

## *Strengthening Tobacco Consumption Control Policies: Program Integration for Social Assistance Recipients in Indonesia*

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### ABSTRACT

**Background:** The prohibition on using social assistance funds for purchasing cigarettes has been stipulated in the Minister of Social Affairs Decree Number 175 of 2022. However, the primary goal of this program to improve community welfare is threatened as this misuse persists. **Aims:** This study aims to analyze the challenges and obstacles in implementing the policy to control cigarette consumption among social assistance recipients and to identify integrated priority programs across sectors. **Methods:** This qualitative study employs a case study approach. Data were collected through in-depth interviews and focus group discussions with informants representing central governments, regional governments, and social assistance officers. The interviews were then analyzed using SWOT analysis to formulate strategies and identify the priority program. **Results:** The analysis reveals that cross-sector collaboration is a key strength for reinforcing cigarette consumption control among the recipients. This is implemented through the Family Capability Improvement Meeting (P2K2), involving healthcare workers who educate the dangers of smoking and establish Smoking Cessation Service Clinics (UBM). The proposed priority program integrates the social assistance program with UBM clinics to help recipients quit smoking. **Conclusion:** The study concludes that strengthening this policy requires comprehensive program integration with multi-sector involvement. This enhancement also necessitates stronger central regulatory support through the Government Regulations as derived from Health Law Number 17 of 2023. Strengthening this policy is expected to contribute to achieving the SDGs by improving community health and quality of life, and alleviating poverty through improved effectiveness of the social assistance program.

**Keywords:** Poverty alleviation effort, Smoking cessation program, Social assistance, Social welfare improvement, Tobacco consumption control.

### INTRODUCTION

Social assistance programs are a crucial strategy implemented by the government to address poverty and enhance community welfare in Indonesia. The Indonesian government has carried out several social protection programs through social assistance, such as the Family Hope Program (PKH), Non-Cash Food Assistance (BPNT), Indonesia Smart

Program (PIP), and recipients of the National Health Insurance (JKN) (The World Bank, 2020). According to the mandates of Law Number 11 of 2009 on Social Welfare and Law Number 13 of 2011 on the Handling of the Poor, the state is obligated to provide social protection for citizens in economically weak and vulnerable conditions to meet their basic needs (Republic of Indonesia, 2009; Republic of Indonesia, 2011).



However, despite the implementation of various social assistance programs, there are still significant challenges in their execution. Several studies indicate that there is an increase in cigarette consumption among social assistance recipients, which can threaten the effectiveness of these programs (Dartanto et al., 2021; Milcarz et al., 2017; Simanjuntak & Jinnai, 2021; White & Basu, 2016).

To address this issue, President Joko Widodo and the Ministry of Social Affairs, through the regulation of the Minister of Social Affairs Decree Number 175 of 2022 on Tobacco Consumption Control within the Ministry of Social Affairs, have emphasized the importance of prohibiting the use of social assistance funds for purchasing cigarettes (Firmansyah, 2017; Putri, 2021). However, this policy still faces various challenges. The relatively low cost of cigarettes, averaging Rp30,000 per pack, and the availability of single cigarettes for as low as Rp2,000 per stick, pose significant issues (Nurhasana, Hartono, et al., 2022). Additionally, the high density of cigarette kiosks around residential areas increases accessibility for the public (Hartono, Meirawan, et al., 2021). Another challenge arises from the exposure to cigarette advertising, promotion, and sponsorship (TAPS), which significantly influences smoking behavior in the community (GATS, 2021). Furthermore, there are still instances of social assistance officers smoking, even in the presence of social assistance recipients (Nurhasana et al., 2023).

