

Technische Universität München

Fakultät für Wirtschaftswissenschaften

Peter Löscher-Stiftungslehrstuhl für Wirtschaftsethik und Global Governance

Ethics and Corporate Social Responsibility of the Tobacco Industry in Indonesia

Harsman Tandilittin

Vollständiger Abdruck der von der Fakultät für Wirtschaftswissenschaften der Technischen Universität München zur Erlangung des akademischen Grades eines Doktors der Philosophie genehmigten Dissertation.

Vorsitzende: Prof. Dr. Alwine Mohnen

Prüfer der Dissertation:

1. Prof. Dr. Christoph Lütge
2. Prof. Dr. Vera Bitsch

Die Dissertation wurde am 25.04.2018 bei der Technischen Universität München eingereicht und durch die Fakultät für Wirtschaftswissenschaften am 15.09.2018 angenommen.



Abstract

In modern days, the aim of a business should be to help people to lead better lives. Therefore, companies should be socially responsible enterprises because they have deliberately decided to take action, and their actions have resulted in negative impacts on society and the environment. The tobacco companies in Indonesia have claimed that they are socially responsible enterprises as they have adopted the CSR concept in their business operations. However, the adoption of CSR programs by the tobacco industry has led to an international contentious debate, including in Indonesia.

To inform the debate of the adoption of the CSR concept by the tobacco industry, an overview of the relationship between the tobacco industry's CSR activities and the negative impact of their products on society and the environment is required to understand the social responsibility of the tobacco companies in Indonesia. Ethical reasons are used to analyze the CSR activities: whether they are a form of a genuine CSR concept or merely business activities. The analysis of the Indonesian tobacco companies' CSR activities also highlights the negative impacts of tobacco on adolescents. To support the analysis of the impact of tobacco companies' social activities on smokers, this dissertation also includes a study about the ensnarement of new smokers in Indonesia.

This research confirms that the Indonesian tobacco companies' CSR programs are not part of a genuine social responsibility, as according to the European Commission and ISO 26000, the socially responsible enterprise should take responsibility for the impact of its decisions and activities on society and the environment through transparent and ethical behavior. However, through their CSR activities, the tobacco companies have precisely ignored the negative impacts of tobacco. The tobacco companies have successfully achieved their goal to promote the tobacco industry as a socially responsible industry in Indonesia. The tobacco companies' CSR activities have instilled their good image in communities, as the activities have easily captivated public sympathy. Their CSR activities are honored by the government and society with CSR awards. Tobacco companies' business motivations are successfully embedded in their positive contributions and in the social values of their CSR programs related to education, community care, environment, and culture. Moreover, the tobacco companies have a faintly-vested interest in their CSR programs to promote their products and to persuade adolescents to take-up cigarettes.

Without external intervention, it is nearly impossible for the tobacco companies to manage the authentic CSR programs by themselves. Therefore, the Indonesian government should enact stricter tobacco control regulations, in particular, leading the CSR programs to address the negative impacts of tobacco on smokers, society, and environment. To accommodate their negative impacts, especially to prevent teenagers from taking-up cigarettes, tobacco companies should be required to hand over most of their CSR programs to tobacco control civil society organizations, in other words, the tobacco industry would then be socially responsible through the civil society organizations. The ratification of FCTC by the government would be an important first step to provide legal standing for the civil society organizations to play their role.



CONTENT

1. Introduction	4
.....	
2. Methods	7
.....	
2.1. Method for the study of Indonesian tobacco companies' CSR activities	7
.....	
2.2. Method for the study of the ensnarement of the new smokers in Indonesia	8
....	
3. Findings	8
.....	
3.1. CSR activities of the tobacco companies in Indonesia	8
.....	
3.1.1. Education	8
.....	
3.1.2. Community care	10
.....	
3.1.3. Environment	11
.....	
3.1.4. Culture	12
.....	
3.2 The negative impact of the tobacco industry in Indonesia	12
.....	
3.2.1. Health risks	12
.....	
3.2.2. Cycle of poverty	13
.....	
3.2.3. Environmental damage	13
.....	
3.2.4. The trap of smoking addiction	14
.....	
3.3. The ensnarement of the new smokers in Indonesia	15
.....	
4. Discussion	17
.....	
5. Proposal solutions	19
.....	
5.1. Civil Society organizations	19
.....	
5.2. Enactment of stricter tobacco control regulations by the government	20
.....	
6. Conclusion	22
.....	
7. Summary of the published papers	23
.....	



7.1	Civil Society and tobacco control in Indonesia: The last resort	23
7.2.	CSR activity of tobacco companies in Indonesia: Is it a genuine social responsibility?	24
7.3.	What should the government do to stop epidemic of smoking among teenagers in Indonesia?	25
8.	Reference	26
APPENDICES OF THE PUBLISHED PAPERS		33
A.	Civil Society and Tobacco Control in Indonesia: The Last Resort	34
B.	CSR activity of tobacco companies in Indonesia: Is it a genuine social responsibility?	50
C.	What should the government do to stop epidemic of smoking among teenagers in Indonesia?	70
D.	List of the Paper Citation	95



Ethics and Corporate Social Responsibility of the Tobacco Industry in Indonesia

1. Introduction

In modern days, the aim of a business should be to help people to lead better lives. In this context, an entity has to perform social responsibility due to the negative impacts of its actions or products on society and the environment. According to social responsibility theory, companies should be socially responsible enterprises because they have deliberately decided to take action, and their actions (activities) have resulted in socially negative impacts on environment and community (Crowther; 2008; Hartman, 2008; Holler, 2007). Indeed, corporations run their businesses within societies and intentionally place their specific products into social contexts; thus, business and social responsibility are socially embedded (Blowfield, 2006; Granovetter, 1985). Thus, if a firm does not fulfill its social responsibility, it will lose its position in society (social punishment), especially when the society demands responsibility from businesses (Ferrell, 2013; Smith, 2011; Garriga, 2004). Given the intense competition and the growing ethical demands from society during the last two decades, many companies vie to adopt the concept of corporate social responsibility (CSR) in order to be recognized by society as socially responsible enterprises (D'Amato, 2009; Campbell, 2007; Collin, 2002), including the tobacco industry.

The Surgeon General of the United State has repeatedly reported that tobacco is the most addictive substance that causes many deadly diseases (DHHS, 2010 & 2014), and thus it is axiomatic that smoking is hazardous to health. A grim report from the WHO revealed that tobacco is the leading cause of preventable and premature death, killing an estimated six million people (active and passive smokers) every year worldwide, including in Indonesia (WHO, 2015 & 2011). Empirical studies show that one in two smokers dies prematurely, an average of 10-15 years earlier than non-smokers (DHHS, 2014; Jha, 2013). Indonesia had one of the highest smoking rates in the world at 36.1% (64 million people) in 2011. Moreover, through its operations and products, the tobacco industry has caused many negative impacts on the environment (Lecours, 2013; Slaughter, 2011).

Smoking among Indonesian adolescents is one of the negative impacts of tobacco, as nearly six in ten of the youth of ages 13 to 15 years and nearly seven out of ten adult male are active smokers. The recent WHO report shows that smoking in the Indonesian teenagers has skyrocketed from 12.6% in 2006 to 23.5% in 2010 (WHO, 2013b). In fact, Indonesia had one of the highest smoking rates in the world at 36.1% (64 million people) in 2011. In a society which is, day by day, becoming more demanding in ethical issues that concern the environment



and the quality of life, it is imperative for a firm to be a socially responsible enterprise. Therefore, businesses should be socially responsible enterprises to appease and pacify the burgeoning ranks of ethical society, especially their employees, consumers, and investors (Tran, 2015; Collin, 2002), including tobacco companies.

Tobacco companies in Indonesia have claimed that they are socially responsible enterprises as they have adopted the CSR concept in their business operations. The CSR activities of the tobacco companies have also been honored by the government and community with CSR awards due to their positive contributions toward the community and the environment in Indonesia. The CSR programs have become one of the most important strategies employed by the tobacco industry to maintain their image and legitimacy in the public sphere (Scherer, 2012; Dorfman, 2012).

However, the adoption of CSR programs by controversial industries, such as the tobacco industry, has led to an international contentious debate, including in Indonesia. Some research revealed that the CSR programs in the tobacco industry are crucial for improving a damaged reputation, encouraging employee morale, and bolstering the popularity of tobacco products (Dorfman, 2012; Hirschhorn, 2004). In order to win public sympathy, the tobacco companies promote their image through financial contributions, especially in programs with social values related to education, environmental issues, and disaster relief (WHO, 2008). Moreover, they use their CSR programs to gain access to politicians. Thus, politicians shape public health policies to best suit the tobacco industry (Fooks, 2011). In fact, CSR programs have been used by tobacco companies to promote their products through the intentional display of cigarette brands and company names through CSR activities. Some research revealed that the cigarette brand's display had a significant influence on smoking behavior of new smokers (Spanopoulos, 2013; Henriksen, 2010).

Tobacco companies can build a good corporate image among smokers and society, given the positive reporting and wide publicizing of their CSR activities (D'Amato, 2009). In fact, a recent study in Indonesia shows that tobacco companies' CSR activities have resulted in the reinforcement of smoking behavior among smokers (Arli, 2013). On the other hand, the tobacco industry has been perpetually opposed to health warning labels on cigarette packs (Hiilamo, 2012). In fact, the World Health Organization (WHO) has insisted that CSR programs by the tobacco industry should be banned as they inherently weaken controls on tobacco (WHO, 2013a).

CSR is an ethical issue; thus, the adoption of CSR by companies according to the European Commission is voluntary. In this regards, the companies that have implemented CSR programs



claim and promote themselves as socially responsible enterprises. Virtue ethics (motives) and deontological ethics (means) are useful tools to examine the ethical perspectives of the companies' CSR activities (Feng, 2010; Frederiksen, 2013). One of the important aspects of virtue ethics is the way in which, through its focus on social context and a sense of collective purpose. Therefore, virtue ethics is a useful tool to assess ethical reasoning of a business which has social outcomes (Trevino, 2011). Virtue ethics focuses on the moral integrity of an agent (the person), rather than on the moral act. Thus, any action must be based on rationalities and sincere motives, or in other words, virtue requires right desires and right reasons. Due to the difficulty in evaluation of the motivation behind the agent's action, the agent's character must be justified by a relevant moral value in society that leads the agent to the highest ethical standards (Laczniak, 2006). In fact, the international organization for standardization (ISO) has launched ISO 26000 in 2010. This international standards provide guidance on social responsibility. The ISO 26000 has been used worldwide by the businesses that want to be recognized by society as socially responsible enterprises. Therefore, an ethical business must pay attention to both business performance as well as to the impact of the business activities on the wider community, as the business and social responsibility are socially embedded. In this context, tobacco companies' CSR programs should address the negative impacts of tobacco, especially on teenagers.

Deontology is a moral obligation that examines the morality of an action based on the action itself, rather than on its consequences. According to deontologists, an action cannot be justified by its consequences, because the outcomes of the action are mostly determined by the way to do it (Kant, 2008; Scheffler, 1982). The golden rule of this position: do unto others as you would have them do to you. Contrary to utilitarian ethics, which focuses on utility functions as moral preferences, deontology believes that a certain (harmful) action should not be performed, even if it were to maximize utility (van Staveren, 2007). The insistence of deontology on equal respect for all does not allow maximizing profit at the expense of some people, including the promotion of harmful products to teenagers. In fact, a certain action is inherently right and the determination of this rightness focuses on the individual agent, rather of its effects on society (Ferrel, 2013). Therefore, tobacco companies' CSR programs should also be led to reduce smoking among adolescents.

In order to inform the debate of the adoption of CSR concept by the tobacco industry, an overview of the relationship between the tobacco industry's CSR activities and the negative impact of their products on society and the environment is required to understand the social responsibility of the tobacco companies in Indonesia, and ethical reasons are inherently used



to analyze the CSR activities: whether they are a form of a genuine CSR concept or merely business activities. My analysis of the Indonesian tobacco companies' CSR activities also highlights the negative impacts of tobacco on adolescents, as adolescents are vulnerably manipulated by others to become new smokers, and it is unethical to recruit teenagers as new smokers. To support the analysis of the impact of tobacco companies' social activities on smokers, this dissertation also includes a study about the ensnarement of new smokers in Indonesia.

Based on the finding and discussion of the study, some solutions propose to govern the tobacco industry's social activities by a tobacco control medium and to reduce tobacco-advertising effects of the social activities. To govern the tobacco industry's social activities by a tobacco control medium, the government should enact stricter tobacco control regulations and incorporate ethics into laws. To reduce marketing effects of tobacco industry's social activities, civil society organizations should be empowered, as they have important roles in tobacco control, such as advocate, coalition builder, provider of evidence-based information, watchdog, and service provider.

2. Methods

2.1. Method for the study of Indonesian tobacco companies' CSR activities

The author collected and analyzed the CSR programs and activities of the three biggest tobacco companies in Indonesia. These tobacco companies are HM Sampoerna, Djarum, and Gudang Garam. These tobacco companies dominate up to 75% of the tobacco market share in Indonesia (WFS, 2012). Between May and August 2013, the authors searched CSR programs and activities of the tobacco companies on their websites and annual reports.

The authors also reviewed other Internet-based information resources, newspapers, and magazines. The authors used the keywords "CSR Gudang Garam," "CSR Sampoerna," "CSR Djarum," and "CSR industri rokok" to search for the CSR activities. Snowball searching was also applied to systemize the quest of the tobacco companies' CSR activity (Anderson, 2011). The authors found 90 CSR activities from tobacco companies and organized the activities into four themes based on qualitative content analysis (Dey, 2005). These themes are education, community care, environment, and culture (Table 1). In fact, the author has collected the negative impacts of tobacco in Indonesia.

2.2. Method for the study of the ensnarement of the new smokers in Indonesia

Qualitative methodology is a useful tool to explore and analyze experiences and human opinions (Hennink, 2011). In order to get specific opinions and to allow the author in-depth interviews with the participants of this study, the method of direct interview with thematically



guided questions was applied (Nkwi, 2001). The main recruitment criterion for the smoker participants is that they have been active smokers for more than 4 years. Between March and July 2011, the author selected and interviewed 100 smokers (25 employees and 75 students of the Samarinda State Polytechnic) in Samarinda, East Kalimantan, Indonesia. The transcripts of the direct interview with the participants were analyzed by using thematic analysis (Braun, 2006).

3. Findings

3.1. CSR activities of the tobacco companies in Indonesia

3.1.1. Education

CSR programs in education are a sophisticated way for the tobacco industry to influence academic institutions, scientists, and society (Gan, 2011; MacKenzie, 2008). Some of the scholars who received research grants or scholarships from the tobacco companies have also become public officers, such as governors, parliament members, and university presidents (WHO, 2003). Through their scholarships, tobacco companies systematically exert a positive image on the Indonesian students from primary school up to university. Through this great advantage, tobacco companies vie to offer scholarships to talented students in Indonesia.

Putera Sampoerna Foundation (PSF) has disbursed more than 34,600 scholarships, organized workshops for more than 19,000 teachers and headmasters, and adopted 23 public and 5 Islamic elementary schools. In 2009, PSF founded Sampoerna Academy, an international standard boarding school at the high school level. The PSF annually received charity funds from Phillip Morris for around \$5 million US.

The Djarum Plus scholarship program from Djarum distributed scholarships to more than 7,000 students from 74 public and private universities in 24 provinces in Indonesia. To impart the values of the company to scholarship recipients, Djarum regularly provides them with soft-skills training. In fact, some of the awardees perceived the Djarum Plus scholarship as a dream come true. In a similar manner, Gudang Garam annually provides scholarships to outstanding students at almost all universities in Indonesia. To build and maintain a good relationship with the surrounding community, Gudang Garam has supported local education infrastructure, including desks, chairs, bookshelves, and internship opportunities for high schools and universities.



Table 1. CSR activities of the tobacco companies in Indonesia

CSR Category	CSR Activities
Education	<p>Provide scholarships and student loans to students from public school until university, including graduate and postgraduate scholarships at overseas universities.</p> <p>Provide stationary and uniforms to students.</p> <p>Provide internships, seminars, workshops, and soft skills training to students and teachers.</p> <p>Build and provide sport facilities for schools and universities, including sport education centers and sport arenas. Provide mobile libraries for the surrounding communities.</p> <p>Build and provide education facilities for schools and universities, including classrooms, training centers, libraries, laboratories, bookshelves, desks, and chairs.</p> <p>Carry out education for primary school up to university, emergency school for the victims of natural disasters, teacher training, and sport education.</p> <p>Provide awards for the best student, best lecturer, and best young innovator.</p>
Community Care	<p>Provide entrepreneurship centers, entrepreneurial training, marketplaces, and exhibitions to small businesses for the surrounding communities. Provide awards for SMEs and young entrepreneurs at the national level. Provide SAR training centers, disaster response training, rescue teams, disaster relief, orphan donations, blood donations, and prevention fire training at the national level.</p> <p>Provide rural water supply, cataract surgeries, mass circumcisions, home refurbishing, fish farming, livestock training, and medical checkups for the surrounding communities.</p> <p>Distribute donations and food packages for the local poor.</p>
Environment	<p>Carry out the reforestation marginal lands, highway greening, refurbishment of urban parks, eradication of dengue mosquito breeding, dengue fever prevention campaigns, waste-composting training, mangroves reforestation, and organic farm training at the local and national level.</p> <p>Provide composting machines, nursery seeding centers, and seedlings for the surrounding communities.</p>
Culture	<p>Provide aid for art festivals, music festivals, dance festivals, operas, cabarets, Wayang performances, Reog Ponorogo dance performances, batik festivals, theater festivals, Indonesian cultural adventures, worship place renovation, and basic need packages on the religious holidays for local and national level. Carry out annual award for journalist and reporter, journalistic competitions, homecoming free services on Eid, breaking fasts together, national holidays greeting, Quran reading competitions, Isra Mi'raj commemorations, Ramadhan bazaars, and grand prayers for local and national level.</p>

3.1.2. Community care



As a low-middle income country, Indonesia has been struggling to eradicate the vicious cycle of poverty, which is worsened by natural disasters. According to the World Bank, around 13.3% of Indonesians lived below the poverty line or in extreme poverty in 2011 (World Bank, 2012). The insufficient government budget for poverty reduction and disaster recovery programs is utilized by tobacco companies as an opportunity to promote their community care activities. Some studies have revealed that through their community care activities, the tobacco companies can restore their damaged reputation (Kotchen, 2012; Friedman, 2009).

HM Sampoerna launched the Sampoerna Rescue (SAR) for disaster response programs and the Sampoerna Entrepreneurship Training Center (PPK Sampoerna) for poverty reduction programs. Since its launch in 2002, the SAR has evacuated and provided medical assistance to more than 72,000 people and provided food and supplies to more than 91,000 people. In fact, as its name and logo are on display in its community care activities, especially on the uniforms of the SAR team, HM Sampoerna has promoted itself as a socially responsible tobacco company. For its contributions, HM Sampoerna received a CSR award from the Asia Responsible Entrepreneurship Awards in 2012.

Incredibly, Djarum launched the Djarum Social Service (DSS) in 1951, a social service for the surrounding community that has implemented a variety of humanitarian missions. The DSS's programs focus on public necessities, which are partially covered by government programs, including blood donations, fire prevention training, eradication of dengue mosquito breeding, and rural water supply. In 2010, Djarum has even set a new record in the book of the Indonesian record museum (MURI) for the number of employee participants. In fact, the DSS has distributed a variety of food and clothes to the victims of natural disasters, including tsunamis, earthquakes, and floods. Interestingly, in all their social services, Djarum has distributed not only aid but also displayed its name, logo, and motto: "caring and sharing."

In order to bolster its image in the surrounding community, Gudang Garam has regularly provided aid (e.g., school uniforms, food packages, and cash) to the poor, social foundations, and orphanages. Gudang Garam also distributed humanitarian aid to mitigate the burden of natural disaster victims including food, clothes, blankets, and tents. Moreover, to convince the local community and government about its social responsibility, Gudang Garam has carried out the most prominent community care programs, such as renovation of the poor's houses, rural provision of clean water, and blood donations.

3.1.3. Environment



Tobacco companies' CSR activities are moving beyond the declared intentions to increasingly have an effective and measurable societal impact. Some studies have revealed that the companies that contributed to environmental sustainability have enjoyed a good reputation in society (Glac, 2010; Hohnen, 2007). Indonesian society has also become more aware and begun to demand that corporations meet the high standards of social and environmental responsibility. In this context, environmental sustainability is the main target of tobacco companies' CSR programs in Indonesia.

Djarum Trees for Life (DTL) is a prominent Djarum CSR program for the environment. Since its launch in 1979, DTL has planted more than 2 million seedlings. This reforestation has managed some environmental conservation projects and prevented soil erosion, especially in Kudus. In 2010, DTL launched a greening program for the Northern Coast Highway of Java (Jalur Pantura Pulau Jawa) along 1,350 km of highway, and has planted more than 7,000 tamarind trees, with a target of planting 36,357 trees. Interestingly, through this program, Djarum promotes its positive image toward more than 100 million highway drivers each year, as this road is Java's main highway.

In 2008, HM Sampoerna (Philip Morris) launched a mangrove conservation program on Surabaya's east coast. HM Sampoerna has planted around 70,000 mangrove trees in the conservation area as a part of their target of planting 130,000 mangrove trees in Surabaya and several regions in Indonesia. In fact, Sampoerna has also collaborated with third parties in its CSR programs, including the government and NGOs. HM Sampoerna has supported the One Billion Trees Reforestation Program, which was launched by the Indonesian Ministry of Forestry in 2010. Due to its reforestation programs, HM Sampoerna received a sustainability award from the Indonesian Ministry of Forestry in 2010. Undoubtedly, by involving the government, NGOs, and communities in its CSR programs, HM Sampoerna gains public legitimacy for itself and its tobacco products.

Gudang Garam has also built up a strong relationship with the surrounding community and government through its environmental CSR programs, which have refurbished, for example, urban parks and waste management facilities. The company has provided seedlings, composting machines, waste-composting training, and sanitary facilities to the local communities in Kediri (where Gudang Garam's headquarters are located). Through its environmental CSR programs, Gudang Garam has reassured Indonesian society and the government about its social responsibility toward the environment and municipality development.

3.1.4. Culture



In Indonesia, the revenue from ticket sales is insufficient to finance the local art festivals, including music and dance festivals. Thus, art festival organizers are in need of support or donations from third parties. This opportunity was promptly utilized by tobacco companies to demonstrate their appreciation toward Indonesian cultural heritage. By getting involved in Indonesian socio-cultural activities, the tobacco companies have presented their tobacco products and smoking as the nation's cultural heritage. In fact, smoking among Indonesian adolescents is strongly influenced by social norms and peer pressure (Ng, 2007). In this context, nearly all the local music, art, and theater festivals are supported by tobacco companies. Religious activities are also a target of the tobacco companies' CSR programs, such as renovation of worship places, breaking fasts together, and free homecoming services on the day of Eid.

Djarum is the most aggressive tobacco company in favor of the Indonesian art festival. Since 1992, through its cultural appreciation program, Djarum has collaborated with many local music groups and theaters, including Ireng Maulana Orchestra, Workshop Rendra Theatre, and Koma Theater. Djarum has undeniably made a great effort to develop and preserve the nation's cultural heritage, such as the development of painted cloth and festival of batik Kudus. Through these activities, Djarum has demonstrated its appreciation toward Indonesian native handicrafts and concern toward artisans of batik Kudus. The activities indicate the company's interest in promoting its tobacco products as a part of the Indonesian cultural heritage.

Rumahku Indonesiaku is a series of public service advertisements from Gudang Garam to celebrate the Indonesian feast days, such as New Year's Day, Independence Day, Eid, and Christmas. Their advertisements are very impressive as they feature famous Indonesian heritage buildings, the unique traditional arts, and tempestuous music. Rumahku Indonesiaku has convincingly instilled a sense of patriotism and pride in their audience, especially the younger generation. Through the Rumahku Indonesiaku, Gudang Garam has covertly tried to convince the younger Indonesian generations that tobacco (*kreteks*) is part of the nation's cultural heritage that should be conserved.

3.2. The negative impact of the tobacco industry in Indonesia

3.2.1. Health risks

Every year, tobacco-related diseases have resulted in more than 3.5 million disability adjusted life years (DALYs) in Indonesia (WHO, 2012). Empirical data from Indonesian Health Ministry shows that tobacco related diseases sharply increased from 1.32 million cases in 2005 to 14.9 million cases in 2008. In 2013, about 43 million Indonesian children have been exposed



to secondhand cigarette smoke because they live in a family of smokers. Unfortunately, about 11.4 millions of them are toddlers.

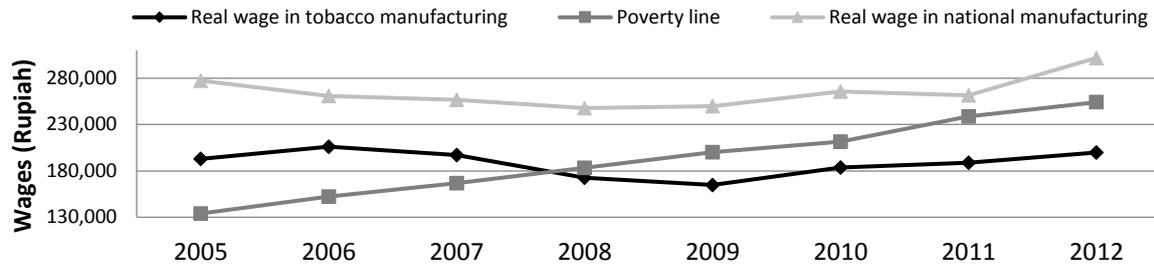
Surprisingly, even Philip Morris Indonesia (PMI) and British American Tobacco (BAT) have known for a long time that the *kreteks* are significantly more carcinogenic than western cigarettes (Hurt, 2012). However, they even changed them into the western-style *kreteks* as an extra marketing strategy, as the *kreteks* are the most preferred type of cigarette by nearly 90% of Indonesian smokers.

3.2.2. Cycle of poverty

Indonesian poor urban smokers spent 22% of their income on cigarettes (Semba, 2007). Nationally, poor smokers consume an average of 12 cigarettes daily; thus, they spent up to 40% of their income on tobacco (WHO, 2012). In fact, the premature death of fathers who smoke has worsened the poverty among the poor families and increased school drop-outs (Barber, 2008), as the father is the family breadwinner in Indonesian culture. Data from Basic Health Research (Riskesdas) shows that most of the smokers in Indonesia are low income earners, and smoking among them has significantly increased from 60% in 2007 to 65% in 2013.

The cycle of poverty among tobacco farmers is mainly caused by the unfairness of the tobacco leaf trading system. The price of the tobacco leaf is unilaterally decided by collectors. The quality of the tobacco leaf is subjectively assessed by factory tobacco graders. As a result of the trading system, the farmers only receive half of the benchmark price determined by the government. For example, in East Java in 2011, the best quality of tobacco leaves were bought by tobacco factories at a price of \$3.63 per kilo, but at the main harvest in 2012, tobacco farmers only received half of the price or \$1.55 per kilo for the same quality. Moreover, the farmers often find themselves tied into a cycle of debt bondage with the collectors. A recent study has revealed that some of the children of tobacco plantation laborers have to work in tobacco leaf processing to help support the family's finances (Amigo, 2010).

Data from the Indonesian Statistics Agency (BPS) shows that the average real wage in tobacco manufacturing is always below the national real wage. The real wage has even fallen below the poverty line since 2008 (Graph 1). This shows that most of the laborers in the Indonesian tobacco manufacturing industry are extremely poor. This poverty is the result of the application of the outsourcing system on the core activities of the tobacco companies to reduce labor costs in Indonesia. For example, cigarette rolling is one of the core activities in a cigarette company, but most of the tobacco companies subcontract the activity to third parties. This kind of outsourcing violates Indonesian labor laws, as the tobacco companies no longer take the responsibility for the minimum wage in subcontractor companies (Hukum Online, 2013).



Graph 1. Real wage of labor in tobacco manufacturing sector

Source: Central Statistics agency (BPS), 2013

3.2.3. Environmental damage

In Indonesia, the tobacco industry plays a significant role in deforestation. Farmers' use of wood as a fuel for fire to dry and cure tobacco leaves is one of the main causes of severe deforestation, including the deforestation in Lombok, West Nusa Tenggara (Pil, 2011). Data from the West Nusa Tenggara government shows that since 2002 tobacco farmers use around 400,000 cubic meters of woods or 319,500 forest trees every year to dry Virginia tobacco leaves, which cause deforestation around 280 hectares annually.

Tobacco is a highly sensitive crop and prone to many diseases; therefore, it needs large amounts of fertilizers, herbicides, fungicides, and pesticides during the growing season (Lecours, 2012). In Indonesia, the combination of erosion and chemical residue in the soil has caused severe soil degradation, and that soil is no longer able to grow tobacco. Consequently, tobacco farmers have cleared the forest for new tobacco plantations in Indonesia. In 2010, tobacco plantations have resulted in degraded land around 13,600 hectares on the slopes of Mount Arjuna, Sumbing, and Sindoro in Temanggung, West Java.

