



International  
Labour  
Office

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

**Intervention Models  
Developed 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:**

## **Intervention Models**

**Sub-regional project “Assessing the situation of children in the production, sales, and trafficking of drugs in Indonesia, the Philippines, and Thailand”**

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## **Table of Contents**

	<b>Page</b>
List of Acronyms	v
Executive Summary	vii
Introduction	xi
▪ Background and justification	xi
▪ Objectives of this report	xii
▪ Report's structure	xii
Chapter 1: Project overview	1
1.1 Project strategy, objectives and approach	1
1.2 Project activities	2
1.3 Target groups and implementing agencies	3
1.4 Country projects	4
Chapter 2: Country models for intervention	11
2.1 Indonesia	11
2.2 The Philippines	22
2.3 Thailand	29
Chapter 3: Synthesis of intervention models	47
3.1 School-based intervention model	47
3.2 Community-based intervention model	50
3.3 Street-based intervention model	54
Chapter 4: Key challenges, good practices & sustainable issues	57
4.1 Key challenges faced during the intervention	57
4.2 Good practices	58
4.3 Sustainable issues	63
4.4 Conclusions and recommendations	65

## **List of Acronyms for Sub Regional Output Report - Model**

ARTI	Action Research & Training Institute
CBO	Community Based Organisation
CDT	Children involved in drug sales, production, and trafficking
FCED	Families and Children for Empowerment and Development
GO	Governmental Organisation
HPDN	Highland Peoples Development Network
IEC	Information and education campaigns
KKPC	Kapatiran-Komunidad People's Coalition
MOE	Ministry of Education
MOU	Memorandum of Understanding
NCYD	National Council for Child and Youth Development
NGO	Non Governmental Organisation
PAOR	Participatory Action Oriented Research
PO	People's Organisation
SEA	South East Asia
SEKAM	Setia Kawan Mandiri
VRDA	Volunteer Drugs Resistance Association
YKAI	Yayasan Kesejahteraan Anak Indonesia
YPI	Indonesia Child Welfare Foundation, Yayasan Pelita Ilmu
ILO-IPEC	International Labour Organization – International Programme on the Elimination of Child Labour



## **EXECUTIVE SUMMARY**

ILO-IPEC has been executing an action-oriented research project in South East Asia, covering Thailand, Indonesia, and the Philippines since September 2002.

The project aims to develop and demonstrate an action-oriented research methodology that provides better understanding and information on the use of children in the productions, sales, and distribution of illegal drugs in three countries.

The project also aims to reach children at risk as well as those involved in drugs through raising awareness and youth mobilization in communities, schools and as well as in work related environment. Three sub-regional outputs were also planned to be produced included: A sub-regional synthesis report, a sub-regional compilation of proposed intervention models, and a guideline for action research.

In Indonesia, the lead agency Action Research & Training Institute (ARTI) coordinates the research part of the project. Implementing partners are local NGOs working on children issues. The Participatory Action Oriented Research (PAOR) was done and direct interventions (actions) carried out simultaneously. PAOR interventions in Indonesia focus on prevention; aimed to prevent child involvement in drug trafficking.

In the Philippines, the project focused on pilot-testing community-based models of intervention for children/youth in drugs in selected communities in Metro Manila in collaboration with the Ateneo de Manila University (an academic research institution) and several NGOs/CBOs.

In Thailand, the lead implementing agency is National Council for Child and Youth Development (NCYD). The project will contribute to the prevention and elimination of one of the worst forms of child labour – the use of children in the production, sale and trafficking of illegal drugs in Thailand. Partners for this project include Highland Peoples Development Network (HPDN),

Volunteer Drugs Resistance Association (VRDA) and staff members of 10 target schools in greater Bangkok.

Country models for intervention developed from all three countries were documented in the report as well as the constraints and precautions. Each country model of intervention could be broken down into 3 models of intervention: A school-based intervention model, a community-based intervention model, and a street-based intervention model. Constraints and precautions, factors for replication, and lessons learned from each country model were established.

Conclusions and recommendations: From the three country reports and their models for intervention, issues of concern and recommendations for future action from Indonesia, the Philippines, and Thailand are identified as follows:

1. A definition of children in drug trafficking needs to be clearly established which will lead to better referral system.
2. Program must be developed on the basis of a holistic approach and integrate program to respond to intertwined problems.
3. Efforts to eliminate the use of children in drug trafficking need a tracking system to manage and follow up children involved in drug trafficking cases up to the exit stage.
4. It is important to enter the community through existing local or grass-root institutions and using local values as a base for the intervention.
5. Monitoring and evaluation system to follow-up what has been achieved have to be considered and secured from the beginning.
6. Advocacy at policy level should be conducted during the program implementation to provide support at higher level.
7. Children and youth must be mobilized to participate in the actions. There is a need to identify and approach the “young” leaders to mobilize the larger group of youth in youth activities.