The National Socioeconomic Survey (Susenas) indicates that tobacco consumption predominantly stems from impoverished communities (Susenas, 2019). The repercussions of income expenditure on cigarette purchases include impoverished families, wherein household members who smoke tend to diminish family nutritional consumption, as income intended for household necessities, child nutrition, healthcare, and education is redirected to prioritize cigarette purchases (Dartanto et al., 2021). Parents exhibiting smoking behaviors result in a heightened risk of stunting in children due to insufficient nutritional fulfillment during gestation (Dartanto et al., 2019). Women within impoverished families are vulnerable to

being victims of cigarette smoke exposure, leading to various illnesses (Reitsma et al., 2021). Further studies also indicate that a 1% increase in cigarette expenditure elevates the likelihood of poverty by 6% in households (Dartanto et al., 2018). Conversely, the state bears the burden of greater healthcare costs due to smoking-related illnesses (CISDI, 2021).

The negative impact of tobacco consumption on social assistance recipients creates an urgency to integrate tobacco control measures across various levels, ranging from households to the broader community environment. The phenomenon of allocating social assistance funds to prioritize cigarette purchases over more pressing basic family needs indicates the need for a reassessment of supervision mechanisms and education regarding the use of social assistance in Indonesia.

To ensure the optimal implementation of Ministry Social Affairs Decree Number 175 of 2022 at the regional level, the reinforcement of this policy requires stronger central regulatory support. The implementation of Government Regulations (PP) as derivatives of Health Law No. 17 of 2023 could be a crucial step in providing a solid legal foundation for tobacco consumption control among social assistance recipients. This step aligns with Sustainable Development Goals (SDGs) targets 1 and 3, aiming at poverty alleviation by maximizing the use of social assistance funds for their intended purpose, as well as enhancing the welfare and health of the population. By reducing tobacco consumption among social assistance recipients, the government can help improve their well-being and mitigate the risks of smoking-related diseases. Therefore, this research aims to analyze the policy challenges in tobacco consumption control among social assistance recipients and formulate strategies to identify priority programs that can be integrated with multi-sector involvement as a policy-strengthening measure.

## METHODS

This qualitative study employs a case study approach, conducted in two stages of data collection. The first stage

involved in-depth interviews with selected informants, while the second stage employed Focus Group Discussions (FGD) with government representatives. Informants were purposively selected based on adequacy and relevance, comprising representatives from the Commission VIII of the Indonesian House of Representatives (DPR RI), the Directorate of Poverty Reduction and Community Empowerment of the Ministry of National Development Planning (Bappenas), the Directorate of Social Security Protection of the Ministry of Social Affairs, as well as the Social Services Departments of Depok City and Bogor District, and social assistance officers. The analysis results were formulated into strategies adoptable by the government, which were then subjected to feedback through FGDs with government informants. All data collection processes, including in-depth interviews and FGDs, were audio-recorded upon obtaining consent from the informants.

The conceptual framework of this study applies a systemic approach comprising input, process, and output factors. Input variables encompass factors such as infrastructure, funding, personnel, relevant institutions, socialization, and policy/regulatory oversight related to tobacco consumption control among social assistance recipients. Process variables include external barriers (cheap cigarettes, loose cigarettes, and cigarette advertising) and internal variables (reward systems for non-smoking recipients and sanctions for smoking recipients). Output variables comprise priority strategies and proposed priority programs for tobacco consumption control in the future.

The data analysis commenced with the transcription of audio interviews followed by inter-informant source triangulation. Data were presented by showcasing interview excerpts. This study employed SWOT analysis (Strengths, Weaknesses, Opportunities, Threats) utilizing the Internal Factor Evaluation (IFE) and External Factor Evaluation (EFE) approaches. Before the Focus Group Discussion (FGD), Indonesian government informants were administered a questionnaire to prioritize strengths and weaknesses as internal factors, as well as opportunities and threats as external

factors. Feedback from the SWOT analysis to stakeholders through the FGD yielded SWOT priorities, strategies, and programs.

