
THE IMPLEMENTATION ANALYSIS OF THE INCLUSION OF HEALTH WARNINGS AND HEALTH INFORMATION POLICY ON CIGARETTE PACKAGING

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Abstract. Pictorial health warnings already implemented for more than two years since June 24, 2014, however, there are no changes made following the Minister of Health Regulation No. 28 of 2013 until now. According to the results of the National Survey of Assessment of the Implementation of Pictorial Health Warning (PHW) in Indonesia in 2015 towards the compliance of the tobacco industry, it is known that the cigarette industry has not yet adhered to pictorial health warnings. The Government hopes that the existence of the Minister of Health Regulation No. 28 can reduce the prevalence of smokers, but data from 2016 SISKERNAS shows that the prevalence of smoking is increasing. The purpose is to dig deeper towards the implementation of the inclusion of health warnings and health information policy on cigarette packaging, henceforth it can be input into the formulation of tobacco control strategies. This study uses descriptive studies with qualitative analysis through in-depth interviews and document review. Aspects of the process (communication, bureaucratic structure and disposition), aspects of the actor (commitments and relationships) aspects of the content (level, benefits and policy objectives) as well as aspects of the context (political culture and socio-economic) are interrelated and influence each other in the implementation of the inclusion of warnings and health information on the cigarette packs. The implementation of the inclusion of warnings and health information on cigarette packaging has been carried out, and the level of industry compliance in including the PHW at the retail level has reached 99.91%. However, the cigarette industry is not compliant in fulfilling the provisions because the size is not appropriate, PHW images covered by excise tapes, and some terms indicate quality, superiority, security, and imaging.

Keywords: PHW, cigarettes, tobacco, policy implementation

Abstrak. Peringatan kesehatan bergambar sudah diterapkan lebih dari dua tahun sejak 24 Juni 2014, akan tetapi sampai saat ini belum dilakukan penggantian sesuai dengan Permenkes No 28 Tahun 2013. Hasil Survei Nasional Penilaian Implementasi Peringatan Kesehatan Bergambar di Indonesia tahun 2015 terhadap kepatuhan industri rokok, diketahui bahwa industri rokok belum patuh terhadap peringatan kesehatan bergambar. Harapan Pemerintah dengan adanya Permenkes 28 dapat menurunkan prevalensi perokok akan tetapi data Siskernas 2016 menunjukkan prevalensi merokok semakin meningkat. Tujuan dari artikel ini adalah untuk menggali lebih dalam terhadap implementasi kebijakan pencantuman peringatan kesehatan dan informasi kesehatan pada kemasan rokok untuk selanjutnya dapat menjadi masukan dalam perumusan strategi pengendalian tembakau. Metode yang digunakan merupakan studi deskriptif dengan analisis kualitatif melalui wawancara mendalam dan telaah dokumen. Aspek proses (komunikasi, struktur birokrasi dan disposisi), aspek aktor (komitmen dan hubungan), aspek konten (level, manfaat dan tujuan kebijakan) serta aspek konteks (budaya politik dan sosial ekonomi) memiliki keterkaitan dan saling mempengaruhi dalam pelaksanaan pencantuman peringatan kesehatan dan informasi kesehatan pada kemasan rokok. Kesimpulannya bahwa pelaksanaan pencantuman peringatan kesehatan dan informasi kesehatan pada kemasan rokok sudah terlaksana dan tingkat kepatuhan industri dalam mencantumkan PHW ditingkat ritel telah mencapai 99.91%.

Kata kunci: PHW, rokok, tembakau, implementasi kebijakan

INTRODUCTION

Cigarette production in Indonesia continues to experience a significant increase every year. According to data from the Ministry of Industry, Ministry of Finance and the Joint Association of Indonesian Cigarette Producers, there were 300 billion cigarettes produced in 2011 or an increase of 30 billion cigarettes from 2010, which was 270 billion cigarettes (2010). This amount has exceeded the maximum production limit set by the cigarette industry roadmap, which is 260 billion sticks (TCSC, 2013).

Tobacco control policies in Indonesia have been implemented, such as Government Regulation No. 109 of 2012 concerning Safeguarding Materials that Contain Addictive Tobacco Products for Health. Besides, the Minister of Health issued Minister of Health Regulation No. 28 of 2013 concerning the Inclusion of Warnings and Health Information on Tobacco Product Packaging. These two policies are the mandate that comes from Law No. 36 of 2009 concerning health. Permenkes in detail explains the inclusion of warnings and health information on tobacco product packaging containing the terms of inclusion of intended warnings and health information, including the type and color of the image, the method of writing, and the location of the placement.

Tobacco product businesses must include health warnings consisting of five different types of images. These images are included in each variant of tobacco products. Especially for the non-taxable cigarette industry, the company must include at least two of the five types of health warnings. Health warnings are placed on the wide sides of the front and back at the top of the package, each covering 40%.

