in public places.

ನಿಲ್ದಾಣಗಳಲ್ಲಿ ನಿಲ್ಲದ ಧೂಮಪಾನ



ಬೆಂಗಳೂರು ಬೃಹನ್ನಗರಿ ಬಸ್ ನಿಲ್ದಾಣದಲ್ಲಿ ಶೇ. 24, ಕೆಂಪೇಗೌಡ ಬಸ್ ನಿಲ್ದಾಣದಲ್ಲಿ ಶೇ. 36.5 ಧೂಮಪಾನಿಗಳು ಪತ್ತೆಯಾಗಿದ್ದರೆ, ಹು-ಧಾ ಅವಳಿ ನಗರದಲ್ಲಿ ಇವರ ಸಂಖ್ಯೆ ಶೇ. 64ರಷ್ಟಿದೆ.



ಕೆಲವೊಂದಿಷ್ಟು ಸಲಹೆಗಳು

- ಧೂಮಪಾನ ನಿಷೇಧಕ್ಕೆ ಅಧಿಕಾರಿಗಳು ಕಠಿಣ ಕ್ರಮ ಅನುಸರಿಸುವುದು.
- ಗೋಡೆ ಬರಹ, ಚಾಹಿರಾತು ಮೂಲಕ ಸಾರ್ವಜನಿಕ ಸ್ಥಳಗಳಲ್ಲಿ ಧೂಮಪಾನ ನಿಷೇಧ ಕುರಿತು ಜಾಗೃತಿ ಮೂಡಿಸುವುದು
- ಸಾರ್ವಜನಿಕರಲ್ಲಿ ಧೂಮಪಾನ ನಿಷೇಧ ಕುರಿತು ತಿಳುವಳಿಕೆ ಮೂಡಿಸುವುದು
- ಮಾಧ್ಯಮಗಳು ಕಾಯ್ದೆ ಕುರಿತು ಹೆಚ್ಚು ಪ್ರಚಾರ ಕೈಗೊಳ್ಳುವುದು.

ವಿಕ ಸುದ್ದಿಲೇಖ

ಧಾರವಾಡ: ವಾಯವ್ಯ ಕರ್ನಾಟಕ ರಸ್ತೆ ಸಾರಿಗೆ ಸಂಸ್ಥೆ ಪ್ರಯಾಣಿಕರ ಜೀವದೊಂದಿಗೆ ಚಲ್ಲಾಪಾಡುತ್ತಿದೆಯೇ? ಹೌದು ಎನ್ನುತ್ತಿವೆ ಸೆಂಟರ್ ಫಾರ್ ಮಲ್ಟಿ ಡಿಸಿಪ್ಲಿನರಿ ಡೆವಲಪ್‌ಮೆಂಟ್ ರಿಸರ್ಚ್ ಸಂಸ್ಥೆ ನಡೆಸಿರುವ ಅಧ್ಯಯನದ ಫಲಿತಾಂಶಗಳು. ಸುದ್ದಿಗೋಷ್ಠಿಯಲ್ಲಿ ನೇತೃತ್ವ ವಹಿಸಿದ್ದ ಡಾ. ನಯನತಾರಾ, ಸಿಗರೇಟ್ ಮತ್ತು ಇತರ ತೆಂಬಾಕು ಉತ್ಪನ್ನಗಳ ನಿಯಂತ್ರಣ ಕಾಯ್ದೆ-2007ಯ ಪರಿಣಾಮಗಳು ಕುರಿತು ಸಿಎಂಡಿಆರ್ ನಡೆಸಿದ ಅಧ್ಯಯನದ ವರದಿಗಳನ್ನು ಬಯಲಿಗೆ ಹಾಕುತ್ತಿದ್ದರೆ ಎನ್ ಡಬ್ಲ್ಯುಕೆಆರ್ ಟಿಯ ನ್ಯೂನತೆಗಳು ಬಯಲಿಗೆ ಬಂದವು. ಬೆಂಗಳೂರು ನಗರ ಬಸ್ ನಿಲ್ದಾಣಗಳಲ್ಲಿ ಧೂಮಪಾನ ನಿಷೇಧ ಕುರಿತಂತೆ ಅನುಸರಿಸಲಾಗಿರುವ ಪರಿಣಾಮಕಾರಿ ಕ್ರಮಗಳನ್ನು ಹು-ಧಾ ಅವಳಿ ನಗರದ ಬಸ್ ನಿಲ್ದಾಣಗಳಲ್ಲಿ ಕೈಗೊಂಡಿಲ್ಲ. ಸಮೀಕ್ಷೆಗೆ

