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Smoke-Free Educational Institutions in India: A Critical Analysis of the Constitutional and Statutory Framework with Special Reference to Murli S. Deora v. Union of India

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Abstract

The prohibition of smoking in educational institutions is a crucial public health and constitutional issue in India, given the harmful effects of active and passive smoking on students, teachers, and staff. Educational institutions are expected to provide a healthy and safe environment conducive to learning, making the regulation of tobacco use within their premises a matter of legal and social importance. The landmark decision in Murli S. Deora v. Union of India *(2001) 8 SCC 765; AIR 2002 SC 40 laid the foundation for smoke-free public spaces by directing the prohibition of smoking in public places, including educational institutions, until comprehensive legislation was enacted. The Supreme Court recognized that exposure to passive smoking violates the fundamental right to life guaranteed under Article 21 of the Constitution of India and emphasized the State's obligation to protect public health.*

This paper critically examines the constitutional and statutory framework governing smoke-free educational institutions, with particular reference to Articles 21 and 47 of the Constitution, the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA), and the Prohibition of Smoking in Public Places Rules, 2008. It further analyses the implementation of these legal provisions, institutional responsibilities, and the challenges associated with enforcement, including inadequate monitoring, limited awareness, and continued access to tobacco products near educational campuses. Adopting a doctrinal research methodology, the study evaluates judicial precedents, statutory provisions, and policy measures relating to tobacco control. The paper concludes that while Murli S. Deora *significantly strengthened the constitutional basis for smoke-free educational environments, effective enforcement, institutional accountability, and greater public awareness are essential to ensuring compliance and protecting the health and well-being of the academic community.*

Keywords: Smoking, Educational Institutions, Passive Smoking, Article 21, Right to Health, COTPA, *Murli S. Deora v. Union of India*, Tobacco Control, Public Health.

1: Introduction

1.1 Background of the Study

Tobacco consumption remains one of the leading preventable causes of death and disease worldwide, imposing a significant burden on public health systems and national economies. Exposure to tobacco smoke not only affects active smokers but also endangers non-smokers through passive or second-hand smoking, which has been scientifically linked to respiratory illnesses, cardiovascular diseases, and various forms of cancer. Educational institutions, where children

and young adults spend a substantial portion of their formative years, are expected to provide a healthy, safe, and pollution-free environment conducive to learning and overall development. The presence of smoking within or around educational premises undermines these objectives by exposing students, teachers, and other staff members to avoidable health risks and normalising tobacco consumption among impressionable youth. Recognising the serious health implications of passive smoking, the Supreme Court of India, in *Murli S. Deora v. Union of India* (2001) 8 SCC 765; AIR 2002 SC 40, held that non-smokers cannot be compelled to inhale tobacco smoke in public places and directed the prohibition of smoking in public places, including educational institutions, until suitable legislation was enacted. This landmark judgment significantly expanded the scope of Article 21 of the Constitution by recognising the right to a smoke-free environment as an essential component of the fundamental right to life and personal liberty. Subsequently, Parliament enacted the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA), which established a comprehensive legal framework to regulate tobacco products and prohibit smoking in public places. The enactment was further strengthened by the Prohibition of Smoking in Public Places Rules, 2008, which specifically prohibit smoking in educational institutions and restrict the sale of tobacco products within one hundred yards of their premises. These measures also reflect India's obligations under the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), which promotes evidence-based tobacco control policies worldwide. Despite these legal developments, effective implementation remains a challenge. Numerous educational institutions continue to experience violations of smoke-free regulations because of inadequate monitoring, limited institutional accountability, insufficient public awareness, and the continued availability of tobacco products near school and college campuses. These challenges raise important questions regarding the effectiveness of India's constitutional and statutory framework in ensuring smoke-free educational environments.

2: Constitutional Framework for Smoke-Free Educational Institutions

2.1 Constitutional Philosophy of Public Health

The Constitution of India embodies a comprehensive vision of social justice and public welfare by recognizing the protection of public health as one of the fundamental responsibilities of the State. Although the Constitution does not expressly guarantee a separate fundamental right to health, judicial interpretation has consistently expanded the scope of the right to life under Article 21 to include the right to live with human dignity, a clean environment, and protection from health hazards. This constitutional philosophy serves as the foundation for tobacco control measures aimed at safeguarding individuals from the harmful effects of active and passive smoking. Educational institutions occupy a unique position within this constitutional framework because they are entrusted with nurturing the physical, intellectual, and moral development of students. A healthy educational environment is indispensable for the effective realization of the constitutional promise of education and human development. Consequently, permitting smoking within or around educational institutions directly undermines constitutional values by exposing students and staff to preventable health risks and encouraging tobacco consumption among young people. The Supreme Court has repeatedly observed that constitutional rights should be interpreted in a manner that advances public welfare rather than restricts it. This progressive interpretation has significantly influenced public health jurisprudence, particularly in matters concerning environmental pollution and tobacco control (Ministry of Health and Family Welfare.

