



International  
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Office

# **THE USE OF CHILDREN IN THE PRODUCTION, SALES AND TRAFFICKING OF DRUGS**

**A Synthesis  
of Participatory Action-Oriented  
Research Programs in Indonesia,  
the Philippines and Thailand**

International Programme on the  
Elimination of Child Labour (IPEC)

**The use of children in the production, sales and  
trafficking of drugs:**

**A synthesis of participatory action-oriented research  
programs  
in Indonesia, the Philippines and Thailand**

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**Submitted to**  
**International Labour Office**  
**International Program on the Elimination of Child Labour**  
**(ILO/IPEC)**

**September 2004**

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## List of Acronyms

AB	-	Advisory Board
ADMU	-	Ateneo de Manila University
AIDSOTF	-	Anti-Illegal Drugs Special Operations Task Force
ARTI	-	Action Research and Training Institute
BADAC	-	Barangay Anti-Drug Abuse Council
BCPC	-	Barangay Council for the Protection of Children
CBO	-	Community-Based Organization
CBS	-	Central Bureau of Statistics
CDT	-	Child Drug Traffickers/Children in the Drug Trade
COPA	-	Council on Philippine Affairs
CUREDD	-	Center for the Ultimate Rehabilitation of Drug Dependents
CRC	-	Convention on the Rights of the Child
CWC	-	Council for the Welfare of Children
DARC	-	Drug Abuse Rehabilitation Center
DARE	-	Drug Abuse Resistance Education
DECS	-	Department of Education, Culture, and Sports
DDB	-	Dangerous Drugs Board
DILG	-	Department of Interior and Local Government
DOLE	-	Department of Labor and Employment
DRDF	-	Demographic Research and Development Foundation, Inc.
DSWD	-	Department for Social Welfare and Development
EARIST	-	Eulogio Amang Rodriguez Institute of Science and Technology
ECOP	-	Employers Confederation of the Philippines
ERDA	-	Educational Research and Development Assistance
FCED	-	Families and Children for Empowerment and Development
FGD	-	Focused Group Discussion

GHB	-	Gamma Hydroxyamphetamine, A Central Nervous System Depressant
GO	-	Government Organization
GNP	-	Gross National Product
HIV	-	Human Immunodeficiency Virus
HPDN	-	Highland People's Development Network
KII	-	Key Informant Interview
KKPC	-	Kapatiran Komunidad People's Coalition
IEC	-	Information and Education Campaign
ILO	-	International Labour Organization
IPEC	-	International Programme on the Elimination of Child Labour
LGU	-	Local Government Unit
MOE	-	Ministry of Education
NBI	-	National Bureau of Investigation
NCSD	-	National Council for Social Development
NCYD	-	National Council for Child and Youth Development
NDECC	-	National Drug Enforcement Coordinating Council
NDLEPCC	-	National Law Enforcement and Prevention Coordinating Center
NGO	-	Non-Government Organization
NNB	-	National Narcotics Board
NNCB	-	National Narcotics Coordinating Board
NYC	-	National Youth Commission
ONCB	-	Office of Narcotics Board
PAOCC	-	Presidential Anti-Organized Crime Commission
PAOCTF	-	Presidential Anti-organized Crime Task Force
PAOR	-	Participatory Action-Oriented Research
PAR-UA	-	Participatory Action Research in Urban Areas
PD	-	Presidential Decree
PDEA	-	Philippine Drug Enforcement Agency
PE	-	Peer Educator

PECS	-	Precursors and Essential Chemicals
PHP	-	Philippine Peso (approx PHP56. = \$1)
POPCOM	-	Population Commission
PNB	-	Provincial Narcotics Board
PNP	-	Philippine National Police
PTA	-	Parents-Teachers Association
PTCA	-	Parent, Teachers and Community Assemblies
RA	-	Republic Act
SEKAM	-	Yayasan Setia Kawan Mandiri
SIMPOC	-	Statistical Information and Monitoring Programme on Child Labour
SPPR	-	State of the Philippines Population Report
TBP	-	Time Bound Programme
TF	-	Task Force
THB	-	Thai Baht (approx. THB34 = \$1)
UGAT	-	Ugnayan at Tulong para sa Maralitang Pamilya Foundation, Inc.
UNDCP	-	United Nations Drug Control Program
UNICEF	-	United Nations Children’s Fund
UNIFEM	-	United Nations Development Fund for Women
UNODC	-	United Nations Office on Drugs and Crime
UPPI	-	University of the Philippines Population Institute
USAID	-	United States Agency for International Development
VDRA	-	Volunteer Drugs Resistance Education
WFCL	-	Worst Forms of Child Labor
YAFS	-	Young Adult Fertility and Sexuality Study
YKAI	-	Yayasan Kesejahteraan Anak Indonesia
YPI	-	Yayasan Pelita Ilmu

## **Chapter 1. Project background and justification**

### **1.1 The project context and justification**

Since the 1990s, the use, sale, and production of illegal drugs have become a major issue in the region. In Jakarta, Indonesia, about 70 locations in the city have been pinpointed by the police as centers or “hot spots” for drug supply/trade. In the early 1990s, the Philippines was just a major transshipment point for drugs but became a net producer and exporter by the late 1990s. Thailand is one of the world’s major producing regions in the world, with the infamous “Golden Triangle” in the north bordering Myanmar and Laos has been the center for drug trade and production for generations.

Reports have found a significant number of children have been found to be engaged in illicit drug use, sale, and trafficking in the Asia-Pacific region particularly in Indonesia, Philippines and Thailand. ILO Convention 182 (on the Elimination of the Worst Forms of Child Labour) considers the use of children in illicit activities, such as the use of children in the production, sales, and trafficking of drugs, as one of the worst forms of child labour (WFCL). Dangers and risks faced by children engaged in the drug trade go beyond the physical, psychological and mental disorders prevalent among drug-addicted children. Children in the drug trade/trafficking (CDT) are exposed and initiated to the world of illegal activities and criminality. Once involved, they are inextricably linked to situations of tensions, fear, suspicion and conflicts and are quite vulnerable to harassment and exploitation by both drug dealers and the police. Aside from the oppressive conditions of criminality, the engagement of children in drug-related activities is also linked to problems and tensions in their families, peer networks, and communities. Ultimately, the engagement of children/youth in the WFCL like drug sales/trafficking, compromises their future and that of the nation.

Children involved in drug sales and trafficking are difficult to trace and identify, as is often the case with other worst forms of child labour. Social

and political sensitivity to the issue, the illegal and hidden nature of the trade, and the associated security risks and the potential difficulties in addressing the problem, make it necessary to use a cautious and process-based approach. ILO Convention 182 calls for ILO member countries to take steps to eliminate the worst forms of child labour as a matter of urgency. Yet, timely and appropriate interventions can only come about if there is already sufficient understanding of this problem.

To this end, the International Labour Organization's International Programme for the Elimination of Child Labour (ILO-IPEC), started executing a participatory action-oriented research (PAOR) project (hereinafter, the project) in Indonesia, Philippines, and Thailand in September 2002.<sup>1</sup> The project aimed to develop and demonstrate an action-oriented research methodology that provides better understanding and information on the use of children in the production, sales, and distribution of illegal drugs. In the course of conducting the research, the project also aimed to reach children at risk as well as those involved in drugs through community organizing/mobilization, training, advocacy, counseling, referrals, and networking/linkages. At the end of the project, it also aimed to propose models of interventions for future replication or adaptation in other areas.

## **1.2 Involvement of children and youth in drugs**

**Initial database of the project:** In 1999-2000, the ILO-IPEC Regional Office in Bangkok commissioned rapid assessments of children involved in the production, sale and trafficking of drugs in Indonesia, Philippines, and Thailand. The research in these countries revealed that a significant proportion of children and youth were engaged in illicit drug trading, trafficking, and abuse. Of particular interest is the high level of abuse and trafficking of metamphetamine chloride in the Philippines (locally known as *shabu*, the poor man's cocaine), *shabu-shabu* in Indonesia, and metamphetamine tablets (known as *yaba* in Thailand). This is a radical shift from the early 1990s when children were mainly into marijuana and sniffing

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<sup>1</sup> The project was approved in late 2002 but the actual implementation was delayed to mid-2003.

rugby, glue or other kinds of inhalants. The rapid assessments also showed that these children came mainly from disadvantaged (socially, culturally, and economically) households with high levels of stress generated by poverty, family conflicts, separation/divorce, substance abuse, gambling and other vices.

Children/youth, being minors with their presumed innocence, are targeted by drug traffickers in expanding their markets because the police usually do not suspect them. Unlike adults who are slapped with severe penalties such as imprisonment or the death penalty when caught, minors are placed under the strict supervision of parents/guardians or sent to rehabilitation centers.

Children involved in drug sales and trafficking are difficult to trace and identify because of the illegal and hidden nature of the trade and the social and political sensitivity of the phenomenon. Because of the associated risks/dangers and potential difficulties, it is necessary to use a cautious, process-based approach to gain an understanding of this emerging issue.

Moreover, because of the recent emergence of this phenomenon, we need to understand: (1) the characteristics of children/youth engaged in drug abuse, sale, and trafficking; (2) the pattern of recruitment into the drug network and the strategies/techniques employed in getting the children hooked into drugs/drug network; and (3) the strategies/techniques in preventing them from joining and/or rehabilitating them from the drug network and become part of the mainstream institution of work, education, and social networks in their community and society.

### **1.3 Structure of the report**

Chapter 1 of the report contains the project context and justification. This part describes the situation of children/youth in drug trafficking (CDT) in Indonesia, Philippines, and Thailand and their links to children in worst forms of child labor (WFCL).

Chapter 2 describes the project design, research process and the pilot intervention models implemented in the schools (Thailand), streets

(Indonesia) and in the communities (Indonesia, Philippines and Thailand). It also describes the target groups, partners and agencies involved in the project as well as the program approach and strategy. This section also elaborates on the issues related to the participatory action-oriented research (PAOR) methodologies utilized in this project.

Chapter 3 discusses the key findings of the study. Chapter 3.A discusses the changing drug contexts and policy framework in the three countries while Chapter 3.B describes the profile of communities, children/parent beneficiaries, and the project outcomes and results.

Chapter 4 highlights some effective intervention models and practices developed by the project in the three countries. The first part focuses on school-based and community-based anti-drug programs developed in Thailand while the second part describes street-based models in Jakarta. It showcases the techniques used in street and community-based anti-drug programs in East Jakarta, Indonesia and school/community-based strategies (youth clubs, leadership/moral camps, and drug free zones) used in Thailand. The section concludes with the community-based models pilot-tested in three cities in Metro Manila, namely, Paco-Pandacan in Manila, Barangay 91 in Pasay City and Tatalon in Quezon City

Chapter 5 enumerates the lessons learned from implementing the participatory action-oriented research project, specifically the anti-drug programs while Chapter 6 discusses the challenges encountered in the implementation of the project.

Finally, Chapter 7 concludes the report with a set of recommendations for subsequent interventions for children/youth engaged in drug sale, production and trafficking of drugs.

## Chapter 2. Project design and implementation

To respond to the problem of children in drugs, the ILO-IPEC initiated a participatory action-oriented research (PAOR) project in several project sites in Indonesia, Philippines, and Thailand. In the process of conducting the research, the project also pilot-tested three types/models of anti-drug programs in city streets (street-based), schools (school-based), and urban/rural poor communities (community-based).

### 2.1 Implementing partners, target groups/beneficiaries, and project activities

**Target beneficiaries.** The direct beneficiaries of the project were: (1) children and youth population (7-17 years of age)<sup>2</sup> at risk of engaging and/or were engaged in drug sale and trafficking.

The project aimed to **prevent** and remove children/youth, who were at risk and/or were already involved in the use, sales and distribution of drugs in urban/rural poor communities in Indonesia, Philippines, and Thailand. The participatory action research was implemented in collaboration with research institutions and partner GOs/NGOs/CBOs who provided direct interventions/services through family/child counseling and support, community awareness and training, youth mobilization and referral services. Through these activities, parents/guardians of the children, community officials and other leaders/members of other civil society groups were also reached and mobilized for anti-drug activities. The NGOs/CBOs, who provided the direct interventions and initiated activities with the children's groups and their families, also provided research support to the research organization conducting/coordinating the research activities. The information generated by the research activities also informed the program activities of the ground.

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<sup>2</sup> There were a few beneficiaries, particularly in Jakarta, whose ages were from 18-21 years old. They were included because they were linked to the younger children and to the drug network in the project site.

The project reached a total of 1,300 direct beneficiaries and over 1,500 indirect beneficiaries such as families/peer groups<sup>3</sup> of children, community leaders/residents, and personnel of implementing organizations and partners (see Table 1 below)<sup>4</sup>.

In Thailand, the National Council for Child and Youth Development (NCYD) was the lead organization. In partnership with the Volunteer Drugs Resistance Association (VDRA) and the Highland Peoples Development Network (HPDN), NCYD initiated the organization of a school-based anti-drug program in 10 schools and a community-based program in three areas, namely, Klong Toey (4 urban communities), Chiang Mai and Chiang Rai (2 rural communities), reaching a total of 340 children/youth.

In Metro Manila, the Ateneo de Manila University implemented the project in partnership with NGO/CBO partners in Pasay City (Addictus-Philippines), Paco-Pandacan districts in Manila City (Families and Communities for Empowerment and Development), and Tatalon, Quezon City (Kapatiran Komunidad People's Coalition), reaching a total of 260 children/youth and 1,500 community leaders and residents.

In Jakarta, Indonesia, the Action Research and Training Institute (ARTI) conducted PAOR in collaboration with Yayasan Kesejahteraan Anak Indonesia (YKAI), Yayasan Pelita Ilmu (YPI) and Yayasan Setia Kawan Mandiri (SEKAM), in the process, providing services to 400 children/youth and 300 of their parents. The project implemented street and community based programs focusing on the following activities: community mobilization (meetings, discussions, IEC activities), life-skills training/workshops, research and documentation, referrals, health and education services, rehabilitation, vocational training, and counseling.

In general, the project's implementing organizations/partners and collaborating NGOs/GOs/CBOs have had experience or have been

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<sup>3</sup> In the Philippines and Thailand, children/youth were the direct beneficiaries, except in Indonesia where 300 parents were also receiving direct assistance/services.

<sup>4</sup> For details, please see the project proposals and progress reports of the implementing organizations.

implementing activities and programs related child/child labour and/or anti-drug programs.

**Indirect beneficiaries.** Aside from the staff of the implementing organizations, school officials/administrators, teachers, social workers, community leaders/residents, and collaborating NGOs/GOs/CBOs in the research areas were also benefited by the activities of the project. Over one thousand and five hundred (1,500) parents, children, youth, community leaders and residents were also reached by information and education campaigns (IEC), advocacy sessions/training and support services provided by the partner GOs/NGOs/CBOs.

Table 1. Matrix of Project Sites, Intervention Model, and Beneficiaries in Indonesia, the Philippines, and Thailand

	Project Site	Community Based Model	School Based Model	Street Based Model	Beneficiaries
Indonesia	Yayasan Kesejahteraan Anak Indonesia (YKAI) Kampong Pertanian Utara, East Jakarta	*			Direct: ■ 400 children at risk or already involved in drug sales/ trafficking/ production (200 street children; 200 community children) ■ 300 families of the community children  Indirect: ■ Community leaders ■ Implementing partners' staff
	Yayasan Pelita Ilmu (YPI) Kampong Pertanian Utara, East Jakarta	*			
	Yayasan Setia Kawan Mandiri (SEKAM) Prumpung-Jatinegara, Taruna-Pulo Gadung, Klender, Poncol, Arion, Pedong Kelan			*	
	Action Research and Training Institute (ARTI) Research organization				
Philippines	Addictus-Philippines Barangay 91, Pasay City	*			Direct: ■ 260 community children at risk or already involved in drug sales/ trafficking/ production (100 children by Addictus-Philippines; 100 children by KKPC; 60 children by FCED) ■ Junior advocates ■ Community workers ■ Parent advocates ■ Core group members
	Families and Children for Empowerment and Development (FCED) Paco-Pandacan, City of Manila	*			
	Kapatiran Komuinidad People's Coalition (KKPC) Tatalon, Quezon City	*			

	Project Site	Community Based Model	School Based Model	Street Based Model	Beneficiaries
	Ateneo de Manila University (ADMU) Research Organization				Indirect: <ul style="list-style-type: none"> <li>▪ 87 barangay leaders</li> <li>▪ 1,500 parents, youth, children, community leaders and residents</li> <li>▪ Implementing partners' staff</li> </ul>
Thailand	National Council for Child and Youth Development (NCYD), School officials and staff 10 schools in Bangkok		*		Direct: <ul style="list-style-type: none"> <li>▪ 340 children/youths (150 youths in schools; 100 community children/ youths; 30 children/ youths in Chiang Rai; 60 vulnerable children/ youths in Chiang Mai)</li> </ul>
	National Council for Child and Youth Development (NCYD), Volunteer Drugs Resistance Association (VDRA) 4 urban communities in Bangkok	*			
	National Council for Child and Youth Development (NCYD), Highland Peoples Development Network (HPDN) 2 rural communities in Chaing Mai and Chaing Rai	*			Indirect: <ul style="list-style-type: none"> <li>▪ Other children and youths, parents, community members as well as other students and teachers in the schools</li> </ul>
	National Council for Child and Youth Development (NCYD) Research organization				

## **2.2 The participatory action-oriented research (PAOR)**

The purpose of the action-oriented research was to increase our understanding of children/youth at risk to being recruited and/or were engaged in drug abuse, sale, and trafficking. The study hoped to generate reliable, appropriate, and timely data base to support the formulation and implementation of a strategic set of interventions that will build the capabilities of working children (as well as their families and communities) and in the process prevent/dislodged them from drug-related networks. To appreciate the research steps/methodology, please see the illustrations of PAOR models below.

A key process and by-product of this action-oriented research were the capability-building initiatives and services given to service providers, mediating stakeholders/actors, and working children with their peers and

families. The capability-building activities provided by the research partners included advocacy activities, community organizing/mobilization, training/workshops, and networking. The implementing partners (who were based in schools, streets and communities) also provided counseling, referral and other support services like tutorial, library, and limited livelihood and education.

The research project aimed to (1) identify and construct a profile of children/youth (including their families, peer networks, and communities) involved in drug-related activities; (2) understand the pattern of recruitment into the drug network and the strategies utilized by drug pushers to get them hooked; (3) explore how these children could be “weaned” or dislodged from the network and become part of the mainstream institutions of work, education and social networks of the community; and (4) identify a strategic set of policy and program interventions to reduce the demand for drugs at the community, peer and child level. These project aims were realized in partnership with the implementing partners and children/youth/parent beneficiaries, school administrators, teachers, and community leaders/volunteers.

The research was also geared towards increasing our knowledge about children and how contextual factors like community structures and processes such as poverty, unemployment, living conditions, and access (or lack of it) to social services and opportunities increased the risks of children and their families being pushed to engage in drug-related activities. Informed by this analysis, the research partners piloted some feasible interventions to mitigate the effects of some of these factors that push children to drugs.