To establish the ranking order, responses were quantified using the PCI formula (Perceived Consensus Index) to measure the level of agreement or consensus among informants regarding a piece of information within the formula (Jahan et al, 2022):

$$PCI = (Pvh \times 4) + (Ph \times 3) + (Pm \times 2) + (Pl \times 1) + (Pn \times 0)$$

Pvh: Number of informants strongly agreeing with the information; Multiplied by 4: This gives the highest weight, indicating that "strongly agree" responses have the greatest impact on increasing the PCI value.

Ph: Number of informants agreeing with the information; Multiplied by 3: This gives a high weight, but not as high as "strongly agree". This weight indicates that "agree" responses are also important, but less so than "strongly agree".

Pm: Number of informants expressing neutrality towards the information; Multiplied by 2: This gives a moderate weight, reflecting that neutral responses have a moderate impact on the PCI value.

Pl: Number of informants disagreeing with the information; Multiplied by 1: This gives a low weight, indicating that "disagree" responses have a small impact on the PCI value.

Pn: Number of informants strongly disagreeing with the information; Multiplied by 0: This gives zero weight, meaning that "strongly disagree" responses do not contribute to the PCI value.

Each category of response has a different weight, reflecting the level of agreement among informants regarding the given information. These weights are then multiplied by the number of informants providing each response. The results of these multiplications are then summed to obtain the PCI value.

In addition, before we conducted the fieldwork, we requested permission for surveys in three cities (Jakarta, Depok, and Bogor) from the Ministry of Home Affairs. The permit number is 045/UN2.F13.D2.UKK4.1/PPM.01/2022.

## RESULTS AND DISCUSSION

The findings of this research analyze the challenges and obstacles of

tobacco consumption control policies among recipients of social assistance in Indonesia. These challenges and obstacles are categorized into internal and external aspects.

#### A. Input of tobacco consumption control plans for social assistance recipients Resources

Controlling tobacco consumption among social assistance recipients involves the central government, local governments, and social assistance program facilitators. Despite the deployment of volunteers from the central government, the number of volunteers remains significantly lower compared to the number of individuals requiring assistance.

*"We need resources to come down/set from the Center. Social assistance officers should be under the scope of the Central Government. In the regions, there aren't enough resources to monitor tobacco control." (Social Service of Depok City, November 2022)*

*"In Pancoran Mas Subdistrict, there are 3 people to assist 1,100 social assistance recipients." (Social Assistance Officer, Depok City, November 2022)*

*"...maybe we still need a lot more human resources..." (Social Assistance Officers, Bogor District, December 2022)*

#### Monitoring and Evaluation

The limitation in the quantity of these resources creates constraints in monitoring the utilization of social assistance funds and hinders the evaluation process.

*"...we could do it, but then we'd have to put in extra effort for monitoring." (Ministry of Social Affairs, December 2022)*

*"(regarding the use of social assistance funds to buy cigarettes). We can't confirm the actual conditions. It's beyond our reach. We also don't know and haven't received any reports that when the household receives money, the husband (head of the family) asks*

*to buy cigarettes." (Social Service of Bogor District, December 2022)*

#### Reward and Punishment System

This study also explores the potential implementation of a reward and punishment system in enforcing the prohibition of cigarette product purchases from the perspective of stakeholders. Several informants expressed that the implementation of this system could be conducted under certain conditions or stipulations, such as clarity in supervision, as conveyed in the following quotation:

*"Incentive systems can be implemented if there's clear oversight; without it, enforcing sanctions becomes challenging. The current sanctions primarily involve withholding assistance if the funding is from the local area." (Social Service of Depok City, November 2022)*

*"The budget for social assistance spending, especially for PKH, is indeed substantial. The last figure I knew was around 28 trillion... considering future needs, it still seems insufficient. Adding rewards would mean additional funds; we believe there are still a few other priority areas currently untouched." (Social Service of Bogor District, December 2022)*

#### B. Process in controlling cigarette consumption among social assistance recipients

##### Cigarette Price Aspect

The majority of stakeholders, both at the central and regional levels, acknowledge that cigarette prices are still relatively low.

