

Implementation of Regional Regulation Number 3 of 2017 on Smoke-Free Areas and Its Relation to Law Number 22 of 2009 on Road Traffic and Transportation in the Regulation of Smoking on Public Roads

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Abstract

Smoking behavior on public roads poses a dual threat to public health and traffic safety. This study examines the juridical relationship between the implementation of Regional Regulation Number 3 of 2017 on Smoke-Free Areas (Kawasan Tanpa Rokok) and Law Number 22 of 2009 on Road Traffic and Transportation concerning the regulation of smoking behavior on public roads. Using a juridical-normative approach with qualitative descriptive analysis, this study explores the harmony and challenges of both legal instruments in protecting the public from smoking-related risks. The findings indicate that both regulations share the same preventive objective—protecting the public from the negative effects of smoking and reducing traffic risks caused by driver distraction. However, implementation remains weak due to low public awareness, insufficient coordination between law enforcement agencies, and limited supervision. The study concludes that the effectiveness of these regulations depends on strengthening inter-institutional collaboration, integrating enforcement mechanisms, and enhancing public education to foster compliance. The synchronization of health and transportation law enforcement is essential to realize safer and healthier public spaces.

Keywords:

Smoke-Free Areas, Traffic Law, Public Health, Law Enforcement, Smoking on Roads.

INTRODUCTION

Indonesia is a constitutional state as stipulated in Article 1 paragraph (3) of the 1945 Constitution, implying that all aspects of life are regulated by law to create public order and social justice. One aspect that requires legal attention is smoking behavior in public spaces, particularly on public roads. Smoking while driving or walking on public roads does not only affect personal health but also disrupts public safety and the right to a clean environment. It can impair concentration, cause accidents, and produce smoke that harms others.

The City of Jambi has attempted to regulate this behavior through Regional Regulation Number 3 of 2017 on Smoke-Free Areas (Kawasan Tanpa Rokok or KTR). The regulation aims to protect the public from exposure to cigarette smoke and to create healthy public environments. On the other hand, Law Number 22 of 2009 on Road Traffic and Transportation emphasizes driver responsibility and concentration, meaning that smoking while driving can be considered a traffic violation.

However, despite the existence of these two regulations, implementation in the field remains weak. The number of vehicles in Jambi City continues to increase rapidly — reaching 1.01 million units in 2025 — while law enforcement related to smoking behavior in public areas and on the roads remains inconsistent. The problem is not only normative but also practical: coordination between law enforcement agencies such as *Satpol PP*, the Health Office, and the Traffic Police remains suboptimal.

Thus, this study aims to examine the juridical relationship between the implementation of the Smoke-Free Area Regulation and Law Number 22 of 2009 concerning smoking on public roads, as well as to analyze the challenges and

solutions for effective enforcement. The study is expected to contribute theoretically to the development of legal studies related to public health and traffic safety, and practically to improving the effectiveness of local government policy implementation.

METHOD

This study uses a juridical-normative approach, focusing on written legal norms that regulate smoking behavior and its relationship to traffic safety. The juridical-normative approach is appropriate because the study examines legal provisions, their interrelation, and their implementation in practice.

The primary legal materials include: (1) Law Number 22 of 2009 on Road Traffic and Transportation, particularly Articles 106 and 283 concerning driver concentration and prohibitions on activities that distract while driving. (2) Regional Regulation Number 3 of 2017 on Smoke-Free Areas, which operationalizes the mandate of Law Number 36 of 2009 on Health, specifically Article 115 concerning the establishment of smoke-free areas. (3) Government Regulation Number 109 of 2012 on the Control of Materials Containing Addictive Substances in Tobacco Products for Health Interests.

The secondary legal materials include books, academic journals, previous studies, and policy reports that discuss the implementation of smoke-free areas, public health law, and traffic safety. The data collection technique used is a literature study by reviewing statutory regulations, scholarly works, and policy implementation documents from the Jambi City Government, as well as statistical data from the Indonesian National Police's Traffic Corps (Korlantas POLRI).

Data analysis was conducted using a qualitative descriptive method, which aims to describe the interrelationship between legal norms and their application in the field, identifying gaps between *das sollen* (what should be according to the law) and *das sein* (what occurs in practice).

RESULTS AND DISCUSSION

1. Implementation of Regional Regulation Number 3 of 2017 on Smoke-Free Areas

The Smoke-Free Area Regulation of Jambi City is one of the local government's concrete measures to protect public health. It defines certain zones as smoke-free, including educational institutions, workplaces, health facilities, public transportation, and playgrounds. Smoking in these areas is prohibited and subject to administrative sanctions such as verbal and written warnings or fines.

