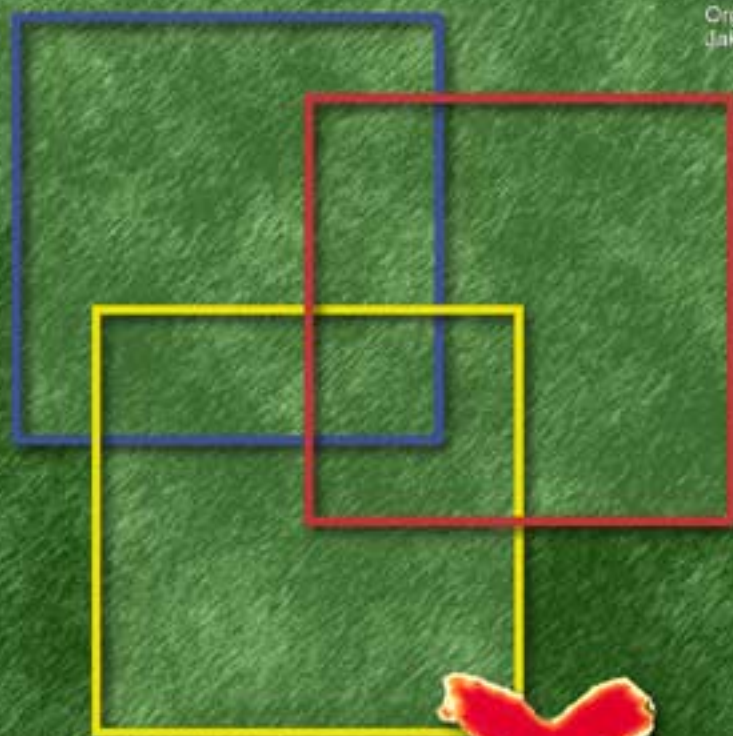




International  
Labour  
Organization  
Jakarta



# Children Involved in the Production, Sale and Distribution of Illicit Drugs in Jakarta

## a Rapid Assessment

IPEC

International Programme on  
the Elimination  
of Child Labour

*International Programme on the Elimination of Child Labour*

**CHILDREN INVOLVED IN THE  
PRODUCTION, SALE AND  
DISTRIBUTION OF ILLICIT DRUGS  
IN JAKARTA**

**A RAPID ASSESSMENT**

*International Labour Organization*

*2004*

## Foreword

The latest ILO global child labour estimates confirm what many have feared for some time: the number of children trapped in the worst forms of child labour is greater than previously assumed. It is now estimated that an alarming 179 million girls and boys under the age of 18 are victims of these types of exploitation. Among them, some 8,4 million are caught in slavery, debt bondage, trafficking, forced recruitment for armed conflicts, prostitution, pornography and other illicit activities.

Severe economic hardship, which has affected Indonesia since 1997, has forced poor families to send underage children to work. According to the 1999 data by the Central Bureau of Statistics (CBS), a total of 1,5 million children between 10 and 14 years of age worked to support their families. At the same time, data from the Ministry of Education shows that 7,5 million or 19,5 percent of the total 38,5 million children aged 7 to 15 were not registered in primary and lower secondary school in 1999. While not all these children are at work, out-of-school children are often in search of employment and at risk of becoming involved in hazardous economic undertakings.

In the face of this, it is truly encouraging that the Government of Indonesia has ratified both the ILO Worst Forms of Child Labour Convention (No. 182) and the ILO Minimum Age Convention (No. 138) by law No. 1/2000 and No. 20/1999 respectively. By ratifying Convention 182, Indonesia made a commitment to *“take immediate and effective measures to secure the prohibition and elimination of the worst forms of child labour as a matter of urgency.”*

Pursuant to this, the Government of Indonesia has developed a National Plan of Action on the Elimination of the Worst Forms of Child Labour which is now embodied in a Presidential Decree (No. 59, August 2002). The Plan seeks to eliminate worst forms of child labour during during a twenty year time bound programme. The plan also identifies five forms of child labour as the most urgent to be targeted for elimination in Indonesia within a five-years. These are: children involved in the sale, production and trafficking of drugs, trafficking of children for prostitution, child labour in the footwear sector; in mining; and in off-shore fishing.

The ILO's International Programme for the Elimination of Child Labour (IPEC) is currently providing support to the Government to implement the National Plan of Action through a support that started in January 2004. The TBP is providing support to develop policies, programmes and projects that have an effective impact on the worst forms of child labour.

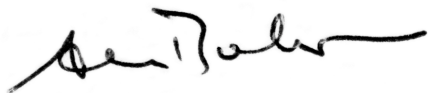
Although there is an increasing volume of information on child labour, there are still gaps in the knowledge and understanding of the various forms and conditions in which children work. The availability of data is crucial in order to ensure a good understanding of the child labour situation and the particular needs of the targeted populations. In order to ensure the availability of such information, ILO-IPEC has undertaken a series of six rapid assessments researching the sectors targeted by the National Plan of Action.

The particular research was undertaken by Irwanto PhD and Ms. Riza Sarasvita from Jakarta Provincial Narcotics Body. Irwanto is a senior researcher who has a special interest and has conducted some researchers in drugs related issue, while Ms. Sarasvita has been involved in various drugs related programs. Opinions expressed in this publication rest with the author and do not necessarily reflect those of the ILO.

The initiative was coordinated by Ms. Arum Ratnawati, who, together with Ms. Anna Engblom, Mr. Pandji Putranto and Mr. Oktav Pasaribu also provided technical backstopping and editorial support. The report was edited by Ms. Karen Emmons. The initiative was made possible through the generous support the US Department of Labour.

I hope that this rapid assessment will make a meaningful contribution to building the knowledgebase about the worst forms of child labour and in the long run to the elimination of such exploitation in Indonesia.

February 2004



Alan Boulton  
Director  
ILO Jakarta Area Office

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## Glossary

AIDS	Acquired Immune Deficiency Syndrome
BAKOLAK	Badan Koordinasi Pelaksana Inpres
BKNN	National Narcotics Coordinating Board
BNN	National Narcotics Board
CAP	Commission for HIV/AIDS Prevention
CRC	Convention on the Rights of the Child
DEA	Drug Enforcement Agency
DDH	Drug Dependence Hospital
HIV	human immunodeficiency virus
IDU	injecting drug user
ILO	International Labour Organization
IPEC	International Programme on the Elimination of Child Labour
MDMA	methylenedioxy-n-methylamphetamine
MJP	metropolitan Jakarta police
MOH	Ministry of Health
MONE	Ministry of National Education
MOSA	Ministry of Social Affairs
NGO	non-government organization
PNB	Provincial Narcotics Board
PUSKESMAS	community health centres
RA	rapid assessment
RAR	rapid assessment and response
RC	rehabilitation centre
TBP	time-bound programme
XTC	ecstasy
YCAB	Yayasan Cinta Anak Bangsa



## **Acknowledgement from the Consultants**

The consultant would like to thank Badan Narkotika Propinsi Jakarta (Jakarta Provincial Narcotic Board) for their valuable contribution to this study. Thanks are also due to Mr. Darno and Mr. Hilman who have led the field research. This study would not complete without important information from our resource persons that would be too long to be mentioned personally. We are grateful for these sincere contribution.

# Executive Summary

This rapid assessment explored the likelihood of children in Jakarta to be involved in the production, sale and distribution of illicit drugs. Information obtained from the metropolitan Jakarta police and non-government organizations (NGOs) pinpoints at least 74 locations in the city that have been identified as where drugs are sold and used. For this assessment, 93 young people were interviewed with the help of a questionnaire. Six in-depth group interviews involving 30 children also were conducted. In addition, the researchers interviewed 13 resource persons who represent agencies that provide different responses to the issue.

The results of the rapid assessment suggest that children are involved in the sale and distribution of illicit drugs at an early age and that drug use may either precede the involvement, or the role a young person plays in distribution may lead to drug use. Many of those interviewed were involved in selling or delivery illicit drugs while in school. Most children started using marijuana and consequently distributed and sold it, along with psychotropic (non-narcotic) pills, such as ecstasy and *shabu-shabu*.

Although most parents in the assessment knew of their children's involvement, it seems they discovered it too late, and they were not equipped to react adequately or appropriately. School officials experienced a similar situation. The education system is not equipped with knowledge and skills to cope with the problem appropriately. Many children expelled from schools or who can't continue their education for financial reasons or other difficult circumstances typically have no constructive activities in their homes and community. They are more likely then to mingle with jobless adults and become vulnerable prey for people looking for accomplices in their drug-dealing activities. Most of the young people in the assessment did not seem initially to be aware that their involvement in the illicit drug business was risky; the realization typically came after they had been arrested and experienced severe punishment.

Institutional responses have been scanty and not adequate to deal with the problem, which may involve 1-2 per cent of all children in Jakarta or 10-20 per cent of children who are currently using drugs. To cope with the problem, we suggest that the existing policies be reviewed – especially the legal provisions in the Narcotics and Psychotropic Acts. These laws should be amended to comply with the more specific law on child protection (Act No. 23/2002).

Community awareness, networking among concerned institutions within and outside of the community, improving and maintaining facilities for culture, sport and recreation are all included in this assessment's proposed recommendations. Most important is the realization that this problem is seriously complex. No agency or institution can work by itself. Cooperation and coordination within and among sectoral agencies will be needed to prevent children from being exploited further, as well as from becoming victims of illicit drug use.



# Introduction

## Background

When Indonesia ratified the United Nations Convention on the Rights of the Child (CRC) through Presidential Decree No. 36/1990, it recognized Article 33 stipulating that State parties need to undertake serious measures to prevent children from using narcotics and psychotropic (non-narcotic, such as ecstasy and *shabu-shabu*) drugs and from involvement in the production and/or distribution of illicit drugs.

The International Programme on the Elimination of Child Labour (IPEC) was established in Indonesia through the signing of a memorandum of understanding in 1992. After a number of years of successful cooperation with various partners, which included government agencies, private sector, and civil and religious organizations, child labour is currently perceived as a serious national problem. In 1999, the International Labour Organization (ILO) Convention No. 138 on minimum age for admission to employment was ratified through Act No. 20/1999. In the following year, the ILO Convention No. 182 on the worst forms of child labour was ratified through Act No. 1/2000. The Indonesian Government declared that the implementation of Act No. 1/2000 is a top priority. On 13 August 2002, the National Plan of Action to implement this act was endorsed by Presidential Decree No. 59/2002.

ILO Convention No. 182 clearly includes involvement of children in the production, the sale and trafficking (distribution) of drugs as one of the worst forms of child labour (article 3[c]). Addressing such a labour problem is a priority in the National Action Plan of the Indonesian Government.

A previous ILO-IPEC assessment of illegal drug activities in Indonesia (Irwanto and Hendriati, 2001) indicated a degree of child participation. Unfortunately, the problem is not recognized as a victimization of minors but as criminal acts punishable according to the law. Public opinion on the matter is ambiguous. Although many people believe that children caught in a drug activity – especially children younger than 15 – should be treated as victims and not as criminals, law enforcement agencies have no way to bypass the law.

The newly enacted Child Protection Act No. 23/2002, which will be discussed in more detail later, clearly defines child involvement in the production, the sale and trafficking of drugs as an act of victimization. Therefore, these children should be protected by the law and the perpetrators responsible for the child's involvement should be punished. This shift in policy is being discussed among and within law enforcement agencies, especially the police department.

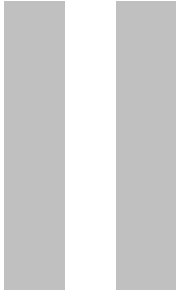
It is universally recognized that children's participation in the production, the sale and trafficking of illicit drugs is closely related to drug use. Use of illicit drugs may precede or follow involvement in the distribution activities or come about with pressure from other drug users (Irwanto and Hendriati, 2001).

To assist policy-makers with useful inputs, it is important that a thorough assessment of the situation of young people in illegal drug activity be explored. To further reinforce the previous ILO-IPEC study conducted by Irwanto and Hendriati in 2001, this rapid assessment included more children in different situations as sources of information. It also looked at the current constellation of policy-making that has changed since 2002 when the National Narcotics Board (BNN) replaced the National Narcotics Coordinating Board (BKNN) and was given different functions.

## **Objectives of the assessment**

The results of this assessment are to be utilized as background information to the time-bound programme (TBP) that is being planned as an intervention within communities where the problem exists. Within the TBP, the objectives of this rapid assessment were to:

1. Generate qualitative data related to children's involvement in the production, sale and trafficking of drugs, including the nature, causes and consequences.
2. Produce quantitative data on the magnitude of children's involvement in the targeted sector – both at the national and local levels.
3. Explore gender dimensions of children's involvement in the production, sale and trafficking of drugs, including differences in causes, sensitivity to conditions as well as factors that cause gender differences.
4. Propose recommendations to address the problem.
5. Make the findings available.
6. Assist in improving methodologies for investigating the worst forms of child labour for application in subsequent studies and research work.



## Methodology

The rapid assessment (RA) never carries the validity of a scientific inquiry, though it serves many useful purposes: i) It is a research method that uses several data-collecting strategies to achieve an understanding of a specific social reality or situation in a particular socio-cultural context. ii) It is performed to formulate a project or an intervention. iii) It is a method that blends quantitative and qualitative data-collection strategies and is partly descriptive and partly analytical – depending on the objectives of a particular research investigation. iv) It may be replicated. vi) It is expected to last for no more than three months (ILO and UNICEF, 2000, draft, p. 10). This definition and the procedures for conducting an RA as delineated in the Field Manual were utilized to guide this assessment. This assessment started in early December 2002 and the fieldwork began on 17 January 2003. Recruitment of subjects and interviewing stopped by the second week of March 2003.