*"...the price of cigarettes in Indonesia should be high so that small communities can't afford to buy them. We hope that cigarette taxes will increase by 40-60 to 20% each year, but 10% is given by the state, so if the cigarette price is 100,000 or 60,000, people will stop. The Ministry of Health supports this." (Ministry of Health, January 2023)*

Another issue to be noted in cigarette sales is the problem of loose cigarette sales. When the price per pack of cigarettes increases but can still be

purchased per stick, it still opens the possibility for cigarettes to be bought by lower to middle-income groups.

*"The price of cigarettes is quite cheap and can be bought individually, making it very affordable. Some of those we interviewed during the PKH beneficiary household survey work as motorcycle taxi drivers, and they can easily buy at least 4-5 sticks a day at individual prices." (Ministry of National Development Planning, December 2022)*

The variation in cigarette prices contributes to hindering the control of smoking behavior, particularly among lower to middle-income populations, as indicated by the following excerpt:

*"...in the village areas, until today, yesterday the price of cigarettes went up again, those familiar brands are now in the 30s (thousands of Rupiah) and even nearly reaching 50 (thousands of Rupiah), but those cheap cigarettes suddenly emerged, I don't know what brand they are, so now people who couldn't afford them before have the opportunity to buy." (Indonesian House of Representatives, January 2023)*

#### **Non-Price Aspect**

In addition to the price and bulk sales of cigarettes, cigarette advertisements in nearby stalls become a factor that enables lower-middle-class citizens to buy cigarettes. The presence of advertising media in community stalls, according to informants, is installed without obtaining permission from local authorities.

*"There's a possibility that cigarette advertisements displayed in neighborhood shops influence smoking behavior, including among social assistance recipients." (Social Assistance Officer, Depok City, November 2022)*

The limited dissemination of information about the prohibition of using social assistance funds to purchase cigarettes in local areas hinders the optimal implementation of the policy. It requires dissemination reaching various

parties, both internal and external to the government/the Ministry of Social Affairs so that the policy can be implemented more effectively.

*"The bureaucracy process is quite long, including the delivery of information about this new Minister of Social Affairs decree. The letter/regulation can take days in the province or region, so it can't be immediately executed at the regional level." (Social Assistance Officer, Depok City, November 2022)*

#### **The Importance of Involvement from Various Cross-Sector Collaborations**

This study also examines the involvement of existing cross-sector collaborations and the potential for future collaborations to better disseminate tobacco control policies among social assistance recipients. Social assistance officers have collaborated with community groups such as the Family Welfare Empowerment (PKK). Future collaborations needed include cooperation between the Ministry of Health and the Ministry of Social Affairs in establishing Standard Operating Procedures (SOP) stipulating that social assistance recipients must participate in the Smoking Cessation Service Program (*Upaya Berhenti Merokok/UBM*) to continue receiving social assistance.

*"Well, there's a presidential instruction about the healthy living campaign, you can check it in Presidential Instruction Number 1, which it outlines the tasks of the Ministry of Social Affairs, all these tasks fall under one umbrella, meaning that the movement (can be utilized to) mobilize the community for healthy living... it's just not happening." (Ministry of Social Affairs, December 2022)*

#### **C. Output of Tobacco Consumption Control among Social Assistance Recipients**

##### **SWOT Prioritization**

Based on interviews conducted with the informants, assessments of strengths, weaknesses, opportunities, and threats were obtained and ranked as presented in Table 1.