2.2 Article 21: Right to Life and Right to Health

Article 21 of the Constitution provides that no person shall be deprived of life or personal liberty except according to the procedure established by law. Initially interpreted narrowly, Article 21 has evolved into one of the broadest constitutional guarantees through judicial activism. The Supreme Court has consistently held that the expression "life" encompasses more than mere physical existence; it includes the right to live with dignity, good health, and a pollution-free environment. The expansion of Article 21 has played a pivotal role in shaping India's tobacco control jurisprudence. Exposure to second-hand smoke adversely affects individuals who do not voluntarily consume tobacco, thereby infringing upon their right to health and bodily integrity. In educational institutions, where students spend a substantial part of their daily lives, the State bears a constitutional obligation to ensure an environment free from avoidable health hazards. The landmark judgment in *Murli S. Deora v. Union of India* reaffirmed this constitutional principle by holding

that passive smoking violates the fundamental rights of non-smokers. The Court observed that compelling non-smokers to inhale tobacco smoke in public places constitutes an infringement of Article 21 and directed the prohibition of smoking in public places, including educational institutions, until appropriate legislation was enacted. The recognition of passive smoking as a constitutional concern represents an important shift from regulating individual behaviour to protecting collective public health. Consequently, the right to a smoke-free educational environment has emerged as an essential component of the constitutional guarantee of life and personal liberty.

2.3 Directive Principles of State Policy: Article 47

Article 47 of the Constitution places a positive obligation upon the State to improve public health and raise the standard of living of its citizens. It specifically directs the State to endeavour to prohibit the consumption of intoxicating drinks and drugs injurious to health except for medicinal purposes. Although tobacco is not expressly mentioned, judicial interpretation and public health policy recognize tobacco products as substances that seriously endanger human health. Article 47 provides the constitutional basis for legislative measures such as the Cigarettes and Other Tobacco Products Act, 2003 (COTPA), and various governmental tobacco-control initiatives. The provision reflects the constitutional commitment to preventive healthcare by encouraging the State to regulate products that adversely affect public health. Within educational institutions, Article 47 assumes particular significance because children and adolescents constitute one of the most vulnerable sections of society. The State's constitutional responsibility extends beyond prohibiting smoking within educational premises to implementing awareness programmes, restricting the sale of tobacco products near schools and colleges, and ensuring effective enforcement of smoke-free regulations. Thus, Article 47 complements Article 21 by transforming the right to health into a corresponding governmental duty to create safe educational environments.

2.4 Article 48A: Protection and Improvement of the Environment

The Forty-Second Constitutional Amendment Act, 1976 introduced Article 48A into the Directive Principles of State Policy, mandating the State to protect and improve the environment and safeguard the forests and wildlife of the country. Although the provision primarily addresses environmental conservation, judicial interpretation has broadened its application to include the protection of public health from environmental pollutants, including tobacco smoke. Environmental pollution is no longer confined to industrial emissions or vehicular pollution; tobacco smoke in enclosed and public spaces has been recognised as a significant indoor environmental pollutant that adversely affects human health. Educational institutions are intended to provide an atmosphere conducive to learning, intellectual development, and physical well-being. Smoking within school and college premises contaminates indoor air quality and exposes students, teachers, and non-teaching staff to harmful toxic substances such as nicotine, carbon monoxide, and carcinogenic compounds. Consequently, the constitutional duty imposed under Article 48A reinforces the State's obligation to maintain educational institutions as pollution-free public spaces. The enactment of the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA), and the Prohibition of Smoking in Public Places Rules, 2008 reflects the legislative implementation of this constitutional mandate by prohibiting smoking in public places, including educational institutions (Ministry of Health and Family Welfare.

2.5 Fundamental Duty under Article 51A(g)

The Constitution not only imposes responsibilities upon the State but also places corresponding duties upon citizens. Article 51A(g) provides that every citizen has a fundamental duty to protect and improve the natural environment and to have compassion for living creatures. Although fundamental duties are not directly enforceable by courts, they significantly influence judicial interpretation and public policy. Smoking in educational institutions is inconsistent with the spirit of Article 51A(g) because it contributes to environmental pollution and endangers the health of others. Students, teachers, administrative staff, and visitors collectively share the responsibility of maintaining smoke-free educational campuses. Educational institutions themselves also have an institutional duty to implement tobacco-control measures, display statutory "No Smoking" signage, prohibit tobacco consumption on campus, and create awareness regarding the harmful consequences of tobacco use. The incorporation of constitutional duties into tobacco-control policies

demonstrates that maintaining smoke-free campuses is not merely a legal obligation but also a civic responsibility aimed at promoting collective welfare.