The purpose of including warnings and health information on tobacco product packaging is to prevent novice smokers from starting to smoke, besides that the community has the right to obtain clear, correct and honest information, and the community can also choose based on more transparent information (visual) and what they understand (informed decision) (Minister of Health R1, 2017).

The current pictorial health warning has been implemented for more than two years since June 24, 2014. However, there are no changes made until now following the Minister of Health Regulation No. 28 of 2013 concerning the Inclusion of Warnings and Health Information on Tobacco Product Packaging, which states that pictorial health warnings will be evaluated and changed minimum once every 24 months. Therefore, pictorial health warnings on cigarette packs must immediately evaluate and replaced because people have begun to "immune" to see the same picture.

The results of the National Survey on the Evaluation of the Implementation of Picture Health Warning in Indonesia in 2015 on the compliance of the tobacco industry is known that the cigarette industry has not yet adhered to pictorial health warnings (see figure 1).

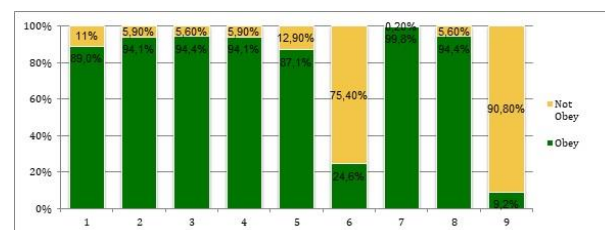


Figure 1. The compliance of the Cigarette Industry towards Picture Health Warning

Information:

- 1 = The compliance of pictorial health warnings printed on the top surface of the packaging, 40% from the front and rear surface of the packaging
- 2 = The compliance of a printed white "Warning" with a black background
- 3 = The compliance of printed color images in a combination of four colors
- 4 = The compliance of a white printed meaning of the image with a black background
- 5 = The compliance of printed in such a way, it will not be damaged, chipped or faded
- 6 = The compliance of printed images and text that are visible on the front and back
- 7 = The compliance of printed information on nicotine and tar levels on one side of the package
- 8 = The compliance of a printed "Forbidden to sell/give to children under the age of 18 and pregnant women."
- 9 = The compliance of a printed "No Safe Limits" and "Contains More than 4000 dangerous chemicals and More than 40 substances that can cause cancer."

Reference: (Rampai *et al.*, 2014)

The director of Drugs Control (Narcotics, Psychotropic, and other Addictive Substances) at the Food and Drug Supervisory Agency, Dra. Sri Utami Ekaningtyas said that 95% of cigarette producers had complied with the rules for the inclusion of Pictorial Health Warning (PHW) until March 2015. This number increased rapidly from 57%. However, based on the monitoring that YLKI did, around 66% of the brands, whether intentionally or not, covered the PHW using excise tapes. This percentage indicates that there is a problem in implementing this policy. An analysis is needed to find out why the implementation of the inclusion of warnings and health information policy on cigarette packaging has not been carried out effectively.

This study aims to analyze the implementation of policies regarding the inclusion of warnings and health

information on cigarette packaging related to aspects of the process, actor, content, and context.

Theoretical Reviews

1. Definition of Industrial Scale

There are two industrial-scale definitions:

- a. According to the Central Statistics Agency (BPS), the limits of the industrial scale are as follows: (a) Large Industries: the number of workers is 100 people or more; (b) Medium Industry: the number of workers 20-99 people; (c) Small Industries: the number of workers is 5-19 people; (d) Home Industry: the number of workers 1-4 people.
- b. According to the Directorate of Excise, (a) Large Industries (production scale > 2 billion cigarettes per year); (b) Medium Industry (scale of production > 500 million - 2 billion cigarettes per year); (c) Small industries up to 500 million cigarettes per year. This paper will mostly use industry-scale definitions according to the Excise Directorate (Rampai et al., 2014).

According to the Indonesian Minister of Industry Regulation No. 64 / M-IND / PER / 7/2014 about Supervision and Control of the Cigarette Industry Business, the cigarette industry divided into three classifications, which is the *kretek* cigarette industry, the white cigarette industry, and other cigarette industries. The definition of the *kretek* cigarette industry is the tobacco processing business by adding clove flowers, clove leaves, clove stalks, or clove aroma. The white cigarette industry is a tobacco processing business by not adding clove components. Based on BPOM data in 2014, it was found that there were 3363 cigarette brands in Indonesia, which came from 672 cigarette industries in Indonesia.

