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Implementation of No Smoking Area Policy in Palu City

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Abstract

This study aims to determine the Implementation of the No Smoking Area Policy in Palu City. The type of research used is descriptive qualitative. The type of data used primary data and secondary data. Data collection techniques, conducted through observation, interviews, and documentation. The technique of withdrawing informants using purposive. The data analysis used is the Miles, Huberman and Saldana model, namely data collection, data presentation, data condensation and conclusion drawing. More efforts are needed to optimize the implementation of the smoke-free area policy in Palu City, including conducting a lot of education-based socialization about the dangers of cigarette smoke for both active and passive smokers, as well as instilling more understanding to every agency related to the implementation of smoke-free areas, because being free from cigarette smoke and breathing clean air is a community right guaranteed by the government. The smoke-free area (KTR) policy in Palu City has not been fully responded to by all policy stakeholders in Palu City. As a result, the implementation of the smoke-free area policy has not been effective. Based on the results of the research conducted, it can be concluded that the implementation of the smoke-free area policy in Palu City is relatively ineffective, due to several things, namely cross-sectoral communication has never been carried out by policy implementers. The consistency of the implementers of the smoke-free area (KTR) policy is still low. Socialization to the community is very minimal. Lack of community compliance, as well as non-enforcement of sanctions and fines for people who deliberately violate the smoke-free area policy.

Keywords: Implementation, Policy, Area and Health

Abstrak

Penelitian ini bertujuan untuk mengetahui Implementasi Kebijakan Kawasan Tanpa Rokok di Kota Palu. Jenis penelitian yang digunakan deskriptif kualitatif. Jenis data menggunakan data primer dan data sekunder. Teknik pengumpulan data, dilakukan melalui observasi, wawancara, dan dokumentasi. Teknik penarikan informan menggunakan purposive. Analisis data yang digunakan yaitu model Miles, Huberman dan Saldana, yaitu pengumpulan data, penyajian data, kondensasi data dan penarikan kesimpulan. Perlunya upaya lebih untuk mengoptimalkan Implementasi kebijakan kawasan tanpa rokok di Kota Palu, diantaranya melakukan banyak sosialisasi berbasis edukasi tentang bahaya asap rokok bagi para perokok aktif mau pun perokok pasif, serta menanamkan pemahaman lebih kepada setiap instansi yang terkait dengan penerapan kawasan tanpa rokok, karena bebas dari asap rokok dan menghirup udara bersih adalah hak masyarakat yang dijamin oleh pemerintah. Kebijakan kawasan tanpa rokok (KTR) di Kota Palu belum sepenuhnya direspon baik oleh seluruh stakeholder kebijakan di Kota Palu. Akibatnya, implementasi kebijakan kawasan tanpa rokok relatif belum berjalan efektif. Berdasarkan hasil penelitian yang dilakukan, maka dapat ditarik kesimpulan bahwa implementasi kebijakan kawasan tanpa rokok di Kota Palu relatif belum efektif, disebabkan beberapa hal, yaitu komunikasi lintas sektor sudah tidak pernah dilakukan pelaksana kebijakan. Konsistensi pelaksana kebijakan kawasan tanpa rokok (KTR) masih rendah. Sosialisasi kepada masyarakat sangat minim. Kurangnya kepatuhan masyarakat, serta tidak ditegakkannya sanksi dan denda kepada masyarakat yang secara sengaja melakukan pelanggar kebijakan kawasan tanpa rokok.

Kata Kunci: Implementasi, Kebijakan, Kawasan dan Kesehatan

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INTRODUCTION

Regional autonomy as a form of implementation of the principle of decentralization in government administration is rolled out by the government in response to public demands (Moonti, 2019). This condition has implications for the development paradigm which is currently characterized by globalization cues. Consequently, various public policies in government activities, development and public services are part of the dynamics that must be responded to within the framework of the democratic process. This expectation arises because policy is seen as a new way to create a better order in a good governance scheme with all its basic principles, one of which is the implementation of policies on health.

Health is an investment to support development by improving the quality of human resources (Erlyn et al., 2022). The great efforts of the Indonesian people in straightening out the direction of national development that has been carried out require total reform of development policies in all fields. Development is essentially a continuous change that is progress and improvement towards the goals to be achieved. The goal of health development to be achieved is to increase awareness, willingness, and ability to live a healthy life for everyone in order to realize an optimal degree of public health through the creation of a society, nation, and State of Indonesia characterized by its population living in an environment with healthy living behavior.