ಒಳಪಡಿಸಿದ ಪ್ರಯಾಣಿಕರಲ್ಲಿ ಪ್ರತಿಶತ 21 ರಷ್ಟು ಧೂಮಪಾನ ಮಾಡುವವರಾಗಿದ್ದು ಪ್ರತಿಶತ 3 ಜನ ನಿಲ್ದಾಣಗಳಲ್ಲೇ ಸಿಗರೇಟ್ ಸೇದುತ್ತಾರೆ. ಬೆಂಗಳೂರು ಬೃಹನ್ನಗರಿ ಬಸ್ ನಿಲ್ದಾಣದಲ್ಲಿ ಶೇ. 24, ಕೆಂಪೇಗೌಡ ಬಸ್ ನಿಲ್ದಾಣದಲ್ಲಿ ಶೇ. 36.5 ಧೂಮಪಾನಿಗಳು ಪತ್ತೆಯಾಗಿದ್ದರೆ, ಅವಳಿ ನಗರದಲ್ಲಿ ಇವರ ಸಂಖ್ಯೆ ಶೇ. 64ರಷ್ಟಿದೆ. ಪ್ರಯಾಣಿಸುವಾಗ ಮತ್ತು ಬಸ್ ನಿಲ್ದಾಣಗಳಲ್ಲಿ ಧೂಮಪಾನ ಕಡ್ಡಾಯವಾಗಿ ನಿಷೇಧಿಸಿದರೆ ಧೂಮಪಾನಿಗಳು ತಮ್ಮ ಕಾರ್ಯಕ್ಷೇತ್ರ ಅಥವಾ ಮನೆ ಸೇರಿದ ತಕ್ಷಣ ಹೆಚ್ಚು ಧೂಮಪಾನ ಮಾಡುವುದು ಸಮೀಕ್ಷೆಯಿಂದ ತಿಳಿದು ಬಂದಿದೆ ಎಂದವರು ವಿವರ ನೀಡಿದರು. ಧೂಮಪಾನ ನಿರ್ಬಂಧಿತ ನಿಲ್ದಾಣಗಳಲ್ಲಿ ಧೂಮಪಾನಿಗಳ ಸಂಖ್ಯೆ ಇಳಿಮುಖವಾಗುತ್ತಿರುವುದಾಗಿ ಅಧ್ಯಯನದಲ್ಲಿ ತಿಳಿದಿರುವುದರೂ ಇದಕ್ಕೆ ಕಾರಣನೊಂದೇ ಕಾರಣವಾಗಿಲ್ಲ. ಅದಕ್ಕಿಂತ ಮುಖ್ಯವಾಗಿ ಅಧಿಕಾರಿಗಳು ಉಗ್ರ ಕ್ರಮ ಜರುಗಿಸಿರುವುದರಿಂದ, ಅನಾರೋಗ್ಯ ಕಾರಣಗಳಿಗೆ ಮತ್ತು ಚಾಹಿರಾತುಗಳಿಂದಾಗಿ ಕಡಿಮೆಯಾಗಿದೆ

ಎನ್ನುತ್ತದೆ ಸಮೀಕ್ಷಾ ವರದಿ. ಧೂಮಪಾನ ನಿರ್ಬಂಧಕ್ಕೆ ಸುಲಭ ಹಾಗೂ ವೆಚ್ಚದಾಯಕವಲ್ಲದ ಮಾರ್ಗೋಪಾಯಗಳ ಕುರಿತು ಕೂಡ ಅಧ್ಯಯನವು ಸಮೀಕ್ಷೆ ಮಾಡಿ ಪಲವಾರು ಉಪಾಯ ಕಂಡುಕೊಂಡಿದೆ. ಪ್ರಕಟಣೆಗಳು, ಗೋಡೆ ಬರಹಗಳು, ಸಿಬ್ಬಂದಿ ಸಲಹಾ ಕಾರ್ಯಾಗಾರ ವಿವಿಧ ಮೂಲಕ ಸಿಬ್ಬಂದಿ ಧೂಮಪಾನಿಗಳ ಮೇಲೆ ಅವಿರತ ನಿಗಾ ವಹಿಸುವಂತೆ ಮಾಡುವುದು ಮುಂತಾದವು. ಧೂಮಪಾನ ನಿಷೇಧ ಕುರಿತಂತೆ ಜನಜಾಗೃತಿ ಮೂಡಿಸುವಲ್ಲಿ ಯಾವುದೇ ಸರಕಾರೀತರ ಸಂಘ ಸಂಸ್ಥೆಗಳು ಪ್ರಯತ್ನ ನಡೆಸಿರುವುದು ಅಧ್ಯಯನದಲ್ಲಿ ಕಂಡು ಬರಲೇ ಇರುವುದು ವಿಷಾದನೀಯ ಅಂಶವಾಗಿದೆ. ಪ್ರಸ್ತುತ ಕಾಯ್ದೆಯಲ್ಲಿ ಸಾರ್ವಜನಿಕ ಸ್ಥಳಗಳಲ್ಲಿ ತೆಂಬಾಕು ಉತ್ಪನ್ನಗಳ ಮಾರಾಟ ನಿಷೇಧ ಮಾಡಲೇ ಇರುವುದು ನಿಲ್ದಾಣಗಳ ಪಾನ್‌ಶಾಪ್ ಮಾಲೀಕರನ್ನು ನಿಯಂತ್ರಿಸುವಲ್ಲಿ ಅಡ್ಡಿಯಾಗಿದೆ ಎಂಬುದು ಸಮೀಕ್ಷೆಯಲ್ಲಿ ತಿಳಿದು ಬಂದಿದೆ ಎಂದು ನಯನತಾರಾ ತಿಳಿಸಿದರು.