**Research as entry point for intervention:** The research project became an entry point in providing support services for children/youth. These interventions included community mobilization and organizing, training, limited provision of support services such as education, livelihood, referrals to other services (e.g., rehabilitation, vocational/technical training) provided by other agencies, advocacy and networking.

The data-set and insights gathered from the action research and the program activities of community-based partners led to the identification of a strategic set of preventive and rehabilitative interventions. It also built the capabilities of the partner NGOs/POs with the children and their families served by the program activities. This action-oriented research utilized strategies and techniques such as sample surveys and socio-technical profiling of children beneficiaries and their families/communities, key informant interviews, focus group discussions (FGD), community social mapping, and narratives of children's life stories (see PAOR models below).

The central principle here is putting the research process in the hands of research partners so that the process becomes a tool for their planning and implementation of activities that will redound to their benefit and ultimately their empowerment and development. The activities of the research partners became the entry points for the children and their families to become partners with the facilitation of the implementing NGOs and CBOs. Moreover, these activities served as the venue for the children/parents/peers to understand the social, political and economic conditions of themselves, their families, and their communities in relation to their involvement in the sale, trafficking/pushing of drugs. This understanding led the program implementers to formulate strategies and techniques to respond to the risks that they experience in the drug use cycle and the drug network.

**Research steps and project implementation.** The first step in this action-oriented research was the production of a “situationer” (i.e., situation analysis) of the children engaged in the use/abuse, trading and trafficking of drugs and the contextual factors surrounding their drug-related practices. In varying levels of utilization, the situation analysis was accomplished through a small-scale sample survey<sup>5</sup>, key informant interviews, focus groups and discussions, narratives of children/parents and community social mapping done in collaboration with the NGO/CBO research partners in each of the project site. These methods produced a profile of communities in terms of their availability/lack of resources and social services (i.e., the

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<sup>5</sup> The small-scale survey was done in the Philippines.

level of poverty), social maps of the community and profile of children in drugs and their initiation and recruitment to the drug networks.

The results of the situation analysis guided the formulation of feasible interventions in the planning session(s) conducted with the street/school/community-based research partners. The project activities were assessed through process documentation and discussions with program actors. The insights gained from these exercises became a basis for fine-tuning or recalibrating the project interventions.

It should be noted that the sharing and feedback of information was done selectively because of the sensitive nature of the project data. Thus, the profile of children in drugs and their social situation was only shared with the program implementers because of the risks involved. Some members of the community expressed their fear of being reported to the police. The respondents of the survey were assured of complete confidentiality regarding the data collected from them.

**Monitoring, documentation, evaluation and ensuring sustainability:**

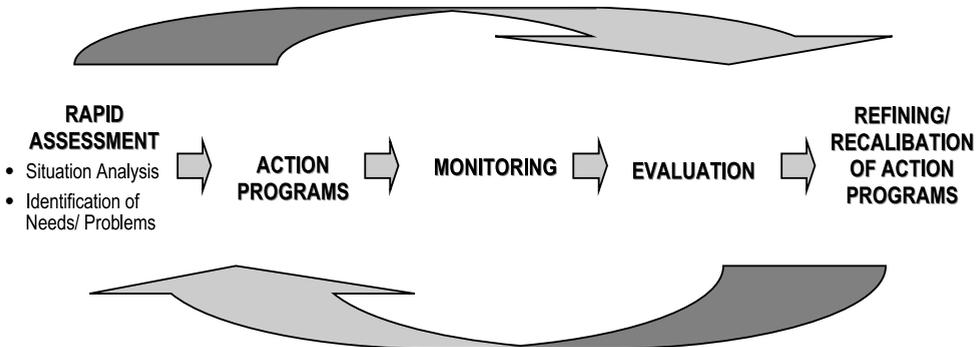
In varying levels of emphasis, the projects in the three countries tried to monitor and document the implementation of project activities.

The research coordinating organization documented the provision of support services provided by the community-based partners through observation and monitoring visits. In Thailand and Indonesia, workshops, discussions and reflection sessions were used to monitor and evaluate the activities of the project. From these exercises, they refined and adjusted some of their programmatic activities. In the Philippines, monitoring forms were also accomplished by the program implementers (see sample of monitoring form in the appendix). The monitoring visits/forms tracked the situation of the children with regards to: 1) their domestic status as whether the family is supportive to the child or fraught with tensions/problems, 2) schooling status (out-of school or continuing schooling), 3) drug status (highly at risk to drug use/trafficking because their family, friends and relatives are engaged in it; low risk because they are not using and know only someone not too

close to them who is engaged in drug sale/trafficking), and 4) the services provided by the community-based NGO/PO and the outcomes of these interventions.

The project also conducted internal midterm and final evaluation to assess the efficacy of different activities and interventions made by the community-based partners. These evaluation sessions focused on examining the status of the children and the effects of the NGO/PO's support services on the children, their families and communities. These sessions also identified the accomplishments and risks/challenges facing the project in each community as well as provide opportunities to learn and refine some of the project strategies and techniques. But one major issue that confronted with the researchers is that program implementers were unable to identify the effects/impacts of specific strategies to the children/youth. Rather, they argued that all the activities and services provided by the project were crucial in the prevention or rehabilitation of the child.

**Figure 1. The participatory action-oriented research design**



### **2.3 Service-delivery models utilized in the different project sites**

The project utilized three types of service delivery models, namely, school-based (Bangkok), street-based (Jakarta), and community-based (Bangkok, Jakarta, and Metro Manila) anti-drug programs. Regardless of the model used, the project followed more or less these steps: (1) mobilization of

project partners, institutions, and communities, (2) identification of beneficiary population, their problems and needs through a situation analysis, (3) feed-backing, planning, and formulation of project strategies, (4) implementation, (5) monitoring, and (6) evaluation of project activities. In all these activities, the sustainability of the program was a primary consideration. Thus, a key product of these activities was the construction of partnerships and linkages with individuals, organizations, institutions, and networks engaged in the preventive and rehabilitative programs for children/youth engaged in drug-related activities.

It must be noted that the above steps do not necessarily follow in linear fashion but the steps are quite iterative, interactive, and recursive. Thus, while mobilizing the school or community-based partners, one can already start identifying the needs and problems of CDT as well as laying the ground work for ensuring the sustainability of the project.

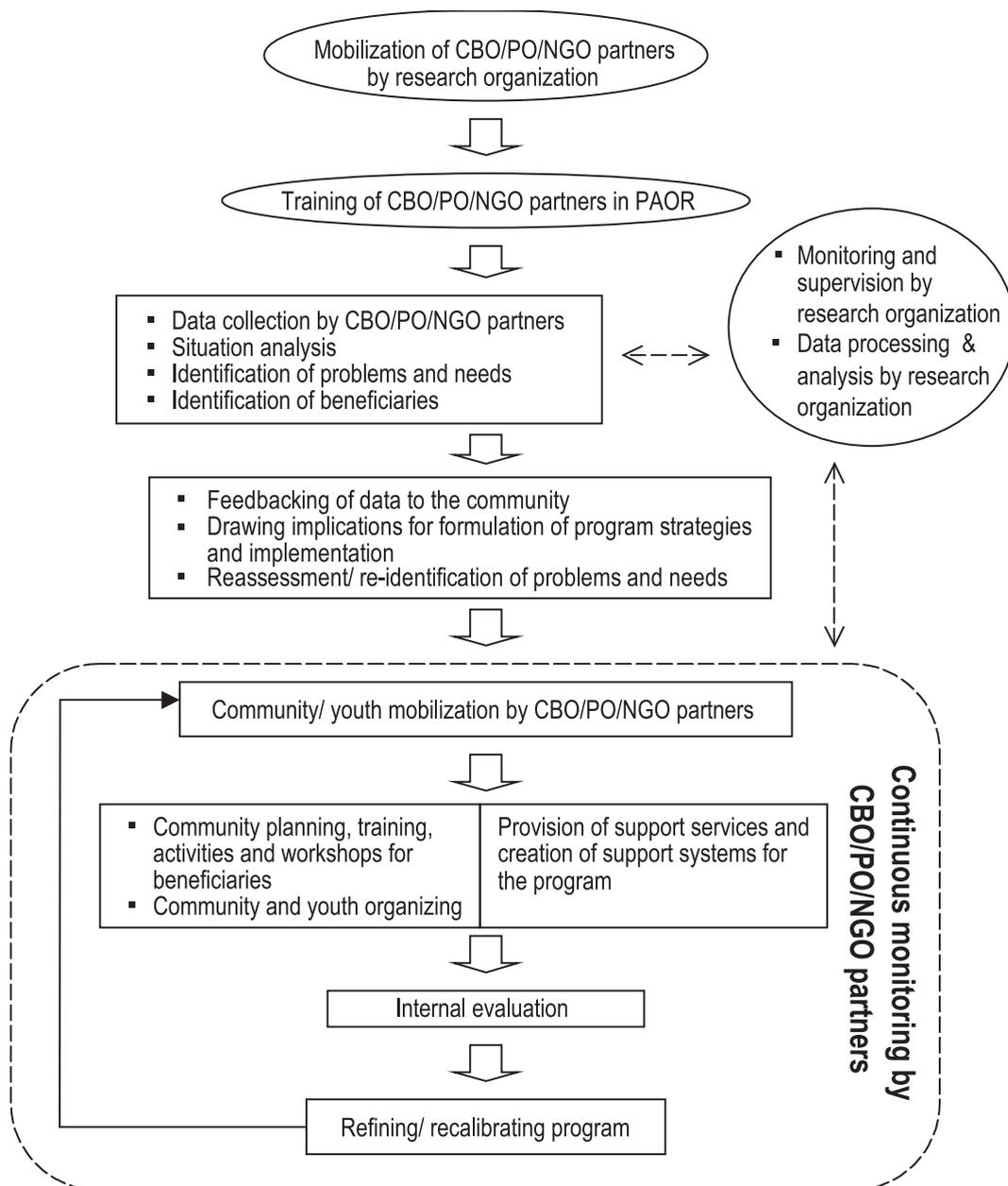
In Thailand, the school-based model started by identifying the strategic and the policy framework of the schools (derived from the policy framework of the Ministry of Education). This was followed by analyzing the drug situation and problems of the school with the help of students, teachers, administrators, and parents. Then, the children were categorized according to their specific drug-related characteristics, followed by identifying the appropriate approach to their problems and formulation of the intervention strategies (sensitizing, awareness raising and capability-building). Monitoring, evaluation, and ensuring sustainability strategies were integral aspects of the model.

The street-based model in East Jakarta followed the same steps except that the context of implementation was the intersections of several streets and roads. They started with the mobilization and training of NGO partners in PAOR methodologies by the research organization. This was followed by situation analysis and identification of problems and needs, which was accomplished through data collection, and documentation of street processes. The data and information gathered from children and parents were presented or feed backed to the clientele population. This led to the formulation of project strategies and activities. The implementation of the project activities

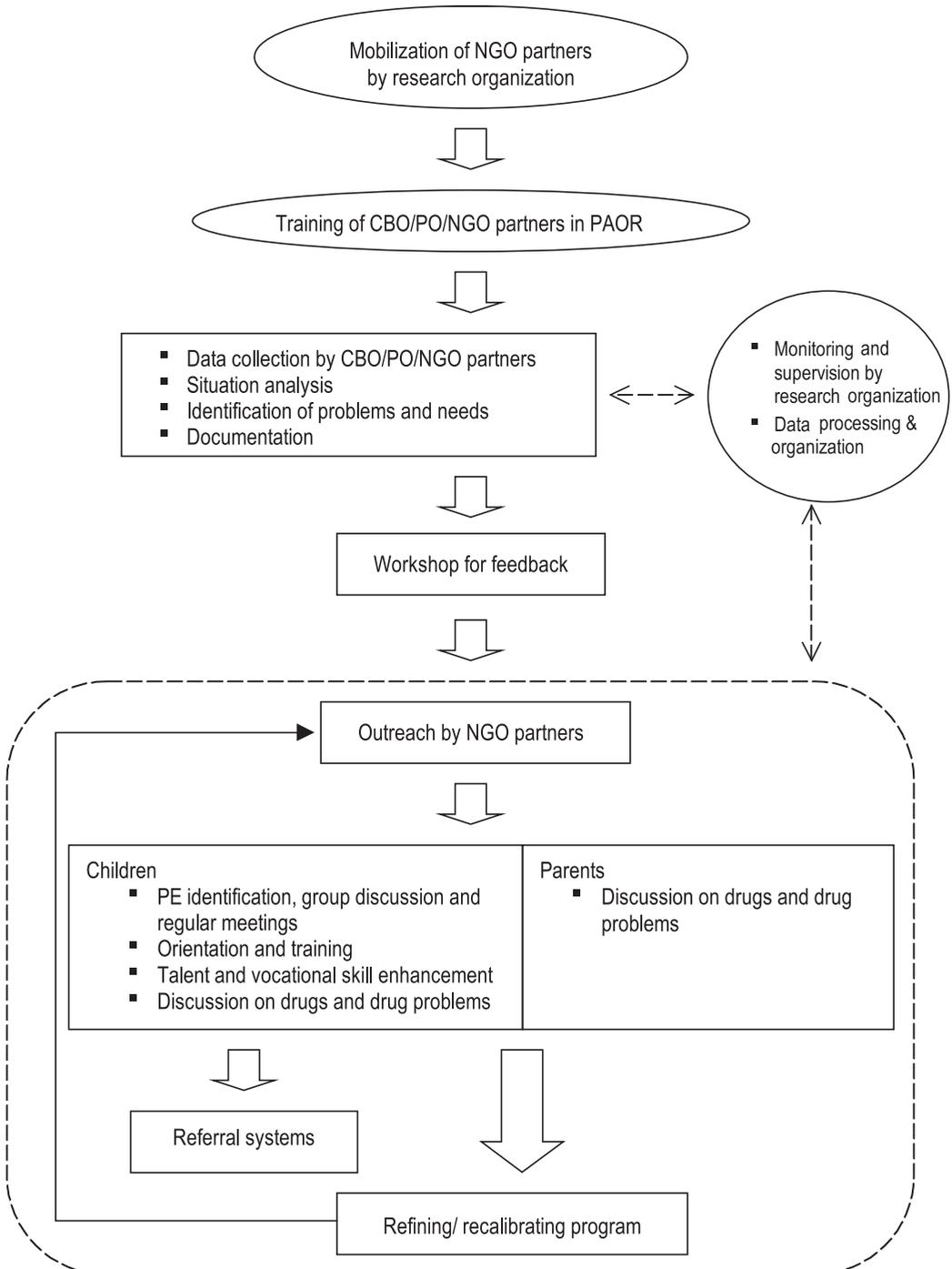
gave rise to reflections and discussions, which in turn, led to the fine-tuning of the delivery of CDT programs.

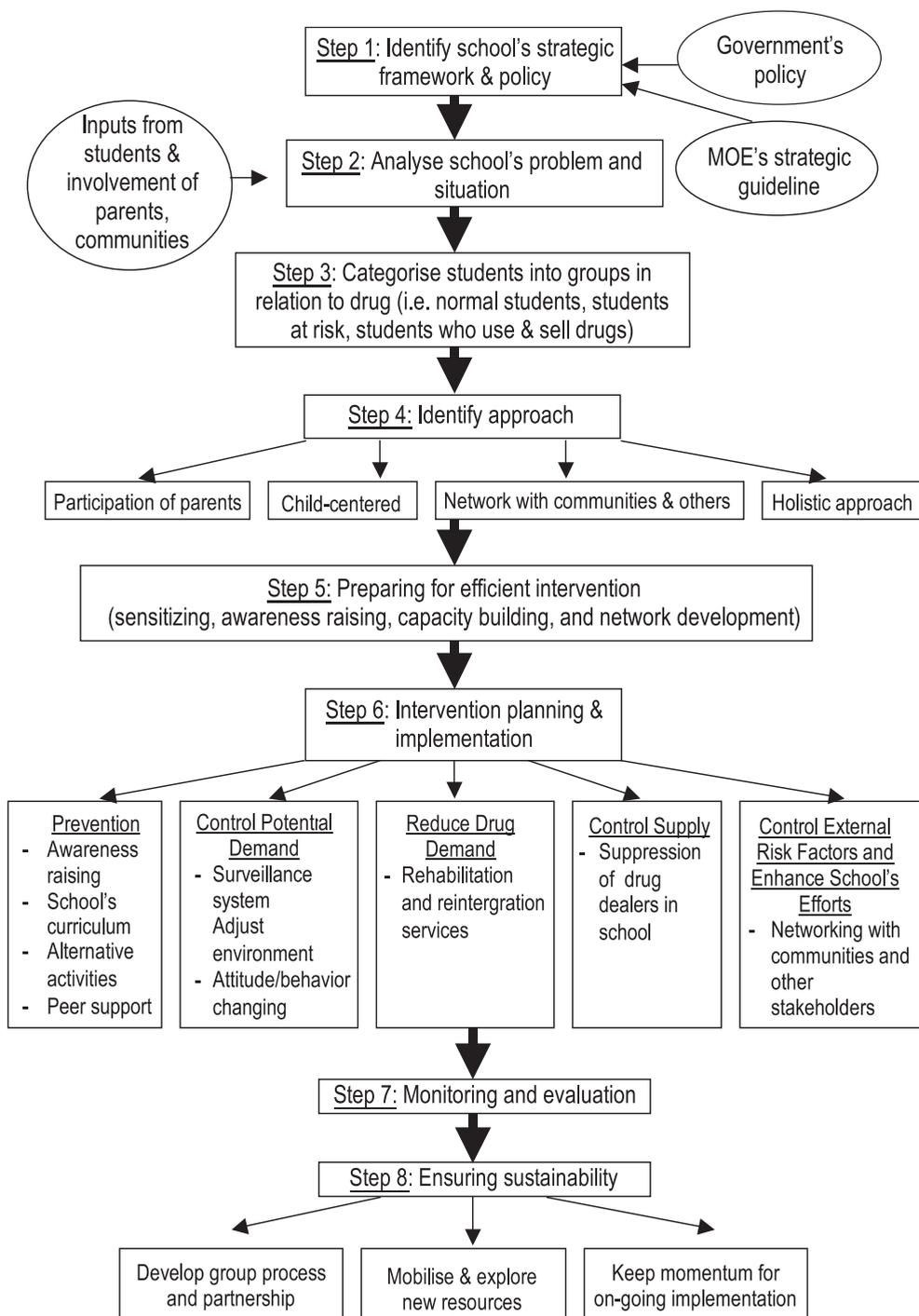
The community-based models implemented in the three countries basically followed the above steps except that the context of implementation was the community. Thus, the project partners mobilized include NGOs but also community-based leaders, youth organizations, and people's organizations. The collection of data, situation analysis, and the identification of problems and needs of CDT were, then, participated by this wide range of partners. After the data collection and analysis, the results were presented to select members of the community and other community-based partners. This also served as the basis for the community planning and formulation of program strategies and activities. This was followed by mobilization and organizing of community leaders, children/youth and parents. Documentation, monitoring, and evaluation were done after these steps so that the project implementers can refine and recalibrate their strategies and implementation of activities. This was to ensure the documentation of lessons and issues.

