

The Commitment of Government in Tobacco Control: Content-Comparison Analysis on Policy Documents

Ryan Rachmad Nugraha¹, Jaifred Christian Lopez² and Don Eliseo Lucero Priso III³

¹Center for Health Economics and Policy Studies, Universitas Indonesia, Depok, West Java, Indonesia

²Office of Research and Innovation, San Beda College, 638 Mendiola St. San Miguel, Manila, Philippines

³School of Public Health, Xian Jiaotong - Liverpool University, Suzhou, China

ryan.rachmad.nugraha@gmail.com

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Abstract: Tobacco is a threat to Indonesian Health Coverage. In 2013, up to IDR 5 trillion has been spent due to treating tobacco-related diseases, with approximately IDR 234.5 trillion potential loss on income due reduced productivity. Framework Convention on Tobacco control (FCTC) came as an answer to tackle this problem globally. Unfortunately, Indonesia hasn't signed its FCTC yet, unlike its peers from South-east Asia. Philippine, as a country with same geographical and custom as Indonesia, has already signed and benefit from it. In order to gain insight on the commitment and its after-effects, we conducted comparative content analysis on 37 legal documents from both countries related to tobacco control. The result is quite shocking. From 16 category of public spaces identified, Philippine bans 69% of them from cigarette smoke, while Indonesia only restrict it. On the advertising sector, while Philippine has banned domestic media (TV and radio) from tobacco adv., Indonesia only restrict its permit. Commitment from regulator is needed especially for aforementioned sectors to ensure better tobacco control. While in the other hand, such findings can also be a strong reason for Indonesia to sign FCTC as soon as possible.

1 INTRODUCTION

Tobacco has been the highlight of Indonesian fight against premature death. Tobacco has killed approximately 521 people each day globally, while caused up to 962.403 deaths in 2013 alone. (Assunta & Dorotheo, 2015; Murray et al, 2015) Most of the death caused by tobacco consumption is not only due to non-communicable diseases, but also infectious diseases. Stroke, tuberculosis, cancer, and ischemic heart, and respiratory infection build up to 21% cases directly linked to tobacco death; all of which stands in top 10 cause of mortality in Indonesia. Based on recent studies, smokers are more likely to get coronary heart diseases up to 2 to 4 times, stroke up to 2 to 4 times, and 25 times also more likely to develop lung cancer (WHO, 2008)). Not only death, tobacco consumption in the long run might also cause loss of productivity. On average, smokers may lose up to a decade life-span as compared to non-smoker (Murray et al, 2015).

Despite the awareness of danger that has been elicited in tobacco consumption, the demand of smoking is still rising. Globally, the number of daily smokers has increased from 721 million in 1980 to

967 million in 2012 (Murray et al, 2015). In Indonesia, smokers results in amount of 29.3% of total population (Badan Penelitian dan Pengembangan Kesehatan, 2013). This number of increasing demand needs to be controlled, and it is the duty of government to serve this purpose.

There is a strong willing and commitment of stakeholder all over the world in order to tackle the poor regulation of tobacco, in response to increasing number of cigarette smoking. WHO Framework on Tobacco Control (FCTC) is an example of a world-wide commitment of such efforts. Up until now, there has been 168 countries have signed the treaty, with several is still in ratification progress; of which displays the commitment being taken in control of tobacco on behalf of the country. Not only it displays commitment, but ratification of FCTC has improved the health status of each country directly. In Africa, 43 countries have signed the FCTC up to date. Now almost all countries in the region have national tobacco control focal points, and 41 of them currently have national tobacco control as their national program (WHO Regional Office for Africa, 2015).

FCTC ratification as reflection of commitment by nations to regulate tobacco use is not without impact. Its measure have been projected anywhere around the world. Health warning in cigarette package, for example, as projected as tobacco demand control by FCTC, has gained positive impacts. After being implemented, pictorial health warning has influence interests from people to quit smoking, particularly in developing countries (Baška et al, 2009).

Indonesia is currently fighting for its own regulation freedom for tobacco. The constituent law, reflected by legislatives decision, has accommodated the tobacco control program in the nation, either to control the supply of tobacco products or to control the demands from arising. However, In Indonesia, there has also been challenge and barrier in implementing this regulation. For example, in national level, back in 2001, there has been a petition addressed by Indonesian domestic tobacco industry association that argued articles 113, 114, and 199 health law of 36 in 2009 will cause decrease in production. In the regional level, for example, Jakarta as capital has been strong in enforcing law regarding protection tobacco second-hand smoker. In 2012, a case was handled enforcing smoke-free room law to be applied in all mall in Jakarta.