The Law of the Republic of Indonesia No. 36 of 2009 concerning Health, Government Regulation No. 109 of 2012 concerning Safeguarding of Materials Containing Addictive Substances in the Form of Tobacco Products for Health, and Minister of Health Regulation No. 28 of 2013 concerning the Inclusion of Warnings and Health Information on Tobacco Product Packaging regulates the inclusion of health warnings on cigarette products. This arrangement is in line with the country's efforts to fulfill community rights related to health protection. In this regulation, what is meant by health warnings are images and writings that provide information about the dangers of smoking while health information is information relating to health that is included in the packaging of tobacco products.

Regulations to include pictorial health warnings and health information on tobacco product packaging aims to provide guidelines for tobacco product industry players to carry out the inclusion of warnings and health

information on tobacco product packaging. The image files that must be included by cigarette producers attached in the Regulation of the Minister of Health, as a form of fulfilling obligations to Government Regulation No. 109 of 2012 Articles 14 and 15.

2. The stages in the health policy triangle (Buse, Mays, & Walt, 2005):

- a. Actors who influence policy
These actors are individuals who influence policy processes at the local, national, regional, and international levels. Factors that influence actors according to Buse, Mays, & Walt, 2005:
 1. Commitment is the agreement and understanding of policy actors. The commitment of actors determines how much they allocate resources in a policy.
 2. Competence is the ability of the actor in carrying out his duties and responsibilities,
 3. Good relations are interactions between actors in implementing policies to achieve goals.
- b. Contexts that influence policy
Context refers to systemic - political, economic, and social factors, both national and international - which may affect health policy. There are many ways to categorize these factors; one of the categories used according to Agustino (2008) is:
 1. *Political culture* is a relationship between citizens and the government and also values, beliefs, and attitudes about what the government must do and how the government must do it.
 2. *Socio-economics* is an improvement in living standards, and a policy must consider this element because economic growth or improvement in people's living standards will reduce conflict and improve relations between government, society, entrepreneurs, and institutions.
 3. *Infrastructure* is the equipment and facilities needed to support policy.
 4. *Sources of funds* are all budgetary sources intended for policy implementation.
- c. Content
It is the substance of policy, from every detail of the womb in the form of guidelines. Content categories, according to Adisasmito (2008), are:
 1. *The policy level lies in the position of the policy.*
 2. *The benefits of the policy* are the results perceived by the target.
 3. *The policy objective* is a plan that will be made in the Inclusion of warning and health information policy program on the Cigarette Packaging.
 4. *The executor is the actor or individual who implements the policy.*

d. Process

The process refers to how the policy is communicated, implemented, and evaluated. According to Purwanto (2012), the implementation contained a complicated and lengthy process. The implementation process starts with its establishment or has a legal umbrella. Furthermore, the stages of implementation will begin with a series of activities to manage regulations: forming an organization, mobilizing people, resources, technology, establishing procedures and so on with the aim that the stated policy objectives can be realized.

Edwards III, 1980 in Nawawi, (2009) states there are four variables interrelated with each other that affect implementation, which is:

1. Effective communication between program implementers (policies) and target groups will cause policies to be implemented properly. Effective implementation will be carried out if the decision-makers know about what they will do. Three indicators can be used to measure the success of communication variables, specifically Transmission, Clarity, and Consistency.
2. Resources are an essential factor in implementing policies to be effective and efficient. Resources include human resources, budget, facilities, and authority.
3. Disposition is the character and characteristics possessed by policy implementers, such as commitment, honesty, and democratic nature. If the implementers have a tendency or a positive attitude or there is support for the implementation of the policy, there is a high possibility that implementation of the policy will be carried out by the initial decision.
4. The bureaucratic structure includes two fundamental things, which is the mechanism and implementing organizational structure. The mechanism for implementing policies is usually determined through Standard Operating Procedures (SOP), while the organizational structure as far as possible avoids things that are too long, complex, and complicated because they tend to weaken supervision.

METHODS

This study used qualitative methods by conducting observations, in-depth interviews, and literature studies related to the Implementation Analysis of the Inclusion of Warning and health information on Cigarette Packaging. The study was carried out during May - September 2017 by taking place in several related institutions, namely: Directorate of Health Promotion of the Ministry of Health, BPOM, Ministry of Industry, cigarette industry, cigarette associations, Indonesian

Consumers Foundation, Association of Indonesian Public Health Experts.

Informants were selected by purposive sampling, specifically researchers determine the informants according to the criteria of the problems to be studied, consisting of the Head of the Industrial Empowerment Section from the Ministry of Industry, Head of Sub Directorate of Avocation and Partnership of the Ministry of Health, Head of Cigarette Product Supervision from BPOM, Chairman of the Technical Commission, Chairman of the Hipiro, Production Leaders / Owner of PT Bima Sakti, Supervisor of PT. KaryadibyaMahardika, Chairperson of YLKI and Chairperson of the Special Agency for Tobacco Control (IAKMI).