**Figure 2. Community-based intervention model**



**Figure 3. Street-based intervention model**



**Figure 4. School-based intervention model**



## Chapter 3.A Changing drug contexts and policy framework

### 3.A.1 Supply of drugs

In general, the supply of drugs in these three countries, are produced, manufactured or smuggled into the country. As mentioned earlier, the most common drug used is metamphetamine-based such as yaba pills in Bangkok and shabu (methamphetamine chloride) in Metro Manila and in Jakarta. These drugs are often used in combination with marijuana, amphetamines, and volatile substances like glue and paint thinner.

The Philippines was just one of the trans-shipment points of drug distribution in Asia before the Estrada regime (1997- 1999). The drugs came from other parts of Asia and elsewhere and shipped through Manila. The Philippines used to serve as a transit point for heroin, cocaine, and precursors and essential chemicals (PECS). However, illegal shipments now are composed mainly of ephedra (essential in the production of *shabu*) and precursors and essential chemicals (PECS). This new development points towards increased production of *shabu* locally rather than the previous trend of importation of the finished product. When drug production took on new forms and utilized new processes, the Philippines became a suspected manufacturing center as well as major user.

In the 1990s, the Philippines became a significant source of cannabis with supply lines to Europe. Recent figures (2003) show that there are now 98 drug-source barangays located in nine regions. While some marijuana is still imported, increasingly large amounts are already grown and processed locally for both domestic and international distribution. Drug law enforcement authorities report that the Philippines has become the largest exporter of marijuana in Southeast Asia. An annual report released by the US Department of State in March of 2004 reported that considerable marijuana production, consumption and export were taking place in the Philippines. Marijuana is generally believed to be cultivated in inaccessible areas and controlled by insurgent/terrorist groups.

A 2002 report by the US Department of State identified the Philippines as the main transshipment point of illegal drugs to Japan, Korea, Australia, the United States, Guam and Saipan. Also, in 2004, a report commissioned by the UN Office on Drugs and Crime said that Burma, China and the Philippines were the top producers of methamphetamine hydrochloride in the world. In terms of amounts of illegal drugs seized, the Philippines ranks 6th among Asian nations. Drug trafficking in the Philippines earns more than \$5 billion (roughly P277 billion) a year. It is estimated to be equivalent to 8 percent of the gross national product (GNP).

In Thailand, the supply of drugs mainly comes from the neighboring countries and smuggled into the northern border near Chiang Mai and Chiang Rai. Production facilities (about 70 have been documented) for methamphetamine, often guarded by private armies, also abound in these areas where all kinds of profiteers and brokers abound from small, medium, to major drug lords/kingpins. As a result, kitchen laboratories making yaba tablets from ready-mixed methamphetamine powder, is a widespread illicit business among minority groups along the border. Opium plantations can also be found near the northern border of Thailand. A survey of 1, 881 communities in Chiang Mai found 93 percent of them were found to be involved in drug use, sale, and trafficking. These communities have been mobilized to be cross-border transit points for trafficking of drugs.

Just like the long coastline in the Philippines, the long border in northern Thailand is hard to patrol/monitor. Shabu used to be imported from China and other places but in late 1990s, factories have been found in Metro Manila. The basic ingredient of shabu, ephedrine, is largely smuggled into the country from China.

Similarly, until the 1990s, Indonesia (with the exception of Bali) was also a transit point for drugs coming from the Golden Triangle and China going to Australia. The drug supply of Indonesia mainly came from other countries. The drug problem used to be mainly in the selling and using of these imported drugs, particularly *shabu*. However, as in the case of the Philippines and Thailand, there is an emerging shift in the supply patterns in Indonesia. Although most of the drug supply is still imported, recent police

investigations have uncovered a number of *ecstasy* factories. Slowly, Indonesia is also starting to produce drug locally on an increasingly wide scale.

### 3.A.2 Changing drug contexts

The three countries show similar patterns in the shifts in drug use. The organic drugs (opium/ heroin/ marijuana) of the 60s to the 80s/ 90s gave way to chemically produced substances that rapidly increased in supply and variety. Methamphetamine-based drugs emerged as the most popular because of easy production and low costs. The cheaply produced drugs meant widespread distribution, selling and use among the masses and the youth. The large-scale problem prompted the governments of the three countries to take serious action against drug use and trafficking. This, in turn, affected drug use patterns as users sought out new combinations of cheaper drugs to be able to maintain their habit.

During the 1960s and 1970s drug production was poppy based and easy to track. Between the 1970s and late 1980s, the drug problem in the Philippines was domestic in scope and marijuana was the drug of choice. However, in the 1990s, with the entry of methamphetamine hydrochloride or *shabu* and its transnational character, this drastically enlarged the scope of the problem and the landscape of drug operations.

*Shabu* began in the 1990s as the drug of choice among the affluent, but over the past decade it has filtered down into the masses and has become very popular among the lower classes. It has come to be known as “the poor man’s cocaine”. “Designer drugs” such as ecstasy<sup>6</sup> and the more elusive sorts such as ketamine<sup>7</sup>, date rape drugs such as GHB<sup>8</sup>, and Rohypnol<sup>9</sup>, are fairly new to the Philippine drug scene but have become increasingly popular

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<sup>6</sup> Known as MDMA (3-4 methylenedioxyamphetamine), it is synthetic, psychoactive drug with stimulant and hallucinogenic properties.

<sup>7</sup> An anesthetic approved for both human and animal use also known as “vitamin K”.

<sup>8</sup> Gamma hydroxyamphetamine, a central nervous system depressant also known as “easy lay”, “vita G”.

<sup>9</sup> Flunitrazepam, which can incapacitate victims when mixed with alcohol also known as “roofies”.

among the upper classes because of their trendy appeal. However, *shabu* remains the number one drug of choice overall, especially among the poor. Ninety-four percent of drug users are addicted to *shabu*.

The Philippine National Police estimated in July 2004 that there were 3.4 million drugs users in the Philippines. Other estimates report that there could be up to 9 million users nationwide. The increase in drug-use resulted in an increase in drug-related crime. In 2000, 70% of all heinous crimes were drug-related.

Since the introduction of *shabu*, majority of Filipino drug users shifted from poly-users to mono-users (i.e., *shabu* only) but slowly, users are shifting back to poly-use because the aggressive anti-drug campaign of the government has driven *shabu* prices up and made it less accessible. Drug users now combine *shabu* with cheaper, more accessible drugs like marijuana or combine cheaper drugs with volatile substances (like marijuana used with glue or paint thinner) in order to maintain their habit.

Drug use in Thailand was originally limited to organic-based drugs such as opium and later heroin (an opium derivative) because of the large number of poppy plantations that have been maintained in the Northern Regions. Later, marijuana became popular and accessible because plantations were easily hidden in the remote mountainous areas. However, the drug problem took on a new dimension with the appearance of methamphetamine-based drugs on the market.

Methamphetamine-based drugs, *yaba* pills being the most popular form, spread quickly and widely throughout the country because production costs were low, therefore, the drug could be sold at a low price. The low price and large supply made the drug affordable and accessible to the masses, even to children. The children and youth became the targets of drug dealers who wanted to expand their markets into schools. The children and youth not only became users of *yaba* but traffickers as well. Soon, *yaba* became a serious problem as its popularity increased among the youth and its trade became rampant in schools. The number of drug-related offences presented

in Juvenile Courts rose sharply in 1999 accounting for 57% of all cases. Nationwide, narcotics cases accounted for 70% of all criminal cases presented in Thai Courts.

The Government of Thailand began an intensive, nationwide campaign against drugs. The efficacy of the campaign resulted in a drop in the number of drug users. The impact of this serious suppression of *yaba*, in particular, was seen in the plunge in drug supplies and the skyrocketing of prices. This meant that drugs users had to shift from *yaba* to other drugs in order to maintain their habit. Ecstasy and cocaine increased in popularity because their prices declined. Young people turned to cheaper, more accessible substances available at pharmacies such as cough syrup and pills as well as volatile substances like glue and paint thinner.

Indonesia exhibits the same patterns as Thailand and the Philippines with poppy-based drug-use as its starting point. However, at this point in time the popularity of shabu among the masses and the youth is still on the increase. Psychotropic pills such as ecstasy are becoming increasingly popular among the youth. Marijuana is also still largely popular while heroin use is in the decline. At the juvenile prison in Tangerang, 35% of the inmates are there for drug-related crimes.

The use of other substances as a substitute is only starting to appear, and slowly, at that. This may be attributed to the government efforts that have only recently started to implement and enforce strict anti-drug measures. Government agencies are also still just beginning to recognize and resolve the challenges involved in the fight against illegal drugs.

### **3.A.3 Legal framework and policy responses to children in drugs**

Indonesia, Philippines and Thailand are signatories to international agreements (e.g., The Single Convention on Narcotics Drugs and the Agreement on Psychotropic Substances) designed to achieve coordination and uniformity in the war against drug abuse. Each country has created the necessary legal framework and policy responses to support their anti-drug programs. For a summary of this section, please see Annex Tables 3-5.

In the Philippines, Pres. Estrada created in January 1999, the National Drug Law Enforcement and Prevention Coordinating Center (NDLEPCC) under the Office of the President to Consolidate the Drug Law Enforcement Efforts of National Government Agencies, Local Government Units (LGU's), and Non-Government Organizations (NGO's). The Philippine government's anti-drug strategy is anchored on supply reduction through police action and demand reduction through local government and community involvement, and rehabilitation. The government's policy on dangerous drugs is a balanced combination of the prohibition or the legal approach and the social or preventive approach. The Philippine government's strategy to curb drug abuse aims at denying/reducing supply and preventing/reducing demand while providing rehabilitation to the victims of drug abuse.

Republic Act (RA) 6425, otherwise known as the Dangerous Drugs act of 1972, is an example of the first approach which prohibits drugs and stipulates penalties for violating this prohibition. Enacted to intensify the country's efforts against drug abuse and illicit trafficking, RA 6425 has been amended several times through Presidential Decree (PD) Nos. 44, 1675, 1683, 1708, Batasang Pambansa Bilang 179 and lastly, through RA 7659 or the death penalty law enacted in 1993. RA 7659 also amended specific provisions of RA 6435 and the Revised Penal Code.

The Arroyo administration has aggressively pursued drug pushers, suppliers and laboratory owners as part of its intense anti-drug campaign. Law enforcers have reported record numbers of raids, seizures and apprehensions. Through RA 6425, the Dangerous Drugs Board (DDB) was created to serve as the national policy making and coordinating body of the government on all matters pertaining to drug abuse prevention and control.

The Narcotics Commission concentrates on high-volume international traffickers, manufacturers, and producers of dangerous drugs while the local PNP units concentrate on middle layer/street level dealers/pushers and users in coordination with local government units. In terms of policy and implementation, the Dangerous Drugs Board (DDB) was created to serve as the national policy making and coordinating body and the Philippine

Drug Enforcement Agency (PDEA) serves as the implementing arm of the DDB, and is responsible for the efficient and effective law enforcement of all the provisions of Dangerous Drugs Act. On the local level, the Barangay Anti-Drug Abuse Council (BADAC) has been designated as the lead unit in making their respective communities drug-free in collaboration with local police while other agencies provide local support.

To counteract the increasing drug trafficking, several operations have been initiated by the President and the police such as: Operation Gateway, which addresses trafficking of illegal drugs in mail, parcels, and packages as well as human couriers; Shabu Watch Teams, which have been organized and activated in strategic areas; Operation Plan Banat coordinates law enforcement efforts against drug trafficking and abuse; Project Himagsik brings together government agencies with youth/student organizations, religious groups and civil society to generate public awareness on the evils of illegal drugs; *Barkadahan Kontra Droga*, launched in early 2004 by the DDB, is geared to prevent young people from drug involvement; and, Kontra Droga 2004, the government's general anti-illegal drugs campaign, which brings together various groups and agencies in the war against drugs.

Rehabilitation is an important component of the government's demand reduction efforts. Drug abusers are arrested and charged in court but, if they are addicts, their rehabilitation takes precedence over criminal action. Those who voluntarily surrender are absolved of their criminal liabilities but are brought to rehabilitation centers for examination, treatment and rehabilitation. Unfortunately, rehabilitation centers suffer from a gross lack in funding and there is a wide gap between the number of drug-users needing rehabilitation and centers available.

Drug demand reduction covers preventive education and community information programs, treatment and rehabilitation programs, and studies and research programs. The following sectors are tasked with these responsibilities: Local governments, Citizens Drugwatch, NGOs to initiate preventive information and education campaign; students, teachers and parents to conduct school-based anti-drug activities; media, civic and

religious groups to disseminate hazards of drug abuse and to expose corruption in the criminal justice system.

On June 7, 2002, President Arroyo signed into law Republic Act No. 9165, otherwise known as the Comprehensive Dangerous Drugs Act of 2002. RA 9165 repealed its predecessor, Republic Act No. 6425, the Dangerous Drugs Act of 1972. The new Act recognizes ecstasy and other “designer” or “man-made” drugs as prohibited and imposes punishments for those involved in the importation/ trade/ use/ sale of controlled precursors and essential chemicals, recognizing new forms or means of trading/trafficking in drugs.

In 1995, the Youth in Nation-Building Act (RA 8044) was passed and it paved the way for the establishment of the National Youth Commission (NYC). The NYC is the sole policy-coordinating agency of the government in youth development. Their adolescent/youth health development related advocacies include drug policies/programs such as special drug education centers in cooperation with the DSWD and advocacy for random drug testing in schools. Republic Act 8369 was passed in October 1997, restoring the child and family courts that were abolished during the martial law period. Presidential Decree 1619 on volatile substances penalizes the use, possession or the unauthorized sale to minors of volatile substances such as rugby, for the purpose of inducing intoxication or in any manner changing, disturbing the auditory, visual or mental processes. The Comprehensive Dangerous Drugs Act of 2002 imposes severe punishments for the sale and offer to sell illegal substances to minors or the mentally impaired without written consent of parents or guardians.

The Government of Thailand formulates the National Narcotics Control Plan to spell out the major government policies and measures for drug control. It is currently operating under the plan for 2002-2006. The plan recognizes that drug use is growing at an alarming rate and sets its main focus on supply and demand reduction strategies including prevention approaches. Its objectives are: the development of anti-drug attitudes among the public as a means of improving its capacity for preventing and solving

drug problems within its target groups; the development of a treatment and rehabilitation programme for drug addicts including family therapy projects; and the improvement of the legal and justice system.

Being one of the top most urgent government's policies, drug prevention and suppression have been classified as a high priority action. H.E. Pol. Lt. Col. Thaksin Shinawatra's administration has proclaimed drug control policy as an urgent policy of the nation requiring immediate action. To share information and ideas, the first national workshop on the strategy to overcome drugs was held in March 2001. As a result, the Prime Minister issued an order on May 31, 2001 regarding the guidelines on the "Strength of the Nation to Overcome Drugs" that were to be imposed. In addition, the 9th National Economic and Social Development Plan B.E. 2545 - 2549 (2002 - 2006) was deliberately designed to facilitate and mobilize all drug control measures in correspondence with government strategies.

The drug control policy has been implemented under the concepts: "Prevention before Suppression", "Drug addicts must be treated", and "Drug traffickers must be punished". Prime Minister Taksin Shinawatra also called for law enforcement to be conducted on the basis of an "eye for an eye". These concepts are indications of the government's serious intention to eradicate the country's drug problem. The government's strategy places heavy emphasis on the suppression of drug supplies, producers, sellers and traffickers. The supply reduction is supplemented by prevention and rehabilitation strategies with a special on the youth. In order to achieve its objectives, the government has imposed the following measures:

1. Stringent enforcement of the law and the creation of a special process to control and suppress traffickers and all those involved in the manufacturing and trafficking of drugs in a strict, swift and just manner.
2. Strict control of the importation of chemicals that may be used in the production of drugs.

3. Foster cooperation with international organizations and the international community in order to control and eradicate drug production bases as well as transnational networks for the distribution of drugs.
4. Amendment and revision of laws that pose an obstacle to obtaining medical treatment as well physical and mental rehabilitation for drug addicts.

The War Against Drugs has been successful in controlling problem in the past few years. As a primary measure, all drug syndicate networks became the subjected targets of Thai authorities. Thousands of drug syndicates were arrested and assets worth millions Baht have been frozen. For example, according to the Provincial Police Region 5 Report, the Provincial Police has purged 30 drug syndicate networks in the North during October 2001 – June 2002. About 200 millions Baht of unidentified properties and proceeds have been confiscated.

Although yaba and heroin were still reported to be the most widespread drugs in Thailand in 2002 – 2003, the amount of yaba that has been seized has continuously declined in the past three years due to drugs suppression measures imposed along the Thai-Burmese border. In January 2004, 1.7 million pills of yaba were seized by police, which is an 85% decrease from the 11.3 million pills seized in October 2003.

The War On Drugs caused a decline in the number of drug users, sales and trafficking both in rural communities and schools, according to Office of Narcotics Control Board (ONCB). In rural communities, 65.8% were involved in drugs in 1999 but by 2001 this was down to 62.3%. In 1995, the ONCB reported that 6.1 % of students throughout the country involved in drugs but the Ministry of Education reported that in mid 2003 a survey of 2,284 schools (or 85.5 % of all schools) nationwide showed that only 0.47 % of students use drugs, 0.34 % are former drug users and 0.09 % are suspected drug dealers.<sup>10</sup>

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<sup>10</sup> Report on the MOE's Department of Education's Implementation of the guideline on the Strength of the Nation to Overcome Drug, Supervision Session – Department of Education: MOE, Fiscal Year 2002. (Thai language)

In line with the Narcotics Control Plan, the government has launched several projects targeting secondary and vocational schools. Under the White School campaign, these projects aim to eradicate the use of drugs in 3,000 schools across the country. Strategies include the establishment of groups of teachers trained and assigned to provide support and counseling to children involved with drugs.

The communities-free-from-drugs program established in 1999 has expanded throughout the country and aims to reach 70,281 target communities.

In connection with the adoption of Convention 182, partners in Thailand have addressed the issue of children used in drug trafficking, as one of the three worst forms of child labour in the country.

Indonesia ratified the United Nations Convention on the Rights of the Child (CRC) through Presidential Decree No. 36/1990. Article 33 stipulates that State parties should 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. In the following year, the ILO Convention No. 182 on the worst forms of child labour was ratified through Act No. 1/2000. As a result, on 13 August 2002, the National Plan of Action to implement this act was endorsed by Presidential Decree No. 59/2002.

The newly enacted Child Protection Act No. 23/2002 clearly defines child involvement in the production, the sale, and trafficking of drugs as an act of victimization. Therefore, the law should protect these children 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<sup>11</sup>. However, the situation in the field basically remains unchanged and the problems may be examined in the following section.

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<sup>11</sup> 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

Current policies on drugs and drug-related problems<sup>12</sup> have 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 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 established the 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 dealt with drug use and abuse issues. In addition, the Board was also looking after issues of drug-related money laundering and falsification.

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 and the 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. Later, in 1978, an umbrella NGO called BERSAMA was established under the patronage of the First Lady and the police department. BERSAMA was internationally known for its initiative to bring together similar organizations in the country and the region into a federation but after the fall of Soeharto's regime, BERSAMA's role as the umbrella institution was disregarded and it lost its significance in anti-drug advocacy and planning.