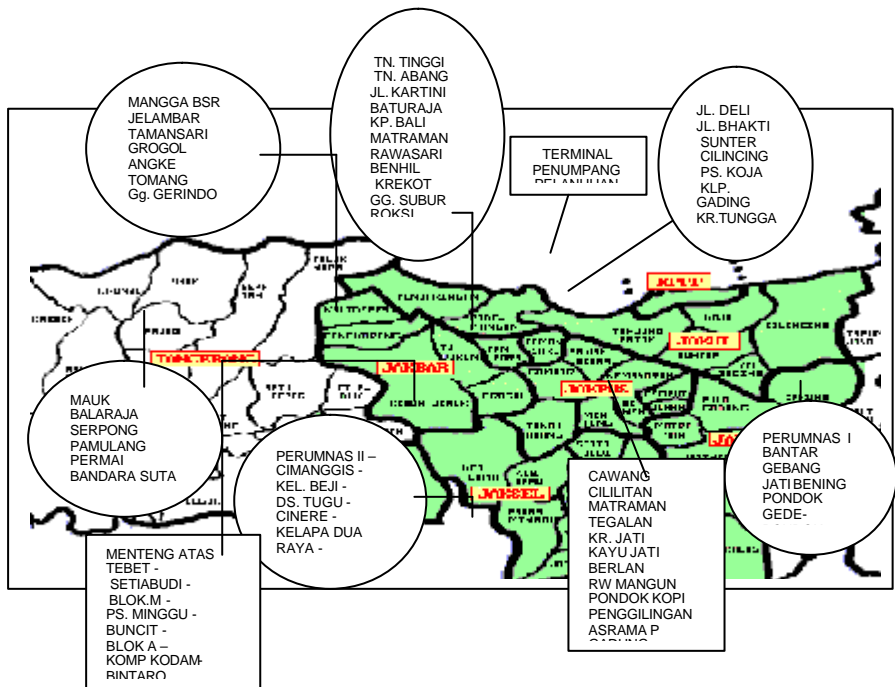
### **Mapping of the situation of illicit drug sales and distribution in Jakarta**

A number of informants – children, NGO field workers and the police – were consulted to develop a picture of the current situation of drug sales in the metropolitan Jakarta area. Figure 1 indicates 74 places identified by the police as well as other informants as where drugs are sold and used.

The actual number of places may be more. The lists in Figure 1 were configured by the police and NGO workers based on their observations and experiences. For this assessment, we sought contact persons and NGOs for assistance in finding young people involved in the illicit drug business. These contact persons, NGOs and/or service points for drug users provided us with 108 subjects and a place for interviewing. Not all of the young people presented to us were involved in the sale and production of drugs; but 92 of them clearly seemed to have a connection with drug activity. Unfortunately, not all areas in Jakarta are represented in this assessment due to the limited number of NGOs that are familiar with the problems of drug abuse.

Information was obtained from West, Central and East Jakarta. The North and South areas were under-represented.

**Figure 1:** Areas where illicit drugs are sold in Jakarta, according to police and informants



## Recruitment of subjects/informants

### *Children involved in the production, sale and distribution of drugs*

This analysis involves 92 young people involved in the production or selling of drugs who agreed to answer the assessment questionnaire. Among them, five were recruited from the juvenile prison (*Lembaga Pemasyarakatan Anak*) in Tangerang and two from the community for case study profiles (see Figure 10). Only two of the 92 children were girls. The young people recruited from the street and it was difficult to get girl informants. All NGOs that were asked to assist in recruitment were not able to bring girls for an interview. The in-depth interviews took place with six groups involving four to seven children each (for a total of 30 young people, from the 92 respondents). All names used in this report have been changed to protect the young people who participated.

The process of recruitment was a challenging process. At least 50 young people refused to participate due to a lack of trust or security reasons. Many meetings were cancelled. In one spot in North Jakarta, the researchers were raided by the police during the interview and all the informants were arrested. This was a very hard lesson for us. After the incident, we sought safer locations for interviews.

### ***Other participants***

A number of important resource persons also were interviewed for the assessment, such as three juvenile prison officers in Tangerang, two prosecutors, one section head of social rehabilitation for drug users of the Department of Social Affairs, the director for the crime investigation unit, the chairperson of the Provincial Narcotics Board (BNP), a group of officers (seven) from the sub-directorate of community health of the provincial office of the Department of Health, one judge for general crime affairs and one officer from the Department of National Education.

## **Data collection methods**

A structured questionnaire was utilized for interviewing children. Open-ended questions were used for the in-depth interviews. Adult resource persons were interviewed utilizing a semi-structured interview guide. The information gathered in the provincial office of the Department of Health, however, was conducted as a group interview.

## **Recruitment of interviewers**

Interviewers were recruited from the Drug Dependence Hospital (RSKO) and from the Heroin Field Station of Atma Jaya Catholic University (Kios Informasi Kesehatan). Five researchers/interviewers with a college education were recruited. The requirements for selecting interviewers looked for people who:

- demonstrate a good understanding of the illicit drug use problem,
- are not under the influence of drugs,
- have good access to drug-using communities,
- are pleasant and trustworthy – ability to probe and
- are able to make short report of interviews.



## Limitations of the assessment

This current assessment was guided by the Field Manual developed to study child labour (ILO and UNICEF, 2000, draft). It should be acknowledged, however, that with regard to studying children's involvement in drug production, the sale and distribution (trafficking), the manual has serious limitations. Since the subjects for the present assessment were involved in criminal behaviour punishable by laws, a household survey, as suggested in the manual, was not practical. In addition, in-depth interviewing as suggested by the manual requires trust and well-developed rapport, which was not possible in the time period allowed for the assessment, although more in-depth probing was attempted by the interviewers. Consequently, the recruitment process and the number of individuals interviewed for the study was seriously limited. More specifically, most of our respondents were recruited from poor communities. Far more boys than girls were interviewed. In addition to that, we were not able to get any information from parents who knew that their children were involved in the sale and distribution of drugs. Lastly, since child informants in this assessment were recruited through NGOs and individuals, their numbers and opinions may not represent the whole population of children involved in the production, the sale and distribution of drugs in Jakarta.

## Ethical considerations

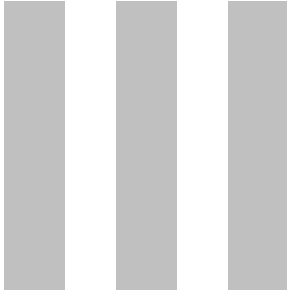
Because this assessment imposed risks to our informants, especially the children, some ethical issues were seriously discussed and decided by the consultants:

- The subjects shall express voluntary agreement (consent) to an interview. They may pull out from the appointment as they feel necessary.
- The subject shall be informed about the place where the interview is to be conducted and the circumstances under which the interview is going to be conducted.
- Personal information, such as names and addresses, shall remain confidential. Any notes referring to such information shall be kept by the researchers and destroyed when the assessment is concluded.
- The subjects will not receive money for their time but in-kinds, such as soft drinks, meals and cigarettes can be given.<sup>1</sup>

Although we did not pay fees for our sources of information, we did provide transportation support to informants who connected us or lead us to our subjects.

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<sup>1</sup> To prevent them from using the money to buy drugs.



## The Situation of Children in Indonesia

Approximately 44 million people in Indonesia currently are 10 to 20 years old – a high-risk period for experimentation with drugs. Although most young people are vulnerable to deception, coercion and manipulation by adults, not all of them are vulnerable to assisting in the production, the sale and trafficking of drugs. Some children, however, are more vulnerable than others due to their specific circumstances.

**Table 1:** Total population by age group, 1999 (thousands)

Age groups	Male	Female	M+F	% growth rates 1990-1996 <sup>2</sup>
0-4	10,912.2	10,527.4	21,439.9	0.02
5-9	9,862.6	9,513.5	19,376.1	-1.21
10-14	10,916.1	10,402.3	21,318.4	0.67
15-19	11,753.7	11,373.3	23,127.0	2.69
20-24	9,980.0	10,132.9	20,112.9	2.35
25-29	8,161.0	9,021.2	17,182.2	1.39
30-34	7,576.1	8,387.0	15,963.1	2.15
35-39	7,336.1	7,687.5	15,023.6	3.97
40+	26,736.6	27,157.6	53,894.2	3.08
<b>Total</b>	<b>103,234.4</b>	<b>104,202.7</b>	<b>207,437.1</b>	<b>1.69</b>

Source: CBS (2000); Child welfare indicators, 1999

Table 1 shows that in absolute numbers, Indonesia has more than 80 million young people and more than 60 million of them are of school age. These statistics suggest that although the country is experiencing a reduced growth rate of children younger than 14, Indonesia is a “young” nation because most of its population falls within the 15-40 age bracket, which is considered the most vulnerable period for drug experimentation and abuse.

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<sup>2</sup> Estimated numbers (CBS, 1997)

Poverty is a major concern in Indonesia. Poor children tend to have lower levels of education and to combine schooling with working (Irwanto *et al.*, 1997). These children, especially those living in urban settings, are at risk of being targeted by organized crime for use in the underground economy – such as prostitution and involvement in the production, sale and trafficking of drugs. Table 2 indicates that in 1993, when Indonesia experienced rapid economic growth, only half of the children who lived in poverty were in junior secondary school and less than a quarter of them managed to go to senior secondary school.

The situation these days is worse due to the country's inability to recover from the economic crisis in 1997-1998 as fast as neighbouring countries. School enrolment data from the Ministry of National Education (MONE) for 1999-2000 reveals that the high net enrolment rate in elementary schools (95.4 per cent) dropped by half at the junior secondary school level (45.1 per cent) and again at the senior secondary school level (37 per cent). The greatest loss of participation occurred in elementary school. MONE data (2003) indicates that the transition rate from first grade to sixth grade in 1999-2000 was only 71.8 per cent – meaning that around 28 per cent of children dropped out of school or repeated classes. The transition from elementary school to junior secondary school is a disconcerting 51.2 per cent, which means that more than 20 per cent of children who graduated from elementary school did not continue their education. Other data also suggests that in the urban setting at least 11 per cent of children aged 13-15 are not in junior secondary school and more than 30 per cent are not in senior secondary school (BPS, 2000). When we look at the explanations expressed by children who have dropped out of school, more than 63 per cent indicated economic reasons (CBS, 1999).

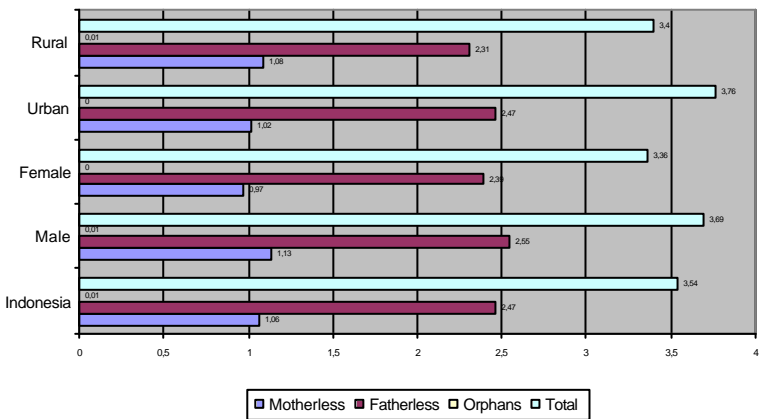
**Table 2:** Age-specific enrolment rates by gender and per-capita expenditure quintile, 1993

Age groups	Poorest	2	3	4	Wealthiest
<b>7-12</b>					
Male	85	93	95	97	98
Female	83	93	94	96	96
<b>Total</b>	<b>84</b>	<b>93</b>	<b>94</b>	<b>97</b>	<b>97</b>
<b>13-15</b>					
Male	56	58	67	76	94
Female	42	56	68	79	80
<b>Total</b>	<b>49</b>	<b>57</b>	<b>68</b>	<b>77</b>	<b>86</b>
<b>15-18</b>					
Male	25	27	42	60	76
Female	10	22	35	50	63
<b>Total</b>	<b>17</b>	<b>24</b>	<b>38</b>	<b>55</b>	<b>69</b>

Source: Indonesia Family Life Survey (IFLS) 1993 – recalculated

Since the State does not provide income security for parents, children in poor families help to earn livelihood. For those living in cities like Jakarta and do not have any specific skills, one easy access to income is in the informal/service sector. Assisting car drivers in the parking lot, brokering all kinds of services, as well as becoming informants to persons in underground economies, such as gambling, prostitution and drug dealing, provides young people with income-generating activities.

**Figure 2:** Percentage of fatherless, motherless and orphaned children aged 0-14, 2000



Source: Profil Anak Indonesia 2002

Another concern with regard to children is how many are not well monitored by adults, especially their parents. Figure 2 indicates that more than 3 per cent of Indonesian children aged 0-14, or approximately 1.8 million children, do not have one or both parents. Lack of parental monitoring has been regarded as a vulnerability factor to peer pressure pushing drug experimentation (Lewis and Irwanto, 1992). Available statistics also indicate that more than 70,000 children are currently living and/or working on the streets of small and big cities (Bappenas, 2002). Those who live and work on the street and have no home to return to are highly susceptible to using and selling drugs – especially marijuana – and homemade psychotropic pills, as well as sniffing glue (Whitemore, 1997). According to an assessment (head count) of children who worked and lived on the street in 12 cities (CSDS and MOSA, 2000),<sup>3</sup> at least 12 per cent of them had to work and had no home.

<sup>3</sup> Padang, Medan, Lampung, Palembang, Jakarta, Bandung, Semarang, Yogyakarta, Surabaya, Malang, Mataram and Makasar/Ujung Pandang

Smoking cigarettes has been viewed as a gate to drug experimentation. Existing information suggests that 9 per cent of cigarette smokers started smoking before they were 14 years old and 53 per cent before they turned 19 (CBS, 1997). Although there has been a lack of more informative data, a large study involving drug users indicated that the age of onset for marijuana use was 11-13 years old (Hilman, 1989).

There may be a host of other factors that make children vulnerable to experimenting with drugs. This rapid assessment, however, aimed at children already involved in the production, the sale and distribution of drugs because that issue has not been well researched (only one study) in Indonesia. That earlier assessment (by Irwanto and Hendriati, 2001) indicated that drug use may lead to involvement with the illicit drug industry. This assessment, in looking at the production, the sale and distribution of illicit drugs highlights some factors leading to drug use but doing so was not part of the research objectives.

## **Drug problems in Indonesia**

The use of (now-illicit) drugs is not a new problem for this country. Records in history suggest that as early as the seventeenth and eighteenth centuries, a number of Sultanates in Java were dealing opium with Dutch and Chinese merchants. In fact, there were a number of Sultans in Java who arranged an opium monopoly with Dutch companies that imported the substance from India. By 1862, the colonial Dutch established their own opium plantations in Java and Sumatra (Yatim and Irwanto, 1987). In the early nineteenth century, coca plants cultivated in those islands produced more than 1 million kg of leaves, or an equivalent to more than 15 tons of cocaine. While opium, or *candu*, was affecting the social lives of locals, cocaine was exported and not used locally. McCoy (1991) indicated that by 1929 there were more than 1,000 opium dens and 100,000 registered smokers, mostly Javanese. During the war for independence, the revolutionary fighters traded opium for ammunition (Sidharta, 1997).