RESULTS AND DISCUSSION

Based on data from the Directorate General of Customs and Excise in 2015, it was found that the cigarette industry in all provinces in Indonesia amounted to 531 cigarette industries, and most cigarette distributed into three provinces, specifically East Java (58.76%), Central Java (26.74%) and West Java (8.66%).

Based on the supervision of tobacco products by BPOM from January to June 2016, BPOM supervised 1,825 tobacco product packaging items from 728 cigarette brands. Cigarette advertisements that did not meet the requirements in 2016 reached 43.4%. The results of BPOM's supervision of compliance in including warnings and health information at the retail level for the period 26 June 2014 to 30 June 2016 have reached 99.91%. Some cigarettes are still found without mentioning warnings and health information, due to: not being withdrawn by distributors and only on display.

Excise tapes cover almost all warning images and health information on the packaging of SPM and SKM types of tobacco products. It is estimated that no less than 69.1% of cigarette packaging covered with excise ribbons, either closed on one or both sides of warning images and health information covered by company stickers. SKT tends to be obedient because the location of the casing extends on the literal side of the packaging. A total of 30.8% of outstanding brands contain terms that indicate quality, superiority, security, and imaging. The top five cigarette companies in 2016 whose brands of cigarettes contain misleading and promotive words are: PT HM Sampoerna, PT Gudang Garam, PT Djarum, Bentoel Group, and PT NTI. According to Government Regulation No. 109 of 2012 article 11, the industry needs to report the levels of Nicotine and Tar. However, this report is still voluntary because there are no sanctions for violators. Based on reports received by BPOM until July 2016 from 660 industries and

importers of cigarettes and 2841 brands of cigarettes, the number of industries sending reports is 218 or 33.03%, and the number of brands that have been reported is 1146 brands or 40, 34%. (Drug Control, 2016)

Researcher's Observation Results

Based on the survey results, it is known that almost all cigarette industries include five different types of images on each package, except for certain cigarettes such as klobot cigarettes, but there have been no image changes since this policy implemented. In general, industrial samples in this survey have implemented policies by including pictures on cigarette packs by 40%, but almost all the scary images covered with excise tapes on the front. All samples of cigarette brands chosen by researchers did not include the statement "Containing more than 4000 dangerous chemicals and more than 43 substances that can cause cancer". In this observation, it is known that big industries are not obedient by including misleading and promotive words.

Process in policy implementation

1. Communication

In the communication aspect, the transmission of the inclusion of warning and health information policies on cigarette packaging to all actors involved through socialization was initially carried out by the Ministry of Health and BPOM, then cooperated with relevant ministry institutions that could socialize with their work units in this case the Ministry of Finance (Beacukai) and the Ministry of Industry.

The Ministry of Health also cooperates with national-level religious organizations in order to deliver quickly and reach the intended target, which is the cigarette industry. So that the application in the field can run systematically and structured following existing orders and procedures. Besides, the method of disseminating this policy was also carried out through socialization with electronic media, radio, TV, and even social media, including newspapers. However, this dissemination was carried out only in the first six months of this policy was issued. The researcher concluded that the transmission indicator on the implementation of the inclusion of warnings and health information on cigarette packs is running quite well, but less effective. The indication is that cigarette packaging is still not following the provisions in Permenkes No. 28 of 2013. Therefore, it is expected that the government, in this case, BPOM as the supervisor of implementing the inclusion of warnings and health information policies on cigarette packaging must make changes to the regulations, so that the BPOM is stronger in following up the results of supervision. As well as providing routine counseling on provisions that must be adhered to following the policy in Permenkes No. 28 of 2013 periodically and monitor these activities.

Based on the results of interviews, the delivery of information on the inclusion of warning and health information policies on cigarette packaging has been carried out and accepted by all actors implementing policies quite clearly. However, the delivery of information will be more effective if routine coordination and monitoring of the implementation of warning and health information on cigarette packaging is carried out by all parties involved in implementing this policy so that BPOM does not find any more violations by the cigarette industry.

Based on the results of interviews conducted by researchers, it can be concluded that the success of policy requires the implementers to know what the goals and objectives of the policy are so that it will reduce the distortion of implementation. If the goals and objectives of the policy are unclear or changeable, resistance will likely occur from the target group. Consistency in the implementation of the inclusion of warnings and health information has been going well, but not accompanied by the consistency of other provisions contained in Permenkes No. 28. It is better to think carefully beforehand before determining changes in policy. Then the implementation of the policy cannot run effectively if the implementation process is not carried out with full preparedness, fostering, coordination, and excellent and responsible communication. The process of readiness, coaching, coordination, and excellent communication will encourage the apparatus to improve better service to the target.

