

# Smoking Cessation Program in Indonesia: The Prevention and Treatment Processes



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# Presenter Disclosure

<input checked="" type="checkbox"/>	No, nothing to disclose
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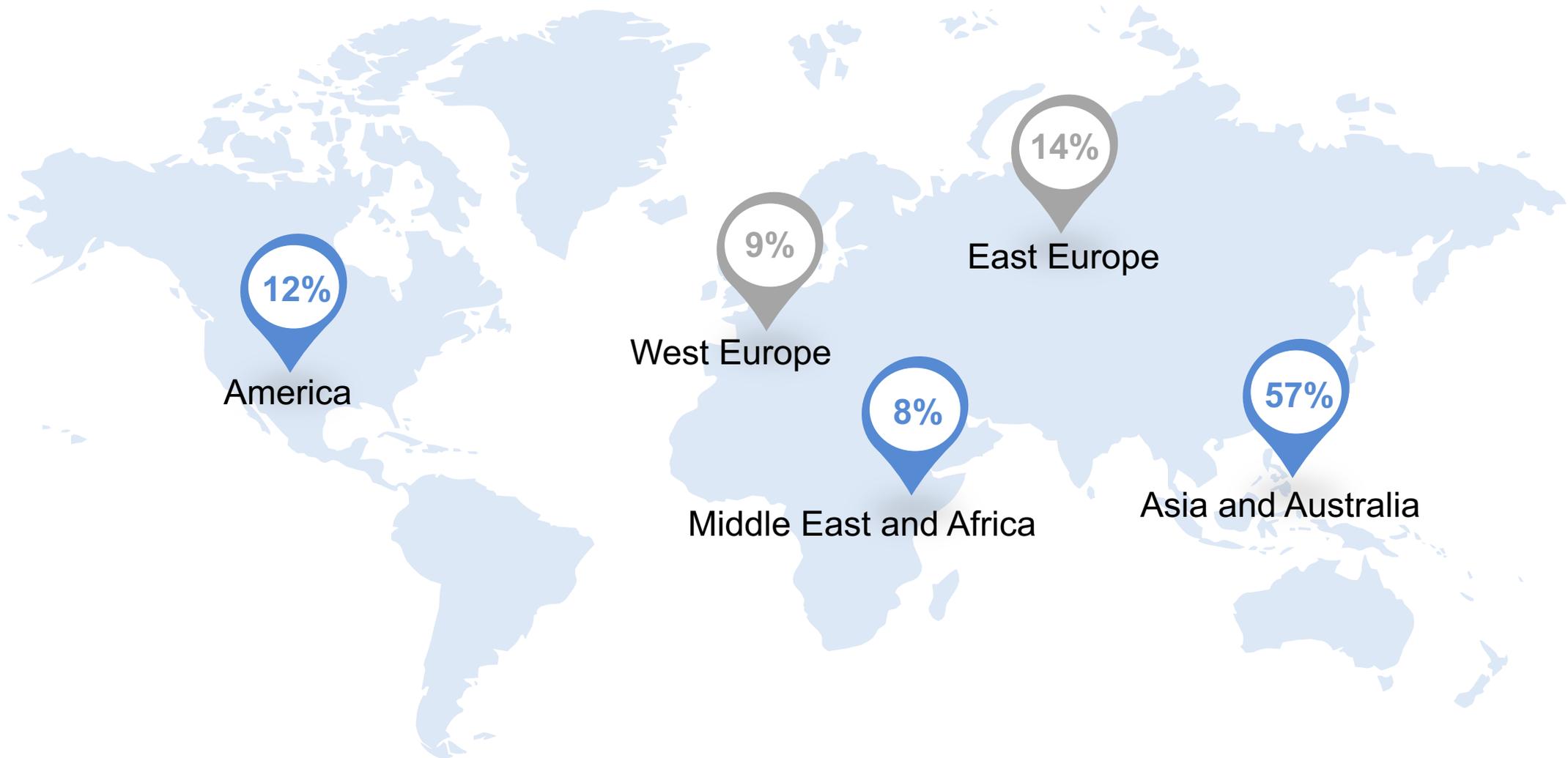
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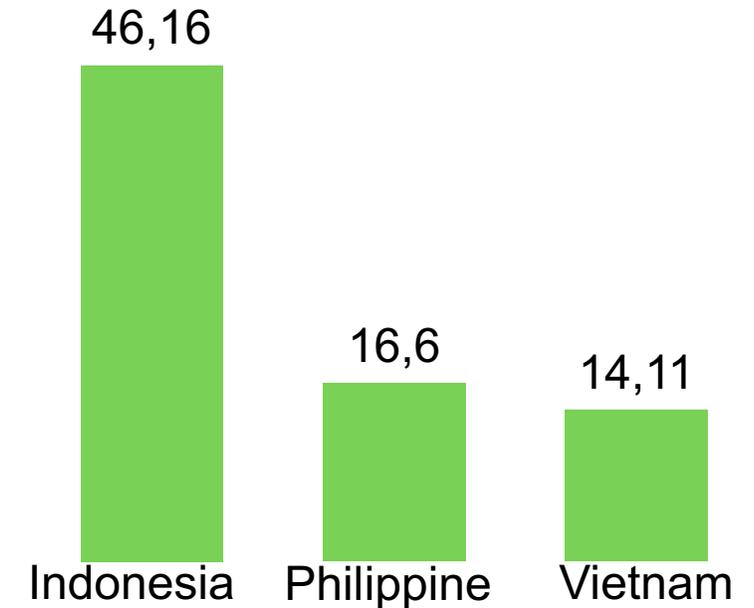