Discarded cigarette butts are a form of non-biodegradable litter; thus, they have clogged up drains and even polluted beaches around the world. According to the Ocean Conservancy, cigarette butts have been the most prevalent items of litter on beaches around the world for the past 20 years (Ocean Conservancy, 2013). A recent study found that cigarette butts are acutely toxic to freshwater organisms and marine bacteria (Slaughter, 2011). In the last ten years, Indonesian cities have been littered by 80 million cigarette butts and 5 billion cigarette packs annually. In fact, cigarette packs and butts are the most widespread form of litter in public places and tourist sites in Indonesia.

3.2.4. The trap of smoking addiction

According to the Scollo (2012), smoking is the most addictive drug habit, as smokers have the lowest success rate in quitting compared to other addictive substance users. Indeed, it has long been known that tobacco companies have precisely controlled the nicotine content in their



cigarettes to create and sustain addiction, especially among new smokers (TCLC, 2006). Some research (DHHS, 2012; DiFranza, 2007) has revealed that children and adolescent smokers are the most prone to severe and perpetual nicotine addiction. In fact, through menthol as an additive in cigarettes, the tobacco industry has implicitly promoted smoking in minors, which results in more difficulty for the young smokers to quit smoking (DKFZ, 2012; Kreslake 2008). As menthol has a variety of physiological effects, it thus increases the attractiveness of cigarettes to adolescents.

Some studies have revealed that most smokers are people incapable of making rational decisions, including adolescents and the uneducated (WHO, 2012; Dwyer 2009). According to some research (DHHS, 2012; Hayashi, 2013; Goodin, 1989), adolescents' decisions to take up cigarettes and continue to smoke are no longer their genuine choices, as they have been ensnared by others, including the tobacco industry. Unfortunately, given that adolescents are the main source of new smokers, the tobacco industry has no other choice but to turn the adolescents into addicted smokers as early as possible. A recent research has confirmed that Indonesian youth are the prime target of cigarette marketing (Nichter, 2009). In fact, the limited efforts of the Indonesian government to control cigarette advertising have been utilized by multinational tobacco companies to adapt their policies to suit the situation. For example, British American Tobacco (BAT) has prohibited advertising that associates smoking with successful people or sexual prowess, but BAT has exempted itself from the policy in Indonesia (Bland, 2013). Evidently, the recent WHO report shows that smoking in Indonesian adolescents has doubled from 12.6% in 2006 to 23.5% in 2010 (WHO b, 2013). Data from Basic Health Research (Riskesdas) shows that from 2007 to 2013, only about 4.1% of the Indonesian smokers have successfully stopped smoking. This data confirms that cigarettes have trapped the smokers into perpetual nicotine addiction.

3.3. The ensnarement of the new smokers in Indonesia

Tobacco companies have took huge advantage from their social activities, especially on smoking behavior of the new smokers. According to the respondents (the smokers) of this study, many things have influenced their perception about the negative effects of smoking on their health, including the information that provided by the tobacco industry. All the respondents admitted that the public relations and socio-economic activities of tobacco companies have resulted in them to doubt the health risk of smoking. The health-warning texts on the cigarette packs did not have significant influence on their perception about the health hazards of smoking. Some of the respondents said: "*Smoking could cause cancer but would not definitely lead to cancer.*" They considered that the warning texts are only to scare people from take up cigarettes,



and they even said this is a redundant. The respondents believed that they would not suffer the serious tobacco-related diseases because they are healthy. On the other hand, they firmly believed that the smokers who smoke cigarettes more than two packs a day would suffer the serious diseases.

All the respondents have perceived themselves as addicted smokers. They have also become aware, that the longer they smoke the stronger craving for cigarettes would become. Finally, they have committed to being smokers and found themselves in a situation that is nearly impossible to quit smoking. They have experienced the severe withdrawal symptoms of nicotine addiction, such as strong cravings, anxiety, irritability, restlessness, difficulty concentrating, and depressed mood.

Socio-economic activities of tobacco companies have had a significant influence on smokers' motivation to quit smoking, including sponsorship and corporate social responsibility of the tobacco companies. The positive contributions of the tobacco companies' social activities have been precisely used by the respondents to rationalize their inability to control the symptoms of nicotine addiction. About 91% of them have tried a few times to quit but always failed or "tomorrow never come." They crave a cigarette every time after meals, hanging out with their friends, and drink coffee. Withdrawal symptoms of nicotine addiction are a traumatic experience for the smokers, as a result, their smoking cessation program always failed. Due to the traumatic experiences, some of the said: "*I would prefer to break-up than quit of smoking.*" To rationalize their failed cessation of smoking, some of the respondents said: "*I would not watch football games any more if I quit smoking because this sport is mainly sponsored by tobacco companies*". They even argued that the unemployment rate would rise if they quit smoking.

Nearly all the respondents have honestly admitted that they were ensnared by others (the tobacco industry and peer pressure) into becoming perpetual smokers, because when they started to take up the cigarettes (before they were 17 years old), they had never thought that smoking was a self-destructive activity. Rather, they just believed the cigarette advertisements that smoking was a 'cool' activity, and they felt more special than others. Indeed, as time went on, the respondents became more aware of the health risks of cigarettes and the health care costs of tobacco-related diseases. They experienced negative emotions when they realized that their current situation would be better if they had acted differently in the past. Nearly all of the respondents answered "No" to the question: "If you had to do it over again, would you not have started smoking?" About 91% of the respondents have tried several times to quit smoking notwithstanding, they were always failed.



4. Discussion

Ethical issues and social responsibility arise as the tobacco industry has resulted in negative impacts on public health and the environment. The WHO and Surgeon General's report have confirmed that besides being addictive, tobacco also causes many deadly diseases (WHO, 2011; DHHS, 2010). They validated this assertion through scientific evidence and concluded that cigarettes are the single largest preventable cause of death and disease among smokers. In addition, nearly half of smokers die prematurely, an average of 10–15 years earlier than non-smokers (CDC, 2008). Although the Indonesian tobacco companies admit that tobacco products are hazardous to the health of smokers, their philanthropic activities do not provide scientific-based information about the deadly effects of cigarettes on smokers and secondhand smoke on nonsmokers. None of the tobacco companies' philanthropic activities disseminated the fact that tobacco-related diseases cause high healthcare costs and that half of the smokers died prematurely. In contrast to public health, the philanthropic activities of the tobacco companies precisely focused on environmental sanitation, blood donation, and rural water supply. These activities are not related to the tobacco-related diseases among smokers. In fact, the tobacco industry has secretly hired scientists to obscure the public's opinion about tobacco-related diseases and secondhand smoke (Lee, 2012). A recent study has confirmed that secondhand smoke significantly impaired the cognitive abilities of Indonesian children (Natalia, 2012).

Even though the cigarette industry has created a cycle of poverty among tobacco farmers, cigarette industry laborers, and smokers in Indonesia, the tobacco companies' philanthropic programs for poverty alleviation are only local and on a small scale in the surrounding community. Thus, the philanthropic programs do not intend to address the cycle of poverty caused by the tobacco industry. In fact, smoking has created a poverty trap for Indonesian poor smokers because smoking was perceived as a daily basic necessity by poor and they spent nearly a half of their income on cigarettes.

Only very few of the Indonesian tobacco companies' philanthropic programs are directly associated with the negative impact of the tobacco industry on the environment. Instead, to get public recognition, most of the tobacco companies' philanthropic programs focus on those things that draw public attention, such as highway greening, the refurbishment of urban parks, and the reforestation of coastal mangroves. A recent study revealed that tobacco companies have used their green supply chains to legitimize the portrayal of tobacco farming as socially and environmentally friendly rather than to reduce deforestation among low-middle income countries (Otañez, 2011).



In their philanthropic programs, tobacco companies make no effort to prevent smoking among Indonesian adolescents. In contrast, the tobacco companies have used their philanthropic activities as sophisticated advertising media to recruit adolescents as new smokers. The cigarette brands, company logos, and company names are intentionally displayed on the philanthropic initiatives, which target adolescents. None of the philanthropic activities have discussed the scientific evidence that nicotine is a highly addictive substance, that smoking or passive smoking causes many deadly diseases, and that tobacco sponsorship has an important role in smoking in adolescents (WHO, 2013).

Through their social activities, tobacco companies have instilled their good image and obfuscate the negative impacts of tobacco toward new smokers, especially adolescents. The misleading perception of respondents (new smokers) about health risks of smoking that induced by the tobacco industry has been also confirmed by some other research. According to Kyriakou (2012) and McDaniel (2008), the tobacco industry has hired some scientists to create systematic controversial information and issues about the tobacco-related diseases among smokers and communities. The respondents of this study have used the tobacco companies' positive contributions to justify their smoking behavior. To support the rationalization among smokers, tobacco companies always use their employments and economic contributions to convince society and the government that tobacco companies and the smokers have played an important role in economic growth and job creation, especially among the developing countries (Otañez, 2009). Moreover, to win sympathy of smokers, the tobacco companies deliberately accentuate their image through corporate social responsibility, especially in programs associated with smokers, such as education, sport and music sponsorship, and disaster relief (Fooks, 2012 & WHO a, 2013). Football games and music concerts are the most favourite events among the respondents, and most of these events are sponsored by the Indonesian tobacco companies.

The misleading perceptions about the health risks of smoking have ensnared the new smokers (respondents) into perpetual smokers. The results of this study show that in the respondents' adolescence period, they are easily influenced by misleading information provided by the tobacco industry and their friends to take up cigarettes. The results are supported by some neuroscience research. According to the Chein (2011) and Steinberg (2009), the heightened risk-taking during adolescence is mostly driven by biological factors to produce dopamine that plays a critical role in the brain's reward circuitry. In making a decision, they prefer instant emotional gratification over logical reasoning. Thus, they tend to be a sensational seeker, short-sighted, and susceptible toward peer pressure. Most of the respondents which started smoking



in adolescence are nearly impossible to quit smoking, as they have trapped by nicotine addiction. Some research (Placzek, 2009; & Weiss, 2008) has confirmed that the smokers who start smoking at early ages are run into higher level and long-term nicotine addiction than the smokers who start later in their lives. The failure of smoking cessation among the respondents (smokers) due to their inability to manage the withdrawal symptoms of nicotine addiction is supported by some scientific evidence (DHHS, 2010; Hayashi, 2013). In fact, a recent study has revealed that the non-nicotinic components in tobacco are more addictive than nicotine, thus the nicotine replacement therapy has not managed to increase the rate of successful smoking cessation among smokers (Danielson K, 2013). Therefore, adolescent smokers are the main victims of the nicotine addiction trap, as the later free choices are almost not available for them anymore.

5. Proposal solutions

5.1. Civil Society organizations

Civil society organizations are one of the key success factors to resolve the tobacco control barriers in Indonesia, particularly, to lead the CSR activities of the tobacco industry as tobacco control media. Indeed, some research shows that civil society organizations have played an important role in negotiation and implementation of tobacco control regulations (Mamudu, 2009; OSI, 2007). The framework convention alliance (FCA) is an association of civil society organizations and coalitions for tobacco control from around the world and were very influential during the negotiation of the WHO Framework Convention on Tobacco Control (FCTC). To influence policy positions of countries during the FCTC negotiation, the FCA mobilized civil society organizations to frame discussion of public health, publish a newsletter, and present shaming awards (Mamudu, 2009). Similarly, in developed countries, civil society has played a very important role in the successful negotiation and implementation of strong tobacco control regulations (Novotny, 2008).

Civil society plays five main roles: advocate, coalition builder, provider of evidence-based information, watchdog, and service provider (WHO, 2006; Champagne, 2010), in other words, civil society is the key success of anti-smoking campaigns, especially among teenagers. Through these roles, tobacco control civil society organizations have bargaining power against public policy decision makers and the tobacco industry. Some studies have confirmed that anti-smoking campaigns have a significant influence in changing the smoking perception among adolescents, and it also has significantly reduced smoking in California (Rao, 2014; Brown, 2012; Liu, 2009).



However, Indonesian civil society organizations face the challenge of building their capacities in spite of scarce resources. Therefore, I propose several policies, such as fund allocation for tobacco control and tobacco control research. According to the World Bank, tobacco control policies are considered cost-effective toward health care due to the high cost of tobacco-related diseases (Lightwood, 2008), and tobacco control is one of the most rational evidence-based policies in health care (Taylor, 2000). Civil society organizations require sustainable funding resources to conduct tobacco control programs, such as mass media campaigns to prevent initiation among youth, promotions to stop smoking among adults, and public information about the health consequences of smoking.

Tobacco control research is inevitably required, as knowledge and proper understanding about the negative impacts of tobacco will change the public perception of smoking. Thus, local scientific evidence-based information about the negative impact of tobacco can be used to change public perception⁷³. Conducting independent research is essential to convince the community about the negative impacts of tobacco. Very little local research, unfortunately, has focused on the health impacts of smoking *kreteks*, despite evidence showing that eugenol caused negative health impacts (Guidotti, 1989; Lin, 1998). Moreover, grants to support independent researchers in tobacco agriculture, industry, economics, and epidemiology would encourage the mobilization of the academic community to provide scientific local evidence.

In order to be socially responsible enterprises, tobacco companies should allocate their CSR budget to support the activities of the tobacco control civil society organizations and local tobacco control research. In fact, another source of tobacco control funds is derived from a surcharge on tobacco, which is also an effective way of taxing disease-causing products to promote health (WHO, 2010; Vathesatogkit, 2011).

5.2. Enactment of stricter tobacco control regulations by the government

State as political institution and sovereign entity that represented by the government possesses the inherent authority (police power) to govern and protect public interest, including to enact and to enforce public health laws (Philpott, 2014). According to Jeremy Bentham (Bennett, 2010), all laws divided into three categories: (a) laws designed to protect people from harm caused by others; (b) laws designed to protect people from harm caused by themselves (legal paternalism); and (c) laws obligate people to help and assist others (Good Samaritan laws). Legal paternalism obligates the government (state) to protect the incompetent people, especially children, from the undesirable consequences of their own actions. Libertarians, of course, believe that the government has no right to regulate what people should do as long as their actions harm no one else, and thus let them to bear the consequences of their own actions.



However, they tend to agree at some degree that paternalistic actions are required to protect the immature persons (children) from harming themselves (Hospers, 1980). To some extent, preventing minors with coercion from future bad consequences can be regarded as an application of the Good Samaritan law; thus, perhaps all parents have at some time used coercion to prevent some harm to their children or bring about some good (Oriola, 2009). As a result, probably all people are grateful for their parents' coercion in the past. Moreover, the Universal Declaration of Human Rights (UDHR) and the Convention on the Right of the Child (CRC) obviously obligates the government to enact laws to ensure the right to life, health, and development of the child. The concept of human rights is nothing more than an imaginary concept until the government enacts and enforces laws to ensure the rights (Bentham, 1987). In fact, in a secular world, incorporation of morality into formal laws does not only protect the incompetent people from harming themselves and exploitation, but also encourages ethical actions in society. The deprivation of smoking in children by law is justified by reasons referring exclusively to their best welfare and interest rather as punishment (Dworkin, 2014). To be genuine moral agents, CSR of tobacco companies should address the smoking prevention programs among the adolescents, as the Kantian ethics emphasize that only the right motive that has a moral worth. Unfortunately, the tobacco industry will suffer a great loss in both the short-term and the long-term if fewer teenagers start to smoke. In this context, the government both ethically and legally is obligated to enact stricter tobacco control regulations, in particular, to lead the CSR programs of the tobacco industry as genuine programs of social responsibility. The government as a paternalistic institution should also regulate the nicotine contain of cigarettes, as the nicotine is a highly addictive substance in tobacco, and thus it is primarily responsible for the dependence of smokers on cigarette smoking. The nicotine addiction trap has undermined the freedom of choice and rational addiction decision with respect of smoker's choices to stopping or keeping the use of the cigarettes, especially adolescents. It is clearly established that nearly all the young smokers have tried several times to quit smoking, but the nicotine addiction has trapped them into perpetual dependence on smoking cigarettes. Tobacco companies have purposely designed and manufactured their cigarettes to create dependence potential and attractiveness in smokers; thus, demand of the tobacco products would increase over time. The intent of tobacco companies to increase the use of cigarettes that utilized the trap of nicotine dependence in smokers has undermined the prevention, cessation and tobacco control measures, especially among adolescents. Severe nicotine dependency among the teenager smokers will ensnare them to be the perpetual smokers. Therefore, to reduce smoking epidemic among teenagers and to improve public health, a regulatory



framework to regulate the dependence potential and attractiveness of tobacco products is required. Article 9 of the FCTC specifically requires to develop guidelines for testing, measuring, and regulating the contents and emissions of tobacco products, and to formulate a regulatory framework to reduce the dependence potential of tobacco products. Nicotine reduction in cigarettes is to create non-addictive cigarettes; thus, the novice smokers, such as teenagers which only experiment with smoking, will not move from occasional to addict smokers. In this regard, the later free choices are still available for teenage smokers to truly reconsider the benefits versus risks of smoking or not smoking and to then act on their decision to quit if that is their choice, rather than having been trapped by nicotine addiction. The WHO has confirmed that one third of adolescents experiment with cigarettes as a result of exposure to the tobacco advertisements, sponsorships, and promotions (WHO, 2013a), and nearly all of them have been trapped by nicotine addiction.

Empirical studies reveal that the nicotine-reduced cigarettes did not result in smokers to take up more cigarettes (Benowitz, 2007; Benowitz, 2012). A study shows that the smokers who used very low nicotine content cigarettes (0.05 mg per cigarette) did not report withdrawal symptoms of nicotine addiction, and this type of cigarette has also increased the success rate of smoking cessation in the smokers who were interested in quitting (Hatsukami, 2010).

6. Conclusion

This research confirms that the Indonesian tobacco companies' CSR programs are not part of a genuine social responsibility, as according to the European Commission and ISO 26000, the socially responsible enterprise should take responsibility for the impact of its decisions and activities on society and the environment through transparent and ethical behavior. Contrary, through their CSR activities, the Indonesian tobacco companies have precisely ignored the negative impacts of tobacco, notably to prevent teenagers from taking-up cigarettes. The tobacco companies have successfully achieved their goal to promote the tobacco industry as a socially responsible industry in Indonesia. The tobacco companies' CSR activities have instilled their good image in Indonesian communities, as the activities have easily captivated public sympathy. Their CSR activities are honored by the government and society with CSR awards. Tobacco companies' business motivations are successfully embedded in their positive contributions and in the social values of their CSR programs related to education, community care, environment, and culture. In fact, the tobacco companies have a faintly-vested interest in their CSR programs to promote their products and to persuade adolescents to take up cigarettes. Without external intervention, it is nearly impossible for the tobacco companies to manage the authentic CSR programs by themselves. Therefore, to turn the tobacco companies into socially



responsible enterprises, the Indonesian government should enact stricter tobacco control regulations, especially to govern the CSR programs to address the negative impacts of tobacco on the smokers, society, and environment. To accommodate their negative impacts, in particular, to prevent adolescents from taking-up cigarettes through anti-smoking campaign programs, tobacco companies should be required to hand over most of their CSR programs to the tobacco control civil society organizations, in other words, the tobacco industry could be socially responsible through the civil society organizations. The ratification of FCTC by the government would be an important first step to provide legal standing for the civil society organizations to play their roles. Finally, as socially responsible enterprises, tobacco companies should also produce the nicotine-reduced cigarettes that will prevent novice smokers from the trap of nicotine addiction, especially adolescents.

7. Summary of the published papers

7.1. Civil Society and tobacco control in Indonesia: The last resort

In many countries around the world, the mechanisms of civil society have become very commonplace. Large companies are under constant pressure from civil society organizations to change their policies, strategies and approaches. The tobacco industry in particular is under heavy pressure in many parts of the world. This paper presents an example of a country (Indonesia), which smoking is still on the rise. The author discusses how mechanisms of civil society are a chance to at least improve the situation and effectively combat a grave social problem.

Tobacco control in Indonesia faces strong barriers, especially smoking has become a social norm, the adolescents as the main source of new smokers are incapable to make rational decisions, the powerful lobby of the tobacco industry against tobacco control, and profit maximization behavior of cigarette retailers leads the sale of cigarettes to children. The barriers have made it difficult to obtain FCTC ratification and implement strong tobacco control regulations in Indonesia. The barriers have also caused an ineffective implementation of the current tobacco control regulations. Civil society organizations are the last resort to resolve the tobacco control barriers in Indonesia, as the civil society plays five main roles: advocate, coalition builder, provider of evidence-based information, watchdog, and service provider.

The framework convention alliance (FCA) is an association of civil society organizations and coalitions for tobacco control from around the world and were very influential during the negotiation of the Framework Convention on Tobacco Control (FCTC). Similarly, in developed countries, civil society has played a very important role in the successful negotiation and implementation of strong tobacco control regulations, as the civil society plays five main



roles: advocate, coalition builder, provider of evidence-based information, watchdog, and service provider. Through these roles, tobacco control civil society organizations have bargaining power against public policy decision makers and the tobacco industry. These roles make tobacco control civil organizations effective agents of change to resolve tobacco control barriers.

However, Indonesian civil society organizations face the challenge of building their capacities in spite of scarce resources. The author proposes several policies, such as fund allocation for tobacco control and tobacco control research. The ratification of FCTC would be an important first step to provide legal standing for civil society organizations to play their roles.

7.2. CSR activity of tobacco companies in Indonesia: Is it a genuine social responsibility?

The adoption of corporate social responsibility (CSR) programs in the tobacco industry has sparked a contentious debate in the international community. Tobacco industry's CSR activities are honored by the government and Indonesian community with CSR awards due to their positive contributions. To inform the debate, the assessment of CSR activities is inevitably required. Thus in order to determine the CSR activities of the tobacco companies and whether they are genuine forms of social responsibility or business motivation, the author has collected the CSR activities of the Indonesian tobacco companies and compared them with the negative impact of the tobacco industry in Indonesia.

Through their CSR programs, tobacco companies have successfully achieved their goal to promote the tobacco industry as a socially responsible industry in Indonesia. The tobacco companies' CSR activities have instilled their good image in Indonesian communities, as the activities have easily captivated public sympathy. As a result, tobacco companies' business motivations are successfully embedded in their positive contributions and in the social values of their CSR programs related to education, community care, environment, and culture. Importantly, their CSR activities are honored by the government and society with CSR awards. This research has confirmed that the Indonesian tobacco companies' CSR programs are not part of a genuine social responsibility, as according to the European Commission and ISO 26000, the socially responsible enterprise should take responsibility for the impact of its decisions and activities on society and the environment through transparent and ethical behavior. In contrast, through their CSR activities, the Indonesian tobacco companies have precisely ignored the negative impacts of the tobacco. The activities highlight the extent to which seemingly generous acts are driven by corporate business motivation rather than social responsibility. Thus, without external interventions, the tobacco companies' CSR programs will be nearly impossible to be socially responsible, but they will always serve corporate self-



interest. In order to be socially responsible enterprises, tobacco companies should be more demanded by the government and society to lead the CSR programs to address the negative impacts of tobacco on smokers, society, and the environment in Indonesia.

7.3. What should the government do to stop epidemic of smoking among teenagers in Indonesia?

Smoking epidemic has occurred among the Indonesian adolescents, as the nearly six out of ten the youth of ages 13 to 15 years smoke daily. In fact, Indonesia has also been known as "the country of smoking baby", as some family smokers have deliberately introduced the way of smoking to their toddlers. In Indonesia, the most new smokers has been ensnared by the tobacco industry, as they started to smoke when they were minors, which are in incapable condition to make rational decisions. In this context, moral question emerge: Is the government obligated to prevent teenagers from taking-up cigarettes, and what should the government do to stop the smoking epidemic among the adolescents in Indonesia? To answer these questions, this paper contain two main study: First, the author has conduct a survey to present an overview about the ensnarement of new smokers and the dilemma of the tobacco retailers in selling cigarettes to minors in Indonesia. Second, the author presents an overview of the negative impacts of tobacco on children and an obligation analysis of the government to prevent adolescents from taking-up cigarettes. It will then propose some approach to stop smoking epidemic among the adolescents in Indonesia.

People will voluntarily abstain from immoral actions only if the obedience to moral norms generates greater advantages in the long-term than defection in the single case at the present. Unfortunately, cigarette manufacturers and cigarette retailers will suffer a great loss in both the short-term and in the long-term if the new smokers are not come from the teenagers. As the legal paternalistic institution, the Indonesian government should be incorporated ethics into laws to prevent children from taking-up cigarettes and to protect them from exploitation by tobacco industry, for the nearly 90% of new smokers come from the teenagers. The ratification of the FCTC by the Indonesian government will be an important step to stop epidemic of smoking among teenagers. To hamper smoking initiation among Indonesian adolescents, the Indonesian government should increase excise taxes on tobacco products in accordance with the World Bank recommendation and prohibit sale of cigarette in bars. Finally, to assure later free choice and to thwart dependence risk of cigarette among adolescents, the government should compel tobacco companies to also produce the nicotine-reduced cigarettes, because most young-addicted smokers are nearly impossible to quit.



8. Reference

- Amigo MF. Small bodies, large contribution: Children's work in the tobacco plantations of Lombok, Indonesia. *Asia Pac J Anthropol* 2010; 11: 34–51.
- Anderson SJ, McCandless PM, Klausner K, Taketa R, & Yerger VB. Tobacco documents research methodology. *Tob Control* 2011; 20(Suppl 2): ii8eii11; doi:10.1136/tc.2010.041921.
- Arli D, Rundle-Thiele S, & Lasmono H. Competing with tobacco companies in low income countries: a social marketing agenda. 2013. Available at: http://wsmconference.com/downloads/wsm_presentations/tuesday/Arli%20-%20Competing%20With%20Tobacco%20Companies%20in%20Low%20Income%20Countries.pdf. Accessed 27 June 2013.
- Bennett J. An Introduction to the Principles of Morals and Legislation. 2010. Retrieved from <http://www.earlymoderntexts.com/assets/pdfs/bentham1780.pdf>. Accessed 12 August 2015.
- Benowitz NL, Hall SM, Stewart S, et al. Nicotine and carcinogen exposure with smoking of progressively reduced nicotine content cigarette. *Cancer Epidemiol Biomarkers Prev* 2007;16:2479–485.
- Benowitz NL, Dains KM, Hall SM, et al. Smoking behavior and exposure to tobacco toxicants during 6 months of smoking progressively reduced nicotine content cigarettes. *Cancer Epidemiol Biomarkers Prev* 2012; 21:761–769.
- Bentham J. Anarchical fallacies and supply without burden in Waldron J, ed. *Nonsense on stilt: Bentham, Burke, and Marx on the rights of mans*. Methuen, London: Routledge, 1987 (46-69).
- Bland B. Tobacco groups race to recruit Indonesian smokers. 2013. Available at: <http://www.ft.com/intl/cms/s/0/afb09252-b2fb-11e2-95b3-00144feabdc0.html?siteedition=intl#axzz2dYAnuaz2>. Accessed 7 August 2014.
- Blowfield M & Googins BK. *Set up: A call for business leadership in society* (Monograph). Chestnut Hill, MA: The Boston College Center for Corporate Citizenship; 2006.
- Braun V & Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006; 3: 77-101.
- Brown A. & Moodie C. Adolescents' perceptions of tobacco control measures in the United Kingdom. *Health Promot Pract* 2012; 13(1):41–47; DOI:10.1177/1524839910369222.
- Campbell JL. Why would corporations behave in socially responsible ways? An institutional theory of corporate social responsibility. *Acad Manage Rev* 2007; 32(3): 946–967.
- [CDC] U.S. Centers for Disease Control and Prevention. Smoking-attributable mortality, years of potential life lost, and productivity losses --- United States, 2000—2004. *Morbidity & Mortality Weekly Report* 2008; 57(45): 1226-1228. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5745a3.htm>. Accessed 17 July 2013.
- Champagne BM, Ernesto Sebríe E, & Verónica Schoj V. The role of organized civil society in tobacco control in Latin America and the Caribbean. *Salud Publica de Mexico* 2010; 52 (suppl 2): S330-S339.
- Chen J, Albert D, O'Brien L, Uckert K, & Steinberg L. Peers increase adolescent risk taking by enhancing activity in the brain's reward circuitry. *Dev Sci* 2011; 14(2): F1–F10; doi:10.1111/j.1467-7687.2010.01035.x.



