

Supporting the FCTC Process in Indonesia



Final Narrative and Financial Report

April 2007

Prepared for: International Health Division, International Affairs Directorate, Health Policy Branch, Health Canada

Prepared by: HealthBridge (formerly known as PATH Canada)

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Final Narrative Report

Background

Indonesia is currently experiencing a tobacco epidemic. With a smoking prevalence rate of 31.5% (and more than 60% in rural areas), the country has the fifth highest tobacco consumption rate in the world. In addition, tobacco consumption has increased steadily since the 1970s. For example, smoking prevalence among adults 15 years and older increased from 26.9% in 1995, to 31.5% in 2001. Indonesia is also the 7th largest tobacco producing country.

Most of the countries located in WHO's South East Asian Region (SEAR) have demonstrated a strong commitment to the WHO Framework Convention on Tobacco Control (FCTC). Indonesia, however, is an exception – there is much apathy on the part of the Government to accede to the FCTC and implement tobacco control policies. As a very populous country with virtually no tobacco control activities in place (or even planned), substantial government support for tobacco production and trade, and no strong NGOs able to counter the tobacco industry, Indonesia is a key country to support.

In order to build the capacity of NGOs to advocate for tobacco control in Indonesia, the Indonesian Public Health Association, the South East Asia Tobacco Control Alliance (SEATCA), and HealthBridge hosted an advocacy training workshop for potential partners in Indonesia in May 2006. The objective of the training was to enable advocates to identify and understand priority tobacco control issues in Indonesia, provide them with basic advocacy skills, identify cost-effective resources that could be utilized for advocacy, and develop a concrete issue-specific action plan for future advocacy initiatives.

The participants were selected using criteria developed collectively by local and international resource persons. Participants represented organizations traditionally involved in tobacco control as well as new players in the field. Organizations attending the training included the Heart Foundation, Cancer Foundation, Indonesia Women Against Tobacco, Jakarta Citizen Forum, National Scout Organization and university student bodies.

Following the training, the Indonesian participant organizations submitted advocacy proposals. SEATCA collaborated with HealthBridge to support four of these proposals through small grants. HealthBridge's Programme Director provided technical assistance as required by those grantees.

Goals and Objectives

The overall purpose of this project was to improve the capacity of Indonesian tobacco control advocates to contribute to the development of tobacco control policies in Indonesia. Its specific objectives were:

1. To strengthen policy efforts in Indonesia by ensuring the creation and carrying out of concise, strategic plans for the country to accede to and implement the FCTC.
2. To support a small, targeted number of NGOs to work directly with government and media on the FCTC.

Activities and Outputs

The following highlights the primary activities undertaken and outputs and outcomes achieved through this project.

Objective 1: Strengthen policy efforts in Indonesia by ensuring the creation and carrying out of concise, strategic plans for the country to accede to and implement the FCTC

Activity 1-1: Assist advocates in fine-tuning their plans to meet project objectives.

Activity 1-2: Help advocates to turn their action plans into concise proposals.

Activity 1-3: Review proposals and select grant recipients.

The small grant application and review process led by SEATCA and HealthBridge took place as planned, following the originally scheduled timeline. Unfortunately, this meant that the review and selection process was completed before Health Canada funding was officially confirmed. Therefore, all Health Canada funding, and HealthBridge technical assistance supported by Health Canada, was reallocated to support activities undertaken in support of Objective 2. This did not, however, affect the ultimate outcomes of the project.

Objective 2: Support a small, targeted number of NGOs to work directly with government and media on the FCTC

Activity 2-1: Provide small grants to selected projects that strategically facilitate Indonesia to accede to and implement the FCTC.

Activity 2-2: Provide ongoing technical assistance and capacity building to Indonesian partners.

Activity 2-3: Supervise grant projects.

Activity 2-4: Organize a follow-up review/monitoring/training meeting for Indonesian tobacco control advocates.

With administrative support from SEATCA, HealthBridge funded three advocacy projects and the updating of a tobacco control source book.

No	Organization	Project Title	Project Specific Objectives
1	National Commission for Child Protection (NCCP)	Advocacy for Youth Protection Measures in the Tobacco Control Law	Enactment of tobacco control law with provisions on: 1. Comprehensive ban on tobacco advertising 2. Prohibition of the sale of cigarettes in single sticks and kiddy packs 3. Prohibition of sale of tobacco products by minors 4. Children's right to smoke-free public areas

2	Indonesian Forum of Parliamentarians on Population and Development (IFPPD)	Facilitating youth interface with Parliamentarians for enactment of tobacco control law	<ol style="list-style-type: none"> 1. To increase youth understanding of tobacco control policy scenario 2. To get commitment from young people to urge the parliament in initiating tobacco control law 3. To develop youth ability for policy advocacy
3	Indonesian Planned Parenthood, West Java (IPP)	Advocacy for smoke free school regulation in Bandung	<ol style="list-style-type: none"> 1. Increase Stakeholder awareness to stop tobacco consumption among students in Bandung West Java and mobilize their support in advocating local government to make smoke free schools policy. 2. Support a regional policy on smoke free schools.
4.	Indonesian Public Health Association (IPHA)	Updating Tobacco Control Source Book for Indonesia	<ol style="list-style-type: none"> 1. To update Indonesia Tobacco Source Book 2004 2. To disseminate the source book to tobacco control workers and related agencies in Indonesia and related international organizations

Specific Project Outputs

Project 1: Advocacy for Youth Protection Measures in the Tobacco Control Law

Objective: Advocate for inclusion of youth protection measures in the national tobacco control law and enlistment of the draft bill for discussion in the National Legislation Program of 2007 of the Indonesian Parliament

Activities	Outputs
Road shows in 10 schools	<ul style="list-style-type: none"> ▪ Youth gained acknowledge about the misleading marketing practices of the tobacco industry. ▪ Youth were motivated and inspired to get involved in tobacco control advocacy.
Capacity Building for motivated youth leaders	<ul style="list-style-type: none"> ▪ Youth learned about the tobacco control scenario in Indonesia and advocacy strategies for policy change ▪ Youth were prepared to represent Indonesia's future generation and advocate tobacco control policies to legislators ▪ Establishment of Tobacco Free Youth Forum
Representation to Commission VIII of Parliament dealing with Child protection	<ul style="list-style-type: none"> ▪ Legislators of Commission VIII signed the youth petition and affirmed their support to protect children from tobacco's harm ▪ Media coverage (print and electronic)-(Appendix-1)
Representation to Commission X of Parliament dealing with environmental concerns	<ul style="list-style-type: none"> ▪ Legislators of Commission X signed the youth petition to protect children from tobacco ▪ Media coverage (print and electronic)
Youth Meetings	<ul style="list-style-type: none"> ▪ Prepared for advocacy events, presentations and petitions to the Parliamentarians
Youth representative presented their demands to Parliamentarians at IFPPD's seminar	<ul style="list-style-type: none"> ▪ Chairman of House of Representatives was moved by the youth presentation and further called on the Legislation Body (Baleg) to include TC Law in National Legislation Program (Prolegnas) immediately. (Appendix-2)
Meeting with Chairman of	<ul style="list-style-type: none"> ▪ Chairman called on the Legislation Body (Baleg) to include TC Law

House of Representatives (Agung Laksono)	in National Legislation Program (Prolegnas) of 2007
Street Rally & Press Conference	▪ Media coverage
Preparation of a National Children's Congress	▪ Youth call to the President of Indonesia to enact TC Draft Law.