**Table 1.** SWOT Prioritization Lists

<i>Strengths Priority</i>	<i>Opportunities Priority</i>
<ol style="list-style-type: none"> <li>1. There exists a health material on tobacco consumption control within the framework of Family Capacity Building Meetings (<i>Pertemuan Peningkatan Kemampuan Keluarga/P2K2</i>)</li> <li>2. There is a requirement that cash assistance is distributed non-cash.</li> <li>3. Non-cash Food Assistance (<i>Bantuan Pangan Non-Tunai/BPNT</i>) is provided in the form of vouchers that can only be redeemed at designated agents.</li> <li>4. Regulations stipulate that e-wrongs or social assistance agents are prohibited from selling tobacco products.</li> <li>5. The Department of Social Affairs mandates that social assistance officers must sign a declaration stating their non-smoking status while on duty.</li> </ol>	<ol style="list-style-type: none"> <li>1. The opportunities for cross-sector collaboration within the Ministries/Agencies.</li> <li>2. The presence of clear directives prohibiting smoking among participants of the Regional Health Insurance Beneficiaries (PBI) program.</li> <li>3. Coordination between schools and social assistance officers to monitor smoking behavior among recipients of the Family Hope Program (PKH).</li> <li>4. The National Medium-Term Development Plan (RPJMN) mandates that social assistance funds are not utilized for purchasing cigarettes.</li> <li>5. Collaboration with the Family Welfare Development (PKK) in overseeing the utilization of social assistance funds.</li> </ol>
<i>Weaknesses Priority</i>	<i>Threats Priority</i>
<ol style="list-style-type: none"> <li>1. The difficulty in obtaining evidence of cigarette purchases from social assistance funds.</li> <li>2. The absence of technical guidelines under Minister of Social Affairs Decree Number 175 of 2022.</li> <li>3. The lack of prohibition on smoking for social assistance officers in their assignment letters.</li> <li>4. Lack of social assistance officers to monitor smoking behavior in beneficiary families</li> <li>5. Budgetary constraints in implementing direct monitoring systems.</li> <li>6. Smoking behavior, considered private within households, has not yet been recognized as abnormal behavior among social assistance recipients.</li> </ol>	<ol style="list-style-type: none"> <li>1. The price of cigarettes remains low.</li> <li>2. Cigarettes are still available in loose or unpackaged form, sold at very low prices.</li> <li>3. The affordability of cigarettes persists among economically disadvantaged communities.</li> <li>4. There are many cigarette advertisement posters in local shops.</li> </ol>

**Strategy Prioritization**

The results of the prioritization analysis of the SWOT Table 4 yielded SO strategies, ST strategies, WO strategies, and WT strategies. These prioritized

strategies are proposed to be utilized in strengthening the policy on tobacco consumption control among recipients of social assistance, which can subsequently be integrated into a prioritized program.

**Table 2.** Strategy Prioritization

<i>Strategy Prioritization (n= 8 informants)</i>	Score	Priorities
<b>SO Strategy:</b> Enhancing tobacco consumption control among social assistance recipients through collaboration with cross-sectoral healthcare services.	32	1
<b>ST Strategy:</b> Advocating for price increase policies and minimizing cigarette price variations.	31	2
<b>WO Strategy:</b> Implementing a ban on single cigarette sales and tightening regulations on cigarette pack sales.	30	3
<b>WT Strategy:</b> Enhancing surveillance of cigarette spending among beneficiary families through more technical regulations.	29	4

The SO strategy in Table 5 indicates that cross-sectoral collaboration is a priority strength in achieving tobacco consumption control among social assistance recipients in Indonesia. This collaboration entails cooperation between

healthcare workers in providing education regarding the dangers of smoking during Family Capacity Building Meetings (P2K2). Healthcare workers can also conduct outreach to Beneficiary Families to encourage them to visit Smoking

Cessation Service Clinics (UBM) where they can receive consultations on quitting smoking.

### **Integrating the Social Assistance Program and Smoking Cessation Service Program**

One of the programs of the Ministry of Health is the Smoking Cessation Service Clinic (UBM), which can be one of the methods for controlling tobacco consumption among social assistance recipients. The government can add a requirement to the eligibility for social assistance, namely evidence of visits by smoking social assistance recipients to UBM clinics. Certificates from visits to UBM clinics by smoking social assistance recipients can serve as proof for the disbursement of social assistance funds.