However, implementation in practice remains weak. Based on data from the Jambi City Health Office (2024–2025), public awareness of the regulation remains low, enforcement is inconsistent, and supervision is limited. *Satpol PP* and related agencies have not been able to conduct routine monitoring due to human resource constraints and limited coordination mechanisms.

This condition shows that there is a gap between normative regulation and empirical enforcement. The public still perceives smoking as a personal right rather than a legal violation, and social control within the community is still minimal. Therefore, education campaigns and consistent supervision are crucial for achieving the objectives of the Smoke-Free Area Regulation.

2. Relation with Law Number 22 of 2009 on Road Traffic and Transportation

Smoking while driving is a concrete manifestation of behavior that violates Article 106(1) and Article 283 of Law Number 22 of 2009. Both provisions emphasize

that drivers must operate vehicles with full concentration and prohibit any activities that distract their attention from the road.

Smoking requires both hands and eyes for lighting, inhaling, and discarding cigarette butts. These actions reduce focus and increase the risk of accidents. Empirical studies in several regions in Indonesia show that 3–5% of traffic accidents are associated with driver distraction, including smoking, eating, or using a mobile phone while driving.

In the Jambi City context, although no specific data exist on accidents caused by smoking, police reports indicate that negligence and lack of focus remain dominant causes of traffic incidents. Therefore, smoking while driving clearly contradicts the principle of safe driving and public responsibility.

3. Legal and Practical Synergy between Both Regulations

Both regulations — the Smoke-Free Area Regulation and the Road Traffic Law — share a common goal: protecting public safety and health. The Smoke-Free Area Regulation focuses on public health protection, while the Traffic Law emphasizes driver safety and accident prevention. The two are complementary and should be implemented synergistically.

However, in practice, enforcement remains fragmented. The Health Office and *Satpol PP* prioritize health-based supervision, while the Police focus on traffic safety violations. No integrated enforcement framework allows cross-agency coordination or a unified ticketing system for smoking-related offenses. As a result, the same behavior (smoking on the road) may go unpunished even though it violates both legal regimes.

For effective synergy, it is essential to develop cross-sectoral enforcement mechanisms, such as joint operations between *Satpol PP*, the Health Office, and the Police; use of electronic ticketing (*ETLE*) for visual evidence; and public awareness campaigns integrating both health and traffic safety messages.

Discussion

The analysis shows that the implementation of Regional Regulation Number 3 of 2017 and Law Number 22 of 2009 represents a convergence of public health law and transportation law. Both share preventive and educational functions to shape citizens' behavior.

However, enforcement faces sociocultural, institutional, and legal challenges:

- a. **Sociocultural:** smoking is still socially accepted and culturally tolerated, making it difficult to enforce public restrictions.
- b. **Institutional:** weak coordination among implementing agencies limits law effectiveness.
- c. **Legal:** overlapping regulations without clear procedural guidelines for field enforcement.

Therefore, the government must adopt a comprehensive legal approach — combining deterrence (sanctions), education (public awareness), and participation (community-based control). Public compliance is more likely when citizens understand the rational purpose of the law and when enforcement is consistent and fair.

CONCLUSION

The implementation of Regional Regulation Number 3 of 2017 on Smoke-Free Areas in Jambi City has not been optimal due to weak supervision, low public awareness, and limited coordination among institutions. Although the regulation aligns substantively with Law Number 22 of 2009 on Road Traffic and Transportation, particularly concerning the prohibition of activities that distract drivers such as smoking, the integration of enforcement remains fragmented.

Both regulations essentially share the same objective — protecting the public from health risks and traffic hazards — but their effectiveness depends on consistent enforcement and active public participation.

Therefore, the synchronization of these legal instruments is needed to ensure comprehensive protection for public health and road safety.

Recommendations

1. **Strengthening Coordination:** Establish an integrated enforcement task force involving the Police, *Satpol PP*, and the Health Office to conduct joint monitoring and law enforcement.
2. **Enhancing Public Education:** Conduct continuous socialization campaigns in schools, workplaces, and public spaces about the dangers of smoking on public roads and its legal consequences.
3. **Law Enforcement Innovation:** Integrate the enforcement of smoking violations into the *ETLE* system for easier supervision and automatic sanctioning.
4. **Policy Integration:** Revise or supplement the Regional Regulation to explicitly include smoking on public roads as part of smoke-free enforcement areas.
5. **Community Participation:** Empower communities and local leaders to monitor and report violations to create a culture of compliance and shared responsibility.
6. **Further Research:** Future studies should empirically measure the impact of smoking behavior on traffic safety and assess the effectiveness of current law enforcement mechanisms.

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