

Smoking Cessation Interventions In Indonesia*

Endah Dwi Pratiwi, M.D

**CENTER FOR COMMUNITY EMPOWERMENT, HEALTH POLICY AND HUMANITIES
NATIONAL INSTITUTE OF HEALTH RESEARCH AND DEVELOPMENT
MINISTRY OF HEALTH - REPUBLIC OF INDONESIA
JAKARTA**

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BACKGROUND

- Indonesia has the third largest smokers in the world, after China & India (WHO, 2008)
- Indonesia is the fourth-largest cigarette consuming country, after China, Russia, and US (Tobacco Atlas, 2007)
- In 2011, cigarette consumption in Indonesia: 270 billion sticks
- 190,260 Indonesians died due to tobacco attributed diseases (12.7 % from total deaths)
- Total Macroeconomic loss in 2010 was estimated 28.52 Billions US Dollars (NIHRD, MoH)

BACKGROUND

- All tobacco products are causing dependence and addiction; thus it is very difficult to give up without assistance
- The World Health Organization - MPOWER Policy Package includes Offer help to quit tobacco use and Warn about the dangers of tobacco; both are the domain of the health sector
- However, smoking cessation program in Indonesia has not received sufficient attention by the government or international agencies
- Pilot intervention of individual cessation clinics in several cities (Jakarta and Surabaya) do not show promising results (poor utilization)
- Community Based Smoking Cessation program initiated by local community health centers produce better results and sustainability
- The 2009 Indonesian Global Health Professional Students Survey (GHPSS) conducted among third year medical and dental students showed that most active smokers want to quit and need formal cessation training; but only 15 % of students got the services

PREVALENCE OF ACTIVE SMOKERS AGED 15 YEARS AND ABOVE BY SEX IN INDONESIA, 1995 - 2011

Year	Male	Female	Total	Source
1995	53.9	1.7	27.2	Susenas
2001	62.9	1.4	31.8	Susenas
2004	63.0	5.0	35.0	Susenas
2007	65.3	5.6	33.4	Baseline Health Research
2010	65.9	4.2	34.7	Baseline Health Research
2011	67.0	2.7	34.8	GATS

OBJECTIVE

To evaluate the effectiveness of strategies that help people to stop smoking

METHODS

- GATS Uses a global standardized methodology
- Study Population: all Indonesian men and women aged 15 years and above
- Sampling Design: The sampling frame used, obtained from the 2010 Population Census, using a multi stage, geographically clustered sample design to produce nationally and representative data
- Total sample: 8,994 households
- Conducted by Statistics Indonesia (BPS) and National Institute of Health Research & Development, MoH using electronic handheld devices/PDA (paperless)

