Prevalence and Compliance of Designated Smoking Areas in Hospitality Venues: An Eight-city Study in India

Fact Sheet

Background

In 2003, India banned smoking in many public places and workplaces including healthcare settings, educational institutes, and government facilities. A provision in the Cigarettes and Other Tobacco Products Act (COTPA) permits Designated Smoking Areas (DSAs) in hotels (having 30 or more rooms), and restaurants/lounges (having seating capacity for 30 or more). As per the law, "smoking area" means a physically separated room that is surrounded by full height walls on all four sides. DSAs are further required to have an entrance with an automatically closing door normally kept in a closed position and a sign indicating the room is a smoking area. The law mandates that employees do not provide service(s) in DSAs.^{1,2}

A study was conducted in the following 8 cities in India: Bangalore, Chennai, Delhi, Guwahati, Jaipur, Kolkata, Lucknow, and Mumbai. The study assessed the prevalence of DSAs in hospitality venues, and further assessed DSA compliance with some of the physical requirements for DSAs.

Key Findings



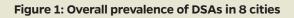


971 Hotels

ls 1436 Restaurants

Prevalence: The prevalence of DSAs in hospitality venues across 8 cities was low. The study surveyed 3243 venues in 8 cities, including 836 bars, 971 hotels, and 1436 restaurants;
4% (n=126) of venues had a DSA (as confirmed by a physical visit).

Compliance: Of the 120 DSAs that could be accessed for compliance with some of the COTPA requirements, **3% (n=3)** were compliant across all measures. Over half of the venues with DSAs, (58%, n=70) did not meet the design standards reviewed, 92% (n=110) of DSAs did not display a compliant "smoking area" signage, and 36% (n=43) of the venues had employees providing services inside the DSA.



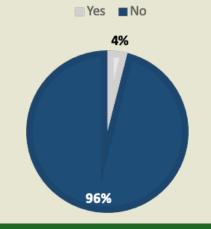
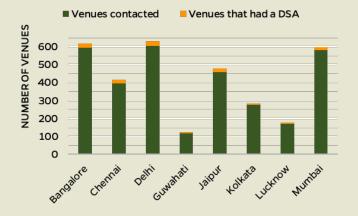


Figure 2: Prevalence of DSAs by city

Restaurant in Chennai

SMOKING ZONE









Design standards: As per the law, DSAs shall be physically separated and surrounded by full height walls on all four sides; should have an automatically closing door normally kept in the closed position; and, shall not be located at an entrance/exit of the venue. Although most DSAs observed (99%, n=119) had full height walls on all 4 sides, 45% (n=54) of DSAs were located at the entrance/exit of the venue. Seventy-five percent of DSAs (n=90) had an automatically closing door, and 8 had them kept in the open position.

<u>Smoking area signage</u>: The law requires all DSAs to be distinctively marked as "Smoking Area" in English and one Indian language, as applicable. We found less than half the DSAs (44%, n=53) displayed a "smoking area" sign, of which only 19% (n=10) conformed to the signage specifications.

<u>Restriction on services inside the DSA</u>: According to the law, the DSA should be used only for the purpose of smoking and no other service(s) shall be allowed. Thirty-six percent (n=43) of the venues had employees providing services inside the DSA.

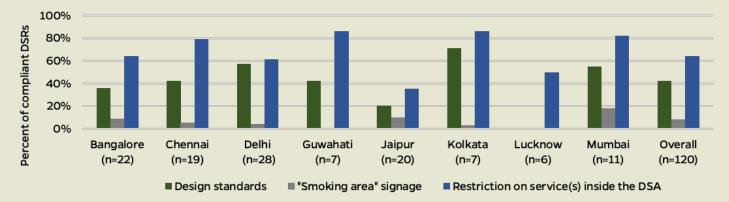


Figure 3: Compliance of DSAs with the COTPA specifications for design, signage & service restriction (N=120*)

*126 DSAs were confirmed; however, the data collectors could not gain access to six DSAs for varying reasons including the rooms being full

Conclusions

Findings from the study suggest:

- DSAs are not very common in hospitality venues across 8 cities
- Among the venues that have a DSA, the overall compliance with the COTPA specifications that were measured for design standards, signage & service restriction is low

Restricting smoking to DSAs does not provide adequate protection from dangerous tobacco smoke.³

Study Methods

Following a systematic method, an initial list of 6055 hospitality venues, including restaurants, bars, and hotels, was generated using popular Indian search websites such as 'Zomato', 'TripAdvisor', and 'Makemytrip' in each of the 8 cities in the study. The study was conducted in two phases. In phase 1, each venue was contacted by a local research firm, using a two-step calling protocol, to assess the proportion of venues that have a DSA. The study team successfully contacted and completed the survey for 3,243 venues; approximately one quarter (26%, n=829) reported to have a DSA. In phase 2, from November 2018 to January 2019, a total of 1069 venues (829 venues reporting having a DSA as well as a random sample of 240 venues that reported to not have a DSA) were visited by trained data collectors for COTPA compliance assessment and to confirm the number of seats/ rooms. The observers completed a standard checklist on a smartphone to record observational findings.

References

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www.globaltobaccocontrol.org