- Collin J, Gilmore A. Corporate (anti)social (ir)responsibility: transnational tobacco companies and the attempted subversion of global health policy. *Glob Soc Policy*; 2002 (2): 353–60.
- Crowther D & Aras G. Corporate Social Responsibility. Guler Aras & Ventus Publishing ApS; 2008.
- D'Amato A, Henderson S, & Florence S. Corporate social responsibility and sustainable business: A guide to leadership tasks and functions. Greensboro, NC: Center for Creative Leadership; 2009.
- Danielson K, Putt F, Truman P, & Kivell BM. The effects of nicotine and tobacco particulate matter on dopamine uptake in the rat brain. *Synapse* 2013; DOI: 10.1002/syn.21715.
- Dey I. Qualitative data analysis: A user-friendly guide for social scientists. London and New York: Taylor & Francis e-Library; 2005.
- [DHHS] U.S. Department of Health and Human Services. Preventing tobacco use among youth and young adults: A report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2012.
- DiFranza JR, Savageau JA, Fletcher K, et al. Symptoms of tobacco dependence after brief intermittent use. *Arch Pediat Adol Medi* 2007; 161(7): 704-710.
- [DHHS] U.S. Department of Health and Human Services. How tobacco smoke causes disease: the biology and behavioral basis for smoking-attributable disease: A report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2010.
- [DHHS] U.S. Department of Health and Human Services. The Health Consequences of Smoking —50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014.
- [DKFZ] German Cancer Research Center. Menthol capsules in cigarette filters increasing the attractiveness of a harmful product. Heidelberg: Germany; 2012. Available at: http://www.dkfz.de/de/tabakkontrolle/download/Publikationen/RoteReihe/Band_17_Menthol_Capsules_in_Cigarette_Filters_en.pdf. Accessed 19 August 2013.
- Dorfman L, Cheyne A, Friedman LC, Wadud A, & Gottlieb M. Soda and tobacco industry corporate social responsibility campaigns: How do they compare? *PLoS Med* 2012; 9(6): e1001241; doi:10.1371/journal.pmed.1001241.
- Dworkin G. Paternalism; *Stanford encyclopedia of philosophy*, Edward NZ ed. 2014 Available at: <http://plato.stanford.edu/archives/sum2014/entries/paternalism>. Accessed 23 August 2014.
- Dwyer JB, McQuown SC, & Leslie M. The dynamic effects of nicotine on the developing brain. *Pharmacol Therapeut* 2009; 122(2): 125–139.
- Feng FD. “Green” company or “green” consumers: A Kantian retrospective. *Int J of Soc Econ*; 2010; 37 (10): 779 – 783.
- Ferrell OC, Ferrell L, & Fraedrich J. Business ethics: Ethical decision making and cases. Mason, Ohio: South-Western Cengage Learning; 2013.



- Fooks GJ, Gilmore AB, Smith KE, Collin J, Holden C, et al. Corporate social responsibility and access to policy elites: An analysis of tobacco industry documents. *PLoS Med* 2011; 8(8): e1001076; doi:10.1371/journal.pmed.1001076.
- Frederiksen CS & Nielsen MEJ. The ethical foundations for CSR, in: Okpara JO & Idowu SO (Eds.). *Corporate social responsibility, CSR, sustainability, ethics & governance*. Berlin Heidelberg: Springer-Verlag; 2013; DOI 10.1007/978-3-642-40975-2_2.
- Friedman LC. Tobacco industry use of corporate social responsibility tactics as a sword and a shield on secondhand smoke issues. *J Law Med Ethics* 2009; 37(4):819-27; doi:10.1111/j.1748-720X.2009.00453.x.
- Gan Q & Glantz SA. Relationship between the Chinese tobacco industry and academic institutions in China. *Tob Control* 2011; 20(1): 12–19; doi:10.1136/tc.2010.036079.
- Garriga E, & Mele D. Corporate social responsibility theories: Mapping the territory. *J Bus Ethics* 2004; 53: 51–71.
- Glac, K. The influence of shareholders on corporate social responsibility: History of corporate responsibility project. Working paper No 2. Center for Ethical Business Cultures, University of St Thomas; 2010. Available at: http://www.cebcglobal.org/uploaded_files/Glac_paper_on_Social_Investment_FINAL.pdf. Accessed 15 July 2013.
- Goodin RE. The ethics of smoking. *Ethics* 1989; 99(3): 574-624.
- Granovetter M. Economic action and social structure: The problem of embeddedness. *Am J Sociol* 1985; 91(3): 481-510.
- Guidotti TL. Critique of available studies on the toxicology of kretek smoke and its constituents by routes of entry involving the respiratory tract. *Arch Toxicol* 1989; 63:7–12.
- Hartman LP & DesJardins JR. *Business Ethics: Decision–Making for Personal Integrity and Social Responsibility* (2nd ed.) Boston: McGraw-Hill/Irwin; 2008.
- Hayashi T, Koa JH, Strafella AP, & Daghera A. Dorsolateral prefrontal and orbitofrontal cortex interactions during self-control of cigarette craving. *P Natl Acad Sci USA* 2013; doi:10.1073/pnas.1212185110.
- Hennink M, Hutter I, & Bailey A. *Qualitative research methods*. London: Sage Publications; 2011.
- Henriksen L, Schleicher NC, & Fortmann SP. A longitudinal study of exposure to retail cigarette advertising and smoking initiation. *Pediatrics* 2010; 126: 232-238.
- Hirschhorn N. Corporate social responsibility and the tobacco industry: Hope or hype? *Tob Control* 2004, 13: 447–453.
- Holler MJ. Freedom of choice, power, and the responsibility of decision makers, in: Josselin J-M & Marciano A (Eds.). *Democracy, freedom and coercion: A law and economics approach*. Cheltenham: Edward Elgar; 2007.
- Hohnen P. *Corporate Social Responsibility: An implementation guide for business*. Winnipeg: International Institute for Sustainable Development; 2007. Available at: http://www.iisd.org/pdf/2007/csr_guide.pdf. Accessed 20 August 2013.
- Hospers J. Libertarianism and legal paternalism. *J Libert Stud* 1980; 4(3): 255-265.



- Hukum Online. Praktik outsourcing perusahaan rokok dilaporkan ke ILO. 2013. Available at: <http://www.hukumonline.com/berita/baca/lt51a337c4312cc/praktik-outsourcing-perusahaan-rokok-dilaporkan-ke-ilo>. Accessed 15 July 2013.
- Hurt RD, Ebbert JO, Achadi A, & Croghan IT. Roadmap to a tobacco epidemic: Transnational tobacco companies invade Indonesia. *Tob Control* 2012; 21: 306-312.
- Jha P, Ramasundarahettige C, Landsman V, Rostrom B, Thun M, Anderson RN, et al. 21st-century hazards of smoking and benefits of cessation in the United States. *N Engl J Med* 2013; 368(4): 341–50.
- Kant I. *Groundwork of the metaphysics of morals 1785*. Radford, VA: A & D Publishing; 2008.
- Kotchen M & Moon JJ. Corporate Social Responsibility for Irresponsibility. *BE J Econ Anal Poli* 2012; 12: 1 (55); DOI: 10.1515/1935-1682.3308.
- Kreslake JM, Wayne GF, Alpert HR, Koh HK, & Connolly GN. Tobacco industry control of menthol in cigarettes and targeting of adolescents and young adults. *Am J Public Health* 2008; 98 (9): 1685-1692.
- Kyriss T, & Schneider NK. The development of scientific consultants: How the tobacco industry creates controversy on the carcinogenicity of tobacco-specific nitrosamines. *Tob Control* 2012; doi:10.1136/tobaccocontrol-2012-050696.
- Laczniak GR & Murphy E. Normative perspective for ethical and socially responsible marketing. *J of Macromarketing* 2006; 26(2): 154-177.
- Lecours N, Almeida GE, Abdallah JM, & Novotny TE. Environmental health impacts of tobacco farming: A review of the literature. *Tob Control* 2012; 21: 191-6.
- Lee S, Ling PM, & Glantz SA. The vector of the tobacco epidemic: Tobacco industry practices in low and middle-income countries. *Cancer Cause Control* 2012; doi: 10.1007/s10552-012-9914-0.
- Lightwood JM, Dinno A, & Glantz SA. Effect of the California tobacco control program on personal health care expenditures. *PLoS Medecine* 2008; 5: e178.
- Lin F. *Trans-Anethole*. US Food and Drug Administration; 1998. Available at: <http://www.inchem.org/documents/jecfa/jecmono/v28je10.htm>. Accessed 29 April 2013.
- Liu H & Tan W. The effect of anti-smoking media campaign on smoking behavior: The California experience. *Ann. Econ. Finance* 2009; 10(1): 29–47.
- MacKenzie R & Collin J. A good personal scientific relationship: Philip Morris scientists and the Chulabhorn Research Institute, Bangkok. *PLoS Med* 2008; 5(12): e238; doi:10.1371/journal.pmed.0050238.
- Mamudu HM & Glantz SA. Civil society and the negotiation of the Framework Convention on Tobacco Control. *Global Public Health* 2009; 4(2): 150-168.
- McDaniel PA, Intinarelli G, & Malone RE. Tobacco industry issues management organizations: Creating a global corporate network to undermine public health. *Global Health* 2008; doi:10.1186/1744-8603-4-2.
- Natalia N, Masloman N, & Manoppo JC. Correlation of tobacco smoke exposure to intelligence quotient in preschool children. *Paediatr Indones* 2012; 52(2): 106-110.
- Ng N, Weinehall L, & Öhman A. If I don't smoke, I'm not a real man?—Indonesian teenage boys' views about smoking. *Health Edu Res* 2007; 22(6): 794–804.



- Nichter M, Padmawati S, Danardono M, Ng N, Prabandari Y, & Nichter M. Reading culture from tobacco advertisements in Indonesia. *Tob Control* 2009; 18: 98–107.
- Nkwi P, Nyamongo I, Ryan G. Field research into social issues: Methodological guidelines. Washington, DC: UNESCO; 2001.
- Novotny TE & Mamudu HM. Progression of tobacco control policies: Lessons from the United States and implications for global action. Washington, DC: The World Bank; 2008.
- Ocean Conservancy. Ocean Conservancy's international coastal cleanup: Working for and clean water 2013 report. 2013. <http://www.oceanconservancy.org/our-work/international-coastal-cleanup/2013-trash-free-seas-report.pdf>. Accessed 17 August 2013.
- Oriola TA. Ethical and legal analyses of policy prohibiting tobacco smoking in enclosed public spaces. *J Law Med Ethics* 2009; 37(4): 828-840.
- [OSI] Open Society Institute. Taking on Goliath civil society's leadership role in tobacco control. 2007. Available at: <http://www.opensocietyfoundations.org/reports/taking-goliath-civil-societys-leadership-role-tobacco-control>. Accessed 20 Marc 2013.
- Otañez M & Glantz SA. Social responsibility in tobacco production? Tobacco companies' use of green supply chains to obscure the real costs of tobacco farming. *Tob Control* 2011; doi:10.1136/tc.2010.039537.
- Pil JS, Joo HK, & Siregar CA. KOICA (KIPCCF) Project in Lombok. 2011. Available at: [http://forestclimatecenter.org/redd/2011-06-21%20Presentation%20-%20KOICA%20\(KIPCCF\)%20Project%20In%20Lombok.pdf](http://forestclimatecenter.org/redd/2011-06-21%20Presentation%20-%20KOICA%20(KIPCCF)%20Project%20In%20Lombok.pdf). Accessed 25 August 2013.
- Philpott D. Sovereignty, *Stanford encyclopedia of philosophy*, Edward NZ ed. 2014. Available at: <http://plato.stanford.edu/archives/sum2014/entries/sovereignty>. Accessed 20 August 2014.
- Placzek AN, Zhang TA, and Dani JA. Age dependent nicotinic influences over dopamine neuron synaptic plasticity. *Biochem Pharmacol* 2009; 78(7): 686–692; doi:10.1016/j.bcp.2009.05.014.
- Rao S, Aslam SK, Zaheer S, & Shafique K. Anti-smoking initiatives and current smoking among 19,643 adolescents in South Asia: findings from the Global Youth Tobacco Survey. *Harm Reduct J* 2014; 11:8; doi:10.1186/1477-7517-11-8.
- Scheffler S. The rejection of consequentialism. Oxford: Oxford University Press; 1982.
- Scherer AG & Palazzo G. The new political role of business in a globalized world – A review of a new perspective on CSR and its implications for the firm, governance, and democracy. In: H. Corsten, S. Roth (Hrsg.), *Nachhaltigkeit*, DOI 10.1007/978-3-8349-3746-9_2. Wiesbaden: Springer-Gabler-Verlag; 2012.
- Scollo MM & Winstanley MH. Tobacco in Australia: Facts and issues, 4th ed. Melbourne: Cancer Council Victoria; 2012. Available at: www.TobaccoInAustralia.org.au. Accessed 20 August 2014.
- Semba RD, Kalm LM, de Pee S, Ricks MO, Sari M, & Bloem MW. Paternal smoking is associated increased risk of child malnutrition among poor urban families in Indonesia. *Public Health Nutr* 2007; 10: 7-15.
- Slaughter E, Gersberg RM, Watanabe K, Rudolf J, Stransky C, & Novotny T. Toxicity of cigarette butts, and their chemical components, to marine and freshwater fish. *Tob Control* 2011; 20(1): 125-129.



- Smith, R.E. Defining corporate social responsibility: A systems approach for socially responsible capitalism. Master of Philosophy, University of Pennsylvania; 2011.
- Spanopoulos D, Britton J, McNeill A, Ratchen E, & Szatkowski L. Tobacco display and brand communication at the point of sale: Implications for adolescent smoking behavior. *Tob Control* 2013; doi:10.1136/tobaccocontrol-2012-050765. Accessed 27 September 2013.
- Steinberg L. Should the science of adolescent brain development inform public policy? *Am Psychol* 2009; 64(8):739-50; doi:10.1037/0003-066X.64.8.739.
- [TCLC] Tobacco Control Legal Consortium. The verdict is in: Findings from *United States v. Philip Morris, the hazards of smoking*. 2006. Available at: <http://publichealthlawcenter.org/sites/default/files/resources/tclc-verdict-is-in.pdf>. Access 20 July 2012.
- Taylor AL, & Bettcher DW. WHO Framework Convention on Tobacco Control: A global “good” for public health. *Bulletin of the World Health Organization* 2000; 78 (7): 920-929.
- Tran T. Corporate Social Responsibility and Profits: A Tradeoff or a Balance? Center on Democracy, Development, and the Rule of Law, Stanford University; 2015.
- Trevino, L. K., & Nelson, K. A. *Managing business ethics: Straight talk about how to do it right*. New York: John Wiley; 2011.
- van staveren I. Beyond utilitarianism and deontology: Ethics in Economics. *Review of Political Economy* 2007; 19(1): 21– 35.
- Vathesatogkit P & Lian TY. *Lessons learned in establishing a health promotion fund*. Bangkok: SEATCA; 2011.
- Weiss RB, Baker TB, Cannon DS, von Niederhausern A, Dunn DM, et al. A candidate gene approach identifies the chrna5-a3-b4 region as a risk factor for age-dependent nicotine addiction. *PLoS Genet* 2008; 4(7): e1000125. doi:10.1371/journal.pgen.1000125.
- [WFS] Wells Fargo Securities. Asia segment profit could double to nearly \$10 billion by 2020 for Philip Morris International. 2012. Available at: <http://tobacco.cleartheair.org.hk/wp-content/uploads/2012/02/2012-PM-Asia-In-Depth-Analysis-Detailed-Report.pdf>. Accessed 21 August 2013.
- [WHO] World Health Organization. WHO report on the global tobacco epidemic, 2015: Raising taxes on tobacco. Luxembourg: WHO Press; 2015.
- [WHO] World Health Organization. WHO report on the global tobacco epidemic, 2011: Warning about the dangers of tobacco. 2011; Italy: WHO Press.
- [WHO] World Health Organization. Tobacco industry interference with tobacco control. Geneva: WHO Press; 2008.
- [WHO] WHO report on the global tobacco epidemic, 2013: Enforcing bans on tobacco advertising, promotion, and sponsorship. Geneva: WHO Press; 2013a.
- [WHO] World Health Organization. Tobacco industry and corporate responsibility: An inherent contradiction. 2003. Available at: <http://www.who.int/tobacco/media/en/tob-industry.pdf>. Accessed 12 June 2013.
- World Bank. World development indicators. 2012. Available at: <http://data.worldbank.org/sites/default/files/wdi-2012-ebook.pdf>. Accessed 20 June 2013.



[WHO] World Health Organization. Global Adult Tobacco Survey (GATS): Indonesia report 2011. Jakarta: WHO Regional Office for South East Asia; 2012.

[WHO] World Health Organization. World health statistics. 2013b; Geneva: WHO Press.

[WHO] World Health Organization. Stop the global epidemic of chronic disease: A practical guide to successful advocacy. Geneva, WHO Press, 2006.

[WHO] World Health Organization. Global status report on non-communicable diseases. Geneva: WHO Press; 2010.



APPENDICES OF THE PUBLISHED PAPERS

The appendices consist of three papers published in the open access journal; thus, the copyright of the articles are retained by the authors.



Civil Society and Tobacco Control in Indonesia: The Last Resort

Published in the Open Ethics Journal, 7, 11-18, 2013; Received: August 26, 2013; Revised: October 21, 2013; Accepted: October 28, 2013 (<https://benthamopen.com/ABSTRACT/TOJ-7-11>)

Harsman Tandilittin and Christoph Luetge*

*Business Ethics, Technische Universitaet Muenchen, Marsstrasse 20-22, D-80335 Munich, Germany

Abstract: In many countries around the world, the mechanisms of civil society have become very commonplace. Large companies are under constant pressure from civil society organizations to change their policies, strategies and approaches. The tobacco industry in particular is under heavy pressure in many parts of the world. Smoking has been prohibited in many public as well as private or semi-private areas in a large number of countries. However, while smoking as an addiction seems to be declining in some countries, in others it is not. This paper presents an example of a country (Indonesia) in which smoking is still on the rise. We discuss how mechanisms of civil society are a chance to at least improve the situation and effectively combat a grave social problem.

Keywords: Civil society organizations, Tobacco control barriers, Tobacco control research, Tobacco control funds, Vote for tobacco control.

1. Introduction

Tobacco has led to a global epidemic of tobacco-related diseases and young addicted smokers. As a result, the World Health Organization (WHO) has signed the Framework Convention on Tobacco Control (FCTC) to protect non-smokers from exposure to second-hand cigarette smoke and to prevent adolescents from taking up cigarettes¹. The stagnation of tobacco control progress has resulted in soaring numbers of smokers and tobacco related-diseases in Indonesia. Indonesia is the only country in the Asia Pacific Region that has not yet ratified the FCTC. The Global Youth Tobacco Survey reported that smoking prevalence among Indonesian teenagers sharply rose from 12.6% in 2006 to 22.5% in 2009²⁻³. According to the Global Adult Tobacco Survey (GATS) in 2011, Indonesia has the highest smoking prevalence in the world with 67.4% of men and 4.5% of women comprising 36.1% of the population. It is approximated that in 2010 about 235,000 Indonesians died due to tobacco related-diseases⁴.

Indonesia has been implementing tobacco regulations since 1999, but the reality of tobacco use goes in the opposite direction. Tobacco consumption skyrocketed from about 173 billion cigarettes in 2004 to 265 billion cigarettes in 2010. Loss of tobacco tax revenue is usually used to argue against strong tobacco control. Some research shows that the loss of life to tobacco-related diseases far outweighs the tobacco tax revenue⁵⁻⁶. However, the Indonesian government has not implemented stricter tobacco regulations mostly due to its overlaps with economic,



political, legal, and social considerations; thus, tobacco control policies must consider the perspectives of a broad range of stakeholders.

Civil society organization is one of the most important non-government actors in the success of negotiation and implementation of tobacco control policies around the world⁷. In this paper, we first present an overview of the socio-economic impacts of tobacco and the health hazards of smoking. We then provide an overview of the changes to tobacco control regulations and the political environment behind it. Thereafter, we examine four potential barriers to tobacco control in Indonesia: smoking as a social norm, the incapability of uneducated people and adolescents to make rational decisions, the political aspect and the lobby of the tobacco industry against tobacco control, and the behavior of cigarette retailers. We discuss the relevance of civil society organizations in resolving the tobacco control barriers in Indonesia and conclude with several suggestions to support tobacco control in Indonesia.

2. Socio-economic Impacts of Tobacco

2.1. The economy of tobacco and smoking

Given its large population and smoking prevalence, Indonesia was ranked third among countries with the highest smoker population globally at 61.4 million adults as active smokers⁴. The tobacco excise tax is one of the important sources of government revenue, from which about 6.1% of annual government revenue is drawn (Indonesian Minister of Finance, 2012)⁸. Smokers spent about IDR 174.8 Trillion or 1.7% of GDP on cigarettes in 2011. Research shows that the total contribution of cigarette industries toward the Indonesian gross domestic product (GDP) in 2005 was about 1.5% (Rachmat, 2010)⁹. Moreover, the tobacco plantations and cigarette industry accounted for only about 0.9% of the total workforce in Indonesia¹⁰. Unfortunately, the total loss of life due to tobacco-related diseases went up sevenfold of GDP⁶. Annual government revenue is drawn (Indonesian Minister of Finance, 2012)⁸. Smokers spent about IDR 174.8 Trillion or 1.7% of GDP on cigarettes in 2011. Research shows that the total contribution of cigarette industries toward the Indonesian gross domestic product (GDP) in 2005 was about 1.5% (Rachmat, 2010)⁹. Moreover, the tobacco plantations and cigarette industry accounted for only about 0.9% of the total workforce in Indonesia¹⁰. Unfortunately, the total loss of life due to tobacco-related diseases went up sevenfold of GDP⁶.

2.2. Smoking and poverty

The tobacco industry has made a significant contribution to government revenue and employment. In contrast, the average real-wage in the cigarette industry is always below the nominal national wage, and it has even fallen below the poverty line since 2008. Scientific



evidence confirms that smoking has created a poverty cycle among Indonesian smokers. Households with smokers spent 11.5% of their household income on cigarettes compared to only 11% spent on fish, meat, eggs, and milk¹¹. Poor urban family smokers spent 22% of their weekly income on cigarettes¹². At the same time, nationally, the lowest-income families consume on average 12 cigarettes daily. In other words, they spend up to 40% of their income on cigarettes⁴.

Some research shows that smoking has had a huge impact on health and education among the lowest-income families in Indonesia. The research has revealed that low spending on health and nutrition among poor families has a significant impact on the increase in malnutrition in toddlers¹²⁻¹⁴. The mortality rate of children and infants is also higher in families in which the father is a smoker than in those with a nonsmoking father¹⁵. Premature death of fathers as a family breadwinner has also increased the rate of school drop-outs¹¹.

2.3. Health hazards of smoking

Kreteks are the most preferred type of cigarette by 88.1% of Indonesian smokers⁴. They are made from 30–40% cloves and contain special flavoring ingredients called “sauces,” which are unique to each brand. From the 33 Indonesian *kretek* brands tested in 2007, all contained eugenol, 13 brands contained anethole, and coumarin was found in 19 brands¹⁶. Cloves naturally contain eugenol which is linked to acute, chronic, and behavioral health effects when inhaled¹⁷. Anethole and coumarin are flavoring and sweetener agents; thus, they are likely contained in the *kretek* sauce. Anethole has been proven to be toxic to the liver and has been found to cause cancer and mutate animal cells¹⁸. In large doses, coumarin results in toxic effects on the nervous system, blood vessels, and liver¹⁹.

During the manufacturing process, the sauces that contain hundreds of chemical ingredients are added to the cigarette to provide a special taste. While these additives may be safe when ingested, this is not the case when they are inhaled in smoke. Some of the carcinogenic additives found in cigarettes are ammonia, acetaldehyde, benzyl acetate, and humectants²⁰. Indeed, Indonesian tobacco companies are not required to disclose additives to tobacco products. They even argue that the sauce is a secret of a successful brand²¹.

In 2008 the WHO established that tobacco is the single largest cause of preventable death in the world. The WHO projects that, in 2030, tobacco-related diseases will be causing more than 8 million deaths globally per year with 80% in developing countries given the rapidly increasing tobacco use there. In 2010, it is estimated that tobacco-related diseases accounted for 12.4% of total deaths in Indonesia⁴. The majority of lung cancers, about 90%, are caused by smoking cigarettes²². In addition, nearly half of smokers lost their lives on average after 10–



15 years of smoking²³⁻²⁴. The life expectancy of Indonesian people is nearly 71 years; therefore, about 50% of Indonesian smokers will most likely die between the ages of 55 and 60. Due to premature mortality and disabilities in 2010, the total loss of disability-adjusted life years (DALYs) in Indonesia was more than 3.5 million DALYs⁴.

3. Tobacco Control in Indonesia

The Indonesian government under Suharto's authoritarian regime had no intention of trying to regulate smoking and cigarette marketing. In contrast, the government consistently supported the local tobacco companies. Surprisingly, only two of the Suharto family members were directly involved in the tobacco industry²⁵. After the Suharto era, or reformation era, President B.J. Habibie signed the first Indonesian tobacco regulation entitled PP/81/199. This first tobacco control regulation was succeeded with regulations 38/2000 and 19/2003. Unfortunately, insignificant changes in these regulations indicated the stagnation of tobacco control in Indonesia which was due to the political and economic aspects of the tobacco industry resulting in the reluctance of the government to enforce strict regulations²⁶.

The last amendment to the tobacco control regulation, number 109/2012, also did not actually accommodate the WHO Framework Convention on Tobacco Control, and this regulation even suffered a setback. Tobacco advertising in electronic media is prohibited by the first decree but is allowed by the last amendment during a limited period (21.30 p.m.–05.00 a.m. local time). Some progress in tobacco control was accommodated in the last decree, such as special protection for children and pregnant women. This regulation prohibits the sale of cigarettes to children and pregnant women, but provides only administrative sanctions for its violation. A few anti-smoking groups proposed that the purchase and sale of cigarettes in bars should be prohibited to prevent smoking initiation among adolescents and poor people. However, the proposal was not accommodated in the last decree²⁷, and administrative sanctions for violations render the regulation extremely weak. Thus, it is easily violated by manufacturers, advertisers, and retailers²⁸. The good news of the last decree, however, is that civil society organizations can supervise implementation of the decree. Under this context, we will proceed to discuss the potential barriers of tobacco control regulation and the relevance of civil society in Indonesia.

4. Barriers to Tobacco Control Regulation

4.1. Smoking has become a social norm

Chewing betel was a widespread practice for thousands of years and was a social norm in Indonesia²⁹. In the twentieth century, however, betel chewing was largely replaced by tobacco use. This substitution happened in a relatively short period, roughly between 1900 and 1950³⁰⁻



³¹. Smoking cigarettes presumably symbolized masculinity; thus, many people associated it with the ‘male sphere’. In contrast, many consider smoking among women and girls impolite and ill-mannered. This norm, as observers believe, leads to the higher smoking prevalence among men than among women. Cigarettes have become a mandatory item to welcome guests at almost all important social gatherings, such as weddings, funerals, religious ceremonies, and community meetings³². In Indonesia, tipping is often followed by the phrase “*ini uang rokoknya*,” or money for cigarettes³³⁻³⁴. Moreover, smoking has been considered a basic daily necessity. The phrase “even money for cigarettes is hard to find” is a common expression referring to the difficulty in obtaining money for basic living³⁵. Also, since Indonesia is a communal society, smoking behavior is a strong social norm. Indeed, some research has revealed that peer pressure is the most decisive factor in Indonesian smoking behavior^{32, 36}. Many Indonesian social norms are influenced by religious value. The Indonesian Council of Ulama (MUI) has declared smoking to be haram, or forbidden, in public places, for pregnant women and children. The MUI is the country’s highest authority on Islamic affairs and includes representatives of Nahdatul Ulama (NU). But, NU as Indonesia’s largest Muslim association considers smoking for Muslims only objectionable (*makruh*), but not forbidden. Therefore, the majority of Indonesian populations consider smoking not forbidden by God.

4.2. Incapable of making rational decisions

According to rational addiction theory, smoking is a rational decision in the economic realm³⁷. Smokers as rational consumers face a trade-off between present pleasure and future costs. In front of them, there are two choices: becoming a smoker or not. They decide to smoke or continue to smoke if they are willing to pay the price—the cigarette price at present and high health costs in the future. In reality, more than 75% of Indonesian smokers started smoking before they were 18 years old. At that age, they are incapable of making a rational decision because their brains are not fully developed³⁸. Meanwhile, the current tobacco regulations do not prohibit smoking or possession of cigarettes among adolescents. In fact, nearly three quarters of Indonesian smokers are categorized as uneducated people⁴. And it is safe to assume that adolescents and uneducated people are more easily manipulated to take up smoking than others.

Moreover, of the 50% of Indonesian smokers who try to quit, only about 3.3% successfully quit⁴. The inability of smokers to manage the withdrawal symptoms of nicotine addiction is the main factor in the failure of smoking cessation among smokers³⁹. Interruption of nicotine intake results in temporal dysfunctional dorsolateral prefrontal cortex of the brain that significantly reduces the ability of the addicts to make rational decisions⁴⁰. Therefore, their decision to take



up cigarettes and continue smoking is not their genuine choice⁴¹. Further, it is difficult to protect adolescents and uneducated people from taking up cigarettes as well as promote smoking cessation among addicted smokers. Thus, adolescents are the main target of advertising and marketing of cigarettes in Indonesia⁴².

