

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO. 2756
TO BE ANSWERED ON 06TH MARCH, 2020**

INFRASTRUCTURE OF DESIGNATED SMOKING AREAS

2756. SHRI ARVIND GANPAT SAWANT:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government has taken steps to ensure that the infrastructure of the designated smoking areas are inspected on a regular basis to see that faulty infrastructure does not impact effectiveness of such areas, if so, the details thereof;
- (b) whether many cases of violations have been booked by the Government so far, if so, the details thereof;
- (c) the total amount allocated towards construction and maintenance of a designated smoking area at airports;
- (d) whether the Government is planning to remove designated smoking areas/rooms from Airports and Hotels; and
- (e) if so, the details thereof and if not, the reasons therefor?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a) & (b): As per the Rule 4 of the Prohibition of Smoking in Public Places Rules, 2008, "Smoking area or space" mentioned in the proviso to Section 4 of the Act shall mean a separately ventilated smoking room that:

- (i) is physically separated and surrounded by full height walls on all four sides;
- (ii) has an entrance with an automatically closing door normally kept in close position;
- (iii) has an air flow system, as specified in schedule I

The Schedule I of the Rules states that;

- I. that is exhausted directly to the outside and not mixed back into the supply air for the other parts of the building; and

- II. It is fitted with a non-re circulating exhaust ventilation system or an air cleaning system, or by a combination of the two, to ensure that the air discharges only in a manner that does not re-circulate or transfer it from a smoking area or space to nonsmoking areas.

The enforcement of provisions of COTPA, 2003 and Rules made thereunder primarily lies with the States/Union Territories. For effective implementation of this Section, Central Government has notified authorized officers from various Departments and also advised States/Union Territories, from time to time, for strict compliance of COTPA, 2003.

Since, the enforcement of provisions of COTPA, 2003 and Rules made thereunder primarily lies with the States/Union Territories, such data is not maintained centrally. For effective implementation of the provisions of COTPA, 2003, Central Government has notified authorized officers from various Departments for strict compliance of COTPA, 2003.

(c): No such information is maintained centrally.

(d) & (e): The target envisaged in National Health Policy, 2017 for relative reduction in prevalence of current tobacco use is 30% by 2025. The National Health Policy 2017 of the Government of India identifies coordinated action on 'Addressing tobacco, alcohol and substance abuse' as one of the seven priority areas as outlined for improving the environment for health. Accordingly, Nasha Mukti Abhiyan Task Force (including tobacco, alcohol and substance abuse) was constituted to formulate a detailed 'Preventive and Promotive Care Strategy' for addressing tobacco, alcohol and substance abuse (Nasha Mukti Abhiyan). Pursuant to its first meeting, three Working Groups viz. Working Group on Preventive Aspects; Regulatory Mechanisms; and Curative Aspects to formulate strategy for Nasha Mukti Abhiyan were constituted. The Working Group on Regulatory Mechanisms has the mandate to explore the existing provisions of the concerned laws/schemes and to analyse whether any amendment is required in the existing provision/scheme. The recommendations of the Working Group for redrafting/modifying the existing provisions of COTPA are awaited.