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

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<sup>12</sup> 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

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. 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. 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 actively engaged in supply-reduction programmes.

A national consultation was conducted in 1999 to address the increasingly serious drug problem that was exacerbated by the rising incidence of the human immunodeficiency virus (HIV) infection among drug users (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 NNCB as a national body was not supported by other government agencies and much less by community organizations. The police wanted to form a special unit for action and said that they needed more power and authority. President Megawati granted this recently. 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 while demand reduction is secondary. Many professionals who possess expertise on drug issues are recruited to join the well-funded National Narcotics Board.

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 sub-national level. The Provincial Narcotics Boards (PNB) does not have a direct coordination link with the NNB. Although each PNB is responsible and reports to the NNB there are 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 provision 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. A number of organizations and institutions have provided drug information to the public but NNB and PNB have been asked by stakeholders 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.

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. 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. The general weakness in Indonesia's law enforcement, from the standpoint of child protection is due to:

- Various definitions of “children” in different laws and legislation (issues of chronological age, marital status, mental age);
- As reported in Irwanto & Hendriati (2001), the nature of drug business that uses a closed multi-level system is more likely to put children at a lower position therefore more likely to be captured. This is especially harmful because PERDA 11 in Jakarta area is a local regulation that allows law enforcers to take away children from the street and put them in social rehabilitation centers. (which are not necessarily rehabilitative as far as child welfare is concerned);
- Related to the above point, the unavailability of provision to protect crime witness aggravates CDT (Irwanto & Hendriati, 2001). They are easy target especially for police officer responsible for the implementation of supply-reduction policy.

These deficiencies within the legal framework imply that child protection has not yet become a priority among government officials and law enforcers.



## **Chapter 3.B Profile of children and parents in the project sites<sup>13</sup>**

This section shall discuss the profile of the children, the project inputs or interventions, and the outcomes of these activities. The first part covers the profile of children/youth and their families and communities and the specific characteristics. This part concludes with the specific characteristics and patterns of recruitment of children/youth to the drug network. The second part describes the outcomes and results of interventions provided by the project.

The data sources/collection methods for this section includes: (1) small-scale survey, (2) key informant interviews, (3) focus groups, (4) community social maps, (5) workshops/discussions, and (6) secondary sources. It should be noted that the research coordinating organizations utilized these methodologies with varying degrees of emphasis. For example, in research teams in Indonesia and Thailand relied heavily on key informant interviews, case studies, workshops/games, and focus groups. The Philippine team also utilized these techniques but relied also on community social mapping exercise and small-scale surveys.

### **3.B.1 Profile of communities and children and their families**

In general, the children/youth beneficiaries (7-18 years old) of the project were from disadvantaged socio-economic backgrounds (please see table below). In general, the communities where the children resided, possess the following characteristics: (1) mostly informal settlers in congested housing conditions, (2) residents had irregular/insecure income sources, (3) high levels of unemployment among adults and high levels of child workers, (4) low levels of education, (5) inadequate access to social services, and (6)

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<sup>13</sup> In the Philippines, two small scale surveys were conducted. The 2003 survey covered 300 children (100 per site) and 150 parents (50 per site) while the 2004 post-test small scale survey covered 90 children (30 per site) and 30 parents (10 per site).

suffer from disadvantage and discrimination because of their poverty and/or minority status. Please see the summary tables below for more details.

The project sites (schools, streets and/or communities) from where the children/youth came from were known to be “hot spots” for drugs – either as sources for drug supply or centers for drug demand. These communities also have high levels of poverty and were associated with negative images of criminality and social disintegration.

Majority of the children came from families who were socially, culturally, and economically disadvantaged. A large majority of them suffered from family conflicts, separation, and/or breakdown. Their parents had low education and were mostly employed in the informal sector where work was irregular and the remuneration quite low. Most of the parents who came from the urban poor communities in Bangkok, Jakarta, and Metro Manila worked as itinerant vendors, construction workers, and labourers or were engaged in illicit activities like collecting fake donations, gambling, and drug selling/pushing and/or trafficking. They also suffered poverty, social stigma and discrimination like those in the highland tribes of Chiang Mai and Chiang Rai in northern Thailand.

As shown in the table below, the socio-demographic characteristics of the children/youth were quite similar, with slight variations from one country to the other. In general, the beneficiaries ranged from 5-18 years old and mostly male. But some are as young as five years old or as old as 21 years old in East Jakarta. While the ages of children/youth beneficiaries ranged from 5-18 years old, some of the children’s drug contacts that were older (19-21 years old) also became part of the beneficiary population.

While most of them are in school in Indonesia (75 percent) and Thailand (100 percent for school-based, less for the community-based), majority (75 percent) are out of school in the Metro Manila, except those from Tatalon, Quezon City wherein 50 percent of the beneficiaries are still in school. Half of the children in Jakarta have stopped schooling in second grade while in the Philippines, 10 percent graduated from grade school and 50 percent had some high school or vocational training.

A number of the children beneficiaries are working (40-50 percent of the community-based children in Pasay City, Metro Manila and in East Jakarta). Among the street children in Jakarta, a large majority (93 percent) were working to augment their family's income. They worked as scavengers, vendors, errand boys/helpers, and/or porters. Among those who were working in Jakarta, 60 percent have dropped out of school.

**Profile of children drug users and traffickers:** As shown in the profile of drug users/traffickers below, the target beneficiaries of the project were mostly male, age 8-18 years old, came from urban/rural poor communities, had families confronted with difficult socio-economic problems and tensions. They also had problems with schooling (e.g., poor performance, absences/tardiness) or were out of school and had to help in their families' search/need for livelihood resources.

In Thailand, most of the children's fathers were involved in drugs. As a result, many fathers are incarcerated, have died or disappeared. Thus, children usually live with the mother, stepfather or other relatives. Among the Akha communities in northern Thailand, the culture allows men to stay at home (smoking opium is common activity to while their time; later heroin/yaba) while women pursue livelihood.

Most Thai children/youth favor metamphetamine-based drugs like yaba pills or yaba substitutes while in the Philippines shabu is the number one drug of choice. Meanwhile, shabu-shabu is quite popular among children/youth, both in the streets and urban poor communities, in East Jakarta.

A number of schools in Thailand were located in or near drug-infested communities, where drug abuse and trade is rife. Thus, drug sales in school were quite common and they often use the school premises, especially the toilet for their drug-related activities. Meanwhile, in Metro Manila, children/youth often buy/sell, and/or traffic drugs from their neighbors, friends, and/or relatives. As in Jakarta, children/youth in Metro Manila rent rooms for their drug sessions.

Some of the children in Thailand whose parents, were quite poor, derived their incomes solely from their drug-related activities. In northern Thailand, drug production, sales and trafficking occur in a family-scale because they were economically linked to major drug dealers nearby. Klong Toey is the biggest trading center for metamphetamines and other drugs in Bangkok. Both large and small drug dealers abound in this area. Often, children are used as couriers and retailers by these dealers or by their parents in schools and in their communities.

**Cost of drug:** In both Thailand and the Philippines, the harsh anti-drug campaigns have driven the prices of illegal drugs higher. Before the campaigns, yaba cost 60-80THB but increased to 100-140THB when supply decreased. With the continued repressive campaigns, the current cost of yaba can go as high as 400THB per tablet.

**Sources of drugs:** in the schools in Thailand, students, former students, and outsiders distributed yaba. In the Philippines, drugs were sourced from drug sellers from outside who sell or deliver to their neighbors, friends and relatives or to the owner of the nearby corner store or the vendors in the community market. In Klong Toey, the biggest urban poor district in Bangkok, was also one of the largest source of metamphetamine-based drugs. Drugs are both produced and/or imported from abroad (see sources in previous section).

The following table shows the types of drug used by the children/youth in the project sites. They are arranged according to their prevalence, the first three being the most prevalent.

Table 2. Types of drugs used in the project sites

Indonesia	Philippines	Thailand
Urban Poor Communities <ul style="list-style-type: none"> <li>▪ Marijuana</li> <li>▪ Methamphetamine chloride (shabu-shabu)</li> <li>▪ Pills (rohypnol, lexotan, nipam, hipnoril, rajawali)</li> <li>▪ Heroin</li> </ul>	Urban Poor Communities <ul style="list-style-type: none"> <li>▪ Methamphetamine chloride (shabu)</li> <li>▪ Marijuana</li> <li>▪ Ecstasy</li> <li>▪ Volatile substances* (glue)</li> <li>▪ Cough syrup*</li> </ul>	Urban Poor Communities <ul style="list-style-type: none"> <li>▪ Amphetamines</li> <li>▪ Methamphetamine pills (yaba)</li> <li>▪ Heroin</li> <li>▪ Volatile substances (glue, thinner)</li> </ul>
Street Children <ul style="list-style-type: none"> <li>▪ Marijuana</li> <li>▪ Heroin</li> <li>▪ Methamphetamine chloride (shabu-shabu)</li> <li>▪ Pills</li> </ul>	Cocaine, ketamine, rohypnol and date rape drugs – not mentioned in project sites but present in government seizures.  *Often used in combination with methamphetamine chloride and or marijuana	Urban Schools <ul style="list-style-type: none"> <li>▪ Methamphetamine pills (yaba)</li> <li>▪ Marijuana</li> <li>▪ Volatile substances (glue, thinner)</li> <li>▪ Pills (valium, solam, fever pills)</li> </ul> Northern Communities <ul style="list-style-type: none"> <li>▪ Methamphetamine pills (yaba)</li> <li>▪ Heroin</li> <li>▪ Caffeine (to produce yaba)</li> <li>▪ Opium</li> </ul> Cocaine, ecstasy – not mentioned in project sites but present in govt. seizures.

**Initiation/recruitment to drug networks:** In most cases, children were used as retailers in schools, street corners, and inside communities by drug dealers. The typical *modus operandi* of drug dealers is to give them free drugs to try until the latter gets hooked to the habit. Later, they will be hooked into the network of drug users and sellers and the children can be used as retailers, scorers (sell in order to “score” or use), courier, and or watchers (*poste* in the Philippines).

**How do children get involved in drugs?** Majority of them got involved because of curiosity and experimentation, peer pressure, family tensions/problems, lack of role models, availability/proximity to drug supply, and the attractive marketing strategies (e.g., “If you take this, all your problems will disappear and you will be quite happy”) of drug dealers. Children in drugs (ages 10-17) are susceptible to peer influence as they are in search of their identities and acceptance. Also, the problems of their families led them to search for quick solutions (e.g. a “high” from drugs make them forget their troubles, quick money for their food and school expenses). The environment of criminality and illegal activities of their families and peer networks also reinforce these conditions in a very negative way.

**Family economics and drugs:** Some of the children sold drugs in order to earn money or to support their drug habit. They earn about 10-30 THB per pill in Thailand. In the Philippines, a shabu courier can make PhP10-PhP50 per sachet or about P100-P200 per transaction. Children often go into drug sale/trafficking to support their drug habit.

But, recently, the harsh anti-drug campaigns have pushed drug dealing deeper into the underground, increasing the prices of metamphetamine-based drugs. This has led to the increasing use of other drugs like marijuana, cough syrup, fever reduction pills, solam and valium (which do not register in urine test) in Thailand.

**Consequences/results of drug use/sale/trafficking to children and families:** If in school, the children were likely to be expelled and/or lose interest in schooling. They were also like to engage in risk behavior such as unsafe sexual practices, stealing and committing other crimes, and dropping out of school. Some of the children’s parents have died, divorced/separated, or incarcerated because of drugs and the harsh anti-drug campaigns.

In Northern Thailand, those most affected by the drug epidemic are socially and economically marginalized highland tribal communities. Drug users/traffickers also suffer from social discrimination and poverty.

**Gender dimension in drug-related activities:** Engagement in drug abuse, sale, and trafficking is a male-dominated phenomenon. Very few girl-children were involved in the drug-related networks. Of those who were involved, their boyfriends, fathers, and other relatives most likely recruited them.

Although the engagement in drug activities is a male-dominated phenomenon, women and children suffer most from the consequences of their male relatives' activities. Involvement in drug-related activities often resulted in death, incarceration of the men, social conflicts/tensions, and disintegration of their families. Thus, quite a number of children came from very vulnerable female-headed households. The project noted that in the implementation of project activities, women's participation was quite high compared to their male counterpart. Majority of the women participants were mostly mothers who wanted their children and families to be benefited by the project activities and resources. Moreover, women compared to the men seem to be more focused on finding solutions to their children's needs than being embarrassed about the problems/needs of their families. For example, among the Akha people in northern Thailand, tradition allowed men to stay at home while women work outside. This reinforced the higher participation of women in project activities which has implications to the children's role modeling.

**Profile of drug dealers/traffickers:** In Thailand, this group consists of: (1) major drug traffickers who sell an average of 10,000 yaba pills at a time, do not live in the area but have other business that serve as cover for drug dealing, (2) money launderers who also engage in drug trade, mostly from the Akha tribe who are quite rich (e.g., can afford send their children to study abroad) and powerful (police find it hard to bring them to the justice system), (3) middle-sized drug dealers who sell an average of 1,000-2,000 at a time and very careful with new customers so hard to apprehend, and (4) retail drug dealers (constitute 70 percent of drug dealers) are mostly drug addicts who sell an average of 10-200 pills and are mostly caught by police and imprisoned for 2-2.5 years.

In Baan Huay Sala, Chiang Mai where five ethnic groups reside (Akha, Thai, Yai, Thai Lue, Mu Ser, and Thai Saem), the project beneficiaries live close to metamphetamine production sites. In Baan Nang Lae Nai, Muang District in Chiang Rai, populated by the Akha, Mu Ser ethnic groups and lowland Thais, widespread use of metamphetamine has been observed.

As in Thailand, the children/youth in Jakarta also came from poor communities with high levels of criminality. They children are often utilized by adult traffickers to deliver or receive small orders of packets of drugs like shabu-shabu or cannabis. They also help in buying raw materials or in packing.

The stability of children's families seemed to be related to their being out of school and their engagement in drugs. Among the three project sites in Metro Manila, Tatalon seemed to have a greater number of stable, complete families. There were higher proportions of children still in school and they had higher educational attainment rates. Also, the area reflected the lowest number of children who had ever tried drugs and use tended to be only when money or drugs are available.

On the other hand, children in Pasay seemed to have the burden of more disadvantages. Families in the area had the lowest household income. Furthermore, families seemed to be less cohesive as evidenced by the high number of children who lived with only one parent (despite both parents being alive) or who did not live with either parent. Children in Pasay also had lower levels of education and stayed in school the shortest period of time. Also, there were more working children who work longer hours and under more difficult circumstances doing heavy, adult work. In a few cases, children were main income earners in the family. For those involved in the drug trade, involvement has not changed because they have continued to be involved. In relation, Pasay has the highest number of sellers. Involvement in drugs has become, for quite a few, their primary income source/ livelihood. Children are far more exposed to drug use and drug activity. All respondents reported that they had friends who use drugs and a considerable number knew of friends or family involved in drug-related work.

Paco-Pandacan falls between the two other communities in many aspects. Education, income and family arrangements are neither very high nor very low. The parents and children take advantage of the vocational course opportunities provided by the NGO in the area. Although the area has the fewest working children it also has the highest number of out of school youth. This means there is a large youth population that needs to be provided with activities and opportunities to keep them from becoming involved in drugs. Of particular interest were the high number of parents active in community activities and the wide range of activities they are involved in.

**Profile of children/youth patterns of drug use/trafficking and recruitment to drug networks:** Most of the children engaged in drug use/trafficking were male, 9-15 years old, were out of school, and came from families fraught with economic problems, high level of domestic violence, and substance abuse and vices. Children are initiated into drugs and the drug network because of curiosity and peer pressure, to assert their identity and power, and to escape from family problems/tensions as well as an economic alternative. Aside from economic reasons, the twin needs of identity and belonging seem to be crucial factors for children to be involved in the drug network as they are in the critical age where the search for one's identity is paramount.

They are initiated and recruited to the drug network by people close to them such as their peer (*barkada* in Manila), family/relative, and neighbors engaged in drug use, sale, and trafficking. While peer influence is key in the initiation, children are mainly used by adults as runners, scorers, or watchers (*poste* in Manila); authorities do not immediately suspect them. Also, there is a general perception that the punishments meted out to them are not that harsh although in reality the consequences of rehabilitation/incarceration to the child are just, if not more, devastating.

Across the three communities in the Philippines, the use of combinations of drugs has resurfaced. Shabu was combined with marijuana and/or rugby to create an upper-downer mix. Shabu was hardly used exclusively by the youth, probably because of several factors such as: government anti-drug

campaign which drives the prices up along with the bad economy/ lack of employment which means they have less income available to spend on drugs. In many cases, respondents reported that spending for vices (including drug use) resulted in a lack of money for basic needs. From 2000 to 2003, there was an increase in exclusive use of shabu (previous use was mixed drugs), a decrease/ phasing out of rugby and solvent use and the emergence of cough syrup used as a drug. From 2003 to 2004, there was an increase in mixed or poly use – mainly shabu used in combination with other drugs. There was also the slow emergence of ecstasy and a decrease/ phasing out of cough syrup and solvent. Sadly, the research uncovered an increase in respondent involvement in drugs. Peer influence emerged as a major factor in the drug use of children in 2003 and was strengthened in 2004 to become the primary factor. Family problems became a secondary factory, taking the place of curiosity. Children involved in the drug trade were mainly used as runners by their parents or other adults. The attraction was the large financial reward for relatively easy work.

In general, the above patterns can be seen in the three countries. For example, in Thailand, owing to the repressive anti-drug campaign of the government, the price of metamphetamine (yaba) pills drugs has greatly increased. This has resulted in children shifting to other drugs such as marijuana, paint thinner, glue and other inhalants.

### Chapter 3.C Outcomes of project inputs and activities

This section of the report mainly came from data gathered from the documentation, monitoring, and evaluation conducted by the research coordinators with the action program implementers. The discussion of the project outcomes will follow mainly the summary of project inputs, activities and accomplishments in the tables below.

**Project activities and support.** The ILO-IPEC project provided the following support to the children and their families: community organization (e.g., formation of clubs/children's and parents' groups, federation of children/youth groups) and mobilization through anti-drug campaigns and awareness raising activities, and anti-drug advocacy, capability-building and training of leaders, social workers, and children/youth. Sportsfest, talent enhancement, and other leisure activities (band, cultural performance contests, etc.) were also organized to provide alternative bonding activities for children/youth across schools, streets, and communities. Through the initiative of the project implementing organizations, they also sourced other assistance from GO/NGOs to provide limited education support (e.g., tutorial sessions and referrals to vocational and technical education), and livelihood assistance (e.g., soap/candle making, children's cooperative and savings mobilization). Information and Education Campaign (IEC) materials and modules were also for the training of youth/community leaders, social workers and for public dissemination. Limited health and economic assistance were also given to some of the children and their parents.

Limited rehabilitation and counseling support was also given to some of the children engaged in drug-related activities. This type of assistance was designed to "wean" or dislodge the children/youth from their illicit activities.