2.6 Passive Smoking as a Constitutional Issue

Scientific research has conclusively established that passive smoking poses serious health risks comparable to those experienced by active smokers. Individuals exposed to second-hand smoke are vulnerable to respiratory diseases, cardiovascular disorders, asthma, and lung cancer. Children and adolescents are particularly susceptible because their respiratory and immune systems are still developing. The constitutional implications of passive smoking became evident through judicial interpretation of Article 21. In *Murli S. Deora v. Union of India* (2001) 8 SCC 765; AIR 2002 SC 40, the Supreme Court held that compelling non-smokers to inhale tobacco smoke in public places violates their fundamental right to life. Recognising the absence of comprehensive legislation at that time, the Court exercised its constitutional jurisdiction to prohibit smoking in public places, including educational institutions, hospitals, libraries, court buildings, auditoriums, and public transport, until Parliament enacted appropriate legislation. The judgment transformed passive smoking from a purely medical concern into a constitutional issue involving human dignity, bodily integrity, and public health. It reaffirmed that individual liberty to smoke cannot supersede another person's fundamental right to live in a healthy and pollution-free environment. This balancing of competing rights continues to shape India's tobacco-control jurisprudence.

2.7 International Commitments and the WHO Framework Convention on Tobacco Control

India's constitutional commitment to public health is further reinforced by its international obligations. The World Health Organization Framework Convention on Tobacco Control (WHO FCTC), adopted in 2003 and ratified by India in 2004, represents the first global public health treaty dedicated to reducing tobacco consumption and protecting individuals from exposure to tobacco smoke. The WHO FCTC obligates State Parties to implement effective legislative, administrative, and educational measures for protecting citizens from tobacco smoke in indoor workplaces, public transport, educational institutions, and other public places. It also encourages public awareness campaigns, restrictions on tobacco advertising, health warnings, and comprehensive tobacco-control policies. India's enactment of COTPA, 2003, and subsequent Smoke-Free Rules of 2008 substantially reflect these international commitments. The constitutional courts have increasingly recognised that international conventions relating to human rights and public health may guide constitutional interpretation where domestic law is consistent with such obligations. Consequently, India's tobacco-control framework reflects both constitutional mandates and international best practices.

3. Judicial Response to Smoking in Educational Institutions with Special Reference to *Murli S. Deora v. Union of India*

3.1 Evolution of Judicial Activism in Public Health

The Indian judiciary has played a transformative role in advancing public health by interpreting the Constitution in a manner that safeguards the health and well-being of citizens. Through judicial activism, the Supreme Court has expanded the ambit of Article 21 of the Constitution to include the right to health, a clean environment, and protection from environmental hazards. This progressive approach has enabled the judiciary to intervene in areas where legislative or executive action has been inadequate, particularly in matters concerning environmental pollution, occupational safety, food safety, and tobacco control. The Court has consistently recognised that the right to life under Article 21 is not confined to mere animal existence but includes the right to live with dignity in a healthy environment. Decisions such as *Bandhua Mukti Morcha v. Union of India* (1984), *Subhash Kumar v. State of Bihar* (1991), and *M.C. Mehta v. Union of India* have contributed significantly to the development of environmental and public health jurisprudence by holding that environmental degradation directly affects the quality of human life. These principles subsequently influenced judicial reasoning in tobacco-control litigation. Public Interest Litigation (PIL) has served as an effective constitutional mechanism for addressing issues affecting large sections of society. By entertaining PILs concerning environmental protection and public health, the Supreme Court has demonstrated its willingness to protect vulnerable groups, particularly children and non-smokers, from avoidable health risks. The decision in *Murli S. Deora v. Union of India*

represents one of the most significant examples of judicial intervention in public health policy before the enactment of comprehensive tobacco-control legislation.

3.2 Background of *Murli S. Deora v. Union of India*

Before the enactment of the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA), India lacked a comprehensive legal framework regulating smoking in public places. Although scientific evidence had firmly established the harmful effects of active and passive smoking, smoking remained common in hospitals, educational institutions, government offices, auditoriums, restaurants, public transport, and other public places. Non-smokers, including children and students, were routinely exposed to second-hand smoke without adequate legal protection. Concerned about the growing public health implications of passive smoking, Shri Murli S. Deora, a Member of Parliament and social activist, filed a Public Interest Litigation under Article 32 of the Constitution before the Supreme Court of India. The petition sought judicial intervention to prohibit smoking in public places on the ground that passive smoking endangered the health of non-smokers and violated their fundamental rights under Article 21. The petition relied extensively upon international medical research demonstrating that passive smoking significantly increases the risk of respiratory diseases, cardiovascular disorders, and cancer among non-smokers. It further argued that educational institutions should be treated as smoke-free zones because children and young adults constitute one of the most vulnerable sections of society.