CMDR SURVEY REVEALS

68 pc smoking in bus stands

DH NEWS SERVICE

HUBLI: Ban on smoking in public places has not helped much in checking smoking in places like bus stands. You can find about 68 per cent smokers in bus stands, disclosed Dr Nayantara Naik from Centre for Multi-Disciplinary Development Research (CMDR), a non-governmental organisation working on health issues.

ety had assigned a survey work, to be taken up under the the Cigarette and tobacco products control Act of 2003, to the CMDR. The recent survey in bus stands was conducted as part of the project, she added.

She said that the CMDR had consulted 2600 persons— 1000 in BMTC, 1000 in KSRTC bus stand and 600 in other bus stands— to obtain their opinion on smoking in public places. As many as 1,168 cases of violating smoking in public places had been registered in Bangalore. But neither police nor KSRTC officials had any idea about the smoking prohibition act. "Officials have taken adequate measures to check smoking in bus stands in Bangalore. But the twin cities police have not taken any steps.

Speaking at a press conference here on Saturday, a survey conducted in six bus stands in the state, including Bangalore BMTC and KSRTC bus stand recently had revealed that the ban on cigarette smoking in public had not helped much in completely eradicating smoking in public places. She said that the American Cancer Soci-

NWKRTC can't get smokers to stop

69% Of Commuters Subjected To Passive Smoking At Bus Stations, Reveals Study

TIMES NEWS NETWORK

Dharwad: The North West Karnataka Road Transport Corporation has failed miserably when it comes to implementing The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003.

A recent study conducted at three transport corporations in Karnataka, by the Centre for Multi-disciplinary Development Research (CMDR) of Dharwad, has revealed that the NWKRTC has failed to curb smoking in bus terminals

while the Bangalore Metropolitan Transport Corporation (BMTC) and Karnataka State Road Transport Corporation (KSRTC) have succeeded in curbing it to a reasonable extent.

The study involved around 2,600 commuters from bus terminals of the three corporations in Bangalore and Hubli-Dharwad. The study indicated that 21% of all commuters were smokers. Of this, 3% smoke in bus stands, 54% at work places, 18% at home, 15% in restaurants and 4% in colleges. About 39% of non-smokers are subjected to passive smoking at these bus terminals.

The Act, passed in Parliament in 2004, prohibits smoking in public places, advertisements of cigarettes and other tobacco products, sale to minors and bans sale in an area within a radius of 100 yards of any educational institution. India ranks second in tobacco production and stands third in cigarette consumption. A bulk of tobacco consumption in India is through beedi smoking and chewing tobacco. Tobacco smoking is not only harmful to the smoker but also to those



around a smoker.

Passive smoking has become an issue of public concern. A regular smoker can affect the health of several persons who work with him or her. The study has revealed that passive smoking is likely to be higher in bus terminals where there is lack of regulatory measures. According to the study, 24% of commuters in BMTC, 36% in KSRTC and shockingly, 68% in NWKRTC are subjected to passive smoking. The restriction on smoking at terminals and buses can also aggravate the quantum of

smoking by smokers.

The study found that there has been a drastic reduction in smoking levels wherever the Act is implemented. The reduction was observed to as much as 69%. The methods adopted to implement the Act were found to be simple, in the form of announcements, stickers, vigilance by staff and higher authorities and handing over smokers to the police and counselling staff members.

The study did not find the involvement of any NGOs in prevention of smoking in bus stands. Since the Act does not include ban on sale of tobacco

products in public places, it is difficult to prevent small retail shops from selling tobacco, the study found.

The CMDR report has suggested measures to enhance the efficacy of the Act. It said court proceedings should be avoided in collecting fines from culprits and displaying posters and payment of fine must be made more explicit. According to the report, the media should take an active part in creating awareness among the public about the ban on smoking in public places and health hazards of smoking.

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ಹೆಚ್ಚಿದ ಧೂಮಪಾನ, ಅದೇಶಕ್ತಿ ಬಿಲಿ ಇಲ್ಲ!