4.3. The powerful lobby of the tobacco industry against tobacco control

The tobacco industry has always been creative in the promotion of its products due to huge financial resources and a strong international network among transnational tobacco companies. To protect its products, the tobacco industry uses many tactics to challenge, weaken, and delay the implementation of tobacco control regulations. These include lobbying the government, politicians, and the media. In 2010, the Indonesian Tobacco Society Alliance (AMTI) and International Tobacco Growers' Association (ITGA) co-hosted a meeting in Jakarta with tobacco growers from Southeast Asia. They opposed a ban on tobacco ingredients and urged the Indonesian government to protect the tobacco growing sector.

It is commonly believed that Indonesian public officials have a special relationship with the tobacco industry for its support of legislative and presidential elections⁴³. Thus, public policy against tobacco control would remain good for the industry. Moreover, some of Indonesia's richest and most politically connected individuals made their fortunes in tobacco⁴⁴. The Vice-Chairman of the Indonesian Forum of Parliamentarians on Population and Development (IFPPD) in his capacity as Chairman of the Tobacco Farmer Association explained that the Indonesian government should not ratify FCTC due to the significant workforce contribution of the tobacco industry⁴⁵. In 2006, the Sampoerna family started the *Jurnal Nasional*, a daily newspaper in Jakarta, which is a political proponent of the Merdeka Palace, Indonesia's White House⁴⁶. In April 2012, the president's spokesperson said that a special team to discuss the possibility of the FCTC ratification had formed⁴⁷. This statement, however, implied the weak intention of the government to ratify the FCTC. At the same time, the tobacco industry tries to win public opinion and promote their good image in the society, such as sponsorship, corporate social responsibility, and public relations⁴⁸. Some observers even believe that the tobacco industry has secretly hired scientists to alter public opinion about tobacco-related diseases and secondhand smoke⁴⁹.

4.4. Profit maximization behavior and sustainability of the tobacco industry

Tobacco control efforts would be best focused on adolescents as nearly 90% of new smokers come from this age group. However, the Indonesian government has not yet prohibited smoking for adolescents; thus, anybody of any age is free to smoke, including children. The last decree of tobacco control regulation, number 109/2012, prohibited the sale of cigarettes to



children, but only via administrative sanctions. Thus, cigarette retailers continue to sell cigarettes to adolescents due to the profit maximization and prime source of new smokers^{43, 50}. Therefore, the tobacco industry has no other choice but to turn adolescents into smokers as early as possible.

In the USA, due to the noncompliance of cigarette stores toward tobacco control regulations, the country has experienced only a slight decline in adolescents' access to cigarette sources—from 23.5% in 1999 to 18.3% in 2009⁵¹⁻⁵². In fact, nearly half of the adolescent buyers in a recent study were not asked to show identification when they bought cigarettes in stores⁵³. Not surprisingly, more than three quarters of the adolescents said that cigarettes are easy to find in the market⁵⁴⁻⁵⁵. It is hard to draw any conclusion other than that the profit-maximizing behavior of the cigarette retailers and the sustainability of the tobacco industry seem to be more important than compliance with the laws and concern toward the younger generation⁵⁶.

5. Civil Society as the Last Resort for Tobacco Control in Indonesia

The barriers on tobacco control mentioned above have made it difficult to obtain FCTC ratification and implement strong tobacco control regulations in Indonesia. The barriers have also caused an ineffective implementation of the current tobacco control regulations⁵⁷. Therefore, civil society organizations are the last resort to resolve the tobacco control barriers in Indonesia. Indeed, some research shows that civil society organizations have played an important role in negotiation and implementation of tobacco control regulations^{7, 58}. The framework convention alliance (FCA) is an association of civil society organizations and coalitions for tobacco control from around the world and were very influential during the negotiation of the WHO Framework Convention on Tobacco Control (FCTC). To influence policy positions of countries during the FCTC negotiation, the FCA mobilized civil society organizations to frame discussion of public health, publish a newsletter, and present shaming awards⁷. Similarly, in developed countries, civil society has played a very important role in the successful negotiation and implementation of strong tobacco control regulations⁵⁹.

Civil society plays five main roles: advocate, coalition builder, provider of evidence-based information, watchdog, and service provider⁵⁹⁻⁶¹. Through these roles, tobacco control civil society organizations have bargaining power against public policy decision makers and the tobacco industry. Moreover, these roles make tobacco control civil organizations effective agents of change to resolve tobacco control barriers^{59, 62}.

5.1. Advocate for tobacco control

Civil society tobacco control organizations can promote a favorable public opinion, propose tobacco control policies, and represent public health interest in court against the tobacco



industry and state institutions⁶⁰⁻⁶¹. For example, some Indonesian anti-smoking NGOs, such as the Jakarta Residents Forum (FAKTA), the Indonesian Consumers Foundation (YLKI), the Institute for Combating Smoking (LM3), the Coalition for a Healthy Indonesia (KUIS), the Indonesian Women without Tobacco Foundation (YWITT), and the Indonesian Cancer Foundation (YKI) have been involved in lawsuits against the tobacco industry and state institutions.

In a lawsuit concerning a cigarette advertising series from a group of tobacco companies which aired from June to December 2001 on television, a group of anti-smoking NGOs were defeated by the tobacco companies in court. The NGOs accused the tobacco companies of violating cigarette advertising airtime on television, but the judges ruled in favor of the cigarette industry and even ordered the plaintiff to pay a penalty of IDR 100 million. The plaintiffs claimed that the advertising series violated Government Regulation No. 38/2000. However, the judges explained that the advertising had no connection with the broadcasting time but only contracted third parties to promote their products⁶³. In a similar case, a group of four NGOs were defeated in a lawsuit against the president and the House of Representatives in 2011 over ratification of the FCTC. In their suit, the anti-smoking NGOs accused state institutions of failing to protect Indonesians from the dangers of smoking. The judges, nevertheless, found that these institutions had done their legal duty to protect citizens through tobacco control regulations that already existed.

Anti-smoking NGOs did not consider proper drafting of the indictments against tobacco companies or state institutions; thus, they often lost in court. Moreover, the lack of funds and human resources among civil society tobacco control organizations are the fundamental problems⁵⁹. The defeat of the NGOs, some say, might also be said to have been caused by law enforcement officials being in favor of the tobacco industry interests⁶⁴. In this context, civil society organizations should be empowered to represent consumer and public health since the government is more concerned with the political and economic aspects of the tobacco industry.

5.2. Coalition builder

To build coalitions, the tobacco control civil society organizations can convene various organizations from different backgrounds and form general tobacco control alliances. The tobacco control alliance would thus more effectively mobilize the community and influence state institutions related to tobacco control policy⁵⁹⁻⁶⁰. The National Commission on Tobacco Control (Komnas PT) was established in 1998 to coordinate and represent civil society in the fight for tobacco control in Indonesia and is composed of 23 organizations and leading individuals who have a common goal to protect the nation from the harm of smoking and early



addiction among adolescents. The main activity of the commission is to promote the creation of tobacco control policies to high-level decision makers. In addition, its advocacy activities include creating a world of entertainment free of advertising, promotion, and sponsorship related to cigarettes. It must be added, however, the lack of resources for tobacco control activities places civil society organizations in direct competition with each other for the limited activity funding²⁶.

5.3. Provider of evidence-based information

As providers of evidence-based information, the tobacco control civil society organizations provide accurate information and balance public opinion about the tobacco control policies and health risks of smoking⁵⁸. The organizations usually translate science-based evidence for policy makers, media, and the public. Fact sheets are a means frequently used by the organizations to make the complex topics such as price and taxation of cigarettes more accessible and understandable to the public. The Tobacco Control Support Centre (TCSC) is an agency under the Indonesian public health association that provides evidence-based information about the negative impacts of tobacco in Indonesia. In 2012, the Global Adult Tobacco Survey (GATS) publicized the results of an independent survey on tobacco in Indonesia. The evidence-based tobacco control programs have significantly reduced tobacco use among adults and adolescents in the USA⁶⁵. Evidence-based information is meant to change the public perception about the health risks of smoking and stimulate strong tobacco control regulations⁶⁶. However, the lack of local evidence-based information about the negative impacts of tobacco is one of the main barriers for Indonesian civil society organizations to change public perception about smoking. In addition, very little funding is available for tobacco control research of local scientific-based evidence.

5.4. Watchdog

As watchdogs, civil society organizations monitor and report on the implementation of tobacco control regulations. Ongoing monitoring by civil society organizations is an important way for tobacco control advocates to hold the government accountable for implementing the regulations appropriately¹. This role involves conducting independent monitoring and evaluations that could permit unbiased determination of achievement in tobacco control policy. Report cards are examples of this watchdog role, and Southeast Asia Tobacco Control Alliance (SEATCA) usually provides the shadow reports on tobacco control in Southeast Asian countries, including Indonesia, to the WHO⁶⁷. The Indonesian government's hesitance to implement current tobacco regulations and the inadequate human resources among civil society



organizations to monitor the implementation of the regulations are a problematic combination for tobacco control in Indonesia.

5.5. Service provider

Civil society organizations also play an independent service provider role. They provide anti-smoking campaigns, seminars, and counseling about tobacco-related diseases, as well as treatment for the poor. Providing services is a less controversial activity and fits well with the charitable role of the main stream of civil society. Furthermore, the service provider role makes civil society organizations powerful agents of change⁵⁸. The community engagement through these services is necessary to change the social norm about tobacco use⁶⁶. Some civil society organizations, such as TCSC, YLKI, Komnas PT, and the National Commission for Child Protection (Komnas Anak) have held seminars and counseling sessions about tobacco-related diseases. The lack of human and funding resources is a major obstacle for Indonesian civil society organizations in conducting their role as service providers.

6. Future Direction

The above discussion has revealed that civil society organizations are the last resort to overcome the substantial barriers to the ratification of FCTC and negotiation of strong tobacco control regulations in Indonesia. However, Indonesian civil society organizations face the challenge of building their capacities in spite of scarce resources. Therefore, we propose several policies, such as fund allocation for tobacco control, tobacco control research, and election of legislative and public officials who support strong tobacco control regulations.

6.1. Tobacco control fund

According to the World Bank, tobacco control policies are considered cost-effective toward health care due to the high cost of tobacco-related diseases⁵, and tobacco control is one of the most rational evidence-based policies in health care⁶⁸. Government and civil society organizations require sustainable funding resources to conduct tobacco control programs such as mass media campaigns to prevent initiation among youth, promotions to stop smoking among adults, public information about the health consequences of smoking, and tobacco control research⁵⁷. Tobacco control funds derived from a surcharge on tobacco is also an effective way of taxing disease-causing products to promote health⁶⁹⁻⁷⁰. Moreover, tobacco taxes have immediate health promotion benefits because they increase the cigarette price and thus discourage smoking among adolescents and poor people⁷¹. This fund would be used by the government to promote health by working with civil society tobacco control and community-based organizations to carry out health promotion programs and initiatives⁷².



Therefore, Indonesian civil society organizations should advocate for the tobacco control fund obtained from tobacco excise taxes.

6.2. Local tobacco control research

Knowledge and proper understanding about the negative impacts of tobacco will change the public perception of smoking. Thus, local scientific evidence-based information about the negative impact of tobacco can be used to change public perception⁷³. Conducting independent research is essential to convince the community about the negative impacts of tobacco. Very little local research, unfortunately, has focused on the health impacts of smoking *kreteks*, despite evidence showing that eugenol caused negative health impacts¹⁷⁻¹⁸. Moreover, grants to support independent researchers in tobacco agriculture, industry, economics, and epidemiology would encourage the mobilization of the academic community to provide scientific local evidence. Local tobacco control research would provide accurate information to civil society organizations and professionals active in tobacco-related issues and better inform the public debate⁵⁹. Moreover, public health experts and policy decision makers are increasingly demanding that the rationale for tobacco control policies should be based on local evidence⁷⁴. Tobacco control policies are most effective when they are based on local research findings, so such policies should be appropriate for the local conditions and characteristics of society⁷⁵. Therefore, civil society should be intensely involved in local tobacco control research to provide local evidence to the community and public decision makers.

6.3. Mobilizing the community to give their vote for tobacco control

Effective prevention policy is a function of three factors: a knowledge base, a social strategy, and political will⁷³. Some case studies have confirmed that leadership in tobacco control is a key component of success⁷⁶. Strong tobacco control regulations reflect the increased political commitment of the government and parliament to public health and tobacco control⁵⁷. The cigarette industry, however, is still a main contributor to government revenue. In fact, it was the only sector not hit by the financial crisis of 1997 and 1998 due to its addictive substance⁶⁴. For many years, only hesitant steps have been taken to introduce tobacco control policies on the political and public health agenda. Therefore, to increase political will on tobacco control, civil society organizations should mobilize the community to vote for legislative and executive official candidates who support strong tobacco control regulations.

7. Conclusion

Civil society organizations are the most important component of success in resolving the barriers of tobacco control in Indonesia. The ratification of FCTC would be an important first step to provide legal standing for civil society organizations to play these roles. Tobacco control



funds would resolve the fundamental problem of civil society organizations to conduct their functions. Finally, Indonesian civil society organizations should intensively mobilize the community to vote for tobacco control.

8. Reference

1. World Health Organization. Framework Convention on Tobacco Control (FCTC). Geneva: WHO Press; 2003.
2. Aditama TY, Pradono J, Rahman K, et al. Global Youth Tobacco Survey (GYTS) Indonesia 2006. Available at: http://www.searo.who.int/LinkFiles/GYTS_Indonesia-2006.pdf. Accessed 12 January 2012.
3. Global Youth Tobacco Survey. Fact sheet of Indonesia (Ages 13-15). 2009. WHO Regional office for South East Asia. Available at: http://www.searo.who.int/LinkFiles/GYTS_IndonesiaFactsheet2009.pdf. Accessed 12 January 2012.
4. World Health Organization. Global Adult Tobacco Survey (GATS): Indonesia report 2011. Jakarta: WHO Regional Office for South East Asia; 2012.
5. Lightwood JM, Dinno A, & Glantz SA. Effect of the California tobacco control program on personal health care expenditures. *PLoS Medecine* 2008; 5: e178.
6. Kosen S, Aryastami K, Usman Y, et al. Study on medical expenditure and burden of major tobacco attributed diseases in Indonesia. 2009. Available at: <http://whoindonesia.healthrepository.org/bitstream/123456789/601/1/NIHRD%20-%20Study%20on%20Medical%20Expenditures%20and%20Burden%20of%20Major%20Tobacco...%20%28INO%20FFC%20011%20SE-09-229815%29.PDF>. Accessed 22 February 2013.
7. Mamudu HM & Glantz SA. Civil society and the negotiation of the Framework Convention on Tobacco Control. *Global Public Health* 2009; 4(2): 150-168.
8. Indonesian Ministry of Finance. Financial memorandum and Indonesian budget. 2012. Available at: <http://www.anggaran.depkeu.go.id/Content/11-08-18,%20NK%20RAPBN%202012.pdf>. Accessed 15 September 2012.
9. Rachmat M. Development of national tobacco economy: Developed country policy and lesson learned for Indonesia. 2010. Available at: http://isjd.pdii.lipi.go.id/admin/jurnal/81106783_1693-2021.pdf. Accessed 25 November 2012.
10. Statistics Indonesia (BPS). Jumlah tenaga kerja industri besar dan sedang menurut sub sektor, 2004-2010. Available at: http://www.bps.go.id/tab_sub/view.php?tabel=1&daftar=1&id_subyek=09¬ab=11. Accessed 30 April 2013.
11. Barber S, Ahsan A, Adioetomo SM, & Setyonaluri D. Tobacco economics in Indonesia. Paris: International Union against Tuberculosis and Lung Disease; 2008.
12. Semba RD, Kalm LM, de Pee S, Ricks MO, Sari M, & Bloem MW. Paternal smoking is associated increased risk of child malnutrition among poor urban families in Indonesia. *Public Health Nutrition* 2007; 10: 7-15.
13. Best CM, Sun K, de Pee S, Sari M, Bloem MW, & Semba RD. Paternal smoking and increased risk of child malnutrition among families in rural Indonesia. *Tobacco Control* 2008; 17: 38-45.



14. de Beyer J, Lovelace C, & Yürekli A. Poverty and tobacco. *Tobacco Control* 2001; 10: 210-211.
15. Semba RD, de Pee S, Sun K, Best CM, Sari M, & Bloem MW. Paternal smoking and increased risk of infant and under-5 child mortality in Indonesia. *American Journal of Public Health* 2008; 98(10): 1824-1826.
16. Polzin GM, Stanfill SB, Brown CR, Ashley DL, & Watson CH. Determination of eugenol, anethole, and coumarin in the mainstream cigarette smoke of Indonesian clove cigarettes. *Food Chem Toxicology* 2007; 45(10):1948-53.
17. Guidotti TL. Critique of available studies on the toxicology of kretek smoke and its constituents by routes of entry involving the respiratory tract. *Arch Toxicol* 1989; 63:7–12.
18. Lin F. Trans-Anethole. US Food and Drug Administration; 1998. Available at: <http://www.inchem.org/documents/jecfa/jecmono/v28je10.htm>. Accessed 29 April 2013.
19. Givel M. A comparison of US and Norwegian regulation of coumarin in tobacco products. *Tobacco Control* 2003; 12(4): 401-5.
20. World Health Organization. *Advancing knowledge on regulating tobacco products*. Geneva: WHO Press; 2000.
21. Hanusz M. *Kretek*. The culture and heritage of Indonesia's clove cigarettes. Jakarta: Equinox Publishing; 2000.
22. International Agency for Research on Cancer. *Tobacco smoke and involuntary smoking*. Lyon: IARC Press; 2004.
23. Doll R, Peto R, Boreham J, & Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. *British Medical Journal* 2004; doi:10.1136/bmj.38142.554479.
24. U.S. Centers for Disease Control and Prevention. Perspectives in disease prevention and health promotion smoking-attributable mortality and years of potential life lost in United States, 1984. *Morbidity & Mortality Weekly Report* 1997; 46(20): 444-451.
25. Reynolds C. The fourth largest market in the world. *Tobacco Control* 1999; 8: 89–91.
26. Achadi A, Soerojo W, & Barber S. The relevance and prospects of advancing tobacco control in Indonesia. *Health Policy* 2005; 72: 333–349.
27. Detik Health. Soal beli rokok ketengan tak diatur di PP tembakau. 2013. Available at: <http://health.detik.com/read/2013/01/09/160725/2137466/766/soal-beli-rokok-ketengan-tak-diatur-di-pp-tembakau?1771108bcj>. Accessed 20 Marc 2013.
28. Hadiatmodjo F. YPKKI: Perusahaan rokok raksasa akan mandulkan PP 109/2012. 2013. Available at: <http://www.itoday.co.id/politik/ypkki-perusahaan-rokok-raksasa-akan-mandulkan-pp-1092012>. Accessed 6 March 2013.
29. Lewin, L. *Phantastica: Narcotic and stimulating drugs, their use and abuse*. New York: E.P. Dutton & Co.; 1964.
30. Reid A. From betel chewing to tobacco smoking in Indonesia. *Journal of Asian Studies* 1985; 44(3): 529-547.
31. Aditama TY. *Rokok dan kesehatan*. Jakarta : UI Press; 1996.
32. Ng N, Weinehall L, & Öhman A. If I don't smoke, I'm not a real man'—Indonesian teenage boys' views about smoking. *Health Education Research* 2007; 22(6): 794–804.
33. Nina. Rokok dalam budaya. 2009. Available at: <http://naninananana.multiply.com/journal/item/68>. Accessed 15 Marc 2013.



34. Nahar M. Mentalitas uang rokok. 2012. Available at: http://wasathon.com/gaya_hidup/read/mentalitas_uang_rokok/. Accessed 26 Marc 2013.
35. Litamahuputty B. Ternate Malay: Grammar and texts. JK Utrecht: LOT; 2012.
36. Smet B, Maes L, Clercq LD, Haryanti K, & Winarno RD. Determinants of smoking behavior among adolescents in Semarang, Indonesia. *Tobacco Control* 1999; 8: 186–191.
37. Becker, GS, & Murphy KM. A theory of rational addiction. *Journal of Politic Economy* 1988; 96 (4): 675-700.
38. Giedd JN, Blumenthal J, Jeffries NO, et al. Brain development during childhood and adolescence: A longitudinal MRI study. *Nature Neuroscience* 1999; 2(10): 861-863.
39. U.S. Department of Health and Human Services. How tobacco smoke causes disease: The biology and behavioral basis for smoking-attributable disease: A report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2010.
40. Hayashi T, Koa JH, Strafellaa AP, & Daghera A. Dorsolateral prefrontal and orbitofrontal cortex interactions during self-control of cigarette craving. *PNAS* 2013; doi:10.1073/pnas.1212185110.
41. Goodin RE. The ethics of smoking. *Ethics* 1989; 99(3): 574-624.
42. Nichter M, Padmawati S, Danardono M, Ng N, Prabandari Y, & Nichter M. Reading culture from tobacco advertisements in Indonesia. *Tobacco Control* 2009; 18: 98–107.
43. Kin F & Assunta M. Tobacco industry interference. Bangkok: SEATCA 2009. Available at: <http://www.healthjustice.ph/uploads/Tobacco%20Industry%20Interference%20SEATCA%20Report.pdf>. Accessed 9 Marc 2013.
44. Schonhardt S. Is Indonesia, one of big tobacco's last frontiers, closing? 2013. Available at: <http://www.cnbc.com/id/100516212>. Accessed 13 Marc 2013.
45. Suara Merdeka. Jangan tutup pabriknya, cari solusinya. 2005. Available at : <http://www.suaramerdeka.com/harian/0504/26/nas05.htm>. Accessed 19 Marc 2013.
46. Public Integrity. Public health suffers as Indonesia ignores calls for tobacco reform. 2012. Available at: <http://www.publicintegrity.org/2011/09/09/6062/public-health-suffers-indonesia-ignores-calls-tobacco-reform>. Accessed 19 Marc 2012.
47. Rahman A. Talks over new Indonesian tobacco regulation continue to drag on. 2010. Available at: <http://www.thejakartaglobe.com/home/talks-over-new-indonesian-tobacco-regulation-continue-to-drag-on/404407>. Accessed 13 Marc 2013.
48. Southeast Asia Tobacco Control Alliance. Perfect deception. 2008. Available at: [http://resources.seatca.org/Perfect Deception.pdf](http://resources.seatca.org/Perfect%20Deception.pdf). Accessed 14 April 2012.
49. Muggli ME, Hurt RD, & Blanke DD. Science for hire: A tobacco industry strategy to influence public opinion on secondhand smoke. *Nicotine & Tobacco Research* 2003; 5: 303–314.
50. Reimondos A, Utomo ID, McDonald P, Hull T, Suparno H, & Utomo A. Smoking and young adults in Indonesia. 2012. Available at: http://adsri.anu.edu.au/sites/default/files/research/transition-to-adulthood/Policy_Background_%232_Smoking.pdf. Accessed 21 Marc 2013.



51. U.S. Centers for Disease Control & Prevention. Youth risk behavior surveillance – United States, 2009, CDC surveillance summaries. *Morbidity & Mortality Weekly Report* 2010; 59: SS-5.
52. U.S. Centers for Disease Control & Prevention. Youth risk behavior surveillance – United States, 1999, CDC surveillance summaries. *Morbidity & Mortality Weekly Report* 2000; 49: SS-5.
53. U.S. Centers for Disease Control & Prevention. Youth risk behavior surveillance – United States, 2005, CDC surveillance summaries. *Morbidity & Mortality Weekly Report* 2006; 55: SS-5.
54. Johnston LD, O'Malley PM, Bachman JG, & Schulenberg JE. Monitoring the future national results on adolescent drug use: Overview of key findings, 2010. Ann Arbor: Institute for Social Research, University of Michigan; 2011.
55. Johnston LD, O'Malley PM, Bachman JG, & Schulenberg JE. Monitoring the future national results on adolescent drug use: Overview of key findings, 2006. Bethesda, MD: National Institute on Drug Abuse; 2007.
56. Robinson J & Amos A. A qualitative study of young people's sources of cigarettes and attempts to circumvent underage sales laws. *Addiction* 2010; 105(10): 1835–1843.
57. World Health Organization. European strategy for tobacco control. Copenhagen: WHO Regional Office for Europe; 2002.
58. Open Society Institute. Taking on Goliath civil society's leadership role in tobacco control. 2007. Available at: <http://www.opensocietyfoundations.org/reports/taking-goliath-civil-societys-leadership-role-tobacco-control>. Accessed 20 Marc 2013.
59. Novotny TE & Mamudu HM. Progression of tobacco control policies: Lessons from the United States and implications for global action. Washington, DC: The World Bank 2008.
60. World Health Organization. Stop the global epidemic of chronic disease: A practical guide to successful advocacy. Geneva, WHO Press, 2006.
61. Champagne BM, Ernesto Sebríe E, & Verónica Schoj V. The role of organized civil society in tobacco control in Latin America and the Caribbean. *Salud Publica de Mexico* 2010; 52 (suppl 2): S330-S339.
62. Merzel C, & D'Afflitti J. Reconsidering community-based health promotion: Promise, performance, and potential. *American Journal Public Health* 2003; 93(4): 557-74.
63. Gatra. Kalah, penggugat didenda Rp 100 Juta. 2003. Available at: http://arsip.gatra.com/2003-04-01/versi_cetak.php?id=26774. Accessed 26 Marc 2013.
64. Arnez M. Tobacco and *kretek*: Indonesian drugs in historical change. *Shouth East Asia Studies* 2009. Available at: http://www.seas.at/aseas/2_1/ASEAS_2_1_A4.pdf. Accessed 10 March 2013.
65. U.S. Centers for Disease Control & Prevention. Youth risk behavior surveillance – United States, 1999, CDC surveillance summaries. *Morbidity & Mortality Weekly Report* 2000; 49: SS-5.
66. Nathanson C. Disease prevention as social change: Toward a theory of public health. *Population and Development Review* 1996; 22(4): 609-637.
67. South East Asia Tobacco Control Alliance (SEATCA). The ASEAN tobacco control report. 2012. Available at: <http://seatca.org/dmdocuments/ASEAN%20Tobacco%20Control%20Report%202012.pdf>. Accessed 25 April 2013.



68. Taylor AL, & Bettcher DW. WHO Framework Convention on Tobacco Control: A global “good” for public health. *Bulletin of the World Health Organization* 2000; 78 (7): 920-929.
69. World Health Organization. *Global status report on non communicable diseases*. Geneva: WHO Press; 2010.
70. Vathesatogkit P & Lian TY. *Lessons learned in establishing a health promotion fund*. Bangkok: SEATCA; 2011.
71. Gruber J & Koszegi B. Is addiction “rational”? Theory and evidence. *Quarterly Journal of Economics* 2001; 116: 1261-1303.
72. World Health Organization. *The establishment and use of dedicated taxes for health*. Manila: WHO Western Pacific Regional Office; 2004.
73. Richmond J & Fein R. *The health care mess: How we got into it, and what it will take to get us out*. Cambridge, MA: Harvard University Press; 2007.
74. World Health Organization. WHO technical report series 945. In: *The scientific basis of tobacco product regulation*. Geneva: WHO Press; 2006.
75. Warner KE. The role of research in international tobacco control. *American Journal of Public Health*. 2005; 95: 976–84; doi:10.2105/AJPH.2004.046904.
76. de Beyer J & Waverly L (editors). *Tobacco control policy: Strategies, successes, and setbacks eight country studies*. Washington, DC: Research for International Tobacco Control and World Bank; 2003.



CSR activity of tobacco companies in Indonesia: Is it a genuine social responsibility?

Published in the Online Journal of Health Ethics., 11(1), 3, 2015 (<https://aquila.usm.edu/ojhe/vol11/iss1/3/>)

Harsman Tandilittin (harsmana@yahoo.com) and Christoph Luetge (luetge@tum.de)*

*Business Ethics, Technical University of Munich, Germany

Abstract: The adoption of corporate social responsibility (CSR) programs in the tobacco industry has sparked a contentious debate in the international community. Tobacco industry's CSR activities are honored by the government and Indonesian community with CSR awards due to their positive contributions. To assess the CSR activities of the tobacco companies and whether they are genuine forms of social responsibility or business motivation, we have collected the CSR activities and compared them with the negative impact of the tobacco industry in Indonesia. The CSR activities are in no way related to the negative impacts of tobacco in Indonesia. Therefore, CSR programs in the tobacco industry are not a form of corporate social responsibility but are purely a business motivation. In order to be socially responsible enterprises, tobacco companies should be more required by the government and society to lead the CSR programs to address the negative impacts of tobacco.

Keywords: tobacco industry, corporate social responsibility, socially responsible enterprise, corporate image, business motivation.

1. Introduction

Tobacco is a highly addictive substance that causes many deadly diseases, and it is even deemed a “vice.” A report by the U.S. Surgeon General and the WHO clearly established that tobacco is the leading cause of preventable and premature death, killing an estimated six million people (active and passive smokers) every year worldwide, including in Indonesia (DHHS, 2010; WHO, 2008a). In fact, in Indonesia, the tobacco industry has created a poverty trap for poor smokers (Barber, 2008; Best, 2008), and tobacco-related diseases account for 12.4% of total deaths (WHO, 2012). Moreover, through its operations and products, the tobacco industry has resulted in many negative impacts on the environment (Lecours, 2013; Slaughter, 2011). In a society which is, day by day, becoming more demanding in ethical issues that concern on the environment and the quality of life, it is imperative for a firm to be a socially responsible enterprise. Therefore, tobacco companies must be socially responsible enterprises to appease and pacify the burgeoning ranks of ethical society, especially their employees, consumers, and investors (Collin, 2002).