Project 2: Facilitating youth interface with Parliamentarians to enact tobacco control law

Objective: To mobilize parliamentarians to list draft tobacco control bill in the legislation plan for 2007 and thus prevent youth exposure to industry tactics and smoking.

Activities	Outputs
Youth Core Group Meeting	Commitment from the youth to influence the parliamentarians in order to protect them from the harm caused by tobacco products and to be peer advocates
Youth Seminar at the Parliament opened by Speaker of Parliament (Appendix-2)	<ol style="list-style-type: none"> 1. Inputs from youth to strengthen Parliamentarians' initiative on the draft bill to be listed in the Legislation Plan for 2007. 2. Youth commitment to advocate their peers in support of tobacco control effort at schools/universities and their surrounding. 3. Signatures from youth and Parliamentarians on commitment to tobacco control legislation Fact sheets produced for the Parliamentarians and media (Appendix-6)
Press conferences	Responding to the youth voice, Legislation Body and factions (political parties) urged to give serious attention and accelerate the discussion on the Bill on Controlling the Impact of Tobacco Products on Health. In addition, increased awareness of tobacco industry manipulation of reporting on tobacco control

Project 3: Advocacy for smoke-free school regulation in Bandung

Objective: To influence the local government to develop a smoke-free schools policy.

Activities	Outputs
Youth Meeting	Recommendation and petition from youth demanding smoke-free schools
Stakeholder & Community Meeting	Recommendation & support from 10 institutions that are influential for smoke-free school advocacy.
Regulations on smoke free schools	Draft regulation will be produced
Media advocacy kit	Promotional and information materials will be produced
Meetings with allies and government representatives	Support gained from allies and government for draft regulation

Project 4: Tobacco control source book

Objective: To update the 2004 Indonesia Tobacco Control Source Book

1. Establish a team to update the book
 - Writing team: Widyastuti Soerojo, Widyastuti Wibisana, Abdilah Ahsan, Sri Nurwati, Soeharsono Soemantri
 - Local Partners contributed input and technical assistance: Coordinator of National Health Survey (dan Dwi Hapsari) from the National Institute of Health Research and Development, Ministry of Health and Sunaryo, a staff member of the Directorate of Customs, Ministry of Finance
 - Overall review: Shoba John, HealthBridge Program Director, Bungon Rittiphakdee, SEATCA Coordinator, and Menchi Velasco, SEATCA Research Coordinator.
2. Outline of the book developed (**Appendix-3**)
3. Chapter drafts completed
4. Chapters finalized with inputs from reviewers (Executive summary attached as **Appendix-4**)
5. Dissemination
 - a) Electronic version (following final editing) will be put on the Indonesian tobacco control website and will be available in PDF format for further use by Ministry of Health, media, and the tobacco control community
 - b) Hard copies will be produced and distributed to relevant agencies at the local, national, and international levels.

Technical Assistance Provided by HealthBridge to the Projects

HealthBridge's Programme Director based in India (Shoba John) maintained ongoing communication with the grantees and provided regular technical assistance to the projects, onsite and over emails and voice over internet communication. She visited Jakarta in November 2007, two months into project implementation, to assess progress and assist implementation of advocacy plans. A one day monitoring meeting with the grantees was organized and work plans were revisited, challenges identified, and alternative strategies developed. The grantees were helped to modify their work plans in line with the revised strategies.

Ms. John also assisted IFPPD & NCCP to recognize the synergic goals of their individual projects in accelerating the enactment of national law and facilitated development of joint work plans and sharing resources. This helped to increase the reach of the project to their respective constituencies and avoid delays and duplication of efforts.

In a meeting with IFPPD management and staff, Ms. John facilitated the identification of strategies to counter tobacco industry's attempt to legitimize its opposition to the draft tobacco control bill by collaborating with the University of Indonesia. She personally attended and supported a walk out from the University seminar challenging the draft bill. She also provided inputs to IPP as it refined its plans to match local needs and timelines. It provided conceptual clarity on key component of smoke free policies.

Ms. John assisted the Tobacco Source Book team to develop its framework and finalize the outline. The Chapter authors were then directed to potential sources of information relevant for

the update. The drafts were reviewed and feedback provided. Along with SEATCA, Ms. John met the chapter authors in Jakarta and finalized the chapters. She maintained regular communication with the Project Co-ordinator and authors throughout the process and offered help to deal with human resource and data-related challenges.

Ms. John organized a second meeting with the project implementers in Jakarta in March 2007, during which she assessed the projects' progress in meeting their objectives, helped the team identify and share the lessons learned, and discussed termination plans. In addition, as a capacity building measure, she helped refine NCCP's statement on Philip Morris's deception of Indonesian youth at the Altria shareholder's meeting. HealthBridge also linked members of the project teams to international networks and resources such as at Globalink and Global Smoke free Partnership.

At the same time, Ms. John visited and worked with the tobacco control focal point in the Non Communicable Diseases Division of the Indonesian Ministry of Health and his counterpart in the WHO country office. HealthBridge's access to the Government was utilised in seeking information and support from the Government for local tobacco control policies. Ms. John persuaded the WHO Assistant Director General to utilise her impending visit to specifically seek Indonesian Government's support for accession to FCTC and enactment of national tobacco control law.

Outcomes Achieved

The key outcomes achieved through this project were:

1. Pressure built for national and local tobacco control policies

The seed grants with focused and strategic policy goals helped to build momentum and environments conducive to moving forward with the development and implementation of local and national tobacco control policies.

NCCP successfully built a formidable youth pressure group, which in limited time gained media and Government attention. This group in turn has unlimited potential as a stakeholder group in keeping youth concerns on the agenda of the legislators and accelerating the parliamentary legislative process.

IFPPD (the Parliamentarian's initiative on developmental issues), through this project, has managed to mobilize increased support from key leaders in the Parliament for the tobacco control bill it is piloting in the Parliament.

IPP's strength is in the provinces and in working with children, parents and the school system. This gives them inroads to the Educational Board that has to formulate the Smoke-free School decree. Having branches in several provinces, IPP's efforts to make smoke-free school regulations in West Java could potentially become a model for other provinces in Indonesia to initiate local smoke-free initiatives, even as the national law is yet to be completed.