Law of the Republic of Indonesia Number 36 of 2009, concerning Health, states that the purpose of health development is to increase awareness, willingness and ability to live a healthy life for everyone in order to realize the highest degree of public health. Thus, to assess the level of health services, it must pay attention to and improve two aspects, namely promotive and preventive. Promotive health services are services that are carried out by increasing, improving health status. Meanwhile, preventive health services are services that are carried out by preventing or avoiding the causes of a disease. So that the form of health services does not only exist in health service facilities of health institutions but also in other forms of activities, both directly to improve health and prevent disease, as well as those that indirectly affect health improvement. One of the ways to realize a healthy life is through preventive efforts. Prevention of the causes of illness can be done by starting a healthy life and avoiding the factors that cause disease. The increasing number of diseases that appear and often result in death, making everyone need to prevent it and live a healthy lifestyle. We can create a healthy lifestyle by making the living environment around us free of precipitating factors, one of which is avoiding the dangers of cigarette smoke.

Indonesia currently has the highest number of male smokers in the world and the third largest number of smokers in the world after India and China. Based on GATS 2021, 34.5% of adults (70.2 million), 65.5% of men, and 3.3% of women use tobacco (smoking, smokeless tobacco, or heated tobacco products). A total of 63.4% of current smokers plan or are thinking of quitting smoking. 85.7% of adults believe that smoking causes serious illness. In addition, smoking prevalence among children aged 10-18 years increased from 7.2% in 2013 to 9.1% in 2018 (Indonesia, 2018). Meanwhile, the Statista Consumer Insights Report predicts that there will be a decline in the number of smokers in most countries around the world in the next decade or so. However, according to Statista, the trend in the number of smokers in Indonesia has actually increased over the same period. Statista noted that there were 112 million smokers in Indonesia in 2021. The number is projected to increase to 123 million smokers by 2030.

No Smoking Areas are the responsibility of all components of the nation, including individuals, communities, DPR/DPRD, and local governments to protect current and future generations from the dangers of cigarette smoke. More than 7,000 chemicals have been identified in cigarette smoke, 250 of which are toxic and carcinogenic. Therefore, a joint commitment from cross-sectors and various elements of society is needed which will greatly affect the implementation of KTR, including in Palu City. Based on

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the screening results in 2023, it is known that visits from January-August 2023 amounted to 346,606 people. The number of smokers aged 10-18 years was 1,321 people and the number of smokers aged 40+ was 56,289 people. So the overall total number of smokers based on the screening results is 57,610 people. While people with COPD (chronic obstructive pulmonary disease) amounted to 186 people.

Tabel 1. Number of Smokers Based on Screening Results in 2023

No	District	Number of Visits	Number Who Smoke Age 40+	Number Who Smoke Age 10-18 Years	Number of Smokers	People with PPOK
1.	Banggai	42133	5730	230	5960	13
2.	Banggai Kepulauan	6824	605	0	605	2
3.	Banggai Laut	5256	820	37	857	2
4.	Buol	21171	4452	95	4547	17
5.	Donggala	39051	5346	151	5497	12
6.	Morowali	40084	9978	134	10112	5
7.	Morowali Utara	17470	3317	68	3385	10
8.	Parigi Moutong	39476	5399	145	5544	78
9.	Poso	11990	1117	49	1166	0
10.	Sigi	35553	8085	226	8311	0
11.	Tojo Una-Una	9664	1816	51	1867	0
12.	Toli-Toli	25493	3675	55	3730	0
13.	Palu	52441	5949	80	6029	47
	Central Sulawesi	346.606	56.289	1321	57.610	186

Secondary Data Source: Central Sulawesi Provincial Health Office, 2023

Cigarette smoke generated by active smokers is very harmful to health.for health, one of the solutions to breathe clean air without exposure to cigarette smoke is by establishing a No Smoking Area (KTR). One solution to breathing clean air without exposure to cigarette smoke is by establishing a No Smoking Area (KTR). Article 115 paragraph (2) of Law of the Republic of Indonesia Number 36 of 2009 concerning Health explains that: "Local governments are obliged to establish Smokefree Areas in their areas". This provision is elaborated by Government Regulation Number 109 of 2012 concerning the Safety of Materials Containing Addictive Substances in the Form of Tobacco Products for Health in Article 52 stipulates: "Local governments are obliged to establish Smokefree Areas in their areas by Local Regulation". Based on the provisions of Government Regulation Number 109 of 2012 concerning the Safety of Materials Containing Addictive Substances in the Form of Tobacco Products for Health, it has obliged local governments to establish KTRs in their respective regions through Regional Regulations (Perda) or other regional laws and regulations. These No Smoking Areas include: health care facilities, places of teaching and learning, places where children play, places of worship, public transportation, workplaces, public places and other places that are determined.

