

January 4, 2013

Indonesia: The tobacco industry's "Disneyland"

Arif Hidayat still feels a measure of guilt. As a vendor of cigarettes on an impoverished back street in the Indonesian city of Bogor, Hidayat says he realized most of his buyers were men who could barely afford to feed their families. Many of them, he calculated, were spending as much as \$15 a month on cigarettes, or about 15% of their household incomes.

Studies appear to reaffirm Hidayat's back-of-the-envelope calculation. "Among poor families in urban slum areas of Indonesia, paternal smoking diverts household money from food to tobacco and exacerbates child malnutrition," concluded a team of researchers at Johns Hopkins University in Baltimore, Maryland (*Public Health Nutr* 2007 Jan;10[1]:7-15).

Indonesia is believed to have the highest smoking rate in the world among adult males (67%), according to the Global Adult Tobacco Survey (<http://apps.nccd.cdc.gov/GTSSData/Ancillary/DownloadAttachment.aspx?ID=1026>). An estimated 2.7% of adult women and 34.8% of the adult population of 59.9 million are smokers. According to the World Health Organization, about 400 000 or 23.7% of the 1.7 million deaths in Indonesia in 2007 were caused by tobacco related diseases (www.ino.searo.who.int/LinkFiles/Tobacco_Initiative_Indonesia_Country_Profile_10_Nov07.pdf).

"I always knew that the cigarettes were unhealthy," Hidayat says. "But I saw it as a matter of personal choice. Then I came to realize that men with small incomes who smoke often deprive their families of basic needs."

Two years ago, Hidayat was approached by Ruma, an Indonesia development project backed by the Grameen Bank (the Nobel Prize winning microfinancing "bank for the poor") to convert his tobacco shop into one selling cellphone air time and electricity credits. He agreed to take the financing offered by the project and now calls it "the best deal I ever made," as profits in his new line of business are soaring.

Tobacco, says Iman Rahman, Ruma's operations manager in Bogor, is a health scourge and key obstacle to improved economic conditions for tens of millions of people in Indonesia, which has a population of 248 million, making it the world's fourth most populous nation. It's also the world's fifth largest tobacco market.

"Because Indonesians are Islamic, alcohol is less of a curse than in many countries," he explains. "Unfortunately, though, tobacco addiction inflicts huge damage on household incomes and health."

That's been exacerbated by what Dr. Richard Hurt, director of the Nicotine Dependence Research Program at the Mayo Clinic in Rochester, Minnesota, calls an "invasion" by international tobacco companies.

Hurt and colleagues have alleged that United States tobacco giant Phillip Morris has had a substantial impact on tobacco policy as part of its "PM Asia Corporate Affairs Plan 1990-1992", which they quote as having the objective of undermining Indonesian "tobacco control in key policy areas, such as advertising and sponsorship, taxation and public smoking regulation" through such means as pre-empting "possible marketing restrictions through presentation of

corporate events/activities, improved media relations, and lobbying efforts,” (*Tob Control* 2012;21:306-312).

Thirty years later, Indonesia is “the tobacco industry’s Disneyland,” quips Mark Hurley, director of Indonesia Programs for the Washington, DC–based advocacy group, Campaign for Tobacco Free Kids. As evidence, he cites the parade of fashionable young women promoting the cigarette L.A. Lights at a recent industry-sponsored concert by British musician James Morrison in Jakarta; the fact that billboards across the country still allow the Marlboro Man to walk tall; and the fact that tobacco firms often sponsor children’s sports teams. The advocacy group estimates that 41% of boys, and 3.5% of girls, aged 13–15 smoke.

The tobacco industry wields enormous political influence, Dr. Subagyo Partodiharjo, chair of the Indonesian Parliament’s health care caucus, said in an interview shortly before he died Oct. 26. Indonesia is the only World Health Organization member state in Southeast Asia which hasn’t ratified the 2003 United Nations’ Framework Convention on Tobacco Control (FCTC), he noted, adding that while government health officials have long since crafted advertising, packaging, and nicotine content regulations of the sort stipulated by the treaty, those haven’t been adopted into law.

“This is entirely due to industry pressure,” Partodiharjo asserted. “The industry has huge influence over ministries, legislatures and business, all the way down to little shops selling tobacco. The president says he is worried about economic impacts on farmers. But those concerns are not legitimate, since most tobacco is imported.”

But pressure to adopt the provisions is mounting. “We have astronomically high smoking rates and we need a national tobacco control strategy,” says Ifdhal Kasim, chairman of the Indonesian National Commission on Human Rights, which in October issued a report demanding implementation of the regulations. “We see it as a matter of human rights rooted in our constitution, which protects the right to life.”

Ratification of the tobacco framework is “overdue,” adds Dr. Lily Sulistyowati, director of health promotion for the ministry of health. “We’ve been waiting for the president to sign the regulations for a long time.”

Sulistyowati notes that Indonesian President Susilo Bambang Yudhoyono recently appointed tobacco critic Dr. Nafsiah Mboi as health minister and says the ministry has new labelling regulations, as well as a raft of public awareness campaigns, aimed at reducing smoking among youth, ready for release.

But Sulistyowati isn’t convinced that anything will necessarily change in the near future. She notes that visitors to the President’s palace were recently given gift bags containing silver boxes full of cigarettes. — Paul Christopher Webster, Jakarta, Indonesia

DOI:10.1503/cmaj.109-4342