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RESEARCH ARTICLE

A PRELIMINARY OBSERVED SELF EVALUATION STUDY OF STATUTORY TOBACCO REGULATION ACT IN AND AROUND SCHOOLS OF MYSURU DISTRICT

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Abstract

This preliminary survey investigates the proximity and prevalence of tobacco outlets shop near schools, aiming to understand the potential exposure of school-aged children to tobacco products specially cigarettes. The study focuses on identifying the density and location of tobacco shops within a defined radius of educational institutions. Data were collected from multiple schools in various regions of Mysuru city and rural areas, using geographical information systems (GIS) to map and analyze the distribution of these outlets using the latitude and longitude of the location. The findings reveal a significant number of tobacco outlets situated within close proximity to schools, raising concerns about the accessibility of tobacco products to minors. Although the school management is strictly following the rules in the virtue of COPTA act 2003 of displaying board of prohibition, restriction, prevention and punishments of usage tobacco products. The results underscore the need for stricter zoning regulations and public health interventions to reduce the exposure and appeal of tobacco products to young people. This survey provides a foundational analysis that can inform policy makers and community leaders in their efforts to create healthier environments for children and adolescents.

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Introduction:-

Use of the tobacco and its products has become a public health concern among the children, students and adolescents (1). The tobacco products are used to be smoked, snuffed and also chewed which contains highly addictive psychotropic and mood bending ingredients.^{2,10} These products consists of more than 4000 chemicals among 250 are more harmful and carcinogenic in nature³. Nicotine is one among them which leads to cancer, lung and heart diseases. Along with this there are studies where the smoking leads to hypertension, neoplasia, throat cancer, oral cancer, chronic obstructive pulmonary disease and infertility (2,3). The smoked tobacco products include cigarettes, cigars, bidis, rolled cigarettes, cheroots, hookah, pipes, tobacco rolled in maize leaf and newspaper (4,5). While the smokeless tobacco products available include khaini, betal guild with tobacco, gutka, tobacco lime mixture pan masala, oral tobacco, snuff.⁴ There is no safe level of exposure to this smoke so far. In pregnant women, it may lead Down Syndrome and low birth babies and also death of infants and many more genetic disorders (6,7). According to WHO data children account for 28% of the deaths attributable to second hand smoke. Along with this tobacco kills more than 10 million people annual either by the direct and indirect tobacco gas exposure.¹ Almost half of children regularly breath air polluted by tobacco smoke in public places (2,6). Worldwide, about one fifth of all deaths attributed to tobacco occur in India, In India, according to Ministry of health and

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family Welfare Government of India Guidelines for tobacco free educational institutions, over 13 to 15 lakh people die from tobacco use every year, i.e about 3500 people die in India everyday to this tobacco use. This data may be expected to rise in future (6,8). About 7 million deaths per year are attributed to direct tobacco use globally. This includes deaths from smoking-related diseases such as cardiovascular diseases (heart disease, stroke), chronic respiratory diseases (chronic obstructive pulmonary disease), and various cancers (lung cancer, throat cancer, etc.) (2, 8, 3).

Exposure to second-hand smoke (passive smokers), which is the smoke exhaled by smokers or emitted from burning tobacco products, contributes to over 1.2 million deaths annually (2-4). Non-smokers exposed to second-hand smoke are at risk for similar diseases as active smokers. Thus tobacco use is responsible for the high morbidity and mortality which is also indirectly hinder economic growth of the nation. Efforts are made to reduce smoking-related deaths by tobacco control policies, public health campaigns to raise awareness about the risks of smoking, cessation programs to help smokers quit, and measures to protect non-smokers from second-hand smoke (8).