# Introduction

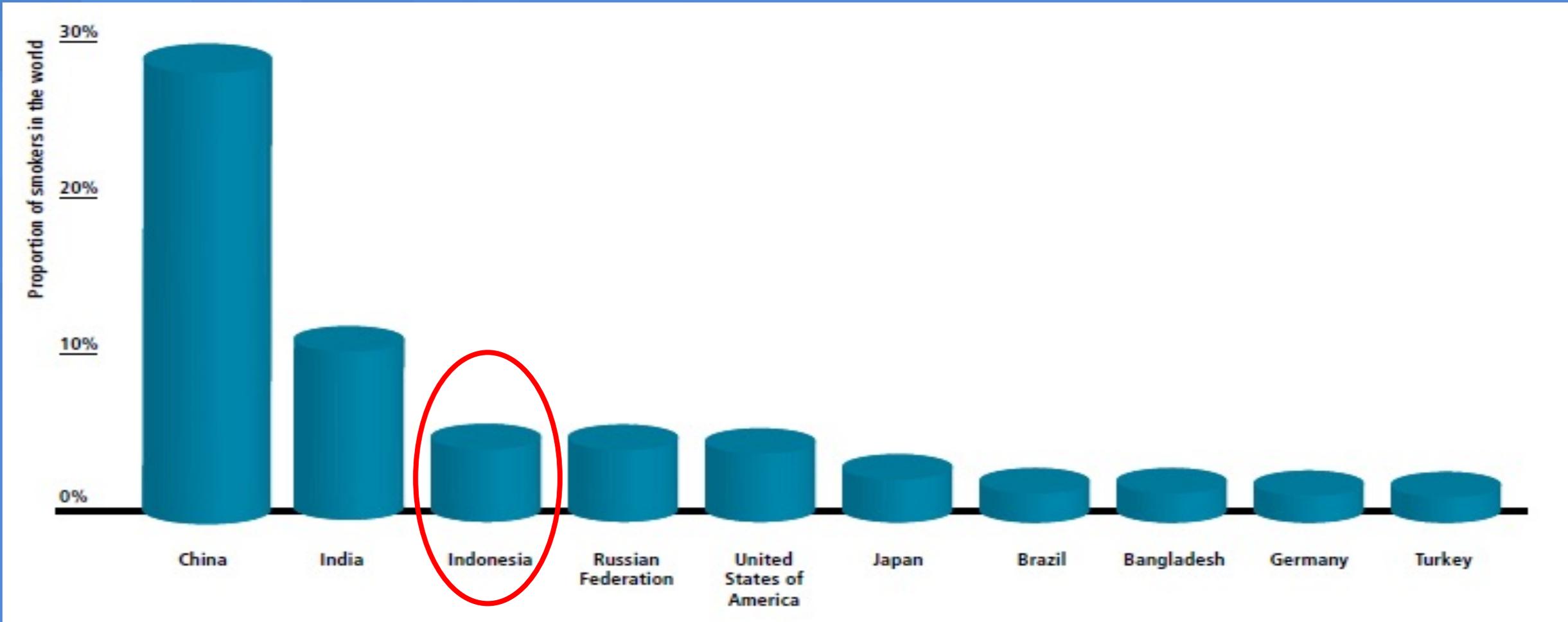
# World cigarette consumption



# World cigarette consumption



# 10 countries with the most smokers



**National smoker prevalence, 