Despite the efforts, globally, Indonesia is still lacking if compared with other nations. Indonesia is currently the only country yet to sign Framework Convention on Tobacco Control (FCTC) among countries within the ASEAN, which contribute to the delay of speeding control policy of tobacco. Smoke free room, for example, although it is not prohibited in national level, it is already enforce in subnational level. In addition, the taxation structure of tobacco, which is not uniform across tobacco products, hinder taxation process and contribute to low income from tobacco tax.

Indonesia and Philippines, given the same geographical landmark (archipelagic) and population density, share almost the same struggles regarding tobacco control. Whilst being densely populated (Indonesia 3rd most populous and Philippines 12th most in the world), Indonesia has same trend with Philippines in terms of tobacco cigarette consumption. Philippine is regarded as one of the nation with highest level of cigarette consumption among ASEAN, same with Indonesia. Indonesia has 36% of total adult population who is currently smoking; while Philippine adult population shares total prevalent of 28.3% (MOH, 2013; Bellew et al, 2015). Although, the ratification by in Philippine in 2005 made difference between both countries in terms of political commitment.

Policy papers published by the government will provide insight on government's commitment

towards the issue. Based on the differences on the current status on FCTC, it is expected that Philippines has been taking several steps ahead in terms of implementing tobacco strict regulation. Moreover, it is expected from the study that legislative papers by both countries may give landmarks of political decision regarding tobacco control between two countries. In addition, by looking at the content of both, insight of the governments as well as its directions can be assessed.

2 METHOD

We examine 36 circulating legislative articles regarding tobacco regulation and conduct content comparative analysis throughout documents. The content of the paper was analysed, and compared in descriptive manner in given matrix. There are aspects assessed based on content on both papers, referring to requirements that is stated in FCTC, of which divided into regulating both demand and supply side, as well as protection of health (World Health Organization, 2005). The beginning analyse aspects such as characteristic of the paper and target population the document is aimed to. The main content of papers from both countries was analysed and compared referring to Article 6 to 14 in the FCTC. There are two distinct variables, such as: 1) smoke free are status, and 2) tobacco advertisement, promo and sponsor rule of conduct in both countries. Main contents were distinguished in qualitative manner, and compared in matrix for highlighting differences which accounts to the discussion.

Secondary data backup were also considered upon creating the study. Data was gathered from *Campaign for Tobacco-Free Kids* (CTFK) database which enables extraction on policy content regarding tobacco regulation across Asia. Permission was granted from the officials to use such data for the sake of study completion.

The ethical consideration was taken upon completion of study. All data was described and compared using Microsoft Excel®.

3 RESULT

Generally, as seen in Figure 1, documents observed from both two countries are mostly composed of legislative papers. Meanwhile, Philippine has one recommendation guideline that is established as part

of policy paper regarding tobacco control, mainly in safeguarding negotiation with tobacco control. Meanwhile, Indonesia has regulated a standard of procedure that is currently circulating mainly in regulating nicotine containment test.