The Tobacco Control Source book that has been updated will serve as a resource for various media and policy efforts. It is being referred to in the local tobacco control discussions, even

before its formal publication; this indicates its potential to be a credible information source for local and international agencies.

2. Emerging leadership in Indonesian tobacco control fostered

The seed grants enabled the recipients, all recent entrants in Indonesian tobacco control, to gain greater visibility with the media and the Government and within the development community. This will enhance their plans to further improve tobacco control policies in the country. The fact that youth from NCCP were invited to address the media alongside Parliamentarians exemplifies the longer-term impact of the project. Tobacco control movement in Indonesia has been able to identify in the Chair of the House of Representatives an advocate for its cause. This could help in mobilising further support in ensuring that the tobacco control bill is highlighted in the Parliament's legislative programme for the coming year.

3. Collaborative partnerships created in Indonesian tobacco control

NCCP and IFPPD worked collaboratively towards their synergetic goals. Their work plans were developed and implemented in a consultative manner. Resources were shared to maximize their efficiency and to avoid potential duplication. The organisations and their constituencies have developed a trusting relationship that could stimulate further collaborative efforts in tobacco control.

4. Contributions made to international tobacco control

Activities supported through the Health Canada-funded small grants have improved the capacity of the grant implementers and increased their visibility in international tobacco control. This in turn could help them to be resources and models for other similar initiatives while also attracting additional resources for their own work.

The NCCP's Project Officer has come to be closely connected with Essential Action, an international tobacco control network that challenges industry manipulations. She was selected by the network to represent global and Indonesian youth in raising their concerns at the 2007 Altria (formerly Philip Morris) Shareholders Meeting in East Hanover, New Jersey.

IFPPD effectively utilised its membership in Globalink to seek information from countries that have evaluated the impact of FCTC ratification on tobacco farming and employment, for moving the tobacco control bill in their Parliament's agenda. (**Appendix-5**)

The lead author of the Tobacco Control Source book from IPHA has been invited to participate on the Steering Committee of the Global Smoke-Free Partnership.

Conclusion

Overall the small grants for advocacy projects have been a success and have facilitated the training and equipping of a new group of confident advocates in Indonesia. More importantly, they have initiated advocacy activities that contribute to tobacco control policies at both the local and national levels. It is important that the advocacy efforts that were started continue. Hence continued support to this group is also important. HealthBridge and SEATCA are committed to work closely with the Indonesian tobacco control network to support and strengthen these advocates to be active contributors to tobacco control policies in Indonesia.

Appendix 1: Media Coverage from Advocacy for Youth Protection Measures in the Tobacco Control Law Project



Komisi Nasional Perlindungan Anak
National Commission for Child Protection

☐ Kompas ☐ Media Indonesia ☐ Republika ☐ Suara Pembaruan ☐ Nova Hari : Rabu
☐ Seputar Indonesia ☐ Pos Kota ☐ Warta Kota ☐ Indo Pos ☐ Koran Tempo Tanggal : 21/01/07
☐ Ibu dan Anak ☐ Berita Kota ☐ Rakyat Merdeka ☐ Ayah Bunda ☐ ~~Jakarta Post~~ Halaman : 2

Subyek :

- | | | | |
|-------------------|------------------|-----------------------|---------------------------|
| 1. Abuse/Neglect | 5. Konflik Hukum | 9. Pengungsi Anak | 13. Kesehatan |
| 2. Akte Kelahiran | 6. Malnutrisi | 10. Pekerja Anak | 14. Eksploitasi |
| 3. AYLA | 7. Penculikan | 11. Perdagangan Anak | 15. Program/Kegiatan..... |
| 4. HIV/AIDS | 8. Pendidikan | 12. Pelecehan Seksual | 16. Lainnya |

Activist urges ban on sale of single cigarettes

The Jakarta Post
Jakarta

The National Commission for Child Protection urged the House of Representatives on Tuesday to pressure the government to restrict the sale of single cigarettes, in a bid to protect children from tobacco.

"Nowadays, cigarette firms are targeting children (anyone below 18 years old) in commercials on television, posters, billboards, and even in the sponsorship of music (and) sporting events," commission Secretary General Arist Merdeka Sirait said during a hearing with the House's Commission VIII, which oversees religious, social and women's empowerment issues.

"Allowing downstream distributors to sell single cigarettes for only Rp 500 (5.5 U.S. cents) each eases children's access to tobacco," he added.

A student who joined the National Commission at the hearing said the price of a single cigarette was the same as for one *pisang goreng* (fried banana), making them affordable for children.

A 2006 study by the Global Youth Tobacco Survey showed 14.4 percent of the country's children aged between 13 and 15 years old had been offered free cigarettes by manufacturers, despite the practice being prohibited by a 2003 government regulation. As many as 93 percent of the surveyed children had seen cigarette commercials on billboards and 83 percent had seen them in newspapers and magazines.

According to a 2006 survey by the Drug and Food Monitoring Agency, 14,249 cigarette commercials appeared in the mass media and communal places throughout the country during that year.

The number of smokers

aged below 19 years increased from 69 percent in 2001 to 78 percent in 2004, proving that child smoking was a widespread problem, Arist said.

The government said last week it would start imposing retail price increases for cigarettes in March and raise the special tax on tobacco products in July, despite mounting protests from cigarette makers.

Finance Minister Sri Mulyani Indrawati stated in December that the retail price of cigarettes would rise by seven percent from March 1 this year.

43 Juta Anak Terpapar Rokok

JAKARTA — Ketua Forum Parlemen Indonesia untuk Kependudukan dan Pembangunan Aisyah Hamid Baidlowi mengungkapkan sekitar 97 juta penduduk Indonesia secara rutin terpapar asap tembakau di rumah mereka. Dari jumlah itu, 43 juta di antaranya anak-anak.

Prevalensi merokok di Indonesia, kata dia, menduduki peringkat kelima di negara-negara dengan konsumsi tembakau tertinggi di dunia. Konsumsi itu naik dengan pesat sejak 1970-an. Khusus di lingkungan remaja berusia 15 tahun ke atas, prevalensinya meningkat dari 26,9 persen pada 1995 menjadi 31,5 persen pada 2001, dan menjadi 34,5 persen pada 2004.

Pada hal penggunaan tembakau berakibat buruk dalam jangka waktu lama, dan kanker paru adalah penyebab kematian terbesar di dunia. "Organisasi Kesehatan Dunia (WHO) meramalkan,

pada 2020, penyakit yang disebabkan oleh tembakau akan mengakibatkan 8,4 juta kematian di seluruh dunia setiap tahun," kata Aisyah dalam seminar "Generasi Muda Indonesia Sebagai Sasaran Utama Gencarnya Pemasaran Rokok: Perlukah Dilindungi?" di gedung MPR/DPR, Jakarta, kemarin.