2013:**  
**36,3%** (90 million people)

Highest prevalence at age **25-64 years**: 38%

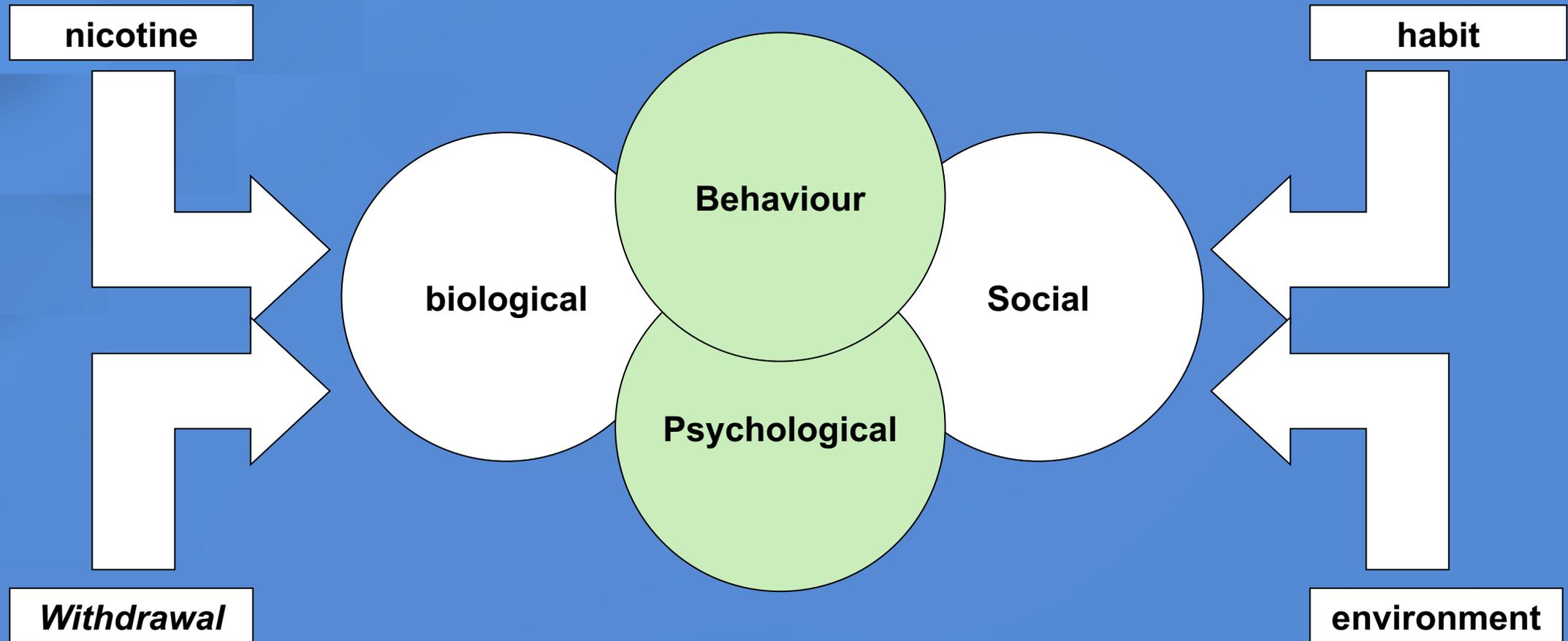
66%   6,7%

**Teenager smoker (2009): 20.3%**

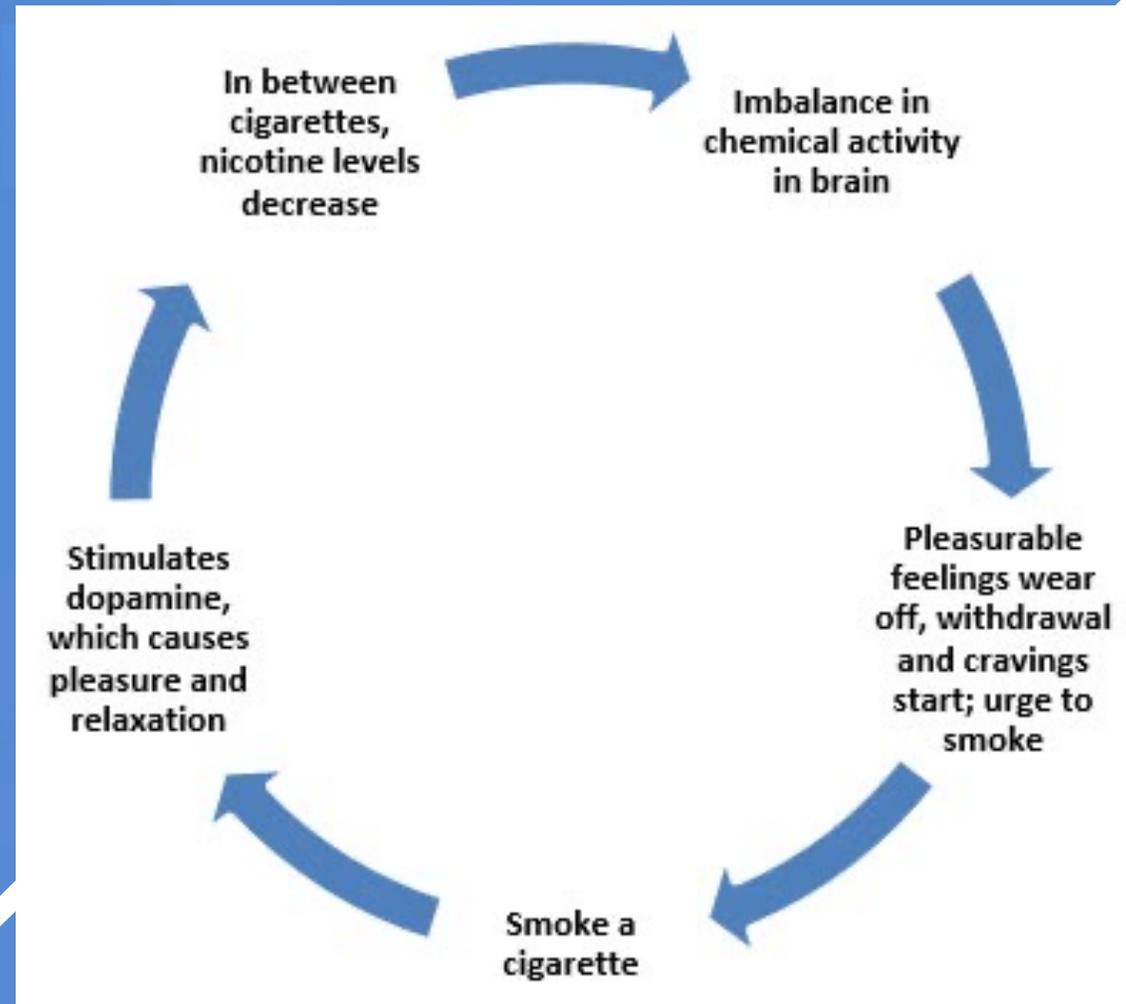
 41%  3,5%

- 70% smokers started to smoke at age 19 and 12,77 % smokers started to smoke at elementary school.
- Around 12,3 cigarettes per day (2013) in Indonesia.

