



The Role of Government in Enforcing Smoking Policies in The Workplace: A Case Study

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Abstract – *The Policy for Non-Smoking Areas in Offices in South Kalimantan Province has been regulated in the Regulation of the Governor of South Kalimantan Number 018 of 2014. With this policy, it is expected to regulate smoking-free areas in the province of South Kalimantan. This is the government's attention to public services, especially in the health sector by securing addictive substances that cause dependence which harms health. This is field research, specifically describing, analyzing, and interpreting the implementation of Governor's Regulation No. 018 of 2014 concerning KTR in the South Kalimantan Province Office Environment. The results of the study indicate that the implementation of the no-smoking area policy has not been effective. Therefore, it is recommended to maximally socialize the policy program for a no-smoking area and to coordinate it between multi-sectors. As well as increasing the government's role in efforts to enforce regulations regarding smoke-free areas to create a conducive environment.*

Keywords: government role, policy, no smoking area, office.

1. INTRODUCTION

One of the government policies in public services, especially in the health sector, is to secure addictive substances that cause dependence which harms health. The Non-Smoking Area Policy in South

Kalimantan Provincial Offices has been regulated in the South Kalimantan Governor's Regulation Number 018 of 2014. With this policy, it is hoped that this policy will regulate smoke-free areas in the South Kalimantan Province.

In article 2 of the Regulation of the Governor of South Kalimantan Number 018 of 2014 it is stated that the purpose of regulating a No Smoking Area in this regional regulation is to raise employee awareness that smoking is detrimental to health by changing smoking behavior in the workplace. In addition, to prevent the emergence of novice smokers and reduce the number of smokers. With this arrangement, it is also hoped that the morbidity and mortality rate due to cigarette smoke can be reduced to realize healthy and clean air quality free of cigarette smoke.

The considerations for setting a No Smoking Area in South Kalimantan are based on:

- Regulation of the Governor of South Kalimantan Number 018 of 2014 concerning Non-Smoking Areas in the South Kalimantan Provincial Government Office Environment
- Provisions of Article 29 paragraph (2) of Regional Regulation Number 4 of 2012 concerning Health Management in South Kalimantan

Based on WHO Indonesia data, 2020 states that every year around 225,700 people in Indonesia die from smoking or other diseases related to tobacco. Data from the Ministry of Health of the Republic of Indonesia in 2018 states that the proportion of



smoking in buildings is 85%, while in South Kalimantan, based on Riskesdas data, the proportion of the smoking population aged > 10 years is 24.5%, consisting of 20.6% who smoke every day and 3,9% who smoke sometimes.

Cigarette smoke causes health problems for smokers only 25% but 75% of the dangers of cigarette smoke afflict people who breathe air that has been mixed with cigarette smoke (passive smokers). The magnitude of the impact of smoking activities on public health encourages the government to make policies so that smokers do smoking activities in designated places. No-Smoking Area is an effort to protect people who don't smoke but it doesn't mean that the government prohibits someone from smoking, but this regulation is more aimed at regulating areas that are allowed and/or not allowed to control pollution of cigarette smoke and other tobacco products.

The restrictions on the prohibition in this Governor Regulation are smoking, producing, selling, and advertising as well as promoting tobacco products in areas that have been designated as KTR. Furthermore, this regulation becomes the basis for setting up a special area for smokers in the work environment.

2.METHODOLOGY

This is a field research, specifically describing, analyzing, and interpreting the implementation of Governor's Regulation No. 018 of 2014 concerning KTR in the South Kalimantan Province Office Environment. This study uses a qualitative approach, according to Miles and Huberman's opinion by using an interactive model of analysis which includes data collection, data reduction, data presentation, and drawing conclusions.

To complete the data and legal materials in the study, a descriptive approach was used with data collection techniques carried out through in-depth interviews, observation, document review, and

documentation. (Noviana, 2019). This study seeks to display empirical facts from government actions in a naturalistic manner and also seeks to reveal hidden values and is expected to describe the phenomenon of KTR implementation in the work environment in South Kalimantan Province.