### **3.C.1 Project outcomes and results**

The effects of the project activities and inputs seemed evident in two levels: (1) the level of the children/youth, peers, and their families; and (2) the level of project implementers and the project communities.

The training and advocacy programs given by to the children/youth, parents and community leaders increased their knowledge about drugs. Particularly, it made them appreciate how children were recruited into the drug network and how they can be weaned/dislodged out of the system. These activities also built their capabilities in responding to the children's needs.

The sports (e.g., basketball/badminton tournaments) and cultural activities like talent enhancement programs (e.g., singing and other cultural performances like the band performance in East Jakarta) promoted community solidarity and cohesion. First, the organization of the activities by the program implementers and the children and parent beneficiaries promoted solidarity and cohesion among them. Meanwhile, these activities (especially the talent enhancement activities like painting, poster making, singing and other cultural performance contests) seemed to have increased the self-confidence, poise and self-esteem of the children.

Inter-community, school and street-based sports and cultural activities seemed to have promoted understanding and solidarity among children/youth, school and the larger community.

### **3.C.2 Reduction of risks to drugs**

**Profile of risk:** The majority of children were at high risk of being used in the drug trade, or using drugs because they were exposed to someone close to them (parents, uncles, and friends) and were using, selling and/or trafficking in drugs. Most of the parents who were either using or trading in drugs had very bad domestic situations (constantly quarreling, high level of verbal/emotional abuse both to their spouse and children or no communication at all). Exposure of the children to relatives and peers who

were trading or using drugs put them in very risky situations (police raids, violence usually erupting from drug deals). Their risks are also doubled because the children had plenty of time on their hands and opportunity, i.e., were not engaged in meaningful activities. Thus, the project attempted to engage them in a set of meaningful activities like workshops, trainings, leisure, reading, sports, and cultural performance activities.

**Reduction of drug-related risks:** The project activities implemented by the research partners diminished, to a certain extent, the risks posed by drug users, pushers, and traders in their communities. The reduction of risks was mainly accomplished through anti-drug training and advocacy sessions. These training programs raised their awareness of the dangers and risks involved in drug use and trading as well as strategies for avoiding the drug-related risks in their neighborhood.

The participation of the children in the project reduced their risks of being recruited to drug use and trade. Another strategy that program implementers found useful in reducing the recruitment of children to drug use, sale, and trafficking is to engage the children in a series of activities and engagements like sports, anti-drug campaigns and talent enhancement activities.

According to the children, before the project “*pagala-gala lang sila*” (they were just loitering around for lack of anything to do as their parents did not have money to send them to school). With their participation in the ILO-IPEC supported activities initiated by the program implementers in their communities, they were able to link up with other youth and were able to use their time and energies in productive activities like sports, anti-drug campaigns, advocacy and training sessions. These activities made them feel happy and fulfilled as they felt they were doing something meaningful and important. Before the project, most of the children did not feel they were part of a group or a meaningful community.

**Increased knowledge about drugs and drug-related risks:** One of the major outcomes of the project is that the anti-drug training and advocacy sessions led to increased knowledge among children and program

implementers about drugs and the risks they posed to the children and their families.

The children advocates trained in this project expressed increased knowledge and confidence in discussing and campaigning against drugs before their peers. Through these training, they gained confidence in speaking before the public about the risks involved in drug use, sale, and trafficking. They have learned how drugs compromised the lives of children and their future.

The project implementers also realized that the main problems/needs of children are:

- Education (out-of-school youth more likely to get involved than in-school youth);
- Family nurturance and support as children in drugs seem to have families with high levels of tensions/conflicts or disintegration;
- Support services (leisure/sports, access to social services) as children who gets involved in drugs do not seem to have alternative activities to occupy him nor a support system (e.g., a big brother/sister in he Philippines; youth/friendship camps and outreach/sports activities in Thailand, sports and band festivals in Jakarta);
- Young addicts need child-friendly and community-based rehabilitation or healing centers as city rehabilitation centers broaden children's drug networks.

**Provided support services and built the capabilities of community-based partners and beneficiaries.** The project provided training and support services to a total of 1300 (700 in Indonesia, 260 in the Philippines, and 340 in Thailand) to target children/youth (leadership training, education, tutorial, advocacy training, counseling, referrals for services, sports, cultural activities, cooperatives, library). Through these activities, the project built the capabilities of project partners/beneficiaries to respond to the problems of children/youth in drugs through: (1) workshops, training programs, (2)

advocacy activities, (3) networking/linkaging with GOs/NGOs/Pos, (4) training of junior/peer advocates and youth leaders, (5) training of family support workers, community/youth leaders, (6) psycho-social counseling (e.g., harms-reduction), (7) life-skills training, (8) training in PAOR for some of the project partners, and (9) information and education campaigns.

**Increased community awareness on drugs and community organizing.**

The project activities also raised awareness about drugs through community mobilization, organizing, and IEC activities. Children, youth, and parents groups were organized into committees, task forces, and youth organizations/federations.

**Increased level of participation/empowerment among children/youth, local organizations and officials/leaders:**

One of the major accomplishments of the project is the increased participation, capability, and empowerment of children/youth, parents, and school/community leaders in addressing drug abuse/trafficking problems among children/youth. Leadership/friendship/moral camps, study trips (Thailand) and other trainings/workshops (Indonesia and Philippines) have greatly increased the capabilities of children/youth, peers, parents, and community leaders/workers/volunteers.

**Enhanced capabilities of leaders and volunteers** in drug prevention, community education, counseling, and crisis intervention work. In Thailand, the training of youth leaders and “spy kids” to monitor the risk behaviors of children had been quite successful in reducing the potential for drug activities. In all the project sites, the role of volunteers in the schools, streets, and community were very crucial in the implementation of project activities. This was also crucial for sustaining project activities considering the scarcity of available resources.

**Establishment of drug-free zones, community-based rehabilitation centers, and activity centers parent/youth education:** The key to grassroots resistance to drugs is the joint planning and implementation of activities by the youth and community members. In Klong Toey, they

established drug-free zones while in East Jakarta, the project established centers for parent/youth education, training, and other anti-drug related activities. In Tatalon, Quezon City, Philippines, the project established 3 community-based rehabilitation centers that they call “healing centers” to avoid the stigma associated with the former label. These centers provided children/youth a sense of belonging and a space for reclaiming themselves.

**Provided limited number of employment and livelihood training/assistance.** In the two rural communities in Chiang Mai and Chiang Rai, the project provided support for income generation activities through skills and vocational training (e.g., embroidery, weaving, batik/wood painting, knife making, etc.) and start-up kits for self-employment. In Metro Manila, the children and their families were given limited support for livelihood activities like candle and soap making, cooperative and the like. In East Jakarta, they were given training in alternative income-generating activities such as sewing, computer training and printing.

**Sourcing of education and other social services for children.** Because the ILO-IPEC project did not provide for education and livelihood, the project managers had to partner with other institutions in order to source out other services needed by the children. These include training in harms reduction counseling in drugs (Paco-Pandacan), the establishment of community-based healing or wellness centers for drug dependents (Tatalon) and collaboration with a university (e.g. Pasay) to provide tutorial and library services. In Thailand, the project established school linkage mechanisms to increase the potential of children staying in school or returning to school.

**Increased linkages, built and strengthened referral/local networks for project implementers:** Among program implementers the ILO-IPEC supported activities led them to source out linkages with other institutions that can help them provide education, health, and livelihood support to the children at risk to drugs. In some extreme cases, they had to link with rehabilitation centers or police officers in order to help children who were involved in drugs. This is very important as one of the lessons that project managers/implementers have learned in this project in that providing support

to children at risk to drugs needs the support of a wide range of committed and sincere individuals and the resources of many organizations and institutions. Thus, the strengthening of local networks has been one of the major accomplishments of the project.

In Thailand, the project built an integrated network of referrals consisting of parents, community leaders/volunteers, police, hospitals, government agencies and schools. These networks made possible the access of resources (basic necessities like food clothing, medicine, shelter) and services for the children and their families.

The Indonesian project team in their street/community-based anti-drug programs established the above structures, processes, and networks.

**Establishment of mechanisms for drug prevention, control and rehabilitation:** The project established several mechanisms for drug prevention and control at the level of the school, street, and community. In Thailand, school-based mechanisms included capacity building for teachers, anti-drug clubs, monitoring of risk behaviors by both teachers and the “spy kids” system.



## Chapter 4. Good practices

Three good practices of the community-based NGO/PO research partners of the project are highlighted here, namely, (1) alternative anti-drug information, education, campaign strategy in Barangay 91, Pasay city, (2) training of junior anti-drug advocates in Paco-Pandacan, Manila, and (3) the community-based-healing center in Tatalon, Quezon city. The effective strategies and techniques employed rehabilitating the child in East Jakarta such as games and workshops as well as the drug-free zones and student empowerment and peer monitoring strategies used in Thailand.

**Empowering techniques for children in East Jakarta.** The project employed creative games and workshops in order to get the children to participate in the anti-drug programs initiated in the streets and communities of East Jakarta.

**Drug-free zones in Thailand:** The youth and the community in Klong Toey worked together to safeguard their community. Various approaches were used to engage people in taking part in the program.

**Student empowerment and peer monitoring by students in Thailand.** Students were motivated to participate actively in monitoring each other in school through systems that provided anonymity. This strategy protected the identities of the children while giving them skills in teamwork and planning. Teachers felt this was particularly effective because the students themselves were the best sources of information and solutions. Also, children took part in anti-drug youth activities specially designed to build leadership, relationships and awareness.

## **A. Good practices in the Philippines**

### **Case 1. Community-based IEC techniques and education support for children in Pasay city**

The community of Barangay 91 and the adjacent Barangays 88, 90 and 91 are disadvantaged by low incomes, low education levels, and high levels of drug use and trafficking. In order to address the growing drug-related problems in the community, Addictus-Philippines partnered with the local development council of Barangay 91 in Pasay City. The barangay council involvement and support is a unique feature of Addictus-Philippines program, an NGO focused on drug issues. Together with the community leaders and elders, they organized a systematic education support system for children that include tutorial sessions, talent enhancement activities, and information-education and communication (IEC) material development as a response to the needs of children/youth who were mostly out-of-school. Other activities also include livelihood support through a children's cooperative and promotion of reading through the establishment of a community library.

The tutorial sessions were part of a back-to-school program to enable children in school to keep up with daily lessons and to enjoin out-of-school youth to go back to school. A close partnership with the De La Salle University benefited the community through the provision of volunteer teachers and book donations for the community library. Another strategy they used to raise the level of confidence/self-esteem of children and also build their capabilities was the "Talents Enhancement Program". Throughout the duration of the project, they organized various art, cultural performance, and sports activities. This was an important strategy in keeping children off the streets and off drugs by giving them rewarding activities to occupy their time with, provide leisure and recreation, discover their skills and talents as well bond with their peers. The enhancement of their art skills was also closely tied to their anti-drug IEC campaign wherein materials (streamers, posters, pamphlets and slogans) created by the children were developed and disseminated within the community. These strategies built the capabilities of the children and youth and were quite empowering.

The above strategies were effective because of the leadership trainings, seminars and workshops and advocacy campaigns and seminars provided by Addictus-Philippines in partnership with the local development council leaders and other partners from the community and Pasay City Council.

### **Case 2. Anti-drug junior advocates in Paco-Pandacan**

A large children/youth population characterizes the Paco-Pandacan area. The presence of gangs in the community often led to frequent violence in the form of fights and “rumbles” as well as an increasing drug use/trafficking and other risky behavior (e.g., smoking, drinking, gambling) among the youth.

In response to the community’s situation, the Families and Communities for Empowerment and Development (FCED) pioneered in training children/youth advocates (also known as junior advocates) to mobilize and train their peers for anti-drug campaigns and activities in the community. FCED believed that the best way to address the children/youth problem was through the children/youth themselves. The children and youth are empowered towards reduction of drug use and trafficking through community mobilization for advocacy and capacity building interventions (e.g., education and training, workshops, advocacy sessions). Another feature of the FCED programs are the specialized counseling sessions (i.e., harms reduction counseling/therapy) they offer to the children/ youth. Their beneficiaries are given individual or group counseling by a social worker trained in harms reduction counseling and therapy. Meanwhile, junior advocates are also trained to give peer counseling. FCED also provides referrals to rehabilitation centers for medical and psychosocial services, back-to-school programs and vocational and technical courses. A key learning gleaned from these activities is that in formulating programs and implementing programs for children/youth is that they themselves are the key sources of information, solutions and feedback. It is they who can best articulate their problems and needs and by making them an integral part of the program inception and development, the outputs and impacts are more effective in reaching other children/youth.

### **Case 3. Community-healing centers in Tatalon**

Due to its location and physical organization, Tatalon is a close-knit community that is somewhat hidden from sight. Community members generally know each other and each other’s business – as well as individual and family problems and addictions. The proliferation of drug users and pushers in this community populated by many children and teens became a cause for concern. The lack of support from the barangay officials prompted community members to form the Kapatiran Komunidad People’s Coalition (KKPC), a community-based people’s organization which has taken the lead role in finding solutions to the area’s drug problem. The organization sought total community involvement and, through its various programs has enhanced skills of parents and community workers as well as increased the level of participation of various sectors, particularly the children/youth. These programs include community organizing (organization and federation of children/youth groups), mobilization of the community through anti-drug campaigns,

A key learning was that a community’s drug problems are best solved within the community itself coupled with the knowledge those children sent to rehabilitation often return to their drug

involvement once they return to their community and their peer groups. These realizations led KKPC to develop a unique method for the rehabilitation of child/youth drug users. KKPC initiated the establishment of three community-based healing centers for children/youth engaged in drug use and trafficking. In the center, the Anti-Drug Abuse Program Committee and other members of the children/youth and parents' groups/federation provide the children counseling/healing/therapy sessions, tutorial, library, sports, and recreation activities. Children's cooperative, cultural performance group, and other community-based organizations and institutions providing access to social services also support these activities.

The name "healing center" removes the stigma of rehabilitation from the child while its community-based strategy provides support from peer groups, family and community institutions and networks while eliminating the problems associated with the reintegration of the child back to the family and community. KKPCs guiding principle is total community rehabilitation so that the environment does not pose a threat to the children and youth and at the same time users/addicts can be successfully rehabilitated or healed without having to leave the community.

## **B. Good practices in Indonesia**

### **Case 4. Empowering techniques for children in East Jakarta**

Recreational activities, creative events and discussions were enjoyed by the youth in Kebon Singkong because needed to channel their energy in more positive directions. Competitive events were interesting for them because they were given the opportunity to perform in public and felt challenged to outdo each other. It seemed to add to their self-esteem and previous research showed that children from poor communities tended to engage in negative activities because they were not given other options.

Despite their reluctance to be recruited as peer educators, active outreach and empowerment from the social workers resulted in the involvement of youngsters from Kebon Singkong. They also participated in planning and organizing youth events such sports competitions and band festivals, as well as in designing IEC materials.

Among street children, some success was experienced in providing them with vocational training that suited their needs and interests. The training was followed up with career development that resulted in alternative income generation. In the process of developing their skills, the children had less time to be involved in drug use and trafficking. Part of the program's success was that SEKAM provided a workshop centre next to the base camp so that children were trained and learning in a structured way.

Creative games were played in various children's workshops to heighten their interest in anti-drug programmes and activities. One effective game played at the Children's Workshop held in August 2004 was called the Spider Web Game. One of the participants was asked to volunteer to play the role of the drug trafficker. Other participants were asked to brainstorm on the causes of drug trafficking and the consequences of a child's involvement in drug trafficking. Each of the answers given by other participants will give will be able to bind the drug trafficker with a rope. At the end of the process, the drug trafficker will be fully bound by the rope and cannot move.

A facilitator debriefed the children by discussing with them how problems can "bind" a child into drug trafficking. As a drug trafficker children are affected by many problems and risks. The facilitator also discusses how to help the child and free him from his "ropes". The facilitator highlighted the perspective of the child as a victim using the perspective of other children. Afterwards, each of the answer on the solution to free the child allows the child trafficker to remove each rope that binds him. In the end, the solutions of the other children were able to "free" the child trafficker.

The process and results of these kinds of games help children realize the problems and somehow be able to experience the real situation. The final hope is that they will increase their awareness on the victimization of children and the risks involved.

## C. Good practices in Thailand

### Case 5. Drug-free zones in Klong Toey

The Volunteer Drugs Resistance Association (VDRA) was founded in 1986 by a group of Klong Toey Community's residents. The association consistently promotes "drug-free-zones" among the community members. Its activities are jointly planned and conducted by concerned youths and community members. It appears to be a key grassroots resistance movement that consistently enjoys the confidence of the Klong Toey community. VDRA approaches are clustered as follows:

- (a) Prevention: formation and support of youth groups both in and out of schools, awareness raising and anti-drug campaigns in the community;
- (b) Rehabilitation: provision of referral services for treatments at drug-rehabilitation centers, community-based recovery programs, home-visits and follow-up of cases; and
- (c) Suppression: Voluntarily night-walk patrolling, cooperation with the local authorities and narcotic suppression police in investigating drug trafficking networks.

Over the years, VDRA has successfully built and enhanced the capacity of the youth groups and constantly gained cooperation from police and community members. VDRA and its core leader, Mrs. Ameena Beedillae, has been honoured with several domestic and international awards for her outstanding work in fighting drug sales and abuse, including the 2000 Civil Society Award from the United Nations at Vienna.

In December 2001 the association proposed a plan of action to the government concerning the focus on “suppression first - followed by prevention and compulsory rehabilitation with the provision of rehabilitative facilities”. The plan was endorsed in early 2002 and resulted in several arrests of retailers in the community. However, there were only few big drug dealers arrested since many of them have fled the area. The drug trade continues with intense precautions among the sellers and the price of methamphetamine tablets has increased. Drug suppression has had limited impact.

Through the years the association has moved from voluntary group to a more structured organization with a management line and annual budget. The association has gained more cooperation from the community residents because in the beginning volunteers worked in a risky circumstance without cooperation from other residents. They have been able to put up a new building to be used as a temporary safe house. Also, the association was able to gain the cooperation of the police and patrol police were stationed in risky spots in the community. Finally, they have developed activities to make the programme holistic.

### **Case 6. Peer monitoring and student empowerment in Bangkok schools**

The strategic framework used in schools was mainly composed of capacity building through camps, behaviour control through strict monitoring systems and the provision of support among peers and by adults (school administrators, school teachers, and parents).

A number of schools have established peer monitoring systems to monitor risk behaviours. At Rattanakosin Sompoch Bangkhen School, students can report on peer’s risk behaviour (i.e. smoking) by sending message to the PO Box located in four different locations in school. Report can be done anonymously to protect students’ identity and prevent conflicts between students who report and those reported. Reports on drug habits, risk behaviours and other inappropriate behaviours are cross checked with students’ personal files kept by the school to ensure that there are no false accusations. Information is also screened based on the frequency of reports made on one student.