3.3 Facts of the Case

The petitioner contended that smoking in public places exposed non-smokers to involuntary inhalation of tobacco smoke, commonly referred to as environmental tobacco smoke or second-hand smoke. Unlike active smokers, non-smokers had no meaningful choice in avoiding such exposure in enclosed public places. The absence of statutory regulation effectively compelled them to bear serious health risks without their consent. The petition specifically highlighted the widespread prevalence of smoking in educational institutions, hospitals, libraries, court premises, public transport, and government offices. It was argued that such practices violated the constitutional guarantee of life and personal liberty by depriving citizens of a healthy environment. The Union of India acknowledged the adverse health consequences associated with tobacco consumption and informed the Court that legislative measures concerning tobacco control were under consideration. However, no comprehensive statutory mechanism prohibiting smoking in public places had yet been enacted. Recognising the urgency of protecting public health, the Supreme Court decided to address the constitutional issue directly instead of postponing relief until Parliament completed the legislative process.

3.4 Issues Before the Supreme Court

The Supreme Court was primarily required to determine the following constitutional questions:

- **First**, whether passive smoking in public places violates the fundamental right to life guaranteed under Article 21 of the Constitution of India.
- **Second**, whether the judiciary could issue binding directions prohibiting smoking in public places in the absence of specific legislation.
- **Third**, whether educational institutions should be recognised as smoke-free public spaces deserving enhanced constitutional protection.
- **Fourth**, whether the State bears a constitutional obligation to protect non-smokers from involuntary exposure to tobacco smoke.

These issues involved balancing individual autonomy against the collective right to public health. While smokers could claim personal freedom to consume tobacco, the Court was required to determine whether such freedom extended to exposing others to health hazards.

3.5 Arguments of the Parties

(A) Arguments of the Petitioner

The petitioner argued that passive smoking constitutes a serious public health hazard supported by overwhelming scientific evidence. Individuals who do not smoke nevertheless suffer significant health consequences when exposed to tobacco smoke in public places. Consequently, the State cannot remain passive where citizens' constitutional rights are endangered. It was further argued that Article 21 protects not only survival but also the right to live in a healthy and pollution-free environment. Smoking in educational institutions, hospitals, libraries, court buildings, and public transport directly infringes this constitutional guarantee because non-smokers are involuntarily exposed to harmful substances. The petitioner also relied upon international health standards and comparative jurisprudence recognising smoke-free public places as an essential component of public health policy. Since children are particularly vulnerable to tobacco smoke, educational institutions deserved special legal protection.

(B) Arguments of the Union of India

The Union of India accepted that smoking poses serious health risks and informed the Court that the Government was considering comprehensive legislation regulating tobacco products. However, it submitted that policy formulation and legislative regulation ordinarily fall within the domain of Parliament and the Executive. While acknowledging the scientific evidence regarding passive smoking, the Government emphasised that tobacco-control policies required careful balancing of public health considerations with administrative feasibility and legislative competence. The submissions nevertheless demonstrated substantial agreement regarding the harmful effects of passive smoking, leaving the principal constitutional question to be resolved by the Supreme Court.

3.6 Judgment of the Supreme Court

After examining the medical evidence, constitutional principles, and submissions of the parties, the Supreme Court delivered a landmark judgment in *Murli S. Deora v. Union of India* (2001) 8 SCC 765; AIR 2002 SC 40. The Court held that passive smoking constitutes a serious threat to public health and that exposure to environmental tobacco smoke infringes the fundamental rights of non-smokers under Article 21 of the Constitution. It emphasized that every individual has the right to breathe clean air and to live in a healthy environment free from avoidable health hazards. Recognising the absence of comprehensive legislation regulating smoking in public places, the Court exercised its extraordinary jurisdiction under Article 32 to protect public health. It observed that judicial intervention was necessary because the delay in legislative action could not justify continued exposure of citizens to the harmful effects of tobacco smoke. Accordingly, the Supreme Court directed the Union of India, State Governments, and Union Territories to prohibit smoking in all public places until appropriate legislation was enacted. The prohibition specifically extended to hospitals, health institutions, educational institutions, libraries, court buildings, public offices, auditoriums, public transport, and other public places. These directions were binding throughout the country and remained operative until Parliament enacted comprehensive tobacco-control legislation.

3.7 Ratio Decidendi

The ratio decidendi of *Murli S. Deora* lies in the recognition that the freedom of a smoker cannot override the constitutional rights of non-smokers. While individuals may choose to consume tobacco, such personal autonomy does not include the right to expose others to involuntary health risks. The Court interpreted Article 21 broadly to include the right to a smoke-free environment, thereby reinforcing earlier judicial decisions that expanded the meaning of the right to life. Passive smoking was recognised not merely as a medical or social issue but as a constitutional concern affecting human dignity, bodily integrity, and public health. The judgment also reaffirmed the constitutional principle that the judiciary may issue appropriate directions to safeguard fundamental rights where legislative gaps threaten public welfare. This principle had earlier been recognised in cases such as *Vishaka v. State of Rajasthan* (1997), where judicial guidelines were issued pending parliamentary legislation.

The Court therefore established two important constitutional propositions:

- Protection from passive smoking forms part of the fundamental right to life under Article 21.
- Constitutional courts may issue enforceable public health directions when legislative measures are absent or inadequate.
- These principles continue to influence Indian public health jurisprudence.