Ketua Dewan Perwakilan Rakyat Agung Laksono menyatakan pemberantasan rokok merupakan hal yang sulit. "Menertibkan di DPR saja sangat sulit," ujarnya. Industri rokok, dia melanjutkan, juga telah memberi kontribusi Rp 25 triliun melalui cukai pada 2005 serta membuka jutaan lapangan pekerjaan, sehingga sulit dibatasi. "Dengan berbagai usaha keras, konsumsi rokok hanya turun 1 persen, bahkan faktanya (konsumsi rokok) bertambah terus," ujarnya.

Pengurus Harian Yayasan Lembaga Konsumen Indonesia Tulus Abadi menduga lambatnya pembahasan Rancangan Undang-Undang Pengendalian Dampak Produk Tembakau terhadap Kesehatan (RUU PDPTTK) disebabkan oleh adanya campur tangan dari produsen rokok. "Itu jelas. Ada intervensi ke partai-partai politik, lalu partai-partai tersebut meneruskannya ke parlemen," katanya.



Komisi Nasional Perlindungan Anak
National Commission for Child Protection

ف Kompas ف Media Indonesia ف Republika ف Suara Pembaruan ف Nova
ف Seputar Indonesia ف Pos Kota ف Warta Kota ف Indo Pos ف Koran Tempo
ف Ibu dan Anak ف Berita Kota ف Rakyat Merdeka ف Ayah Bunda ف

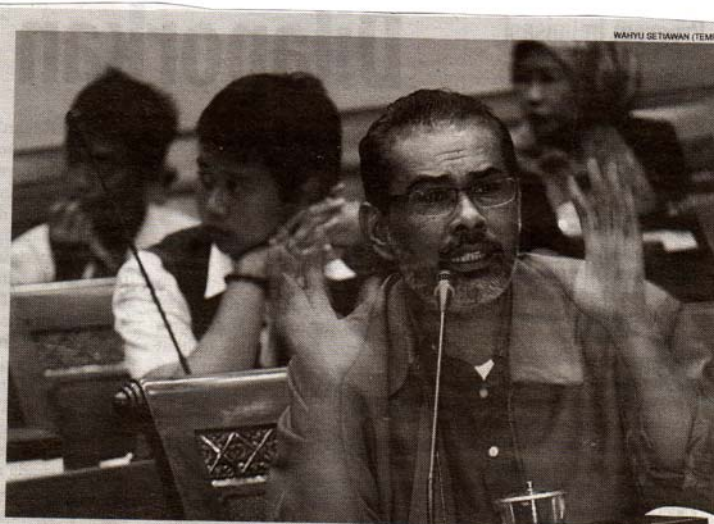
Hari : Sabtu
Tanggal : 21-02-07
Halaman : A7

Subyek :

- | | | | |
|-------------------|------------------|-----------------------|------------------------------|
| 1. Abuse/Neglect | 5. Konflik Hukum | 9. Pengungsi Anak | 13. Kesehatan |
| 2. Akte Kelahiran | 6. Malnutrisi | 10. Pekerja Anak | 14. Eksploitasi |
| 3. AYL A | 7. Penculikan | 11. Perdagangan Anak | 15. Program/Kegiatan..... |
| 4. HIV/AIDS | 8. Pendidikan | 12. Pelecehan Seksual | 16. Lainnya <u>(Rombako)</u> |

DATANGI DPR

Pelajar: Batasi Peredaran Rokok



Protes Rokok

Sekretaris Jenderal Komisi Nasional Perlindungan Anak Arist Merdeka Sirait saat mendampingi siswa menemui Komisi VIII Dewan Perwakilan Rakyat di Jakarta kemarin. Para siswa meminta pemerintah membatasi peredaran rokok di Indonesia.

Jakarta Post Kamis, 22 Februari 2007

Anti-tobacco bill 'must protect children'

JAKARTA: The National Commission for Child Protection lobbied the House of Representatives on Wednesday to accommodate children's interests in the anti-tobacco bill.

In a meeting with the House's education commission, the child protection commission said the bill, which was scheduled for deliberation this year, must ban all kinds of tobacco advertising, as well as sponsorship by tobacco companies in sports, education and television programs.

The secretary-general of the child commission, Arist Merdeka Sirait, said Government Regulation No. 19/2003, which gave tobacco companies the right to advertise and promote their products across all forms of media, had to be annulled so as to deny children access to the addictive products. — JP

Cigarette producers will also be required to pay a special tax — on top of standard tobacco excise duties — of Rp 7 per cigarette in the case of cigarette firms with an annual production of more than 2 billion cigarettes (so-called category one firms); Rp 5 per cigarette for firms with an annual production of between 500 million and 2 billion cigarettes (category two firms); and Rp 3 per cigarette for firms with an annual production of less than 500 million cigarettes a year (category three firms).

Currently, excise duty is imposed at a rate of 40 percent of the official price for category one firms; 36 percent for category two firms; and 26 percent for category three firms.

Arist said the government's price rises did not go far enough.

"The country sells cigarettes at lower prices compared to neighboring countries in Southeast Asia. To address this gap, a pack of cigarettes should be sold for at least Rp 20,000," he added.

The chairman of Commission VIII, Hasrul Azwar, said he would put the National Commission's suggestions on his agenda for meetings with the government. (06)

Appendix 2: Photographs from Advocacy for Youth Protection Measures in the Tobacco Control Law Project



Petition from Tobacco Free Indonesian
Children Forum, March 28, 2007 – accepted by Honorable HR Agung Laksono



Seminar at Parliament Building
March 28, 2007



Press Conference at Parliament Building (Honourable HR
Agung Laksono,
Mrs. Aisyah H. Baidlowi, and Youth Reps, March 28, 2007

Appendix-3: Tobacco Source Book 2007 Outline

CHAPTER 1	Smoking Prevalence
1.1	General Prevalence
1.2	Tobacco Use among Population Sub-Groups
1.3	Age at Initiation of Smoking
1.4	Prevalence of Passive Smokers
CHAPTER 2	Morbidity and Mortality from Tobacco Use
2.1	Morbidity
2.2	Mortality
2.3	Health Care Costs from Tobacco Related Diseases
CHAPTER 3	Tobacco Production, Trade and Industry
3.1	Tobacco Cultivation
3.2	Production and Trade
3.3	Tobacco Manufacturing
3.4	Tobacco Employment
3.5	Market Share of Cigarette Manufacturers
3.6	Tobacco Excise Tax Revenue
CHAPTER 4	Tobacco Consumption and Economic Impact
4.1	Cigarette Domestic Consumption
4.2	Annual Per Capita Consumption
4.3	Monthly Average Cigarette Consumption
4.4	Cigarette Price and Taxes
4.5	Tobacco and Poverty
4.6	Per Capita Income and Minimum Wages
4.7	Tobacco Smoking and Fire Hazards
CHAPTER 5	Tobacco Control Measures
5.1	Tobacco Control Law
5.2	Control of Tobacco Product
5.3	Protection For Non Smokers
5.4	Tobacco Taxation
5.5	Health Education
5.6	Cessation Services
5.7	Organizations
CHAPTER 6	Research on Tobacco Use and Tobacco Control
6.1	Existing Studies
6.2	Research Gaps and Recommendations for Future Studies

Appendix-4: 2007 Tobacco Control Country Profile; Executive Summary

Tobacco use and health risks

More than 50 million smokers in Indonesia spent, on average 11.5% of their monthly household expenditures on cigarettes in 2004, 20% increase from the year 2001; the poorest spent more on cigarettes (11%) than the richest (9.7%). Smoking is estimated to kill 427,948 people annually, about 1172 persons per day. Half of tobacco-related deaths are among people in their most economically productive years. The negative health impacts of tobacco use have long been established and lung cancer is the world's leading cause of preventable deaths. Based on the mortality study of the National Health Survey 2001, the relative risk of lung cancers were calculated as high as 8.17 and the estimated deaths were 36,832.