In general, the system has been operated by student leaders and chairpersons. Peer monitors are encouraged to discuss behaviour changes and provide support for their peers as the initial step. Cases that are beyond the capabilities of the peer monitors are brought to a teacher’s attention. This mechanism – according to students – helps them gain skills in teamwork, planning and dealing with people. In some cases, children with risk behaviour themselves were appointed to assist in this risk behaviours monitoring. A teacher has said that this strategy has been very effective, because these students are the ones who know best.

School organized special camps for the students to address drug problems and risk behaviour. At a leadership camp at Janhum Bampen School, the students formed an “anti-drug student

group” to work against drugs in their school. These students also conducted an anti-drug camp for their peers.

The students of Tepsirin Romklao School planned friendship camps for their peers to build relationships and support groups between students of different levels in the school. Other schools promoted peer support and relationships by having older students mentor, tutor or participate in recreational activities with younger students.

Capacity building camps were organized for school children in Chiang Mai and Chiang Rai. Aside from promoting leadership and awareness about drug trafficking and abuse, a moral camp was conducted for the students.



## Chapter 5. Lessons learned

The implementation of the project in the three countries yielded a rich trove of insights and lessons. Understandably, these lessons were partly shaped by the illegal/illicit nature of drugs and the different contexts of project implementation.

1. Participation of children/youth, their parents and the community officials – central/key to project success but there is a need to select appropriate types of participation (e.g., articulating the needs of children must come from children not from the assumptions of adults as their perspectives are very crucial; limited participation in data collection/analysis). In all the project sites, this was a key lesson learned. VDRA in Klong Toey, Thailand learned the joint planning and conducting of activities with the youth, parents, and the whole community is central to the groups' success in establishing drug-free zones. Regular night patrols as preventive mechanisms worked in Klong Toey because of the support of youth/community leaders and the police. This strategy was also linked to investigative and other policing activities of drug networks. In the same manner that project partners in East Jakarta, Metro Manila, and Thailand have learned that the formation and support of youth groups in/out of school, streets, and the community is very crucial in making the anti-drug campaigns and mobilizations quite successful.

The endorsement by school/community authorities of the involvement of children/youth in project activities is important for project success.

2. Research made entry of project activities easy and raised the awareness of research partners regarding the connection between data/information about children and their drug-related contexts and to the appropriate action programs that should be formulated. It helped build

the trust, confidence, and cooperation among researchers and school/street/community-based actors and to deal with sensitive issues.

Due to the illicit nature of CDT, there were limitations to the application of the participatory action research framework. Research instruments that relied heavily on symbols, illustrations, and the like were more effective than those which were text-based.

3. Central needs of children (family nurturing/support, education, social services) can only be facilitated by the project but point to the more fundamental need to strengthen support for family (as they are fraught with tensions/difficulties), community support systems, schools, and other institutions.
  - a. In school-based activities in Thailand, the support of an advisor/teacher and the school management was quite crucial in making the project a success. Students were then encouraged to engage in extra-curricular activities like sports and talent activities that made them quite integrated to the school and their peers; and
  - b. In Indonesia.
4. There is a strong need to build the capabilities of teachers, community workers/leaders, social workers, and youth leaders in drug prevention/rehabilitation. Providing support/assistance, i.e., counseling, referral, for children in drugs necessitated the learning of specialized knowledge and capabilities among project partners.
5. Priority investments should be given to practical, useful preventive programs that help children/youth construct their future (schooling, career building, livelihood).
6. Rehabilitation centers must be child-friendly, and community-based, as outside centers tend to increase the drug networks/expertise of children. This lesson was particularly emphasized in Metro Manila where children sent to rehabilitation centers outside of the community tend to be stigmatized, as they have not been successfully

rehabilitated. Instead, they seem to have become more sophisticated in their knowledge/expertise in drug-related activities.

- a. In Thailand, they have learned that rehabilitation must include provision of referral services for treatments at rehabilitation centers and community-based centers that must be supported with home-visits and consistent follow-up of cases.
  - b. Activity centers in East Jakarta were very effective in providing a base camp for services and activities. It gave the children a sense of belonging and desire for alternative activities. This can spur local initiatives that are critical for community outreach, mobilization, organization, and sustainability of project activities.
  - c. Vocational, technical and entrepreneurship training for children were considered very good substitute activities to prevent the problem of CDT.
7. Skills needed to respond to children in drugs are quite specialized (need training in harms-reduction counseling, detoxification, etc.).
  8. More attention (in terms of research and resources) should be given to the link between sex, crime and drugs, e.g., reproductive health education.
  9. Integrated and converging approaches are critical to the success of the project. In Thailand, the factors for success include: (a) relevant national drug policy and programs, (b) a responsive policy, guidelines, monitoring system, and budgetary allocation from the Ministry of Education (with the 9 strategies), (c) a holistic approach in the schools, (d) child-centered interventions, and (e) networking/partnership with other relevant agencies/bodies.
  10. Social capital of individuals, institutions and networks proved quite crucial in mobilizing resources for the project. The new knowledge, expertise, and resources generated by the project on CDT gave a value-added dimension to the capacities of these individuals and institutions, allowing them to access additional opportunities.



## Chapter 6. Project challenges

**Illicit/Illegal nature of drugs and complexity of the drug issue:** The project posed risks and dangers to both the project implementers and beneficiaries involved in collecting data/information and providing services for children/youth engaged in drug use, sale, and trafficking. Moreover, the complexity of preventing and/or rehabilitating children from the drug network posed several challenges to the program implementers in the communities.

Because of the illegal nature of drugs, people involved were hesitant to share information. The risks and stigma associated with drugs prevented people from revealing information about the involvement of children, families, and communities in drugs. The police constantly monitored project sites and other authorities and entry into the community posed a lot challenge in building trust among leaders and families of CDT. Thus, some cases of drug abuse and trafficking were not revealed to the researchers.

Ethical considerations (e.g., responsibility and confidentiality regarding critical data, reliability of information, security issues of researchers and CDT) were also foremost in the collection of data about CDT. This issue was widely discussed/strongly felt by the Indonesian team.

**Limited resources, knowledge, and expertise:** Because of the newness of CDT, there is not much knowledge, expertise, and resources available in formulating appropriate, relevant, and cost-effective programs. Moreover, teachers, community/youth leaders, workers and volunteers and other project actors are already overloaded with responsibilities.

**Weakness of government agencies/bureaucracies in dealing with CDT issues:** across the three countries, perhaps with the exception of Thailand, both researchers and program implementers have underscored the weaknesses of government bureaucracies/agencies. In fact, this was partly

the reason why the Indonesian and Philippine teams were not successful in forming and mobilizing a national task force for CDT.

**Effects of external factors:** Massive anti-drug campaigns of the government affected the project both positively and negatively. The heightened anti-drug campaigns in the Philippines and Thailand have resulted in the massive suppression of drug dealers/traffickers, increase of drug prices, submersion (became really hidden) of the phenomenon, and the introduction of drug substitutes, which are impure.

As a result of the heightened campaigns, entry into the community by outsiders talking about drugs was often regarded with suspicion and uneasiness; thus, the project had to spend a lot of energies building the trust of beneficiaries/stakeholders.

**Disharmony of laws/policies and programs:** Across countries, the lack of consistency in policies and programs was noted. Particularly, in Indonesia, it was observed that there was a glaring disharmony among laws governing child protection, manpower, narcotics, psychotropics, juvenile/criminal court, penal code and education.

**Issues not addressed/beyond the reach of the project:** Several issues could not be addressed or were beyond the capabilities of the project implementers. This included, among others, lack of relevant/appropriate policy framework, rehabilitation and re-integration needs of CDT to the community, schools and other institutions.

## **Chapter 7. Conclusions and recommendations**

1. The child/youth is the central actor and vehicle for change. Any program for CDT must bear in mind that change starts with the involvement/participation of children in the formulation and implementation of activities designed to wean/dislodge them from drug use and trafficking. The children/youth and their peer groups' perspectives of their involvement in drug sale and trafficking are crucial inputs to the design of program strategies and techniques for any anti-drug programs.
2. Support of community officials and institutions is key factor in the success and replication of the project. Government policies and programs must also recognize the central roles of the family and community-based leaders, authorities, and institutions.
3. Recognize the need for protection/support for children/youth in drugs. Thus, a child-sensitive drug policy framework must be in place as well as a supportive government bureaucracy with budgetary and resource support.
4. Develop the capacity of the teachers, parents, community leaders/volunteers, and police and justice system to deal with children in drugs.
5. There is a need to develop specific expertise among program actors and stakeholders for drug-specific interventions and activities for CDT.
6. There is a need to advocate for child and gender sensitive policies/programs specific to children/youth in drugs.

7. Information, education, campaign, and training materials appropriate and relevant to the situation children/youth in drugs are badly needed.

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**Table 3. Summary of drug context and policy in Indonesia.**

Government Policy	Government Projects and Activities	Policy Effects/ Impacts on Children	Government Seizures/ Arrests	Drug Use and Involvement
<ul style="list-style-type: none"> <li>▪ Government policies towards the use of drugs, has not changed much in the past four decades.</li> <li>▪ Since the late 1960s, the State has been imposing a supply-reduction approach to address the drug problem.</li> <li>▪ The demand-reduction approach has not been consistently or seriously implemented until recently.</li> <li>▪ Ratified Conventions:               <ul style="list-style-type: none"> <li>○ Single Convention on Narcotics, 1976</li> <li>○ UN Convention on the rights of the Child, 1990</li> <li>○ Convention on Psychotropic Substances, 1996</li> <li>○ UN Convention Against Illicit Trafficking of Narcotic Drugs and Psychotropic Substances, 1997</li> <li>○ ILO Convention</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ In 1972, the Drug Dependence Hospital was established and has become the only hospital specializing in drug dependence in the country to this day,</li> <li>▪ In 1978, an umbrella NGO named BERSAMA was established but after the fall of Soeharto's regime, it lost any significant role in advocacy and programming to fight drug abuse.</li> <li>▪ In 1971, Coordinating Board was established to coordinate agencies that deal with drug use and abuse issues.</li> <li>▪ In 1999 the National Narcotics Coordinating Board (NNCB) was established. Many professionals who possess expertise on the drug issue are recruited to join the Board, which is well funded.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The Child Protection Law clearly provides protection for children involved in drug-related business. It is the first legal instrument helps to argue that children's involvement in the production and the sale of drugs is victimization rather than a criminal act. However, not all law enforcement agencies and officers are familiar with it and law enforcement is generally weak.</li> <li>▪ Various definitions of "child" in different laws and legislation. Aside from the actual chronological age, marital status and mental capacity should be taken into consideration.</li> <li>▪ The closed multi-level system nature of drug business is more likely to put</li> </ul>	<ul style="list-style-type: none"> <li>▪ From 1999 to 2002 the metro police seized               <ul style="list-style-type: none"> <li>○ more than 45 kg of heroin, 19kg of which were seized in 2000</li> <li>○ 1,043 kg of marijuana</li> <li>○ 120 kg of crystal methamphetamine</li> <li>○ hundreds of thousands of psychotropic pills</li> </ul> </li> <li>▪ Most of the arrests are made in Central Jakarta, although the trend is decreasing. In West Jakarta, the trend seems to be increasing.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Information obtained from the pinpoints at least 74 locations in the city that have been identified as where drugs are sold and used.<sup>14</sup></li> <li>▪ 250 prisoners out of about 1,300 in Jakarta's main prisons are guilty of drug-related crimes.</li> <li>▪ 35% of the inmates in Tangerang juvenile prison are there for drug-related crimes.</li> <li>▪ Data from the Drug Dependence Hospital shows that most patients came from outside of Jakarta. Among patients from Jakarta, the number of those from South Jakarta is the highest followed by those living in East, North and West Jakarta.</li> <li>▪ It is assumed that the regions</li> </ul>

<sup>14</sup> Source: Metropolitan Jakarta police and non-government organizations (NGOs).

Government Policy	Government Projects and Activities	Policy Effects/ Impacts on Children	Government Seizures/ Arrests	Drug Use and Involvement
<p>No.138, 1999</p> <ul style="list-style-type: none"> <li>o Convention No. 182, 2000</li> <li>▪ Laws Enacted:               <ul style="list-style-type: none"> <li>o Narcotics Act No. 22/1997 replacing Narcotics Law No. 9/1976.</li> <li>o Psychotropic Act No. 5/1997</li> </ul> </li> <li>▪ PERDA 11 in the Jakarta area is a local regulation allowing law enforcers to take children away from the street and put them in social rehabilitation centers.</li> <li>▪ Law no.3/1997 considers 8 years as the cut-off age for criminal responsibility.</li> <li>▪ In 2002, a National Plan of Action was created for the implementation of ILO Convention NO. 182 which was declared a priority. Protecting children from hazardous forms of labor until they are 18 years old</li> </ul>	<ul style="list-style-type: none"> <li>▪ In 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. It is clear from the decree that supply reduction is the main policy of the Government, and although there is emphasis on demand reduction but only to a lesser extent.</li> </ul>	<p>children at a lower position in the involvement and thus make them more vulnerable to capture and/or arrest.<sup>15</sup></p> <ul style="list-style-type: none"> <li>▪ Social rehabilitation centers are not necessarily rehabilitative as far as child welfare is concerned.</li> <li>▪ A lack of provisions for the protection of crime witnesses aggravates CDT because the children become easy targets for police officers responsible for the implementation of the supply-reduction policy.<sup>16</sup></li> <li>▪ Child protection is far from the minds of many law enforcers and officials. It is the Laws on Narcotics and Psychotropic Drugs that are enacted regardless of age.</li> <li>▪ The problem of children's involvement in drugs is not recognized as a victimization of minors but as</li> </ul>		<p>with the highest number of identified drug-dealing spots, such as Central Jakarta (13) and East Jakarta (14), are more vulnerable to the problem.<sup>17</sup></p> <ul style="list-style-type: none"> <li>▪ Around 2,000-3,000 patients are admitted for drug dependence in various hospitals annually.</li> </ul>

<sup>15</sup> Irwanto and Hendriati, 2001.

<sup>16</sup> Irwanto and Hendriati, 2001.

<sup>17</sup> 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

Government Policy	Government Projects and Activities	Policy Effects/ Impacts on Children	Government Seizures/ Arrests	Drug Use and Involvement
<p>and the involvement of children in the production, the sale and trafficking (distribution) of drugs are among the priorities of Indonesia's National Action Plan.</p> <ul style="list-style-type: none"> <li>▪ The newly enacted Child Protection Act No. 23/2002, clearly defines child involvement in the production, the sale and trafficking of drugs as an act of victimization.<sup>18</sup></li> <li>▪ Provisions of various Acts mete out varying punishments for the following acts:               <ul style="list-style-type: none"> <li>○ Someone who has information of a suspected drug user but does not report to the authorities (police) or else face punishment</li> <li>○ Carrying/ possessing illicit</li> </ul> </li> </ul>		<p>criminal acts punishable according to the law.</p>		

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<sup>18</sup> 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

Government Policy	Government Projects and Activities	Policy Effects/ Impacts on Children	Government Seizures/ Arrests	Drug Use and Involvement
<p>substances as well as involvement in the production and the sale of illegal substances;</p> <ul style="list-style-type: none"><li>o Those who force, intimidate or trick people to produce or sell drugs; and</li><li>o Parents who do not report their children who use drugs.</li></ul>				

**Table 4. Summary of drug context and policy in the Philippines.**

Government Policy	Government Projects and Activities	Policy Effects/ Impacts on Children	Government Seizures/ Arrests	Drug Use and Involvement
<ul style="list-style-type: none"> <li>▪ Policy on dangerous drugs is a combination of the prohibition or legal approach and the social or preventive approach.</li> <li>▪ Agencies created:               <ul style="list-style-type: none"> <li>○ National Drug Law Enforcement and Prevention Coordinating Center (EO 61)</li> <li>○ Dangerous Drugs Board - the national policy making and coordinating body of the government. (RA 6425)</li> <li>○ The Philippine Drug Enforcement Agency – effective enforcement of the Comprehensive Dangerous Drugs Act. (RA 9165)</li> </ul> </li> <li>▪ Dangerous Drugs Act of</li> </ul>	<ul style="list-style-type: none"> <li>▪ Strategy to curb drug abuse is two-pronged, offering punitive and preventive actions.</li> <li>▪ In 2004, the Barkada Kontra Droga aimed at demand reduction among the youth.</li> <li>▪ The National Project on Street Children covers 27 cities and 5 urban municipalities. This is implemented by the Department of Social Welfare and Development and a network of NGOs under the National Council for Social Development.</li> <li>▪ Operation Gateway addresses trafficking of illegal drugs in mail, parcels, packages and human couriers.</li> <li>▪ Shabu Watch Teams are organized and</li> </ul>	<ul style="list-style-type: none"> <li>▪ By the end of December 1997, approximately 70,000 street children and youth had been reached over a 10-year period.</li> <li>▪ Over 400 GOs and NGOs are responsible for various programs and services</li> <li>▪ Government anti-drug campaigns have affected the supply of shabu which led to an increase in street values. As a result drug-users have begun to shift back to poly-usage, using shabu as well as cheaper and more accessible drugs to continue their habit.</li> <li>▪ The Comprehensive Dangerous Drugs Act of 2002 imposes severe punishments for the sale and offer to sell illegal</li> </ul>	<ul style="list-style-type: none"> <li>▪ As of 2003, these drug-related statistics were made available by the PNP and DDB:               <ul style="list-style-type: none"> <li>○ 20,000 pending drug cases;</li> <li>○ 70 percent of heinous crimes filed in court are drug-related;</li> <li>○ Out of the 36,739 suspects apprehended for illegal drugs, only 1 percent has been jailed;</li> <li>○ 65 percent to 75 percent of prison inmates are in jail for drug-related crimes; and</li> <li>○ 5,000 patients have already been admitted in 60 different centers with 30 - 40 more being taken in every day.</li> </ul> </li> <li>▪ Drug trafficking in the Philippines earns more than \$5 billion</li> </ul>	<ul style="list-style-type: none"> <li>▪ 20,000 known users in 1972</li> <li>▪ Filipinos became major shabu users with the pattern of drug use shifting to mono usage.</li> <li>▪ An estimated 94% of drug addicts are addicted to shabu.</li> <li>▪ Shabu remains the number one drug of choice overall, especially among the poor.</li> <li>▪ More affluent drug-users also use “designer” or “trendy drugs” such as ecstasy, ketamine, and date rape drugs like GHB and Rohypnol.</li> <li>▪ In 1999, 14 percent (6,020) of the country’s 42,979 barangays<sup>19</sup> were considered most seriously affected by drugs (according to the NDLEPCC)</li> </ul>

<sup>19</sup> Barangay is the smallest political-administrative unit of the Philippine government.