In addition, the guidelines for implementation of the article 13 of the Framework Convention on Tobacco Control (FCTC) have entailed a comprehensive ban on tobacco advertising, promotion and sponsorship, including all forms of commercial communication and all forms of contribution to any event, activity or individual, which will have an effect or likely effect of promoting or using a tobacco product (WHO, 2008c). Even though Indonesia has not ratified the FCTC, through the latest Indonesian government regulations No.109 in 2012 on tobacco products, Indonesia has been stricter to regulate cigarette marketing, especially to teenagers.



This new regulation has restricted tobacco advertising in electronic media only during a limited period (21.30 p.m.–05.00 a.m. local time). The regulation has established that tobacco cannot be advertised on main roads, and on the front of printing media. It also insisted that cigarette advertising should not trigger or advise people to smoke.

Consequently, in order to recruit new smokers, tobacco companies are looking for sophisticated ways to promote themselves as socially responsible enterprises and turning to thinly veiled marketing schemes. Corporate social responsibility (CSR) programs in the tobacco industry are crucial for improving a damaged reputation, encouraging employee morale, and bolstering the popularity of tobacco products (Dorfman, 2012; Hirschhorn, 2004). In order to win public sympathy, the tobacco companies promote their image through financial contributions, especially in programs with social values related to education, environmental issues, and disaster relief (WHO, 2008b). Moreover, they use their CSR programs to gain access to politicians. Thus, politicians shape public health policies to best suit the tobacco industry (Fooks, 2011). In fact, CSR programs have been used by tobacco companies to promote their products through the intentional display of cigarette brands and company names through CSR activities. Some research revealed that the cigarette brand's display had a significant influence on smoking behavior of new smokers (Spanopoulos, 2013; Henriksen, 2010).

Tobacco companies can build a good corporate image among smokers and society, given the positive reporting and wide publicizing of their CSR activities (D'Amato, 2009). In fact, a recent study in Indonesia shows that tobacco companies' CSR activities have resulted in the reinforcement of smoking behavior among smokers (Arli, 2013). On the other hand, the tobacco industry has been perpetually opposed to the health warning labels on cigarette packs (Hiilamo, 2012).

CSR programs have been claimed by the tobacco industry as part of a genuine corporate social responsibility programs, and they have become one of the most important strategies employed by the tobacco industry to maintain their image and legitimacy in the public sphere (Scherer, 2012; Dorfman, 2012). The CSR activities of tobacco companies have also been honored by the government and community with CSR awards due to their positive contributions toward the community and the environment in Indonesia. Thus, the Indonesian tobacco companies have convincingly claimed themselves as socially responsible enterprises. However, the tobacco companies that have claimed themselves as socially responsible enterprises have sparked a contentious debate in the international community, including Indonesia. The World Health Organization (WHO) has insisted that CSR programs by the tobacco industry should be banned as they inherently weaken controls on tobacco (WHO, 2013a).



According to social responsibility theory, companies should be socially responsible enterprises because they have deliberately decided to take action, and their actions (activities) have resulted in impacts on social outcome, both positive and negative (Holler, 2007). Social responsibility is responsibility of individuals, groups, corporations, and governments to society. Indeed, a firm intentionally places specific products into social contexts; thus, business and social responsibility are socially embedded (Granovetter, 1985). Thus, if a firm does not fulfill its social responsibility, it will lose its position in society (social punishment), especially when the society demands responsibility from businesses (Garriga, 2004). Given the intense competition and the demands of society during the last two decades, many companies vie to adopt CSR concept to be recognized by society as socially responsible enterprises (Campbell, 2007).

The companies that have implemented CSR programs claim and promote themselves as socially responsible enterprises. CSR is an ethical issue; thus, the adoption of CSR by companies according to the European Commission is voluntary. Virtue ethics (motives) and deontological ethics (means) are useful tools to examine the ethical perspectives of the companies' CSR activities (Feng, 2010; Frederiksen, 2013). The focus of virtue ethics assessment is emphasized on the moral integrity of an agent (the person) or the motivation of the agent in performing any action. Unlike to utilitarian view, deontology is an ethical approach that focuses on the rightness or wrongness of an action itself, rather than on its consequences. In order to inform the debate of the adoption of CSR concept by the tobacco industry, an overview of the relationship between the tobacco industry's CSR activities and negative impact of their products on society and the environment is required to understand the social responsibility of the tobacco companies in Indonesia, and ethical reasons are inherently used to discuss the CSR activities whether they are form of a genuine CSR concept or merely philanthropic activities.

The main purpose of the Framework Convention on Tobacco Control (FCTC) is to protect non-smokers from exposure to secondhand smoke and prevent adolescents from starting to smoke (WHO, 2003a). Indonesian tobacco companies have claimed themselves as socially responsible enterprises; thus, their CSR programs should achieve the same outcome with the application of the FCTC and ISO 26000. Moreover, article 25 of the Human Rights Declaration regarding the right to health can also be used to examine the social responsibility of tobacco companies toward public health, especially nonsmokers, and the environment. Thus, the aim



of this study is to present an overview of the Indonesian tobacco companies' CSR activities whether they are concept of social responsibility or merely business motivation.

1.2. Methods

The author collected and analyzed the CSR programs and activities of the three biggest tobacco companies in Indonesia. These tobacco companies are HM Sampoerna, Djarum, and Gudang Garam. These tobacco companies dominate up to 75% of the tobacco market share in Indonesia (WFS, 2012). Between May and August 2013, the authors searched CSR programs and activities of the tobacco companies on their websites and annual reports.

The authors also reviewed other Internet-based information resources, newspapers, and magazines. The authors used the keywords "CSR Gudang Garam," "CSR Sampoerna," "CSR Djarum," and "CSR industri rokok" to search for CSR activities. Snowball searching was also applied to systemize the quest of the tobacco companies' CSR activity (Anderson, 2011). The authors found 90 CSR activities from tobacco companies and organized the activities into four themes based on qualitative content analysis (Dey, 2005). These themes are education, community care, environment, and culture (Table 1).

2. Findings

2.1. Education

CSR programs in education are a sophisticated way for the tobacco industry to influence academic institutions, scientists, and society (Gan, 2011; MacKenzie, 2008). Some of the scholars who received research grants or scholarships from the tobacco companies have also become public officers, such as governors, parliament members, and university presidents (WHO, 2003b). As the scholarship recipients are highly talented students, some of them have had good careers and a great influence in society. Through their scholarships, tobacco companies systematically exert a positive image on the Indonesian students from primary school up to university. Interestingly, the scholarship recipients are also a source of talented employee candidates for the tobacco companies. Through this great advantage, tobacco companies vie to offer scholarships to talented students in Indonesia.

Incredibly, since its establishment in 2001, Putera Sampoerna Foundation (PSF) has disbursed more than 34,600 scholarships, organized workshops for more than 19,000 teachers and headmasters, and adopted 23 public and 5 Islamic elementary schools. In 2009, PSF founded Sampoerna Academy, an international standard boarding school at the high school level. Moreover, the foundation also established the Sampoerna School of Education, a higher education institute, to produce high quality teachers. This institute was the forerunner to the



Sampoerna School of Business, a world-class university that was launched in 2010. The PSF annually received charity funds from Phillip Morris for around \$5 million US.

Table 1. CSR activities of the tobacco companies in Indonesia

CSR Category	CSR Activities
Education	Provide scholarships and student loans to students from public school until university, including graduate and postgraduate scholarships at overseas universities. Provide stationary and uniforms to students. Provide internships, seminars, workshops, and soft skills training to students and teachers. Build and provide sport facilities for schools and universities, including sport education centers and sport arenas. Provide mobile libraries for the surrounding communities. Build and provide education facilities for schools and universities, including classrooms, training centers, libraries, laboratories, bookshelves, desks, and chairs. Carry out education for primary school up to university, emergency school for the victims of natural disasters, teacher training, and sport education. Provide awards for the best student, best lecturer, and best young innovator.
Community Care	Provide entrepreneurship centers, entrepreneurial training, marketplaces, and exhibitions to small businesses for the surrounding communities. Provide awards for SMEs and young entrepreneurs at the national level. Provide SAR training centers, disaster response training, rescue teams, disaster relief, orphan donations, blood donations, and prevention fire training at the national level. Provide rural water supply, cataract surgeries, mass circumcisions, home refurbishing, fish farming, livestock training, and medical checkups for the surrounding communities. Distribute donations and food packages for the local poor.
Environment	Carry out the reforestation marginal lands, highway greening, refurbishment of urban parks, eradication of dengue mosquito breeding, dengue fever prevention campaigns, waste-composting training, mangroves reforestation, and organic farm training at the local and national level. Provide composting machines, nursery seeding centers, and seedlings for the surrounding communities.
Culture	Provide aid for art festivals, music festivals, dance festivals, operas, cabarets, Wayang performances, Reog Ponorogo dance performances, batik festivals, theater festivals, Indonesian cultural adventures, worship place renovation, and basic need packages on the religious holidays for local and national level. Carry out annual award for journalist and reporter, journalistic competitions, homecoming free services on Eid, breaking fasts together, national holidays greeting, Quran reading competitions, Isra Mi'raj commemorations, Ramadhan bazaars, and grand prayers for local and national level.

During its 25 years of operation, the Djarum Plus scholarship program from Djarum distributed scholarships to more than 7,000 students from 74 public and private universities in 24 provinces in Indonesia. To impart the values of the company to scholarship recipients, Djarum regularly provides them with soft-skills training. In fact, some of the awardees perceived the Djarum Plus scholarship as a dream come true. Surprisingly, Djarum also has a badminton education center (PB Djarum). Most of Indonesia's prestigious badminton players are PB Djarum alumni, including Alan Budikusuma who won the Olympic men's single gold medal in Barcelona in 1992. Moreover, since 2007, through its Black Innovation Award, an award for young innovators, Djarum has implicitly promoted its cigarette brand "Djarum Black" in its CSR among Indonesian young adults.



In a similar manner, Gudang Garam annually provides scholarships to outstanding students at almost all universities in Indonesia. To build and maintain a good relationship with the surrounding community, Gudang Garam has supported local education infrastructure, including desks, chairs, bookshelves, and internship opportunities for high schools and universities. In fact, to push the word-of-mouth advertising about its positive image among students in Kediri, Gudang Garam regularly organizes its English Camp, an annual English scholarship program for the secondary school students to enable them to speak English more fluently.

2.2. Community care

Indonesia is one of the most disaster-prone countries in the world. Natural disasters, such as landslides, floods, and earthquakes, threaten human development goals in Indonesia, as most of the people who live in the disaster-prone areas are low-income earners. As a low-middle income country, Indonesia has been struggling to eradicate the vicious cycle of poverty, which is worsened by natural disasters. According to the World Bank, around 13.3% of Indonesians lived below the poverty line or in extreme poverty in 2011 (World Bank, 2012). The insufficient government budget for poverty reduction and disaster recovery programs is utilized by tobacco companies as an opportunity to promote their community care activities. The community care activities of the tobacco companies for poverty reduction and disaster recovery are welcomed by the government, poor, and disaster victims. Some studies have revealed that through their community care activities, the tobacco companies can restore their damaged reputations (Kotchen, 2012; Friedman, 2009).

In order to succeed in its community care programs, HM Sampoerna launched the Sampoerna Rescue (SAR) for disaster response programs and the Sampoerna Entrepreneurship Training Center (PPK Sampoerna) for poverty reduction programs. Since its launch in 2002, the SAR has performed many humanitarian missions to help the victims of natural disasters in Indonesia, including those affected by tsunamis, earthquakes, floods, volcanic eruptions, and fires. It has evacuated and provided medical assistance to more than 72,000 people and provided food and supplies to more than 91,000 people. In addition, as its name and logo are on display in its community care activities, especially on the uniforms of the SAR team, HM Sampoerna has promoted itself as a socially responsible tobacco company. For its contributions, HM Sampoerna received a CSR award from the Asia Responsible Entrepreneurship Awards in 2012. Moreover, in 2012, Sampoerna established the SAR Training Center in East Java to facilitate and certify disaster preparedness training for its disaster response teams and volunteers. In order to strengthen its role in the mitigation of natural disasters in Indonesia, the



SAR has cooperated with the National Disaster Management Agency (BNPB) and NGOs, especially in disaster preparedness training and emergency operations.

To accentuate its social concern toward the lowest-income earners, PPK Sampoerna has regularly organized entrepreneurial training program to encourage and initiate micro-businesses in the surrounding communities. The training center resides on an area of 27 hectares, and has integrated training facilities, including a training room, automotive repair shop, farm land, and land for cultivation practice. Since it launched in 2003, PPK Sampoerna has helped the surrounding community to create more than 3,000 small businesses. For its achievement in empowering the lowest-income people, HM Sampoerna received a CSR award in 2011 from the Corporate Forum for Community Development and Indonesian Social Affairs Ministry. In fact, since 2005, through the Dji Sam Soe Award, an award for SMEs and young entrepreneurs, Sampoerna has implicitly promoted its cigarette brand “Dji Sam Soe” to low-income people and the younger generations.

Incredibly, Djarum launched the Djarum Social Service (DSS) in 1951, a social service for the surrounding community that has implemented a variety of humanitarian missions. The DSS’s programs focus on public necessities, which are partially covered by government programs, including blood donations, fire prevention training, eradication of dengue mosquito breeding, and rural water supply. The blood donation program has become a quarterly activity by Djarum’s employees. In 2010, Djarum has even set a new record in the book of the Indonesian record museum (MURI) for the number of employee participants. In fact, the DSS has distributed a variety of food and clothes to the victims of natural disasters, including tsunamis, earthquakes, and floods. Interestingly, in all their social services, Djarum has distributed not only aid but also displayed its name, logo, and motto: “caring and sharing.” Moreover, as the DSS volunteers were directly involved in the delivery and distribution of the disaster relief, Djarum was directly recognized and appreciated by the beneficiaries, communities, and government.

In a similar manner, to bolster its image in the surrounding community, Gudang Garam has regularly provided aid (e.g., school uniforms, food packages, and cash) to the poor, social foundations, and orphanages. Gudang Garam also distributed humanitarian aid to mitigate the burden of natural disaster victims including food, clothes, blankets, and tents. Moreover, to convince the local community and government about its social responsibility, Gudang Garam has carried out the most prominent community care programs such as renovation of the poor’s houses, rural provision of clean water, and blood donations.



Intriguingly, the ceremonies of the aid delivery are the most prominent event in the community care activities by the tobacco companies. The ceremonies were not only attended by the government officers and community leaders but also covered by the national media. Thus, the tobacco companies used their CSR activities as a platform to accentuate their positive image toward Indonesian society.

2.3. Environment

Tobacco companies' CSR activities are moving beyond the declared intentions to increasingly have an effective and measurable societal impact. Some studies have revealed that the companies that contributed to environmental sustainability have enjoyed a meaningful reputation in society (Glac, 2010; Hohnen, 2007). Indonesian society has also become more aware and begun to demand that corporations meet the high standards of social and environmental responsibility. In this context, environmental sustainability is the main target of tobacco companies' CSR programs in Indonesia.

Djarum Trees for Life (DTL) is a prominent Djarum CSR program for the environment. Incredibly, since its launch in 1979, DTL has planted more than 2 million seedlings. This reforestation has managed some environmental conservation projects and prevented soil erosion, especially in Kudus (where Djarum's headquarters are located). In 2010, DTL launched a greening program for the Northern Coast Highway of Java (Jalur Pantura Pulau Jawa) along 1,350 km of highway, and has planted more than 7,000 tamarind trees, with a target of planting 36,357 trees. To ensure that the trees grow well, DTL has committed to maintaining them for three years. Interestingly, through this program, Djarum promotes its positive image toward more than 100 million highway drivers each year, as this road is Java's main highway.

In 2008, HM Sampoerna (Philip Morris) launched a mangrove conservation program on Surabaya's east coast. HM Sampoerna has planted around 70,000 mangrove trees in the conservation area as a part of their target of planting 130,000 mangrove trees in Surabaya and several regions in Indonesia. In fact, Sampoerna has also collaborated with third parties in its CSR programs, including the government and NGOs. For example, HM Sampoerna has worked together with the Kaliandra Sejati Foundation and local governments in East Java to reforest around 120 hectares of the degraded land on the slopes of Arjuna. HM Sampoerna has supported the One Billion Trees Reforestation Program, which was launched by the Indonesian Ministry of Forestry in 2010. Due to its reforestation programs, HM Sampoerna received a sustainability award from the Indonesian Ministry of Forestry in 2010. Undoubtedly, by



involving the government, NGOs, and communities in its CSR programs, HM Sampoerna gains public legitimacy for itself and its tobacco products.

To maintain its position as a leading tobacco company in Indonesia, Gudang Garam has also built up a strong relationship with the surrounding community and government through its environmental CSR programs, which have refurbished, for example, urban parks and waste management facilities. The company has provided seedlings, composting machines, waste-composting training, and sanitary facilities to the local communities in Kediri (where Gudang Garam's headquarters are located). Through its environmental CSR programs, Gudang Garam has reassured Indonesian society and the government about its social responsibility toward the environment and municipality development.

2.4. Culture

In Indonesia, the revenue from ticket sales is insufficient to finance the local art festivals, including music and dance festivals. Thus, art festival organizers are in need of support or donations from third parties. This opportunity was promptly utilized by tobacco companies to demonstrate their appreciation toward Indonesian cultural heritage. By getting involved in Indonesian socio-cultural activities, the tobacco companies have presented their tobacco products and smoking as the nation's cultural heritage. In fact, smoking among Indonesian adolescents is strongly influenced by social norms and peer pressure (Ng, 2007). In this context, nearly all the local music, art, and theater festivals are supported by tobacco companies. Surprisingly, some of the Indonesian artists and musicians perceived that the government did not care about the preservation of the local cultural heritage. Interestingly, religious activities are also a target of the tobacco companies' CSR programs, such as renovation of worship places, breaking fasts together, and free homecoming services on the day of Eid.

Djarum is the most aggressive tobacco company in favor of the Indonesian art festival. Since 1992, through its cultural appreciation program, Djarum has collaborated with many local music groups and theaters, including Ireng Maulana Orchestra, Workshop Rendra Theatre, and Koma Theater. Djarum has undeniably made a great effort to develop and preserve the nation's cultural heritage, such as the development of painted cloth, festival of batik Kudus, and Wayang performance. Through these activities, Djarum have demonstrated its appreciation toward Indonesian native handicrafts and concern toward artisans of batik Kudus. The activities indicate the company's interest in promoting its tobacco products as a part of the Indonesian cultural heritage.

Sampoerna Adiwarta Award (SAA) is one of the prominent activities in the HM Sampoerna CSR programs. The SAA is a prestigious annual award for journalists and reporters in



Indonesia, as awards' juries were selected from a pool of senior journalists and communication experts. The SAA award night is usually covered by national media. The ceremony is also attended by public figures and government officials (e.g., the Indonesian minister of education and culture). Through this program, HM Sampoerna demonstrated its appreciation toward journalism and reporting. The Indonesian press community has undoubtedly and indirectly legitimized the presence of the tobacco industry and its products in Indonesia.

Rumahku Indonesiaku is a series of public service advertisements from Gudang Garam to celebrate the Indonesian feast days, such as New Year's Day, Independence Day, Eid, and Christmas. Their advertisements are very impressive as they feature famous Indonesian heritage buildings, the unique traditional arts, and tempestuous music. Rumahku Indonesiaku has convincingly instilled a sense of patriotism and pride in their audience, especially the younger generation. In fact, Gudang Garam has visited some campuses to present the advertisements as a successful model of advertising for students. Through the Rumahku Indonesiaku, Gudang Garam has covertly tried to convince the younger Indonesian generations that tobacco (*kreteks*) is part of the nation's cultural heritage that should be conserved.

3. Discussion

3.1. Relationship between CSR and the negative impact of the tobacco industry

3.1.1. Health risks

Although the tobacco companies admit that tobacco products are hazardous to the health of smokers, their CSR activities did not provide scientific-based information about the deadly effects of cigarettes on smokers and secondhand smoke on nonsmokers. None of the CSR activities disseminated the fact that tobacco-related diseases cause high healthcare costs and that half of the smokers died prematurely. In contrast to public health, the CSR activities of the tobacco companies precisely focused on environmental sanitation, blood donation, and rural water supply. These activities are not related to the tobacco-related diseases among smokers. In fact, the tobacco industry has secretly hired scientists to obscure the public's opinion about tobacco-related diseases and secondhand smoke (Lee, 2012). A recent study has confirmed that secondhand smoke significantly impaired the cognitive abilities of Indonesian children (Natalia, 2012). In 2013, about 43 million Indonesian children have been exposed to secondhand cigarette smoke because they live in a family of smokers. Unfortunately, about 11.4 millions of them are toddlers.

The WHO and Surgeon General's report have confirmed that besides being addictive, tobacco also causes many deadly diseases (WHO, 2011; DHHS, 2010). They validated this assertion through scientific evidence and concluded that cigarettes are the single largest preventable



cause of death and disease among smokers. The WHO reported that approximately 6 million people worldwide die every year as a result of tobacco-related diseases. In addition, nearly half of smokers die prematurely, an average of 10–15 years earlier than non-smokers (CDC, 2008). Every year, tobacco-related diseases have resulted in more than 3.5 million disability adjusted life years (DALYs) in Indonesia (WHO, 2012). Empirical data from Indonesian Health Ministry shows that tobacco related diseases sharply increased from 1.32 million cases in 2005 to 14.9 million cases in 2008.

Surprisingly, even Philip Morris Indonesia (PMI) and British American Tobacco (BAT) have known for a long time that the *kreteks* are significantly more carcinogenic than western cigarettes (Hurt, 2012). However, they even changed them into the western-style *kreteks* as an extra marketing strategy, as the *kreteks* are the most preferred type of cigarette by nearly 90% of Indonesian smokers.

3.1.2. Cycle of poverty

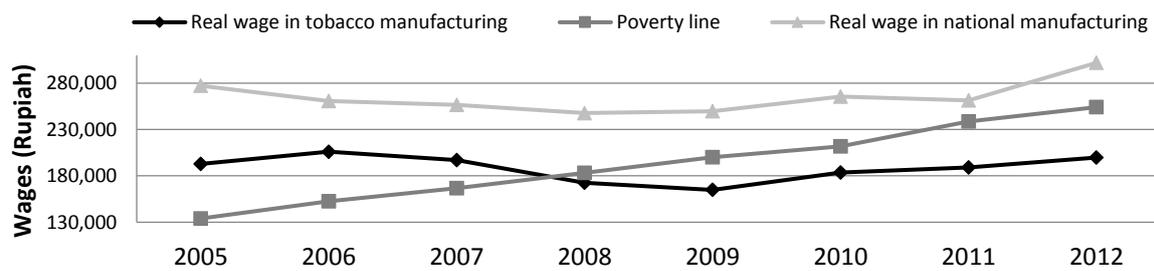
Tobacco companies' CSR programs for poverty alleviation are only local and on a small scale in the surrounding community. Thus, the CSR programs do not intend to address the cycle of poverty caused by the tobacco industry in Indonesia. The Indonesian cigarette industry has created a cycle of poverty among tobacco farmers, cigarette industry laborers, and smokers. Smoking has created a poverty trap for Indonesian smokers because smoking was perceived as a daily basic necessity by poor smokers. Indonesian poor urban smokers spent 22% of their income on cigarettes (Semba, 2007). Nationally, poor smokers consume an average of 12 cigarettes daily; thus, they spent up to 40% of their income on tobacco (WHO, 2012). In fact, the premature death of fathers who smoke has worsened the poverty among the poor families and increased school drop-outs (Barber, 2008), as the father is the family breadwinner in Indonesian culture. Data from Basic Health Research (Riskesdas) shows that most of the smokers in Indonesia are low income earners, and smoking among them has significantly increased from 60% in 2007 to 65% in 2013.

The cycle of poverty among tobacco farmers is mainly caused by the unfairness of the tobacco leaf trading system. The price of the tobacco leaf is unilaterally decided by collectors. The quality of the tobacco leaf is subjectively assessed by factory tobacco graders. As a result of the trading system, the farmers only receive a half of the benchmark price determined by the government. For example, in East Java in 2011, the best quality of tobacco leaves were bought by tobacco factories at a price of \$3.63 per kilo, but at the main harvest in 2012, tobacco farmers only received a half of price or \$1.55 per kilo for the same quality. Moreover, the farmers often find themselves tied into a cycle of debt bondage with the collectors. A recent study has



revealed that some of the children of tobacco plantation laborers have to work in tobacco leaf processing to help support the family's finances (Amigo, 2010).

Data from the Indonesian Statistics Agency (BPS) shows that the average real wage in tobacco manufacturing is always under the national real wage. The real wage has even fallen below the poverty line since 2008 (Graph 1). This shows that most of the laborers in the Indonesian tobacco manufacturing industry are extremely poor. This poverty is the result of the application of the outsourcing system on the core activities of the tobacco companies to reduce labor costs in Indonesia. For example, cigarette rolling is one of the core activities in a cigarette company, but most of the tobacco companies subcontract the activity to third parties. This kind of outsourcing violates Indonesian labor laws, as the tobacco companies no longer take the responsibility for the minimum wage in subcontractor companies (Hukum Online, 2013). For example, Sampoerna produces cigarettes by using 38 Third Party Operations (MPS) in Java, which has more than 60,000 employees. On the other hand, the number of permanent employees in its 8 factories and 65 sales offices across Indonesia are only about 28,300 people.



Graph 1. Real wage of labor in tobacco manufacturing sector

Source: Central Statistics agency (BPS), 2013

3.1.3. Environmental damage

Very few of the tobacco companies' CSR programs are directly associated with the negative impact of the tobacco industry on the environment. Instead, to get public recognition, most of the tobacco companies' CSR programs focus on those things that draw public attention, such as highway greening, the refurbishment of urban parks, and the reforestation of coastal mangroves. A recent study revealed that tobacco companies have used their green supply chains to legitimize the portrayal of tobacco farming as socially and environmentally friendly rather than to reduce deforestation among low-middle income countries (Otañez, 2011). In Indonesia, the tobacco industry plays a significant role in deforestation. Farmers' use of wood as a fuel for fire to dry and cure tobacco leaves is one of the main causes of severe deforestation, including the deforestation in Lombok, West Nusa Tenggara (Pil, 2011). Data from the West Nusa Tenggara government shows that since 2002 tobacco farmers use around 400,000 cubic



meters of woods or 319,500 forest trees every year to dry Virginia tobacco leaves, which cause deforestation around 280 hectares annually.

Tobacco is a highly sensitive crop and prone to many diseases; therefore, it needs large amounts of fertilizers, herbicides, fungicides, and pesticides during the growing season (Lecours, 2012). In Indonesia, the combination of erosion and chemical residue in the soil has caused severe soil degradation, and that soil is no longer able to grow tobacco. Consequently, tobacco farmers have cleared the forest for new tobacco plantations in Indonesia. In 2010, tobacco plantations have resulted in degraded land around 13,600 hectares on the slopes of Mount Arjuna, Sumbing, and Sindoro in Temanggung, West Java.

Discarded cigarette butts are a form of non-biodegradable litter; thus, they have clogged up drains and even polluted beaches around the world. According to the Ocean Conservancy, cigarette butts have been the most prevalent items of litter on beaches around the world for the past 20 years (Ocean Conservancy, 2013). A recent study found that cigarette butts are acutely toxic to freshwater organisms and marine bacteria (Slaughter, 2011). In the last ten years, Indonesian cities have been littered by 80 million cigarette butts and 5 billion cigarette packs annually. In fact, cigarette packs and butts are the most widespread form of litter in public places and tourist sites in Indonesia.

3.1.4. The trap of smoking addiction

In their CSR programs, tobacco companies make no effort to prevent smoking among Indonesian adolescents. In contrast, the tobacco companies have used their CSR activities as a sophisticated advertising media to recruit adolescents as new smokers. The cigarette brands, company logos, and company names are intentionally displayed on the CSR initiatives, which target adolescents. None of the CSR activities have discussed the scientific evidence that nicotine is a highly addictive substance, smoking or passive smoking causes many deadly diseases, and tobacco sponsorship has an important role in smoking in adolescents.

According to the Scollo (2012), smoking is the most addictive drug habit, as smokers have the lowest success rate in quitting compared to other addictive substance users. Indeed, it has long been known that tobacco companies have precisely controlled the nicotine content in their cigarettes to create and sustain addiction, especially among new smokers (TCLC, 2006). Some research (DHHS, 2012; DiFranza, 2007) has revealed that children and adolescent smokers are the most prone to severe and perpetual nicotine addiction. In fact, through menthol as an additive in cigarettes, the tobacco industry has implicitly promoted smoking in minors, which results in more difficulty for the young smokers to quit smoking (DKFZ, 2012; Kreslake 2008).