According to the WHO only 20% of the world's population is protected by national smoke free laws which were enacted by many nations. Reduction in exhibiting tobacco advertisements, prohibiting smoking in public area, warning health hazards in the packing the tobacco products, awareness through educations and avoiding the selling the tobacco products near the educational institutions, Increase the number of smokers to quit the habit through non government agencies. The above action persuades smokers to protect the health of non-smokers and avoid the smoking near children and passive smokers

India, being highest populated country in the world suffering from tobacco-related health burdens and hazards from many years. According to the Global Adult Tobacco Survey (GATS) 2023 India, (9,12, 15, 16-21) the prevalence of adult tobacco smoking is about 21% among male, especially bidis, cigarettes. Survey also indicates the 35% percent of adult populations uses the tobacco products in India has the highest number of Smokeless tobacco users globally (26% of adults out of 35%), with more than 275 million people using them (12). Men use these products more than women. The most used smokeless products are gutkha, zarda, betel quid with tobacco, etc (7). The World Health organization (WHO) had published a study and estimated direct and indirect costs from all diseases caused due to tobacco usage. As per this study, the overall economic burden that can be attributed to such diseases in India was around 1,773.4 Billion. Spitting of tobacco/tobacco products is also a public health hazard, as it may lead to spread of swine flu, Corona virus, Pneumonia, Gastro-intestinal diseases and bacteria tuberculosis bacilli which can survive in spit for an entire day or nuisance to the people in general

The Government of India has enacted law on the cigarettes and other tobacco products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) the Cigarettes and Other Tobacco Products Act, 2003 (COTPA-2003) to control the factors and reduce the health risks associated with the tobacco usage in the country. The Hon'ble supreme court of India, in 2014 issued notices to central and state governments in response to a public interest petition demanding complete ban on tobacco products, due to money spent on the treatment of smoking- related ailments comes to around Rs 30,000 crore per year. The argument that tobacco industry brings revenue does not hold well in view of the harm it does. Further Hon'ble court suggested strict ban on using tobacco products up to some extent and it should began with banning its use near school premises. In *Naya Bans sarv vyapar Association V. Union of India*, in this judgment of the Delhi High Court, an association of tobacco wholesalers challenged certain provisions of the cigarettes and Other Tobacco Products Act 2003 (COTPA) which banned the selling of tobacco products within a 100 yard radius of any educational institution. The wholesalers sought an exclusion of their wholesale trade from the law, arguing that the intent of the law was to reduce retail sale and their business would not be a danger to young people buying tobacco. While highlighting the public health need for COTPA, the court dismissed the petition, holding that the sale of tobacco products, whether in wholesale or in retail, near the educational institution has the potential of attracting the students so both type of tobacco sellers should be equally restricted. In addition to dismissing the petition, the court also imposed costs of 20,000 rupees each on the petitioners to be paid to the central and state governments for anti-tobacco initiatives. Later, the government also banned in public places, though the order is poorly executed.

In the present preliminary study, authors are tried to assess the presence of tobacco selling outlets nearby the educational institutions in around the Mysuru (rural and urban areas). Along with this caution of the prohibition of smoking in the form of the boards which are displayed. The objective of this study is to a) Assessment of the proportion of educational institutions displaying the boards of prohibition tobacco sales, use and punishment

according to COPTA act 2003. b) Examination of the proportion of educational institutions having tobacco selling outlets nearby the educational institutions. By these objectives author was very curious to know how well the tobacco regulations laws are implemented in the given area where he resides.

Materials and Methods:-

The cross sectional observation and self evaluation study was conducted during March-April 2023 in schools located in and around the Mysuru District. The city Mysuru is called heritage city located in south of Karnataka geographically located at 12.2958° N, 76.6394° E. The secondary schools located in Mysuru in around were included in the present study. Nursery, Kindergarten schools and school for special are excluded from this study. Thus 50 educational institutions (Schools) were considered for this analysis which includes both either government or private school of rural and urban areas also. For the identification and data collection of tobacco products selling outlets nearby education institutions was marked by the latitude and longitude of that area and which is noted as primary data procured from the Live GPS mobile application through the android smart phone and the data of latitude and longitude of that area where recorded and also one can visualize it or trace it out their own smart phone currently. The visible and physical identification- observational method was used to identify display board found in the wall of the school premises which was concern to the prohibition of the selling the tobacco products in the virtue of the COPTA- 2003.