3.8 Constitutional Significance of the Judgment

The decision in *Murli S. Deora* represents one of the most significant constitutional developments in India's tobacco-control jurisprudence. For the first time, the Supreme Court explicitly linked tobacco control with the enforcement of fundamental rights rather than treating it solely as a matter of public policy. The judgment harmonised Article 21 with the Directive Principles of State Policy, particularly Article 47, which obligates the State to improve public health. It also reflected the environmental values embodied in Article 48A and the fundamental duty contained in Article 51A(g), thereby demonstrating that constitutional governance requires both governmental action and responsible civic conduct. The inclusion of educational institutions among smoke-free public places is especially significant. Schools, colleges, and universities are not merely physical spaces for imparting education but institutions responsible for nurturing the physical and mental well-being of students. By prohibiting smoking within these premises, the Court acknowledged the State's duty to protect children and young adults from the dangers of passive smoking and tobacco addiction. The judgment also strengthened the doctrine of preventive constitutional protection by recognising that constitutional remedies should prevent foreseeable harm rather than merely compensate after injury has occurred.

3.9 Influence on the Enactment of COTPA, 2003

The directions issued in *Murli S. Deora* substantially influenced India's legislative response to tobacco control. Parliament subsequently enacted the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA), providing a comprehensive statutory framework for regulating tobacco products. Several provisions of COTPA reflect the constitutional principles articulated by the Supreme Court. Section 4 prohibits smoking in public places, while Section 6 prohibits the sale of tobacco products to persons below eighteen years of age and restricts their sale within one hundred yards of educational institutions. The Prohibition of Smoking in Public Places Rules, 2008 further strengthened these protections by prescribing responsibilities for managers of public places, mandatory display of "No Smoking" signage, and penalties for violations. Thus, the judgment served as a catalyst for legislative reform, illustrating how constitutional adjudication can accelerate public health legislation.

4. Statutory Framework Governing Smoke-Free Educational Institutions in India

4.1 Evolution of Tobacco Control Legislation in India

The regulation of tobacco consumption in India has evolved gradually in response to growing scientific evidence regarding the adverse health consequences of smoking and smokeless tobacco use. For many decades, tobacco consumption was treated primarily as a matter of personal choice, with limited governmental intervention. However, increasing awareness of tobacco-related diseases, coupled with international public health initiatives, prompted the Indian State to adopt a more comprehensive regulatory approach. Before the enactment of dedicated tobacco-control legislation, certain statutory provisions indirectly addressed tobacco-related concerns. These measures were fragmented and largely ineffective in preventing tobacco consumption in public places. The absence of a uniform legal framework became particularly problematic in educational institutions, where students were increasingly exposed to tobacco products and second-hand smoke. The judicial intervention in *Murli S. Deora v. Union of India* (2001) 8 SCC 765 marked a turning point in India's tobacco-control regime. By directing the prohibition of smoking in public places, including educational institutions, the Supreme Court created the constitutional impetus for comprehensive legislation. In response, Parliament enacted the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA), which became the principal legislation governing tobacco control in India. The enactment of COTPA also reflected India's commitment to

global tobacco-control initiatives and anticipated its obligations under the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), which India ratified in 2004.

4.2 The Cigarettes and Other Tobacco Products Act, 2003 (COTPA)

The Cigarettes and Other Tobacco Products Act, 2003 represents the cornerstone of India's statutory tobacco-control framework. The legislation seeks to regulate the production, distribution, advertisement, and consumption of tobacco products while protecting public health from the harmful effects of tobacco use and exposure to tobacco smoke.

The objectives of COTPA include:

- Prohibiting smoking in public places.
- Restricting tobacco advertising and promotion.
- Protecting minors from tobacco consumption.
- Regulating the sale and distribution of tobacco products.
- Reducing public exposure to second-hand smoke.
- Promoting public awareness regarding tobacco-related health risks.
- The Act applies throughout India and covers cigarettes, cigars, bidis, chewing tobacco, gutka, pan masala containing tobacco, and other tobacco products. Through its regulatory framework, the legislation seeks to balance commercial interests with the constitutional obligation to protect public health.
- Educational institutions occupy a special position under COTPA because children and adolescents are particularly vulnerable to tobacco addiction and the harmful effects of passive smoking. Consequently, several provisions of the Act specifically address educational environments.

4.3 Section 4: Prohibition of Smoking in Public Places

Section 4 of COTPA provides that no person shall smoke in any public place. This provision constitutes one of the most important legislative measures aimed at protecting non-smokers from involuntary exposure to tobacco smoke. The term "public place" is interpreted broadly and includes educational institutions, hospitals, libraries, government offices, court premises, public transport facilities, auditoriums, restaurants, and various other locations accessible to the public. By including educational institutions within the scope of public places, the legislation directly implements the constitutional principles articulated in *Murli S. Deora*. The prohibition serves multiple objectives. First, it protects non-smokers from the harmful effects of passive smoking. Second, it discourages tobacco consumption by reducing the social acceptability of smoking. Third, it contributes to the creation of healthy educational environments that support student welfare and academic development. The effectiveness of Section 4 is particularly significant in educational settings because exposure to smoking behaviour often influences adolescent attitudes toward tobacco consumption. A smoke-free campus not only protects physical health but also promotes positive behavioural norms among students.