The proposal for integrating social assistance with UBM is also supported by the presence of UBM clinic facilities and supporting equipment in most primary healthcare centers. Additionally, the O<sub>2</sub> capacity tests at UBM clinics do not require significant costs.

### **Respondent's Feedback on Priority Programs**

The Ministry of Social Affairs and the Ministry of Health strongly support the implementation of integrating UBM programs for social assistance recipients. However, restrictions on advertising and the sale of single cigarettes, as well as increasing cigarette prices to reduce affordability for the public, still need to be pursued by the government.

*"For UBM clinics, integration with the local Health Office is possible, for example, it could be piloted in Bogor Regency. This is applicable and how the collaboration between the Social Affairs Office and the Health Office can be realized, as it is the role of the local government that understand the characteristics of the region." (Ministry of Social Affairs, February 2023)*

*"If they smoke, it is proposed that they participate in smoking cessation programs." (Ministry of Health, February 2023)*

The phenomenon of cigarette consumption among social assistance recipients in Indonesia necessitates comprehensive efforts to mitigate

recurring occurrences in the future. However, the implementation of these efforts still encounters various barriers and challenges. First, there is a constraint in the limited Human Resources (HR) capacity that has not been equipped with effective coaching and mentoring efforts related to tobacco consumption control among social assistance recipients, making it difficult to change their smoking behavior (Taher & Syakurah, 2023). Consequently, social assistance recipients lack an effective understanding of the dangers of smoking and the importance of utilizing social assistance for basic needs (Dartanto et al., 2021). To address this issue, one solution that needs to be implemented is increasing the number of trained HR in tobacco control programs. By enhancing the capacity and quantity of HR involved, it is hoped that coaching and mentoring for social assistance recipients can be carried out more effectively.

Second, the significantly higher number of social assistance recipients compared to the number of officers also poses a challenge in regularly monitoring and evaluating the progress of smoking behavior among social assistance recipients (Kock et al., 2019). Inadequate monitoring leads to a lack of accurate and comprehensive data on the pattern of assistance fund utilization. Without this data, it is difficult for the government and other stakeholders to obtain a clear picture and evaluate the effectiveness of implemented social assistance programs (Helms et al., 2017). Suboptimal evaluation also means that issues such as the use of assistance funds for purchasing cigarettes may continue without appropriate intervention.

Third, the development of incentive and sanction mechanisms for social assistance recipients should be carried out to address this issue. Social assistance recipients who use the funds for essential needs should be rewarded. On the other hand, recipients who are found to misuse the assistance funds for non-essential purchases, such as cigarettes, should face strict sanctions. However, the implementation of this system certainly requires careful planning and consistent execution to encourage positive behavior from the assistance recipients and serve as a strong motivation for them to maintain compliance. This system can

also improve household consumption in a better direction (Septiandika & Septiana, 2021).

Furthermore, concerning the aspect of pricing, one strategy to reduce cigarette consumption is through increasing cigarette prices. Cigarette prices in Indonesia are relatively low compared to middle-income countries such as Bangladesh, Brazil, India, Malaysia, the Philippines, Thailand, and Vietnam (PEBS UI, 2018). The average price of cigarettes in Indonesia still ranges around Rp30,000 per pack, and cigarettes can still be purchased individually at a very cheap price of Rp2,000 per stick (Nurhasana, 2022). This factor facilitates access to cigarettes, particularly encouraging increased cigarette consumption among social assistance recipients.

Studies indicate that increased cigarette consumption among social assistance recipients results in reduced allocation of funds for other basic family needs, such as nutritious food, education, and healthcare, and may lead to increased economic burden on families (Dartanto et al., 2021). Price hikes have a significant effect on smoking behavior, particularly among young men (Robertson, 2017). A price increase of Rp70,000 per pack leads to a 74% increase in smokers' interest in quitting (Nurhasana, Ratih, et al., 2022).