Following the impact of smoking on human health and the environment, the government of Palu City issued Regional Regulation No. 3 of 2015 on Smokefree Areas (KTR). This regulation is inseparable from a number of considerations, including that in order to improve public health to always familiarize a healthy lifestyle. The establishment of the KTR Regional Regulation is a legal basis for every person or entity to obtain the same rights for a healthy smoke-free area, and every person or entity to carry out the

obligation to maintain, and carry out the regulations that have been made in order to preserve the environment.

The policy of implementing KTR has been identified as a key intervention strategy for controlling non-communicable diseases. A smoke-free area is a room or area that is declared prohibited for smoking, producing, selling, advertising, promoting, and or promoting tobacco products. The impact of cigarette smoke has become an important issue in recent years. Many studies have publicized the dangers of cigarette smoke for smokers and for people who are around them. The habit of smoking is a behavior that is difficult to change because of the addictive effects of nicotine, but it is realized that in order to reduce its negative impact, especially on the environment, for the sake of public health, it is important to have a policy, as stated by Titmuss defines policy as the principles that govern actions directed towards certain goals. According to Titmuss, policies are always problem-oriented and action-oriented. Thus it can be stated that KTR policy is a provision that contains principles to direct ways of acting that are made in a planned and consistent manner in achieving certain goals (Edi, 2010).

In relation to the KTR policy in Palu City, several public service facilities that implement KTR are several hospitals in Palu City, which are a tool and / or place used to organize health service efforts, both promotive, preventive, curative and rehabilitative carried out by the government, local government and / or the community (Fikri & Syam, 2021). Hospitals should implement KTR in their environment. The function of the hospital itself is a place to treat people who are sick. Apart from being a place of health services, hospitals are also public places that anyone can visit. Not only sick people, but visitors, visitors and even sellers can enter it. It is undeniable that with so many visitors coming, there are still people who casually smoke even though there is a warning sign that smoking is prohibited.

After 8 (eight) years of the enactment of the Regional Regulation of Palu City Number 3 of 2015, concerning Smokefree Areas, it turns out that its implementation is relatively ineffective. It can be seen that there are still many violations committed by the community against the regulation, such as many people who smoke in public places that are non-smoking areas, even many cigarette butts are found scattered on the streets. Even though at the beginning of this regional regulation, Palu City Government had held raids at a number of KTR points in Palu City. Emma Sukmawati, Head of the Health Office of Palu City at that time, said that the operation involved a number of related agencies from the ranks of the Palu City Government. The relevant agencies involved in the KTR raid included the Department of Transportation and Informatics, Palu Police, Pamong Praja Police Unit (Satpol PP), District Court and District Attorney. The raids were conducted in several locations, such as on roads, schools, offices and hospitals. The raid was carried out at that time starting at 08.00 Wita until 12.00 Wita, several residents who violated the No Smoking Kawsan Regional Regulation were immediately secured along with evidence to the Palu Mayor's Office to take part in a tipiring (minor criminal offense) trial.

The phenomenon of many violations committed by the community, related to the implementation of the smoke-free area policy in Palu City, is due to several things, such as the lack of knowledge and awareness of the community to obey the rules that have been set. Based on the results of research conducted by prospective researchers, it shows that there are problems and obstacles related to the implementation of the smoke-free area policy in Palu City. When associated with Edward III's (Edward III, 1980) theory which consists of communication, resources, disposition and bureaucratic structure, the four aspects/dimensions are relatively ineffective according to the initial observations made by prospective researchers. First, the communication aspect, namely the lack of intense communication carried out by related parties, in this case the Health Office of Palu City including the Office of Palu City Pamong Praja

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Police Unit. Based on the description of the problem above, the researcher is interested in conducting research with the title implementation of the smoke-free area policy in Palu City.

RESEARCH METHOD

The type of research used as a reflection of the basis for research design in order to obtain data is descriptive qualitative research. The definition of descriptive qualitative is a research procedure that uses descriptive data in the form of written or spoken words from people and actors that can be observed. Descriptive research type (depiction) is a study that describes what is happening at this time. In it there are efforts to describe, record, analyze and interpret the conditions that currently occur or exist. So this research aims to obtain information about the current situation, and see the relationship between existing variables.

Nazir Mohammad (2003) says that descriptive research is the search for facts with the right interpretation. The purpose of this research is to make a description, description or painting systematically, factually and accurately about the facts, characteristics and relationships between the phenomena being investigated". Moloeng Lexy (2013) that qualitative research is research that intends to understand the phenomenon of what is experienced by research informants. Masyhuri dan M. Zainudin (2009) says that qualitative research is research whose problem solving uses empirical data.