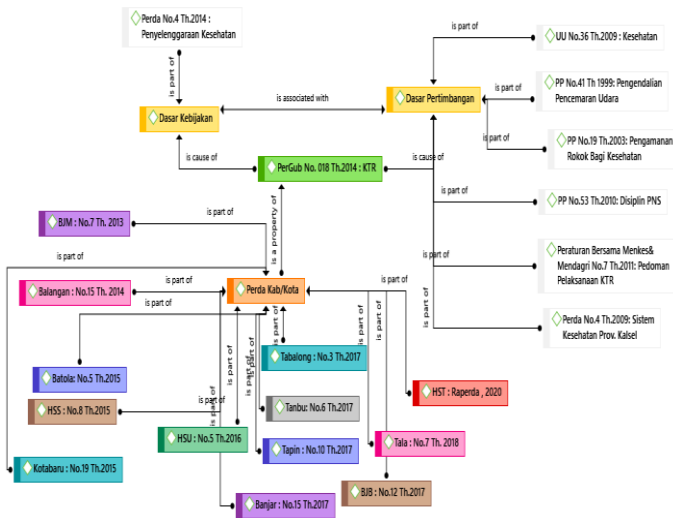
The main study phenomenon of this research is related to the KTR policy model in the work environment in South Kalimantan Province. To limit research from data that is not relevant to the objectives and research problems and the discussion is focused. With a clear focus can make researchers to decide exactly which data is needed. The problem of KTR with a research focus is closely related, therefore research problems are used as a reference in focusing according to problems in the field.

The basis of the research is that there are problems in the implementation of KTR that have not been clearly identified: the Governor's Regulation Number 018 of 2014 as the basis for the implementation of KTR in South Kalimantan: the existence of Regional Regulations issued in each Regency/City regarding KTR as the basis for the implementation of KTR in South Kalimantan.

3.RESULTS AND DISCUSSION

a. Implementation of a No Smoking Area Policy

The policy regarding a smoke-free area has been accommodated in Regional Regulation Number 4 of 2014 in the provisions of article 29 paragraph 2 which states about the implementation of Health in South Kalimantan. Controlling smoking behavior is not only a matter of private goods but is a public goods problem, where the government must actively undertake various promotive, preventive, and rehabilitative efforts against addiction and its consequences.



Source: Processed by Researchers, 2021 (Atlas Ti.18)

Based on the results of the analysis, the implementation of a smoke-free area in the offices of the South Kalimantan Province has not been running effectively. Of the 13 regencies/cities in the province of South Kalimantan, 12 regencies/cities have issued regional regulations regarding smoke-free areas, while 1 district is still in the drafting stage of regional regulations.

Because the objectives and targets in the regional regulations for the implementation of smoke-free areas are still not fully implemented in agencies in the office area of South Kalimantan Province. Likewise, with signs and prohibitions regarding non-smoking areas, some agencies in the South Kalimantan Provincial Government have not listed their work environment. Even some ASN are seen doing smoking activities in areas that read 'No smoking'. This is because the socialization and enforcement of the local regulation regarding the smoke-free area have not been maximized, but also because some agencies in the South Kalimantan Province do not provide a special place for smoking. There is no special place for smoking because there is no budget to build the place. In addition, there is an assumption that when a special place is

provided for smoking, it means allowing someone to engage in unhealthy behavior. Regardless of healthy behavior or not in smoking, providing a special place for smoking is nothing but to protect the rights of those who do not smoke. In the Governor's Regulation regarding non-smoking areas, it is clearly stated in article 6 paragraph 1 that "Heads of Regional Work Units are obliged to provide designated smoking areas in their respective work environments".

In addition, when employee smokes in a non-smoking area, they should be given sanctions, either in the form of a warning or other sanctions that have been set. This is in line with the research of Girija Syamlal et al. that carrying out tobacco control interventions in the workplace reduces exposure to secondhand smoke and secondhand smoke among US workers and the result is that approximately 80% of US indoor workers are protected by a smoke-free workplace policy. They were only given a reprimand and no significant sanctions were given to those who violated these rules. Even though it is clear in the Governor's Regulation regarding this smoke-free area in article 9 if there is a violation of the provisions on the prohibition of smoking in the No-Smoking Area, it is obligatory to carry out: verbal warnings; written warning; or administrative sanctions.