4.4 Section 6: Restrictions Relating to Educational Institutions

Section 6 of COTPA provides special protections for children and adolescents by imposing restrictions on the sale of tobacco products.

- **Section 6(a): Prohibition of Sale to Minors:** Section 6(a) prohibits the sale of tobacco products to persons below the age of eighteen years. The provision recognises that minors are particularly susceptible to tobacco addiction and may lack the maturity necessary to appreciate the long-term health consequences of tobacco use. The prohibition seeks to prevent the initiation of tobacco consumption during adolescence, which is often the stage at which lifelong addiction develops. Educational institutions benefit directly from this provision because a significant proportion of their student population falls within the protected age category.
- **Section 6(b): Prohibition of Sale within One Hundred Yards of Educational Institutions:** Section 6(b) prohibits the sale of cigarettes and other tobacco products within one hundred yards of any educational institution. This provision is particularly important because easy access to tobacco products significantly increases the likelihood of experimentation and regular consumption among students. By creating a tobacco-

free buffer zone around educational institutions, the law seeks to reduce availability and discourage tobacco use among young people. The statutory restriction applies to schools, colleges, universities, and other recognised educational institutions. Vendors operating within the prohibited distance may face legal penalties under the Act. The provision reflects a preventive public health approach by addressing environmental factors that contribute to tobacco consumption rather than merely penalising individual users after harm has occurred.

4.5 Legislative Objectives and Scope

The statutory framework established under COTPA demonstrates a shift from reactive regulation to preventive public health governance. The legislation recognises that tobacco control requires a combination of restrictions, awareness measures, institutional responsibilities, and enforcement mechanisms. In the context of educational institutions, the Act seeks to achieve three interconnected objectives:

- First, it aims to protect students, teachers, and staff from exposure to second-hand smoke.
- Second, it seeks to prevent the initiation of tobacco consumption among children and adolescents by restricting access to tobacco products.
- Third, it promotes the development of smoke-free educational environments that support healthy lifestyles and reinforce public health objectives.

The legislative scheme therefore complements the constitutional principles discussed in the preceding chapters by translating the right to health and the right to a clean environment into enforceable statutory obligations. Through Sections 4 and 6, COTPA establishes the legal foundation upon which smoke-free educational institutions in India are built.

4.6 The Prohibition of Smoking in Public Places Rules, 2008

To operationalize Section 4 of the Cigarettes and Other Tobacco Products Act, 2003 (COTPA), the Central Government notified the Prohibition of Smoking in Public Places Rules, 2008. These Rules provide the procedural framework for implementing the statutory prohibition on smoking in public places and assign responsibilities to persons in charge of public establishments, including educational institutions. The Rules define the obligations of managers, administrators, and heads of institutions to ensure that smoking is not permitted within their premises. They require the display of prominent "No Smoking Area—Smoking Here is an Offence" signboards at the entrance and other conspicuous locations. The Rules also authorize designated officers to inspect public places, impose fines on violators, and ensure compliance with statutory requirements. Educational institutions are specifically covered within the definition of public places. Accordingly, school principals, college authorities, university administrators, and institutional management are expected to maintain tobacco-free campuses by preventing smoking, educating students regarding tobacco hazards, and cooperating with enforcement authorities. The Rules represent an important shift from merely prohibiting smoking to establishing an institutional compliance mechanism. Their objective is not solely punitive but preventive, encouraging educational institutions to cultivate a culture of health and legal compliance.

4.7 Responsibilities of Educational Institutions

Educational institutions occupy a central position in India's tobacco-control framework because they influence the behaviour, health, and social development of future generations. Recognising this responsibility, COTPA and the 2008 Rules impose several obligations upon educational authorities. Institutional heads are required to ensure that:

- Smoking is prohibited within the campus.
- Statutory "No Smoking" signboards are prominently displayed.
- Tobacco products are not sold within one hundred yards of the institution.
- Awareness programmes on the harmful effects of tobacco are regularly organised.
- Students are encouraged to report violations of smoke-free policies.
- Institutional authorities cooperate with local enforcement agencies in maintaining compliance.

The Ministry of Health and Family Welfare has also issued guidelines encouraging educational institutions to establish Tobacco-Free Educational Institution Committees responsible for monitoring compliance and conducting awareness activities. Such committees typically include teachers, administrative staff, student representatives, and local health officials. These responsibilities extend beyond legal compliance and contribute to the broader educational objective of promoting healthy lifestyles among students.

