



Protecting India's Children: Why Tobacco Laws Are Failing Minors

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Replacement smokers - Targeting Our Children

"Replacement Smokers."

That's how internal documents of the tobacco industry that date as far back as the 1970s have referred to children and adolescents. As potential *future consumers* to replace those who quit or died.

Adolescents, driven by natural desire to fit in with their peers, and explore new thrills, have been seen as a profitable target by the tobacco industry and their vulnerability is being exploited¹. A rather shocking reminder of this is the fact that more than 5,500 children in India start using tobacco products every single day.²

The internet today is filled with countless articles explaining how tobacco in any form poses serious health risks. But when it comes to minors, the concern goes far beyond physical harm. Early exposure to tobacco often translates into a lifelong battle with addiction, one that becomes increasingly difficult to break as the years go by.

Despite several interventions by public health professionals and policymakers, the growing tobacco use among adolescents in India begs one question:

Are our laws strong enough, or are they only strong on paper?

As public health professionals and policymakers continue to design and implement interventions that are aimed at curbing tobacco use among adolescents, there's a need to take a step back *and* take a look at the larger picture.

The laws on paper

On paper, India does appear to have strong laws that are aimed at protecting minors from tobacco use. **The Cigarettes and Other Tobacco Products Act (COTPA), 2003**, explicitly prohibits the sale of tobacco to minors. But here's the catch - the penalty for violating this is a mere ₹200 fine under Section 6(a).

Yes, just ₹200.

Section 6(b) of the same Act prohibits the sale of tobacco products within 100 yards of any educational institution, but again, the fine remains minimal.³

To implement these efforts efficiently, the government has recommended the formation of State-Level Coordination Committees (SLCCs) and District-Level Committees (DLCCs). In many states, three-tiered enforcement squads (at district, sub-division, and block levels) have been created to ensure that COTPA provisions are enforced.

To strengthen the legal framework, India also amended the **Juvenile Justice (Care and Protection of Children) Act**, introducing far stricter consequences, a ₹1 lakh fine and up to 7 years imprisonment for selling tobacco to minors. Additionally, under Section 107(1), each police station must appoint a Child Welfare Police Officer to oversee compliance.

This, notably is one of the harshest punishments for tobacco violations anywhere around the globe.

In addition to this, on World No Tobacco Day, 31st May 2024, the Ministry of Education launched a **Tobacco Free Educational Institutions (ToFEI)** Implementation Manual to help educational institutions with better compliance. Schools are encouraged to display “Tobacco-Free Area” signs throughout their campuses and appoint a designated person responsible for monitoring tobacco-related issues.

The ToFEI guidelines also promote creative student led activities like appointing "tobacco monitors" as peer leaders to observe and report tobacco-related issues, organizing poster competitions, debates, and awareness events, encouraging students to use support services like Quitline, and taking a tobacco-free pledge during school assemblies to reinforce commitment.⁴

While the laws look good on paper, what is happening on ground?

What is really happening?

A 2025 study by the Directorate of Public Health in Namakkal district, Tamil Nadu uncovered a deeply concerning trend - the average age at which children begin using tobacco is just 13 years, with some reportedly starting as young as 9 years old. The study found that 21% of school students they surveyed were tobacco users, predominantly using smokeless tobacco. Also, more than half of them have reported to use tobacco products more than four times a week, signaling severe early addiction.⁵

In Rajasthan, a cross-sectional study conducted in village Naila, Jaipur between 2021 to 2022 had surveyed 1,049 adolescents and found that 22.4% (235 students) were tobacco consumers.

These statistics are not isolated. In 2023, another study revealed that 27% of adolescents in Mumbai and 19% in Kolkata reported seeing “a lot” of tobacco retailers near their homes.

Many of these adolescents reported visiting tobacco shops weekly, which again points out the easy access to tobacco products.⁷

Even in the presence of laws like COTPA Section 6(b) violations are seen to be rampant. In 2024, an online survey conducted across four Indian states - Andhra Pradesh, Karnataka, Meghalaya, and Uttar Pradesh, had reported that out of 61,748 schools, 16,193 schools (26.2%) noted the presence of tobacco vendors within the restricted zone of 100 yards.⁶

Meanwhile, enforcement has shown promise but still faces challenges. The Rajasthan Health Department issued 4,020 challans in 2024–25 for selling tobacco to minors and 1,123 challans for sales near schools. The state was even awarded top honours under the National Tobacco Control Programme (NTCP) for its enforcement efforts. Yet, despite these achievements, these figures illustrate a clear gap between policy and practice.⁸

The gaps we are ignoring

So, the question arises - why are we still seeing such poor compliance on the ground?