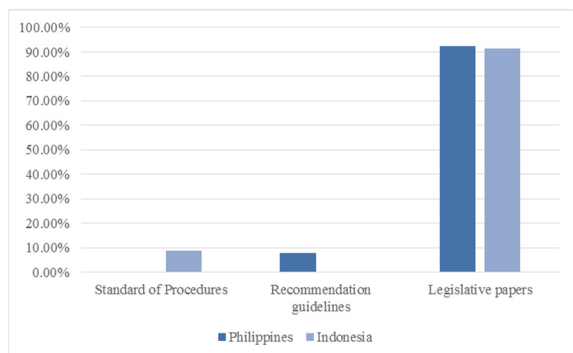


Figure 1: Characteristics of analysed papers

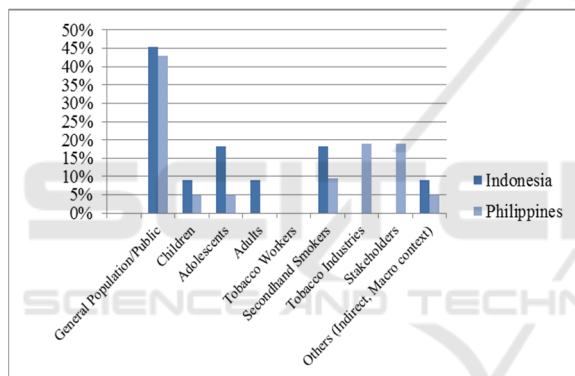


Figure 2: Target group of policy documents

Figure 2 shows the target population of each rule of conduct is aimed to. Policies regarding tobacco regulation are mostly directed towards general population as a whole. However, there is a slight variation on target of policy based on legislative documents between two countries. While exceeding in amount, Philippines published regulations towards tobacco industries not only towards protection of public and, but also to tobacco industries and stakeholders.

Table 1: Smoke Free Status of Philippine and Indonesia

No	Smoke Free Status	I D	P H
1	Indoor Workplace	R	R
2	Indoor Public Places	R	R
3	Public Transport		
	Taxis	R	SF

	Bus & Trains	R	SF
	Public Transport facilities (terminal, Station)	R	SF
4	Govt. Facilities	R	SF
5	Hospitals	R	SF
6	Healthcare Facilities		
	Public Areas	R	SF
	Patient Rooms	R	SF
	Non-residential	R	SF
9	Schools & Universities		
	Preschools	R	SF
	Primary & Secondary	R	SF
	Universities	R	SF
10	Dine Places		
	Restaurants	R	R
	Bars/Pubs	R	R
	Casinos	R	R

Abbreviations: SF = Smoke Free; R = Restricted; U = Uncertain; ID = Indonesia, PH = Philippines

Table 1 depicts the undergoing regulation for both countries in terms of smoke free area status. Public protection from cigarette smoking is priority decision in order to prevent afterward health effects. Smoke free area is regarded as highlight of smoke protection policy in regional level.

Between two countries, there is a significant difference in terms of enforcement on smoking ban in certain public places. Philippines has enforced ban on certain public places, while Indonesia have not banned cigarette in several area that is deemed for public. Most of this area, according to FCTC Art 8, should be smoke free (World Health Organization, 2005). While Philippine has made public transport and government facilities totally smoke free, Indonesia only restricts its use. Indonesia also hasn't made health facilities and school totally smoke free, although prohibition is already enforced to both facilities. Based on analysis of both countries' policy papers, we believe also Indonesia, while has restricted tobacco use, has not made vital public places to be 100% smoke free.

While some may see restriction as national prohibition, some sub-national laws may not agree; thus highlight the difference between terms restricted and smoke-free. While smoke free allows all level of law to prohibit and enforce law to cigarette smoking, restrictions may vary especially in sub-nationals, e.g. districts and regional law.

Table 2: Comparison in Advertisement, Promotion, and Sponsor

No	Forms of APS	ID	PH
1	Domestic TV and radio	R	B
2	Domestic newspaper and magazines	R	B
3	Printed domestic media	R	B
4	International tv and radio	U	U
5	International news and magazines	U	U
6	Internet communications	R	B
7	Internet tobacco product sales	R	R
8	Outdoor advertising (e.g. Billboards, posters)	R	B
9	Point of sale advertising/promotion	A	A
10	Point of sale product display	A	A
11	Vending machines	B	R
12	Conventional mail	A	R
13	Telephone and cellular mail	A	R
14	Brand marking on physical structure	R	R
15	Tobacco packaging	R	A
16	Free distributions of tobacco products	B	R
17	Promotions with a tobacco product purchase	B	R
18	Competitions associated with tobacco products	A	R
19	Direct person to person targeting with individuals	A	R
20	Brand stretching/trademark diversification	B	R
21	Reverse brand stretching or brand sharing	A	A
22	Toys that resemble tobacco product	R	A
23	Candies that resemble tobacco product	R	A
24	Retailer incentive programs	A	A
25	Paid placement of tobacco products in TV, film, or other media	B	B
26	Unpaid depiction of tobacco use or products in media	R	R
27	Tobacco industry sponsorship of events activities, individuals, organizations or governments	R	R
28	Publicity or financial sponsorship by tobacco industry	R	R
29	Promotion by any means that are false, misleading, or deceptive	R	A

Abbreviations: SF = Smoke Free; R = Restricted; U = Uncertain; ID = Indonesia, PH = Philippines

From the table 2, we can see some differences between two nations mainly in terms of promotion and advertisements. While Indonesia only restrict domestic advertisements (TV, radio, magazines), Philippines already banned domestic commercials regarding to tobacco. In addition, Philippines also banned internet use of tobacco promotion, as well as outdoor advertising; while Indonesia limits it.

