

Improvement Of Clean Field With The Implementation Of Medan City Regional Regulation No. 3 Of 2014 Regarding A No-Smoke Area In Medan City

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Abstract

Currently, cigarettes are one of the products with a relatively high level of consumption in the community. The problem of smoking is also still a national problem and efforts to overcome it are prioritized because it involves various aspects of problems in life, namely economic, social and political aspects and especially health aspects. Data on the tobacco epidemic in the world according to the World Health Organization (WHO) shows that 1 death due to tobacco worldwide occurs every 6 seconds. Deaths due to tobacco in 2005 were recorded at 5.4 million people and during the 20th century, there were 100 million deaths due to tobacco. If this is allowed, there will be 8 million deaths in 2030 and it is estimated that 1 billion people will die from tobacco during the 21st century. By 2030, it is projected that 80% of tobacco-related deaths occur in developing countries. Medan City Government stipulates Medan City Regional Regulation No. 3 of 2014 concerning Smoking-Free Areas to support the creation of a smoke-free environment so that the City of Medan can be protected from the negative impacts of smoking. Therefore, this research focuses on the process of implementing the Medan City Regulation No. 3 of 2014 concerning Non-Smoking Areas in Medan City in several places by Article 7 to Article 15 of Medan City Regulation No. 3 of 2015. The aim is to see to what extent the Medan City Regulation No. 3 of 2014 concerning Non-Smoking Areas is implemented by the community, government, and law enforcement. The locations that were targeted as well as research locations were 3 schools in Medan, Amplas Terminal, Medan Mayor's Office, and Medan City DPRD. The research method used is descriptive qualitative by collecting primary and secondary data through interviews, direct observation, and recording documents. The data that has been obtained is then analyzed descriptively qualitatively.

Keywords: Regional Regulation, Non-Smoking Area, Medan City

I. INTRODUCTION

Cigarettes consumed produce cigarette smoke which is very dangerous for the health of the smoker himself as an active smoker, as well as other people around him as passive smokers. Cigarette smoke consists of main smoke containing 25% harmful levels and side smoke containing 75% harmful levels. Secondhand smoke inhales 75% of harmful substances plus half of the exhaled smoke. A cigarette contains 4000 toxic chemicals and no less than 69 of them are carcinogenic. So that cigarette and the environment contaminated with cigarette smoke can harm health. The content of these chemicals can cause various non-communicable diseases such as heart and blood vessel disorders, stroke, lung cancer, and oral cancer. In addition, smoking can also cause a decrease in fertility, fetal growth both physically and slow down IQ (Intelligent Quotient), impaired infant immunity, and increased mortality. More than a third or 36.3 percent of Indonesia's population is currently a smoker. "Even 20 percent of teenagers aged 13-15 years are smokers," said Health Minister Nila Moeloek when opening the Indonesian Conference on Tobacco or Health at Balai Kartini, Jakarta. What's even more surprising, said Nila, is that currently, there are increasing numbers of teenage boys who smoke. Data last year showed an increase in the number of male adolescent smokers reaching 58.8 percent. The smoking habit in Indonesia kills at least 235,000 people every year. Nila said the World Health Organization (WHO) has placed Indonesia as the world's third-highest cigarette market after China and India. The prevalence of adult male smokers, he said, is currently the highest in the world.

"As a result, the National Health Insurance must bear the highest burden of non-communicable diseases (PTM). According to Nila, hard work to prevent an increase in novice smokers is not only the

responsibility of the government, but also across sectors, including involving the Ministry of Women's Empowerment and Child Protection, the office of the Presidential Chief of Staff, and the Ministry of Finance. The Ministry of Health, Nila continued, has carried out several tobacco control programs, including a no-smoking area and a free smoking cessation clinic. When Indonesia experienced a demographic bonus, we need a healthy and productive generation. The chairman of the Indonesian Association of Public Health Experts, Ridwan Thaha, said the costs incurred due to tobacco consumption are currently very high. In 2013 alone, the burden borne was IDR 378 trillion. Medan City Regional Regulation No. 3 of 2014 concerning Smoking-Free Areas has several articles that regulate areas or spaces that are protected by the Medan city government to avoid cigarette smoke. The regulating article is contained in Chapter IV starting from Article 7 to Article 15. There are also sanctions imposed by the Medan City Government for areas that violate the provisions of the Regional Regulation. It is found in Chapter XII Article 40 up to Article 44 of the Medan City Regional Regulation No. 3 of 2014. The Medan City Government has also made Medan Mayor Regulation No. 35 of 2014 concerning Technical Guidelines for the Implementation of Medan City Regional Regulation No. 3 of 2014 concerning Smoking Free Areas. This Mayor Regulation provides the procedures for implementing local regulations in the field, starting from implementation procedures to the stage of administrative and criminal sanctions for perpetrators who violate Regional Regulation no. 3 of 2014 concerning Smoking-Free Areas in Medan City.