Data collection techniques, conducted through observation, interviews, and documentation. The technique of withdrawing informants using purposive. Data analysis in qualitative research has a variety of discussions, experts have different opinions. Miles, M.B, Huberman, A.M, dan Saldana (2014) propose a data analysis model which they call an interactive model. This interactive model consists of three main things, namely data condensation, data presentation, and conclusion drawing/verification. The three activities are intertwined before, during, and after data collection in parallel to build a general insight called analysis (see table 1).

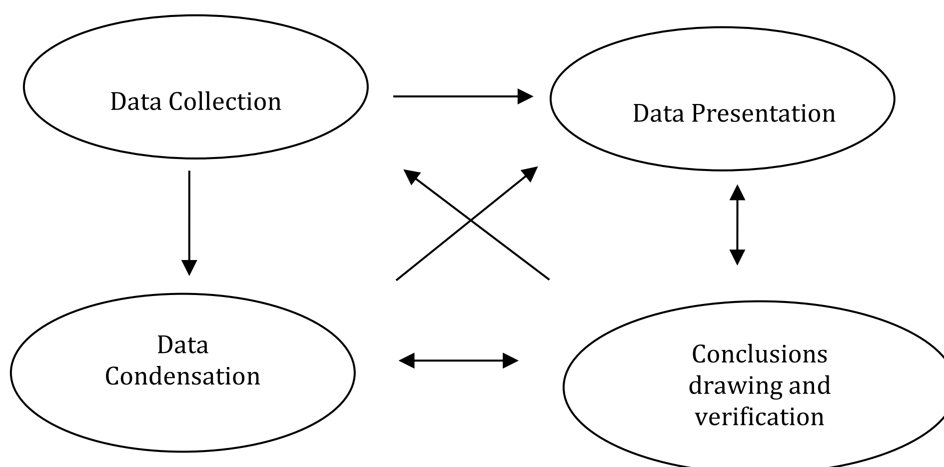

Figure 1. Components of Data Analysis: Interactive Model (Miles, Huberman, dan Saldana, 2014)

RESULTS AND DISCUSSION

Smoke-Free Areas According to the Regional Regulation of Palu City No. 3/2015

The establishment of a smoke-free area policy in Palu City was formulated in the form of Palu City Regional Regulation No. 3/2015. According to this policy, smoke-free areas include:

1. Public Places. The criteria for these public places include modern markets, traditional markets, tourist attractions, entertainment venues, hotels and restaurants, city parks, recreation areas, bus stops and transportation terminals. Included in this category of public places are generally in closed places or buildings up to the limit of water pouring from the outermost roof. However, it is not included in the prohibition for any person as referred to in this public place of enclosed places or buildings as well as institutions and/or bodies to sell, and/or purchase, promote, advertise, cigarette products.
2. Workplace. Every person is prohibited from smoking in the workplace which includes government offices, both civilian and Indonesian National Army (TNI) Indonesian National Police (POLRI), private offices, and industry. The workplace as a Smokefree Area is in an enclosed place and/or building up to the limit of water pouring from the roof most outside of four and/or enclosed buildings.
3. Places of Worship. Smoke-Free Areas included in this category of places of worship include mosques/mushola, churches, monasteries, temples, and shrines. In this area, every institution and/or entity is prohibited from promoting, advertising, selling, and/or buying tobacco products in places of worship up to the outer boundary of the fence of the worship area.
4. Playgrounds and/or gathering places for children. Areas included in the category of no smoking in places of play and/or gathering of children include playgroups, day care centers, Early Childhood Education (PAUD) and Kindergartens with the area limit up to the outer fence.
5. Public Transportation Vehicles. Categories of public transportation vehicles included in this No Smoke Area include public buses, city transportation, including tourist vehicles, school children's transportation buses, and employee transportation buses. Also included in this area is the prohibition that any institution and/or entity is prohibited from promoting, advertising, selling, and/or purchasing tobacco products.
6. The environment where the teaching and learning process takes place. Smoke-free areas that fall into this category include schools, universities, education and training centers, vocational training centers, tutoring, and courses. In addition to being a designated smoke-free area, it is also prohibited to promote, advertise, sell, and/or purchase tobacco products.
7. Health care facilities. The criteria for health facility areas that are included as Smoke-Free Areas include hospitals, maternity homes, polyclinics, Community Health Centers (Puskesmas), treatment centers, posyandu, and private health practices. In this area it is also prohibited to promote, advertise, sell, and/or purchase tobacco products.
8. Sports infrastructure. Every person is prohibited from smoking in sports infrastructure areas, either on sports fields or open or closed places/buildings used for sports activities up to the outer boundary of the sports infrastructure area fence. In addition to being prohibited from smoking, it is also prohibited to promote, advertise, sell, and/or purchase tobacco products.