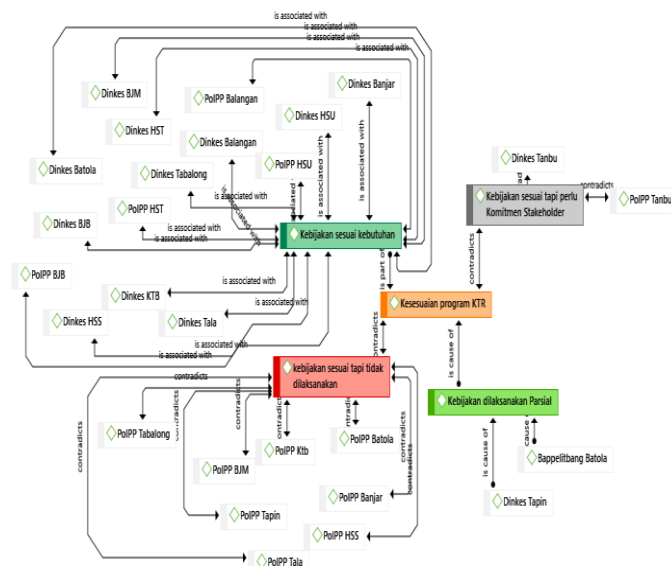
To realize a smoke-free area, it is necessary to guide the implementation of the no-smoking area policy. The guidance is carried out by the Head of the Regional Apparatus Work Unit, this has been stipulated in the Governor's Regulation regarding the smoke-free area in article 9. A small number said that coaching had been carried out by the agency in the past and there had never been any guidance from the Province.

Implementation is a dynamic process to learn various things related to the policy and rearrange the policy (Goggin et al, 1990:40). So to achieve the effectiveness of a policy, one of which is needed is clarity and consistency in communicating policies.

In terms of communicating policies, it can be done through guidance as stated in the Governor's Regulation regarding the no-smoking area in the South Kalimantan Province office environment. This is in line with Grindle in Fernando and Marom, 2016 in Noviana, 2019, the success of public policy implementation is also influenced by the content of the policy which contains the interests that influence, the type of benefit, the degree of change to be achieved, the location of decision making, program implementers, resources used,

b. Factors for Implementing a No Smoking Area Policy

The determination of a Smoking-Free Area on a theoretical basis and legally is quite clear with the existence of a basic norm (ground norm) mandated by Law 36/2009, as part of the elaboration of the mandate of the 1945 Constitution Article 28H, and further elaborated by PP 109/2012 which mandates local governments to establish KTR in a regional regulation.



Source: Processed by Researchers, 2021 (Atlas Ti.18)

However, the success factor for implementing a smoke-free area policy is very complex, because it involves factors that become the unit of analysis for the realization of the implementation. The suitability

of the program from the policy is one of the factors for realizing the policy. Based on the results of the researcher's analysis, the non-smoking area program in the South Kalimantan Province office environment was assessed by the respondents as very suitable for their needs. All respondents in the South Kalimantan Province are very supportive of the no-smoking area policy. However, in the implementation of the no-smoking area program, it is not considered a priority for now.

Another success factor for implementing a no-smoking area policy is resources. The resources in question are human resources and budgetary resources. Resources are an important element in policy implementation. Resources available through policy messages have a direct impact on implementation. Therefore, the greater the resources, the more likely the implementation of the policy will be faster.

Based on the results of the researcher's analysis, the availability of human resources for implementing the no-smoking area policy is sufficient. This can be seen in the number of personnel from each agency/office in the South Kalimantan Province. Because to assign a task force to monitor a non-smoking area, only 2-3 people are needed in one agency. So that the existing human resources in the agency still allow and meet the need to monitor non-smoking areas. In addition, the monitoring task force for monitoring non-smoking areas is not only carried out by one agency but is carried out by multi-sectoral personnel in one Regency/City. However, the facts in the field only found a few agencies that have a task force monitoring the area without smoking.