In the 1960s, Indonesia – like many countries in the world – was overtaken by the drug subculture that swept up the youth in Western Europe and North America. The emergence of the new rich in Indonesia, especially from oil production, and the better educated who had access to Western lifestyles provided fertile grounds for the hard rock and psychedelic pop cultures, which mixed creative music, the anti-norm or anti-establishment movement, leisure and drug use. Alcohol, morphine, marijuana (which was and still is locally grown and produced) and all kinds of psychotropic pills were available and easily accessible in cities like Bandung, Jakarta, Yogyakarta, Surabaya, Denpasar-Bali and Medan in North Sumatra. By the early 1970s, more than 3,000 patients were receiving treatment in hospitals in the major

cities for substance dependence. Incidence of injecting drug use – especially morphine and possibly heroin<sup>4</sup> – was reported (Yatim *et al.*, 1999). In 1985, the Government estimated that there were 80,000 illicit drug users – based on the treatment centre bed occupancy rate for a number of years and an assumption that each recorded case of drug use represented at least ten other unreported cases (Irwanto, 1987). Studies conducted in treatment and rehabilitation facilities suggested that many clients came from small towns, and some were from lower socio-economic families (Hilman and Yatim, 1988).

By the late 1980s and early 1990s, big cities in Indonesia, especially the night entertainment establishments, were overtaken by the house music trend and prevalent use of methylenedioxy-n-methylamphetamine (MDMA), or ecstasy/XTC, among guests and hostesses. MDMA – although rather expensive<sup>5</sup> – was imported from the Netherlands in large quantities (hundreds of thousands of pills). The use of MDMA was soon followed by other amphetamine-type stimulants (ATS), especially the crystal-methamphetamine known as *shabu*. These drugs are still commonly used. The 1990s also witnessed the return of opiate substances – especially heroin, known as “brown sugar” (*putaw*). A recent assessment of the drug situation in the country suggested that injecting heroin and inhaling crystal-methamphetamine dominate the drug subcultures in major cities in Indonesia (Irwanto, 2001).

Although illicit drug use is clearly a serious national problem in Indonesia, there is no information on the magnitude of it. Despite the absence of surveys or empirically induced data, the National Narcotics Board is comfortable with an estimate that Indonesia has 2-3 million active drug users. Even without reliable data, it is somewhat easy to observe that the incidence of illicit drug use in major cities in the country is really very serious. As mentioned earlier, more schools now have reported cases of drug problems on their premises. The number of treatment and rehabilitation centres have grown dramatically in many cities in Indonesia. While a decade ago there were no more than a dozen religious and private institutions providing treatment and rehabilitation in Jakarta (and very few or even none in other cities) in addition to the government hospitals (mental hospitals and the Drug Dependence Hospital), today there are more than 50 such institutions in Jakarta and a fast-growing number in other major cities.

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<sup>4</sup> Many clinicians believe that the so-called morphine was in fact heroin (Reid and Costigan, 2002).

<sup>5</sup> Although the price of MDMA pills varies according to types and brands, the average price may reach more than US\$15-\$50 per pill – compared to US\$.50-\$1 in the Netherlands in 1994.

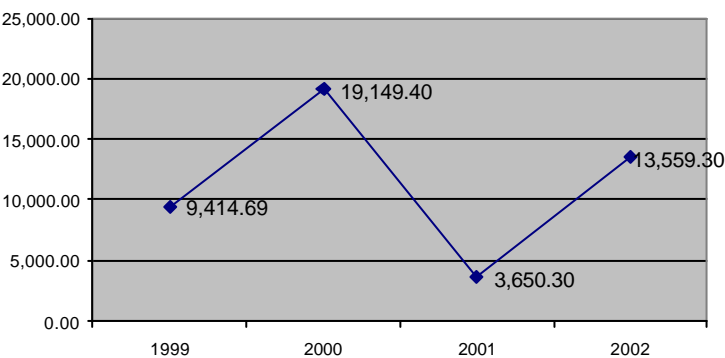
# Drug problems in Jakarta

Jakarta with its surrounding satellite cities, such as Bekasi, Tangerang and Depok, is the largest and most populated metropolitan area in Indonesia. During the work days, the city is bustling with more than 12 million people taking every opportunity for livelihood. At night, it is a more calm and pleasant place with lively leisure entertainment and restaurants.

On 3 February 2000, the *Kompas Daily* reported that Jakarta's main prisons, LP Cipinang and LP Salemba, were full of prisoners guilty of drug-related crimes, although the actual number of such prisoners was only around 250, of about 1,300 prisoners. In the juvenile prison in Tangerang, however, 35 per cent of the inmates were there for drug-related crimes. In fact, not a single day will pass in the news in Jakarta without a mention of at least one case related to illegal drug activity.

*How serious is the problem?* For the past few years, the metropolitan Jakarta police have reported various kinds of drug-related data. As shown in Figure 3, from 1999 to 2002 the metro police seized more than 45 kg of heroin, with the biggest seizure in 2000 (19 kg). In the same period, they seized 1,043 kg of marijuana, 120 kg of crystal methamphetamine and hundreds of thousands of psychotropic pills. No one is clear on whether these amounts represent the actual availability of drugs. Learning from international experience, however, drug enforcement agencies worldwide never capture more than 10 per cent of drugs available in the market (NIDA-CEWG, 2003). We might be able to calculate the number of drug users in Jakarta if we knew the efficacy of the law enforcement agencies in Jakarta. Unfortunately, such information is not available and no one seems courageous enough to make an estimate.

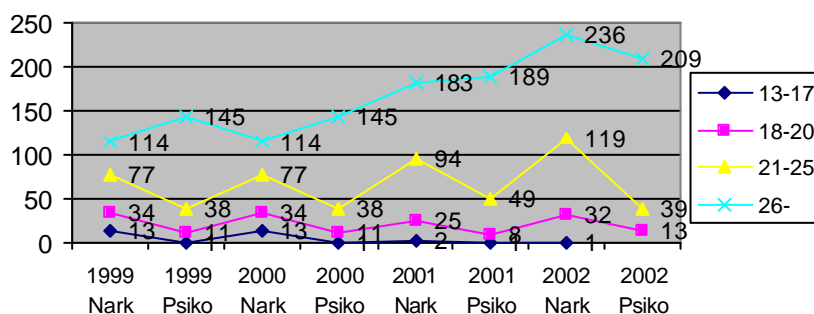
**Figure 3:** Heroin seizure by the metropolitan Jakarta police, 1999-2002 (in grams)



Source: metropolitan Jakarta police (2002)

*Who are the drug traffickers?* The majority of drug traffickers are Indonesians (see Annex 2). However, among the non-Indonesian citizenships of people arrested on drug-related charges, there is a preponderance of individuals possessing African passports. Citizens of Nigeria seem to dominate the statistics although there are other African nationalities, such as Togo, Cameroon, South Africa and Zimbabwe. There are also citizens of neighbouring countries, such as the Philippines, Singapore and Australia. Aside from the involvement of foreign citizens, hundreds of Indonesians were arrested during the same period. The age of suspects by the kinds of drugs presented in Figure 4 are dominated by individuals aged 20 and older. Unfortunately, there is also a significant number of suspects younger than 18. This clearly means that children are involved in the use, possession or selling of drugs. However, because there is no segregated information on the kinds of criminal charges of suspects, we could not draw any conclusion from these statistics as to the magnitude of children already involved in each activity.

**Figure 4:** Suspects by kinds of drugs and age



Source: metropolitan Jakarta police (2002)

### **Survey of risk factors**

#### ***Yayasan Cinta Anak Bangsa (2002)***

The survey involved 13 state and private senior secondary schools in Jakarta and 1,310 (44 per cent female) students participated. The World Health Organization's Healthy Life Questionnaire was utilized. Among the responses, 25.1 per cent had tried alcoholic beverages and 8.3 per cent had tried narcotic substances (both boys and girls).

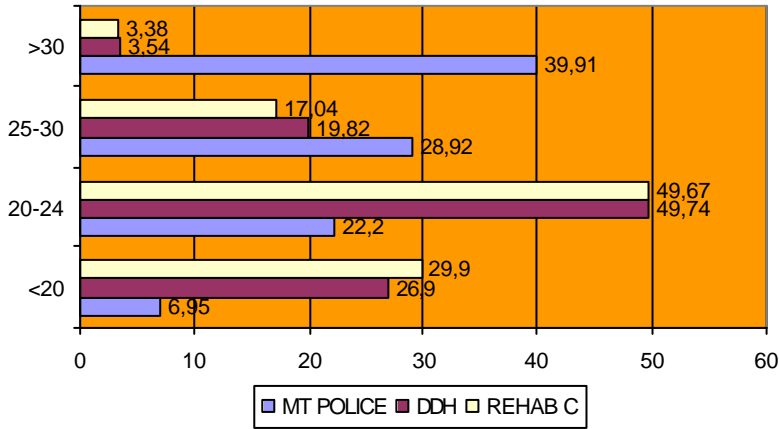
Other accounts of the drug scene in Jakarta suggest that schools are no safe haven anymore for children. A report by the provincial office of the Ministry of Education (2000) indicates that officials at 152 out of 1,603 junior



secondary schools (14.3 per cent) and 166 out of 1,029 senior secondary schools in Jakarta (16.13 per cent) have reported drug problems among their students. The same report indicates that 0.20 per cent of junior secondary school and 0.23 per cent senior secondary school students are involved in illicit drug use. These numbers are assumed to represent the tip of the iceberg, considering that having a drug problem stigmatizes schools and may affect the reporting of drug incidence. A recent paper by the Research Centre of the Department of Health (2002) reveals much higher figures. According to a study conducted through a random selection of schools and participants in Jakarta, 4.12 per cent, or 1 out of 25 students, in junior and senior secondary schools have been involved in illicit drug use. More specifically, 5 per cent of boys and 3.1 per cent of girls, or 1.8 per cent of those aged 11-14 and 5.8 per cent of those aged 15-19, have used drugs.

Handajani (2002) and the metropolitan Jakarta police generated similar profiles. In her study, Handajani (2002) examined existing statistics of 420 suspects arrested by the metropolitan Jakarta police (MJP), 762 clients undergoing treatment at the Drug Dependence Hospital (DDH) and 769 clients receiving treatment at 20 recovery and rehabilitation centres in Jakarta (RCs). Handajani found that in those institutions, 6.95 per cent (MJP), 26.9 per cent (DDH) and 29.91 per cent (RCs), respectively, were 20 years old and younger (Figure 5). Recent data from the police indicate that 4.7 per cent of

Figure 5: Age of drug users, 2000



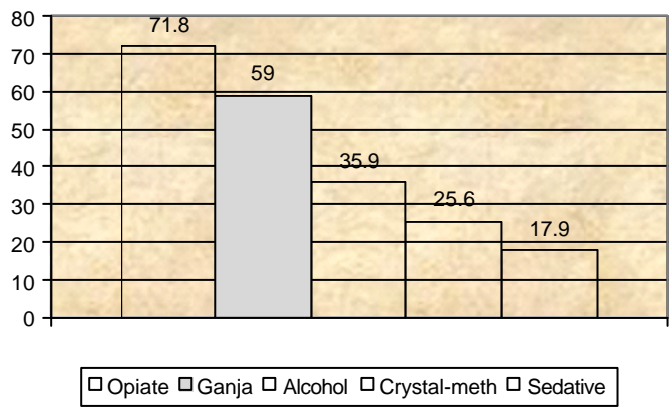
Source: Handajani (2002)

all suspects or arrestees are younger than 18. The lower figure of young offenders in the police records only indicates that in many instances the police

may have released them rather than detaining them for further legal prosecution<sup>6</sup> (Figure 5). Another interpretation is that those young drug users may have been caught using an illegal substance and taken to the treatment and rehabilitation facilities before developing further behavioural problems that could take them into conflict with the law.

The provincial office of the Ministry of Health also reveals that the most commonly used drug in Jakarta is heroin (MOH, 2003). A similar account was found by Handajani (2002) in rehabilitation centres, as shown in Figure 6. Drugs such as heroin and marijuana are as easily available as alcohol in communities. One may take no longer than 30 minutes to get access to those drugs in the right spots in Jakarta. Earlier data from the DDH (2001) reveals that more than 80 per cent of their clients consumed opioid substances. Only 8 per cent used multiple drugs. With continuous raids in Jakarta as well as more information being disseminated on the risks of injecting heroin at present, the trend may be changing. Other countries, such as Thailand, have indicated that the use of heroin is going down and the use of amphetamine-type substances, especially MDMA and crystal-methamphetamine (known as ice in Indonesia, *yaa baa* in Thailand, *shabu* in the Philippines, and also in various places as *ubas*, *SS*, *shabu-shabu*, *bakar*, glass, crystal, quartz, ice cream and *hirropon*) is on the rise (Siriraj, 2003).

**Figure 6:** Kinds of drugs used by patients in rehabilitation centres in Jakarta, 2002



The statistics shown in Figure 6, however, may be misleading. Seizure statistics seem to suggest that the amount of seized marijuana has been declining significantly over the years (Table 3). This does not mean that the

<sup>6</sup> It is widely known that the police are involved in extortion of drug-related suspects. Many may have been released after paying a bribe to corrupt officials.

use of the substance is diminishing. In fact, marijuana is the most available drug in the market, and it is one that is locally produced. We believe that marijuana is still among the most commonly used substances on the street in Jakarta and elsewhere.

**Table 3:** Amount of drugs seized as evidence during arrests  
by metropolitan Jakarta police

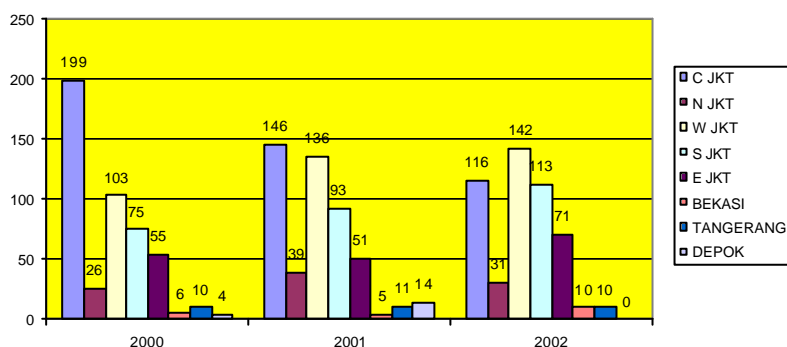
Year	Heroin (g)	Cocaine (g)	Marijuana (kg)	MDMA (pills)	Crystal meth (g)
2001	3,621.3	0	36,790.9	27,733.5	26,292.2
2002	13,553.3	0	27,164.2	14,8112.5	6,514.7
2003*	7,402.2	10.7	1,1052.15	4,117.9	673.3
<b>Total</b>	<b>24,576.8</b>		<b>65,007.25</b>	<b>46,663.9</b>	<b>33,480.2</b>

\* April

*Which region in Jakarta is the most vulnerable for drug-related problems?* Data from the Drug Dependence Hospital shows that most patients came from outside of Jakarta. Among patients from Jakarta, however, the number of those living in South Jakarta is the highest followed by those living in East, South and West Jakarta.