4.8 National Tobacco Control Programme (NTCP)

The National Tobacco Control Programme (NTCP) was launched by the Ministry of Health and Family Welfare to strengthen the implementation of tobacco-control laws throughout the country. The Programme seeks to reduce tobacco consumption by combining legislative enforcement with public awareness, capacity building, institutional coordination, and community participation. Within educational institutions, the NTCP promotes several important initiatives, including:

- Tobacco-free educational campus campaigns.
- Awareness programmes for students and teachers.
- Capacity-building workshops for institutional administrators.
- Coordination with district health authorities.
- Monitoring of compliance with COTPA provisions.
- Community outreach programmes aimed at preventing youth tobacco use.

The Programme also supports state and district tobacco-control cells responsible for monitoring implementation, conducting inspections, and organising educational campaigns. By integrating legal enforcement with preventive education, the NTCP seeks to reduce tobacco initiation among adolescents and strengthen institutional accountability. The success of the Programme depends upon effective cooperation between educational authorities, public health officials, law enforcement agencies, and civil society organisations.

4.9 Enforcement Challenges

Despite the existence of a comprehensive statutory framework, several practical challenges continue to hinder effective implementation of smoke-free policies in educational institutions. One major challenge is inadequate enforcement. Many educational institutions fail to display mandatory signboards or conduct regular monitoring of campus premises. In several instances, smoking continues to occur within educational campuses without prompt intervention by institutional authorities. A second challenge concerns the continued availability of tobacco products near educational institutions. Although Section 6(b) prohibits the sale of tobacco products within one hundred yards of educational institutions, enforcement remains inconsistent. Street vendors frequently operate in prohibited zones, making tobacco products readily accessible to students. Another significant issue is the lack of awareness among students, teachers, parents, and even institutional administrators regarding the legal requirements of COTPA. Without sustained awareness campaigns, statutory prohibitions often remain ineffective. Resource constraints also affect implementation. District enforcement agencies frequently face shortages of personnel, financial resources, and monitoring infrastructure, limiting the frequency of inspections and enforcement actions. Social attitudes further complicate tobacco control. In certain communities, smoking continues to be perceived as socially acceptable, reducing voluntary compliance with statutory restrictions. The emergence of new tobacco products and nicotine delivery systems, including electronic cigarettes and flavoured tobacco products, presents additional regulatory challenges requiring continuous legislative and administrative adaptation.

5. Government Data, Enforcement and Challenges in Smoke-Free Educational Institutions

5.1 Government Statistics on Tobacco Use among Students

Empirical evidence demonstrates that tobacco consumption among adolescents remains a significant public health concern despite comprehensive constitutional and statutory safeguards. According to the Global Youth Tobacco Survey (GYTS-4), India, 2019, the prevalence of current tobacco uses among students aged 13–15 years declined from 14.6%

in 2009 to 8.4% in 2019, reflecting the positive impact of sustained tobacco-control initiatives. However, approximately one out of every twelve school-going adolescents continues to use tobacco, indicating that tobacco exposure among young people remains a serious concern. The survey further revealed that current smoking among adolescents stood at 7.2%**,** while current smokeless tobacco use declined to 4.0% in 2019. Although these figures indicate considerable improvement over the previous decade, they also demonstrate that educational institutions continue to face challenges in preventing tobacco initiation among students. Government initiatives such as Tobacco-Free Educational Institutions (ToFEI), awareness campaigns, and stricter implementation of COTPA have contributed significantly to this decline. Nevertheless, periodic monitoring remains essential because adolescence is the age at which lifelong tobacco dependence often begins.

5.2 Tobacco Awareness in Educational Institutions

The GYTS-4 (2019) also assessed tobacco-related education in schools. It found that only 36.4% of students reported being taught about the harmful effects of tobacco use during the previous twelve months. This finding suggests that nearly two-thirds of school-going adolescents did not receive structured tobacco-prevention education despite national guidelines encouraging tobacco awareness in educational institutions. The survey further highlighted significant inter-State variation. For example, Mizoram reported the highest proportion of students receiving classroom education on tobacco hazards (56.1%), whereas Tripura (17.8%) and Puducherry (17.9%) reported substantially lower levels of awareness. These disparities indicate uneven implementation of tobacco-control education across India. Educational institutions should therefore integrate tobacco-control education into regular curricula and extracurricular activities, ensuring that awareness complements statutory enforcement.

5.3 Adult Tobacco Use and Its Influence on Educational Environments

The present study focuses on educational institutions, adult tobacco consumption significantly influences adolescent behaviour. According to the Global Adult Tobacco Survey (GATS-2), 2016–17**,** 28.6% of Indian adults used tobacco in some form. Among them, 7.2% were exclusive smokers**,** 17.9% were exclusive smokeless tobacco users, and 3.4% used both smoking and smokeless tobacco products. These figures indicate that many students continue to encounter tobacco use within families and communities, increasing the likelihood of imitation and early initiation. Consequently, smoke-free educational institutions should be viewed as one component of a broader public health strategy addressing tobacco use across society.