Two out of three males are active smokers. Sixty seven percent males with no education or do not finish primary school smoke compared to 48% university graduated. Despite extremely fast growing of cigarette consumption, the worrying trends in Indonesia are the large numbers of young people who begin to smoke each year and appear to be starting at younger age. The average age of uptake in 1995 was 18.8 years and continuously declined to 18.3 years in 2001 and 17.4 years in 2004. The vast majority of smokers start before they reach 19 years old. The percentage increased from 68% in 2001 to 78% in 2004 with the highest increase occurring in the youngest age group of 5-9 years from 0.4% in 2001 to 1.8% in 2004.

Traditionally women have not smoked, but the 2004 data showed remarkable increase in female smoking prevalence in all income and education groups from a average of 1.3% in 2001 to 4.5% in 2004. Because disease risk builds over time with smoking, recent increases in relatively short period will affect health outcomes and economic burden in future years.

In 2004, almost 3 in 4 Indonesian households had at least one smoker at home and 84% smokers 15 years and above smoke at home in the presence of family members. Eight of 10 students were exposed to tobacco smoke in public places. It is estimated that over 45 million adults are passive smokers in their homes among whom 37 million were women, 4 times higher than men.

The 2001 data showed that 70% children 0-14 years were exposed to passive smoke in their homes. Extensive studies on second hand smoke confirmed that passive smoke is harmful to human health and children are particularly vulnerable.

Tobacco Production, Trade and Industry

The land devoted to tobacco cultivation is relatively stable at 1.2% of total arable land for more than 40 years. With 16% expansion of the absolute width of arable land for the past 4 decades, increase in tobacco farming was insignificantly from 224 ha in 1961 to 259 ha in 2003. This gives an anticipation of the most probable growth of tobacco farmers relative to the increasing demand for tobacco leaf supplies to support the extensive tobacco production during the same period of 1961 (35.5 Billion sticks) to 2003 (186 Billion sticks). Tobacco leaf import is the answer.

Beginning early 90's, the quantity of imported tobacco leaf passed the export, then sharply went down from 47 tons to 17 tons in 1997-1998 due to the saving of foreign currency reserves during the economic crisis. Although the quantity of export exceeding the import, but in monetary

term, the value was much lower. In 2004, the net export value reached US\$ 30M and ranged between US\$ 27M – US\$ 54M in the past 10 years.

Indonesia contributes about 2.1% of global tobacco leaf production; Almost 67% of the world's supply of tobacco leaf comes from China, Brazil, India and the United States of America. Production of tobacco leaves fluctuates over time indicated that tobacco farming is not a stable job.

The number of tobacco farmers remained at 1.5M for the past 3 years 2000-2003, accounted for 3.7% of workers at the agricultural sector despite the fact that tobacco farming is not a full time job. Farmers do not rely solely on tobacco to make their living. The number of Full Time Equivalent tobacco farmers was 647,750 or 1.5% of workers in agricultural sector in 2003.

Cigarette production in 2005 was reported 220 B after decreases in two consecutive years 2003-2004 that was interpreted as resulting from real cigarette price increase during 1998-2002. The annual tax increase was frozen in 2003-2004 to boost cigarette production. Concurrently the Ministry of Finance found counterfeited tax that caused revenue loss amounted Rp 150B.

The market share of cigarettes in Indonesia was dominated by three large companies: Gudang Garam (32%), Djarum (23%) and HM Sampoerna (19%). After Phillip Morris took over Sampoerna in mid 2005, the market share shifted with Phillip Morris Sampoerna in the second rank (26%) after Gudang Garam (31.7%) and Djarum became the third (17.2%).

The number of workers in tobacco manufacturing was 265,364 in 2002 that accounted for 1.2% of the total industry workers. Ironical to the revenues gained by three giant tobacco industries, the average monthly wages of tobacco workers were 67-88% of the monthly wages in food manufacturing and 49-64% of the wages in all industries. It dispels the myth that tobacco production is beneficial to the workers engage in it.

Tobacco Consumption and Economic Implications

Indonesia ranks fifth among countries with highest cigarette consumption that consumed 173B sticks cigarettes in 2004. In line with the reported data on decreases in cigarette during 2003-2004, consumption declined to 930 per capita per year in the same years.

The seemingly dramatic decrease that was associated with the prior increase in real cigarette price may not be the real case because of the inelastic demand for tobacco as an addictive commodity and the affordability of cigarettes in Indonesia.

Cigarette prices are cheap in Indonesia. Using Marlboro as an index to compare affordability among countries, Indonesia ranks the lowest.

Increasing tobacco consumption in the past few years was alarming. The poorest spent more on cigarette than the richest. Proportion of tobacco expenditures in poor households persistently increasing from 8% in 1996 to 13.3% in 2003, while money spent on carbohydrate were decreasing from 28% to 19% during the same years. This has given considerably extra burden for the limited household resources of the poor to cover basic needs, not to mention the costs for treating diseases attributed to tobacco consumption.

Tobacco tax revenues in 2005 reached Rp 32,65 trillion that accounted for 6.7% of total domestic revenues and 9.8% of tax revenues.

Indonesia applies tiered taxation system, i.e. different tax rates for different types of products and production volume. Beginning 2007, the government applies specific tax per stick ranging from Rp 7, Rp 5 and Rp 3 for large, medium and small industries respectively in addition to the existing tiered taxation. In proportion, smaller industry will get higher increase.

Tobacco Control Measures

Indonesia has some of the weakness tobacco control legislation in the world. Despite no strong regulation in place, Indonesia is the only country in Asia Pacific Region that did not sign nor acceded to the FCTC.

The tobacco draft bill failed to be included in 2007 national legislation agenda. In spite of the political barriers, the least resistance measures is in place in some localities. Smoke Free policy is beginning to take place although will take longer time to fully implement.

There is almost no restriction to all types of advertisements, sponsorship and promotion. Health warning becomes the second relatively promising measure than total advertising ban and price and tax policy. Preliminary study on pictorial warning is underway.