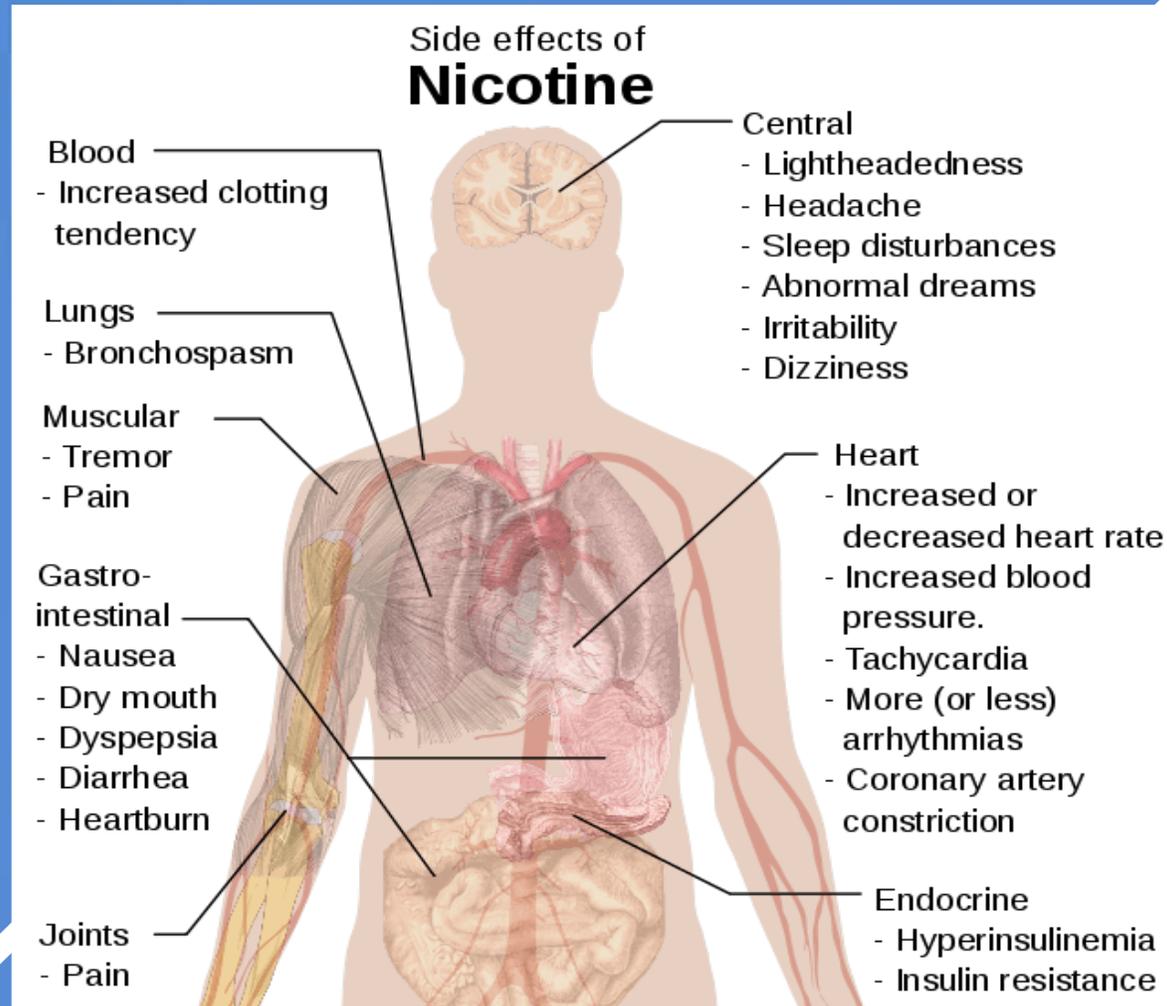
# Nicotine Addiction



# Nicotine Addiction Cycle



# Nicotine Addiction Cycle



# Nicotine Addiction

Two effective approaches for smoking cessation: **counseling** and **pharmacotherapy**

“Counseling and pharmacotherapy combination is more effective than single therapy”

The US Public Health  
Service in 2008

# Reduce the **Problem**

- Preventive, curative, rehabilitative
- Medication and counseling: individual or group
- Build the program: Hospital based service and community-based service
- Collaboration: to establish the program, to reach smokers who want to quit



# Smoking Cessation Program: Prevention and Treatment Program

# Smoking Cessation Program: Prevention and Treatment Program

Target : to socialize  
smoking cessation  
services in the  
community through  
Puskesmas

Promotive, Preventive,  
Curative

To reach out to the  
population who want to  
stop smoking and follow  
the program

Involving Puskesmas,  
health care staffs,  
teachers and local  
health office

# Smoking Cessation Program: Prevention and Treatment Program



Trainers from hospital who have adopted the hospital integrated program especially counseling program.

Module socialization to the community (puskesmas) by inviting health care staffs, program leaders and local health office.





# Smoking Cessation Program: Prevention and Treatment Program

## Promotive

- Initiate regular health promotion program regarding smoking cessation in *Puskesmas* and collaborates with school and community. i.e.. seminar and brochures.
- Train professionals for counseling and supporting the needs of the patient who is joining the program.