The reasons for the enactment of KTR are,

- (1) Everyone has the right to protection against the dangers of cigarettes,
- (2) Tobacco smoke is harmful and has no safe limits,
- (3) Special smoking rooms and air circulation systems are unable to provide effective protection. So that protection is only effective if the place is 100% free from cigarette smoke.

Based on the description above, research was conducted to examine more deeply the implementation of Medan City Regulation No. 3 of 2014 concerning Smoking-Free Areas in three places that represent the space mandated by the regulation to be free from cigarette smoke, namely PancaBudi High School as a place of education, Amplas Terminal as a public location or place and the Medan Mayor's Office as a place of work and the place for the formation of this regulation.

II. LITERATURE REVIEW

2.1. Review of Past Research

Elisabeth Putri Dameanty Panjaitan, on "Implementation Analysis Medan City Regional Regulation No. 3 of 2014 concerning Non-Smoking Areas At Schools in Medan City in 2015". The results of his research show that there is still a lack of communication from the Regional Government to the school leaders in terms of socializing the application of KTR, there is still a lack of resources resources in terms of facilities and infrastructure for the implementation of KTR in schools, still lack of response from the target/implementer of the policy and still lacking the running of the bureaucracy in the application of KTR in schools. Ismariansi, Indra Fajarwati, and Syria, "On Smoking Behavior" Employees After Implementing a No Smoking Area at the Makassar Mayor's Office 2015". The results of his research indicate that the informant has the intention of changing smoking behavior before the application of KTR and after the application of KTR did not feel its effect on intention. Social support obtained by informants, namely information support sourced from family, friends as well as superiors. Informants find it easy to reach information and facilities KTR.

Personal autonomy namely changes in behavior experienced by two informants. Situation possible, namely by the presence of a no-smoking sign. Priliantining Asri, Emmy Riyanti, and Kusyogo Cahyo, "Evaluation Implementation of Semarang City Regional Regulation Policy Number 3 of 2013 Regarding Non-Smoking Areas (KTR) in the 2016 Public Health Study Program at Universities in Semarang City". Results of his research show that at the HR input stage in the management of KTR have not met, there are still many obstacles faced in carrying out a written policy on KTR, media about KTR already exist, operational funds in the application of KTR is still limited. At the planning stage, it is already there because of the implementation of the program plan. At the implementation stage, it has not run optimally because

there are still obstacles in the installation of notice boards, KTR signs, there is no job desk and there is no special counseling about KTR. At this stage, supervision has not been running because there is no special supervisory team for KTR. The coaching stage has not been maximized because no team does its guidance and inactive smoking cessation clinics. Output stages include there are still public health study programs whose environment is not yet free from cigarette smoke because there is still a special place for smoking and sanctions given in the form of a fine or a warning .

2.2. Definition of Smoking

Cigarettes are paper juice cylinders measuring between 70 and in length 120 mm by 10 mm in diameter (varies by country) contains leaves chopped tobacco. Cigarettes are burned at one end and allowed to smolder so that the smoke can be inhaled through the mouth on the other end, Cigarettes are also one of the tobacco products intended to be burned, smoked, or inhaled including kretek cigarettes, white cigarettes, cigars or other forms produced from the plant *Nicotiana tobacco*, *Nicotiana Rustica*, and other species or their synthesis where the smoke contains nicotine and tar, with or without the addition .

2.3. Cigarette Content

Law of the Republic of Indonesia No. 35 of 2009 classifies addictive substances consisting of tobacco, tobacco-containing products, solids, liquids and gases, which are addictive, the use of which can cause loss to himself and/or the community around him (10). Cigarettes are a combination of chemicals. One cigarette burned will release 4000 chemicals. In general, these materials can be divided into two major groups, namely the gas component (92%) and the gas component (92%). solid or particulate components (8%). Smoked cigarette smoke or cigarette smoke is inhaled through two components. First, the volatile components gaseous form. Second, the components which together with the gas condense into particulate components.

Thus, the smoke that is inhaled can be in the form of gas some 85 percent and the rest in the form of particles. The smoke produced by cigarettes consists of the main smoke (mainstream smoke) and side smoke (sidestream smokes). The main smoke is tobacco smoke which is inhaled directly by smokers. While side smoke is tobacco smoke which is spread freely into the air. so that it can be inhaled by other people known as passive smokers (30). Tobacco smoke contains more than 4000 chemicals. Apart from tar and nicotine, carbon monoxide (a gas commonly found in exhaust fumes), ammonia (common in floor cleaners), and arsenic (found in rat poison). At least 43 chemicals in tobacco are known to cause cancer lungs, throat, mouth, bladder, and kidneys. Chemicals This is what causes various diseases. Every class of disease associated with certain materials. Lung cancer, for example, is associated with Tar levels in cigarettes, heart disease linked to carbon dioxide monoxide, nicotine, and others.