One of the strategies to increase prices is through tobacco tax hikes. Price increases would have a greater impact on smokers with lower socioeconomic status (Brown et al., 2014), and raising tobacco taxes can suppress the purchasing power of the population for cigarettes (Goodchild et al., 2016). Additionally, the government should also consider banning the sale of single cigarettes to deter easy access to tobacco products, including among children and adolescents. Without the option of purchasing single cigarettes, individuals would be forced to buy cigarettes per pack or at a higher price. This is expected to reduce cigarette consumption rates, particularly among the impoverished (Guindon & Chaloupka, 2016).

In terms of non-price factors, the prevalence of tobacco advertising, promotion, and sponsorship (TAPS) also significantly contributes to increased cigarette consumption among social

assistance recipients. Exposure to advertising increases the likelihood of someone starting smoking and reduces the chances for smokers who want to quit (Hartono et al., 2023). Aggressive and persuasive TAPS strategies by the industry often use glamorous images to attract public attention, particularly adolescents (Dewhirst, 2019). TAPS for tobacco products should be banned to protect children and adolescents (Alasqah et al., 2019; Hartono, 2023). Prohibition of TAPS is essential to reduce the appeal of cigarettes to children and adolescents, inhibit marketing efforts targeting these age groups, and minimize exposure to messages that glorify tobacco use (Satpathy et al., 2021; Shang et al., 2016).

The strategy of integrating cross-sectoral programs, specifically social assistance programs and UBM clinics, represents an effective and innovative endeavor to optimize the objectives of both initiatives. Priority programs involving multiple sectors will necessitate robust coordination and synergy among the Ministries/Agencies involved to ensure successful and sustained implementation across all regions of Indonesia consistently. This is inspired by Poland's achievement in motivating over half of social assistance recipients to cease smoking through a smoking cessation program (Milcarz et al., 2017).

Therefore, programs aimed at preventing the misuse of social assistance funds for the purchase of cigarettes, as stipulated in Minister of Social Affairs Decree number 175 of 2022, need to be continually promoted and enforced at the regional level. The integration of programs supported by policy reinforcement can ultimately align with the SDGs' objectives to support poverty alleviation and ensure healthy lives and social well-being for all. To address these barriers and challenges, the government needs to issue comprehensive regulations regarding tobacco consumption control, through the Government Regulation as a derivative regulation of Health Law No. 17 of 2023, as a means of strengthening policies for controlling tobacco consumption among social assistance recipients in Indonesia.

## CONCLUSION



Social assistance recipients or beneficiary families still have easy access to cigarettes because they are available in loose form, there are cheaper cigarette options, and tobacco advertising, promotions, and sponsorships (TAPS) displayed in shops attract attention to purchase cigarettes. The implementation of Minister of Social Affairs Decree Number 175 of 2022 faces significant challenges due to limited resources for monitoring at the local level and various external constraints. Priority strategies to control cigarette consumption among the recipients include cross-sectoral collaboration optimized during Family Capacity Building Meetings (P2K2), increasing visits to UBM Clinics by social assistance recipients, simultaneously advocating for price increases, prohibiting the sale of loose cigarettes, minimizing cigarette price variations to make them less affordable, and banning cigarette advertising, promotions, and sponsorships across various media.

Furthermore, comprehensive educational efforts are needed to raise awareness about the negative impacts of cigarette consumption, from household settings to the broader community environment, to foster mutual awareness and concern in reminding each other of the primary needs for using social assistance funds.

The government needs to ensure that tobacco consumption control policies not only focus on regulatory aspects but also integrate effective educational and awareness programs. Law enforcement should be regulated through Government Regulations as derivatives of Health Law Number 17 of 2023, especially strengthening control over addictive substances, to ensure that the regulations implemented have reliable enforcement. This implementation is also key to supporting the achievement of Sustainable Development Goals (SDGs) in Indonesia, particularly in achieving good health and enhancing the well-being of all age groups, as well as poverty alleviation efforts. Additionally, it can make a significant contribution to global tobacco control efforts.

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