ಧಾರವಾಡ, 17- ಸಾರ್ವಜನಿಕ ಸ್ಥಳದಲ್ಲಿ ಸಿಗರೇಟು ಮತ್ತು ತಂಬಾಕು ಉತ್ಪನ್ನಗಳ ಸೇವನೆ ಮತ್ತು ಮಾರಾಟ ಮಾಡಬಾರದೆಂದು ಕೇಂದ್ರ ಸರ್ಕಾರ ಆದೇಶ ಹೊರಡಿಸಿ ನಾಲ್ಕು ವರ್ಷ ಕಳೆದರೂ ಅದು ಸಂಪೂರ್ಣ ನಿಯಂತ್ರಣಕ್ಕೆ ಬಂದಿಲ್ಲ. ಈ ಕುರಿತಂತೆ ಬೆಂಗಳೂರು ಮತ್ತು ಹುಬ್ಬಳ್ಳಿ-ಧಾರವಾಡಗಳಲ್ಲಿ ಸಮೀಕ್ಷೆ ನಡೆಸಿದ ಸಂಸ್ಥೆಯೊಂದು ಈ ಬಗ್ಗೆ ವಿವರಿಸಿದೆ. ಕಳೆದ 2003 ರಲ್ಲಿ ಕೇಂದ್ರ ಸರ್ಕಾರ ಸಿಗರೇಟು ಮತ್ತು ಇತರೆ ತಂಬಾಕು ಉತ್ಪನ್ನಗಳ ನಿಯಂತ್ರಣ ಕಾಯ್ದೆಯಡಿ ಸಾರ್ವಜನಿಕ ಸ್ಥಳದಲ್ಲಿ ಧೂಮಪಾನ ಮಾಡಬಾರದು ಎಂದು ಕಾನೂನು ಹೊರಡಿಸಿತ್ತು. ಈ ಕುರಿತಂತೆ ಇಂದು ಪ್ರತಿಪಾ ಗೋಷ್ಠಿ ನಡೆಸಿದ ಇಲಿನ್ ಸೆಂಟರ್ ಫಾರ್ ಮಲ್ಟಿ-ಡಿಸಿಪ್ಲಿನರಿ ಡೆವಲಪ್‌ಮೆಂಟ್ ರಿಸರ್ಚ್ ಸಂಸ್ಥೆಯ ಡಾ. ನಯನತಾಪಾ ಅವರು ಈ ವಿಷಯ ತಿಳಿಸಿ ನಮ್ಮ ಸಂಸ್ಥೆ ಮೂರು ತಿಂಗಳು ಈ ಸಮೀಕ್ಷೆ ನಡೆಸಿದ್ದು, ಅದರ ವರದಿಯನ್ನು ಕೇಂದ್ರ

ಸರ್ಕಾರ ಮತ್ತು ಅಮೆರಿಕನ್ ಕ್ಯಾನ್ಸರ್ ಸೊಸೈಟಿಗೆ ಸಲ್ಲಿಸಲಿದೆ. ನಮ್ಮ ಸಮೀಕ್ಷೆಯ ಪ್ರಕಾರ ಬೆಂಗಳೂರಿನ ಬಿಎಂಟಿಸಿ ಮತ್ತು ಕೇಂದ್ರ ಬಸ್ ನಿಲ್ದಾಣಗಳಲ್ಲಿ ಧೂಮಪಾನ ಮಾಡುವವರ ಸಂಖ್ಯೆ ತೀರ ಕಡಿಮೆಯಾಗಿದೆ. ಸಾರಿಗೆ ಅಧಿಕಾರಿಗಳು ಈ ಕುರಿತಂತೆ ಜನರಲ್ಲಿ ಜಾಗೃತಿ ಮೂಡಿಸುವುದರ ಮೂಲಕ ಅದನ್ನು ಸ್ವಲ್ಪಮಟ್ಟಿಗೆ ತಡೆಹಿಡಿಯಲು ಯಶಸ್ವಿಯಾಗಿದ್ದಾರೆ ಎಂದು ಅವರು ತಿಳಿಸಿದರು. ಈ ವರೆಗೆ ಸುಮಾರು 2600 ಜನರನ್ನು ಸಂದರ್ಶನ ಮಾಡಿ, ಸಾರಿಗೆ ಅಧಿಕಾರಿಗಳ ಜೊತೆ ಚರ್ಚಿಸಿದಾಗ ಬೆಂಗಳೂರಿನ ಬಸ್ ನಿಲ್ದಾಣದಲ್ಲಿ ಸಾವಿರಕ್ಕೆ 24 ಜನರು ಮಾತ್ರ ಸಿಗರೇಟು, ತಂಬಾಕು ಸೇವನೆ ಮಾಡುತ್ತಿದ್ದು, ಹುಬ್ಬಳ್ಳಿ-ಧಾರವಾಡಗಳಲ್ಲಿ ಸಾವಿರ ಜನರಲ್ಲಿ 69 ಜನ ಸಿಗರೇಟು ಮತ್ತು ತಂಬಾಕು ಸೇವನೆ ಮಾಡುವುದು ಸಮೀಕ್ಷೆಯಿಂದ ತಿಳಿದುಬಂದಿತು ಎಂದು ಅವರು ತಿಳಿಸಿದರು. ಪ್ರಯಾಣಿಸುವಾಗ ಹಾಗೂ ಬಸ್