According to Subarsono (2016), giving orders in the implementation of communication must be consistent and clear, so it will not confuse implementation. Based on the results of the study, it appears that the consistency of information has evenly distributed across the target groups. Information consistency occurs in large, medium to small-scale industries. In addition to the Ministry of Health and BPOM, the Ministries of other institutions such as the Ministry of Industry, Ministry of Finance, in this case, Customs and local government agencies are consistently involved in the socialization process. Even though it found in small industries, the institutions that play a role in the process of implementing this policy, according to their statement, are only customs and excise. Communication to the cigarette industry can be done directly from the Ministry of Health through downward communication where the communication process can be carried out through the Minister of Health Circular Letter to BPOM and the relevant Institution Ministry accompanied by a pocketbook of Permenkes No. 28 of 2013.

2. Bureaucratic Structure

The implementation of warning and health information on cigarette packaging depends on decisions and coordination between implementing agencies. As

related institutions, clear understanding must be given in detail to avoid misunderstanding the form of communication and coordination between implementing activities. Besides, the division of existing roles can at least know the tasks and limitations of their work, so that they remain systematic and structured. According to Wahab (2015), coordination is not only about communicating information or forming a suitable organizational structure, but also involves coordination in a fundamental problem, like the practice of implementing power. At the level of this research bureaucracy, coordination was established between the Ministries of Health, the Ministry of Women's Empowerment and Child Protection, BPOM, Customs from the Ministry of Finance, Ministry of Agriculture, Ministry of Trade, Ministry of Industry, Ministry of Labor, Ministry of Home Affairs, Ministry of Law and Human Rights, and many others including the private sector. BPOM itself is still unclear in recommending sanctions, due to the lack of optimal coordination across sectors and/or work relations between Ministries / Institutions related to the follow-up to the results of supervision of tobacco products, therefore BPOM is expected to make changes to BPOM regulations that must be followed by Ministries who are fostering the cigarette industry, which is the Ministry of Industry and the Ministry of Trade so that there is a strengthening of BPOM in following up on the results of supervision.

The above is following the statement of Edward in Winarno (2014) which states that with the existence of policy instruments, policy implementers can optimize the available time and can uniform actions in a complex and widespread organization so that it can lead to high flexibility and significant similarity in implementation regulations. In the implementation process, coordination between agencies is needed to avoid things that are complex, complicated, and long so that the implementation of policies can be carried out appropriately and quickly (Supriadi, 2012).

3. Disposition

The attitude of the executor, in this case, the commitment of the cigarette industry affects the compliance of implementing the inclusion of warning and health information policy on cigarette packaging. This policy has become mandatory which has resulted in large industries being highly committed to include health images on cigarette packaging, but small industry commitments are still low because there are still discrepancies in the inclusion of cigarette warnings following provisions in Minister of Health Regulation No. 28. According to the executive supervisor of this policy, the implementation has not reached 100% due to the presence of cigarettes that still not include images on cigarette packs. Whereas the government's commitment has gone well, although the implementation seems to be

a long-standing thing because it follows the applicable procedures.

According to Subarsono (2012), if the implementation of the policy has a pleasant disposition, then he will run the policy well as desired by policymakers. If policy implementers have different attitudes and perspectives from policymakers, it will make the implementation of policies ineffective. The relationship with the implementation of the inclusion of warnings and health information on cigarette packaging is not achieving the goal of reducing the prevalence of novice smokers and even increasing it to 8.8% (Minister of Health, 2016). Based on the statement of Subarsono (2012), the disposition towards the implementation of warning inclusion policies and health information is not good.

Based on the results of the study, the level of implementing commitment in the field is inadequate due to a policy clash that can lead to non-compliance with the implementation. The implementation process becomes weak if the implementer in the field is not compliant to implement the policy so that the policy will only apply on paper without any implementers.

Therefore the Central Government, in this case, the Ministry of Health should immediately follow up on cooperation between Ministries and Institutions, particularly the Ministry of Industry and Finance and BPOM. The government's assertiveness in following up on the results of supervision was requested, for example by immediately replacing five images on cigarette packaging and revising a pictorial health warning measure of at least 75% following the roadmap for controlling cigarettes and by accessing the FCTC

Actors in Policy Implementation

1. Commitment

If a violation is found, BPOM can give sanctions under the Regulation of the Head of the Indonesian Food and Drug Agency No. 41 of 2013 concerning Supervision of Circulating Tobacco Products, Inclusion of Health Alerts in Tobacco and Promotional Products. However, BPOM has a weakness in carrying out its duties as supervisor of this policy, which does not have legal force in following up the findings of supervision. Therefore BPOM is expected to be able to coordinate with the ministry agencies regarding sanctions to be given to the cigarette industry so that the implementation of health warnings and information on cigarette packaging is following the provisions in Permenkes No. 28 of 2013.