8. Skills needed by children in drugs are specific (such as training in harms-reduction counseling, detoxification, etc.). There is a need to advocate for child and gender sensitive policies/programs specific to children/youth in drugs. There is a need to build drug-specific awareness and capabilities of program implementers in children/youth programs.
9. Ensure the sustainability of anti-drug efforts in schools through: developing group process and partnership, mobilise & explore new resources both in and outside schools, and keep momentum for on-going implementation
10. Develop a strategy for an on-going preventive measure to ensure that the communities would not face the return of drug problem
11. Develop responsive program to reduce risk factors of children falling victims of drug trafficking and/or other worst forms of child labour including income generation activities
12. Initiate sensitization program for communities and campaign for social inclusion to address social discrimination of children of former drug users and dealers
13. Pilot rehabilitation and reintegration of former drug users and dealers needed to be explored in the community. (Risk factors and factors for successes should be identified, and develop models)
14. Income generation activities as alternatives to community members including vocational skills and marketing skills need to be developed to provide alternatives to drug use.





## **Introduction**

### **Background and justification**

In the late 1990s, a significant proportion of children became engaged in illicit drug abuse and trafficking in both rural and urban areas in South East Asia. ILO Convention 182 considers the use of children for 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.

Dangers faced by children engaged in the drug trade go beyond the physical, psychological, and mental disorders prevalent among drug addicted children since children in the drug trade lead their day-to-day life in a criminal environment. They are often exposed to situations involving conflict and tension and are always suspicious and fearful. Once involved, they are caught in a vicious trap, and subjected to harassment by the drug dealers.

To this end, ILO-IPEC has carried out an action-oriented research project in SEA, covering Thailand, Indonesia, and the Philippines since September 2002.

The project aims to develop and demonstrate an action-oriented research methodology to provide better understanding and information on the role of children in the production, sales, and distribution of illegal drugs in Thailand, Indonesia, and the Philippines. During the course of conducting the action-oriented research, the project aims to reach children at risk as well as those involved in drugs through raising awareness and youth mobilization in communities, in schools and as well as in work related environment (i.e. on the street).

Apart from the country reports, three sub-regional outputs were also planned to be produced to meet this objective:

- A sub-regional synthesis report
- A sub-regional compilation of proposed intervention models
- A guideline for action research

## **Objectives of this report**

This report is an output of a compilation of intervention models piloted in the three countries, including:

- The types of intervention undertaken in various setting, namely rural and urban communities, schools, workplaces;
- The strengths, weaknesses and lessons learned from those models and how they can be further applied in future action;
- The intervention models present approaches and strategies that have worked in the three countries;
- Some of their impact and sustainability.

## **Report's structure**

### **Chapter 1 : Project overview**

This section provides general information on the project including the following topics:

- Project strategy, objectives and approach
- Project activities
- Target groups
- Short description of the three country projects

### **Chapter 2 : Country models intervention**

This section describes models of intervention used Indonesia, the Philippines, and Thailand.

### **Chapter 3 : Synthesis of intervention models**

This section extracts and integrates each country's models of intervention into regional models on various settings namely:

- School-based intervention
- Community-based intervention
- Street based intervention

## **Chapter 4 : Key challenges, good practices & sustainable issues**

Synthesis of lessons learned and good practices of each country model is provided. Issues looked at should involve:

- Key challenges faced during the intervention
- Lessons learned from the project implementation
- Examples of good practices

This section discusses what will be issues of concern and recommendations for future actions based on areas of intervention such as prevention, suppression, recovery & reintegration, social inclusion and etc.

## Chapter 1. Project overview

There is a growing problem of children and youth being used in the production, sales and trafficking of drugs both in rural and urban areas in South East Asia. Poverty, the need for quick and easy money, and opportunities created by lax law enforcement and the proliferation of drugs are contributing factors for children and young people to become involved in the drug trade.

Dangers faced by children involved in the drug trade go beyond the physical, psychological and mental disorders prevalent among drug addicted children since children in the drug trade lead their day-to-day life in a criminal environment. They are often exposed to situations involving conflict and tension and are always suspicious and fearful. Once involved, they are caught in a vicious trap, subjected to harassment by the drug dealers.