ನಿಲ್ದಾಣದಲ್ಲಿ ಧೂಮಪಾನ ನಿಷೇಧಿಸಿ ರುವುದರಿಂದ ತಮ್ಮ ಕಾರ್ಯಕ್ಷೇತ್ರ ಅಥವಾ ಮನೆಗೆ ಸೇರಿದ ತಕ್ಷಣ ಹೆಚ್ಚಿಟ್ಟು ದೂಮಪಾನ ಮಾಡುತ್ತಿರುವುದು ಸಮೀಕ್ಷೆಯಿಂದ ತಿಳಿದುಬಂದಿದೆ ಎಂದು ಅವರು ತಿಳಿಸಿದರು. ಬಸ್ ನಿಲ್ದಾಣಗಳಲ್ಲಿ ಧೂಮಪಾನಿಗಳ ಸಂಖ್ಯೆ ಇಳಿಮುಖವಾಗುತ್ತಿದೆ ಎಂದು ಶೇ 69 ರಷ್ಟು ಪ್ರಯಾಣಿಕರು ಅಭಿಪ್ರಾಯಪಟ್ಟಿದ್ದಾರೆ. ಆದರೆ ಅಧಿಕಾರಿಗಳು, ದಂಡವಾಹಿನಿ ಪೊಲೀಸರು ಕೂಡ ಕಟ್ಟುನಿಟ್ಟಿನ ಕ್ರಮ ತೆಗೆದುಕೊಳ್ಳುವಲ್ಲಿ ಮುಂದಾದರೆ ಅದನ್ನು ಸ್ವಲ್ಪಮಟ್ಟಿಗೆ ಯಾದರೂ ತಡೆಗಟ್ಟಬಹುದು ಈ ನಿಟ್ಟಿನಲ್ಲಿ ಎಲ್ಲರೂ ಯೋಚಿಸಬೇಕು ಎಂದು ಅವರು ತಿಳಿಸಿದರು. ಇದನ್ನು ತಡೆಗಟ್ಟಲು ಯಾವುದೇ ಸರ್ಕಾರೀತರ ಸಂಸ್ಥೆಗಳು ಮುಂದಾಗಲಿಲ್ಲ ಎಂಬ ಅಂಶ ಸಮೀಕ್ಷೆಯಿಂದ ತಿಳಿದುಬರುತ್ತದೆ. ಸದ್ಯ ಧೂಮಪಾನಿಗಳನ್ನು ದಂಡಿಸುವಲ್ಲಿ ನ್ಯಾಯಾಲಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದ ಕಾರ್ಯವಿಧಾನಗಳನ್ನು ತೆಗೆದುಕೊಳ್ಳಬೇಕು. ಗೋಡೆ

ಬರಹ ಮತ್ತು ಜಾಹಿರಾತುಗಳ ಮುಖಾಂತರ ಸಾರ್ವಜನಿಕ ಸ್ಥಳಗಳಲ್ಲಿ ಇಂಥವುಗಳೇ ಅವಕಾಶ ಕೊಡಬಾರದು. ಮತ್ತು ಧೂಮಪಾನದ ಬಗ್ಗೆ ಸಾರ್ವಜನಿಕರಲ್ಲಿ ಇನ್ನಷ್ಟು ಜಾಗೃತಿ ಮೂಡಿಸಲು ಪ್ರಯತ್ನಿಸಿದರೆ ಸಂಪೂರ್ಣವಾಗಿ ಧೂಮಪಾನವನ್ನು ತಡೆಗಟ್ಟಬಹುದು ಎಂದು ಅವರು ಸಲಹೆ ನೀಡಿದರು. ಹು.ಧಾ.ಗಳಲ್ಲಿ ಪ್ರಕರಣಗಳಿಲ್ಲ; ಈ ಆದೇಶ ಹೊರಟೆಕೊಡಲೇ ಆರಂಭ ಶುರುಪಟ್ಟಂತೆ ಅಲ್ಲಲ್ಲಿ ಪೊಲೀಸರು ಕೆಲವರಿಗೆ ದಂಡ ಹಾಕಿದರು. ಇದರಲ್ಲಿ ಬೆಂಗಳೂರಿನ ಬಸ್ ನಿಲ್ದಾಣದಲ್ಲಿ ಅನೇಕ ಪ್ರಕರಣಗಳು ದಾಖಲು ಮಾಡಿಕೊಂಡು ಅವುಗಳನ್ನು ನ್ಯಾಯಾಲಯದ ಮುಂದೆ ಇಡಲಾಯಿತು. ಆದರೆ ಹುಬ್ಬಳ್ಳಿ-ಧಾರವಾಡದ ಬಸ್ ನಿಲ್ದಾಣಗಳಲ್ಲಿ ಇಂಥ ಯಾವುದೇ ಪ್ರಕರಣ ದಾಖಲಾಗಿಲ್ಲ ಎಂದು ನಮ್ಮ ಸಮೀಕ್ಷೆ ತಿಳಿಸುತ್ತಿದೆ ಎಂದು ಅವರು ತಿಳಿಸಿದರು. ಸಂಸ್ಥೆಯ ಬಿ.ಬಿ ಅಣ್ಣಿಗೇರಿ, ಹುಸುಗುಂದ ಮುಂತಾದವರು ಪ್ರತಿಪಾ ಗೋಷ್ಠಿಯಲ್ಲಿ ಉಪಸ್ಥಿತರಿದ್ದರು.