The metropolitan Jakarta police have a different perspective. Most of the arrests are made in Central Jakarta, although the trend is decreasing. In West Jakarta, the trend seems to be increasing. The data, however, might be influenced by the nature of the institution. Figure 7 presents different places where the police have made arrests. The Central Jakarta statistics dominate because most entertainment establishments are situated in that area and many arrests are performed during raid operations. On the other hand, because the DDH is situated in the south part of Jakarta, the facility is more accessible to residents of that area than from elsewhere. In sum, although we have a few statistics for analysis, we cannot infer any useful information as yet. We may assume, though, that the regions with the highest number of identified drug-dealing spots, such as Central Jakarta (13) and East Jakarta (14), should be more vulnerable to the problem.

**Figure 7: Place of arrests, 2000-2002**



Source: metropolitan Jakarta police, 2002

## Current policies on drugs and drug-related problems

The policy toward use of psychotropic drugs, especially those categorized as illicit drugs, has not changed much for the past four decades. Since the recognition of the problem in the late 1960s, the State has been imposing a supply-reduction approach to address it. The much-mentioned demand-reduction approach was not consistently or seriously implemented until recently.

Government efforts to cut the supply of illicit drugs used to be coordinated through Presidential Instruction No. 6/1971, which was used as a statutory basis to establish a Coordinating Board for the implementation of the instruction (Badan Koordinasi Pelaksana Inpres – BAKOLAK Inpres No. 6/1971). The task of the Board was to coordinate state and other agencies that deal with drug use and abuse issues. In addition, the Board was also looking after issues of drug-related money laundering and falsification. Until 1990, Indonesia – excluding Bali – was a transit country for drug trafficking from the Golden Triangle (Lao PDR, Myanmar and Thailand) and China via Hong Kong to Australia.

In 1972, the Drug Dependence Hospital was established as an expansion of the Fatmawati State Hospital and has become the one and only specialized hospital in the country to this day, although around 2,000-3,000 patients are admitted in various hospitals annually. In 1976 the Government ratified the Single Convention on Narcotics through Law No. 8/1976. In the same year, Narcotics Law No. 9/1976 was enacted. Following the issuance of the laws, the Minister of Health issued a decree and three regulations, all having to do with the control of different kinds of substances that are abused often.

In 1978, an umbrella NGO was established under the patronage of the First Lady and the police department. This NGO, BERSAMA, was internationally known for its initiative to bring together similar organizations in the country and the region into a federation (International Federation of NGOs, or IFNGO), which meets once every three years. BERSAMA used to be considered as the umbrella NGO for all activities having to do with combating drug abuse. However, currently, especially after the fall of Soeharto's regime, NGOs no longer regard BERSAMA's role as the umbrella institution, although it continues to work on the issue. In fact, BERSAMA has no significant role in advocacy and programming to fight drug abuse in the country. With the BAKOLAK Inpres No. 6/1971 dissolved, the police now regard BERSAMA as just another organization with no special mandate, and it is experiencing a lack of funding to implement its programmes. Many professionals who possess expertise on the drug issue are recruited to join the National Narcotics Board, which is well funded.

In 1996, the Government through Act No. 8/1996 ratified the Convention on Psychotropic Substances of 1971. The national law on psychotropic substances came later as Psychotropic Act No. 5/1997. The Government also ratified the UN Convention Against Illicit Trafficking of Narcotic Drugs and Psychotropic Substances through Act No. 7/1997. This was followed by the enactment of the Narcotics Act No. 22/1997, which replaced the Narcotics Act No. 9/1976. All of these acts are formulated and enforced within the supply-reduction framework. According to the provisions in the various Acts, someone who knows or has information of a suspected drug user should report to the authorities (police) or else face punishment. Carrying and possessing illicit substances as well as involvement in the production and the sale of illegal substances are punishable by law. The Narcotics Act sets severe punishments, from two years imprisonment up to the death penalty and fines ranging from 100 million rupiah to 5 billion rupiah. Those who force, intimidate or trick people to produce or sell drugs will be punished for 5-20 years imprisonment or fined 20 million rupiah to 600 million rupiah. Parents who do not report their children who use drugs will be punished with up to three months imprisonment or fined as much as 1 million rupiah.

The police and other law enforcement agencies have been engaged most actively in supply-reduction programmes. In some cities, especially in Jakarta, a number of community and religious organizations have been involved in providing care and limited advocacy in the community. A number of concerned parents went to Malaysia and elsewhere to look at facilities that might be of help for their children and ended up establishing similar services in Indonesia. As the problem grew more and more serious, especially with the rising incidence of the human immunodeficiency virus (HIV) infection among drug users, a national consultation involving many concerned individuals,

professionals, some NGOs, activists, international experts and individual representatives of government agencies met in Cipanas in 1999 to strategize for a more concerted effort at the national level (Yatim *et al.*, 1999). After a long debate about the types and level of coordination, the President issued Decree No. 116/1999 for the establishment of the National Narcotics Coordinating Board (NNCB), which then replaced BAKOLAK Inpres No. 6/1971.

A Narcotics Intelligence Unit was established within the police system to spearhead the implementation of the Presidential Decree in 1971, as well as in 1999. As with the poor enforcement of the previous decree, this new Presidential Decree was not able to find its niche for implementation. The police seemed preoccupied with their own tasks and internal problems and not interested in what essentially was a unit designed to coordinate the efforts of different groups. The NNCB as a national body was not supported by other government agencies and much less by community organizations.

In the final analysis of the police, being only a “coordinator” was too weak a role for them. The police wanted to form a special unit for action, similar to the Drug Enforcement Agency (DEA) in the United States and to units in the region. They needed more power and authority, which was granted recently by President Megawati. On 22 March 2002, the President issued Decree No. 17/2002 on the formation of a National Narcotics Board that allows the police to devise a special unit to fight drug trafficking. The decree also provides articles on coordination and roles of other sectors in the government, including health, education and social welfare. It is clear from the decree that supply reduction is the main policy of the Government, though there is emphasis on demand reduction but to a lesser extent.

### ***Presidential Decree No. 17/2002 on the Establishment of the National Narcotics Board (NNB)***

*Article 1: NNB is a non-structural body and directly responsible to the President.*

*Article 2: NNB provides assistance to the President in (a) coordinating government sectoral units, prevention and elimination of drug use and illicit trafficking of drugs and establishes task forces to implement existing policies.*

*Article 3(d, e): ...mobilizing task forces to eliminate drug abuse and illicit trafficking and cut the trafficking network and related activities.*

*Article 3(f): ...seeking cooperation and partnership at the national, regional and international levels.*

*Article 3(g): ...development and enhancement of an information system and psychotropic drug laboratory.*

The enforcement of the new decree has encountered a number of serious challenges. First, the decree does not provide a clear structure of a similar agency at the subnational level. The Provincial Narcotics Boards (PNB), which are established in a number of provinces, do not have a direct coordination link with the NNB. Each PNB is responsible and reports to the highest authority in the province, which is the governor. It is linked to the NNB only in the mandated tasks but has no clear provisions on how the linkages should be performed. Second, the Board has no clear legal authority because it is not independent from the executive and it has no clear link with the Office of the Attorney General or the Supreme Court except through the police department, which is only a small part in the mandate of the decree. Third, although within the Presidential and the subsequent Governor Decrees it is stated clearly that the Board is allowed to form its own task forces that may involve existing government sectors such as education, there is no clear provisions on how the linkages should be established. Consequently, what could be an important mechanism for policy implementation has not really materialized.

In addition, the NNB and PNB have encountered ongoing challenges in monitoring the quality of rehabilitation and care services. In Jakarta alone there are more than 30 rehabilitation services. Some of them are established by religious communities, many are set up by private-practice physicians. All of them employ different approaches and may have different standards in providing pharmacotherapy as well as psycho-social intervention. A number of organizations and institutions, such as the Ministries of Education and Social Affairs, as well as the NNB and PNB have provided drug information to the public. NNB and PNB have been asked by stakeholders, such as teachers and parents, to monitor whether the content and methods of dissemination comply with the standard practice of teaching or training, to prevent further problems such as raising young people's curiosity in trying drugs. Lastly, NNB and PNB need to address the fact that large drug dealers have penetrated the justice system, including the police force, with their influence.

As previously mentioned, the national plan of action on the elimination of the worst forms of child labour aims to resolve the involvement of children in the production and distribution of drugs within the first five years of the plan's implementation.

The recently legislated Child Protection Act No. 23/2002 specifically contains provisions on such activities. Article 67, paragraphs 1 and 2, prohibit the involvement of children in drug production and distribution. Article 89 sets fines for those who are found guilty of using children in illegal drug activities from 50 million rupiah to the maximum of 500 million rupiah, or imprisonment from 5 to 20 years. Since this is a new legislation, not all law

enforcement agencies and officers are familiar with it. It will take some time to enforce. But this law is the first legal instrument that can help to argue that children's involvement in the production and the sale of drugs is in fact victimization of children rather than a criminal act. The problem is, however, that the Narcotics Act and the Psychotropic Act are utilized currently as the main reference in the courts for any drug-related cases, and those laws seek to punish offenders of all ages.

Illicit drug use in Indonesia has brought about changes in the national strategy to prevent HIV transmission. Up to the end of the 1990s, Indonesian authorities considered HIV infection in the country as a concentrated epidemic with heterosexual contact as the main mode of transmission. Available information indicates that Jakarta and Papua and Riau provinces have the highest incidence of HIV infection among sex workers. In the past three years, however, incidence of HIV infection through needle sharing among injecting drug users (IDUs) has been increasing significantly – from less than 1 per cent of the reported total HIV cases in 1999 to more than 19 per cent in 2001 and more than 25 per cent in 2002 (MOH, 2003). This is consistent with the findings of a rapid assessment and response (RAR) in eight cities conducted a year earlier that revealed how needle sharing among IDUs is a common practice, especially among young users (Irwanto et al., 2001; Utomo et al., 2001). The gravity of the problem, however, was not officially recognized until the beginning of 2002. IDUs were then included as part of the sentinel surveillance sample. At present, a number of sentinel surveillance have been conducted with surprising results: Blood testing among IDUs in the Drug Dependence Hospital (Jakarta), Drug Rehabilitation Centre (Bogor), prisons (Bali and Jakarta) and a community health centre (Jakarta) revealed more than 30 per cent incidence of HIV infection.

Responses to HIV and drug problems are fragmented, however. In reaction to the HIV infection issue, the Government created a national strategy composed and implemented in 1994 under the Coordinating Minister of People's Welfare. The policy machinery for this issue is the Komisi Pencegahan HIV/AIDS (Commission for HIV/AIDS Prevention, or CAP), which is located in provincial and district welfare offices. The health sector spearheads its implementation. In drafting the 1994 national strategy, injecting drug use was not seen as a threat and thus there were no provisions to address the risks involved. The strategy is currently being reviewed in light of the growing evidence from the IDU community.

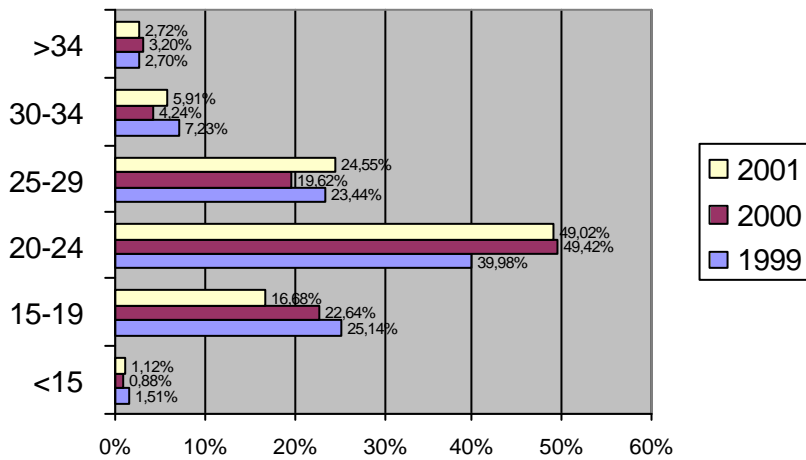
As HIV and Acquired Immune Deficiency Syndrome (AIDS) prevention becomes a higher priority in the fight against infectious diseases in Indonesia, policy-makers are confronted with difficult dilemmas when it comes to preventing the spread of HIV among injecting drug users. As described earlier, the policy on drug abuse in Indonesia is dominated by the



supply-reduction approach where the police have the lead role. Preventing HIV transmission among IDUs from a health perspective means that these IDUs have to be treated as individuals having health problems – and not as criminals. Health professionals understand very well that these addicts cannot stop their drug use instantly; therefore, from the health perspective, an injecting drug user must be taught to use clean needles and syringes and to stop sharing needles. As the police are mandated by the Narcotics Act to capture and bring to court anyone who possesses, carries, uses and sells illicit drugs, there is confusion and frustration on both sides in establishing coordination between the NNB and CAP.

Statistics on injecting drug use are limited. When we examined DDH data, in which approximately 80 per cent of the clients in 2001 were injecting heroin, we were informed that many very young people were involved.

**Figure 8: DDH clients by age group, 1999-2001**



Source: Drug Dependence Hospital, 2001

As indicated in Figure 8, more than 20 per cent of all clients were younger than 19. DDH statistics also suggest that approximately 39 per cent of all clients were students. Lack of needed coordination between the NNB and CAP continues to result in the criminalization of IDUs, including children, and consequently pushes them further to use and sell drugs to fulfil their needs in more harmful ways. Fortunately, both the NNB and CAP have met several times recently to discuss their roles and priorities for improving national coordination.

# IV

## Assessment Findings

### Demographic characteristics

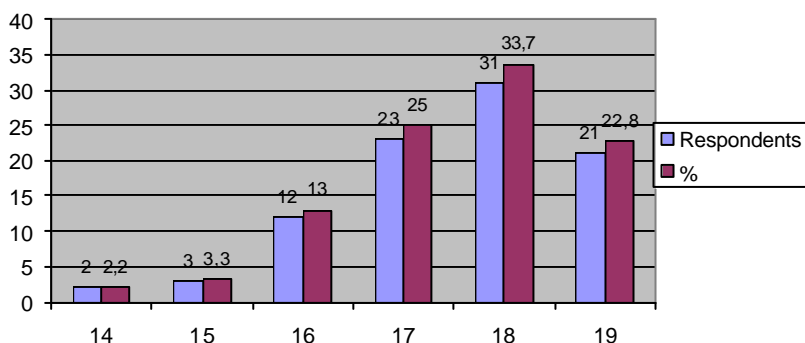
#### Sex

Of the 92 subjects interviewed for this assessment, only two were girls (2.2 per cent). This certainly is not representative of the real situation. Existing studies (Irwanto, 2001; Utomo *et al.*, 2001) suggest that female drug users are 5-10 per cent of all drug users. This rapid assessment was not able to reach a significant number of girls on the street who were involved in drug production and distribution.