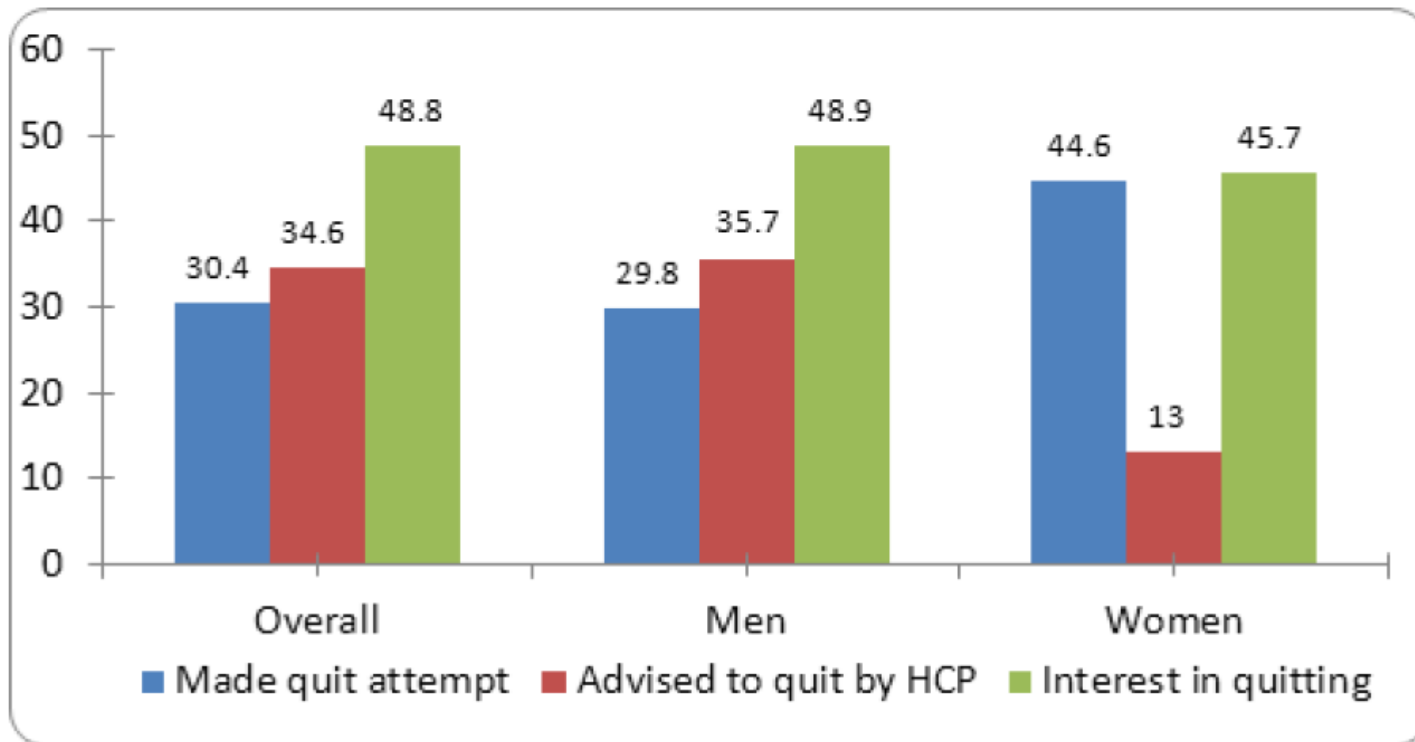
FINDINGS OF THE INDONESIAN GLOBAL ADULT TOBACCO SURVEY (GATS) - 2011

- The Kretek (clove cigarettes) dominates 88.0% of the market in Indonesia
- Kreteks have a higher tar and nicotine level than white cigarettes, that is about 14 mg tar and 1 mg nicotine
- More urban than rural residents tried one or other quit methods (16.9% vs 9.7%)
- College/university communities and high school graduates made the optimum use of counselling/advice (17.9% and 8.4% respectively)
- The proportion of smokers who want to quit is almost similar for both males and females

CESSATION FINDINGS (GATS 2011)

- About 34.6 % of smokers were advised to quit smoking by a health care provider in the last 12 months
- Current smokers who planned to or thinking about quitting: 48.8 %
- About 30.4 % of current smokers have made quit attempts in the last 12 months
- Quitting without assistance (70.7%) was the most common cessation method reported by current smokers who have made an attempt to quit in the last 12 months and only 7.0% had counselling, and 13.6% used other methods (such as herbal, switching to smokeless tobacco)
- The prescription medication was found in 0,4%

PERCENTAGE OF QUIT ATTEMPTS AND ADVICE BY HEALTH-CARE PROVIDERS TO QUIT SMOKING, BY GENDER (GATS , 2011)



DISCUSSIONS

- The results of the study shows that there are no significant differences by gender, age, residence and occupation among current smokers who were planning to quit
- A higher proportion of smokers reported quitting on their own/quitting without assistance (70,7%); most of them had used some methods to quit smoking on their own in the past 12 months
- Several other methods (13,6%) include traditional medicines (herbal/ medicinal plants) and switching to smokeless tobacco; and counseling (7,0%).

CONCLUSIONS

- In Indonesia roughly 3 of 10 current smokers have made quit attempts
- Tobacco cessation is an essential component of tobacco control; therefore a wide range of health professionals (physicians, nurses, midwives, psychologists) need to be involved in providing tobacco cessation in primary care and community based/village based settings
- Cessation services alone will not decrease tobacco use, unless combined with other components of WHO – MPOWER that include: **P**rotect people from tobacco smoke, **W**arn about dangers of tobacco, **E**nforce bans on tobacco advertising, promotion & sponsorship and **R**aise taxes on tobacco

CONCLUSIONS

- To accelerate the smoking cessation program, all curricula of health professionals (medical, dental, nursing, midwifery, sanitarian, etc.) should cover smoking cessation methods, including counselling and uses of Nicotine Replacement Therapy
- The public health facilities, should implement standardized community based smoking cessation methods

TERIMA KASIH BANYAK

ARIGATOU GOZAIMASU.