Tobacco control organizations are beginning to take shape, driven by exposures with tobacco control alliances outside the country. The new emerging networks are actively involved in advocacy for policy change.

Evidence is critical to support policy advocacy. Besides the existing research, there are identified information gaps that require further studies.

Appendix 5: IFPPD's use of International Network, Globalink

From: [Ms. Itsnaeni Abbas](#)

To: [General Messages](#)

Sent: Tuesday, December 26, 2006 4:24 PM

Subject: Need some data on FCTC Implementation



Next week, we will have a meeting with expert staff of Legislation Body in parliament. They will review our draft bill (Controlling the Impact of Tobacco Product on Health) and give comments on it. They will submit back to the speaker of parliament whether the draft bill should be put in National Legislation Program for 2007.

Therefore, we need some comparative studies or success stories from other countries about FCTC (before and after implementation). Also, we need some researches on the impact of FCTC ratification in other countries, especially the impact on employment and farming. Because they will make some lists of comparison with other countries in order to put in National Legislation Program for 2007.

Regards,
Itsnaeni Abbas
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This message was sent using [GLOBALink Email Platform](#)

Appendix 6: Fact sheets and Petitions Produced by IFPPD in Bahasa Indonesia

1. Kabar Buruk dari Negeri Terpuruk = Bad News from the Heaven of Smokers
2. Tuhan Sembilan Senti = The Nine Centimeter God: Do you prefer your people worship IT?
3. Petisi Anak Indonesia = Petition of Indonesian Children
4. Politik Cukai dan Kedermawanan Industri Rokok = A Twisted Mind

KABAR BURUK DARI NEGERI TERPURUK

Bukan kereta sembarang kereta
Kereta ini putih sekali

Bukan berita sembarang berita
Berita ini sedih sekali

Kemarin di negeri kita 156 orang meninggal dunia
Tapi anehnya di koran tidak ada itu berita
Tak di radio, tak di televisi, tak satu pun di media
Apakah ada pemboikotan yang begitu merata?
Padahal kejadian ini sudah bertahun-tahun lamanya

Setiap hari tercatat 156 orang mati
Lebih ngeri dari bom Kuningan, bom Marriott, dan bom Bali
Lebih dahsyat ketimbang bencana banjir bandang dan gunung api
Yang masing-masing itu terjadi Cuma satu kali
Termasuk gempa dan gemuruh tsunami
Celakanya, tak tampak oleh mata kita korban sebanyak ini
Karena dia menyebar merata di seluruh negeri
Dan fenomena maut yang satu ini
Bertahun-tahun, bertahun-tahun berlangsung setiap hari

Setiap 24 jam 156 orang, mayat menjadi
Setahunnya 57.000 *) orang Indonesia mati
Korban empat tahun yang lalu sama dengan satu tsunami
Korban empat tahun depan sama dengan satu tsunami lagi
Karena merokok, sebabnya pasti
Gara-gara dicengkeram nikotin sebagai adiksi

Bukan kereta sembarang kereta
Kereta ini putih sekali

Bukan berita sembarang berita
Berita ini sedih sekali

2004, 2005

*) Prof. Dr. Dadang Hawari, dalam satu makalahnya, 1998

TUHAN SEMBILAN SENTI

Indonesia adalah sorga luar biasa ramah bagi perokok, tapi tempat siksa tak tertahankan bagi orang yang tak merokok,

Di sawah petani merokok, di pabrik pekerja merokok, di kantor pegawai merokok, di kabinet menteri merokok, di reses parlemen anggota DPR merokok, di Mahkamah Agung yang bergaung toga merokok, hansip-bintara-perwira nongkrong merokok, di perkebunan pemetik buah kopi merokok, di perahu nelayan penjaring ikan merokok, di pabrik petasan pemilik modalnya merokok, di pekuburan sebelum masuk kubur orang merokok,

Indonesia adalah semacam firdaus-jannatu-na'im sangat ramah bagi perokok, tapi tempat siksa kubur hidup-hidup bagi orang yang tak merokok,

Di balik pagar SMU murid-murid mencuri-curi merokok, di ruang kepala sekolah ada guru merokok, di kampus mahasiswa merokok, di ruang kuliah dosen merokok, di rapat POMG orang tua murid merokok, di perpustakaan kecamatan ada siswa bertanya apakah ada buku tuntunan cara merokok,

Di angkot Kijang penumpang merokok, di bis kota sumpek yang berdiri yang duduk orang bertanding merokok, di loket penjualan karcis orang merokok, di kereta api penuh sesak orang festival merokok, di kapal penyeberangan antar pulau penumpang merokok, di andong Yogya kusirnya merokok, sampai kabarnya kuda andong minta diajari pula merokok,

Negeri kita ini sungguh nirwana kayangan para dewa-dewa bagi perokok, tapi tempat cobaan sangat berat bagi orang yang tak merokok,

Rokok telah menjadi dewa, berhala, tuhan baru, diam-diam menguasai kita,

Di pasar orang merokok, di warung Tegal pengunjung merokok, di restoran di toko buku orang merokok, di kafe di diskotik para pengunjung merokok,

Bercakap-cakap kita jarak setengah meter tak tertahankan abab (ansich) rokok, bayangkan isteri-isteri yang bertahun-tahun menderita di kamar tidur ketika melayani para suami yang bau mulut dan hidungnya mirip asbak rokok,

Duduk kita di tepi tempat tidur ketika dua orang bergumul saling menularkan HIV-AIDS sesamanya, tapi kita tidak ketularan penyakitnya. Duduk kita disebelah orang yang dengan cueknya mengepulkan asap rokok di kantor atau di stopan bus, kita ketularan penyakitnya. Nikotin lebih jahat penularannya ketimbang HIV-AIDS,

Indonesia adalah sorga kultur pengembangbiakan nikotin paling subur di dunia, dan kita yang tak langsung menghirup sekali pun asap tembakau itu, bisa ketularan kena,

Di puskesmas pedesaan orang kampung merokok, di apotik yang antri obat merokok, di panti pijat tamu-tamu disilahkan merokok, di ruang tunggu dokter pasien merokok, dan ada juga dokter-dokter merokok,

Istirahat main tenis orang merokok, di pinggir lapangan voli orang merokok, menyandang raket badminton orang merokok, pemain bola PSSI sembunyi-sembunyi merokok, panitia pertandingan balap mobil, pertandingan bulutangkis, turnamen sepakbola mengemis-ngemis mencium kaki sponsor perusahaan rokok,

Di kamar kecil 12 meter kubik, sambil 'ek-ek orang goblok merokok, di dalam lift gedung 15 tingkat dengan tak acuh orang goblok merokok, di ruang sidang ber-AC penuh, dengan cueknya, pakai dasi, orang-orang goblok merokok,

Indonesia adalah semacam firdaus-jannatu-na'im sangat ramah bagi orang perokok, tapi tempat siksa kubur hidup-hidup bagi orang yang tak merokok,

Rokok telah menjadi dewa, berhala, tuhan baru, diam-diam menguasai kita,

Di sebuah ruang sidang ber-AC penuh, duduk sejumlah ulama terhormat merujuk kitab kuning dan mempersiapkan sejumlah fatwa. Mereka ulama ahli hisap. Haasaba, yuhaasibu, hisaabun. Bukan ahli hisap ilmu falak, tapi ahli hisap rokok. Di antara jari telunjuk dan jari tengah mereka terselip berhala-berhala kecil, sembilan senti panjangnya, putih warnanya, ke mana-mana dibawa dengan setia, satu kantong dengan kalung tasbih 99 butirnya,

Mengintip kita dari balik jendela ruang sidang, tampak kebanyakan mereka memegang rokok dengan tangan kanan, cuma sedikit yang memegang dengan tangan kiri. Inikah gerangan pertanda yang terbanyak kelompok ashabul yamiin dan yang sedikit golongan ashabus syimaal?