5.4 Enforcement under the National Tobacco Control Programme

The Ministry of Health and Family Welfare implements tobacco-control policies through the National Tobacco Control Programme (NTCP), which supports awareness campaigns, enforcement of COTPA, district tobacco-control cells, capacity building, and Tobacco-Free Educational Institution initiatives. The programme encourages educational institutions to display mandatory "No Smoking" signage, prohibit tobacco sales within one hundred yards, organise awareness programmes, and coordinate with local authorities for enforcement. Despite these measures, government reports acknowledge several implementation challenges. These include inconsistent inspections, inadequate institutional monitoring, shortage of trained enforcement personnel, and uneven compliance across States and Union Territories. In many areas, tobacco vendors continue to operate close to educational institutions in violation of Section 6(b) of COTPA.

5.5 Critical Evaluation

The empirical evidence demonstrates that India's tobacco-control policies have achieved measurable success. The reduction in youth tobacco use from **14.6% to 8.4%** over the decade reflects the combined impact of judicial intervention, statutory regulation, and public health programmes. Nevertheless, persistent tobacco use among adolescents and the limited reach of school-based awareness programmes indicate that legal prohibition alone is insufficient. For smoke-free educational institutions to become a practical reality, stronger enforcement mechanisms are required. Educational authorities should conduct periodic compliance audits, establish Tobacco-Free Educational Institution Committees, integrate tobacco education into school curricula, and collaborate closely with district health officials and law enforcement agencies. Digital monitoring systems, student-led awareness campaigns, and community

participation can further strengthen compliance with COTPA. Overall, India's constitutional and statutory framework provides a robust legal foundation for protecting students from tobacco-related harm. However, achieving fully smoke-free educational institutions requires sustained institutional commitment, evidence-based policy implementation, and continuous public awareness supported by reliable government monitoring and evaluation.

Conclusion

The prohibition of smoking in educational institutions represents a significant intersection of constitutional law, public health policy, and social responsibility in India. This study has demonstrated that the legal framework governing smoke-free educational institutions has evolved through a dynamic interaction between judicial intervention, legislative action, and governmental policy initiatives. The landmark decision in *Murli S. Deora v. Union of India* fundamentally transformed India's tobacco-control jurisprudence by recognising that exposure to passive smoking violates the fundamental right to life guaranteed under Article 21 of the Constitution. By directing the prohibition of smoking in public places, including educational institutions, the Supreme Court established an important constitutional precedent that subsequently influenced the enactment of the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA). The study further reveals that constitutional provisions, particularly Articles 21, 47, 48A, and 51A(g), collectively provide a strong normative foundation for protecting individuals from tobacco-related harm. These constitutional guarantees have been reinforced through statutory measures such as COTPA, 2003, and the Prohibition of Smoking in Public Places Rules, 2008, which prohibit smoking in educational institutions and restrict the sale of tobacco products within one hundred yards of their premises. Together, these legal instruments reflect India's commitment to safeguarding public health and fulfilling its obligations under the World Health Organization Framework Convention on Tobacco Control. The empirical analysis based on official Government of India reports indicates that significant progress has been achieved in reducing tobacco use among adolescents. The decline in youth tobacco consumption over the past decade demonstrates the positive impact of judicial directions, legislative reforms, awareness campaigns, and the National Tobacco Control Programme. Nevertheless, the persistence of tobacco use among school-going children, the inadequate implementation of smoke-free regulations, and the continued availability of tobacco products near educational institutions highlight a considerable gap between legal norms and practical enforcement.

The study identifies several factors contributing to this implementation deficit, including inconsistent monitoring, inadequate institutional accountability, limited awareness among stakeholders, resource constraints, and varying levels of compliance across States and educational institutions. These challenges suggest that the effectiveness of tobacco-control legislation depends not merely on the existence of legal provisions but on sustained administrative commitment, institutional cooperation, and community participation. To strengthen the implementation of smoke-free educational institutions, the study recommends periodic compliance audits, strict enforcement of Section 6(b) of COTPA, mandatory establishment of Tobacco-Free Educational Institution Committees, integration of tobacco awareness programmes into school and university curricula, digital monitoring mechanisms, and enhanced coordination among educational authorities, health departments, and law enforcement agencies. Greater involvement of students, parents, and civil society organisations can also promote a culture of voluntary compliance and collective responsibility. In conclusion, the creation of smoke-free educational institutions is not solely a matter of statutory compliance but a constitutional imperative aimed at protecting the health, dignity, and future of young citizens. The enduring significance of *Murli S. Deora v. Union of India* lies in its recognition that the right to life includes the right to breathe clean air and study in a healthy environment. Effective implementation of the existing legal framework, supported by continuous public awareness and institutional accountability, will be essential for realising the constitutional vision of safe, healthy, and tobacco-free educational campuses across India. This conclusion aligns with the rest of your paper and provides a strong closing that ties together the constitutional analysis, judicial developments, statutory framework, and empirical findings while offering practical recommendations for future implementation.

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