#### Age groups

Half of those interviewed were 17 years old and younger at the time of the assessment and others were 18 and 19 years old. During recruitment of respondents, it was difficult to concentrate only on those younger than 18. All of them, however, indicated that they started selling drugs several years earlier. Many of them have been abusing drugs for more than three years and presently still use illicit substances.

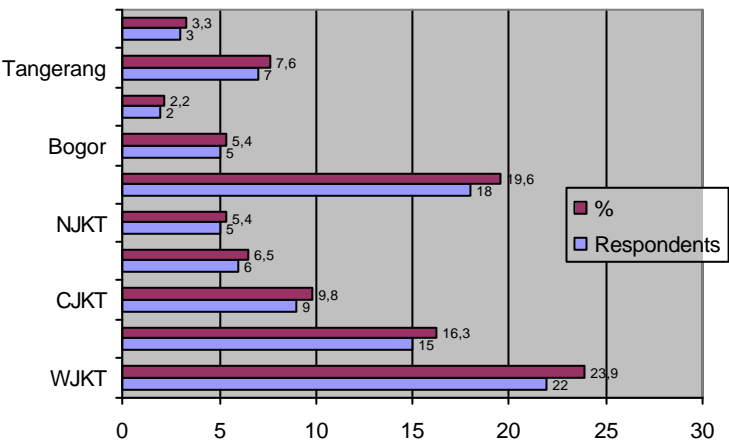
Figure 9: Age of people interviewed



*Place of residence and living arrangement*

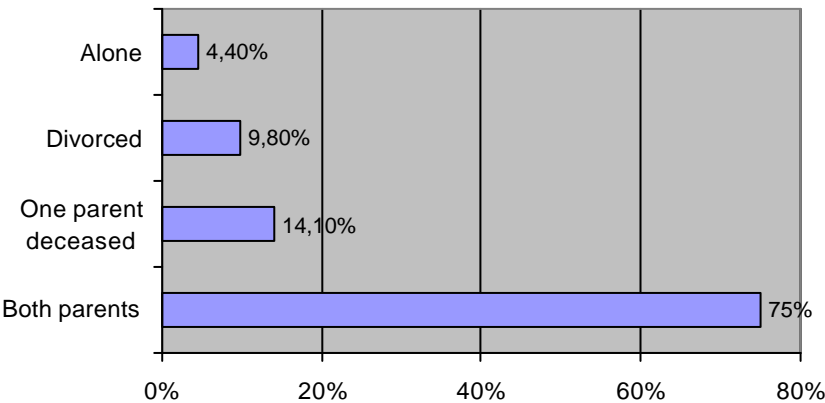
The place of residence very much reflects where this study recruited participants. As indicated earlier, we obtained information on participants through fellow drug users or NGOs.

**Figure 10:** Place of residence of young people interviewed



Most of the respondents in the assessment lived with their parents, where both parents live together (Figure 11). Only 24 per cent lived with one parent due to separation or death of one of the parents. Four respondents lived by themselves in an NGO shelter. Although this is not a randomized sample study, we believe that most children who use drugs live with both their parents.

**Figure 11:** Living arrangement and parental status of young people interviewed

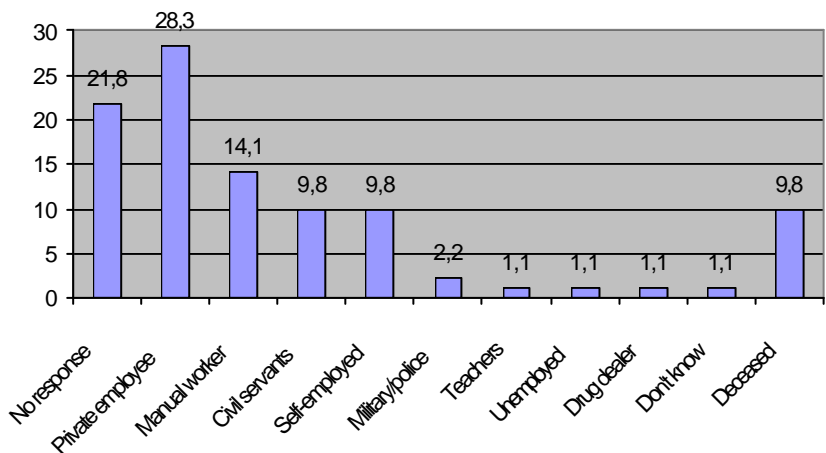


The field observation determined that the majority of the children interviewed lived in densely populated and poor residential areas. As well, the majority came from families with three to four children (54 per cent), and around 30 per cent came from families of more than five children. Only 19.8 per cent of our respondents were the eldest in the family, and 26.4 per cent were the youngest children.

**Occupation of parents**

Figure 12 reflects how those who answered the assessment questions indicated their fathers were gainfully employed. Many of them were employed by some sort of private establishment. Some were civil servants, such as military or police officers and teachers. Regarding the occupation of their mothers, 35 per cent of the young people interviewed did not reply. From those who responded to the question, 34.8 per cent indicated that their mother was a homemaker, 9.8 per cent of them were self-employed, 6.5 per cent of them were employed by a private company, 6.5 per cent manual workers, 2.2 per cent teachers and the rest did not know their mothers' occupation (1.1 per cent) or she was deceased (3.3 per cent).

**Figure 12:** Occupation of fathers (%)

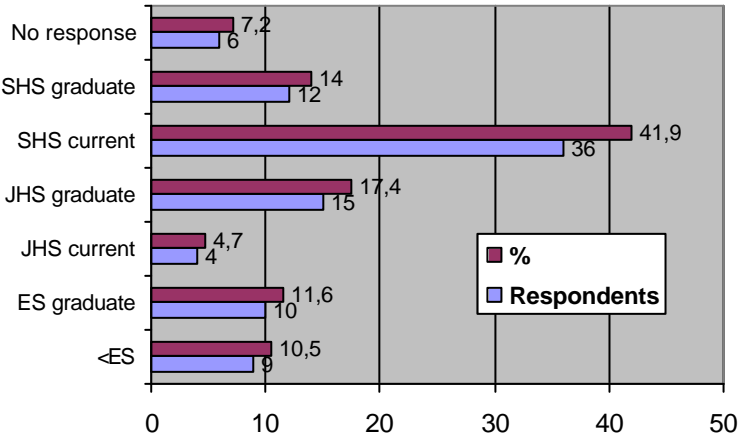


*Level of education<sup>7</sup>*

As indicated in Figure 13, of those who responded (6 did not) 40 were still in school and 12 had graduated high school. At least 34 of them had dropped out of school.

Our interviews with these children suggest that many of them had drug abuse problems prior to dropping out or being expelled from school. Some of the children admitted that they were expelled from school because they were arrested by the police for possession of drugs and jailed, either for a few days or a few months. Upon their release, the school administration expelled them. Once expelled, they could not find other schools that would accept them due to their school reports explaining the reason for their expulsion.

**Figure 13:** Educational level of respondents



**Involvement in the production and sale of illicit drugs**

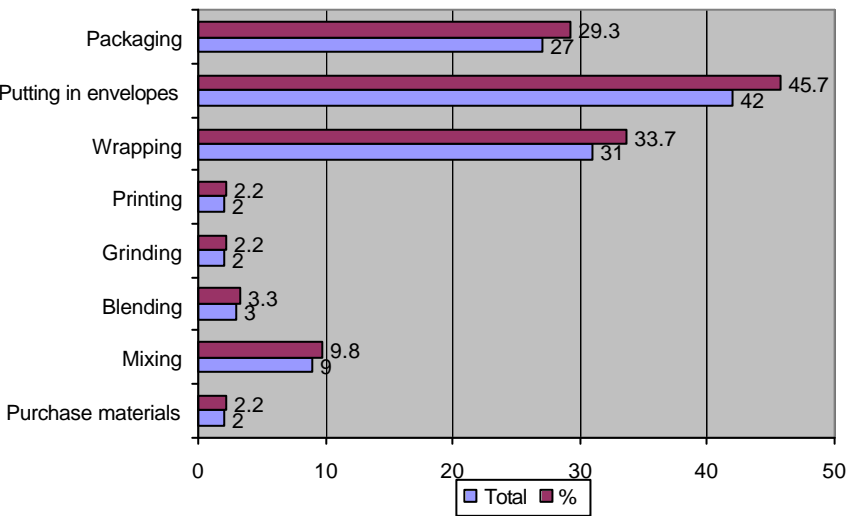
*Involvement in production*

Among the 92 children interviewed, 48 of them (50 per cent) had been involved in the production process of substances. In fact, 45 of them were still actively engaged in some type of work in the production process.

<sup>7</sup> Elementary school (ES) officially starts when a child is 7 years old. ES is six years. After completing ES, a student is expected to continue to a three year junior secondary school (JSS) and following that, another three years of senior secondary school (SSS) before college education.

As indicated in Figure 14, the tasks of those children were primarily packaging activities, from wrapping, putting the substances into small envelopes for selling or packaging larger amount of drugs for distribution.

**Figure 14:** Respondents' involvement in production



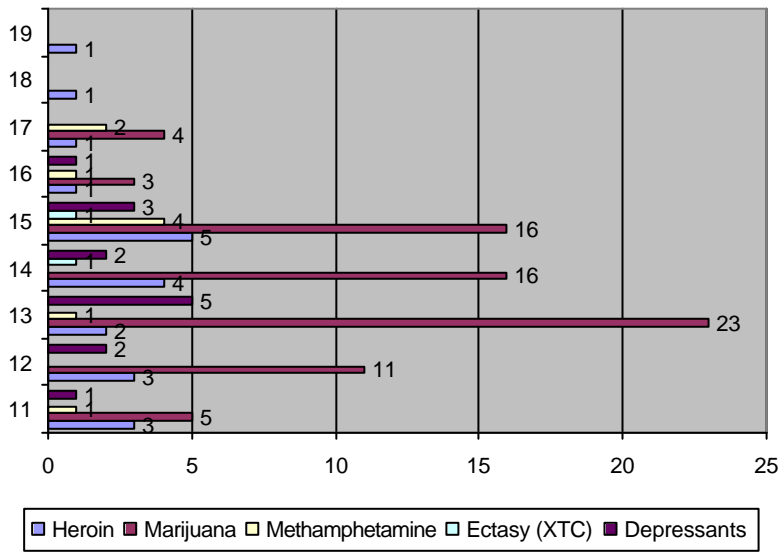
***Involvement in the selling of drugs, age when began and level of education***

Of the 90 people interviewed who said they sold drugs, some admitted to starting to sell drugs when they were 13 years old or younger and still in elementary school. As indicated in Figure 15, the critical period of involvement is the age of 12-13 years old for marijuana and 13-15 years old for heroin. For involvement with all drugs, it seems that the age period of 12-15 years is a critical time.

When we look at the kinds of drugs they sold, marijuana seems to be the most accessible drug to these children followed by psychotropic pills – especially ecstasy. Methamphetamine (street name: ice or *shabu*) seems to be another kind of drug that is easily available to these children.

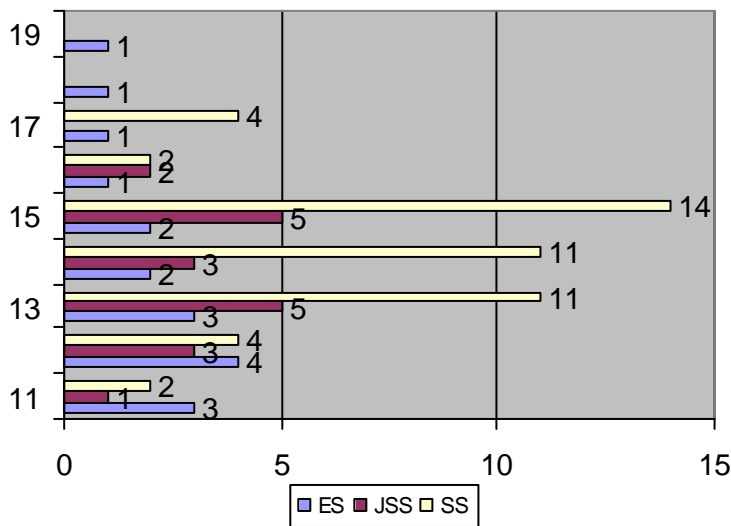
In general, children aged 12-15 are still in elementary or junior secondary school. When we examined our statistics, clearly many of those in the assessment were dealing drugs when they were in school or when they had dropped out at either the elementary or junior high levels.

**Figure 15:** Age of involvement and kinds of drugs of 90 respondents



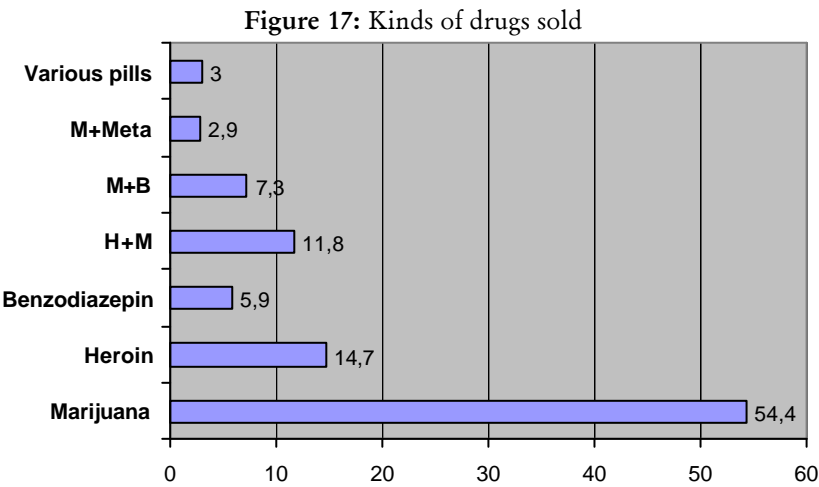
Our interviews reaffirmed that most children used drugs, especially marijuana and psychotropic pills first, while they were in junior secondary school. Some admitted that their parents knew about their drug use but did nothing except reprimand their behaviour, advise them to stop or just make a few insignificant comments to suggest that they knew what was going on.

**Figure 16:** Respondents' level of education and age of involvement of 86 respondents



*Kinds of drugs sold*

Based on what the children revealed in the interviews, most were involved in the sale and distribution of marijuana – which seems to be the most accessible to children and the safest (Figure 17). Following marijuana is heroin as the most commonly used drug nowadays in Jakarta.



Note: M=marijuana; B=Benzodiazepin (tranquilizer); Meta=methamphetamine

Those who sold drugs were recruited by dealers and earned either pocket money or were paid with drugs. Children acknowledged that the dealer allowed them to take some amount for personal use and even allowed them to give away some drugs as a “tester” to potential customers.