Government Policy	Government Projects and Activities	Policy Effects/ Impacts on Children	Government Seizures/ Arrests	Drug Use and Involvement
<p>1972 prohibited drugs and stipulated penalties for violating this prohibition.</p> <ul style="list-style-type: none"> <li>▪ The 1972 Act was repealed by the Comprehensive Dangerous Drugs Act of 2002. Its characteristics are               <ul style="list-style-type: none"> <li>○ Ecstasy and other “designer” or “man-made” drugs are recognized as prohibited</li> <li>○ Punishments for involvement in the importation/ trade/ use/ sale of controlled precursors and essential chemicals.</li> <li>○ Considers new forms or means of trading/ trafficking in drugs.</li> <li>○ Reduction in the minimum amounts warranting the</li> </ul> </li> </ul>	<p>activated in strategic areas.</p> <ul style="list-style-type: none"> <li>▪ Operation Plan Banat coordinates all law enforcement efforts against drug trafficking and abuse.</li> <li>▪ Project Himagsik generates public awareness on the evils of illegal drugs by bringing together government agencies with various groups.</li> <li>▪ Kontra Droga 2004 is the government’s general anti-illegal drugs campaign for 2004 and it brings together various groups and agencies in the war against drugs.</li> <li>▪ The Department of Education, Culture and Sports coordinates w/ various agencies to conduct education, training and mobilization programs against drug abuse.</li> <li>▪ The Drug Abuse Resistance</li> </ul>	<p>substances to minors or the mentally impaired without written consent of parents or guardians.</p> <ul style="list-style-type: none"> <li>▪ The Philippine Congress passed an act entitled, “An Act Providing Stronger Deterrence and Special Protection against Child Abuse, Exploitation and Discrimination, Providing Penalties for its Violations and for Other Purposes”. (Republic Act 7610)</li> <li>▪ The Anti-Child Labor Law provides for the protection of working children. (RA 9231)</li> <li>▪ Anti-Trafficking in Persons Act of 2003 protects the rights of children/ women from being trafficked for adoption, prostitution, bonded labor, etc. (RA 9208)</li> <li>▪ The Child and Youth Welfare Code still serves as the framework</li> </ul>	<p>(roughly P277 billion) a year.</p> <ul style="list-style-type: none"> <li>▪ Value of seized drugs/ chemicals/ equipment in Philippine pesos:               <ul style="list-style-type: none"> <li>○ 1979 to 1989: P400,000</li> <li>○ 1990 to 1998: P20 billion</li> <li>○ 1999: P3.5 billion.</li> <li>○ 2002 to 2003: &gt;P13 billion</li> <li>○ Jan 2000 to May 2004 : P12.68 billion</li> </ul> </li> <li>▪ The Philippine Drug Enforcement Agency (PDEA) reported the following figures corresponding to its various activities for the years 2002 and 2003:               <ul style="list-style-type: none"> <li>○ 11,242 drug operations conducted;</li> <li>○ 37 out of 215 local drug syndicates were neutralized;<sup>20</sup></li> <li>○ 1 out of 24 transnational groups was neutralized;<sup>21</sup></li> <li>○ 6,700 drug traffickers (including</li> </ul> </li> </ul>	<p>but by 2002, 3,489 barangays (or 8 percent of the total) were classified as drug-affected (according to PDEA). This shows a 4 percent decrease over 3 years.</p> <ul style="list-style-type: none"> <li>▪ In June 2003, it was reported that there were 1.8 million drug users in the Philippines.</li> <li>▪ In July 2004, the PNP estimated that there were 3.4 million drug users.</li> <li>▪ The UPPI and the Demographic Research and Development Foundation, Inc. (DRDF) conducted a nationwide survey of approximately 19,000 male and female young adults, ages 15 to 24 from 15 regions called the 2002 Young Adult Fertility and Sexuality Study 3 (YAFS3). Which</li> </ul>

<sup>20</sup> The Office of the President reported 143 local drug rings neutralized.

<sup>21</sup> The Office of the President reported 12 international drug syndicates neutralized.

Government Policy	Government Projects and Activities	Policy Effects/ Impacts on Children	Government Seizures/ Arrests	Drug Use and Involvement
<p>death penalty for dealing or possession.</p> <ul style="list-style-type: none"> <li>○ Death penalty for government officials guilty of trafficking or of planting drugs</li> <li>○ Life sentence for possession of more than 5g of hard drugs</li> <li>○ Prison sentence of 12-years for possession of less than 5g of hard drugs</li> <li>○ Stiff penalties for using cell phones or the Internet to make drug deals and for “dangerous drug financiers, protectors and coddlers”;</li> <li>○ Mandatory drug tests for drivers’ license and weapon permit, candidates for public office, persons charged with a crime punishable by more than six years in prison;</li> </ul>	<p>Education (DARE) was integrated into the elementary curriculum of private and public schools.</p> <ul style="list-style-type: none"> <li>▪ The Department of Labor and Employment (DOLE) has been designated to provide a workplace-based program for the prevention and control of alcohol and drug abuse in the labor force.</li> <li>▪ The Occupational Safety and Health Center promotes a drug-free workplace through research, training programs, technical services and program development.</li> <li>▪ Drug abuse prevention and control programs are mandatory for all private establishments with 10 or more workers and workplace policies and programs must include various drug abuse</li> </ul>	<p>for promoting and protecting the well being of Filipino children and young people. It created the Council for the Welfare of Children (CWC) and the Barangay Councils for the Protection of Children (BCPC). (Presidential Decree 603 of 1974)</p> <ul style="list-style-type: none"> <li>▪ The Commission on Human Rights created a Child Rights Center in April 1994.</li> <li>▪ In 1995, the Youth in Nation-Building Act (RA 8044) was passed and paved the way for the establishment of the National Youth Commission (NYC).</li> <li>▪ The child and family courts that were abolished during the martial law era were restored in 1997. (Republic Act 8369)</li> <li>▪ Executive Order No. 421 series of 1997 recognizes children as a separate sector under the Social Reform Council.</li> </ul>	<p>several big-time drug lords) were arrested;</p> <ul style="list-style-type: none"> <li>○ 8,881 suspected drug users arrested;</li> <li>○ 6,803 suspected pushers as well as drug cultivators and importers arrested;</li> <li>○ 249 policemen arrested for involvement in illegal drugs;</li> <li>○ 19 shabu labs raided; and</li> <li>○ At least 10,000 cases filed although there have been no convictions so far.</li> <li>▪ In June 2004 PDEA reported that 175 local drug syndicates operated in the Philippines and that there were 45,000 drug pushers.</li> </ul>	<p>showed the following patterns of use and abuse among the youth</p> <ul style="list-style-type: none"> <li>○ Increasing feminization in risk-related behavior (drinking, smoking, drugs) seen in the greater increases in prevalence among females from 1994 to 2002.</li> <li>○ Working and out-of-school/ idle youth exhibit are more prone to smoking, drinking and drugs than those who are still studying.</li> <li>○ Among all those who had ever experimented with illegal drugs, 25 percent are still currently hooked on drugs.</li> </ul>

Government Policy	Government Projects and Activities	Policy Effects/ Impacts on Children	Government Seizures/ Arrests	Drug Use and Involvement
<ul style="list-style-type: none"> <li>○ Random drug tests for students and public and private employees; and</li> <li>○ Compulsory drug education in all school levels.</li> <li>▪ Approx. 41 bills related to illegal drugs were introduced during the 11<sup>th</sup> Congress (1998-2002)</li> <li>▪ Convicted high-profile drug dealers would not be spared from lethal injection.<sup>22</sup></li> <li>▪ Drug users caught with small but substantial amounts of drugs would be cleared of all charges against them if they became state witnesses against their drug sources.<sup>23</sup></li> </ul>	<p>prevention components.</p> <ul style="list-style-type: none"> <li>▪ According to the OSHC, nationwide, there are only 64 residential rehabilitation centers (46 are accredited, 18 have a temporary permit to operate) and 23 outpatient centers (13 are accredited, 9 have temporary permits and 1 is for re-accreditation). There is a gross lack in funding and a wide gap between the number of drug-users needing rehabilitation and centers available.</li> </ul>	<ul style="list-style-type: none"> <li>▪ In 2004, Congress passed the Anti-Violence against Women and their Children Act.<sup>24</sup></li> </ul>		

<sup>22</sup> Announced by the President in December 2003.

<sup>23</sup> Announced in February 2004.

<sup>24</sup> The implementing rules and regulations (IRR) are still to be worked out.

**Table 5. Summary of drug context and policy in Thailand.**

Government Policy	Government Projects and Activities	Policy Effects/ Impacts on Children	Government Seizures/ Arrests	Drug Use and Involvement
<ul style="list-style-type: none"> <li>▪ National Narcotics Control Plan for 2002 - 2006 recognizes that drug use is growing at an alarming rate and sets its main focus on supply and demand reduction strategies including prevention approaches. Its objectives are:               <ul style="list-style-type: none"> <li>○ development of anti-drug attitudes among the public for preventing and solving drug problems within its target groups;</li> <li>○ development of a treatment and rehabilitation programme for drug addicts including family therapy projects; and</li> <li>○ Improvement of the legal</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Drug prevention and suppression policies have been classified as high priority requiring urgent policy and immediate action.</li> <li>▪ Projects target secondary and vocational schools. These projects aim to eradicate the use of drugs in 3,000 schools across the country, through teachers trained and assigned to provide support and counseling to children involved with drugs.</li> <li>▪ Since 1999 the government has aimed to establish drug-free communities. The community-free-from-drugs project has continued to expand aiming to reach 70,281 target communities.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Traffickers in Thailand target children for drug selling simply because children are protected by the law.               <ul style="list-style-type: none"> <li>○ Children under 7 years old are not punishable</li> <li>○ Children aged 7 to 14 years old, are not punishable but their parents or guardians may be ordered to take specific actions to prevent them from repeating the crime.</li> <li>○ Under the jurisdiction of the Juvenile Courts (in 29 provinces only), offending children are simply placed in the care of a parent or guardian.</li> </ul> </li> <li>▪ According to sources, drug</li> </ul>	<ul style="list-style-type: none"> <li>▪ 30 drug syndicate networks in the North purged by Provincial Police from October 2001 – June 2002.<sup>25</sup></li> <li>▪ About 200 millions Baht of unidentified properties and proceeds have been confiscated.</li> <li>▪ 1,200 THB worth of assets gained from drug dealing and trafficking confiscated by the government from October 2000 – August 2002.</li> <li>▪ Yaba seized from October 2003 to January 2004               <ul style="list-style-type: none"> <li>○ October 03 – 11.3 million pieces</li> <li>○ November 03 – 2.3 million pieces</li> <li>○ December 03 – 1.8 million pieces</li> <li>○ January 04 – 1.7 million pieces</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ 70% of all criminal cases in Thai courts are narcotics cases.<sup>26</sup></li> <li>▪ Decline in drug involvement in rural communities:               <ul style="list-style-type: none"> <li>○ 65.8 % were involved in drugs in 1999</li> <li>○ 62.3% were involved in drugs in 2001</li> </ul> </li> <li>▪ Decline in student involvement in drugs:<sup>27</sup> <ul style="list-style-type: none"> <li>○ 12.4% were involved in drugs in 1999,<sup>28</sup></li> <li>○ 6.1 % were involved in drugs in 2001</li> </ul> </li> <li>▪ A survey of 2,284 schools (or 85.5 % of all schools) countrywide conducted in 2003 showed that:<sup>29</sup> <ul style="list-style-type: none"> <li>○ 0.47 % of students use drugs,</li> <li>○ 0.34 % of them are former drug users, and</li> </ul> </li> </ul>

<sup>25</sup> Source: Provincial Police Region 5 Report.

<sup>26</sup> Source: Press Report, 19 July 1999

<sup>27</sup> Source: ONCB Statistics

<sup>28</sup> Quoted from Report on Drug Situation in Thailand from ONCB Website: [www.oncb.go.th](http://www.oncb.go.th)

<sup>29</sup> Report on the MOE's Department of Education's Implementation of the guideline on the Strength of the Nation to Overcome Drug, Supervision Session – Department of Education: MOE, Fiscal Year 2002. (Thai Language)

Government Policy	Government Projects and Activities	Policy Effects/ Impacts on Children	Government Seizures/ Arrests	Drug Use and Involvement
<p>and justice system.</p> <ul style="list-style-type: none"> <li>▪ The 9th National Economic and Social Development Plan B.E. 2545 - 2549 (2002 - 2006) has been deliberately designed to facilitate and mobilize all drug control measures in correspondingly.</li> <li>▪ Policies are to be implemented under the concepts, "Prevention before Suppression," "Drug addicts must be treated," "Drug traffickers must be punished" through the following measures:               <ol style="list-style-type: none"> <li>1. Stringently enforce the law and create a special process to control and suppress traffickers and all those involved in the manufacturing</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>▪ First national workshop on the strategy to overcome drugs was held in March 2001. As a result, the Prime Minister's Orders on the guidelines for the Strength of the Nation to Overcome Drugs have been imposed.</li> <li>▪ All drug syndicate networks are the subjected targets of Thai authorities. Thousands of drug syndicates were arrested. Millions of Baht in assets have been frozen.</li> <li>▪ Local authorities drew up blacklists of suspected drug dealers. Provincial governors and police chiefs were given short deadlines to clear names from the list.</li> </ul>	<p>traffickers posing as parents or guardians claim the children on many occasions.</p> <ul style="list-style-type: none"> <li>▪ Among young people, theft often becomes a means of supporting a drug addiction. If theft is taken into account, the number of children-committed offences related to drugs and theft would compose as much as 74.11 % of all criminal offences.</li> <li>▪ The War On Drugs altered the drug habits of young people. Ecstasy and cocaine have become more popular because of decreasing costs. Scarcity of Yaba, has resulted in the increased use of cough syrup, pills, marihuana, volatile substances (glue and thinner), and valium.</li> <li>▪ Children in project target areas (especially urban and northern</li> </ul>	<ul style="list-style-type: none"> <li>▪ 50,000 people allegedly involved in the drug trade have been arrested since the crackdown started in February 2003.</li> <li>▪ Out of 2,598 murder cases wherein 2,849 people were killed, 1,176 were drug related and 1,329 drug criminals were killed. 58 of those cases were extra-judicial killings that took life of 72 alleged drug criminals between February 1 to April 30, 2003.<sup>30</sup></li> </ul>	<ul style="list-style-type: none"> <li>○ 0.09 % are suspected drug dealers.</li> <li>▪ Increase in cases of volatile substance abuse:<sup>31</sup> <ul style="list-style-type: none"> <li>○ 2002: 23 cases</li> <li>○ Jan to Sept 2003: 226 cases</li> </ul> </li> <li>▪ Among juveniles, cases related to amphetamine use and sales increased from 3,690 in 1996 to 17,961 in 1999.</li> <li>▪ Drug related cases accounted for about 57% of the 36,944 criminal offences, allegedly committed by children in 1999.</li> <li>▪ 57% of the 36,944 criminal offences allegedly committed by children in 1999 were drug related.</li> <li>▪ Although the latest statistics show a decline</li> </ul>

<sup>30</sup> Source: Thai Police.

<sup>31</sup> Source: Northern Region Juvenile Court

Government Policy	Government Projects and Activities	Policy Effects/ Impacts on Children	Government Seizures/ Arrests	Drug Use and Involvement
<p>and trafficking of drugs in a strict, swift and just manner.</p> <p>2. Strictly control the importation of chemicals which 'may be used in the production of drugs.</p> <p>3. Foster cooperation with international organizations and the international community in order to control and eradicate drug production bases as well as transnational networks for the distribution of drugs.</p> <p>4. Amend and revise laws that pose an obstacle to the obtainment of medical treatment as well as the physical and</p>		<p>communities) have family members (involved in the drug trade and trafficking) who were killed, arrested and imprisoned, or put under drug rehabilitation programme because of the crackdown.</p> <ul style="list-style-type: none"> <li>▪ The loss of family members has resulted in a lack of warmth/ care and economic difficulties. Children become responsible for earning income for family survival. Some of drop out of schools and lose the opportunity to continue studying.</li> </ul>		<p>in drug related cases, it still ranks the highest among all criminal offences allegedly committed by children. (40% of total offences)<sup>32</sup></p>

<sup>32</sup> Quoted the Report on Social Situation in the First Quarterly of 2004 from Manager Daily Newspaper, 17 June 2004. (Thai language)

Government Policy	Government Projects and Activities	Policy Effects/ Impacts on Children	Government Seizures/ Arrests	Drug Use and Involvement
<p>mental rehabilitation of drug addicts.</p> <ul style="list-style-type: none"> <li>▪ The War On Drugs Policy - strong drug suppression by requiring authorities to use legislative measures to interdict and wipe out drug traffickers and their networks including corrupt government officials who get involved with drug business.</li> <li>▪ Justice system will be improved and strengthened so that drug offenders will be punished strongly, quickly, and fairly.</li> <li>▪ Prime Minister Taksin Shinawatra called for law enforcement to be conducted on the basis of an “eye for an eye”.</li> </ul>				

**Table 6. Profile of child beneficiaries from Indonesia, the Philippines, and Thailand.**

	Indonesia	Philippines	Thailand
Age	<p>Community: 97% were 7-18 years old N=253</p> <p>Street: 75% were 5-18 years old 25% were 19-21 years old N=255</p>	<p>Average age of the respondents was 15.26 years old.</p> <p>Average age for introduction to drugs was 13.7 years old.</p>	<p>School Children: Children who are most risk are aged 11-15 years old</p> <p>Rural Community Children: Range of 8-18 years old.</p>
Gender	<p>Community: 59% Male 41% Female N=253</p> <p>Street 83% Male 17% Female N=255</p>	<p>75% Male 25% Female N=87</p>	<p>School Children: Users are mostly male but there have been a few female cases.</p> <p>Rural Community Children: 60% Male 40% Female N=37</p>
Education	<p>Community: Out of the 253 children, 73% are still in schools, 26% have dropped out, and the rest of them have never attended school.</p> <p>Half of them stopped schooling in the 2<sup>nd</sup> grade while 16% stopped at 6<sup>th</sup> grade while 9% stopped at 3<sup>rd</sup> grade of junior high school.</p> <p>Street: 51% children are still at school. From those who already quit schools came from 45% of girls and 43% of boys</p>	<p>Almost three-fourths of the children are not in school with the exception of those in Tatalon where about half have remained in school.</p> <p>Many children never graduate from high school. Thirty one percent of the children had some grade school education, 10% graduated from grade school, 30% had some high school, 21% had vocational training, but only 7% finished high school or better.</p>	<p>School: All studying</p> <p>Rural Community: Although some go to school, there little hope that they can continue schooling.</p>
Children's Work	<p>Community: 41% are working children.</p> <p>Most of the children earn money as street singers. Others earn money of receive tips for running errands or working as porters.</p>	<p>Most of the children are not working with the exception of those from Pasay, where half of the children are working.</p>	<p>School Children: No information</p> <p>Rural Community Children: Most children worked during weekends and school holidays to supplement their family's income.</p>