Results:-

Among the total number of 50 educational institutions surveyed for this preliminary study most of the schools that is more than 95% exhibited the “No Smoking Board along with the prevention and prohibition of Tobacco products” within the premises or on the wall of the educational institutions. These schools had displayed the sale of tobacco products is prohibited within a radius of 100 yards of the schools. The results are predicted from the Figure 1. Apart from this figure 1 also depicted the results of the tobacco selling outlets nearby the schools was around 70% (the data of the tobacco selling outlets within the visible area around them) and theses are procured by the geographic mapping the latitude and longitude of that area and which is noted as primary data procured from the Live GPS mobile application through the android smart phone. The data of latitude and longitude of that out let selling area where one can visualize it or trace it easily through their phone. Here in this literature data of the latitude and longitude was not shown or deduced in this present paper and kept as confidential one.

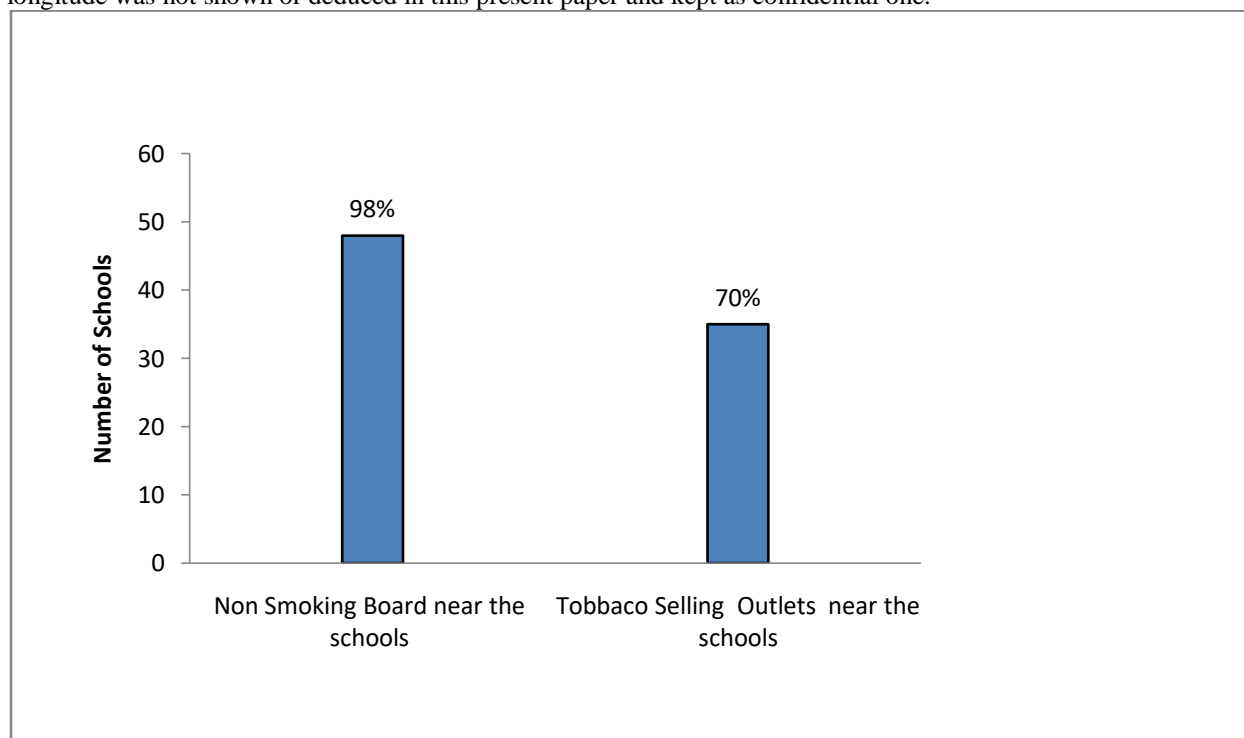


Figure 1:- Bar Chart showing display boards of prevention and prohibition of tobacco and tobacco selling outlets near the educational institutions of Mysuru.