As menthol has a variety of physiological effects, it thus increases the attractiveness of cigarettes to adolescents.

Some studies have revealed that most smokers are people incapable of making rational decisions, including adolescents and the uneducated (WHO, 2012; Dwyer 2009). According to some research (DHHS, 2012; Hayashi, 2011; Goodin, 1989), the adolescents' decisions to take up cigarettes and continue to smoke are not their genuine choices. They have been ensnared by others, including the tobacco industry. Unfortunately, given that adolescents are the main source of new smokers, the tobacco industry has no other choice but to turn the adolescents into addicted smokers as early as possible. A research has confirmed that adolescents are the prime target of cigarette marketing (Nichter, 2009). In fact, the limited efforts of the Indonesian government to control cigarette advertising have been utilized by multinational tobacco companies to adapt their policies to suit the situation. For example, British American Tobacco (BAT) has prohibited advertising that associates smoking with successful people or sexual prowess, but BAT has exempted itself from the policy in Indonesia (Bland, 2013). Evidently, the recent WHO report shows that smoking in Indonesian adolescents has doubled from 12.6% in 2006 to 23.5% in 2010 (WHO, 2013b). Data from Basic Health Research (Riskesdas) shows that from 2007 to 2013, only about 4.1% of the Indonesian smokers have successfully stopped smoking. This data confirms that cigarettes have trapped the smokers into perpetual nicotine addiction.

3.2. The approach of virtue and deontological ethics on CSR activities of tobacco companies

One of the important aspects of virtue ethics is the way in which, through its focus on social context and a sense of collective purpose. Therefore, virtue ethics is a useful tool to assess ethical reasoning of a business, which has social outcomes (Trevino, 2011). Virtue ethics emphasizes on the moral integrity of an agent (the person), rather than on the moral act. Thus, any action requires the right desire and the right reason. Due to the difficulty in evaluation of the motivation behind the agent's action, the agent's character must be justified by a relevant moral value in society that leads the agent to the highest ethical standards (Laczniak, 2006). Therefore, the use of any action, including CSR activities to promote tobacco products, violates the notion of virtue ethics which emphasized on the importance of moral characters such as honesty, integrity, fairness, and empathy in marketing practice.

Deontology is a moral obligation that examines the morality of an action based on the action itself, rather than on its consequences. According to deontologists, an action cannot be justified by its consequences, because the outcomes of the action are mostly determined by the way to do it (Kant, 2008). Contrary to the utilitarian ethics, which only focuses on utility functions as



moral preferences, deontology holds that a certain (harmful) action should not be performed, even to maximize utility (van staveren, 2007). The insistence of deontology on equal respect for all doesn't allow maximizing profit at the expense of some people. In fact, a certain action is inherently right and the determination of this rightness focuses on the individual agent, rather of its effects on society (Ferrel, 2013). Deontologists believe that an action to influence or encourage adolescents to harm themselves such as smoking, is difficult regarded as in accordance with moral integrity. As the advertisement plays an essential role to persuade consumers (the target segment) to consume or use a product (NCI, 2008; Nairn, 2003). Deontological Kantian ethics states that human beings should be treated as an end rather than merely as a means, but tobacco companies have precisely utilized their CSR activities as sophisticated advertising media towards society rather to disseminate the health risk of tobacco. In fact, tobacco companies should honored the right of society to health, but the Indonesian tobacco companies have precisely used their CSR activities to obfuscate the trap of nicotine addiction and the health hazards of tobacco rather to reduce it.

The tobacco companies' CSR initiatives completely did not accommodate the negative impact of tobacco on society and the environment in Indonesia. Thus, the CSR activities merely are used as means to promote tobacco products. In this regard, the CSR activities are at odds with the virtue and deontological ethics.

4. Conclusion

Through their CSR programs, tobacco companies have successfully achieved their goal to promote the tobacco industry as a socially responsible industry in Indonesia. The tobacco companies' CSR activities have instilled their good image in Indonesian communities, as the activities have easily captivated public sympathy. As a result, tobacco companies' business motivations are successfully embedded in their positive contributions and in the social values of their CSR programs related to education, community care, environment, and culture. Importantly, their CSR activities are honored by the government and society with CSR awards. This research has confirmed that the Indonesian tobacco companies' CSR programs are not part of a genuine social responsibility, as according to the European Commission and ISO 26000, the socially responsible enterprise *should take* responsibility for the impact of its decisions and activities on society and the environment through transparent and ethical behavior. In contrast, through their CSR activities, the Indonesian tobacco companies have precisely ignored the negative impacts of the tobacco. The activities highlight the extent to which seemingly generous acts are driven by corporate business motivation rather than social responsibility. Therefore, without external interventions, the tobacco companies' CSR



programs will be nearly impossible to be socially responsible, but they will always serve corporate self-interest.

5. Suggestion

In order to be socially responsible enterprises, tobacco companies should be more demanded by the government and society to lead the CSR programs to address the negative impacts of tobacco on smokers, society, and the environment in Indonesia.

6. Reference

- Anderson SJ, McCandless PM, Klausner K, Taketa R, & Yerger VB. Tobacco documents research methodology. *Tob Control* 2011; 20(Suppl 2): ii8eii11; doi:10.1136/tc.2010.041921.
- Amigo MF. Small bodies, large contribution: Children's work in the tobacco plantations of Lombok, Indonesia. *Asia Pac J Anthropol* 2010; 11: 34–51.
- Arli D, Rundle-Thiele S, & Lasmono H. Competing with tobacco companies in low income countries: a social marketing agenda. 2013. Available at: http://wsmconference.com/downloads/wsm_presentations/tuesday/Arli%20-%20Competing%20With%20Tobacco%20Companies%20in%20Low%20Income%20Countries.pdf. Accessed 27 June 2013.
- Barber S, Ahsan A, Adioetomo SM, & Setyonaluri D. 2008. Tobacco economics in Indonesia. Paris: International Union against Tuberculosis and Lung Disease.
- Best CM, Sun K, de Pee S, Sari M, Bloem MW, & Semba RD. Paternal smoking and increased risk of child malnutrition among families in rural Indonesia. *Tob Control* 2008; 17: 38-45.
- Campbell JL. Why would corporations behave in socially responsible ways? An institutional theory of corporate social responsibility. *Acad Manage Rev* 2007; 32(3): 946–967.
- Collin J, Gilmore A. Corporate (anti)social (ir)responsibility: transnational tobacco companies and the attempted subversion of global health policy. *Glob Soc Policy*; 2002 (2): 353–60.
- [CDC] U.S. Centers for Disease Control and Prevention. Smoking-attributable mortality, years of potential life lost, and productivity losses --- United States, 2000—2004. *Morbidity & Mortality Weekly Report* 2008; 57(45): 1226-1228. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5745a3.htm>. Accessed 17 July 2013.
- D'Amato A, Henderson S, & Florence S. Corporate social responsibility and sustainable business: A guide to leadership tasks and functions. 2009; Greensboro, NC: Center for Creative Leadership.
- Dey I. Qualitative data analysis: A user-friendly guide for social scientists. 2005; London and New York: Taylor & Francis e-Library.
- [DHHS] U.S. Department of Health and Human Services. How tobacco smoke causes disease: the biology and behavioral basis for smoking-attributable disease: A report of the Surgeon General. 2010; Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- [DHHS] U.S. Department of Health and Human Services. Preventing tobacco use among youth and young adults: A report of the Surgeon General. 2012; Atlanta, GA: U.S. Department of



Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

- DiFranza JR, Savageau JA, Fletcher K, et al. Symptoms of tobacco dependence after brief intermittent use. *Arch Pediat Adol Medi* 2007; 161(7): 704-710.
- [DKFZ] German Cancer Research Center. Menthol capsules in cigarette filters increasing the attractiveness of a harmful product. 2012; Heidelberg: Germany. Available at: http://www.dkfz.de/de/tabakkontrolle/download/Publikationen/RoteReihe/Band_17_Menthol_Capsules_in_Cigarette_Filters_en.pdf. Accessed 19 August 2013.
- Dorfman L, Cheyne A, Friedman LC, Wadud A, & Gottlieb M. Soda and tobacco industry corporate social responsibility campaigns: How do they compare? *PLoS Med* 2012; 9(6): e1001241; doi:10.1371/journal.pmed.1001241.
- Dwyer JB, McQuown SC, & Leslie M. The dynamic effects of nicotine on the developing brain. *Pharmacol Therapeut* 2009; 122(2): 125–139.
- Feng F-D. “Green” company or “green” consumers: A Kantian retrospective. *Int J of Soc Econ*; 2010; 37 (10): 779 – 783.
- Ferrell OC, Ferrell L, & Fraedrich J. *Business ethics: Ethical decision making and cases*. 2013; Mason, Ohio: South-Western Cengage Learning.
- Fooks GJ, Gilmore AB, Smith KE, Collin J, Holden C, et al. Corporate social responsibility and access to policy elites: An analysis of tobacco industry documents. *PLoS Med* 2011; 8(8): e1001076; doi:10.1371/journal.pmed.1001076.
- Frederiksen CS & Nielsen MEJ. The ethical foundations for CSR, in: Okpara JO & Idowu SO (Eds.). *Corporate social responsibility, CSR, sustainability, ethics & governance*. 2013; Berlin Heidelberg: Springer-Verlag; DOI 10.1007/978-3-642-40975-2_2.
- Friedman LC. Tobacco industry use of corporate social responsibility tactics as a sword and a shield on secondhand smoke issues. *J Law Med Ethics* 2009; 37(4):819-27; doi:10.1111/j.1748-720X.2009.00453.x.
- Gan Q & Glantz SA. Relationship between the Chinese tobacco industry and academic institutions in China. *Tob Control* 2011; 20(1): 12–19; doi:10.1136/tc.2010.036079.
- Glac, K. The influence of shareholders on corporate social responsibility: History of corporate responsibility project. 2010; Working paper No 2. Center for Ethical Business Cultures, University of St Thomas. Available at: http://www.cebcglobal.org/uploaded_files/Glac_paper_on_Social_Investment_FINAL.pdf. Accessed 15 July 2013.
- Garriga E, & Mele D. Corporate social responsibility theories: Mapping the territory. *J Bus Ethics* 2004; 53: 51–71.
- Granovetter M. Economic action and social structure: The problem of embeddedness. *Am J Sociol* 1985; 91(3): 481-510.
- Goodin RE. The ethics of smoking. *Ethics* 1989; 99(3): 574-624.
- Hayashi T, Koa JH, Strafella AP, & Daghera A. Dorsolateral prefrontal and orbitofrontal cortex interactions during self-control of cigarette craving. *P Natl Acad Sci USA* 2013; doi:10.1073/pnas.1212185110.
- Henriksen L, Schleicher NC, & Fortmann SP. A longitudinal study of exposure to retail cigarette advertising and smoking initiation. *Pediatrics* 2010; 126: 232-238.



- Hiilamo H, Crosbie E, & Glantz SA. The evolution of health warning labels on cigarette packs: The role of precedents, and tobacco industry strategies to block diffusion. *Tob Control* 2012; doi:10.1136/tobaccocontrol-2012-050541.
- Hirschhorn N. Corporate social responsibility and the tobacco industry: Hope or hype? *Tob Control* 2004, 13: 447–453.
- Hohnen P. *Corporate Social Responsibility: An implementation guide for business*. 2007; Winnipeg: International Institute for Sustainable Development. Available at: http://www.iisd.org/pdf/2007/csr_guide.pdf. Accessed 20 August 2013.
- Holler MJ. Freedom of choice, power, and the responsibility of decision makers, in: Josselin J-M & Marciano A (Eds.). *Democracy, freedom and coercion: A law and economics approach*. 2007; Cheltenham: Edward Elgar.
- Hukum Online. Praktik outsourcing perusahaan rokok dilaporkan ke ILO. 2013. Available at: <http://www.hukumonline.com/berita/baca/lt51a337c4312cc/praktik-outsourcing-perusahaan-rokok-dilaporkan-ke-ilo>. Accessed 15 July 2013.
- Hurt RD, Ebbert JO, Achadi A, & Croghan IT. Roadmap to a tobacco epidemic: Transnational tobacco companies invade Indonesia. *Tob Control* 2012; 21: 306-312.
- Kant I. *Groundwork of the metaphysics of morals 1785*. 2008; Radford, VA: A & D Publishing.
- Kreslake JM, Wayne GF, Alpert HR, Koh HK, & Connolly GN. Tobacco industry control of menthol in cigarettes and targeting of adolescents and young adults. *Am J Public Health* 2008; 98 (9): 1685-1692.
- Kotchen M & Moon JJ. Corporate Social Responsibility for Irresponsibility. *BE J Econ Anal Poli* 2012; 12: 1 (55); DOI: 10.1515/1935-1682.3308.
- Laczniak GR & Murphy E. Normative perspective for ethical and socially responsible marketing. *J of Macromarketing* 2006; 26(2): 154-177.
- Lee S, Ling PM, & Glantz SA. The vector of the tobacco epidemic: Tobacco industry practices in low and middle-income countries. *Cancer Cause Control* 2012; doi: 10.1007/s10552-012-9914-0.
- Lecours N, Almeida GE, Abdallah JM, & Novotny TE. Environmental health impacts of tobacco farming: A review of the literature. *Tob Control* 2012; 21: 191-6.
- MacKenzie R & Collin J. A good personal scientific relationship: Philip Morris scientists and the Chulabhorn Research Institute, Bangkok. *PLoS Med* 2008; 5(12): e238; doi:10.1371/journal.pmed.0050238.
- Nairn A, & Berthon P. Creating the customer: The influence of advertising on consumer market segments – evidence and ethics. *J Bus Ethics* 2003; 42(1): 83-99.
- Natalia N, Masloman N, & Manoppo JC. Correlation of tobacco smoke exposure to intelligence quotient in preschool children. *Paediatr Indones* 2012; 52(2): 106-110.
- [NCI] National Cancer Institute. *Tobacco Control Monograph No. 19: The role of the media in promoting and reducing tobacco use*. 2008; Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute.
- Ng N, Weinehall L, & Öhman A. If I don't smoke, I'm not a real man'—Indonesian teenage boys' views about smoking. *Health Edu Res* 2007; 22(6): 794–804.



- Nichter M, Padmawati S, Danardono M, Ng N, Prabandari Y, & Nichter M. Reading culture from tobacco advertisements in Indonesia. *Tob Control* 2009; 18: 98–107.
- Ocean Conservancy. Ocean Conservancy's international coastal cleanup: Working for and clean water 2013 report. 2013. <http://www.oceanconservancy.org/our-work/international-coastal-cleanup/2013-trash-free-seas-report.pdf>. Accessed 17 August 2013.
- Otañez M & Glantz SA. Social responsibility in tobacco production? Tobacco companies' use of green supply chains to obscure the real costs of tobacco farming. *Tob Control* 2011; doi:10.1136/tc.2010.039537.
- Pil JS, Joo HK, & Siregar CA. KOICA (KIPCCF) Project in Lombok. 2011. Available at: [http://forestclimatecenter.org/redd/2011-06-21%20Presentation%20-%20KOICA%20\(KIPCCF\)%20Project%20In%20Lombok.pdf](http://forestclimatecenter.org/redd/2011-06-21%20Presentation%20-%20KOICA%20(KIPCCF)%20Project%20In%20Lombok.pdf). Accessed 25 August 2013.
- Scherer AG & Palazzo G. The new political role of business in a globalized world – A review of a new perspective on CSR and its implications for the firm, governance, and democracy. In: H. Corsten, S. Roth (Hrsg.), *Nachhaltigkeit*, DOI 10.1007/978-3-8349-3746-9_2. 2012; Wiesbaden: Springer-Gabler-Verlag.
- Scollo MM & Winstanley MH. *Tobacco in Australia: Facts and issues* 4th ed. 2012; Melbourne: Cancer Council Victoria. Available from www.TobaccoInAustralia.org.au. Accessed 21 August 2013.
- Semba RD, Kalm LM, de Pee S, Ricks MO, Sari M, & Bloem MW. Paternal smoking is associated increased risk of child malnutrition among poor urban families in Indonesia. *Public Health Nutr* 2007; 10: 7-15.
- Slaughter E, Gersberg RM, Watanabe K, Rudolf J, Stransky C, & Novotny T. Toxicity of cigarette butts, and their chemical components, to marine and freshwater fish. *Tob Control* 2011; 20(1): 125-129.
- Spanopoulos D, Britton J, McNeill A, Ratchen E, & Szatkowski L. Tobacco display and brand communication at the point of sale: Implications for adolescent smoking behavior. *Tob Control*, published Online First 28 February 2013; doi:10.1136/tobaccocontrol-2012-050765. Accessed 27 September 2013.
- [TCLC] Tobacco Control Legal Consortium. The verdict is in: Findings from United States v. Philip Morris, the hazards of smoking. 2006. Available at: <http://publichealthlawcenter.org/sites/default/files/resources/tclc-verdict-is-in.pdf>. Access 20 July 2012.
- Thompson S. Consumer ethics in thank you for smoking. *Film-Philosophy* 2009; 13(1):53-67.
- Trevino, L. K., & Nelson, K. A. *Managing business ethics: Straight talk about how to do it right*. 2011; New York: John Wiley.
- van staveren I. Beyond utilitarianism and deontology: Ethics in Economics. *Review of Political Economy* 2007; 19(1): 21– 35.
- World Bank. *World development indicators*. 2012. Available at: <http://data.worldbank.org/sites/default/files/wdi-2012-ebook.pdf>. Accessed 20 June 2013.
- [WFS] Wells Fargo Securities. Asia segment profit could double to nearly \$10 billion by 2020 for Philip Morris International. 2012. Available at: <http://tobacco.cleartheair.org.hk/wp-content/uploads/2012/02/2012-PM-Asia-In-Depth-Analysis-Detailed-Report.pdf>. Accessed 21 August 2013.



- [WHO] WHO report on the global tobacco epidemic, 2013: Enforcing bans on tobacco advertising, promotion, and sponsorship. 2013a; Geneva: WHO Press.
- [WHO] World Health Organization. World health statistics. 2013b; Geneva: WHO Press.
- [WHO] World Health Organization. WHO report on the global tobacco epidemic, 2008: The MPOWER package. 2008a; Geneva: WHO Press.
- [WHO] World Health Organization. Tobacco industry interference with tobacco control. 2008b; Geneva: WHO Press.
- [WHO] World Health Organization. Guidelines for implementation of Article 13 of the WHO Framework Convention on Tobacco Control (Tobacco advertising, promotion and sponsorship). 2008c. Available at: http://www.who.int/fctc/guidelines/article_13.pdf. Accessed on August 8, 2013.
- [WHO] World Health Organization. Global Adult Tobacco Survey (GATS): Indonesia report 2011. 2012; Jakarta: WHO Regional Office for South East Asia.
- [WHO] World Health Organization. Framework Convention on Tobacco Control (FCTC). 2003a; Geneva: WHO Press.
- [WHO] World Health Organization. Tobacco industry and corporate responsibility: An inherent contradiction. 2003b. Available at: <http://www.who.int/tobacco/media/en/tob-industry.pdf>. Accessed 12 June 2013.
- [WHO] World Health Organization. WHO report on the global tobacco epidemic, 2011: Warning about the dangers of tobacco. 2011; Italy: WHO Press.



What should the government do to stop epidemic of smoking among teenagers in Indonesia?

Published in Asian Culture and History; Vol. 8 (1), 2016

Received: September 2, 2015 Accepted: September 24, 2015 Online Published: February 29, 2015

Harsman Tandilittin (harsmana@yahoo.com)
Samarinda State Polytechnics, Indonesia

Abstract: Smoking epidemic has occurred among the Indonesian adolescents, as the nearly six out of ten the youth of ages 13 to 15 years smoke daily. In fact, Indonesia has also been known as "the country of smoking baby", as some family smokers have deliberately introduced the way of smoking to their toddlers. In Indonesia, the most new smokers has been ensnared by the tobacco industry, as they started to smoke when they were minors, which are in incapable condition to make rational decisions. In this context, moral question emerge: Is the government obligated to prevent teenagers from taking-up cigarettes, and what should the government do to stop the smoking epidemic among the adolescents in Indonesia? To answer these questions, this paper contain two main study: First, the author has conduct a survey to present an overview about the ensnarement of new smokers and the dilemma of the tobacco retailers in selling cigarettes to minors in Indonesia. Second, the author presents an overview of the negative impacts of tobacco on children and an obligation analysis of the government to prevent adolescents from taking-up cigarettes. It will then propose some approach to stop smoking epidemic among the adolescents in Indonesia.

Keywords: addiction, adolescents, ensnarement, government, paternalism, smoking, tobacco control

1. Introduction

Tobacco is the most addictive substance that causes many deadly diseases in the world (DHHS, 2014), especially in Indonesia. A grim report from the WHO revealed that tobacco is the leading cause of preventable and premature death. Tobacco has killed an estimated six million people (active and passive smokers) every year worldwide, including in Indonesia (WHO, 2011). Empirical studies show that one in two smokers has died prematurely an average of 10-15 years earlier than non-smokers (DHHS, 2014; Jha et al., 2013).

In Indonesia, smoking epidemic has occurred among the adolescents, as the nearly six in ten of the youth of ages 13 to 15 years and nearly seven out of ten adult male are active smokers. The recent WHO report shows that smoking in the Indonesian teenagers has skyrocketed from 12.6% in 2006 to 23.5% in 2010 (WHO, 2013a). In fact, Indonesia had one of the highest smoking rates in the world at 36.1% (64 million people) in 2011.

Indonesia has also been known as "the country of smoking baby", as some of the parent smokers in Indonesia have deliberately introduced the way of puffing cigarettes to their toddlers. For example, in 2010, a video on Youtube shows a two-year-old Indonesian child who smokes 40 cigarettes a day. This video has been watched by more than 27 million people around the world. This video has provoked outrage in the international community towards the Indonesian government and community.



In this context, ethical questions emerge: Is the government obligated to prevent teenagers from taking-up cigarettes, and what should the government do to stop the smoking epidemic among the adolescents in Indonesia? To answer these questions, this paper contains two main studies: First, the author has conducted a survey to present an overview about the ensnarement of new smokers and the dilemma of the tobacco retailers in selling cigarettes to minors in Indonesia. This study applies qualitative methodology as it is a useful tool to explore and analyze experiences and human opinions (Hennink, 2011). In order to get specific opinions and to allow the author in-depth interview with the participants of this study, direct interview with thematic guided questions (Table 1) was applied (Nkwi, 2001). Two groups of participants were recruited, namely one group of men smokers and another group is of cigarette retailers. The length of respondent experience as smokers is essential for this research; thus, the main recruitment criteria for the smokers participant is an active smoker for more than 4 years, and the main recruitment criteria for cigarette retailers is an active retailer for more than 5 years. Between March and July 2011, the author has selected and interviewed 100 smokers (25 employees and 75 students of the Samarinda State Polytechnic) and 10 cigarette retailers in Samarinda, East Kalimantan, Indonesia. The transcripts of the direct interview with the participants were analyzed by using thematic analysis (Braun, 2006). The author organized the transcripts' smoker respondents into three themes: try just for fun and then ensnare into perpetual addiction, underestimate the distal-health hazards of smoking, and living in dissonance. Two main themes were concluded from analyses of the retailer's transcripts, namely, maximizing profit is the main motivation and awkward in selling cigarettes to minors. From this survey unequivocally shows that most of the new smokers have been ensnared by the tobacco industry, as they started to smoke when they were minors, which are in an incapable condition to make rational decisions. Second, the author provides the negative impacts of tobacco on children and an ethical analysis of government obligation to prevent adolescents from taking-up cigarettes. It will then propose some approach to thwart smoking epidemic among the adolescents such as smoking ban, access restriction to tobacco products, prohibition of tobacco advertisements, anti-smoking campaigns, excise taxation, and reduced-nicotine content cigarettes.

2. The ensnarement of new smokers and dilemma of cigarette retailers in Indonesia

2.1. Smokers

2.1.1. Try just for fun and then ensnare into perpetual addiction

As the immature persons, the adolescents have not yet capable to make good rational decisions. Their decision-making preferences toward smoking are more emphasized on the immediate emotional pleasure of the smoking rather than on its long-term health consequences. Incredibly



of the adolescents toward health risks of tobacco and emotional pleasure in smoking has significantly influenced the smoking behavior of the adolescents. Nearly 90% of the respondents admitted that they started become smokers under 17 years old due to the cigarette advertising and peer pressure. All the 90% respondents revealed that they are strongly enticed by the emotional rewards to take up cigarettes, when they started smoking several years ago. They explained that they tried it just for fun adventure, as they imagined the features of cigarette advertisements.

The combination of the nicotine as a highly addictive substance and the brain of adolescents that are prone to an addiction have trapped adolescent smokers into severe nicotine addiction. All the respondents (which start smoking under 17 years old) have considered themselves as severe-addicted smokers. They have also become aware, that the longer they smoked the stronger their craving for cigarettes would become. Finally, they were committed to being smokers and then found themselves in a situation that is nearly impossible to quit smoking. They have experienced the severe withdrawal symptoms of nicotine addiction such as strong cravings, anxiety, irritability, restlessness, difficulty concentrating, and depressed mood.

Inability to control the symptoms of nicotine addiction is the main factor in the failure of smoking cessation among the respondents. About 91% of them have tried several times to quit but always failed or “tomorrow never come.” They crave a cigarette every time after meals, hanging out with their friends, and drink coffee. During their cessation smoking programs, the withdrawal symptoms of nicotine addiction have resulted in traumatic experiences to the respondents, as a result, their cessation programs always failed. Due to the traumatic experiences, some of them even said: *“I would prefer to break-up than quit of smoking.”*

Socio-economic activities of tobacco companies have also had a significant influence on smokers’ motivation to quit smoking, including sponsorship and corporate social responsibility of the tobacco companies. Some of the respondents said: *“I would not watch football games any more if I quit smoking because this sport is mainly sponsored by tobacco companies”*. Surprisingly, as the smokers, they believed that they have provided a positive contribution toward society and the government. They argued that the unemployment rate would rise if they quit smoking.

In addition, social gatherings (e.g., hang out with friends and traditional weddings) are a strong barrier of smoking cessation among the respondents, as the smoking and handing out of cigarettes at the social gatherings has become a social norm in Indonesia. All the respondents have conceded that they were unable to refuse an offer of cigarettes or smoking at the social gatherings because it would cost them socially and psychologically. In fact, nearly all the



respondents have perceived that smoking is a vehicle for entering a desired friendship group. They try to look and act like their peers to avoid disapproval and negative judgments.

2.1.2. Underestimate the distal-health hazards of smoking

Tobacco companies' public relations and their socio-economic activities have also obscured the smokers' perception about the negative impacts of tobacco. Through these activities, the tobacco companies promote themselves as socially responsible enterprises and perpetually deny the health risk of tobacco. As a result, smokers constantly obtain a lot of second opinion information to doubt the health risks of smoking. The health-warning texts on the cigarette packs did not have significant influence on respondents' perception about the health hazards of cigarettes. Some of the respondents said: "*Smoking could cause cancer but would not definitely lead to cancer.*" They considered that the warning texts are only to scare people from taking up cigarettes, and they even said this is a redundant. The respondents believed that they would not suffer the serious tobacco-related diseases because they are healthy. On the other hand, they firmly believed that the smokers who smoke cigarettes more than two packs a day would suffer the serious diseases.

The delay onset of the tobacco-related diseases has misled smokers to believe that they would stay healthy despite they have suffered light health problems, such as coughing and shortness of breath. Although around 97% of the respondents acknowledged that smoking is a bad for their health, they have firmly believed that smoking moderately would not lead to a serious health risk. All the respondents were not too worried about the health risk of smoking. Instead, they simply said: "*It's okay just one pack every day.*"

Moreover, all the respondents are still in doubt about the scientific evidence of the tobacco-related diseases. The incredulity toward the scientific evidence has given an unrealistic hope among the respondents to stay healthy, while they smoke moderately. They perceived that it is a normal condition for the smokers to have the light health problems, such as coughing, flu, shortness of breath, and inability to run fast.

2.1.3. Living in dissonance

Discrepancy between smoking behavior and desire to quit smoking among the respondents has demonstrated their remorse as smokers. The discrepancy has induced the smokers to experience a cognitive dissonance. After become smokers for several years, nearly all the respondents recognized that they have been victims from cigarette marketing and peer pressure. When they started smoking the cigarettes (before they are 17 years old), they never even thought that smoking is a self-destructive activity, but they just imagined that smoking is a fund activity, and they felt more "real boys" than the others. At this period, as adolescents, they are



passionate adventurers to seek emotional experiences and self-identities. All the respondents agreed that at the time smoking for them is an activity that is laden with emotional experiences, and it is a symbol of courage.

As time went on, however, the respondents have also become more aware about the health risks of cigarettes and the health care costs of tobacco-related diseases. They have experienced negative-based emotions when they realized that their current situations would be better if they acted differently in the past. Nearly all of the respondents have answered “No” to the question: “If you had to do it over again, you would not have started smoking?” Unfortunately, around 91% of the respondents have tried several times to quit smoking notwithstanding, they were always failed.