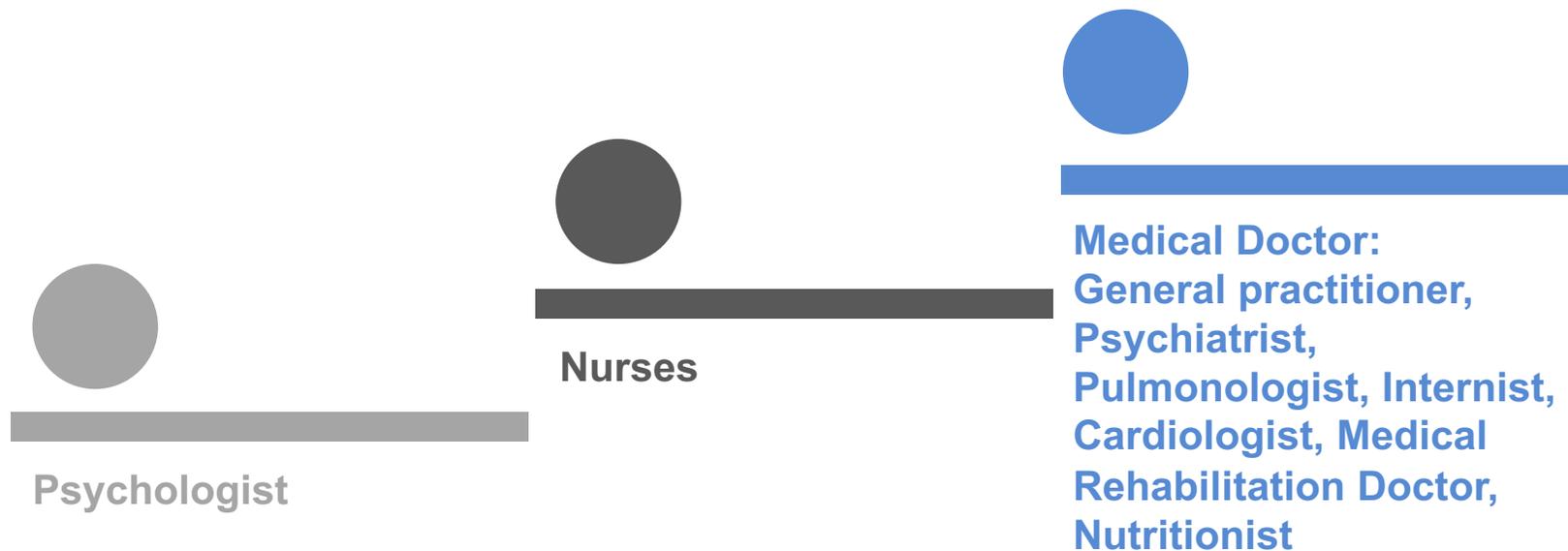
## Curative

- Collaborates with health care provider and patient's family to provide adequate treatment for smoking cessation.
- Establish systems needed to support smoking cessation in their community.
  - Provide and support the needs for smoking cessation, such as adequate drugs, capable professionals and supporting hospital

## Rehabilitative

- Recognize the complications from smoking in patients.
- Provide care for complications related to smoking.
- Establish a good health care system, including referral when needed, to treat those complications.

# Hospital Integrated Service Program



# Hospital Integrated Service Program

01

Non-pharmachotherapy:  
Counseling, psychotherapy: CBT, MET, and exercise program

02

Pharmacology: Varenicline, Clonidine, N-Asethylcystein

03

Family support and social support

04

Smoking Cessation approach → multidiciplinary

# Hospital Service Program for Smoking Cessation

## Month I

- Assessment
- Stage of change
- counseling
- Psychological assessment
- Pharmacotherapy

## Month II

- Brief counseling
- psychotherapy
- pharmacotherapy
- Hypnotherapy\*
- Group counseling