Based on the compliance and factual approach it can be stated that the success of the policy mostly determined by the implementation stage and the success of the implementation process determined by the ability of the

implementor, specifically: the compliance of the implementor follows what is ordered by superiors, and the ability of the implementor to do what is considered appropriate as a personal decision in the face of external influences and non-organizational factors, or factual approaches (Ripley & Franklin, 1986: 11). Based on this, it can be seen that the cigarette industry is still not obedient to the government's determination to carry out the inclusion of health warnings. The above can be seen from the discovery of excise tapes covering the warning images, which are not following the provisions in Minister of Health Regulation No. 28 of 2013.

Solutions to these problems include the Ministry of Health immediately replacing five images on cigarette packs and revising pictorial health warning measures of at least 75% by the cigarette control roadmap. Regarding the excise tape issue, the recommended improvement so that the excise tape does not close the PHW in the SKT model is by means of the excise tape mounted around the literal side of the packaging, the location of the excise tape is lowered slightly below the PHW image and for cigarette packs in the form of Zippo, the excise tape is installed lengthwise on the front side and one side of the literal packaging.

2. Relationship

The interaction between the implementers of the policy carried out quite well. The interaction was evident from the existence of Konas PT, routine meetings, cross-sector coordination, and others. However, based on the results in the field, it is also known that some agencies do not support this policy, resulting in several conflicting regulations between Ministries / Agencies that do not maximize the objectives of this policy.

According to Buse, Mays & Walt (2005), good relations occur when there is an interaction between actors in implementing policies to achieve goals. Good relations are reflected in the coordination with related agencies such as customs in terms of purchasing excise ribbons, local health or BPOM regarding cigarette supervision (PHW), the Ministry of Industry related to business permits and others.

Based on the results of interviews by the policy supervisors, it is known that cross-sector coordination is not optimal. Cross-sectoral coordination has not been optimal because of the existence of several inter-ministerial policies that cross each other or collide, which have resulted in a tugging of the implementation of policies, resulting in a lack of commitment. The implementation of this policy is not following Kepmenkes No. 260 of 1985. The prevention of disease is not only carried out by the health sector but requires an integrated cross-sector collaboration. The level of

compliance of the cigarette industry has reached 99.91% in implementing the warning and health information policy on cigarette packaging, but the implementation is not perfect because there are still around 16.3% that the number of PHW images does not meet the requirements. According to Makinde's research quoted from Purwanto (2012), one of the reasons for the failure of policy implementation was the lack of coordination.

The solution is the need for government commitment and mutual harmonization to achieve this policy. To deal with coordination issues by creating a system and working group in solving various problems in implementing this policy. This collaboration is not only from the health side, but also across agency ministries, and the community becomes one unit to overcome the issue of warning inclusion policies and health information on cigarette packaging.

Content in policy implementation

1. Policy Level

The position of this policy is national and implemented in all cigarette industries, but it does not apply to the klobot cigarette industry, rhubarb cigarettes, and cigar bar packaging (PP 109 of 2012). This policy is generally not well understood by the cigarette industry but known by stakeholders. This regulation is the implementing regulation of Law No. 36 of 2009 concerning Health and PP 109 of 2012. The Ministry of Industry and related institutions in implementing this policy establish policies that can support their performance such as the Decree of the Director-General of the Ministry of Industry and BPOM Head Regulation No. 41 of 2013 concerning Circulating Tobacco Products, Inclusion of Health Alerts in Advertising, Tobacco Packaging, and Promotions.

Minister of Health Regulation No. 28 of 2013 is the implementing regulation of PP No. 109 of 2012 concerning Handling of Materials Containing Addictive Substances in the Form of Tobacco Products for Health so that they fall into the kind of mесо level of public policy (Tangkilisan, 2003). The licensing of the cigarette industry is at the Ministry of Industry, while the supervision of the warning inclusion policy and health information is at BPOM. The cigarette industry is more compliant with the Ministries / Institutions that provide business licenses. The sanctions given by BPOM are considered to be mild and do not create a deterrent effect on the cigarette industry and are considered ineffective. The cigarette industry itself is more afraid of the Ministry of Industry because of the related permits.

The implementation of this policy is in line with Ehrenberg's (2005) statement that inter-sectoral cooperation has a positive impact on family health and economic security, environmental sanitation, and

community income, all of which are important for families and society in general. Such interventions, when directed to more vulnerable groups, also help in reducing health inequalities, which are new and vital problems for many health institutions (Ehrenberg, 2005).

The recommendation that can be given is that BPOM is expected to make regulatory changes and must be followed by the Ministry which is the coach of the cigarette industry, particularly the Ministry of Industry and the Ministry of Industry and Trade so that BPOM is strengthened in following up the supervision results. Permenkes No. 28 of 2013 is a technical regulation, and it will be stronger if the regional government complements with more supportive regulations, for example, the local government prohibits cigarette advertising in outdoor media or prohibits selling cigarettes in non-smoking areas.