However, even though the locations mentioned above have been designated as smoke-free areas in Palu City and sanctions and fines have been imposed on visitors who smoke in non-smoking areas by the city government, in reality there are still many people who smoke in the area freely. Even some hospitals

in Palu City, which are the most sterilized areas from cigarette smoke, were still seen by visitors smoking (Petalolo et al., 2024). The reality of the smokefree area policy in Palu City explains that no matter how good the content and objectives of a policy set by the government, if it is not seriously implemented, it will certainly not have any meaning for solving problems or fulfilling the demands of public interests. This means that policy implementation has a strategic function for the realization of policy objectives, so it is not an exaggeration to say that policy implementation is a very important aspect of the entire policy process, because it is with the implementation of this policy that the meaning of the policy will be realized as an action to meet the interests or overcome community problems.

No Smoking Areas are rules that are enforced with the aim of providing protection for citizens who are passive smokers where they tend to be victims of smoke exposure from active smokers. The objectives of establishing a smoke-free area are: 1. To achieve healthy and clean air quality free from cigarette smoke 2. To change people's behavior to live a healthy life 3. Reducing the number of smokers and preventing new smokers 4. Realizing a healthy young generation 5. Increasing optimal work productivity 6. Reducing morbidity and/or mortality rates 7. Protecting children and non-smokers from health risks 8. Preventing discomfort, odor and dirt from smoking rooms.

As same as Palu City, other regions also apply the same rules or regulations related to the implementation of no smoking areas (Adriani et al., 2024). As the results of several previous studies of the implementation of the No Smoking Area in Rancabali. Bandung District. This study found that the Implementation of the No Smoking Area in Rancabali has been implemented but not well because the smoking area is not adequate, lack of understanding and awareness of Rancabali District office employees and the community about the existence of the KTR Regional Regulation. Another research is the Implementation of the No Smoking Area Policy in Banjar City (2022). Based on the results of research and discussion, it is known that the implementation of the KTR policy in Banjar City has not run optimally. The obstacles that arise are not optimal formation of the KTR policy implementation structure, not optimal rearrangement of human resources implementing the policy, not optimal direction carried out, not optimal KTR policy so that it can be accepted and implemented, not optimal sanctions for violators of KTR policy, not adequate availability of program equipment in implementing KTR policy.

The results of several studies on the implementation of smoke-free area policies in several regions show that the objectives of the KTR policy implementation have not been in line with expectations. The communication aspect is not optimal, mainly marked by the discovery of residents who do not know the existence of KTR rules due to lack of socialization. In addition, it was found that there were no special KTR guidelines and inadequate facilities and infrastructure. Furthermore, it was found that the attitude of the implementers had not fully complied with the smoking ban and there were no strict sanctions. The findings also show that there is no SOP and a special team to monitor the implementation of KTR. The results of this study can be useful for policy makers to conduct socialization and monitoring to clarify the delivery of information and take firm action against public facilities that do not comply with KTR rules.

Implementation of the No Smoking Area Policy in Palu City

The government of Palu City should have 100% implemented a no-smoking area, but in reality until now there are still visitors who carry out smoking activities in any place even in work rooms, hospitals and public places which shows that there is no compliance with the regulations set by the government (Al-Madin et al., 2023). In fact, based on the Regional Regulation of Palu City Number 3 of 2015 concerning Smoking Free Areas, it is not allowed to carry out smoking activities in areas that have been designated as non-smoking areas. Based on the description above, the implementation of the smoke-free area policy in

Palu City is expected to provide significant benefits to the community. The theory used by researchers as an analysis knife is Edward III's theory, which consists of communication, resources, disposition and bureaucratic structure. These four aspects will be explained through a research study, which is as follows:

Communication

Policy communication means the process of conveying policy information from policy makers to policy implementers (Laksana & Abduh, 2023). Public policy information needs to be conveyed to policy actors so that policy actors can know, understand what is the content, objectives, direction, target groups of policies so that policy actors can properly prepare what must be prepared and do to implement public policies so that what is the purpose and objectives of the policy can be achieved as expected.

The researcher considers that policy understanding by policy initiators is very important in policy implementation, because policies made will be useful if implemented. Understanding policy implementation is a stage that determines the success or failure of achieving policy objectives. Based on observations made by researchers, the distribution of information is still very limited to certain parties and has not reached the community, thus causing misunderstanding in the midst of society and causing this policy to stop halfway. Based on information obtained by researchers through several references, there are several factors that can cause someone not to understand the policy thoroughly, namely language complexity: policies are often written in technical language or jargon that is difficult for ordinary people to understand. Lack of information: not everyone has equal access to information about policies, either due to limited resources or lack of clear delivery. Lack of education: the level of education and understanding of certain issues can affect a person's ability to understand policies. Media and delivery: the way information about policies is delivered through mass media or digital platforms can affect understanding. Inaccurate or biased news can be misleading. Involvement in the policy-making process: when individuals are not involved in the policy-making process, they may feel less understanding or ownership of the policy. Resistance to change: some people may refuse to understand a new policy due to uncertainty or fear of the changes that the policy brings.