2.4. Cigarette Diseases

After getting to know the general description of smoking patterns in the world and also harmful substances in cigarette smoke. It turns out that smoking habits can hurt various organs of the body. The smoking habit has proven to be associated with at least 25 types of diseases in various organs body, including cancer of the tract/respiratory to lung, bladder, chronic bronchitis, and heart disease. In addition, smoking habits associated with disorders of the blood vessels in the brain (known as stroke), cataracts in the eye, gastrointestinal disease, making the skin fast wrinkles, and even impotence.

Strictly speaking, smoking causes disease from head to toe, from stroke to impotence (6). Experts are now constantly trying to find recognition techniques and the best treatment for various diseases caused by smoking. Intervention smoking cessation aimed at people with COPD appears to bebenefit from using a technique focused on shaping detailed plans and self-monitoring (32). In some of them, this disease can be treated with good, but in most of the others still can not be treated properly, and it is not even possible that it can be fatal to the sufferer. Because of course, the most important thing is prevention. In other words, don't smoke, or quit smoking immediately before illness attacks our organs (6).

III. METHODS

This research uses socio-legal research methods by using the approach of legal science and other social sciences. The materials used are primary legal materials, both those originating from international law

and those originating from national law. While the secondary legal materials are obtained from books and the results of previous research. This legal material is collected through library methods and field research to obtain maximum results. The data obtained were then analyzed qualitatively with a descriptive-analytical method.

IV. ANALYZE AND RESULT

Non-smoking area (KTR) is a room or area that is declared prohibited for production, sales, advertising, public transportation. The benefit of establishing KTR is an effort to protect the community from the risk of health problems due to the environment polluted by cigarette smoke. The establishment of a smoke-free area needs to be carried out in health service facilities, where the teaching and learning process is carried out, where children play. Control of smokers who produce cigarette smoke which is very dangerous for the health of active smokers and passive smokers is one solution to breathe clean air without exposure to cigarette smoke or commonly called the determination of KTR. The objectives of the determination of KTR include: Reducing the morbidity and/or mortality rate by changing people's behavior to live a healthy smoking warnings and adding pictures due to smoking habits on cigarette packs. More than 100 cities in Sri Lanka have taken extreme measures to combat smoking. No longer posting warnings about the dangers of smoking, in more than 100 cities across Sri Lanka, they are boycotting the sale of cigarettes. The goal is one: to stop people from smoking and to make Sri Lanka a tobacco-free country.

This was stated by the Ministry of Public Health on Wednesday August 22 2018. According to the Ministry, the Union of Public Health Inspectors has launched several programs across the country to educate local residents about the harmful effects of smoking and as a result, shop owners and businessmen from many small towns have stopped smoking. cigarette sales. As reported by Xinhua, 22 small towns in Jaffna, in the former war zone in Northern Sri Lanka, 17 towns in Matara in the south of the island nation and 16 towns in Kurunegala in north-west Sri Lanka do not sell cigarettes. A total of 107 small towns boycotted the sale of cigarettes. Sri Lankan Health Minister Rajitna Senaratne, while expressing satisfaction at the figure, said they hoped to increase the number to 200 cities next year. The Sri Lankan government has in recent years taken a number of measures to encourage people not to smoke and reduce the sale of cigarettes across the island. Some of the measures include increasing taxes on tobacco to 90 percent, increasing image warnings, bans on the sale of cigarettes within 100 meters of schools and bans on smoking in public places. The government also intends to ban tobacco cultivation until 2020. Head of the Central Statistics Agency, Suhariyanto, said that apart from rice, cigarettes are one of the factors that affect poverty in Indonesia. He explained that cigarettes affect the level of poverty because it is not a staple but is plentiful

1. life.
2. Increase optimal work productivity.
3. Realizing healthy and clean air quality, free from cigarette smoke.
4. Reducing the number of smokers and preventing novice smokers.
5. Realizing a healthy young generation A policy can be formed with encouragement or support from parties who need a policy in order to overcome problems that occur in their social environment. Policy is one effective way to overcome a problem that is currently happening.
6. The KTR policy is an effective way to control tobacco or more specifically to reduce smoking habits.