In addition, as the believers, only on the good and the right things that they would dare to say thank you God. As a result, none of respondents have answered “Yes” to the question: “Could you pray, thank you God that I smoke”? They simply replied: “*I think nobody dares to pray like that*”. In contrast, in order to reduce their cognitive dissonances and to vindicate their failure to quit smoking, nearly all the respondents have rationalized their smoking behavior. They have perceived themselves as severe addicts, held unrealistic beliefs that they would stay healthy, underestimated the harmful effects of smoking, and misdoubted the evidence that smoking causes many deadly diseases.

2.2. Cigarette retailers

2.2.1. Maximizing profit is the main motivation

All the respondents (cigarette retailers) have had a good knowledge about the health hazards of cigarettes, such as lung cancer, heart attacks, impotency, and fetal disorders. On the other hand, they did not regret to sell the cigarettes, including to minors. They argued that tobacco products are legal for sale. The free choice principle is always used by cigarette retailers to justify their arguments that the health hazards of cigarettes are not part of their responsibilities as retailers. The respondents demanded that smokers themselves should be aware about the health hazards of smoking. High return from the sale of cigarettes is the main reason of the retailers to sell the tobacco products. They said: “*I sell cigarettes because they yield higher profit than the others.*” All the retailers revealed that the cigarettes are result in the most sales compared with the other consumer goods in their stores. As in the recent years, many people have become smokers, especially adolescents.

To justify their sale of cigarettes as harmful and addictive products, the retailers honestly admitted that they face a dilemma in the sale of cigarettes. As the profit from their store is the main income for their family, which is much of the profit come from the cigarettes.



Consequently, when they stopped to sell the cigarettes, including to minors, they would lose significant profit from their store to another kiosk or store that kept on selling cigarettes. Surprisingly, most of the retailers requested the government to regulate the cigarette marketing or even to close down the cigarette factories, and thus they would sell other consumer goods. They considered that these problems are most likely to continue due to the very few of regulations to control the cigarette marketing in Indonesia.

2.2.1. An awkwardness in selling of cigarettes to minors

Everyone agrees that children and adolescents are immature persons that should be prevented from take up cigarettes, including the cigarette retailers themselves. All the respondents (cigarette retailers) are aware about the dilemma of selling cigarettes to the children and adolescents. They honestly recognized that selling cigarettes to the minors is unethical behavior. The retailers also revealed that they were deeply annoyed when they saw children smoking cigarettes. On the other hand, the retailers have also known that the minors are the main source of the new smokers and their new customers. As a result, the retailers have no other choice but to sell the cigarettes to the minors. All the retailers have simply admitted that they have sold the cigarettes to children and adolescents. Even though the retailers have experienced the ethical dilemma, they always use many cogent reasons to rationalize the sale of cigarettes to minors.

To vindicate their sale of cigarettes to the minors, the retailers demanded that this problem is not their responsibility but the parents of the minors. The retailers also argued that the boys were perhaps sent by their fathers or brothers to buy cigarettes. Indeed, in Indonesia, children are commonly sent by their fathers or brothers to buy coffee or cigarettes in the nearby kiosk. In contrast, they asserted that they would never allow their own sons to smoke (some of them also have sons).

3. The negative impacts of tobacco on children in Indonesia

According to the Indonesian statistics agency (BPS), monthly expenditure per capita for cigarettes among the families in Indonesia was always second after rice. The poor urban smokers spent around 22% of their weekly income on cigarettes (Semba et al., 2007). In 2012, data from the Indonesian Ministry of Health shows that the lowest-income families consume an average of 12 cigarettes daily. In other words, they have spent up to 40% of their income on cigarettes. As a result, smoking has had a huge impact on the children in the poor family smokers in Indonesia, especially malnutrition and education problem. Some studies (Best et al., 2008; Semba et al., 2007) show that the low expense on health and nutrition among the poor family smokers has a significant impact on increasing malnutrition in their toddlers.



Premature death of fathers as a family breadwinner also has increased the rate of school drop-out (Barber et al., 2008). Moreover, mortality rate of the children under the age of five years and infant was also higher in families in which the father was a smoker than in those with a nonsmoking father (Semba et al., 2008).

Several studies (KJ. Lee, 2014; Loukola et al., 2014; Boden et al., 2010) show that development of severe depression among adolescent smokers strongly associated with smoking, and the same depression also experienced by adolescent passive smokers. Moreover, depression in adolescents also positively linked to their smoking behavior; thus, their depressions are even worse than before (Parrott & Murphy, 2012; Windle, M. & Windle, R. C., 2001; Goodman & Capitman, 2000). Empirical evidence shows that the adolescents who suffer from depression face a substantially increased probability of engaging in property crime (Anderson et al., 2012). In fact, research shows that smokers with depression experienced more severe negative moods on quitting and this is a powerful trigger for relapse (Gierisch et al., 2010).

Smoking has induced bad behaviors among adolescent smokers in Indonesia, especially stealing to buy cigarettes. For example, in order to buy cigarettes, several Indonesian teenage smokers have been arrested by police for stealing (Polda DIY, 2013; Tempo, 2012). They have often stolen money at neighbor houses or in the mosque's charity boxes. Some studies have revealed that stealing behavior positively associated with smoking among adolescents, especially stealing of cigarettes (Lenk et al., 2014; Grant et al., 2011).

Some research (Boutwell & Beaver, 2010; Martin & Dombrowski, 2008) has revealed that prenatal exposure to tobacco smoke is related to various negative outcomes, including reduced cognitive abilities, later-life health problems, and childhood behavioral problems. In 2010, in Indonesia, approximately 70% pregnant women exposed to secondhand smoke as their husbands smoke at home. In fact, a recent study shows that cigarette smoke has resulted in lasting damage to children's arteries and prematurely ageing their blood vessels by more than three years (Gall et al., 2014). Smoking during adolescence is a risk factor for abdominal obesity among young adults (Saarni et al., 2009), and both smoking and obesity abdominal are major risk factors for metabolic dysfunction and cardiovascular diseases (Jiang et al., 2013; Manson et al., 2000). According to the WHO, cardiovascular diseases are the *leading cause* of global mortality, accounting for 30% of all global deaths. In 2008, more than 17 million people died from the cardiovascular diseases.

Indonesian adolescent smokers face a serious threat from tobacco-related diseases, which is likely half of them will die prematurely, as only around 4% of the smokers in Indonesia have successfully stopped smoking. All the negative effects of tobacco suffered by teenage smokers



and passive smokers among the children are not the result of their own genuine choices, but rather inflicted by others.

4. An obligation analysis of the government to prevent children from taking-up cigarettes

4.1. Human rights to life and health: Protecting adolescents from smoking

Nearly all the smokers start before adulthood, at the time when the capacity for rationalized, long-term decision-making is not yet fully developed. In Indonesia, most adolescent smokers have suffered from the negative impacts of smoking. Consequently, the negative impacts of tobacco have hampered the future development of the Indonesian adolescent smokers. Human rights were established to protect the fundamental values such as the ability to live, have a family, and be free from cruel treatment. The Universal Declaration of Human Rights (UDHR) has firmly declared that the fundamental rights such as the right to life and health, should be ensured by the government. The article 6 of the Convention on the Rights of the Child (CRC) was established to ensure the maximum extent possible the survival and development of the child. However, the hesitance of the Indonesian government to enact stricter tobacco control regulations is clearly denoted by the latest government regulation No.109 in 2012 on tobacco products that has not yet reflected the main purposes of the Framework Convention for Tobacco Control (FCTC) to prevent adolescents from starting to smoke. Bentham (1987) has firmly declared that the concept of human rights is no more than imaginary rights until the government enacts laws to ensure the rights. Thus, individuals that support tobacco control, may make the human rights arguments to urge their government to enact tobacco control laws.

4.2. Ethical issues of smoking among teenagers

Rational addiction theory (Becker & Murphy, 1988) states that smoking is a rational decision in the economic realm. Smokers as rational consumers face a trade-off between presents gains and future costs, and they decide to smoke if they are willing to pay the price: the cigarette price at present and future health costs. This theory implies that people who are incompetent condition to make rational decisions would be easier to take up cigarettes than those who are competent. More precisely, new smokers mainly come from the incompetent people. According to Carter (2004), freedom of choice describes an individual's opportunity and autonomy to perform an action selected from at least two available options, unconstrained or forced by external parties. In order to perform a free choice, an individual has got cognitive ability to make rational decisions, as in economic realm, when individuals perform free choices they should realize their best interests.

One of the most important personal interests is to become an ethical individual agent in society, for the individuals which perform unethical free choices will not only suffer negative



consequences from their choices but also they will receive stigmatization from the society. Ethical Egoism, an ethical theory from ancient Greece, emphasizes that an individual should be an “enlightened” ethical egoist; that is, one should have a cognitive ability to predict of what will inure to one’s benefit in the long-run, and accordingly be ready to sacrifice some short-term pains or expenses to attain a greater long-term good. In one of the formulations Kantian ethics states that human beings (whether the agent or another) should be treated as an end rather than merely as a means; thus, any actions must be based on rationalities and sincere motives. This formulation implies that any free choices will produce impacts on the agent and others (society); thus, individual agents have to treat themselves as end rather than merely as means by others. In this context, an ethical free choice entails cognitive abilities of individual agents to make rational decisions and to assess their motives.

Smoking among teenagers cannot be classified as an ethical choice due to the two reasons. First, the teenagers as minors are considered as incompetent people to make rational decisions. Some scientific evidence shows that teenagers are in incapable condition to make rational decisions due to their brains are not fully developed as mature persons (Konrad et al, 2013; Giedd et al, 1999).

Second, smoking among teenagers is merely respondent conditioning by tobacco advertisements. As demonstrated by Pavlov, respondent conditioning occurs when a stimulus (a feature favored by exposor) that brings forth a response is paired with another stimulus (e.g. cigarettes or smoking) that originally wouldn’t cause that response. Over time, the paired stimulus will bring forth the same response as the first stimulus. The paired stimulus has eventually associated with the first stimulus (Bower, 1979; Lazev et al., 1999). Tobacco advertisements usually contain features that most favored by adolescents. Thus, the adolescents, which are frequently exposed to tobacco advertisements, most likely will become smokers (Hanewinkel et al, 2010; Shadel et al., 2008). Some research (Goodin, 1989; Hoek et al., 2013) have revealed that the adolescents, which have made decisions to taking up cigarettes, were actually under conditioned by external factors (e.g. by peers or cigarette advertisements). Some neuroscience research (Chein et al., 2011; & Steinberg et al., 2009) has validated that the heightened risk-taking during adolescence is mostly driven by biological factors to produce dopamine that plays a critical role in the brain’s reward circuitry. In making a decision, the adolescents prefer to instantly emotional gratification than to logical reasoning; thus, they tend to be a sensational seeker, short-sighted, and susceptible toward peer pressure.

Smoking among adolescents are no longer their genuine free choices, rather the adolescent smokers have been conditioned by others to take-up cigarettes. Adolescent smokers are



obviously considered as victims, in other words, adolescent smokers have been exploited by the tobacco industry. In this regard, the government intervention required to protect the children from the exploitation.

4.3. Paternalism ethics

The state as political institution and sovereign entity that represented by the government possesses the inherent authority (police power) to govern and protect public interest, including to enact and to enforce public health laws (Philpott, 2014). According to the Jeremy Bentham (Bennett, 2010), all laws divided into three categories: (a) laws designed to protect people from harm caused by others; (b) laws designed to protect people from harm caused by themselves (legal paternalism); and (c) laws obligate people to help and assist others (Good Samaritan laws).

Legal paternalism obligates the government (state) to protect the incompetent people, especially children, from the undesirable consequences of their own actions. Paternalism comes from the Latin word “pater”, meaning to act like a father, or to treat another person like a child. Libertarians, of course, believe that the government has no right to regulate what people should do as long as their actions harm no one else, and thus let them to bear the consequences of their own actions. However, they tend to agree at some degree that paternalistic actions are required to protect the immature persons (children) from harming themselves (Hospers, 1980). Errors in choices by adolescents specifically arise from unstable emotion and the limits of cognitive capacity.

To some extent, preventing minors with coercion from future bad consequences can be regarded as an application of the Good Samaritan law; thus, perhaps all parents have at some time used the coercion to prevent some harm to their children or bring about some good (Oriola, 2009). As a result, most likely all people are grateful for their parent’s coercion in the past. The deprivation of smoking in children by laws is justified by reasons referring exclusively to their best welfare and interest rather as punishment (Dworkin, 2014). Paternalism was the appropriate social response for those who were to be treated ultimately as wards of the state, especially adolescents. In fact, a number of strict regulations in the developed countries reflect that even people of sound mind might not act in their best self-interest in certain predictable situations. Moreover, in secular world, incorporation of morality into formal laws doesn’t only protect the incompetent people from harming themselves and exploitation, but it also encourages ethical actions in society. In this context, the government both ethically and legally is obligated to enact laws in order to prevent children from smoking.

5. The approach to stop smoking epidemic among adolescents



5.1. Prohibition of smoking and cigarette purchase in adolescents

The Framework Convention for Tobacco Control (FCTC) is currently the most pertinent tool for implementation of the right to health of the child into tobacco control regulations, as the main purpose of the FCTC is to prevent adolescents from starting to smoke and to protect non-smokers from second-hand smoke. Unfortunately, Indonesia is the only World Health Organization (WHO) member state in Southeast Asia that has not ratified the FCTC. In Indonesia, approximately more than 80% of smokers start by age 18 and virtually all by 26 (WHO, 2012); thus, preventing youth initiation is also considered as the most important effort to ending the tobacco epidemic in Indonesia.

Prohibition of both the smoking and buying tobacco products among adolescents will severely restrict their access to cigarettes, as this ban is also meant to prohibition of selling or providing cigarettes to children. Thus, it will significantly reduce smoking among the adolescents. In fact, provision of fines on the selling or providing of cigarettes to children is obviously required to discourage anyone to exploit the children, as the sale of cigarettes to children not only generate profit but it is also as the main tool to recruit new smokers from this age group.

In addition, given the tobacco has a substantially higher risk of causing addiction than heroin, cocaine, alcohol, or cannabis (SCENIHR, 2010), and some research shows that youths, in particular, are the most prone to severe dependent on nicotine addiction (DHHS, 2012; DiFranza et al., 2007). Consequently, it is nearly impossible for the teenager smokers to quit smoking. Some studies have revealed that nicotine addiction is the central role of chronic smoking behavior in adolescents (Selyaa et al., 2013; Dierker & Mermelstein, 2010). A study (Aditama et al., 2008) shows that in Indonesian about 90% of the youth smokers have tried few times to quit smoking but have always failed. In fact, data from Basic Health Research (Riskesdas) shows that from 2007 to 2013, only about 4.1% of the Indonesian smokers have successfully stopped smoking, including the adolescents. In this regards, prohibition of smoking and cigarette purchase in adolescents would significantly reduce smoking epidemic in Indonesia.

Empirical evidence shows that implementation of smoking ban on adolescents in developed countries has significantly reduced smoking among the adolescents. In USA, smoking among students has significantly decreased from 27.5% in 1997 to 15.7% in 2013 (CDC, 2014a), and smoking among adults have linearly declined from 20.9% in 2005 to 17.8% in 2013 (CDC, 2014b). In Canada, smoking among adults sharply declined from 25% in 1999 to 17% in 2011. Similarly, in Canada, smoking among adolescents has steeply decreased from 45% in 1994 to 13% in 2013 (Health Canada, 2014). In Australia, as one of the countries' most stringent in



tobacco control, smoking among adolescents (aged 13 to 17 years) over the last decade has fallen from 23% in 1999 to 8.5% in 2011 (Scollo & Winstanley, 2012).

Prohibition of buying cigarettes has significantly discouraged American adolescents to buy cigarettes by themselves, as the country has experienced linearly decline in adolescents' access to cigarette sources—from 19% in 2001 to 18.1% in 20013 (CDC, 2014a). In Australia, the adolescents of 12–15 year olds reported buying their last cigarette themselves down from 17% in 2005 to 12% in 2008 (AIHW, 2013).

5.2. Enforcing ban on cigarette marketing toward teenagers

Advertisement plays an essential role to persuade consumers (the target segment) to consume or use a product, especially tobacco advertisements toward adolescents (NCI, 2008; Nairn & Berthon, 2003). The desires of smoking in adolescents mostly triggered by tobacco advertisements which featured by pleasure of smoking and cool images. The weaknesses of teenagers such as the receptivity to advertisements, incompetent to make rational decisions, and the seekers of sensational experiences, have properly managed by tobacco companies to advertise their tobacco products toward the teenagers (Gilpin et al., 2007; Feighery et al., 1998). Some research has confirmed that adolescents' smoking initiation is strongly associated to their receptivity to tobacco advertisements (Emory et al., 2013; Lovato et al., 2011). In fact, empirical research shows that tobacco display at the point of sale has a significant influence on smoking behavior among adolescents (Spanopoulos et al, 2013; AE. Kim et al., 2012).

To target adolescents, the tobacco companies have introduced new brands “mild”, “light”, and “low-tar” (S. Lee et al., 2012; Henriksen, 2012). Furthermore, as menthol is a favorite flavor among adolescents, the tobacco industry intentionally has used it as an additive in cigarettes to recruit the adolescents to smoking, and it will discourage them to quit smoking (Glantz, 2013; DKFZ, 2012). In order to maintain the adolescents as perpetual smokers, tobacco companies have controlled the nicotine content in their cigarettes to create and sustain addiction (TCLC, 2006). Scientific evidence has confirmed that most adolescent smokers are addicted and find it hard to quit smoking (DHHS, 2012; Mendelsohn, 2011).

To appear attractive toward adolescents, tobacco kiosks have been decorated with pictures of cigarette advertisements that purposely provided by tobacco companies. Some studies have confirmed that to increase their sale, Indonesian tobacco companies aggressively used small retailer outlets to advertise and to market tobacco products, especially to adolescents (Mardian, 2011; Nichter et al., 2009).

It has long been known that tobacco companies have directly promoted tobacco products through their sponsorship activities toward youths (Brown & Williamson, 1979), as the tobacco



companies have intentionally displayed cigarette brands in the sponsorship activities, which attended or viewed by the youths. In other words, tobacco companies deliberately funded the events that mostly favored by teenagers as a marketing scheme such as sports and music concerts. In fact, most adolescents perceive that tobacco companies' sponsorship events are positive contributions to toward society. Therefore; through the sponsorship events, tobacco companies have instilled their good image in youth, and this good image encourages youths to take up cigarettes (Vaidya et al., 1999; SC, 1996). Moreover, during the events that were attended by children, there were cigarette booths with sales promotion girls that offered the cigarettes to visitors, including the children.

Tobacco companies have not only used their philanthropic activities such as scholarships to promote good image to society but also to introduce their company profiles and tobacco products toward adolescents (S. Lee et al., 2012; Tandilittin & Luetge, 2015). For example, since its establishment in 2001, Putera Sampoerna Foundation (PSF) has disbursed more than 34,600 scholarships to Indonesian students, and adopted 23 public and 5 Islamic elementary schools.

In this context, to prevent the minors from harming themselves and exploitation by the tobacco industry, the government as a paternalistic institution should prohibit target marketing of tobacco products toward children through legislations. In addition, encouraging or persuading children to taking-up cigarettes is considered as immoral behavior according to virtue and deontological ethics. Virtue ethics has firmly declared that target marketing on youth consumer segments viewed as "vulnerable targets" with harmful products, especially tobacco products, is an unethical marketing practice (Smith & Cooper-Martin, 1997), as the youths considered as immature persons.

The insistence of deontology on equal respect for all doesn't allow maximizing profit at the expense of some people, including the sale of cigarettes to teenagers; therefore, a certain (harmful) action should not be performed, even to maximize utility (van staveren, 2007). Unfortunately, it is nearly impossible for tobacco companies to prevent themselves from marketing of their tobacco products toward teenagers, as they are the main source of new smokers. Instead, the tobacco companies may have no other choice but to sell cigarettes to minors. For example, the limited efforts of the Indonesian government to control cigarette advertising have resulted in multinational tobacco companies to adapt their policies to suit the situation, such as British American Tobacco (BAT) has prohibited advertising that associates smoking with successful people or sexual prowess, but BAT has exempted itself from the policy in Indonesia (Bland, 2013).



According to the WHO, implementation of the article 13 of the Framework Convention on Tobacco Control (FCTC) that entails a comprehensive ban on tobacco advertising, promotion and sponsorship, including all forms of commercial communication and all forms of contribution to any event, activity or individual, will significantly reduce the exposure of teenagers to marketing of tobacco products (WHO, 2008).

5.3. Anti-smoking campaigns

Smoking in adolescents is instilled through a variety of ways, especially through social interactions and cigarette advertising. In Indonesia, cigarette smoking has become a social norm, as the cigarettes are one of the main items to greet guests at almost all of important social gathering such as traditional weddings and funerals, which are an opportunity for adolescents to take up cigarettes. Smoking also has been perceived as a symbol of masculinity by Indonesian male adolescents (Ng et al., 2007). In addition, adolescents have considered that smoking is a vehicle for entering a desired friendship group. They try to look and act like their peers to avoid disapproval and negative judgments. Thus, smoking has apparently become an imperative activity among Indonesian male teenagers.

Tobacco companies have been purposely inducing a good image about smoking among adolescents through tobacco advertising and promotions (NCI, 2008), as the adolescents are the main source of new smokers. In families with heavy television and movie viewing habits, they may be more likely to perceive smoking as normative (Strausburger et al., 2010). Moreover, through their sponsorships and philanthropic activities, the tobacco companies have managed to convince the adolescents, that through smoking, however, they have provided positive contributions to society. The Indonesian adolescents have become the main target of cigarette marketing by tobacco companies, as the cigarette marketing are always associated with adolescents, including cigarette advertising featured by young celebrities, cigarette packs designed attractive, and favorite events among the adolescents sponsored by the tobacco companies (S. Lee et al, 2012; Nichter et al, 2009). Empirical research has confirmed that approximately 90% of Indonesian adolescents have been exposed by the tobacco advertising and promotion (GYTS, 2009).

Smoking in adolescents is not because of they do not think that smoking will not harm their health, but smoking will gives them pleasure. Thus, most of adolescent smokers admitted that the smoke fear-based warnings were not considered to discourage them from smoking. Through their marketing strategies, public relations, and social activities, the tobacco companies in Indonesia have promoted the good image of smoking. Tobacco advertisements that always associated with positive image such as cool, fun, masculine, and attractive have



precisely resulted in to encourage adolescents to take up cigarette. The Indonesian tobacco companies have also utilized their corporate social responsibility activities such as scholarships to student and education facilities to instill their good images among Indonesian students. In this context, anti-smoking campaigns is required to chance the smoking perceptions in Indonesian teenagers that have been built by the tobacco industry.

Empirical studies have confirmed that anti-smoking campaigns have a significant influence in changing the smoking perception among adolescents, and it also has significantly reduced smoking in California (Liu & Tan, 2009). Appropriate approaches are required to change the adolescent perceptions about smoking that have been instilled in their minds through tobacco advertisements and social interactions. In their economic modeling, Olekalns and Bardsley (1999) shows that one-way communication of anti-smoking advertisements and education had mixed effect on smoking behavior in adolescents. They suggested that two-way communication and target-segmented approach is probably more efficient in controlling this tobacco epidemic. A recent research (A. Brown & Moodie, 2012) suggests that effective communication had a significant influence on change of smoking perception in teenagers.

As a paternalistic and communal society, a combination of school- and home-based anti-smoking discussion about the negative impacts of smoking would be effective in the control of adolescent smoking in Indonesia (Rao, 2014). Indonesian adolescents spend around 5 hours daily to watch television (Nielsen, 2009). Therefore, parents may impose limits on how much and what type of programs on television their children might watch and they may disapprove of their children owning cigarette promotional items. In fact, the tobacco control civil society organizations have important roles to disseminate scientific-based information about negative impacts of tobacco, especially to adolescents (Tandilittin & Luetge, 2013).

Moreover, anti-smoking campaigns should also be addressed to tobacco retailers. As they are the forefront agents in the supply chain of cigarettes. The unwillingness of the tobacco retailers to sell the cigarettes to teenagers is one of the most crucial factors to reduce smoking epidemic in Indonesia. A previous study revealed that nearly 90% of the Indonesian adolescent smokers have bought cigarette in bars by themselves at cigarette retailers (Martini & Sulistyowati, 2005). Although the USA has been strictly implementing tobacco control, more than half of teenagers perceived that cigarettes would be very easy to buy at the convenient stores (Johnston et al., 2013). Moreover, tobacco companies have aggressively used the retailer outlets to advertise and to market tobacco products to adolescents (Moreland-Russell et al., 2013).

5.4. Excise taxation



It is well established that increase of cigarette prices have been found to decrease adolescent smoking initiation and to prevent young smokers from moving beyond experimentation into regular daily smoking. Some studies (WHO, 2015; Chaloupka et al, 2010; Wakefield et al., 2002) show that increased tobacco prices at retail outlets has a significant influence to deter smoking initiation among adolescents. The increase of cigarette prices would significantly reduce smoking epidemic in Indonesia, which are dominated by male smokers, as the smoking initiation among teenage males has been found to be much more responsive to changes in cigarette prices than has been initiation among teenage females (Zhang et al., 2006). In fact, increased price of cigarettes can thwart young smokers from increasing their level of addiction to nicotine by preventing the move from the category of light smokers to the category of heavy smokers (HC. Kim et al, 2012; Gordon et al., 2015).

According to the World Bank, tax as a proportion of the total cigarette price should be on an average from 65 per cent to 80 per cent of retail price. In its recent report, WHO has asserted that the increase of tobacco taxes to more than 75% of the retail price is among the most effective and cost-effective tobacco control interventions (WHO, 2015). Currently, in Indonesia, tobacco taxes are only on an average 45%, which is far below the rate recommended by the World Bank. Consequently, the cigarette price in Indonesia is cheap, and it is then affordable toward adolescents. Furthermore, the sale of cigarettes in bars by Indonesian retailers has led the cigarette prices to extremely affordable for the adolescents, and thus this condition precisely encourages teenagers to take up the cigarettes.

In addition, to make the cigarettes more affordable, promotional allowances at the retail outlets are the most sophisticated marketing of the tobacco industry to reach adolescents. A recent study in Indonesia has confirmed that to increase its sale, tobacco company focuses its promotional allowances on cigarette retailers (Mardian, 2011). According to some studies (IARC, 2011; & Gilmore et al, 2010), the tobacco industry has allocated most of their marketing expenditures on the pricing strategy, especially incentive payments to retailers. Tobacco companies have a vested interest in the profit of cigarette retailers, as the high profit margin from cigarette sale would encourage the retailers to devotedly sell the cigarettes.

5.5. Reducing nicotine content in cigarettes

Nicotine is a highly addictive substance in tobacco, and thus it is primarily responsible for the dependence of smokers on cigarette smoking. Nicotine addiction has undermined the freedom of choice and rational addiction decision with respect of smoker choices to stopping or keeping the use of the cigarettes, especially adolescents. It is clearly established that nearly all the young



smokers have tried few times to quit smoking, but the nicotine addiction has trapped them into perpetual dependence on smoking cigarettes.

Tobacco companies have purposely designed and manufactured their cigarettes to create dependence potential and attractiveness in smokers; thus, demand of the tobacco products would increase over time. The intent of tobacco companies to increase the use of cigarettes that utilized the trap of nicotine dependence in smokers, have undermined the prevention, cessation and tobacco control measures, especially among adolescents. Therefore, to reduce smoking epidemic among teenagers and to improve public health, a regulatory framework to regulate the dependence potential and attractiveness of tobacco products is imperative required. Article 9 of the FCTC specifically requires to develop guidelines for testing, measuring, and regulating the contents and emissions of tobacco products, and to formulate a regulatory framework to reduce the dependence potential of tobacco products. In fact, nicotine reduction in cigarettes is to create non-addictive cigarettes; thus, the novice smokers such as teenagers which only experiment with smoking, will not move from occasional to addict smokers. In this regard, the later free choices are still available for teenage smokers to truly reconsider the benefits versus risks of smoking or not smoking and to then act on their decision to quit if that is their choices rather they have been trapped by nicotine addiction. The WHO has confirmed that one third of adolescents experiment with cigarettes as a result of exposure to the tobacco advertisements, sponsorships, and promotions (WHO, 2013b), and nearly all of them have been trapped by nicotine addiction.

Empirical studies reveal that the nicotine-reduced cigarettes did not resulted in smokers to take up more cigarettes (Benowitz et al., 2007; Benowitz et al., 2012; Benowitz & Henningfield, 2013). Thus the reduction of nicotine in cigarettes would not increase exposure of tobacco toxicants toward smokers. A study shows that the smokers who used very low nicotine content cigarettes (0.05 mg per cigarette) did not reported withdrawal symptoms of nicotine addiction, and this type of cigarette has also increased the success rate of smoking cessation in the smokers who interested in quitting (Hatsukami, 2010).