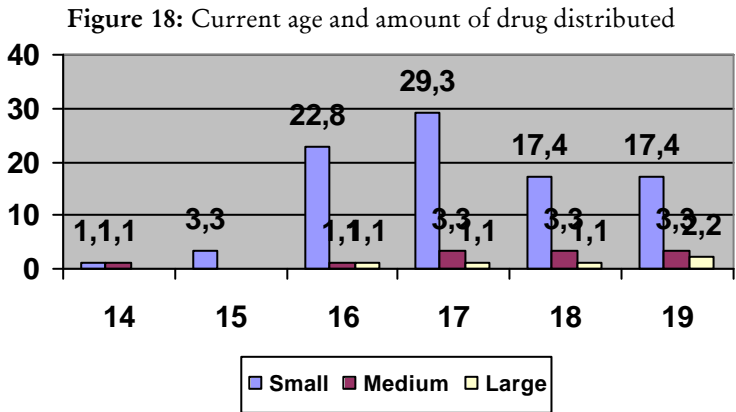
*Amount of drugs distributed and age of subjects*

We categorized children based on the level of their acknowledged drug-selling activity: Those who sold drugs in quantities of less than 300,000 rupiah (US\$35) per sale were considered “small amount”. Those who sold drugs in quantities of 300,000 rupiah to 1 million rupiah (US\$35 to \$115) per sale were categorized as “medium amount”. Any distribution of drugs worth 1 million rupiah or more per sale was categorized as “large amount”. These categories were based on a similar system used by an outreach worker in the Kios Informasi Atmajaya who used to be a dealer. The outreach person explained that most drug dealers only sell less than 300,000 rupiah, which are such small amounts that they are not regarded as “special” and are not considered as “real drug dealers”. For those selling heroin, “large amount” may account for less than 4 g of heroin. The data in Figure 18 suggests the likelihood that the older the child, the bigger the amount of drugs he or she distributes. Most of the



children in the assessment, however, were involved in small and medium amounts of drug sales. In fact, many of them were involved only as couriers.

Those children who were identified as selling and transporting drugs in large amount (only four individuals) happened to be helping a brother, a father or a friend who were major drug dealers. One of them was caught while trafficking a ton of marijuana from Aceh to Jakarta; the other three were still selling and trafficking drugs on the street when interviewed.



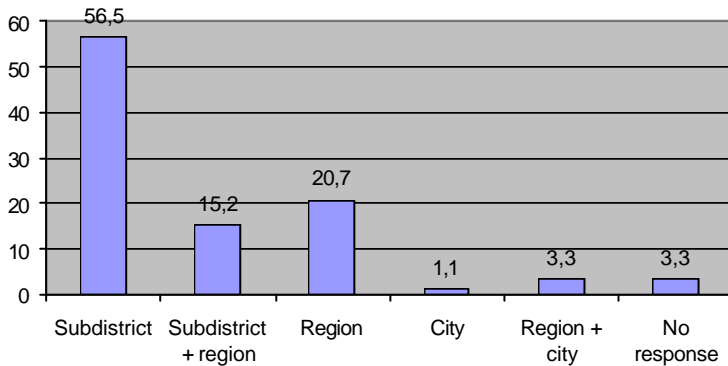
### *Geographic areas for the sale and trafficking of illicit drugs*

Most children sold or distributed drugs only within one subdistrict, although more than 40 per cent of them reported moving around within a district or within a region in Jakarta (Figure 19). For example, Oman, now 19, used to sell marijuana for a year when he was 17 years old. He was assisted by two friends, Rohadi, 16, and Basir, 18. They offered their drugs to friends and strangers. Oman said that when he was still associated with his “boss”, a drug dealer for whom he used to carry marijuana from Jembatan Lima in Central Jakarta to sell in Krendang.<sup>8</sup> One of Oman’s assignments from his boss was to carry drugs as “testers” for new customers, especially during get-togethers when young people hang out. He claimed that to “open his stuff for testing” is very important in his business. He would stop potential customers in front of the *kampung* alley and ask them what they need. If Oman had the drug on hand, he would fix the deal on the spot. Otherwise, he would tell the customer to wait while his assistant would go to find what was needed. Most of the young people selling, however, do not know the dealer, but they know a middle person who provides them with rewards when a deal is fixed.

\* All names have been changed.

<sup>8</sup> less than 1 km away

**Figure 19: Areas where drugs are sold and trafficked**



## Onset of involvement in illegal drug activity

### *Absolute poverty*

Poverty has never been mentioned as a significant factor that leads children to be involved in the production and the sale of drugs. At least it was not the initial factor mentioned by our informants. Peer pressure, difficult circumstances in the family and in school and their acquaintances with drug dealers were the explanations most frequently mentioned in the interviews. However, poverty seems to play an important role in the behaviour of young people once they are using drugs frequently. Once a child is hooked, he/she is very vulnerable to being exploited to sell or distribute drugs because of the lack of money to maintain the habit. Similarly, when a child who is hooked into using drugs is expelled from school, limited financial resources prevent his/her family to find education alternatives. In such circumstance, one frequently undertaken measure is to buy a fake graduation certificate that is expensive but allows a child to move to another town to finish his/her education.

*“What can I say, I feel very wary about going to school. At that time I had been using heroin although I dragged [inhaled] it. I stopped going to school when I was in the second year of junior secondary school and then [my parents] bought me the JSS certificate. I went to the senior secondary school only for six months and I quit again. My Mom bought me a SSS certificate. Now [that I am 18] I would like to go directly to college.”*

– Ersä, 18

Only a few parents are able to seek the school certificate recourse. Most children, like the parents of Sadikin, 14, could not afford to transfer him to another school when he was expelled from the sixth grade. Once out of school, a child is usually caught between his/her drug habit and the need to

survive economically. At this point, the young person is easy prey to the dealers to go more deeply into selling or distributing.

Poverty may also play a significant role in putting children at risk initially as poor families tend to live in poor communities within which small drug dealers usually operate. In such communities, public facilities for sports and other kinds of recreational activities are rarely available. In their free time after or before school, children mingle with others who are jobless and out-of-school. In such an environment, a child is vulnerable to exploitation by these adults and older children.

### ***Peer pressure and the role of family***

The role of peers in the onset of illegal drug use among adolescents has been universally acknowledged. In this assessment, the family living arrangement of many of the young people interviewed put them at risk of being exposed to drug abuse in their neighbourhood. It was very common to find that the person who introduced them to drugs and those who asked them to distribute or carry drugs were childhood friends living in the neighbourhood. Peer pressure was heard frequently in the discussions for this assessment:

*"[We were] following friends. Our courage was tested. If we dare, we just join them."*

*"When I first joined these kids who were using drugs, I felt proud. Then I tried using drugs."*

Aside from friends, a drug-using partner was reported as an important lead to drug use and distribution, as one boy explained:

*"Because I have a girlfriend who sells drugs, I was initially forced to use drugs. I tried and found it was a pleasing experience, and I could not help but to continue using."* – Anto, 18

Anto did not continue selling drugs after his girlfriend died. He still uses heroin and hangs out with drug-using friends, however.

Family has been one of the most frequently mentioned entities, aside from friends and dealers. Some of the interviewees acknowledged that their parents knew they used drugs. Although they might be very upset, these children indicated that their parents could only beg them not to do drugs anymore. When asked how their parents knew about their drug use, the respondents said neighbours or friends had told their parents, the smell from their clothes or body, their behaviour when they were at home, the red eyes, losing things at home (theft), and so on.

*"Yes they know, and they advised me...It was because the police came and raided my house. I ran away for one week. Because of that my parents knew [I was using and dealing methamphetamine] and they cried. I was paranoid for some time, afraid to see people. That was the time when I felt pity for my parents."* – Juli, 17

*"My family knows that I use drugs... but they do not know that I am involved in the sale of the stuff."* – Wandi, 17

*"I am fair to my parents. I tell them what drugs I consume... My parents often advise me. .. The most serious advice that they give me is that if I use drugs again, I will not be allowed to stay at home."* – Yon, 18

*"Once my parents knew that I was involved in distribution. Someone told my parents. They did not seem surprised."* – Oman, 19

*"My parents also knew that I use drugs. They knew that only yesterday. They did not seem to be surprised and ask me not to use drugs anymore."* – Rohadi, 16

As indicated by Rohadi, family often contributes to the increased vulnerability of children. When children were having problems with their drug-using peers, the reaction of family members, especially parents (father), often made the situation worse. Rohadi admitted he had used drugs since he was in the fifth grade. One day his parents caught him with his drugs (psychotropic pills) and it spoiled a family dinner. His father was so upset and physically punished Rohadi so severely he passed out. He was told by friends about what had happened to him, and he ran away from home. He has since lived on the street. He also quit school because he was ashamed. He stopped using pills but turned to injecting and selling heroin.

*"I was once slapped by my parents. I came home seriously intoxicated and my father complained about my behaviour and suddenly, 'pak-pak' – he slapped me and said, 'Take your clothes and get out of this house!' I replied, 'What did I do wrong?' I ran away for a week, but my parents looked for me."* – Danang, 18

Other children indicated that they had problems with their families before they experimented with drugs, such as Deti, 17, who was interviewed at her home:

*"I feel that I lack attention from my mother...lack of attention since we rarely meet. I seriously felt that way when I was in junior secondary school. Before I woke up in the morning, my Mom had gone [working in a food stall] and when she was home, I was in bed. Every day just like that! When she met me,*

*she only gave me money, never asked me anything else... not like my father who asked me about my school.” – Deti, 17*

Deti acknowledged that her loneliness lead to her experimenting with drugs, though her parents did not know that she used drugs and sold heroin. Other children, especially boys, commented that their parents quarrelled all the time and that makes them very sad. Overall, many of them were not very open about their family affairs. They were more likely to say that they were poor rather than that they had family problems.

Danang told us the following about his family and his schooling, which led him to experiment with drugs and quit school:

*“I was a drop-out of a junior secondary school. I came from a broken home...First, I was influenced by my peers... when they missed school or classes, I joined them... until I was finally caught [by the teacher and punished] and felt too lazy to go to school anymore.” – Danang, 18*

### **School and school drop-outs**

The school has a unique position in the onset of children’s involvement in drug activities. Most interviewees indicated that they had been using and selling drugs while they were in school, especially when they were in junior and senior secondary school. Some children did not find school fun. One young person, Yon, 18 and a Muslim, talked about his experience going to the third grade in a public elementary school in downtown Jakarta where most of the students were of ethnic Chinese origin:

*“I was upset, when others were reading, I kept quiet and would do nothing. [I asked myself] what are these people reading? The teacher threw chalk at me. He was very mean. I asked to be excused to wash my hands. I was hurt, I wanted to kill him...There were only five Muslim students in the classroom; the teacher threw chalk at all of them. I put glue on his chair. When he got up, he brought the chair with him. He knew I did it and I was punished. If I did it once again, I would be expelled from school. I could not do anything.” – Yon, 18*

Yon finally left the school along with the other four Muslim students. He was not able to transfer schools because his father had died when Yon was three years old and his relatives could not afford to support his transfer. He went to a religious school for a year and dropped out.

*“I went to school until the fifth grade... I was naughty at home and in school... I transferred many times and I frequently got into fights with my older brother. I then transferred to Bogor and after a year I was transferred back to Jakarta.” – Wandu, 17*

*"I went to school until year two of junior secondary school and dropped out because I always missed classes... I was caught red-handed using drugs in school. My parents were questioned and I was expelled from school."* – Nunung, 16

Am, 18, who is still in third year of a vocational school in Jakarta recalled that his teachers never paid any attention to the students. They did not care about the students and why they were having trouble, he said. He would "drag" (smoke) *shabu* before he went to school. Most of his friends knew about his drug habit. He said that at least five of his classmates also used drugs. Am admitted that he often sold drugs, in small quantities, to his classmates.

Deti, 17, one of the two girls interviewed for the assessment, indicated that when she was short of funds to sustain her habit, she skipped school to meet her friends who were commercial sex workers and took customers to make money.

Based on many similar stories, it seems school officials have no idea how to appropriately deal with the drug problem. In cases where children use drugs while they are actively participating in school activities, the institution is lacking a mechanism to deal with the problem effectively, aside from expelling students. Some financially better-off schools in Jakarta previously imposed urine testing at random to students in senior secondary school. The Department of Health, however, announced that urine testing was not an effective tool to screen for drug use among students.

When students are expelled from school due to drug use, there is only minimal opportunity for them to find another school. In many cases, these students stop their education and have to find employment. Since many of them have no vocational skills, most end up unemployed and have nothing else to do except to continue their drug-using behaviour and resort to selling or distributing drugs. Selling drugs provides them with funds to live on and free drugs to consume.

### ***The role of drug dealer***

Drug dealers, known locally as a *bandar*, play a large influential role in the onset of drug use and involvement of children in the sale and distribution of drugs. Although not all interviewees knew the whereabouts of the drug dealers in their communities, many of them have contact, directly or through a middleman, with a dealer (see box for Saleh's story).

*"I know the dealer by his face, I do not know his name."* – Danang, 18

Some of the known dealers live in the same community as the children we interviewed.

*"I used to work for a dealer in Krendang, wrapping... he was a small dealer."*  
– Yon, 17

*"The boss is from this community, a guy from here. I was offered by the guy to sell drugs for him sometimes. For example, he sold his stuff at a certain price and I sold the stuff to other customers at a higher price."* – Oman, 18

Rohadi described a scary moment in working with his dealer to send drugs to a customer.

*"My heart was pumping and my hands were cold when we brought the stuff with Basor and sent it to Tanah Sereal by bike. The stuff – four envelopes – fell to the street..."* – Rohadi, 16

## Saleh, 15 Aceh

Saleh's\* daily life in Aceh was rather difficult, especially after his father died when Saleh was in junior secondary school. Having no pension, the father's only asset he left behind to his wife and three children was an old car that they rented out. The oldest of the three children, Saleh had been experimenting with marijuana, which was easily available in his region. The drug use lead him to know an older man by the name of Abang,\* who was friendly and supportive. Saleh liked him very much. One day Abang asked Saleh to deliver a box to a certain address, for which Abang paid him 500,000 rupiah (US\$58) to help him and his family. Saleh was touched and very grateful. Though he eventually learned that it had been drugs he delivered, Saleh did not consider himself at risk. With the money he received, he could have fun (gambling and buying sex). He did not share his "income" with his family, especially with his mother since the money was *haram* (sinful). Instead, he bought a motorcycle. Saleh started dealing marijuana with Abang to customers outside of Aceh, especially in Jakarta. They continued to sell it locally in small quantities.