\*if needed

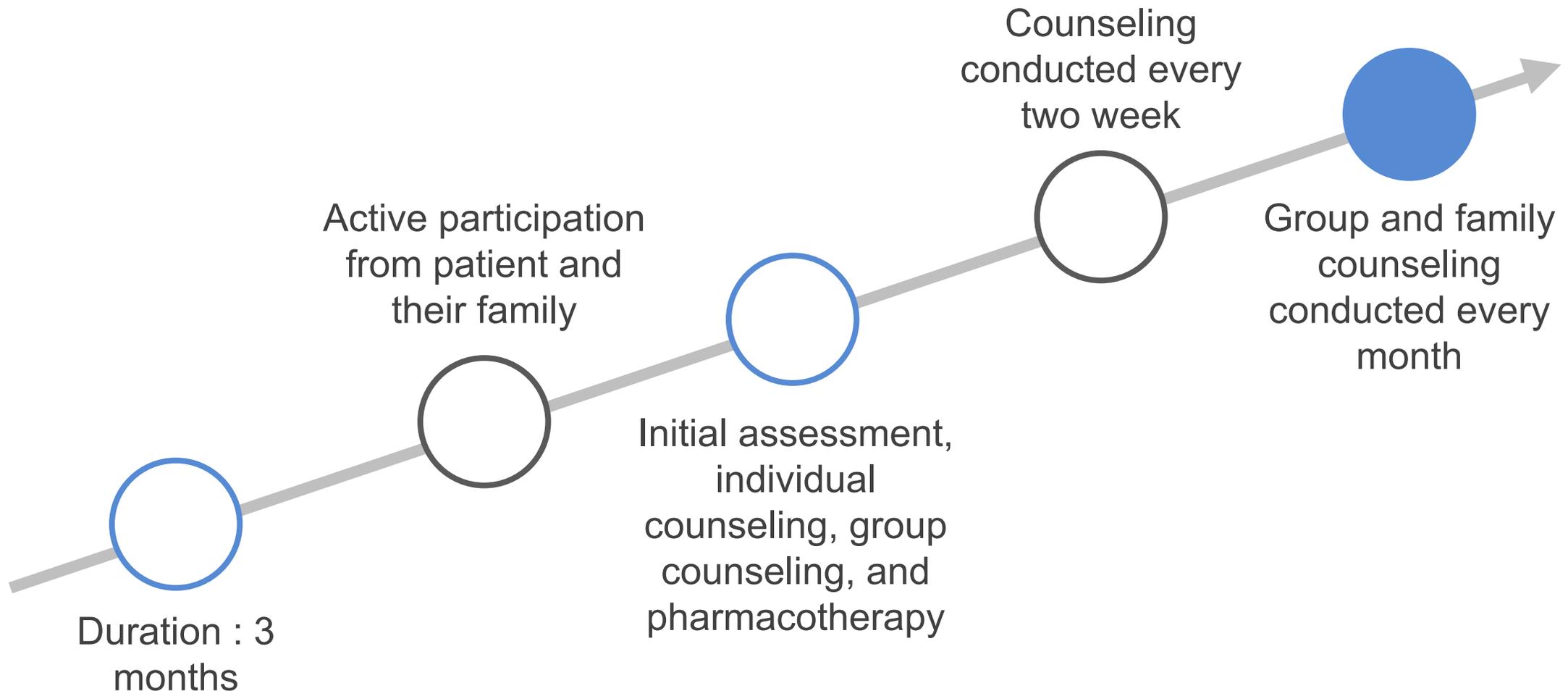
## Month III

- Brief counseling
- psychotherapy
- pharmacotherapy
- Hypnotherapy\*
- Group counseling

phone consultation

Behavior therapy\*, Exercise program \*

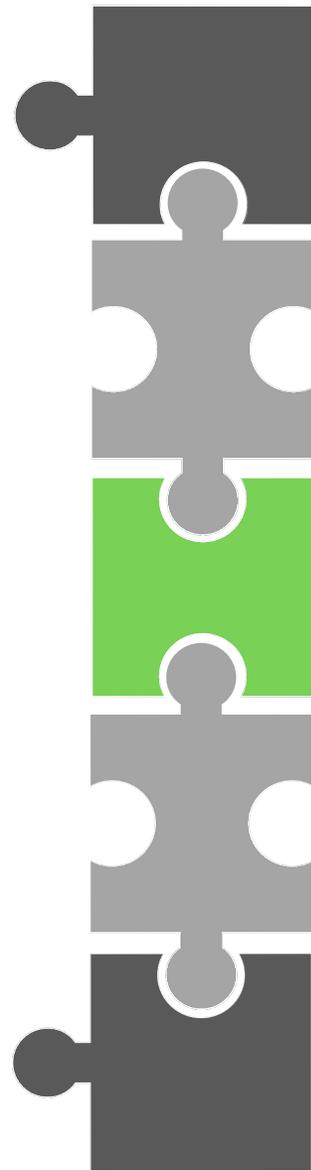
# Hospital Service Program for Smoking Cessation



# Integrated Services in Community

TOT smoking cessation counseling for health care staffs, program leaders, and teachers

Integrated services between clinics (from cardiology clinic to smoking cessation clinic, etc)