policy implementation by involving other agencies is a mandate of regional regulations. However, over time, the implementation of KTR policies in the form of cross-sector communication has not been carried out until now. According to (Siti Noviyanti et al., 2020)the hope for a better implementation of the No Smoking Area is to promote awareness at all levels of society through program support from the central and regional governments. Although there are clear rules regarding the prohibition of smoking in certain areas and times, public awareness still needs to be addressed to support the successful implementation of this policy.

After 9 (nine) years of the implementation of this regional regulation, until now the communication and socialization conducted by the Health Office has not been fully effective. communication and socialization have not been intensely carried out with various considerations. This is reinforced by the findings of researchers in the field, that there are still many people who smoke in places where smoking activities are actually not allowed, but they still do it. This can be interpreted under the socialization of the smoke-free area policy has not been understood by the community due to the lack of socialization, even researchers asked several people related to the existence of a smoke-free area policy, many of them had never heard of the policy. Because as the initiator of the policy, the Health Office must be more pro-active in communicating and socializing so that this policy is re-effective, not only relying on Puskesmas to participate in communicating and socializing to the community.

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Resources

Edward III (1980) Resources are important in good policy implementation. The indicators used to see the extent to which resources affect policy implementation consist of: a) Staff. The main resource in policy implementation is staff or employees (street-level bureaucrats). Resources are very important things needed to implement policies, resources that include adequate staff, both in terms of the number of staff and the quality or expertise of the staff must be adequate. Availability of information on how to implement policies against existing regulations.

Van Meter and Van Horn in Subarsono AG (2011) state that policy implementation needs the support of human resources and non-human resources. In addition to human resources, other resources should also be taken into account in implementing KTR policies, such as financial resources and time resources, because when competent and capable human resources are available, but are not supported by financial resources and facilities and infrastructure in implementing policies, it will be a complicated problem to realize what is intended to be the goal of the smoke-free area policy. Edward III (Widodo Joko, 2010) argues that this resource factor also has an important role in policy implementation. Edward III further emphasized that, no matter how clear and consistent the provisions or rules are, and how accurate the delivery of these provisions or rules is, if the policy implementers responsible for implementing the policy lack the resources to do the job effectively, the policy implementation will not be effective. The resources referred to in this study include human resources, financial resources, and equipment/facilities and infrastructure resources needed to implement the KTR policy.

According to the researchers, the human resources owned by the Health Office are relatively very adequate, especially supported by an educational background that already understands what the negative impacts are when this policy is not implemented consistently (Cardon & Stevens, 2004). Therefore, the existing human resources (HR) should be mobilized again to carry out their tupoksiwab in accordance with what is contained in the regional regulation, namely the implementation of this policy by the Mayor delegating authority to the Health Office and the Pamong Praja Police Unit.

In quantity, the number of human resources in the Pamong Praja Police Unit is sufficient, but the ability of the Pamong Praja Police Unit officers to provide education to the community using health indicators is still lacking, one of the factors is the inadequate educational background. According to researchers, the ability of qualified human resources can have a significant impact on the successful implementation of the smoke-free area (KTR) policy.

The availability of human resources at Anutapura Regional General Hospital (RSUD) who actively supervise people/visitors who smoke in the hospital area is relatively small when viewed from the total number of employees/medical personnel at Anutapura Hospital. This is reinforced by the Decree of the Director of Anutapura Hospital regarding the task force for enforcing non-smoking areas, in which the non-smoking area enforcement unit team only totals 11 (eleven) people. This number is very small when compared to the tasks entrusted to them, especially since there are responsibilities that must be fulfilled by the anti-smoking task force by conducting inspections/patrols in the hospital environment.

The researcher sees that to support the sustainability of this policy, it is not only limited to looking at the readiness of the number of human resources but there is a real seriousness from the policy initiator. The lack of seriousness of available human resources can cause disruptions in the implementation of KTR. This can have an impact on the lack of effective socialization and imperfect rule enforcement. When the human resources of the policy initiator are not serious, human resource policy violations are more likely to occur. Lack of support from human resources also means lack of support from the community. This can make it difficult for human resources implementation to progress and achieve its goals. Thus, the quality

of available and unavailable human resources has significant implications in the effectiveness of smoke-free area implementation. The availability of sufficient and qualified human resources can ensure that smoke-free zone (KTR) policies can be effectively enforced, whereas the lack of human resources (HR) can lead to disruption and lack of support from the community.