Discussion:-

This is the initial study conducted to report the tobacco jeopardy near educational institutions of in and around Mysore city, Karnataka; we studied a total of 50 educational institutions in search of the “No Smoking Board” within the premises or on the wall of the Educational institutions. These schools had displayed the sale of tobacco products is prohibited within a radius of 100 yards of the schools which is around 98% of the school as followed the rules according to act of COPTA-2003. There was a similar study where 63%, 94% in a study done in Rajasthan¹⁶ and in Delhi¹⁷ and 50% in a study in Mangalore¹⁴ which is also part of the Karnataka state. Along with this interestingly, our data of tobacco selling outlets figures out that cigarettes selling shops nearby the schools was around 70% this was totally menace in concern to the act of COPTA-2003. Our data suggest that rules and regulations is only on the school boards, but not effectively implemented in proper way by the concern authority. The data also suggest that there was no effective implementation of the law when we compare similar studies in different states of the India, such as 57% in Rajasthan (15,16) and 57% and 72% in Mangalore (14) and Mandya city (10) suggests that our data shows more number on the percentage of the schools surrounded by the tobacco selling outlet which can provoke the students to become addict for the tobacco habit. Apart from this following below points in the paragraph were reviewed by the author in concern to tobacco usage.

Many individuals start to use tobacco products when they are in high schools or in the beginning of college days. Children and youth are influenced to use tobacco products, by seeing advertisements, their favorite models using the tobacco, easy availability and seeing others using it. According to the data collected our findings reflects there is the lacuna and negligence in part the authorities who are suppose to take the strict action in combating the selling of the Cigarettes and also other tobacco products within the 100 yards near the school premises. Along with this there is a lack of the responsibility of the parents, teachers and public and also students in recognizing the zonal use of tobacco products around them or at least bother about the informing the authorities through toll free quitline: 1800-11-2356 concerning about usage of the tobacco products. Apart from this the district tobacco control cell and ministry of health and family welfare- tobacco control division or concern educational departmental school inspector has to take action plan on this matter of selling tobacco according to our preliminary survey. Our results reveals that rules and regulation are depicted on the wall and board neatly with colorfull pictures But, without effective implementation of the law in this modernize cultured society.

Causes of Smoking in Young Generation:

1. Peer Influence: Young people may start smoking to fit in with peers or to be accepted within social groups where smoking is normalized.
2. Parental Influence: Children of smokers are more likely to smoke themselves, influenced by parental behavior and attitudes towards smoking.
3. Media and Advertising: Tobacco advertising and media influence of smoking can glamorize
4. Stress and Coping Mechanism: Some young individuals may turn to smoking as a way to cope with stress, anxiety and pressure.
5. Accessibility: Easy access to tobacco products and lack of enforcement of age restrictions can facilitate smoking initiation among young people.

Social Problems from Smoking in Young Generation:

There are number of the social problems which can be Health Consequences, Addiction, lack of Academic Performance:, Social Stigma, Financial Burden, Second-Hand Smoke Exposure, Change in mood and mental Health, potentially reducing life expectancy, Lifelong Health Risks

Addressing these causes and social problems requires a multifaceted approach involving education, regulation, support for smoking cessation, and creating environments that discourage smoking initiation among young people. Preventive efforts aimed at reducing smoking prevalence and promoting healthy lifestyles are crucial to protect the well-being of the young generation and future generations.

Rules and regulations for avoiding the cigarettes shop near schools and colleges

Avoiding the establishment of cigarette shops near schools and colleges involves a combination of zoning regulations, policy advocacy, and community engagement. Here are some strategies and considerations:

Zoning and Local Regulations:

- a. Zoning Ordinances: Work with local government authorities to establish zoning regulations that restrict the location of tobacco retailers near schools and colleges. Zoning laws can designate specific distances (e.g., 500 meters or more) that tobacco retailers must be located away from educational institutions (now it is 100 meters as per as COPTA Act).
- b. Licensing and Permitting: Require tobacco retailers to obtain specific licenses or permits that may include distance requirements from schools and colleges as a condition for operation.

Policy Advocacy and Community Engagement:

- a. Policy Development: Advocate for local ordinances or policies that establish buffer zones around schools and colleges where tobacco retailers are prohibited from operating. This may involve collaborating with policymakers, health departments, and community organizations.
- b. Public Awareness Campaigns: Raise awareness among community members, parents, and school administrators about the importance of creating tobacco-free zones around educational institutions. Use media campaigns, petitions, and community meetings to garner support.