One day in 2001, Abang asked Saleh to take a ton of marijuana to Jakarta. He did it with eight other friends. Five of them packed the stuff and took a bus, while Saleh and the other three took the remaining portion in a truck. They hid the marijuana under bananas. They were caught by the police and sentenced by the court to six years imprisonment.

Saleh's mother learned of his drug involvement when she saw a news report of the arrest on television. Saleh is now 19 and completed his junior secondary school education while in prison. He is currently taking senior secondary classes. When he finishes his prison term, Saleh intends to find a job or become a merchant.

\* Names have been changed.

Some of the children said that the dealer once came to them and just “dropped” the drug packets and asked them to sell it to friends and provide free samples to prospective customers. The respondents said they were given money or free drugs to make deliveries or to sell the drugs. Other respondents said they knew dealers because they helped customers looking to buy drugs and they would connect them to a dealer.

## Perceived risks

Our interviews revealed that the perception of risk for carrying and using drugs depends on a number of factors. When these children first became involved, they were mostly influenced by the profit that they could make in selling drugs. Their stories indicate that they could get more than 25 per cent, sometimes 100 per cent of profit, depending on their creativity. The earnings then “blinded” them to the negative consequences. Another factor has to do with the type of drug with which they were involved. Those who handled marijuana seemed to have little concern about being arrested by the police because it wouldn’t be as severely punished a crime as being caught with heroin. Children stopped selling heroin, or other drugs, when they realized that the profit was not worth the risk. Ujang, 19, stopped selling methamphetamine after two months, out of fear of the consequences.

*“I do not want to do it anymore. It is better to be a user than a retailer. When I thought more carefully, there are serious risks.” – Ujang, 19*

Another factor was the experience of being detained by the police. Arsyad, 18, was a heroin dealer. When he was caught by the police carrying a stash of the drug, he was detained for three days and badly beaten while in custody. That experience, he said, put a stop to his selling drugs.

Some children know that dealing drugs may result in severe punishment, including imprisonment if caught by the police, but they continued their drug activities (see box for Anto’s story).

Juvenile prison officers suggest that adolescents have no appropriate sense of risk. The statistics in juvenile prison in Tangerang, for instance, indicate that cases of young individuals arrested and jailed have increased significantly, especially after the worst of the economic crisis in 1997. In 2002, more than 37 per cent of all juvenile prisoners in the facility were there due to drug-related crimes. In early 2003, the percentage had increased to 45 per cent.



## Anto, 18

### Jakarta

Since elementary school, Anto\* lived with his aunt in North Jakarta while his parents lived in Pandeglang (West Java). He transferred to Jakarta to continue his education, even though his parents could not afford it. While he continued his studies through graduation from senior secondary school, he sold marijuana among his friends. From this “job” he earned enough money to live on and to send to his family in Pandeglang so they could buy a house, a piece of land for paddy field and a water buffalo. Every kilogram of marijuana sold, he earned at least 300,000 rupiah (US\$35) net profit. His father was aware of how Anto earned the money because he once found a packet of marijuana in Anto’s things when he was visiting. Anto recalled his father told him, “Stop doing this... it is better if you do not sell this kind of stuff. If you’re arrested, please do not cause problems to your parents.”

\* Not his real name.

## Aspirations of young people in the rapid assessment

When asked, “What do you want for your life in the future,” most of the young people in the assessment said “a job” or that they wanted to continue their schooling and be free of their drug dependency. Many, however, said nothing except that it is hard for them to think about the future (“*abis...susah juga sih*” – It’s difficult!). This is an important question, but it was not explored adequately. The following are some of the aspirations expressed during the interviews:

*“...that I have a job or go to school...No drugs anymore.” – Juli, 15*

*“Actually I want to stop [using drug] since a couple of weeks ago. I asked Danang to come to Kios to talk about this, but he always wakes up very late. I want to be a straight man, to be a new Yon.” – Yon, 17*

Some children acknowledged they’d like to be a successful merchant and others hoped to be a bigger drug dealer to make a lot of money.

## Magnitude of the problem

As depicted in this report, accessible data on the drug problem in Jakarta is seriously limited. When we look at the arrests and clinical data presented earlier, we could assume that approximately 4.7-25 per cent of young people in Jakarta have used drugs. Because this data most likely will not represent the youth population in Jakarta, we may consider data, which is based on school selection, from the Yayasan Cinta Anak Bangsa (YCAB), an NGO working to increase awareness of drug issues. According to YCAB, approximately 9 per cent of school children aged 13-19 have used drugs (25 per cent when alcohol is included). As there is no reliable formula to calculate the likelihood of children who use drugs in Jakarta, we have relied on the available scanty data and estimated that 10-15 per cent of young people in the capital city have, at the least, experimented with drugs or have ongoing addictions.

*What is the magnitude of those who have been involved in the production and the sale of drugs?* To calculate the likelihood of young people's involvement, 20 informants in the Kios Informasi Kesehatan (health information centre) managed by Atma Jaya University helped us. The centre provides various services to injecting drug users, including medical services, support groups, etc. Their responses indicated that 10-20 per cent of children using drugs are most likely involved in the selling of drugs to maintain their habit, if not for other reasons.

It is not possible to estimate the magnitude of the problem at the national level because the required information is not available.

## Government and institutional responses

It is interesting to note that there is awareness among authorities of the involvement of children in drug activities, and yet there has been no adequate response to the problem. The lively discourse in the field of drug abuse has been on prevention and the police performance in capturing drug users and dealers. Most of the programmes, therefore, are designed to raise awareness within the population about drugs and drug abuse as well as improving the security in the neighbourhoods.

We also find that not all provincial institutions have responded to the problem. Many initiatives come from the central government. To broaden our understanding of the government response, the assessment researchers interviewed representatives of relevant agencies in the Government.

## ***Comprehension of the problem and availability of programmes***

There are a number of institutions that are involved in providing policy guidelines, programmes and services related to drug use and abuse. Those institutions responsible for providing care and support, such as the Ministry of Social Affairs (MOSA), the Ministry of Health and the Drug Dependence Hospital, have never put children who are involved in the production, the sale and distribution of drugs into their programme agenda. Dr. Pudji Hastuti, the Director General of the Social Rehabilitation and Services of MOSA, however, noted that the legal aspects of the problem have been included in training manuals for community social workers and families. This inclusion, she argued, increases the awareness of participants of the consequences of illicit drug use.

The Department of Health has been pursuing a number of addiction-related approaches: i) developing community-based detoxification and rehabilitation services; ii) providing appropriate drug information to communities; iii) developing capacity at the local level to deal with the increasing incidence of drug use and its related consequences, such as overdose; and iv) standardizing treatment and rehabilitation practices. In doing so, all sections in the MOH have mandates to take on those issues and to design programmes and activities. The implementation of programmes is carried out by community health centres (PUSKESMAS).

The Ministry of National Education (MONE) is responsible for imparting appropriate knowledge and developing skills among students in school. In 1999-2000, MONE developed a teachers' manual on life skills to be applied to students in all grades. The elementary and junior secondary school manuals contain relevant information dealing with peer pressure and information about drugs and their effects. Teachers from seven provinces<sup>9</sup> were trained to use these manuals in the classroom. Unfortunately, the programme, which was supported by UNICEF, was stopped in 2000 due to changes in the national policy on life skills education and other UNICEF priorities. No evaluation of the implementation of the modules was conducted. Since 2001, the MONE, especially the subdirectorates of curriculum, has been actively engaged in promoting drug information in high schools. The programme also includes empowering students to prevent drug problems in their school environment. This programme has been piloted in dozens of schools in Java and one school in Jakarta. However, most the prevention activities that involve students are security measures that criminalize those students caught in a drug activity and offer no constructive alternatives.

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<sup>9</sup> Where UNICEF has its programs implemented.

The lack of perspective on the complexities of children involved in the production, sale and distribution of drugs among the various government institutions is easy to understand. For many years, the perspective on drug abuse had been along the line of care-support and prevention vis-à-vis criminal justice. For institutions mandated to provide information and education as well as those providing care and support, involvement of children in drug activities clearly falls into the domain of the justice system and the law enforcement agencies. Although MOSA and MONE have been aware of the problem and include relevant information in their instruments, a mechanism to deal with the problem in the community as well as in the school system has not been developed.

Institutions within the criminal justice system view the problem purely from a crime perspective, although there are a lot of concerns among child right advocates, NGOs, etc. with regard to the present policy and laws. According to the Narcotics and Psychotropic Acts, involvement in the production, sale and distribution of illicit substances is defined as criminal activities punishable by law. These are two existing laws by which the police and judges base their policies and judgements. The juvenile prison officers, for example, complain that the number of prisoners convicted for drug-related crimes has been increasing in the past five years and demand larger and better facilities rather than re-exam the paradigm of the justice system with regard to children. And yet, these officers as well as the police are well aware that many of those juvenile prisoners were in fact “victims” of peer pressure and marketing strategies of drug dealers.

A prosecutor in Bogor who was interviewed for this assessment suggested that juvenile prisoners on drug-related convictions should be separated from other prisoners. These young people usually come from families who have neglected them, he explained, and it is the responsibility of the State to care for them, rather than putting them in prison as criminals. A senior judge from the State Court of South Jakarta indicated that the number of drug-related cases recently have been increasing significantly. In the South Jakarta court, for example, drug-related cases accounted for 600 out of 1,700 cases, or 36 per cent, in 2002. Most of these cases involved possession of illicit substances in very small quantities. Of the children who are taken to court, many were involved in petty crimes, such as theft, due to parental neglect and poverty. The judge admitted that he rarely finds cases of children involved in the production, sale and distribution of drugs. Although a judge has the authority to implement the law in a court proceeding, he observed that more

and more judges tend to send children to prison facilities as juvenile delinquents<sup>10</sup> (*anak negara*) and not as criminals.

When interviewed for the assessment, Brigadier General (police) Aryanto Sutadi, who is currently the director of the crime intelligence unit of the police headquarters, suggested that his agency will continue to view the incidence of children involved in the production, sale and distribution of drugs as criminal offences unless the Narcotics and Psychotropic Acts are amended to reflect different perspectives. With the enactment of the Child Protection Act, which defined child involvement as *korban*, or victim, he suggested that such a definition should be made well-known to the police. Some considerations may be undertaken by the police, such as the age of the suspect, drug history and amount of drugs discovered in a person's possession. When a child is very young (younger than 12), the police tend to call the parents and instruct them to get professional help. If the suspect is only a drug user and can demonstrate to the police that he or she is an experimental or new user, that person may be fined or sent home. Although General Aryanto Sutadi agreed that there are weaknesses in the Narcotics and Psychotropic Acts, he was not optimistic regarding changes to the laws. He indicated that there are already too many new laws in the country and none of them have been well implemented. Rather than spending too much time and funds for changing the law, he suggested that activists work with local law enforcement agencies and agree on certain rules and regulations with regard to dealing with these children.

The Provincial Narcotics Board (PNB) has been dealing with the issue since April 2002 when it was established. Most of its staff are professionals – physicians, psychiatrists, social workers, psychologists – although for the drug repression programme the members are police officers from the narcotics intelligence unit of the provincial police headquarters. Most PNB members believe that the children who become involved in illicit drug activities are better viewed as victims, unless proven otherwise. They believe that all measures to deal with drug problems, especially the policing, prevention and the treatment and rehabilitation, should be integrated within the PNB. Once the police make arrests, a prevention, treatment and rehabilitation unit should be dispatched to develop programmes in the locality where an arrest was made and based on local capacity. The PNB, however, has not been able to influence

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<sup>10</sup> In the juvenile prison there are four categories of “inmates”, i) *Anak pidana*, or children who have been sentenced by the court for criminal charges; ii) *anak negara*, children who are neglected by parents and in custody of the State until they turn 18 years old. These children may be sent to juvenile prison because of very limited facilities or to institutions under the MOSA. Iii) *anak tabanan*, or children under the custody of the police and awaiting a court proceeding. iv) *anak sipil*, or children entrusted to the court (State) by their own parents due to their problematic behaviour.

policy-making as yet because it is newly established. It needs time to exercise its authority and expertise.

## **Challenges**

Institutional response to the problem of drug abuse in general has been slow and ineffective. One of the most serious challenges is the lack of financial support. Overall, the national budget in strategic sectors, such as in education, health and social affairs, has been very low.<sup>11</sup> Most of the money goes to prioritized programmes in each sector. Fighting drug abuse has been leading the national discourse but has never been a top priority in any department. This assessment reveals that in many government departments, funds often come late, after programmes have been implemented, thus making quality control very difficult.

As far as children's involvement in the production, sale and distribution of drugs goes, there are a number of specific challenges. To date, the problem is viewed as falling within the mandate of law enforcement agencies. But the law does not distinguish between children and adults and between victims and perpetrators. Also, there is no incentive in resolving the problem. Parents who are aware of problems among children or in their home rarely take any action out of fear of what the dealers might do. Some dealers are known by children and the community, hence the local authority, but the police do not seem seriously interested in going after them.

The capacity of existing institutions also raises serious concerns. The juvenile prison does not have any programme to help children resolve some of their personal problems, which might prevent their future involvement in criminal activities. The Tangerang juvenile prison is in very poor condition. Some sections in the prison, for example, do not even have toilets, which makes life in this facility miserable. With all the problems in the facility, including violence, it surely is understandable that detained young people find little motivation to change their behaviour.

According to the provincial office of the MOH, 50 per cent of all health workers in community health centres (PUSKESMAS) have been trained in dealing with drug issues – but very few of them have actually provided such services. The training does not seem enough to improve their capacity. MOH may need more sustained capacity-building initiatives. MOSA is the only institution that has rehabilitation centres for youths throughout the country. These centres may be used to care for children who are in conflict with the law as one form of alternative sanctioning. Professional skills improvement of

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<sup>11</sup> The budget for education has never exceeded 11 per cent of the national budget; education always receives less than 5 per cent and social affairs receives less than 3 per cent.

the staff may be needed for these institutions to function as alternative sanctioning facilities.

Many schools do not have drug education programmes and the MONE drug education programme is only a pilot activity. Although there are many NGOs offering free drug information activities, the coverage is low and tends to reach only financially better-off schools. Schools in poor communities, which are more vulnerable to the problem, are usually left out.



## Discussion and Recommendations

The involvement of children in the production, sale and distribution of drugs is viewed as one of the worst forms of exploitation of children. As highlighted earlier, there are a number of issues that deserve more thought and critical analysis. It is very clear that illicit drugs are easily accessible and widely available in Jakarta. The majority of children in this assessment started to use drugs quite early in their lives – many before they turned 15 years old and most of them were in school. Some even were selling and distributing drugs before they dropped out of school.

Parents are rarely the first to know if there is a drug problem with their children. Very few parents know that their children are involved in the production, sale and distribution of drugs until the police knock on their door. When they realize that their children have such a problem, most parents then do not know what to do except express their anger, concerns or just ask their children to stop using the substances.