2. Benefits of Policy

The benefits of this policy are known to all actors involved in implementing the policy, namely protecting citizens, as well as education and can reduce the prevalence of novice smokers. The above is different from the cigarette industry. The cigarette industry itself said that this policy had no benefits and even tended to harm the cigarette industry. This statement leads to low industrial success or compliance, following Grindle's (1980) statement, that one of the policy contents that influences the success of public policy implementation is the type of benefit received by the target group, particularly the cigarette industry.

Based on the results in the field and the informant's statement stating that the implementation of this policy has no benefits, there are several cigarette industries still not included pictures and health information following the provisions in Permenkes No. 28 of 2013. Therefore BPOM is expected to immediately follow up on the findings and then evaluate the warning inclusion policy and health information on cigarette packaging.

3. Policy Objectives

All informants from various actors generally understand that the purpose of this policy is to educate and reduce the prevalence of novice smokers. According to Purwanto (2012), one of the reasons for the failure of policy implementation is the ambiguity of purpose, in this case, to set control objectives such as elimination or eradication. Therefore the aim of this policy is in the form of elimination, specifically continuous intervention efforts aimed at reducing the prevalence of smoking to the zero points in a geographical area. Further intervention on this policy immediately revised several articles in PP 109 of 2012 that could not be implemented,

Increased the size of the PHW following the tobacco control road map, changing pictures on cigarette packaging and increasing support from the health office by issuing supporting policies in efforts to control tobacco.

The context in policy implementation

1. Political Culture

Intervention to the DPR is an effort of the real sector, considering that policies regarding tobacco have a very high political element, involving interests between the President, the DPR, and farmers. The perceived political interest is the disappearance of the verse about tobacco in the Health Act article 11 paragraph 2. Then the "light mild" writing on cigarette packs that should not exist is found in Government Regulations. The tobacco industry has great power and capital to be involved in political interests because their business will be disrupted if the policy passed. The cigarette industry is known to make contributions to the agenda or activities of the government or state. A statement from the Ministry of Industry said the policy aimed to reduce the prevalence of smoking and no political intervention. Whereas according to industry or cigarette industry association, this policy is related to the competition of the pharmaceutical industry in Indonesia, namely to increase sales of drugs to stop smoking or stop smoking therapy. Now Indonesia cannot export cigarettes to America even though it has won at WHO. So the strong influence of trade politics leads to industrial or economic competition in terms of the issuance of tobacco legislation.

Based on observations, according to the roadmap for controlling the impact of cigarette consumption on health, the government has the power and opportunity politically that can support the control of the impact of cigarette consumption related to health warning policies in the form of images and writing, with targets from 2015 to 2019 namely broad health warnings in the form of pictures and writings of 75%. This policy has not implemented until now. This condition proves that the government's attitude is still considered as gray.

According to Budiarto (2004, p.8), politics always concerns the purpose of the entire community (public goals), and not one's personal goals (individual goals). Politics concerns the activities of various groups, including political parties and one's activities (individuals). Politics has the concept of the main concept, specifically the state, power, decision making, policy, distribution, and allocation. Based on the statement of the informant above, the implementation of the policy of including warnings and health information on cigarette packaging is still hampered by personal goals that are more important than the objectives of the community.

2. Social Economy

The company has no problem with the implementation of warning and health information on cigarette packaging because the image is only a government program. The image also does not affect consumers. Large companies have higher turnover because more and more small companies concentrated in large companies, and in the end, the big companies turnover is getting bigger and smaller companies close. However, other things affect the economy of an industry such as raw materials, policies regarding cigarette excise, market competition, and others. The results of the cigarette industry's involvement in the economy in Indonesia were seen when the Ministry of Finance gave awards to the tobacco industry because they were the most significant contributors to excise revenues. Excise taxes have caused the government to remain less assertive in tobacco control programs, as evidence, the images on packaging have not been replaced since this policy was issued.

So, in contrast to products that have other harmful and dangerous impacts, regulation of tobacco products (cigarettes) still creates controversy in the community. There is no need to debate the harmful effects of smoking on health, economy, society, social, and environment anymore. However, the fact that the tobacco industry produces an enormous contribution through excise revenues and the employment sector recognized by the government. Indonesia's government always used this reason to protect the tobacco industry from all regulations, including international agreements like FCTC. This obstacle is a dilemma faced by the government in carrying out development, because taxes from tobacco production, specifically customs and excise, are very supportive of the government in funding economic development, while health protection to achieve people's welfare is also a matter that needs to be done (Neltje, 2011).