In several aspects, Indonesia has exceeded Philippines regarding advertisements and sponsor. Indonesia has already fully-banned free distribution of tobacco products, especially for promotional purpose; while Philippines only restrict it. In terms the availability of tobacco product vending machine, while Philippines still limits its availability, Indonesia has already erased its practice. Moreover, compared to Philippines, Indonesia has been firm in restricting the packaging of tobacco products, while there is no such regulations act on Philippines.

In terms of pictorial health warnings, there are only slight differences. Both countries have committed mainly in giving warnings in packaging as well as advertisements. In general, Philippines allow larger picture in their package (50% proportions of package) rather than Indonesia (40% proportions of package).

4 DISCUSSION

FCTC lays a perspective of policy commitment towards tobacco control, and usually is shown effective after it has been ratified. While Indonesia hasn't agreed on the matter, evidence shows that Indonesia has been catching up its national law in implementing such measure. The differences need to be seen directly from policy of both countries. In addition, although the variables of control in FCTC use measures of MPOWER as their indicator of control, it is not valid in Indonesia since it is not yet able to stand in positive side of FCTC.

Several differences arise when Indonesia is being compared to countries with similar background. Take example, Philippines. Given the matching background of population, also the prevalence of the smoker to the number of population, the country gives as great example. Moreover, the Philippines' archipelagic nature makes the nation also fights the same setback as Indonesia does.

One of the examples is regarding the differences of enforcement in smoke free-area. It is evident from the study observation that Indonesia has lower commitment in enforcing law in smoke-free area. This has been contradictory in every developing country. Nepal, for example, has been providing this law since 2007 (Sussman et al, 2007). Philippines, as a comparison in the study, also have implemented the same measure.

Enforcing smoke-free law area, while it has been effective, it also correlates with good implementation measures within one country. The

implementation strategy is up to the country, such as by collaborating with local law forces and other related bodies in enforcing punishment to those who disobey (Goel et al, 2014) . The implementation of such policy is proven to decrease comorbidities caused cigarette in a long period (Lee et al, 2011). This can be an evident for Indonesia to implement total smoke-free law. Although the national commitment is absent, the subnational law is currently underway. One of the examples is the Jakarta provincial decree of smoke-free law. Subnational and local regulation can be strengthened in spite of the absence of national consensus.

Meanwhile, pictorial health warnings shows almost no differences. This shows both countries had taken similar efforts despite the difference in FCTC ratification status. However, there are one difference, that is the size of warning in cigarette pack. It is evident that pictorial health warning can modify the behavior of the smoker, and that pictorial warning lays more effective result in terms of making smokers think about quitting (Fathelrahman et al, 2010; Hammond, 2011; White et al, 2008). Therefore, Indonesia may benefit from adopting same regulation in pictorial health warnings.

In terms of advertisement of tobacco related product, being compared to Philippines, Indonesia still is permitting advertisements both in aired and printed media. This has a strong correlation to increased consumption especially in youth (Edwards, 2017). In addition, if we let it, this can harm the country and banning it is proven to lay benefit in the long run (Levy et al, 2008). Strong willing in the body of government, with or without the boost from ratification, is undeniably required.

On the other hand, promotion of tobacco products that is currently allowed in Philippines also needs to be straightened out. This also includes promotions with a tobacco product purchase, and granted availability of tobacco-product vending machines in the countries. This is dangerous especially if directed to high-risk target, such as kids and adolescents. In the other hand, USA and Indonesia, while haven't ratified FCTC and being largest market of tobacco, has banned such promotions (Deyton et al, 2010; Henriksen, 2012).

5 CONCLUSION

Considering the efforts made between two countries in terms of tobacco control, several aspects need to be considered. While FCTC ratification has boosted progress in several aspects in tobacco control,

several aspects has progressed especially when nations have its own national tobacco control unit. In terms of tobacco control, being compared to Philippines, generally Indonesia has a lot to catch up on. In addition, while national consensus awaits, other efforts such as local and subnational law should be undertaken, specifically regarding the smoke free area.

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