	Indonesia	Philippines	Thailand
	<p>Data shows that children who work are mostly boys (87%) and that 60% of the working children are dropouts.</p> <p>Street:93% are working children</p> <p>Over half of them while others work as vendors.</p>	<p>Among those who work, most work as helpers or porters. A few work as vendors, scavengers. Very few have formal employment.</p>	
Family Situation	<p>Community: The children generally come from poor families composed of 3 to 5 members. Most parents are merchants running small stores or are traveling/ street vendors. Some are involved in illegal/ illicit work such as fake "donation" collector (they keep the donation for themselves), selling gambling/lottery numbers, and sex workers.</p> <p>Street: 40% of the children no longer live with their parents.</p>	<p>The children generally come from large families with an average of 6 members. Although most children live with both parents, about 20% live with only one parent or with others. In Pasay though, less than half of the children live with both parents despite the fact that 70% report that both parents are alive.</p> <p>Most parents are vendors or provide informal services such as doing laundry, contractual construction, and driving. Few have formal employment. Likewise, few are involved in illegal/ illicit occupations.</p>	<p>School: Some children come from poor families. Others have parents involved in or whose sole income comes from drug-related work.</p> <p>Rural Community: Most children come from female-headed, broken families because of the father's involvement in drugs (arrest or death). Some do not have both parents. Most families are poor. Almost all parents are daily workers on farms.</p> <p>Urban Community: Most adults are laborers who receive low incomes.</p>
Exposure to Drugs	<p>The communities are poor and have high levels of criminality. There are places within the community where drugs are sold and used.</p>	<p>The communities are known to have a number of small dealers and houses rented for "drug sessions". However, children are exposed to drugs mainly through their friends (70%), neighbors (60%), relatives (34%), and parents (31%)</p>	<p>School: A number of schools are located in or near drug trade communities. Students are exposed to drugs through community members or their parents.</p> <p>Rural Community: Drug production, sales, and trafficking occur on a fairly large scale within the communities. Dealers in the area are major drug dealers. Many have family</p>

	Indonesia	Philippines	Thailand
			<p>members involved in drugs.</p> <p>Urban Community: Klong Toey is the biggest trading center for methamphetamines and the biggest source of drugs for other locations in Bangkok. There are a large number of small dealers in the area. All the communities have drugs for sale although most drugs are sold to outsiders.</p>
Involvement in Drug-related Work	<p>Community: Out of the 18% (45 children) identified to be involved with drugs, 96% of them help deliver small packages (usually cannabis packages) and receive orders (36%). Those who help in drug selling only sell retail size.</p> <p>Street: Out of the 18% (41 children), 42% of them help deliver small packages (usually cannabis packages), receive orders (20%), some of them help buy raw materials (32%), and packaging (10%). Those who help in drug selling only sell retail size.</p>	<p>About 20% of the children were involved in drug-related work. Among those involved, 71.1% were runners, 17.8% were posting, and 11.1% were watchers.</p>	<p>School: Some students were used as drug retailers by major drug dealers in their communities. Others, were involved because their parents were drug dealers who wanted to expand their market into schools.</p> <p>Rural Community: Children are asked to run errands by drug dealers or their parents.</p> <p>Urban: Many minors are used in transporting drugs to clients.</p>
Use of Drugs	<p>Community: Out of the 18% identified as involved with drugs about 80% of the children said that they ever tried cannabis. Few said that they had ever tried pills (11%) and shabu or methamphetamyn (6.7%).</p> <p>Street: Cannabis and alcohol drinks are commonly used by street children (52%).</p>	<p>About half of the children said that they had tried drugs at least once. Shabu (alone or in combination with other drugs) (46%), marijuana (26%), glue (12%) and solvent (12%) were the drugs children tried first. Shabu (alone or with other drugs), and marijuana are the most popular drugs used. Most children are not</p>	<p>School: Survey findings showed that less than 1% of the student population was involved in drugs. However, from the late 1980s to the early 2000s, there were estimates that 20% of student were using/ selling Yaba.</p>

	Indonesia	Philippines	Thailand
	<p>Out of the 185 identified as involved in drugs, about 90% of them said that they tried cannabis, 70% are pills users, and almost 15% have used methamphetamine (shabu).</p>	<p>regular users. They say that they only use drugs when the drug or money to buy drugs is available. Half of the children also said that they no longer use drugs.</p>	
Shifts in Drug Use		<p>Across the three communities combination drug use has resurfaced. Shabu was combined with marijuana and/or rugby to create an upper-downer mix. Shabu was hardly used exclusively by the youth, probably because of factors such as: government anti-drug campaign which drives the prices up along with the bad economy/lack of employment which means less income is available for drugs. In many cases, respondents reported that spending for vices (including drug use) resulted in a lack of money for basic needs. From 2000 to 2003, there was an increase in exclusive use of shabu (previously poly-use), a decrease/ phasing out of rugby/solvent use and the emergence of cough syrup as a drug. From 2003 to 2004, there was an increase in poly-use – mainly shabu used in combination with other drugs. There was also the slow emergence of ecstasy and a decrease/ phasing out of cough syrup and solvent.</p>	<p>School: Yaba used to be widespread from the late 1980s to the early 2000s. Users shifted to using substitutes such as Valium, fever reduction pills, marijuana, glue, cough syrup, and dried liquor when the government's anti-drug campaign drove up prices and decreased supplies of Yaba. Also, the substitutes used were not detectable through urine testing.</p> <p>Rural Community: In the 90s, opium and heroin were the most widely used drugs. This changed when Yaba spread rapidly through the area in 2001.</p> <p>Urban: At first, marijuana and opium were the drugs of choice. Then, heroin became popular followed by volatile substances such as glue and paint thinner. Currently, amphetamines are the most commonly used drugs.</p>

	Indonesia	Philippines	Thailand
Reasons for Drug Use/ Involvement		<p>Reasons for drug use                      82.5% Peer influence                      15.1% Family problems                      10.9% Problems &amp; peer influence                      N=42</p> <p>Reasons for drug work                      32.4% To earn money                      16.2% Involvement of parents                      44.8% Involvement of friends                      6.6% Result of drug habit                      N=14</p>	<p>School Children:                      Acceptance and peer influence, Environment and location of school</p> <p>Rural School Children:                      Broken families, domestic violence                      Parent addiction, lack of will power,                      Materialism, deception of dealers/users                      Peer influence</p>

Table 7. Strategies/activities and accomplishments of project partners from the Philippines.

Strategies/ Activities	Accomplishments
<b>KKPC – Tatalon, Quezon City, Philippines (100 child beneficiaries)</b>	
Set up 3 prevention and rehabilitation centers and improve the services of existing centers	<ul style="list-style-type: none"> <li>▪ 3 healing centers (prevention/rehabilitation) established</li> <li>▪ 1 existing center strengthened</li> </ul>
Provide support services to children such as cooperatives, library, and sports activities	<ul style="list-style-type: none"> <li>▪ 25 children and their parents are now members of a cooperative</li> <li>▪ 4 libraries have been set up in the area</li> <li>▪ Organized inter-community sportsfests</li> </ul>
Enhance capabilities of leaders and volunteers in each of the 4 communities	<ul style="list-style-type: none"> <li>▪ 24 community workers and leaders trained in community education, drug prevention research, counseling and crisis intervention work</li> </ul>
Increase level of participation of various sectors particularly the youth, local organizations and barangay officials in addressing drug abuse problems among at-risk children and youth	<ul style="list-style-type: none"> <li>▪ KKPC Youth Federation launched in November 2003</li> <li>▪ Conducted anti-drug activities.</li> <li>▪ Established Anti-drug Abuse Program (ADAP) Committee</li> <li>▪ Organized cultural performance group (30 children)</li> <li>▪ Provided seed capital to 25 children and their families</li> </ul>
Linkages and networking	<ul style="list-style-type: none"> <li>▪ Forged linkages with GO, NGO, PO networks (e.g., KKFI, QCADC, DDB) to support anti-drug activities</li> </ul>
<b>Addictus-Philippines, Barangay 91, Pasay City, Philippines (100 child beneficiaries)</b>	
Develop and disseminate IEC materials	<ul style="list-style-type: none"> <li>▪ Streamers, posters, pamphlets, slogans set up and distributed</li> </ul>
Child, youth, adult members capacitated for protection & prevention work	<ul style="list-style-type: none"> <li>▪ Trained 24 leaders and 9 community workers in prevention</li> <li>▪ Trained 40 children on talent enhancing and confidence-building</li> </ul>
Provide support services to 100 children/youth at risk identified by community leaders	<ul style="list-style-type: none"> <li>▪ Tutorial services for 50 children/youth as part of “back to school” program.</li> <li>▪ Set up library in partnership with De La Salle University (book donations/volunteer teachers).</li> <li>▪ 4 brgys and 4 homeowner’s assoc. mobilized for anti-drug activities</li> </ul>
Community groups mobilized and mechanisms for sustainability set up	<ul style="list-style-type: none"> <li>▪ Leadership training for 24 core group members (12 youth; 12 parents) who helped in community organizing.</li> <li>▪ Formed sub-task force on drug watch, organizing, fund-raising, and family counseling.</li> </ul>

Strategies/ Activities	Accomplishments
Linkages and network established	<ul style="list-style-type: none"> <li>▪ Forged partnerships with: Pasay City Government and the City's Network for the Protection of Children, DSWD, Center for Family and Services Inc. (CFSI), De La Salle University, and the University of the Philippines</li> </ul>
<b>FCED – Paco-Pandacan, City of Manila, Philippines (60 child beneficiaries)</b>	
Provide direct services and opportunities (livelihood*, home visits, value-formation, sports) to 60 direct beneficiaries. *capital provided by NGO	<ul style="list-style-type: none"> <li>▪ 57 youths organized for sports activities and provision of sports equipment</li> <li>▪ 25 participated in therapeutic art sessions.</li> <li>▪ 20 children given values formation; 10 participated in com. mob.</li> <li>▪ 25 OSY given reproductive health, para-legal sessions</li> <li>▪ 35 trained in livelihood skills (25 soap making; 10 silk screen)</li> </ul>
Referrals for: <ol style="list-style-type: none"> <li>1. rehabilitation centers for medical and psychosocial services</li> <li>2. back to school programs</li> <li>3. vocational courses</li> </ol>	<ul style="list-style-type: none"> <li>▪ 2 children/youth referred to Philippine Mental Health Association for psychosocial evaluation</li> <li>▪ 2 children/youth to Tahanan Sta. Lusia for recovery and temporary shelter</li> <li>▪ 20 OSY enrolled in formal school</li> <li>▪ 25 OSY enrolled/graduated in vocational courses; 5 obtained employment, 12 OSY enrolled in 1-year skills enhancement at ERDATECH</li> </ul>
Empowerment of youth and community members towards reduction of drug trafficking through community mobilization for advocacy and capacity building interventions	<ul style="list-style-type: none"> <li>▪ 40 youth trained as junior advocates, 20 became trainers and conducted advocacy sessions.</li> <li>▪ 20 parents trained as adult advocates.</li> <li>▪ 350 children given advocacy training.</li> <li>▪ 400 parents given advocacy sessions on substance abuse prevention, CRC, ILO Convention 182/138.</li> </ul>
IEC materials	<ul style="list-style-type: none"> <li>▪ Posters, pamphlets from Dangerous Drugs Board (DDB)</li> </ul>
Assist youth and children through psychosocial counseling (individual and group counseling)	<ul style="list-style-type: none"> <li>▪ Counseling sessions given to 60 beneficiaries; once-a-week regular meeting and counseling sessions with 45 direct beneficiaries.</li> </ul>
Linkages and networking	<ul style="list-style-type: none"> <li>▪ Established linkages with GO, NGOs, POs (e.g. Tahanan, PMHA, ERDATECH, EARIST, etc.)</li> </ul>

Table 8. Strategies/activities and accomplishments of project partners from Indonesia.

Strategies/ Activities	Accomplishments
<b>YKAI – Kampong Pertanian Utara, East Jakarta, Indonesia (200 child beneficiaries)</b>	
Meeting and discussion with local leaders to present the project gather support and address local drug issues.	<ul style="list-style-type: none"> <li>▪ 12 local leaders have participated actively in community meeting</li> <li>▪ 12 local leaders attended discussion sessions on drugs issues and problems</li> </ul>
Create modules, methods, and materials for training social workers and education parents.	<ul style="list-style-type: none"> <li>▪ Training for social workers on drug related issues was completed</li> <li>▪ Method and materials for parents' education on basic information on drugs and life-skills to assist the youth have been produced: One module on effectiveness communication; one module on stress management</li> <li>▪ 210 parents participated in the program but only 200 had completed data; 112 joined discussions on drug issues; 122 joined spare time activities (alternative income generating); 4 batches of about 45 parents each attended parenting skills training series (effective communication and stress management)</li> </ul>
Venue for activities and office	<ul style="list-style-type: none"> <li>▪ Center for parent's education and project office was established</li> </ul>
Train social workers on proper documentation	<ul style="list-style-type: none"> <li>▪ Trained social workers on documenting cases of youth/ children involved in drug (abuser/ trafficker)</li> <li>▪ Documentation of beneficiaries compiled</li> </ul>
<b>YPI - Kampong Pertanian Utara, East Jakarta, Indonesia (200 child beneficiaries)</b>	
Venue for activities and office	<ul style="list-style-type: none"> <li>▪ Center for youth education and project office was established</li> </ul>
Develop and distribute various IEC materials for the youth.	<ul style="list-style-type: none"> <li>▪ 3 leaflets and 2 stickers designed by the youth, containing information on drug issues were printed and distributed</li> </ul>
Hold discussion activities among the youth	<ul style="list-style-type: none"> <li>▪ 251 youth have been reached through discussion, especially on drug related problems. 235 of 251 have received information about the danger of drugs through discussion activities</li> <li>▪ 40 of them aged 11-17 yrs had been identified as drug traffickers</li> </ul>
Organize activities and events to promote awareness about drugs among the youth	<ul style="list-style-type: none"> <li>▪ Awareness Event - Band Festival, which was organized by the youth and visited by about 1,000 persons (youth and adults)</li> <li>▪ 200 youth participated in sports activities organized by the youth</li> </ul>
Train social workers on proper documentation	<ul style="list-style-type: none"> <li>▪ Trained social workers on documenting cases of youth/children involved in drug (abuser/ trafficker)</li> <li>▪ Documentation of beneficiaries compiled</li> </ul>

Strategies/ Activities	Accomplishments
Develop of training modules and methods for social workers with special emphasis on supporting youth involved with drugs abuse and trafficking and set up the necessary mechanisms.	<ul style="list-style-type: none"> <li>▪ A module for social workers has been designed</li> <li>▪ Training of social workers was conducted</li> <li>▪ 3 meetings conducted on building a referral system network to provide referral services for child drugs traffickers</li> <li>▪ 16 out of 25 targeted youth in targeted area who have drug related problems received health and education services</li> </ul>
<b>SEKAM – Streets of East Jakarta (200 child beneficiaries)</b>	
Develop training modules and methods for social workers with emphasis on dealing with street children with drug problem as abuser as well as drug seller/pusher.	<ul style="list-style-type: none"> <li>▪ Training of social workers on drug related issues was completed.</li> <li>▪ All SEKAM social workers and 10 social workers from other institutions working with street children in Jakarta trained on how to deal with street children with drug problems.</li> </ul>
Provide referrals and services	<ul style="list-style-type: none"> <li>▪ 3 meetings conducted on build building a referral system network to provide referral services for child drug traffickers</li> <li>▪ 6 out of 20 targeted street children attempted to receive rehab services (they refused to stay at the first visit to the rehab center)</li> </ul>
Create an education plan for the children/youth to provide information on the danger of drugs and drugs trade	<ul style="list-style-type: none"> <li>▪ 255 street children have been informed about the danger of drugs and drug trade through peer educator's activities (213 male, 42 female)</li> </ul>
Provide life skills and talent enhancement sessions	<ul style="list-style-type: none"> <li>▪ Training module on life skills education (vocational) has been developed</li> <li>▪ 200 SC joined on the vocational training (music, computer, etc.)</li> <li>▪ 20 SC who are involved in drugs trafficking attended talent advancement sessions</li> </ul>
Provide parent education sessions	<ul style="list-style-type: none"> <li>▪ About 80 parents attended 2 series of discussion on drug issues</li> </ul>
Trained social workers on documenting	<ul style="list-style-type: none"> <li>▪ Trained social workers on documenting cases of youth/ children involved in drug (abuser/trafficker)</li> <li>▪ Documentation of beneficiaries compiled</li> </ul>

Table 9. Strategies/activities and accomplishments of project partners from Thailand.

Strategies/ Activities	Accomplishments
<b>10 schools in Bangkok (150 child beneficiaries)</b>	
<ul style="list-style-type: none"> <li>▪ First hand information on the situation and the impact of the drug trade on concerned children and their families</li> <li>▪ Awareness among and capacity of children and youth built/strengthened through life skills and leadership training to enable them to set up peer groups and networks among themselves</li> <li>▪ Teachers providing counselling supports to former drug abusers have enhanced capacity in providing child-friendly services to target students</li> <li>▪ School-based mechanisms and support services having students' and teachers' participation will be functional</li> <li>▪ A network of participating schools on information sharing and action concerning the issues of drug trafficking will be in place</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identification of pilot intervention and target groups</li> <li>▪ Capacity building and mobilization of youth groups</li> <li>▪ Capacity building on counseling skills for teachers</li> <li>▪ School mechanism developed and enhanced</li> <li>▪ Local networks strengthened</li> <li>▪ First hand information collection on the current and changing situations</li> </ul>
<b>4 urban communities in Bangkok (100 child beneficiaries)</b>	
<ul style="list-style-type: none"> <li>▪ First hand information on the situation and the impact of the drug trade on concerned children and their families</li> <li>▪ Awareness among and capacity of children and youth built/strengthened through life skills and leadership training in order to enable them to set up peer groups and sustain networks among themselves</li> <li>▪ Coordination and collaboration among the volunteers in the four communities consolidated</li> <li>▪ Young volunteers developed activities to prevent and tackle the drugs related problem and its impact on their communities</li> <li>▪ Community-based mechanisms and support services functional with the community support.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Document lessons learned from VDRA in Khlong Toey community</li> <li>▪ Identify VDRA models of interventions and test them in other communities, with the aim of developing a participatory collaboration process among partner organizations, and promoting the anti-drug interventions</li> <li>▪ Build and enhance youth groups and youth participation in the process.</li> <li>▪ Build and enhance the capacity of community volunteers.</li> <li>▪ Monitor overall project implementation.</li> </ul>

Strategies/ Activities	Accomplishments
<b>2 rural communities in Chiang Mai (60 child beneficiaries) &amp; Chiang Rai (30 child beneficiaries)</b>	
<ul style="list-style-type: none"> <li>▪ First hand information on the situation and the impact of the drug trade on concerned children and their families</li> <li>▪ Capacity of children and youth built/ strengthened through awareness raising activities, life skills and leadership training to enable them to set up peer groups and networks among themselves</li> <li>▪ Alternative income-generating (IG) groups will be created in the communities where family members of the affected children can fully benefit and participate.</li> <li>▪ School-based mechanisms and support services having students' and teachers' participation will be functional</li> <li>▪ Cross-sector platforms of information sharing concerning the issues of drug trafficking will be in place</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identification of pilot intervention and target groups</li> <li>▪ Capacity building and mobilization of youth groups in schools and communities</li> <li>▪ Income generation activities through: skills and vocational training; and start-up kits for self-employment among the community members and encourage those affected by drug trade to take advantage of such services</li> <li>▪ School mechanism developed and enhanced</li> <li>▪ Local networks strengthened</li> <li>▪ First hand information collection on the current and changing situations.</li> </ul>

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