From this assessment it is very clear that parents, school officials, community leaders and law enforcement officers should work hand-in-hand to prevent children from being victimized by drug dealers or by their peers. While it is very obvious that some of the dealers, especially those who deal medium and small quantities of drugs, are known to the children and community, they are allowed to freely operate. The problem is that many of these dealers contribute funds to local activities and programmes and give the appearance that they are trying to improve the economic situation, especially in communities not reached by government poverty-alleviation programmes. The dealers also provide significant funds to security officers. We need a breakthrough to overcome this situation.

A lot of concerns have been expressed on the provisions of the Narcotics Act No. 22/1997 and the Psychotropic Act No. 5/1997. These laws guide the criminal justice system, in addition to the Criminal Code. When these laws are used inclusive of other legal instruments, then possession, use, production, the sale and distribution of drugs are criminal acts and



punishment is due to anyone older than 8.<sup>12</sup> When it comes to children, however, there are additional instruments that could be considered: the Child Protection Act No. 23/2002, Child Welfare Act No. 4/1979 and the Juvenile Court Act No. 3/1997. However, to make the Child Welfare Act operational, government regulations that will elaborate the issues of certain articles are needed; the Child Protection Act is considered clear in all of its articles and thus does not need any other regulation to implement it.

Although the Child Protection Act was enacted in 2002, very few law enforcement officers know about this legal instrument, including a senior judge in the South Jakarta State Court who was interviewed for the assessment. When someone in such a high level position is not aware of changes in the laws, little improvement can be expected from the streets. More social marketing, education and training of all law enforcement and judicial system officials is needed to promote the new law.

The senior judge interviewed also indicated that the older Narcotics Act No. 9/1976 provides more leniency when deciding a case involving children, such as returning them to their parents' responsibility, referring them to a rehabilitation centre or sending the juvenile offender to facilities such as *anak negara* where children who have been neglected by their parents are sent instead of *anak pidana*, which is where young people found guilty of criminal charges are detained. The judge also expressed his wishes that the Supreme Court would provide guidelines to standardize penalties with regard to narcotics offences. Although his argument is valid, if a judge is equipped not only with the Criminal Code and Narcotics Act but also with the Juvenile Court Act and the Child Protection Act, such flexible deliberation as the judge suggested is possible. All of this reminds us again that we are confronted with a lack of institutional capacity rather than individual capacity. The prosecutor in Bogor who was interviewed suggested that a course on child development should be included within the curriculum of the Faculty of Law.

Considering the complexities of the problem, a number of recommendations are proposed:

## General recommendations

- Promote the Child Protection Act No. 22/2002 in conjunction with related laws, such as Juvenile Court Act No. 3/1997 *vis-à-vis* the Narcotics and Psychotropic Acts. These laws should be discussed in a comprehensive manner to find legal solutions to dealing with children suspected of drug-related criminal offences.

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<sup>12</sup> Age of criminal responsibility as stated in the Juvenile Court Act No. 3/1997.

- Re-exam the legal instruments that can lead to a repositioning of agencies within the criminal justice system when dealing with cases involving children.
- Improve the institutional capacity, especially within departments that have anti-drug abuse programmes. Heightened knowledge and skills are needed in developing drug-related programmes; social and policy analysis, rapid assessment and response or operational research provides the information and understanding officials require that enables institutions to develop effective activities to fit their policies and the need. Officers in these institutions should be well versed about relevant legal instruments, especially the Child Protection Act.
- Improve intersectoral cooperation and coordination. Involvement of children in the production, sale and distribution of drugs is a very complex issue. No one institution will be able to solve the problem.

## Specific Recommendations

The presence of dealers in the community is very disconcerting. Capacity building at the community level on actions to deal with such a situation may be necessary. This capacity building should involve different stakeholders, such as religious leaders, local authorities, police and older children. More specifically:

- Build a network among concerned stakeholders within and outside the community and
- Keep vigilant with continuous advocacy against the presence of drug dealers.

The school has been an easy target for recruitment of young users and dealers, especially among children with various school-related problems. Keeping students in school is better than letting them drop out or expelling them. It is well understood that when children are involved in the distribution of drugs in school, they are certainly a threat to other children. But expelling them does not solve the problem because they will manage to maintain contact with other students and, for sure, they will continue to use and sell drugs for their “survival”. Parents, community leaders and school administrators should work together to formulate strategies to resolve such circumstances. More specifically:

- Improve counselling services, especially for recovering drug users who return to school;
- Continue drug awareness programmes in schools involving students, teachers and parents;

- Create outreach programmes for children who have been missing classes for significant periods or are identified as having drug problems; and
- Develop the school's capacity to do referral for students.

Many of the assessment's young respondents indicated that when they were expelled from school, they were not able to find jobs and to utilize their time more constructively. Non-formal education for these children could be offered while they resolve their drug problems.

It has been acknowledged that improvement in the accessibility of infrastructure for play, creativity as well as education, would help protect some children from involvement in drug activities (ANCD, 2001). Unfortunately in most places in Jakarta, such facilities are diminishing. To prevent further loss of creative and recreational facilities, the community should be assisted with advocacy programmes at the community as well as at the city level. More specifically:

- Create new or maintain existing recreational facilities;
- Develop more community libraries;
- Provide parenting training to help develop constructive role models;
- Develop hotline services to help children and mobilize community resources; and
- Train community members how to accept recovering drug-using children.

Those children who are taken into police custody need to be separated from adults to prevent further victimization by adults. The DDH has been entertaining the idea of separating young children from older children and certainly from adults when they seek medical help as inpatients in the hospital to prevent them from experiencing further pressure and influence. This idea seems reasonable and should be supported.

The juvenile prison system is in serious need of help. There are officers who recognize the need for counselling and self-growth programmes for juvenile prisoners, especially those who are drug users. The current situation in the prisons prevents such creativity since the facility is congested and highly tense due to the very poor conditions. Improving the juvenile detention facilities may allow for prison officers to reallocate their energy to develop and implement constructive projects.

Not all young people in juvenile detention are "criminals" in the true sense of the word. When possible, these children should be separated from other prisoners and most especially from adults.

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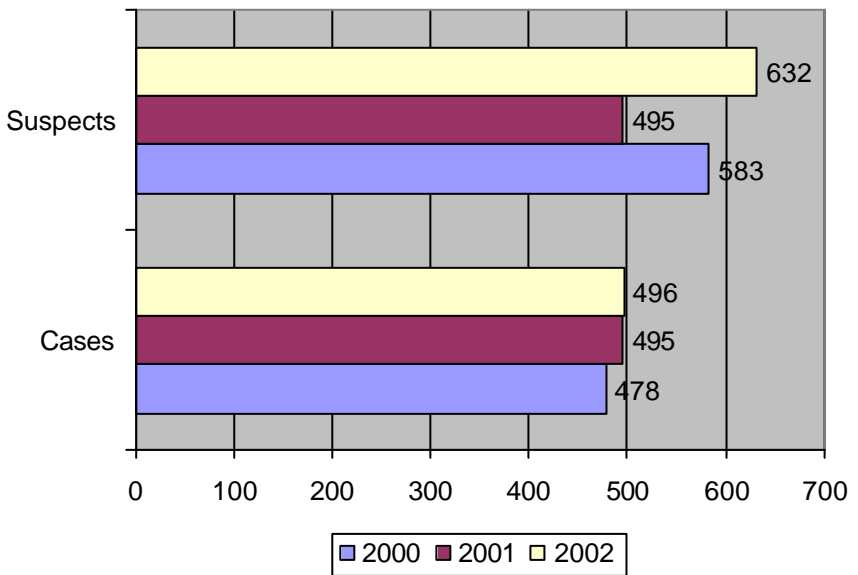
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## **Other sources of information:**

Presidential Decree No. 59/2002 concerning National Plan of Action on the Elimination of the Worst Forms of Child Labour.

## Annex 1

### Number of cases and suspects, 2000-2002



Source: metropolitan Jakarta police (2002)

## Annex 2

### Arrestees by nationality

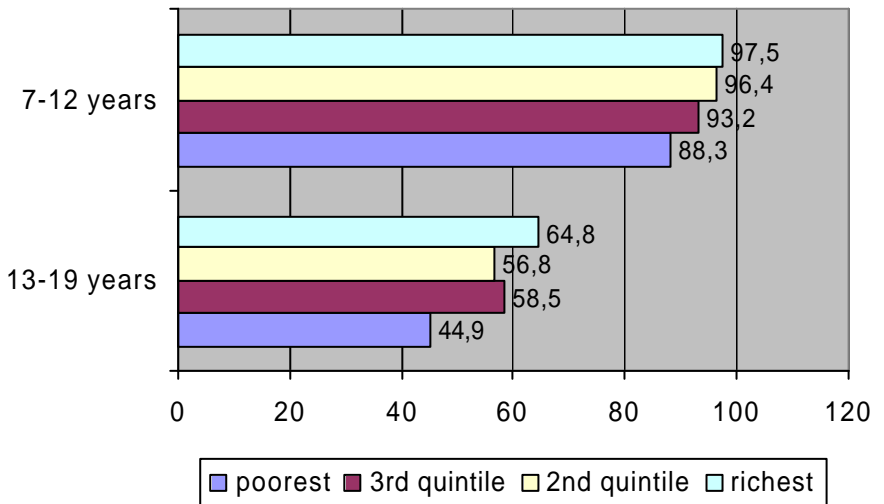
Nationality	2000	2001	2002
Nigeria	21	10	19
Pakistan	3	1	
Arab Saudi	2	7	2
Liberia	2	1	
Decote	1		
Togo	1		
Switzerland	1	1	1
Germany	1		
Angola	1		
Philippines	1		
Tongo	1		
Guinea	1		
Republic of Korea (South)	1		
Zimbabwe	1	4	2
Netherlands		3	1
South Africa		2	
Australia		1	
Cameron			2
Iran			3
Singapore			1
Great Britain			2
Malaysia			1
Jamaica			1
Tanzania			2
USA			1
Others		1	2

Source: metropolitan Jakarta police (2002)



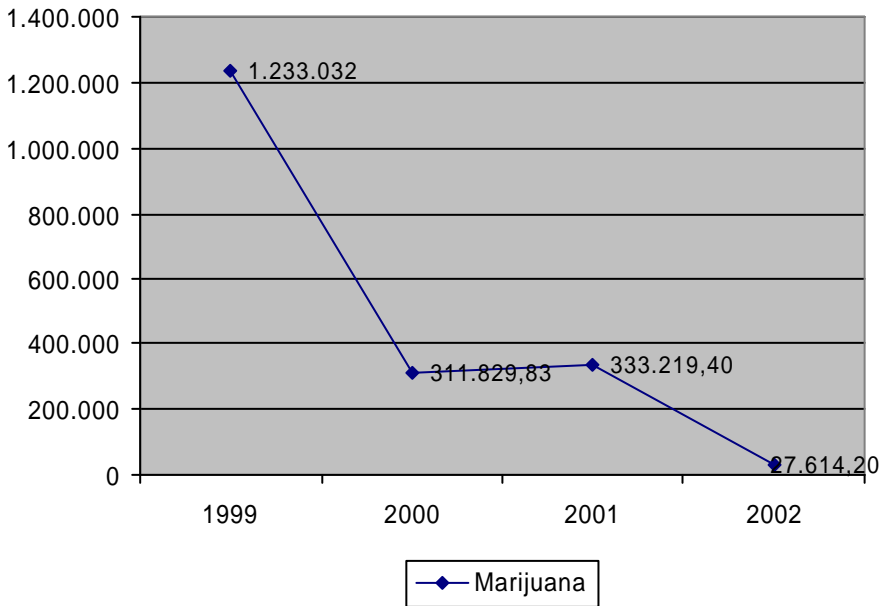
## Annex 3

### School enrolment and economic status



## Annex 4

### Marijuana seizure by the metropolitan Jakarta police, 1999-2002 (in grams)



**Suspects by age group**  
**(Source: Badan Narkotika Propinsi DKI Jakarta, 2003)**

Police Units	2001					2002					2003 (APRIL)				
	13-17	18-20	21-25	26-		13-17	18-20	21-25	26-		13-17	18-20	21-25	26-	
DIT NARKOBA	3	31	140	374		1	45	153	433		0	7	44	126	
RES. JAK PUS	2	169	86	129		10	51	216	338		1	11	35	59	
RES. JAK UTARA	2	169	86	126		10	51	216	338		1	11	35	59	
RES. JAK BARAT	1	34	36	48		3	50	69	75		1	8	20	49	
RES. JAK SELATAN	24	171	57	23		39	20	48	145		3	10	24	59	
RES. JAK TIMUR	25	70	100	65		50	125	80	95		32	40	5	15	
RES. BEKASI	5	10	30	16		11	35	95	12		16	35	45	30	
RES. TANGERANG	3	12	70	69		8	221	157	64		1	3	21	18	
RES. DEPOK	12	23	70	51		4	25	90	134		8	21	33	27	
RES. KPPPP	0	3	8	9		0	1	1	3		0	1	2	0	
<b>Total</b>	<b>77</b>	<b>692</b>	<b>683</b>	<b>910</b>		<b>136</b>	<b>624</b>	<b>1125</b>	<b>1637</b>		<b>63</b>	<b>147</b>	<b>264</b>	<b>442</b>	

## Annex 6

### List of resource persons

1	Dr. Pudji Hastuti, MSc. PH	Director General for Social Rehabilitation and Services, Ministry of Social Affairs
2	Drs. Aryanto Sutadi	Director, Crime Investigation Division Indonesian Police Force
3	Dr. Anwar Wardy W.	Executive director, Provincial Narcotics Control Board (Badan Narkotika Propinsi) DKI, Jakarta.
4	Dr. Widaningar	Head, Directorate of Quality Physical Education, Ministry of National Education
5	Mr. Muchlis Catio	Basic and General Education, Ministry of National Education
6	H. Sudjito, SH	Chief of Juvenile Prison, Tangerang
7	Agung Jayadi SH	Head of General Affairs, Juvenile Prison, Tangerang
8	Akbar Amnur, AMD, I.P.	Registration officer, Juvenile Prison, Tangerang
9	Ms. Maydya Wardianti	Section Head, Standardization of therapy and rehabilitation for drug users, Ministry of Social Affairs
10	Amril Rigo, SH	Attorney, District Attorney Office, Bogor
11	Dr. Aida Fatmi	Head, Community Health Services, Regional office of the Department of Health
12	Dr. Prima and Dr. Sri	Section heads, Community Health Services, Regional office of the Department of Health
13	H. Zainal Arifin, SH	Judge, South Jakarta Public Court



[www.ilo.org/childlabour](http://www.ilo.org/childlabour)



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