Enforcement and Compliance:

- a. Monitoring and Enforcement: Ensure that existing laws and regulations regarding the proximity of tobacco retailers to schools and colleges are enforced effectively. This may involve regular inspections and penalties for non-compliance.
- b. Community Reporting Mechanisms: Establish mechanisms for community members to report violations or concerns regarding tobacco retailers near schools. Encourage schools and colleges to actively monitor their surroundings and report any violations.

Education and Supportive Environments:

- a. Education Programs: Implement tobacco prevention education programs within schools and colleges to educate students about the risks of smoking and the importance of tobacco-free environments.
- b. Promotion of Healthy Alternatives: Encourage the promotion of healthy behaviors and alternatives to smoking within school settings, such as sports, arts, and extracurricular activities.
- c. Engage Stakeholders: Collaborate with school administrators, parent-teacher associations, local businesses, and youth organizations to build a coalition for tobacco control and advocacy efforts.

Legal and Regulatory Support:

- a. Advocate for State and Federal Support: Support broader tobacco control efforts at the state and federal levels, including policies that restrict tobacco advertising near schools and colleges.
- b. Legal Challenges: In cases where local regulations are challenged, provide legal support and advocacy to defend the establishment of tobacco-free zones around educational institutions.

By implementing these strategies, communities can create healthier environments for students and reduce the accessibility and visibility of tobacco products near schools and colleges, ultimately supporting tobacco prevention efforts and promoting public health.

Statutes regarding Public Smoking:

Laws and statutes regarding public smoking vary widely depending on the country and local jurisdiction. However, many places have enacted regulations to protect public health by restricting smoking in public spaces. Here are some common statutes and regulations regarding public smoking:

1. Smoke-Free Laws:

These laws typically prohibit smoking in enclosed public places and workplaces, such as restaurants, bars, public transportation, and indoor workplaces. This is aimed at reducing exposure to second-hand smoke.

2. Outdoor Smoking Restrictions:

Some jurisdictions have extended smoke-free laws to include outdoor public areas such as parks, beaches, playgrounds, and outdoor seating areas of restaurants and bars.

3. Designated Smoking Areas:

In some places, smoking may be allowed in designated outdoor areas or smoking zones, provided they are not near entrances or areas where people congregate.

4. Tobacco Advertising Restrictions:

Laws may restrict the advertising and promotion of tobacco products in public spaces and prohibit tobacco sales near schools and playgrounds.

5. Workplace Smoking Policies:

Many jurisdictions require employers to implement smoke-free workplace policies, ensuring a safe and healthy environment for employees.

6. Penalties and Enforcement:

Violations of smoke-free laws may result in fines or other penalties for individuals or businesses that allow smoking in prohibited areas. Enforcement typically involves local health departments, law enforcement agencies, or designated inspectors.

7. Electronic Cigarettes (E-cigarettes) and Vaping:

Some jurisdictions have extended smoke-free laws to include restrictions on the use of electronic cigarettes and vaping devices in public places where smoking is prohibited.

It's important for individuals to be aware of and comply with local smoking laws and regulations to promote public health and respect community norms. For specific information about smoking laws in your area, you can consult local government websites, health departments, or legal resources.

Statutes regarding public smoking in India

In India, smoking is regulated under the cigarettes and other Tobacco Products Act (COTPA), which was enacted in 2003 to protect public health and reduce tobacco consumption. Here are some key statutes and regulations regarding public smoking in India:

1. Prohibition of Smoking in Public Places:

Section 4: Prohibits smoking in public places such as workplaces, hotels, restaurants, public transport, parks, educational institutions, and other places accessible to the public. These places must prominently display "No Smoking" signage.

2. Designated Smoking Areas:

Section 6: Allows for the designation of smoking areas in certain establishments or places, provided they meet specified criteria and are not accessible to minors.