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ಹುಬ್ಬಳ್ಳಿ -ಧಾರವಾಡದಲ್ಲಿ ಧೂಮಪಾನ ನಿಷೇಧ ಶೂನ್ಯ

ಧಾರವಾಡ: ಸಾರ್ವಜನಿಕ ಸ್ಥಳಗಳಲ್ಲಿ ಧೂಮಪಾನ ನಿಷೇಧಿಸಿ ಭಾರತ ಸರ್ಕಾರ ರೂಪಿಸಿದ ಸಿಗರೇಟ್ ಮತ್ತು ಇತರೆ ತಂಬಾಕು ಉತ್ಪನ್ನಗಳ ನಿಯಂತ್ರಣ ಕಾಯ್ದೆ -2003ನ್ನು ಬೆಂಗಳೂರು ನಗರ ಸಾರಿಗೆ ಬಸ್ ನಿಲ್ದಾಣದಲ್ಲಿ ಪರಿಣಾಮಕಾರಿಯಾಗಿ ಜಾರಿಗೆ ತರಲಾಗಿದೆ. ಆದರೆ, ಹುಬ್ಬಳ್ಳಿ-ಧಾರವಾಡದ ನಿಲ್ದಾಣಗಳಲ್ಲಿ ಆ ಕಾಯ್ದೆ ಬಗ್ಗೆ ಅಧಿಕಾರಿಗಳೇ ಅರಿವಿಲ್ಲ!

ಈ ಅಂಶವನ್ನು ಧಾರವಾಡದ ಸೆಂಟರ್ ಫಾರ್ ಮಲ್ಟಿ-ಡಿಸಿಪ್ಲಿನರಿ ಡೆವಲಪ್‌ಮೆಂಟ್ ರಿಸರ್ಚ್ ಸಂಸ್ಥೆ ನಡೆಸಿದ ಸಮೀಕ್ಷಾ ವರದಿ ಬಹಿರಂಗಪಡಿಸಿದೆ. ಬೆಂಗಳೂರು ಮತ್ತು ಹುಬ್ಬಳ್ಳಿ-ಧಾರವಾಡದ 2,600 ಪ್ರಯಾಣಿಕರನ್ನು 3 ತಿಂಗಳ ಕಾಲ ಸಂದರ್ಶಿಸಿ ಸಿದ್ಧಪಡಿಸಿರುವ ವರದಿಯ ವಿವರ ಶನಿವಾರ ಡಾ| ನಯನಾ ತಾರಾನಾಯಕ್ ಸುದ್ದಿಗೋಷ್ಠಿಯಲ್ಲಿ ತಿಳಿಸಿದರು.

■ ನಂ.1 -ಶೂನ್ಯ: ಬೆಂಗಳೂರು ನಗರ ಸಾರಿಗೆ ಸಂಸ್ಥೆಯ ನಿಲ್ದಾಣದಲ್ಲಿ ಕಾಯ್ದೆ ಪರಿಣಾಮಕಾರಿಯಾಗಿ ಜಾರಿಗೆ ತಂದಿದ್ದಾರೆ. ಜಾಗೃತಿ ಫಲಕ, ಸಿಬ್ಬಂದಿಗೆ ತಿಳಿವಳಿಕೆ ನೀಡುವ ಮೂಲಕವೇ ಇದು ಸಾಧ್ಯ. ಆದರೆ, ಈ ಕಾಯ್ದೆ ಅರಿವೇ ಹುಬ್ಬಳ್ಳಿ-ಧಾರವಾಡ ನಿಲ್ದಾಣಗಳ ಅಧಿಕಾರಿಗಳಿಗೆ ಇಲ್ಲ.