Meanwhile, the budget resources for carrying out the activities of this smoke-free area were previously obtained from cigarette excise. The use of this cigarette excise budget is used to build smoking areas for the general public, public service facilities, and public service malls. However, some



respondents stated that there was no budget for the implementation of a no-smoking area policy.

Based on the results of an interview with the Regional Finance Agency of South Kalimantan Province, it was stated that the budget for revenue sharing from cigarette taxes was still being submitted to the Regency/City until June 2021. As for the procedures for collecting and depositing PR and its amendments under the provisions of PMK Number 115/PMK.07/2013. Meanwhile, the procedure for cutting homework as a contribution to the Health Insurance Program Support is regulated in PMK Number 128/PMK.07/2018.

Then part of the results of the PR receipts are submitted to the Regency/City in the amount of 70% which is deposited at the Regency/City RKUD no later than 7 (seven) days after the receipt of PR is entered in the Provincial RKUD. This has been regulated under Article 94 paragraph (1) letter c of Law Number 28 of 2009 concerning Regional Taxes and Levies and Article 21A paragraph (2) of PMK Number 102/PMK.07/2015 concerning amendments to PMK Number 115/PMK.07 /2013. Meanwhile, in the implementation of the distribution of cigarette taxes, data on PR deductions were submitted to BPJS Health. This is an effort by the Regional Government to support the implementation of the Health Insurance Program which is regulated under Article 2 of PMK Number 128 / PMK.07/2018.

As for the implementation of the distribution of the budget, it is necessary to coordinate and communicate between the Provincial/Regency/City Regional Governments and BPJS Health. Because the policy implementation process requires communication for policy clarity and consistency to make it easier to accept and follow up on the policy (Noviana, 2019). It is not only the KTR budget that needs to be communicated, but the KTR implementation program also needs to be communicated and coordinated between sectors. Facts in the field found that communication and coordination were still weak in the implementation

of this no-smoking area policy. This is indicated by the statement that most agencies do not know or even have heard of the existence of a task force to monitor the no-smoking area policy. When communication and coordination between sectors are weak, the implementation of socialization will not be realized optimally. This creates low confidence in the implementation of no-smoking area policies because there is no regular and consistent policy transmission.

In policy implementation, social factors can influence the No Smoking Area policy environment and the flow of resources. Because the failure of policy implementation can occur if the social, economic, and political environment is not conducive (Van meter Van Horn, 1975 in Noviana, 2019). Facts in the field there are many pros and cons of responding to smokers who are not in place. So it is necessary to approach smokers to provide an understanding of the dangers of cigarette smoke for people around them. In addition, enforcement of regulations regarding smoke-free areas is also very necessary, to create a conducive environment. Due to the lack of a socio-cultural approach to employees, can influence the resolution of policy problems, especially the No Smoking Area policy.

4. CONCLUSIONS AND RECOMMENDATIONS

The implementation of a smoke-free area policy will be effective if the goals and objectives of the policy are clear and supported by operational policies such as Regent/Mayor regulations and SOPs etc. In addition, there are strict prohibitions and obligations as well as guidance and supervision regarding the no-smoking area program, as well as cross-sectoral coordination.

Factors in the implementation of a no-smoking area policy can strengthen the basis for implementation if the no-smoking area policy program is maximally socialized and coordinated between multi-sectors. Empowering resources and increasing stakeholder commitment as well as coordinating budgetary



resources in implementing a no-smoking area policy. Improve communication and coordination as well as socialization across sectors to create a smoke-free area. As well as increasing the government's role in efforts to enforce regulations regarding smoke-free areas to create a conducive environment.

5.CONFLICT OF INTEREST

Nothing to disclosure.

Author's Contributions

Nana is the lead author and contributed fully to the research and writing of this article. All co-authors have contributed to the manuscript, they revised the writing and approved the final version.

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