3. Tobacco Advertising and Promotion:

Section 5: Prohibits direct and indirect advertising, promotion, and sponsorship of tobacco products. It includes restrictions on displaying tobacco products at the point of sale and sponsorship of events by tobacco companies.

4. Sale of Tobacco Products:

- Section 3: Regulates the sale of tobacco products, including mandatory health warnings on packaging and restrictions on sales near educational institutions.

5. Penalties and Enforcement:

Violations of COTPA can result in fines and penalties for both individuals and establishments. Law enforcement agencies and designated officers are responsible for monitoring and enforcing compliance with COTPA provisions.

6. Electronic Nicotine Delivery Systems (ENDS):

Amendments have been made to include provisions related to electronic cigarettes and similar devices under COTPA, regulating their sale, advertisement, and use in public places.

It's important to note that the enforcement of COTPA varies across different states and cities in India. Some states may have additional local regulations or stricter enforcement measures beyond the national law. Citizens are

encouraged to be aware of and comply with local smoking laws and regulations to support public health efforts and minimize exposure to second-hand smoke.

Statutes of preventing Smoking near educational Institutions in other countries

Preventing smoking near educational institutions is a global concern, and many countries have implemented statutes and regulations to create tobacco-free environments around schools and colleges. Here are examples of approaches taken in different countries:

United States:

In the United States, several states and local jurisdictions have enacted laws and policies to restrict smoking near educational institutions:

a. Smoke-Free School Grounds: Many states have laws that prohibit smoking on school grounds, including within a certain distance from school buildings and facilities. b. Tobacco-Free Policies: Some states and school districts have adopted comprehensive tobacco-free policies that prohibit smoking, tobacco use, and the use of electronic cigarettes (e-cigarettes) on school property. c. Buffer Zones: Some local ordinances establish buffer zones around schools where tobacco retailers are prohibited from operating or where smoking is restricted.

United Kingdom:

In the UK, measures to prevent smoking near educational institutions include:

a. Smoke-Free Legislation: Smoking is prohibited in enclosed public places and workplaces under the Health Act 2006. This includes public places near schools and colleges. b. Tobacco-Free School Policies: Many schools have implemented tobacco-free policies that prohibit smoking on school grounds and in the vicinity of school buildings. c. Education and Awareness: Public health campaigns and educational programs promote smoke-free environments and the dangers of smoking near young people.

Australia:

In Australia, efforts to prevent smoking near educational institutions include:

a. Smoke-Free Laws: States and territories have implemented smoke-free laws that prohibit smoking in enclosed public places and workplaces, including near educational institutions. b. Tobacco-Free School Policies: Many schools have adopted tobacco-free policies that prohibit smoking on school grounds and in areas where students congregate. c. Community and Local Initiatives: Local governments may implement additional measures, such as creating smoke-free zones around schools and providing resources for smoking cessation.

Canada:

In Canada, a measure to prevent smoking near educational institutions includes:

a. Smoke-Free Laws: Provinces and territories have smoke-free laws that prohibit smoking in indoor public places, workplaces, and certain outdoor areas near schools. b. School-Based Policies: Many schools have policies that prohibit smoking on school property and in areas where students are present, promoting smoke-free environments. c. Community Support: Local initiatives and partnerships with public health agencies and community organizations promote smoke-free environments and provide support for smoking cessation.

New Zealand:

In New Zealand, an effort to prevent smoking near educational institutions includes:

a. Smoke-Free Legislation: The Smoke-free Environments Act 1990 prohibits smoking in indoor public places and workplaces, including near educational institutions. b. Smoke-Free Schools: Many schools have adopted smoke-free policies that prohibit smoking on school grounds and in areas where students are present. c. Community Engagement: Public health campaigns and community initiatives promote smoke-free environments and provide resources for smoking cessation.

These examples highlight the varied approaches countries take to create tobacco-free environments around educational institutions, aiming to protect young people from the harms of smoking and promote healthier communities. Specific statutes and regulations may vary by jurisdiction, so it's important to consult local laws and policies for detailed information.