The solution that can be implemented is to increase the size of the warning image and health information on cigarette packaging to 75%, according to the target in the tobacco roadmap and increase the price of excise on cigarettes.

CONCLUSIONS

1. Implementation of the warning inclusion policy and health information on cigarette packaging has been carried out. From the results of supervision data (2016) that the level of industry compliance in including PHW at a retail level has reached 99.91%. However, based on the results of BPOM's

supervision and the survey conducted, researchers found that compliance was not followed by the cigarette industry's compliance with the provisions because the size was not appropriate, PHW images were covered with excise tapes, and some terms indicated quality, superiority, security, and imaging.

2. Process Aspect

The socialization, which was initially carried out by the Ministry of Health and BPOM, then worked with the relevant agency ministries that could socialize with their work units, in this case, the Ministry of Finance (Customs) and the Ministry of Industry. In addition to the relevant Ministries, the Ministry of Health also cooperates with national-level religious organizations so that they are delivered quickly and reach the intended target, namely the tobacco industry so that in its application following existing orders and procedures to run systematically and structurally. This policy was also carried out through socialization with electronic media, radio, tv, and even social media, including newspapers. However, this socialization was carried out only in the first six months after this policy issued.

Information on warning inclusion policies and health information on cigarette packaging has been implemented and has received by all actors implementing policies quite clearly. The implementation of this policy has also been running quite consistently. In addition to that, the bureaucratic structure in the implementation of warning and health information on cigarette packaging is quite coordinated. The division of roles has also been carried out.

3. Actor Aspects

The main actor of this policy at the national level is the Ministry of Health. The cigarette industry's commitment is almost 100%, but the inclusion of health warnings has not effectively run because there are still cigarette packs that do not meet the provisions in Permeke 28 of 2013 such as unclear images, the image area less than 40%, and some image still covered with ribbons excise. The government's commitment is still low because until 2017 it has not been able to implement policies following the tobacco control map and BPOM as the implementing supervisor of this policy can not act much in acting against the non-compliant cigarette industry.

In contrast to the government's commitment, which perceived as less reliable and biased, the tobacco industry has succeeded in lobbying the government and the DPR with the participation of the tobacco industry in policy development. The interaction between the actors implementing the policy was

carried out quite well. These interactions can be seen from the existence of Konas PT, routine meetings, cross-sector coordination, and others. However, based on the results in the field, it is known that several agencies do not support this policy, resulting in several conflicting regulations between Ministries / Agencies so that the objectives of this policy not maximally achieved.

4. Content Aspects

The benefits of this policy are known by all actors involved in implementing the Inclusion of Warning and health information policy on Cigarette Packaging, specifically to protect its citizens, as an education, and to reduce the prevalence of novice smokers. In contrast to the cigarette industry itself, they say that this policy does not have benefits and even tends to harm the cigarette industry.

5. According to industry or cigarette industry associations, this policy related to the competition of the pharmaceutical industry in Indonesia, namely to increase sales of drugs to stop smoking or stop smoking therapy. So, the strong influence of trade politics that leads to industrial competition or the economy in the issuance of mining regulations. Also, the roadmap for controlling the impact of the consumption of cigarettes has not been implemented.

SUGGESTIONS

1. It is necessary to re-socialize with the coordination of all relevant agencies and routine monitoring regarding the implementation of warning and health information on cigarette packaging, with the hope that BPOM will not find any more violations by the cigarette industry.
2. BPOM must make changes to regulations and must be followed by Ministries that foster the cigarette industry such as the Ministry of Industry and Ministry of Trade so that there is strengthening to BPOM in following up the results of supervision.
3. It is expected that the government will immediately issue a regulation concerning the limits of tar and nicotine levels in cigarettes.
4. The Central Government, in this case, the Ministry of Health must immediately follow up the cooperation between Ministries and Institutions, particularly the Ministry of Industry, Ministry of Finance and BPOM.
5. Immediately replace five images on cigarette packs and revise the pictorial health warning size to be at least 75% according to the cigarette control roadmap. Provide a precise time limit on the implementation of 75% PHW, implementation of new PHW image changes and apply pictorial health warnings on all types of tobacco products without exception.

6. To affirm the commitment from the actors who implement the inclusion of warning and health information policy on cigarette packaging. It is suggested to the Ministry Institutions, especially BPOM, to be more courageous in following up on the results of supervision.
7. In order for excise ribbons not to close the PHW, socialization regarding installation for the SKT model is required, excise ribbons are installed along the literal side of the packaging, the location of the excise tape is lowered slightly below the PHW image. For cigarette packs in the form of Zippo, excise ribbons are installed lengthwise on the front side and one side of the literal packaging.
8. The Ministry of Health is expected to immediately evaluate the inclusion of warnings and health information policy on cigarette packs.

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