Asap rokok mereka mengepul-ngepul di ruangan AC penuh itu. Mamnu'ut tadhkiin, ya ustadz. Laa tasyrabud dukhaan, ya ustadz. Kyai, ini ruangan ber-AC penuh. Haadzihi al ghurfati mali'atun bi mukayyafi al hawwa'i. Kalau tak tahan, di luar itu sajalah merokok. Laa taqtuluu anfusakum.

Min fadhlik, ya ustadz. 25 penyakit ada dalam khamr. Khamr diharamkan. 15 penyakit ada dalam daging khinzir (babi). Daging khinzir diharamkan. 4000 zat kimia beracun ada pada sebatang rokok. Patutnya rokok diapakan? Tak perlu dijawab sekarang, ya ustadz. Wa yuharrimu 'alayhimul khabaa'ith. Mohon ini direnungkan tenang-tenang, karena pada zaman Rasulullah dahulu, sudah ada alkohol, sudah ada babi, tapi belum ada rokok. Jadi ini PR untuk para ulama. Tapi jangan karena ustadz ketagihan rokok, lantas hukumnya jadi dimakruh-makruhkan, jangan,

Para ulama ahli hisap itu terkejut mendengar perbandingan ini. Banyak yang diam-diam membunuh tuhan-tuhan kecil yang kepalanya berapi itu, yaitu ujung rokok mereka. Kini mereka berfikir. Biarkan mereka berfikir. Asap rokok di ruangan ber-AC itu makin pengap, dan ada yang mulai terbatuk-batuk,

Pada saat sajak ini dibacakan malam hari ini, sejak tadi pagi sudah 120 orang di Indonesia mati karena penyakit rokok. Korban penyakit rokok lebih dahsyat ketimbang korban kecelakaan lalu lintas, lebih gawat ketimbang bencana banjir, gempa bumi dan longsor, cuma setingkat di bawah korban narkoba,

Pada saat sajak ini dibacakan, berhala-berhala kecil itu sangat berkuasa di negara kita, jutaan jumlahnya, bersembunyi di dalam kantong baju dan celana, dibungkus dalam kertas berwarna dan berwarna, diiklankan dengan indah dan cerdasnya,

Tidak perlu wudhu atau tayammum menyucikan diri, tidak perlu ruku' dan sujud untuk taqarrub pada tuhan-tuhan ini, karena orang akan khusyuk dan fana dalam nikmat lewat upacara menyalakan api dan sesajen asap tuhan-tuhan ini,

Rabbana, beri kami kekuatan menghadapi berhala-berhala ini.

2000, 2003

Politik Cukai dan Kedermawanan Industri Rokok

Tulus Abadi

KETUA III KOMISI NASIONAL PENANGGULANGAN MASALAH MEROKOK

Di Indonesia industri rokok begitu digdaya, bahkan jumawa. Tak hanya secara ekonomi, tapi juga sosial, politik, bahkan kultural.

Saat puncak krisis ekonomi sekalipun (1997), satu-satunya entitas industri yang masih membukukan nilai laba hanyalah industri rokok. Industri lain ibarat hidup segan mati tak hendak. Ini ironi, ketika mayoritas masyarakat mengalami pailit ekonomi, sebatang rokok justru menjadi tumpahan pelarian sosial yang efektif.

Pundi-pundi industri rokok terus berdenyut berkat derasnya sulutan rokok konsumen kendati fulus konsumen lesu darah.

Betapapun digdaya, toh menjadi sangat naif jika pemerintah menyanjung-nyanjung industri rokok setinggi langit hanya karena industri rokok memberikan suntikan cukai dan pajak sebesar Rp 50 triliun (2006). Menurut pemerintah, via Rp 50 triliun industri rokok berkontribusi signifikan terhadap pencerdasan bangsa dan pengentasan masyarakat dari kemiskinan.

Benar industri rokok telah menggolongkan "darah segar" bagi *cash flow* anggaran pendapatan dan belanja negara. Pendapatan cukai 90 persen berasal dari cukai rokok, sementara kontribusi alkohol/etil alkohol hanya 10 persen. Pemerintah praktis tidak berkeringat untuk mendapatkannya. Namun, ini hanyalah fenomena semu, yang secara radikal harus dipertanyakan: apakah industri rokok berkontribusi signifikan terhadap pengentasan masyarakat miskin dan pencerdasan anak bangsa?

Tunggu dulu. Angka Rp 50 triliun harus dilihat secara lebih cerdas, kreatif, dan dengan spektrum yang meluas. Sebab, di balik angka itu, sangat boleh jadi industri rokok justru menjadi pencundang atas pertumbuhan ekonomi karena sebenarnya industri rokoklah yang mengawetkan dan menciptakan "kemiskinan struktural", di samping kemiskinan kultural yang diidap sebagian masyarakat Indonesia. Berikut adalah data tandingan untuk mematahkan argumen industri rokok adalah pengentasan masyarakat miskin dan pencerdasan anak bangsa.

Dari perspektif kesehatan, rokok/tembakau secara klinis terbukti menimbulkan dampak eksternal bagi kesehatan manusia. Pada sebatang rokok, terdapat 4.000 jenis racun kimia, 10 di antaranya bersifat karsinogenik (merangsang tumbuhnya kan-

ker). Tak aneh jika di Indonesia, menurut Dr Soewarta Kosen (*An Economic Analysis of Tobacco Use in Indonesia*, National Institute of Health Research & Development, 2004), pada periode 2001 jumlah kematian yang berhubungan dengan konsumsi tembakau mencapai 427.948 jiwa atau merupakan 22,5 persen dari total kematian di Indonesia. Dahyatl!