Prevention is better than the cure

Preventing smoking among young people is crucial to reduce the health risks associated with tobacco use. Here are some effective strategies:

1. Education and Awareness Campaigns:

School Programs: Implement comprehensive tobacco education programs in schools that start early and continue through adolescence. These programs should provide factual information about the risks of smoking, including health consequences, addiction, and social implications.

Public Awareness Campaigns: Use media campaigns (TV, radio, social media) to educate young people and their families about the dangers of smoking. Highlighting personal stories and real-life consequences can be impactful.

2. Restricting Access and Availability:

Tobacco Laws and Regulations: Enforce and strengthen laws that restrict the sale and distribution of tobacco products to minors. This includes enforcing age restrictions for purchasing tobacco and penalties for retailers who sell to minors.

3. Tobacco-Free Environments: Establish and maintain smoke-free policies in public places, schools, parks, and workplaces to reduce exposure to smoking behavior.

4. Price and Tax Policies:

Tobacco Taxes: Increase taxes on tobacco products to make them less affordable, especially for young people who may have limited disposable income. Higher prices can deter initiation and reduce consumption.

5. Support for Smoke-Free Homes and Role Models:

Encourage parents and caregivers to maintain smoke-free homes and vehicles. Children of parents who smoke are more likely to become smokers themselves. Promote positive role models and influencers who do not smoke and advocate for healthy lifestyles.

6. Youth Engagement and Empowerment:

Involve young people in advocacy efforts against tobacco use. Empower them to become leaders and advocates in their schools and communities for tobacco-free policies. Encourage youth participation in peer-led prevention programs and activities that promote positive behaviors and healthy choices.

7. Support Cessation Services: Provide access to cessation programs and resources for young people who are already smoking or experimenting with tobacco. Offer support through schools, healthcare providers, hotlines, and digital platforms.

8. Social Norms and Peer Influence: Foster environments where non-smoking behavior is the norm. Utilize positive peer pressure and social networks to discourage smoking initiation and promote smoke-free lifestyles. By implementing these comprehensive strategies, communities and policymakers can help prevent smoking initiation among young people and support efforts to reduce tobacco use overall.

Conclusion:-

To effectively avoid smoking near educational institutions, a multi-faceted approach is very much essential, incorporating policy measures, community engagement, and supportive environments. Here author suggest the educational institution can go for the self evaluation score card for tobacco free educational institution given in the Annexure IV from the guidelines for tobacco free educational institution to assess the stats of the implementation of tobacco free educational institution guidelines on their institution on half-yearly basis and to get the certificate. Here's a comprehensive conclusion on strategies to prevent smoking near schools and colleges:

I. Policy Measures: A. Establish Smoke-Free Zones-Implement clear and enforceable laws that designate school grounds, including entrances and nearby public spaces, as smoke-free zones. This includes prohibiting smoking on school property and within a specified distance around educational buildings. B. Buffer Zones and Restrictions-Create buffer zones around educational institutions where tobacco retailers are prohibited from operating, reducing access to tobacco products for students and staff. C. Comprehensive Tobacco Control Laws-Enact and enforce comprehensive tobacco control laws that include restrictions on smoking in public places, workplaces, and outdoor areas near schools. Ensure these laws are regularly updated and effectively enforced.

II. Community Engagement: A. Public Awareness Campaign-Launch targeted campaigns to educate students, parents, teachers, and the community about the harms of smoking, second-hand smoke exposure, and the importance of maintaining smoke-free environments around educational institutions. B. Youth Empowerment-Involve students in anti-smoking initiatives, empowering them to advocate for smoke-free policies and promote healthy behaviors among their peers.

III. Supportive Environments: A. Tobacco Cessation Support-Provide access to smoking cessation programs, resources, and counseling services for students, staff, and community members who smoke or are trying to quit. B. Promote Healthy Alternatives- Encourage schools to promote healthy lifestyles and alternatives to smoking, such as sports, arts, and extracurricular activities, to engage students in positive and smoke-free activities.

IV. Evaluation and Monitoring: A. Regular Assessments-Conduct regular evaluations and assessments to measure the effectiveness of smoke-free policies, monitor compliance, and identify areas for improvement. B. Feed back

Mechanisms-Establish mechanisms for students, parents, and the community to provide feedback on smoking-related issues and concerns, ensuring ongoing support and adaptation of policies.