Dispositions

Edward III in Widodo Joko (2010) says that high disposition affects the success rate of policy implementation. Disposition is defined as the tendency, desire or agreement of implementors to implement policies. This disposition is the willingness, desire, and tendency of policy actors to implement policies democratically, honestly, fairly and transparently so that what is the policy objective can be realized in accordance with the interests of the target group, especially the implementation of KTR policies by sticking to commitments.

Overall, although there is a commitment from the Health Office to support this KTR policy. But if it is not accompanied by real action in the field, this KTR policy remains a problem for the government and the people of Palu City. Based on observations made by researchers that realization in the field is still low. A more cooperative attitude is needed between the local government, civil society, and the legislature to overcome various obstacles that exist and ensure that smoke-free areas can be implemented effectively for the sake of public health. Rapotan Hasibuan (2022) said that the attitude of the implementers had not fully complied with the smoking ban and that there were no strict sanctions. The findings also show that there is no SOP and a special team to monitor the implementation of smoke-free areas.

The commitment of the Health Office in implementing the smoke-free area policy indicates that what is stated in the local regulation is no longer in line with what is currently being done. The commitment that used to be echoed through the media and inter-agency communication is no longer being done. This means that the seriousness of the Health Office in implementing this regional regulation should be questioned, whether this regional regulation is still worthy of being used as a reference for maintaining public health or the opposite. Therefore, the Health Office must have a serious commitment and is obliged to provide socialization and education about the dangers of smoking to the community, conduct monitoring and evaluation, and carry out guidance and supervision of the implementation of Smoke free Areas. According to the researcher, the regional regulation on non-smoking areas is currently not taken into account, but the government of Palu City through several OPDs is more serious in handling cleanliness and waste, with the intention that Palu City can get Adipura.

Although Palu City already has a local regulation (Perda) on non-smoking areas, the facts on the ground show that there are several locations where no-smoking area regulations have been applied to the community but have not been implemented properly due to the lack of commitment and knowledge of the community regarding the local regulation and the lack of awareness from the community itself to maintain a healthy body in reducing the use of cigarettes. These rules are very easily violated without any strict consequences from the enforcers of the No Smoking Area. One of the places included in the No Smoking Area is the place of teaching and learning process (campus) (Sulthani & Kunaenih, 2020). Included in the No Smoking Area because it is feared that the smoking activity itself will cause disruption to others. According to the researchers, since this policy was implemented from 2015 until now, there is still much that must be evaluated by the Palu City government, including the OPDs who are given the mandate to implement this policy, must participate in improving themselves, so that this policy can be made effective again. The results of research by Rin Agustina A'yuni (2021) found that law enforcement has not been strictly enforced, the current enforcement sanctions are only limited to verbal warnings. This means that

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the sanctions referred to in the regional regulation are only limited to written rules but have not been implemented. Even though sanctions against violators of the No Smoking Area (KTR) have various significant benefits, both for public health and for law enforcement.

In the implementation of the KTR policy in Palu City, the form of support provided by the community is still very low (Fikri & Syam, 2021). Community participation to help the government socialize the dangers of cigarette smoke has not been a concern for the community. This shows that community involvement in maintaining smoke-free air does not seem to be a priority. According to the researchers, the low level of community support for the regional regulation on smoke-free areas (KTR) in Palu City is a significant issue in the effort to create a healthier environment. Some of the factors contributing to this problem include lack of public awareness, ineffective communication, and challenges in implementing the regulation. The contributing factor to low community support is that many people still do not understand the dangers of cigarette smoke, both for themselves and others. This results in non-compliance with KTR regulations. Research shows that awareness about the dangers of smoking greatly influences individual compliance with this policy.

There are several things that the government must do, so that the community can be educated and participate in supporting the smoke-free area policy, namely inviting community leaders, youth, and religious leaders to play an active role in KTR advocacy so that the messages conveyed are better received by the community. Develop educational video content explaining about smoke-free areas and the impact of smoking that can be shared through social media. Conduct periodic surveys to evaluate the level of community understanding of smoke-free areas and the effectiveness of the socialization that has been conducted. Provide feedback from the community so that the socialization program can be improved and adapted to local needs. By implementing these steps consistently, it is hoped that public awareness of No Smoking Areas can increase, thus supporting the creation of a healthier environment for all citizens.