The Tobacco Control Support Center of the Indonesian Association of Public Health Experts (TCSC-IAKMI) in collaboration with the Southeast Asia Tobacco Control Alliance (SEATCA) and the World Health Organization (WHO) Indonesia reported the four best policy alternatives for tobacco control, namely increasing taxes (65% of the price). retail), prohibiting all forms of cigarette advertising, implementing 100% smoke-free areas in public places, workplaces, places of education, Promotion and use of cigarettes, namely: means health, a place for teaching and learning, a children's playground, a place of worship and consumed by the poor. Suhariyanto explained that since 2002, poverty in Indonesia has gradually decreased. This year, the population below the poverty line fell to 633.2 thousand people. When compared to 2017, the number of people below the poverty line reached 26.58 million people. In March

2018 Indonesia's poor fell to 25.95 million people. In addition to rice and cigarettes, beef, chicken eggs, instant noodles and sugar also affect poverty levels. Apart from food, other needs that affect the poverty level are housing, gasoline, electricity, education and toiletries. That's why he pushed for an increase in cigarette excise. Because if the price of cigarettes rises, there is a possibility that people will reduce their consumption of cigarettes. Indeed, there is a discourse that the price of cigarettes is raised so that the poor do not buy cigarettes.

The Lamongan Regency Government stated that in 2019 there will be no more cigarette advertisements. This is a form of the Lamongan Government's commitment to become a Child Friendly District (KLA). Lamongan also guarantees that every child born in Lamongan can immediately have a residence document. Actually, the Lamongan government has collaborated with the health service unit in Lamongan. The goal is that every child born is immediately facilitated with the issuance of documents population. In addition, the concept of an adiwiyata school, which is a miniature of Adipura at the school level and Child Protection (KemenPPA) Hamid Patilima gave his appreciation to entrepreneurs in Lamongan. Especially those who have a commitment not to employ minors. This he found from the results of field verification in the District of Babat. Another appreciation was given by the presence of a vertical agency in the evaluation of the KLA field verification. It is recommended that the Prosecutor's Office and the courts as well as the Lamongan Police Resort establish a family learning center in an effort to protect children. is now being extended to the level of Early Childhood Education (PAUD) and Kindergarten (TK). Therefore, every child in Lamongan will be introduced from an early age. Especially activities that are pro to environmental conservation. Head of the KLA Verification Team from the Ministry of Women's Empowerment 2012. According to Edward III, communication is an element of important for the implementation of an effective public policy, communication determine the success of achieving the policy objectives of implementation. Effective implementation occurs when decision makers have know what they are going to do.

Every decision of a the policy must be passed on to the personnel who will carry out the policy the. Of course, communication plays an important role in preventing the occurrence of various kinds of interpretation of each policy that has been issued, in order to be able to minimize the impact that may arise as a result of there is no good communication between the sender of the message and the recipient message. Communication made by policy makers aims to gain support for the target group who will carry out a policy, at least it must include a full range of explanations about the objectives of the policy, the benefits and advantages that will be felt by target group. Based on the results of the study, it can be seen that the socialization of the Regulations Medan City Region No. 3 of 2014 concerning Non-Smoking Areas in the Office The Medan District Court has not gone well. This is proven with the results of in-depth interviews conducted with informants who the result, most of the informants said that they never received socialization directly from the Medan District Court Office regarding the existence of non-smoking area regulations. Regarding the information obtained by the informant regarding the existence of local regulations on smoke-free areas. The results of the research were obtained that most of the informants stated that they knew about the existence of regulations non-smoking areas from various media and from colleagues there are read and listen. But the contents of the regional regulation, the informant does not know it in depth because I have never read the rules the area about the smoke-free area. The informant also revealed that there has been no direct call from the Medan City government to implementation of regional regulations for no smoking areas at the District Court Office Medan.

V. CONCLUSION

This research concludes Based on the results of research and discussion on implementation Medan City Regional Regulation No. 3 of 2014 concerning Non-Smoking Areas at the Medan District Court Office, it can be concluded that:

1. Implementation of Medan City Regional Regulation on No Smoking Areas at the Medan District Court Office regarding communication yet running effectively in terms of socialization of policy implementation a smoke-free area and there is no direct appeal from Medan City Government.

2. Implementing staff who supervise the implementation of smoke-free areas in The Medan District Court Office does not yet exist and there are no guidelines specifically as information for implementing a no-smoking area policy at the Medan District Court Office.

3. Leaders are not firm in implementing smoke-free areas in Indonesia Medan District Court Office regarding the absence of strict sanctions for violations of the no-smoking area, it is only a warning so that there are still violations.

4. Committee or working group has not been formed at the District Court Office Medan, surveillance of non-smoking areas at the District Court Office Medan is carried out by security officers in the event of a violation.

It shouldn't just be security guards who do it supervision but also the staff/employees involved in it so that Implementation of Medan City Regional Regulation No. 3 of 2014 concerning The Non-Smoking Area at the Medan District Court Office can be run Well.

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