- 2,600 ಪ್ರಯಾಣಿಕರ ಅಭಿಪ್ರಾಯ ಸಂಗ್ರಹ
- ಕಾಯ್ದೆ ಅನುಷ್ಠಾನದಲ್ಲಿ ಬಿವಿಂಟಿಸಿ ನಂ. 1
- ನಿಲ್ದಾಣದ ಅಧಿಕಾರಿಗಳಿಗೆ ಕಾಯ್ದೆಯೇ ಗೊತ್ತಿಲ್ಲ
- ಜಾಗೃತಿ ಮೂಡಿಸಲು ಎನ್‌ಬಿಒಗಳು ಪತ್ತೆ ಇಲ್ಲ

ಳಿಗೆ ಇಲ್ಲ. ಅಲ್ಲಿನ ಸಿಬ್ಬಂದಿ ನಿಲ್ದಾಣದಲ್ಲಿ ಧೂಮಪಾನದಲ್ಲಿ ತೊಡಗುವುದು ನಮ್ಮ ಕ್ಯಾಮರಾ ಕಣ್ಣಿಗೆ ಸಿಕ್ಕಿದೆ ಎಂದು ಸಮೀಕ್ಷೆಯ ಬಗೆಗೆ ನಯನಾ ವಿವರಿಸಿದರು.

ಧೂಮಪಾನಿಗಳನ್ನು ಪರೋಕ್ಷವಾಗಿ ಎಚ್ಚರಿಸುವ ಚಾಕಚಕ್ಯತೆಯನ್ನು ಬಿವಿಂಟಿಸಿ ಸಹಾಯಕ ಸಾರಿಗೆ ವ್ಯವಸ್ಥಾಪಕ ನಾಗರಾಜ್ ಜಾರಿಗೆ ತಂದಿದ್ದಾರೆ. ಅಷ್ಟೇ ಅಲ್ಲದೆ ದೇಶದಲ್ಲೇ ಮೊದಲ ಬಾರಿಗೆ ಬಸ್ ನಿಲ್ದಾಣ ಒಂದರಲ್ಲಿ ಸಿಗರೇಟ್ ಮತ್ತು ಬೀಡಿ ಮಾರಾಟ ನಿಷೇಧಿಸಿದ್ದಾರೆ. ಕೆಂಪೇಗೌಡ ಬಸ್ ನಿಲ್ದಾಣದಲ್ಲಿಯೂ ನಿಷೇಧ ಪರಿಣಾಮಕಾರಿಯಾಗಿ ಜಾರಿಗೆ ತರಲಾಗಿದೆ. ಆದರೆ, ಬಿವಿಂಟಿಸಿ ಅಷ್ಟು ಯಶಸ್ವಿಯಾಗಿಲ್ಲ. ಅಲ್ಲಿನ ಅಂಗಡಿಗಳಲ್ಲಿ ಸಿಗರೇಟ್ ಮತ್ತು ಬೀಡಿ ಮಾರಾಟ ನಿಷೇಧಿಸದೇ ಇರುವುದು ಇದಕ್ಕೆ ಕಾರಣವಾಗಿದೆ ಎಂದು ಅಭಿಪ್ರಾಯಿಸಿದರು.

■ ಇಷ್ಟಿಷ್ಟು: ಬೆಂಗಳೂರಿನ ನಗರ ಸಾರಿಗೆ ಬಸ್ ನಿಲ್ದಾಣ ಹಾಗೂ ಕೆಂಪೇಗೌಡ ಬಸ್ ನಿಲ್ದಾಣಗಳಲ್ಲಿ 2005ನವೆಂಬರ್‌ನಿಂದ 2007ಮೇ ತನಕ ಧೂಮಪಾನ ನಿಷೇಧ ಕಾಯ್ದೆ ಅಡಿ 1,168 ಪ್ರಕರಣ ದಾಖಲಾಗಿವೆ. ಹುಬ್ಬಳ್ಳಿ-ಧಾರವಾಡ ನಿಲ್ದಾಣಗಳಲ್ಲಿ ಒಂದು ಪ್ರಕರಣವೂ ಇಲ್ಲ.

ಬಸ್ ನಿಲ್ದಾಣ ಮತ್ತು ಬಸ್ಸುಗಳಲ್ಲಿನ ಧೂಮಪಾನ ನಿಷೇಧದಿಂದ ತಮ್ಮ ಕಾರ್ಯಕ್ಷೇತ್ರ ಮತ್ತು ಮನೆ ಸೇರಿದ ಕೂಡಲೇ ಹೆಚ್ಚು ಧೂಮಪಾನ ಮಾಡುವುದು ಸಮೀಕ್ಷೆಯಿಂದ ಗೊತ್ತಾಗಿದೆ.

■ ಸಲಹೆಗಳು:

ಧೂಮಪಾನಿಗಳಿಗೆ ಸ್ಥಳದಲ್ಲೇ ದಂಡ ವಿಧಿಸಬಹುದಾದ ಅಧಿಕಾರವನ್ನು ನಿಲ್ದಾಣದ ಅಧಿಕಾರಿಗಳಿಗೆ ಕೊಡಬೇಕು.