01

Smoking cessation module training from head office to local health office

02

03

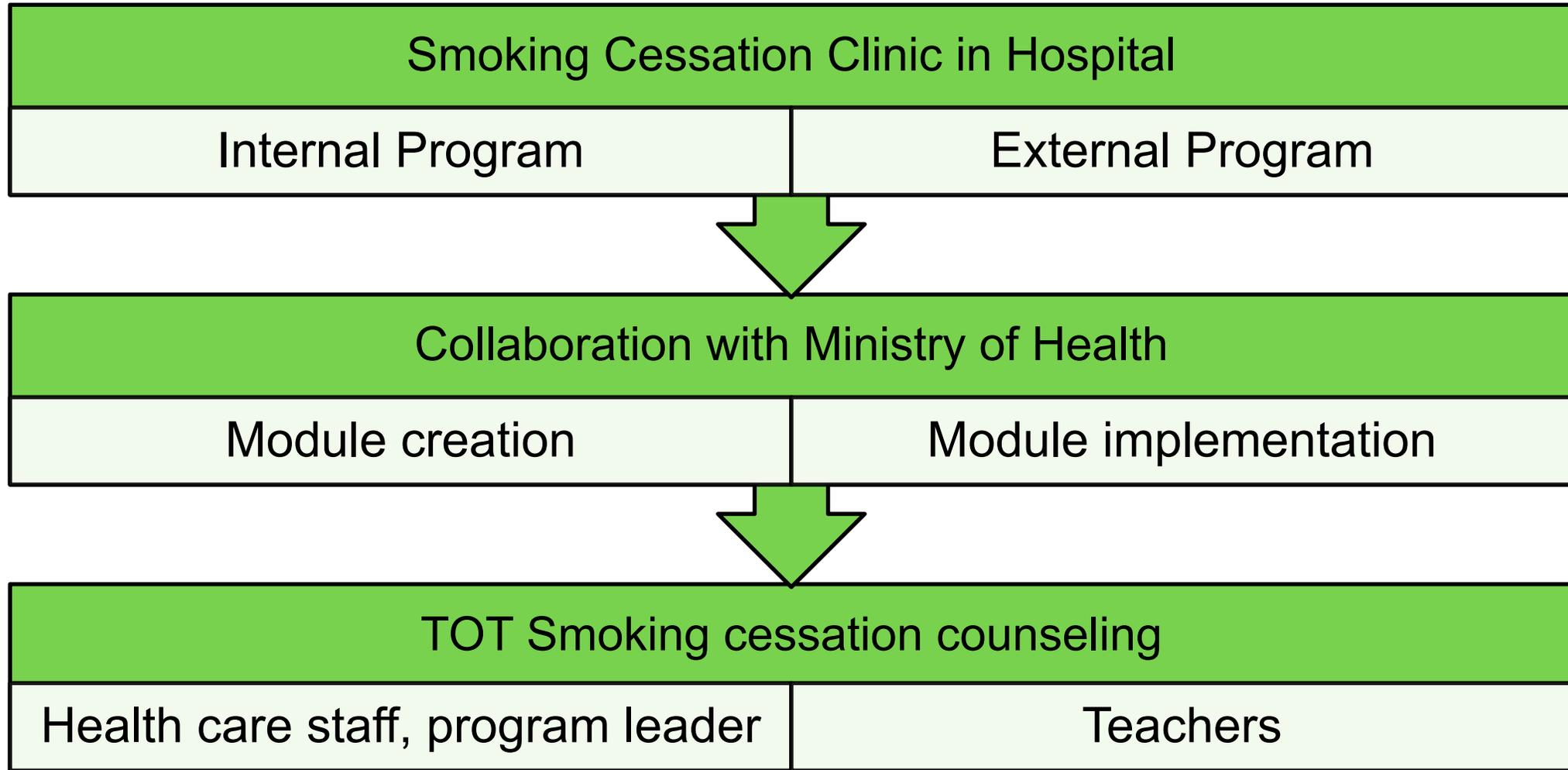
Health promotion program to community

04

05

Integrated services from teacher/school to Puskesmas and from puskesmas to hospital (referral system)

# Integrated Services



# Integrated Services

TOT in the regional areas



Smoking Cessation implementation in  
Puskesmas, school, and health promotion



Case report and program report + referral  
system



Conclusion



RSUP  
PERSAHABATAN

**The number of smokers in Indonesia increases every year so it requires efforts to reduce it**

**There are two approaches that can be done for smoking cessation :  
counseling and pharmacology**

- **Integrated Service** can be done in Hospital, Puskesmas, and school with different methods to reduce this issue.
- Smoking cessation program can be done from **primary health care** to reach out to the individual needs it. It is expected that health officers can fully understand and apply the principles of **smoking cessation counseling** to **decrease** the numbers of **cigarette consumption** in the **community**.
- Smoking Cessation Integrated Services from hospital to Puskesmas or community and teachers, and vice versa, can not stand alone since they are **interrelated with one another**.

# REFERENCE



- National Tobacco Cessation Toolkits, Ministry of Health, Maldives, 2016
- Smoking Cessation module and clinical guidelines, Ministry of Health, Jakarta 2015
- Supporting smoking cessation : a guide for health professionals, The Royal Australian College of General Practitioners, 2011



# Thank You

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