6. Conclusion

People will voluntarily abstain from immoral actions only if the obedience to moral norms generates greater advantages in the long-term than defection in the single case at the present. Unfortunately, cigarette manufacturers and cigarette retailers will suffer a great loss in both the short-term and in the long-term if the new smokers are not come from the teenagers. As the legal paternalistic institution, the Indonesian government should be incorporated ethics into laws to prevent children from taking-up cigarettes and to protect them from exploitation by



tobacco industry, for the nearly 90% of new smokers come from the teenagers. The ratification of the FCTC by the Indonesian government will be an important step to stop epidemic of smoking among teenagers. To hamper smoking initiation among Indonesian adolescents, the Indonesian government should increase excise taxes on tobacco products in accordance with the World Bank recommendation and prohibit sale of cigarette in bars. Finally, to assure later free choice and to thwart dependence risk of cigarette among adolescents, the government should compel tobacco companies to also produce the nicotine-reduced cigarettes, because most young-addicted smokers are nearly impossible to quit.

7. Acknowledgements

We acknowledge the Samarinda State Polytechnic, East Kalimantan and Directorate General of Higher Education, Ministry of National Education, Indonesia, for their scholarship.

8. Reference

- Aditama, T. Y., Pradono, J., Rahman, K., Warren, C. W., Jones, N. R., Asma, S., & Lee, J. (2008). Linking Global Youth Tobacco Survey (GYTS) data to the WHO Framework Convention on Tobacco Control: the case for Indonesia. *Prev Med*; 47 (suppl 1): S11-14; doi: 10.1016/j.ypmed.2008.05.003.
- [AIHW] Australian Institute of Health and Welfare. (2013). *Risk factors*. Retrieved from <http://www.aihw.gov.au/child-health/risk-factors/>. Accessed 1 August 2014.
- Anderson, D. M., Cesur, R., & Tekin, E. (2012). Youth depression and future criminal behavior. NBER Working Paper No.18656; DOI: 10.3386/w18656. Retrieved from <http://www.nber.org/papers/w18656.pdf>. Accessed 5 August 2014.
- Barber, S., Ahsan, A., Adioetomo, S. M., & Setyonaluri, D. (2008). *Tobacco economics in Indonesia*. Paris: International Union against Tuberculosis and Lung Disease.
- Becker, G. S. & Murphy, K. M. (1988). A theory of rational addiction. *J Polit Econ*; 96 (4): 675-700; DOI: 10.1086/261558.
- Benowitz, N. L., Hall, S. M., Stewart, S., Wilson, M., Dempsey, D., & Jacob III, P. (2007). Nicotine and carcinogen exposure with smoking of progressively reduced nicotine content cigarette. *Cancer Epidemiol Biomarkers Prev*; 16:2479-485; doi: 10.1158/1055-9965.EPI-07-0393.
- Benowitz, N. L., Dains, K. M., Hall, S. M., Wilson, M., Dempsey, D., & Jacob III, P. (2012). Smoking behavior and exposure to tobacco toxicants during 6 months of smoking progressively reduced nicotine content cigarettes. *Cancer Epidemiol Biomarkers Prev*; 21:761-769; doi: 10.1158/1055-9965.EPI-11-0644.
- Benowitz, N. L., & Henningfield, J. E. (2013). Reducing the nicotine content to make cigarettes less addictive. *Tob Control*; 22(Suppl 1): i14-i17. doi: 10.1136/tobaccocontrol-2012-050860.
- Bennett, J. (2010). *An Introduction to the Principles of Morals and Legislation*. Retrieved from <http://www.earlymoderntexts.com/assets/pdfs/bentham1780.pdf>. Accessed 12 August 2015.
- Bentham, J. (1987). Anarchical fallacies and supply without burden. In Waldron J, ed. *Nonsense on stilts: Bentham, Burke, and Marx on the rights of mans* (pp. 46-69). Methuen, London: Routledge.



- Best, C. M., Sun, K., de Pee, S., Sari, M., Bloem, M. W., & Semba, R. D. (2008). Paternal smoking and increased risk of child malnutrition among families in rural Indonesia. *Tob Control*; 17: 38-45; doi: 10.1136/tc.2007.020875.
- Bland, B. (2013, May 9). Tobacco groups race to recruit Indonesian smokers. *Financial Times*. Retrieved from <http://www.ft.com/intl/cms/s/0/afb09252-b2fb-11e2-95b3-00144feabdc0.html?siteedition=intl#axzz2dYAnuaz2>. Accessed 7 August 2014.
- Boden, J. M., Ferguson, J. M., & Horwood, R. J. (2010). Cigarette smoking and depression: tests of causal linkages using a longitudinal birth cohort. *Br J Psychiatry*; 196: 440-446; doi:10.1192/bjp.bp.109.065912.
- Boutwell, B. B. & Beaver, K. M. (2010). Maternal cigarette smoking during pregnancy and offspring externalizing behavioral problems: A propensity score matching analysis. *Int. J. Environ. Res. Public Health*; 7: 146-163; doi:10.3390/ijerph7010146.
- Bower, T. G. R. (1979). *Human development*. San Francisco, CA: W.H. Freeman & Co.
- Brown & Williamson [internal industry document]. (1979). *Guidelines on communication restrictions and new opportunities in marketing*. Jestburg. Bates no. 670828367/8381. Retrieved from <http://legacy.library.ucsf.edu/tid/fqr03f00>. Accessed 21 August 2014.
- Brown, A. & Moodie, C. (2012). Adolescents' perceptions of tobacco control measures in the United Kingdom. *Health Promot Pract*; 13(1):41-47; DOI: 10.1177/1524839910369222.
- Carter, I. (2004). Choice, freedom, and freedom of choice. *Social Choice and Welfare*; 22 (1): 61-81; DOI: 10.1007/s00355-003-0277-z.
- [CDC] U.S. Centers for Disease Control & Prevention. (2014a). *Youth risk behavior surveillance – United States, 2013, CDC surveillance summaries*. Morbidity & Mortality Weekly Report; 63: 4.
- [CDC] Centers for Disease Control and Prevention. (2014b). *Current cigarette smoking among adult—United State, 2005-2013*. Morbidity and Mortality Weekly Report; 63(47):1108-1112.
- [CDC] U.S. Centers for Disease Control & Prevention. (2012). *Youth Risk Behavior Surveillance — United States, 2011, CDC Surveillance Summaries*. Morbidity & Mortality Weekly Report; 61(SS04):1-162.
- Chaloupka, F. J., Straif, K., & Leon, M. E. (2010). Effectiveness of tax and price policies in tobacco control. *Tob Control*; doi:10.1136/tc.2010.039982.
- Chein, J., Albert, D., O'Brien, L., Uckert, K., & Steinberg, L. (2011). Peers increase adolescent risk taking by enhancing activity in the brain's reward circuitry. *Dev Sci*; 14(2): F1-F10; doi:10.1111/j.1467-7687.2010.01035.x.
- [DHHS] U.S. Department of Health and Human Services. (2014). *The health consequences of smoking—50 years of progress: A report of the surgeon general*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- [DHHS] U.S. Department of Health and Human Services. (2012). *Preventing tobacco use among youth WHO and young adults: A report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.



- Dierker, L. & Mermelstein, R. (2010). Early emerging nicotine-dependence symptoms: a signal of propensity for chronic smoking behavior in adolescents. *J. Pediatr*; 156:818–822; doi: 10.1016/j.jpeds.2009.11.044.
- DiFranza, J. R., Savageau, J.A., Fletcher, K., O’Loughlin, J., Pbert, L., ... Wellman R. J. (2007). Symptoms of tobacco dependence after brief intermittent use. *Arch Pediat Adol Medi*; 161(7): 704-710.
- [DKFZ] German Cancer Research Center. (2012). *Menthol capsules in cigarette filters increasing the attractiveness of a harmful product*. Heidelberg: Germany. Retrieved from http://www.dkfz.de/de/tabakkontrolle/download/Publikationen/RoteReihe/Band_17_Menthol_Capsules_in_Cigarette_Filters_en.pdf. Accessed 19 August 2013.
- Dworkin, G. (2014). *Paternalism*; *Stanford encyclopedia of philosophy*, Edward NZ ed. Retrieved from <http://plato.stanford.edu/archives/sum2014/entries/paternalism>. Accessed 23 August 2014.
- Emory, K. T., Messer, K., Vera, L., Ojeda, N., Elder, J. P., Usita, P., & Pierce, J. P. (2013). Receptivity to cigarette and tobacco control messages and adolescent smoking initiation. *Tob Control*; doi:10.1136/tobaccocontrol-2013-051187.
- Feighery, E., Borzekowski, D., Schooler, C., & Flora, J. (1998). Seeing, wanting, owning: The relationship between receptivity to tobacco marketing and smoking susceptibility in young people. *Tob Control*; 7(2):123-128; doi:10.1136/tc.7.2.123.
- Gall, S., Huynh, Q. L., Magnussen, C. G., Viikari, J. S. A., Kähönen, M., Dwyer, T., ... Venn, A. (2014). Exposure to parental smoking in childhood or adolescence is associated with increased carotid intima-media thickness in young adults: Evidence from the cardiovascular risk in young Finns study and the childhood determinants of adult health study. *Eur Heart J*; doi: 10.1093/eurheartj/ehu049.
- Giedd, J.N., Blumenthal, J., Jeffries, N.O., Castellanos, F.X., Liu, H., Zijdenbos A., ... Rapoport, J.L. (1999). Brain development during childhood and adolescence: A longitudinal MRI study. *Nat Neurosci*; 2(10): 861-863; doi:10.1038/13158.
- Gierisch, J. M., Bastian, L.A., Calhoun, P.S., McDuffie, J.R., & Williams, J.W. Jr. (2010). *Comparative effectiveness of smoking cessation treatments for patients with depression: a systematic review and meta-analysis of the evidence*. VA-ESP Project #09-010.
- Glantz, S. A. (2013). *FDA should ban menthol as an additive not as an undefined "characterizing flavor."* Retrieved from <https://tobacco.ucsf.edu/fda-should-ban-menthol-additive-not-undefined-characterizing-flavor>. Accessed 25 July 2014.
- Goodin, R. E. (1989). The ethics of smoking. *Ethics*; 99(3): 574-624; DOI, 10.1086/293100.
- Goodman, E. & Capitman, J. (2000). Depressive Symptoms and Cigarette Smoking Among Teens. *Pediatrics*; 106(4): 748 -755.
- Grant, J. E, Potenza MN, & Desai RA. (2011). Stealing among high school students: Prevalence and clinical correlates. *J Am Acad Psychiatry Law*; 39(1): 44-52; DOI:10.1556/JBA.1.2012.4.7.
- Gilpin, E. A., White, M. M., Messer, K., & Pierce, J. P. (2007). Receptivity to tobacco advertising and promotions among young adolescents as a predictor of established smoking in young adulthood. *Am J Public Health*; 97(8): 1489-1495; doi: 10.2105/AJPH.2005.070359.



- Gilmore, A. B., Branston, J. R., & Sweanor, D. (2010). The case for OFSMOKE: how tobacco price regulation is needed to promote the health of markets, government revenue and the public. *Tob Control*; 19:423e430; doi:10.1136/tc.2009.034470.
- Gordon, B., & Sun, B. (2015). A dynamic model of rational addiction: Evaluating cigarette taxes. *Marketing Science*; 34(3): 452 – 470; <http://dx.doi.org/10.1287/mksc.2014.0885>.
- [GYTS] Global Youth Tobacco Survey. (2009). Fact sheet of Indonesia (Ages 13-15). *WHO Regional office for South East Asia*. Retrieved from http://www.searo.who.int/entity/noncommunicable_diseases/data/ino_gyts_fs_2009.pdf Accessed 18 July 2014.
- Hanewinkel, R., Isensee, B., Sargent, J.D., & Morgenstern, M. (2010). Cigarette advertising and adolescent smoking. *American Journal of Preventive Medicine*; 38: 359–366; doi:10.1016/j.amepre.2009.12.036.
- Hatsukami DK, Kotlyar M, Hertsgaard LA, Zhang, Y., Carmella, S. G., Jensen, J. A., ... Hect, S. S. (2010). Reduced nicotine content cigarettes: Effects on toxicant exposure, dependence and cessation. *Addiction*; 105: 343–355; doi: 10.1111/j.1360-0443.2009.02780.x
- Health Canada. (2014). *Summary of result of the youth smoking survey 2012-2013*. Health Canada. Retrieved from http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/_survey-sondage_2012-2013/result-eng.php. Accessed 18 August 2015.
- Henriksen, L. (2012). Comprehensive tobacco marketing restrictions: Promotion, packaging, price and place. *Tob Control*; 21: 147-153; doi:10.1136/tobaccocontrol-2011-050416.
- Hoek, J., Hoek-Sims, A., & Gendall, P. (2013). A qualitative exploration of young adult smokers' responses to novel tobacco warnings. *BMC Public Health*; 13:609; doi:10.1186/1471-2458-13-609.
- Hospers, J. (1980). Libertarianism and legal paternalism. *J Libert Stud*; 4(3): 255-265.
- [IARC] International Agency for Research on Cancer. (2011). *IARC handbook on tobacco control volume 14: Effectiveness of tax and price policies for tobacco control*. Lyon: IARC.
- Jha, P., Ramasundarahettige, C., Landsman, V., Rostrom, B., Thun, M., Anderson, R. N., ... Peto, R. (2013). 21st-century hazards of smoking and benefits of cessation in the United States. *N Engl J Med*; 368(4): 341–50; DOI: 10.1056/NEJMsa1211128.
- Jiang, J., Ahn, J., Huang, W. Y., & Hayes, R. B. (2013). Association of Obesity with cardiovascular disease mortality in the PLCO trial. *Prev Med*; 57(1): 60-64; doi: 10.1016/j.ypmed.2013.04.014.
- Johnston, L. D, O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2013). *Monitoring the future national survey results on drug use, 1975–2012: Volume I, Secondary school students*. Ann Arbor: Institute for Social Research, University of Michigan.
- Kim, A. E., Nonnemaker, J.M., Loomis, B. R., Baig, A., Hill, E., Holloway, J. W., ... Shafer, P. R. (2012). Influence of Tobacco Displays and Ads on Youth: A Virtual Store Experiment. *Pediatrics*; DOI: 10.1542/peds.2012-0197.
- Kim, H. C., Cho, K. S., Kwon, S. M., & Lim, J. Y. (2012). The effect of the increase in tobacco price on adolescent smoking in Korea: Smoking reduction and brand switching. *Health and Social Welfare Review*; 32(3): 429-460.
- Konrad, K., Firk, C., & Uhlhaas, P. J. (2013). Brain development during adolescence. *Dtsch Arztebl Int*; 110(25): 425–431; doi: 10.3238/arztebl.2013.0425.



- Lazev, A. B., Herzog, T. A., & Brandon, T. H. Classical conditioning of environmental cues to cigarette smoking. *Exp Clin Psychopharm* 1999; 7(1): 55–63; <http://dx.doi.org/10.1037/1064-1297.7.1.56>.
- Lee, K. J. (2014). Current smoking and secondhand smoke exposure and depression among Korean adolescents: analysis of a national cross-sectional survey. *The BMJ Open*; 4: e003734; doi:10.1136/bmjopen-2013-003734.
- Lee, S., Ling, P. M, & Glantz, S. A. (2012). The vector of the tobacco epidemic: Tobacco industry practices in low and middle-income countries. *Cancer Cause Control*; doi: 10.1007/s10552-012-9914-0.
- Lenk, K. M, Toomey, T. L., Shi, Q., Erickson, D. J., & Forster, J. L. (2014). Do sources of cigarettes among adolescents vary by age over time? *J Child Adolesc Subst Abuse*; 23(2):137-143; doi: 10.1080/1067828X.2012.750972.
- Liu, H. & Tan, W. (2009). The effect of anti-smoking media campaign on smoking behavior: The California experience. *Ann. Econ. Finance*; 10(1): 29–47.
- Loukola, A., Wedenoja, J., Keskitalo-Vuokko, K., Broms ,U., Korhonen, T., Ripatti, S., ... Kaprio, J. (2014). Genome-wide association study on detailed profiles of smoking behavior and nicotine dependence in a twin sample. *Mol Psychiatry*; 19: 615-624; doi:10.1038/mp.2013.72.
- Lovato, C., Watts, A., & Stead, L. F. (2011). Impact of tobacco advertising and promotion on increasing adolescent smoking behaviours. *Cochrane Database Sys Rev*; DOI:10.1002/14651858.CD003439.pub2.
- Manson, J. E., Ajani, U. A., Liu, S., Nathan, D. M., & Hennekens, C. H. (2000). A prospective study of cigarette smoking and the incidence of diabetes mellitus among US male physicians. *Am J Med*; 109(7): 538–542; DOI: [http://dx.doi.org/10.1016/S0002-9343\(00\)00568-4](http://dx.doi.org/10.1016/S0002-9343(00)00568-4).
- Mardian, R. (2011). *Pengaruh promosi penjualan untuk meningkatkan omzet warung tradisional*. Udayana University. Retrieved from http://www.pps.unud.ac.id/thesis/pdf_thesis/unud-260-1430528897-tesis%20pengaruh%20promosi%20penjualan%20untuk%20meningkatkan%20omzet%20warung%20tradisional.pdf. Accessed 13 February 2014.
- Martini, S. & Sulistyowati, M. (2005). *The Determinants of Smoking Behavior among Teenagers in East Java Province, Indonesia*. Retrieved from <http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/IndonesiaYouthSmokingFinal.pdf>. Accessed 6 February 2013.
- Mendelsohn, C. (2011). Nicotine dependence: why is it so hard to quit? *MedicineToday*; 12(10): 35-40.
- Moreland-Russell, S., Harris, J., Snider, D., Walsh, H., Cyr, J., & Barnoya, J. (2013). Disparities and menthol marketing: Additional evidence in support of point of sale policies. *Int J Environ Res Public Health*; 10: 4571-4583; doi:10.3390/ijerph10104571.
- Nairn, A. & Berthon, P. (2003). Creating the customer: The influence of advertising on consumer market segments – evidence and ethics. *J Bus Ethics*; 42(1): 83-99; DOI: 10.1023/A:1021620825950.
- [NCI] National Cancer Institute. (2008). *Tobacco control monograph no. 19: The role of the media in promoting and reducing tobacco use*. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute.



- Ng, N., Weinehall, L., & Öhman, A. (2007). If I don't smoke, I'm not a real man'—Indonesian teenage boys' views about smoking. *Health Edu Res*; 22(6): 794–804; DOI: 10.1093/her/cyl104.
- Nichter, M., Padmawati, S., Danardono, M., Ng, N., Prabandari, Y., & Nichter, M. (2009). Reading culture from tobacco advertisements in Indonesia. *Tob Control*; 18: 98–107; doi:10.1136/tc.2008.025809.
- Nielsen. (2009). *How teens use media: A Nielsen report on the myths and realities of teen media trends*. Nielsen. Retrieved from <http://www.universitycircle.org/downloads/How%20Teens%20Use%20Media.pdf>. Accessed 21 September 2014.
- Olekalns, N. & Bardsley, P. (1999). The impact of anti-smoking policies on tobacco consumption in Australia. *Health Promot J Austr*; 9(3): 202-205.
- Oriola, T. A. (2009). Ethical and legal analyses of policy prohibiting tobacco smoking in enclosed public spaces. *J Law Med Ethics*; 37(4): 828-840; doi: 10.1111/j.1748-720X.2009.00454.x.
- Parrott, A. C & Murphy, R. S. (2012). Explaining the stress-inducing effects of nicotine to cigarette smokers. *Hum Psychopharmacol Clin Exp*; 27: 150–155; DOI: 10.1002/hup.1247.
- Philpott, D. (2014). Sovereignty, *Stanford encyclopedia of philosophy*, Edward NZ ed. Retrieved from <http://plato.stanford.edu/archives/sum2014/entries/sovereignty>. Accessed 20 August 2014.
- [Polda DIY] Polisi Daerah Istimewa Yogyakarta . (2013, December 20th). *Demi membeli rokok, dua remaja curi kotak infaq*. Polda DIY. Retrieved from http://jogja.polri.go.id/berita/save_pdf/demi-membeli-rokok-dua-remaja-curi-kotak-infaq.html. Accessed 5 August 2014.
- Rao, S., Aslam, S. K., Zaheer, S., & Shafique, K. (2014). Anti-smoking initiatives and current smoking among 19,643 adolescents in South Asia: findings from the Global Youth Tobacco Survey. *Harm Reduct J*; 11:8; doi:10.1186/1477-7517-11-8.
- Saarni, S.E., Pietiläinen, K., Kantonen, S., Rissanen, A., & Kaprio, J. (2009). Association of smoking in adolescence with abdominal obesity in adulthood: A follow-up study of 5 birth cohorts of finnish twins. *Am J Public Health*; 99(2): 348-354; doi: 10.2105/AJPH.2007.123851.
- [SCENIHR] Scientific Committee on Emerging and Newly Identified Health Risks. (2010). *Addictiveness and Attractiveness of Tobacco Additives*. Retrieved from http://ec.europa.eu/health/scientific_committees/emerging/docs/scenihr_o_029.pdf. Accessed 28 July 2014.
- [SC] Statistics Canada. (1996). *Youth smoking survey, 1994*. Retrieved from http://www23.statcan.gc.ca/imdb-bmdi/document/4401_D2_T9_V1-eng.pdf. Accessed 18 August 2014.
- Scollo, M. M. & Winstanley, M. H. (2012). *Tobacco in Australia: Facts and issues, 4th ed*. Melbourne: Cancer Council Victoria. Retrieved from <http://www.TobaccoInAustralia.org.au>. Accessed 20 August 2014.
- Selyaa, A. S., Dierkera, L. C., Rosea, J. S., Hedekerb, D., Lid, X. T. R., & Mermelsteinb, R. J. (2013). Time-varying effects of smoking quantity and nicotine dependence on adolescent smoking regularity. *Drug Alcohol Depend*; 128(3): 230–237; doi: 10.1016/j.drugalcdep.2012.08.026.



- Semba, R. D., Kalm, L. M., de Pee, S., Ricks, M. O., Sari, M., & Bloem, M. W. (2007). Paternal smoking is associated increased risk of child malnutrition among poor urban families in Indonesia. *Public Health Nutr*; 10: 7-15; DOI: 10.1136/tc.2007.020875.
- Semba, R. D., de Pee, S., Sun, K., Best, C. M, Sari, M., & Bloem, M. W. (2008). Paternal smoking and increased risk of infant and under-5 child mortality in Indonesia. *Am J Public Health*; 98(10): 1824-1826; doi: 10.2105/AJPH.2007.119289.
- Shadel, W. G., Tharp-Taylor, S., & Fryer, C. S. (2008). Exposure to cigarette advertising and adolescents' intentions to smoke: the moderating role of the developing self-concept. *J Pediatr Psychol* 33:751-760. doi: 10.1093/jpepsy/jsn025.pmid:18356185.
- Smith, N. C. & Cooper-Martin, E. (1997). Ethics and target marketing: The role of product harm and consumer vulnerability. *J Mark*; 6: 1-20.
- Spanopoulos, D., Britton, J., McNeill, A., Ratchen, E., & Szatkowski, L. (2013). Tobacco display and brand communication at the point of sale: Implications for adolescent smoking behavior. *Tob Control*; doi:10.1136/tobaccocontrol-2012-050765.
- Steinberg, L. (2009). Should the science of adolescent brain development inform public policy? *Am Psychol*; 64(8):739-50; doi:10.1037/0003-066X.64.8.739.
- Strausburger, V. C, Jordan, A. B, & Donnerstein, E. (2010). Health effects of Media on children and adolescents. *Pediatrics*; 125(4): 756-767; doi: 10.1542/peds.2009-2563.
- Tandilittin, H. & Luetge, C. (2013). Civil society and tobacco control in Indonesia: The last resort. *The Open Ethics Journal*; 7: 11-18; DOI: 10.2174/1874761201307010011. Retrieved from <http://benthamopen.com/contents/pdf/TOJ/TOJ-7-11.pdf>. Accessed 12 August 2015.
- Tandilittin, H. & Luetge, C. (2015). CSR activity of tobacco companies in Indonesia: Is it a genuine social responsibility? *Online Journal of Health Ethics*; 11(1): 3; <http://dx.doi.org/10.18785/ojhe.1101.03>.
- [TCLC] Tobacco Control Legal Consortium. (2006). *The verdict is in: findings from United States v. Philip Morris, the hazards of smoking*. Retrieved from <http://publichealthlawcenter.org/sites/default/files/resources/tclc-verdict-light.pdf>. Accessed 15 July 2014.
- Tempo. (2012, December 14th). *Demi Rokok, Siswa SMP Nekat Mencuri*. Tempo. Retrieved from <http://www.tempo.co/read/news/2012/12/14/058448244/Demi-Rokok-Siswa-SMP-Nekat-Mencuri>. Accessed 4 August 2014.
- Vaidya, S. G., Vaidya, J. S., & Naik, U. D. (1999). Sports sponsorship by cigarette companies influences the adolescent children's mind and helps initiate smoking: results of a national study in India. *J Indian Med Assoc*; 97:354-356.
- van staveren, I. (2007). Beyond utilitarianism and deontology: Ethics in economics. *Review of Political Economy*; 19(1): 21- 35; DOI: 10.1080/09538250601080776.
- Wakefield, M., Terry-McElrath, Y., Chaloupka, F., Barker, D., Slater, S., Clark, P., ... Giovino, G. A. (2002). Tobacco industry marketing at point of purchase after the 1998 MSA billboard advertising ban. *Am J Public Health*; 92(6): 937-940; doi: 10.2105/AJPH.92.6.937.
- [WHO] World Health Organization. (2008). *Guidelines for implementation of Article 13 of the WHO Framework Convention on Tobacco Control (Tobacco advertising, promotion and sponsorship)*. Retrieved from http://www.who.int/fctc/guidelines/article_13.pdf. Accessed 8 August 2015.
- [WHO] World Health Organization. (2011). *WHO report on the global tobacco epidemic, 2011: Warning about the dangers of tobacco*. Italy: WHO Press.



- [WHO] World Health Organization. (2012). *Global Adult Tobacco Survey (GATS): Indonesia report 2011*. Jakarta: WHO Regional Office for South East Asia.
- [WHO] World Health Organization. (2013a). *WHO report on the global tobacco epidemic, 2013: Enforcing bans on tobacco advertising, promotion, and sponsorship*. Geneva: WHO Press.
- [WHO] World Health Organization. (2013b). *World health statistics*. Geneva: WHO Press.
- [WHO] World Health Organization. (2015). *WHO report on the global tobacco epidemic, 2015: Raising taxes on tobacco*. Geneva: WHO Press.
- Windle, M. & Windle, R. C. (2001). Depressive symptoms and cigarette smoking among middle adolescents: Prospective associations and intrapersonal and interpersonal influences. *J Consult Clin Psychol*; 2001, Vol. 69, No. 2, 215-226; DOI: 10.1037//0022-006X.69.2.215.
- Zhang, B., Cohen, J., Ferrence, R., & Rehn, J. (2006). The impact of tobacco tax cuts on smoking initiation among Canadian young adults. *Am J Prev Med*; 30(6): 474-479; DOI: 10.1016/j.amepre.2006.02.001.



List of the Paper Citation

1. The first paper “Civil society and tobacco control in Indonesia: the last resort” has been cited by 7 articles:

Astuti PAS & Freeman B. “It is merely a paper tiger.” Battle for increased tobacco advertising regulation in Indonesia: content analysis of news articles. *BMJ open*, 2017 - bmjopen.bmj.com.

Wahyudi Y & Boonsawasdgulchai P. Smoking behaviour among middle and late adolescents in a sub district of Malang district, East Java, Indonesia. UNEJ e-Proceeding, 2017 - jurnal.unej.ac.id.

Jackson-Morris A & Latif E. Index of tobacco control sustainability (ITCS): A tool to measure the sustainability of national tobacco control programmes. *Tobacco Control*, 2016 - obaccocontrol.bmj.com.

Tandilittin H. What should the Government do to Stop Epidemic of Smoking among Teenagers in Indonesia? *Asian Culture and History*, 2016 - ccsenet.org

Tias WA & Hasanbasri M. Should the poor get free. *Apacph*, 2015 - fkm.ui.ac.id.

Nauda AH. Pengaruh Dinamika Politik Domestik terhadap Ratifikasi Framework Convention on Tobacco Control oleh Indonesia. University of Indonesia, 2015 - researchgate.net.

Fauzi R. The prevalence of shisha and electronic cigarette smoking among high school students in Jakarta, indonesia. Chulalongkorn University, 2014 - cuir.car.chula.ac.th.

2. The second paper “CSR activity of tobacco companies in Indonesia: Is it a genuine social responsibility?” has been cited by two articles:

Sciortino R. Philanthropy in Southeast Asia: Between charitable values, corporate interests, and development aspirations. *Austrian Journal of South-East Asian Studies*, 2017 - search.proquest.com

Tandilittin H. What should the Government do to Stop Epidemic of Smoking among Teenagers in Indonesia? *Asian Culture and History*, 2016 - ccsenet.org.