Bureaucratic Structure

This bureaucratic structure includes aspects such as organizational structure, division of authority, relationships between organizational units within the organization concerned, and organizational relationships with outside organizations and so on. Thus, the implementation of complex policies requires the cooperation of many parties. When the bureaucratic structure is not conducive to the implementation of a policy, this will cause ineffectiveness and hinder the implementation of the policy. Based on the explanation above, understanding the structure of the bureaucracy is a fundamental factor in studying the implementation of public policies. In connection with this description, that in the implementation process there are at least three elements that are important and absolute, as stated by Abdullah, Syukur (1987) namely:

1. get groups, which is the group that is implemented;
2. the targets, and are expected to receive the benefits of the program, changes or improvements; Implementing elements (implementors), both organizations;
3. the program. The description above shows organizations or individuals, who are responsible for the management, implementation, and supervision of the implementation process.

Efforts to distribute responsibilities in implementing the smoke-free area policy in Palu City by the Health Office and the Civil Service Police Unit to their apparatus still experience obstacles, thus affecting the implementation of the KTR policy itself. According to researchers, the responsibilities given by the government to the two agencies are not implemented optimally, so that the KTR policy is still a problem for the parties who get the mandate through local regulations. Therefore, public policy implementation is

said to be successful if what is expected from the existence of the policy can be coordinated through implementation in accordance with predetermined provisions. The result is that what is the goal does not deviate from the original goal. In a policy implementation process, sometimes it is not as smooth as previously thought. In many cases, policy implementation often encounters an obstacle or challenge, especially due to the existence of various interests. Public policy implementation is not an easy thing. Therefore, it is not certain that a public policy can be implemented properly. Sometimes what has been determined in public policy is different from the situation in the field and the results achieved.

Based on the results of interviews conducted by researchers, that the standard operating procedures related to the KTR policy are no longer used, even the SOPs that were once used in taking action against people who commit violations have not been found. Thus, the absence of standard operating procedures in the implementation of the KTR policy will be an obstacle in providing actions that will be taken by agencies authorized to impose sanctions and fines on people who violate non-smoking areas. Whereas standard operating procedures are written documents that regulate how policies are implemented, including in the context of smoke-free areas. SOPs serve as guidelines to ensure that all members of the organization understand and carry out their duties consistently in the implementation of KTR. Standard operating procedures help control behavior and support policy success by providing clear instructions to implementers. Nonetheless, there are still challenges in using standard operating procedures including in law enforcement related to the implementation of the smoke-free zone policy in Palu City.

SOPs guide each implementer in their actions. An organizational structure that is too long will tend to weaken supervision and create red tape, i.e. complicated and complex bureaucratic procedures. This in turn leads to inflexible organizational activities. In implementing the KTR policy, standard operating procedures are something that must be guided, because without SOPs in the smoke-free area policy, negative impacts can include:

1. Lack of supervision: without SOPs, supervision of policy violations is weak. This leads to many individuals smoking in restricted areas.
2. unclear responsibilities: the absence of guidelines makes policy implementers confused about their duties and authorities, resulting in unaddressed violations.
3. reduced effectiveness of law enforcement: in the absence of clear sanctions, violations of the smoke-free area policy do not have a deterrent effect on the community.

Thus, there is no reason for the government of Palu City through the OPDs that are given the mandate in implementing the smoke-free area to not make SOPs in implementing a more optimal smoke-free area policy. With the consideration that this KTR policy is truly implemented in accordance with existing regulations.

In addition to the SOP, some recommendations that can be given by researchers include It is hoped that the implementers of the smoke-free area policy will be consistent in carrying out cross-sectoral communication related to the smoke-free area policy, policy implementers also conduct socialization to the community with the intention of increasing community compliance in smoke-free areas, besides that policy implementers must have the courage to impose sanctions and fines on anyone who deliberately violates the smoke-free area, policy implementers need to build a joint commitment to implement the smoke-free area policy consistently, and it is hoped that policy implementers will build collaboration with various policy stakeholders, both from the private sector and the community to support the implementation of smoke-free area policies.

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CONCLUSION

The smoke-free zone (KTR) policy in Palu City has not been fully responded to by all policy stakeholders in Palu City. As a result, the implementation of the smoke-free area policy has not been effective. This can be seen from the lack of activities or programs carried out by the Palu City Government to follow up on the policy decisions contained in the Regional Regulation of Palu City No. 3 of 2015, concerning Smokefree Areas, so that it is not comparable to the wishes expected from the enactment of the policy. This condition can certainly complicate the expectations of the Palu City Government to create a healthy and smoke-free community and environment. Based on the results of the research conducted, it can be concluded that the implementation of the smoke-free area policy in Palu City is relatively ineffective, due to several things, namely the last 4 (four) years of cross-sector communication has never been carried out by policy implementers. The consistency of the implementers of the smoke-free area (KTR) policy is still low. Socialization to the community is very minimal, only Puskesmas and Hospitals still conduct socialization in their respective work areas. Lack of community compliance, as well as non-enforcement of sanctions and fines for people who deliberately violate the smoke-free area policy.

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