One of the core issues lies in the confusing overlap and contradiction between COTPA and the Juvenile Justice Act. While the latter is stringent, COTPA allows room for leniency, enabling violators, especially vendors to get away with a minimal fine of ₹200. This legal ambiguity creates loopholes that are routinely exploited, undermining the seriousness of the offense.

Even with guidelines like ToFEI, much of the compliance burden falls on schools. Government bodies often fail to conduct regular inspections. Unlike Western countries, India lacks mandatory ID verification for tobacco purchases. This allows vendors to freely sell tobacco even to those who visibly appear underage without fear of consequences.

In 2004, the Government of India took a significant step by endorsing the **World Health Organization Framework Convention on Tobacco Control (WHO FCTC)**. India's commitment led to some notable actions, like bans on tobacco advertising and sponsorship, implementation of large pictorial health warnings, and increased taxation on tobacco products. However, despite these efforts, several key gaps remain, particularly in the protection of minors from tobacco use.

A major loophole exists in the continued sale of single cigarette sticks, which remains legal in most parts of the country. According to **Article 16 of the FCTC**, the sale of loose cigarettes should be prohibited entirely, as it makes tobacco products more affordable and accessible to minors. In India, there is no national-level legislation to ban the sale of single cigarettes. This is in contrast to many of our neighbouring countries like Bhutan, Myanmar, Maldives, and Nepal, all of which have enacted bans on single cigarette sales. Even Pakistan has implemented a law requiring cigarettes to be sold only in full packs of at least 20 sticks effectively eliminating single-stick sales and aligning with FCTC recommendations.

Moreover, there are no legal requirements in India for minimum pack sizes for cigarettes or smokeless tobacco. Smaller packs are not only cheaper but also marketed more aggressively in low-income and rural areas, making them particularly appealing to youth.

Another policy oversight is the lack of regulation on the sale of tobacco in public spaces such as playgrounds. While the Cigarettes and Other Tobacco Products Act (COTPA), 2003, prohibits sales within 100 yards of educational institutions, it does not extend this restriction to playgrounds or other areas where children gather. This loophole further facilitates the exposure of minors to tobacco products.

Additionally, India does not have a national-level licensing system for tobacco vendors. Retail licensing serves as a critical control measure to regulate where and to whom tobacco is sold. Without a licensing framework, it becomes difficult to monitor vendor practices or penalize violations effectively. Some states have begun to implement local vendor licensing, but without central coordination, the effort lacks uniformity and nationwide impact. In contrast, FCTC Article 15 clearly recommends that all countries should mandate licenses or equivalent approvals for retailers to sell tobacco.³

The moral question - Are we failing our children?

The responsibility to guide children and adolescents toward a healthy, addiction-free future rests with us, the adults, the institutions, and the community at large.

I still remember how one of the most respected teachers in my high school used to smoke just outside the campus gate every day. What message does that send?

Yes, awareness about the harms of tobacco is everywhere, on billboards, in textbooks, even on cigarette packs. But awareness alone is not enough. When vendors, educators, and even enforcement officers fail to uphold the integrity expected of them, how can we expect the next generation to make informed, safe choices?

While the ToFEI guidelines are explicit and commendable in targeting tobacco use within educational settings, similar standard operating procedures (SOPs) must be developed and implemented for tobacco vendors as well. Most vendors operate without a clear understanding of the legal consequences of selling tobacco near schools or to minors. Therefore, dedicated awareness campaigns must be conducted to ensure that vendors are well-informed about the law and their responsibilities. Without equipping them with knowledge, expecting compliance becomes unrealistic.

It is no longer just a matter of individual behaviour - it is a societal failure when children as young as nine are picking up tobacco. This is where government intervention must go beyond paper laws and truly take form on the ground. Surprise inspections at vendor sites, stricter licensing mechanisms, and robust penalties must become routine.

It is a moral imperative to bridge these policy and enforcement gaps. If we truly care about the well-being of our youth, we must stop being content with good intentions and demand meaningful, accountable action.

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