ಸಾರ್ವಜನಿಕ ಸ್ಥಳದಲ್ಲಿ ಧೂಮಪಾನ ನಿಷೇಧ ಕುರಿತಂತೆ ವ್ಯಾಪಕ ಪ್ರಚಾರ, ಜಾಹೀರಾತು ಹಾಕಬೇಕು. ಕಾನೂನು, ದಂಡಕ್ಕಿಂತ ಅರಿವು, ಜಾಗೃತಿಯೇ ಕಾಯ್ದೆ ಅನುಷ್ಠಾನಕ್ಕೆ ಸೂಕ್ತ ಮಾರ್ಗ. ಸಂಬಂಧಿಸಿದ ಎಲ್ಲ ಇಲಾಖೆಗಳು, ನಿಲ್ದಾಣಗಳಿಗೆ ವರದಿ ಸಲ್ಲಿಸುತ್ತೇವೆ. ಈ ನಿಟ್ಟಿನಲ್ಲಿ ಜಾಗೃತಿ ಮೂಡಿಸಲು ಸ್ವಯಂ ಸೇವಾ ಸಂಸ್ಥೆಗಳು ತೊಡಗಿಲ್ಲದಿರುವುದು ಆಶ್ಚರ್ಯ ಮೂಡಿಸಿದೆ. ಕಡೇ ಪಕ್ಷ ಕ್ಯಾನ್ಸರ್ ವಿರುದ್ಧ ಕೆಲಸ ಮಾಡುತ್ತಿರುವ ಸಂಸ್ಥೆಗಳಾದರೂ ಗಮನ ನೀಡಲಿ ಎಂದರು.

ಸಮೀಕ್ಷಾ ತಂಡದಲ್ಲಿ ನಯನಾ ಅವರೊಂದಿಗೆ ಇದ್ದ ಡಾ| ವಿ.ವಿ. ಅಣ್ಣೇಗೇರಿ, ಡಿ.ಆರ್. ರೇವಣಕರ್, ಸಂಜೀವ ಕಂಚಯ್ಯಗೋಳ್, ವಿ.ಟಿ. ಹುನಗುಂದ ಇದ್ದರು.

About CMDR

Centre for Multi Disciplinary Development Research (CMDR) being one of the national research institutes recognized by the Indian Council of Social Science Research, Government of India, New Delhi is a registered not-for-profit research organization. Social sector (Health and Education), environment, tobacco research, banking and action research are among the main focus of the research studies of the Centre. Ford Foundation, International Development Research Centre, (IDRC) Canada, UNDP, WHO, UNICEF, UNESCO, World Bank, DFID, IHPP, NIDI, American Cancer Society, Planning Commission, Government of India, Karnataka Government, and Government of Orissa have sponsored research studies at CMDR. The institute has carried out and continues to undertake tobacco related research on;

1. Economics of shifting from tobacco (bidi)-Sponsored by RITC/IDRC, Canada [2000]
2. Subsidy for Tobacco Growers in India- Sponsored by WHO [2004]
3. Chapters on Economic History of Tobacco in India & Fiscal Measures for Tobacco Control in India for the report 'Tobacco Control in India' -Sponsored by HRIDAY, Government of India & CDC, USA] [2004]
4. Report on Economics of Bidi Tobacco for the report 'Bidi Monograph'- Initiated by WHO and Healis Shekhsaria Institute of Public Health, Mumbai, India [2005]
5. Prevention of Secondhand Smoke: Efficacy of the Cigarette and Other Tobacco Products Act, 2003 Case Studies of two Public Transport Organizations in Karnataka (India) –Sponsored by the American Cancer Society [2008]
6. Alternatives to Fuel wood use in FCV Tobacco Curing in India The Economic Feasibilities and determinants of their use [Sponsored by SANDEE, Nepal- 2008-2010]-ongoing
7. Alternatives to FCV tobacco cultivation in India –Determinants and Prospects –Initiated
8. Environmental Effects of Tobacco Cultivation-Impact and protective measures-Initiated

CMDR is located in northern Karnataka, which is also famous for cultivation of tobacco used for making of bidi and cigarette. With an experience of nearly ten years in tobacco research, CMDR is trying to develop a data bank on tobacco and has initiated capacity building in terms of tobacco control. CMDR studies would be useful in disseminating the findings of micro level research for policy making at macro level. CMDR's action research study on "Economics of shifting from tobacco" carried out during 1998-2000 is presumed to be the first of its kind in the country. The results revealed that soybean under dry conditions and sugarcane under irrigation can be nearest alternatives to tobacco in terms of returns. Inducing farmers to take up dairy activities along with soybean cultivation proved to be beneficial and was accepted by many farmers. The results were positive as CMDR created awareness and provided incentives in terms of seeds, credit subsidy for purchase of buffalo, etc. In addition scholarships to children of non tobacco growers, skits and video shows on ill effects of tobacco, distribution of note books with anti tobacco slogans were part of the campaign for reducing tobacco cultivation.

CMDR's study on "Subsidies for tobacco growers in India" documents direct, indirect and hidden subsidies flowing to tobacco cultivation by the government and tobacco industry. This study highlights the dual and divergent role of government against its tobacco control.