Pada periode yang sama, masih menurut Soewarta, total biaya konsumsi tembakau adalah Rp 127,4 triliun, yang digunakan untuk belanja tembakau, biaya pengobatan sakit akibat mengkonsumsi tembakau, kecacatan, dan kematian dini. Angka tersebut setara dengan 7,5 kali lipat penerimaan cukai tembakau tahun yang sama, yaitu Rp 16,5 triliun. Jadi dalam hal ini pemerintah tekor alias nombok. Fenomena seperti ini juga lazim terjadi di semua negara.

Terkait dengan masalah kemiskinan, Dr Tuti Soerojo, mantan konsultan Badan Kesehatan Dunia (WHO) Indonesia, mengemukakan analisis yang lebih mengerikan. Menurut dia, ketika pada 2005 masyarakat miskin berjumlah 60 juta jiwa (15 juta keluarga), ternyata 2 dari 3 laki-laki pada masyarakat miskin tersebut adalah perokok aktif. Jika harga rokok Rp 500 per batang, dan konsumsi rokok 2 dari 3 laki-laki pada masyarakat miskin tersebut minimal 10 batang per hari, hasilnya: $2/3 \times 15 \text{ juta} \times 10 \text{ batang} \times \text{Rp } 500 = \text{Rp } 50.000.000.000$ per hari (baca: 50 miliar per hari!). Ini setara dengan 10 ribu ton beras per hari. Dan jika per tahun, angkanya menjadi Rp 18.250.000.000.000 (baca: 18 triliun rupiah!). Bandingkan dengan subsidi pemerintah! Dana kompensasi bahan bakar minyak pada 2006 yang hanya Rp 3,6 triliun. Masya Allah!

Lebih mengerikan lagi, ternyata proporsi konsumsi tembakau pada keluarga miskin jauh lebih tinggi jika dibandingkan dengan proporsi biaya kesehatan dan pendidikannya. Data empiris Badan Pusat Statistik membuktikan, pada periode 1996-2003, belanja tembakau dan sirih pada keluarga miskin 7,6 persen dari total pengeluaran. Sementara itu, pada saat yang sama keluarga miskin hanya mengalokasikan 2,6 persen untuk biaya pendidikan dan 1,9

persen untuk kesehatan dari total pengeluaran (Dr Pugh Irawan, BPS, Mei 2004). Selaras dengan itu, Survei Ekonomi dan Kesehatan Badan Perencanaan Pembangunan Nasional (2003) juga membuktikan keluarga miskin rata-rata mengalokasikan 8-9 persen pengeluarannya untuk belanja tembakau.

Berdasarkan data tersebut, seharusnya pemerintah berterima kasih kepada orang miskin, bukan kepada industri rokok. Sebab, fulus Rp 50 triliun sejatinya bukan dari orang kaya Indonesia, bukan pula dari industri rokok, melainkan dari orang-orang miskin itu. Mereka sendiri yang mengentaskan diri dari kemiskinan dan membiayai pendidikannya.

Fenomena ini tidak boleh dibiarkan berlanjut. Bagaimana mungkin dana orang miskin, yang slotnya sangat terbatas, masih pula "dialahgunakan" untuk sesuatu yang tidak bermanfaat, bahkan merusak dirinya. Dana yang terbatas itu idealnya dialokasikan untuk belanja bahan kebutuhan pokok, kesehatan, dan pendidikan. Berbagi kasus busung lapar yang menimpa keluarga miskin diindikasikan tak hanya karena mereka minim biaya untuk menyehatkan balitanya, tapi lebih karena "misanajemen" terhadap pendapatan yang diperolehnya. Betapa tidak, jika si suami malah mengelontorkan pendapatannya untuk satu bungkus rokok per hari. Harga satu bungkus rokok setara dengan harga 1 kilogram telur, sangat cukup untuk membebaskan si kecil dari serangan bu-

busung lapar (menurut ilmu gizi, satu butir telur per minggu sudah cukup membebaskan balita dari potensi busung lapar!).

Jadi industri rokok bukanlah sinterklas. Justru industri rokoklah yang memelihara dan mengawetkan kemiskinan masyarakat. Industri rokok tidak lebih dari *robbery* yang berkedok sinterklas, dan orang-orang miskin adalah korban massalnya, bukan para *the haves*.

● Sebab, *the haves* hanya mengalokasikan kurang dari 4 persen total pendapatannya untuk belanja tembakau.

Pemerintah jangan terkecoh oleh lubang jebak ini. Pemerintah bisa menggunakan instrumen yang dalam khazanah ilmu ekonomi disebut *pareto optimality principles*. Artinya, sebagai entitas ekonomi, komoditas tembakau tetap bisa dieksploitasi untuk kepentingan ekonomi dan pendapatan negara, yaitu dengan menaikkan tarif cukai. Tarif cukai di Indonesia masih sangat rendah, maksimal 30 persen. Itu pun hanya terhadap beberapa perusahaan besar, seperti Gudang Garam, HM Sampoerna, dan Djarum. Di luar negeri, termasuk di Thailand, tarif cukainya mencapai 75 persen dari harga jual rokok. Memang, baru saja Menteri Keuangan via Peraturan Menteri Keuangan Nomor 118/PMK.04/2006 telah menetapkan kenaikan harga jual eceran rokok sebesar tujuh persen mulai 1 Maret 2007, dan menetapkan tarif cukai spesifik mulai 1 Juli 2007. Masih terlalu kecil persentase kenaikannya.

Pemerintah juga harus memperhatikan dampak eksternalitas tembakau tersebut. Dengan prinsip ini, pemerintah bisa mendapatkan kue ekonomi yang jauh lebih besar, dan korban atas dampak eksternalitas tembakau bisa juga lebih *segmented*. Implementasi *pareto optimality principles* harus diimbangi dengan suatu filosofi universal bahwa barang yang dikenal cukai adalah "barang berdos" (barang yang punya dampak negatif). Cukai adalah instrumen untuk membatasi penggunaan barang berdos tersebut. Sebagian dana cukai mestinya dikembalikan untuk penanggulangan dampak negatif rokok/tembakau. Pemerintah selama ini mengalami "sesat pikir" karena hanya mengeksploitasi cukai sebagai instrumen untuk mendapatkan segepok rupiah belaka. ●



KARTHA/DAK/BUKAWATI/REDA

Dengarkan **Suara** Kami !

Dengan ini kami atas nama anak dan remaja Indonesia

MEMINTA

**kepada wakil rakyat Republik Indonesia untuk
memperjuangkan :**

- 1. Melarang segala bentuk iklan, promosi dan sponsor rokok.**
- 2. Menaikkan harga rokok agar tidak terjangkau oleh anak-anak Indonesia.**
- 3. Melarang penjualan rokok secara batangan serta membatasi tempat penjualannya.**
- 4. Menjadikan tempat-tempat umum bebas dari asap rokok.**
- 5. Mendorong undang-undang yang secara menyeluruh melindungi kami dari dampak produk tembakau.**

Jakarta, 28 Maret 2007



**Forum Remaja Indonesia Bebas Tembakau
Komisi Nasional Perlindungan Anak**