By implementing these strategies collectively and consistently, communities can create healthier environments around educational institutions, protect young generations from the harms of smoking, and promote lifelong tobacco-free habits and make them physically and mentally fit for future. Effective collaboration and sustained commitment are crucial to achieving and maintaining smoke-free environments for the well-being of all. From the above conclusion author has tried recommended the effective implementation of law, which prohibits selling and use of all tobacco products.

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References:-

1. Gupta PC, Sinha DN, Tobacco research in India. Indian Journal of Public health 2004, 48: 104-4
2. World Health Organization, Geneva: Health topics – Tobacco available at <http://www.who.int/topics/tobacco/>.
3. World Health Organization, Geneva: media centre tobacco usage. Available at <http://www.who.int/en/news-room/fact-sheets/detail/tobacco>.
4. World Health Organization. Reducing risks, promoting healthy life World health report 2002 . Geneva. WHO: 2002
5. Ministry of Health and Family Welfare, New Delhi, global Adult Tobacco Survey 2, 2023: available at <http://www.mohfw.gov.in/GATS-2FactSheet.pdf>.
6. Patel DR. Smoking and Children. Indian Journal Pediatric. 1999; 66: 817-24.
7. World Health Organization. Reducing risks, Promoting healthy life. Worlds health report 2002. Geneva: WHO: 2002.
8. World Health Organization, Guidelines for the conduct of tobacco smoking surveys for the general populations. Docment WHO/SMO/83.4. Geneva. Switzerland, WHO.1983.
9. <https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey> accessed on 2024/07/15
10. Harish BR, Vinay M, Ashwini D. Bindiya J, Mythily MR, Tobacco menace near educational institutions of Mandya City, South Karnataka. International Journal of community Medicinal Public health. 2018; 5: 3450-3.
11. https://www.who.int/news-room/spotlight/more-than-100-reasons-to-quit-tobacco?gad_source accessed on 2024/07/15
12. <https://ntcp.mohfw.gov.in/assets/document/surveys-reports-publications/Report%20on%20Tobacco%20Control%20in%20India>,accessed on
13. [https://www.nhm.gov.in/NTCP/Surveys-Reports-Publications/GATS-2-Highlights-\(National-level\).pdf](https://www.nhm.gov.in/NTCP/Surveys-Reports-Publications/GATS-2-Highlights-(National-level).pdf) accessed on 2024/07/15
14. Priyanka R, Rao A, Rajesh G, Ramya S, Mithun PBH. Compliance with Statutory tobacco Guidelines in and around Schools in Mangalore, India. An observational Study. World Journal of Dentology. 2017;8(1):10-13
15. Balappanavar AY, Mohanty V, Hussian A, Compliance with tobacco promotion and sales laws in school Neighbour hoods in India, Asian Pacific Journal of Cancer Preview.
16. Jain ML, Hauhan M, Singh R, Compliance assessment of cigarette and other tobacco products act in public places of Alwar District of Rajasthan. Indian Journal of Public Health, 2016, 60: 107-11.
17. Yadav R, Swasthicharn L. Garg R, Compliance of specific provisions of Tobacco control laws around educational institutions in Delhi. India Journal of preview Medicine. 2017: 10-13.
18. Ministry of Law and Justice, New Delhi. The Cigarettes and other Tobacco Products Act. 2003. May 2003, Available at <http://www.tobaccocontrollaws.org/India>.
19. Arvind V. Gaikwad, Rasmi Priya, Vishal S. Dhande, Mohan K, Doibale. Study of tobacco and alcohol consumption among students of a medical college in a city of Maharashtra. International Journal of Community Medicine and Public Health. 2019; 6(7): 2922-2925.
20. Kumara R. Nath B. Study on the use of tobacco among male medical students in luck now. India. Indian Journal Community medicine, 2008: 33(2):100-3
21. Rao V, and Chaturvedi P. "Tobacco and Health in India." Indian Journal of Cancer, 2010;47((1): 3-8.