The International Labor Organisation's Convention on the Worst Forms of Child Labor (No. 182) considers the use of children for illicit activities, such as the use of children in the production, sales and trafficking of drugs, as one of the worst forms of child labor. This Convention covers all girls and boys under the age of 18 and calls for "*immediate and effective measures to secure the prohibition and elimination of the worst forms of child labor as a matter of urgency.*"

### 1.1 Project strategy, objectives and approach

#### *Approach & strategy*

The program, for the period of 18 months, covering Thailand, the Philippines, and Indonesia, aimed to develop and demonstrate an action-oriented research methodology that provides better understanding and information on the role of children in the production, sales, and distribution of illegal drugs.

Local networks created or strengthened as part of the action-oriented research would also be employed to enhance the schools and community's capacity in dealing with the drug-related issues.

In the course of conducting the research, the project will reach children at risk (as well as those involved in drugs) through raising awareness & youth mobilization in communities, in schools as well as in the work related environment (i.e. on the street).

The participatory action research will identify children at risk and those already involved in the drug trade, and maintain contacts with them through out the project duration. The project will provide options to the children, i.e. through counseling, organizing group dynamic activities, and referring them to appropriate services.

The action research will follow up their development, progress or set backs in order to identify the feasible options with the children and implementing partners for the prevention and withdrawal of children from the trafficking and distribution of drugs. As such, the tracking system will naturally be part of the research process, but not as an independent intervention.

Using the results of the action research towards the end of the project, each country will propose models for interventions. Guidelines on the participatory action research methodology and a sub-regional synthesis report presenting the results of the action research will be prepared for future use in the region and elsewhere.

The project has only one immediate objective which is:

*“At the end of the project, public institutions and stakeholders in Thailand, Indonesia, and the Philippines will have enhanced their understanding on the targeted recruitment and use of children in the production, sales, and distribution of illegal drugs.”*

## **1.2 Project activities**

The project consists of the following activities:

- Identification and development of regional partnerships with regional collaborating agencies and partners including on-going projects of ILO-IPEC, UNDCP, UNESCAP

- Direct action through youth mobilization, community and family mobilization, non-formal education, counseling for families and children, referral services for families and the child victims.
- Strengthening of local networks (NGOs, community leaders, police, teachers, etc)
- Building capacity of partners, empowerment and raising awareness at community levels and at the national level
- Identification of models for future intervention

### **1.3 Target groups and implementing agencies**

#### ***Indirect beneficiaries***

The project is designed as action research. The research methodology applies participatory approaches through stakeholder consultation, and the creation of local networks involving children, families, schools, and/or local institutions. As such, the project will provide outreach and information services to the children and young people identified as at risk or victims of drug sales and trafficking.

#### ***Direct beneficiaries***

The project aims to prevent and remove an estimated 300 children who are at risk and/or already involved in the sales and distribution of drugs in project sites.

#### ***Direct recipients***

Officers and staff of partner organizations, both anti-drug agencies and/or child-focused and child labour concerned organizations will receive support to enable them to carry out action.

## ***Implementing agencies***

Thailand:

National Council for Child and Youth Development, Nang Lae Nai School in Chiang Rai and Baan Huay Sala School in Chiang Mai, and Volunteers on Drug Resistance Association (VDRA) in Klong Toey Urban Community.

The Philippines:

The Ateneo de Manila University serves as academic research organization; Families and Children for Empowerment and Development (CFED); Kapatiran-Komunidad People's Coalition and Addictus-Philippines are the community-based action research facilitators.

Indonesia:

Action Research & Training Institute (ARTI) is the lead agency to coordinate the research part of the project. Implementing Partners are NGO's working on child issues including: Yayasan Kesejahteraan Anak Indonesia (YKAI) or the Indonesia Child Welfare Foundation, Yayasan Pelita Ilmu (YPI) and SEKAM (Setia Kawan Mandiri).

## **1.4 Country projects**

### ***1.4.1 Indonesia***

Action Research & Training Institute (ARTI) is the lead agency coordinating the research part of the project. The role of ARTI is to conduct the documentation process and provide technical assistance to implementing partners in implementing their action programs. The research organization is also responsible to build the capacity of the implementing partners.

Implementing partners are local NGOs working on children issues including:

- Yayasan Kesejahteraan Anak Indonesia (YKAI) or the Indonesia Child Welfare Foundation;
- Yayasan Pelita Ilmu (YPI) and;
- SEKAM (Setia Kawan Mandiri).

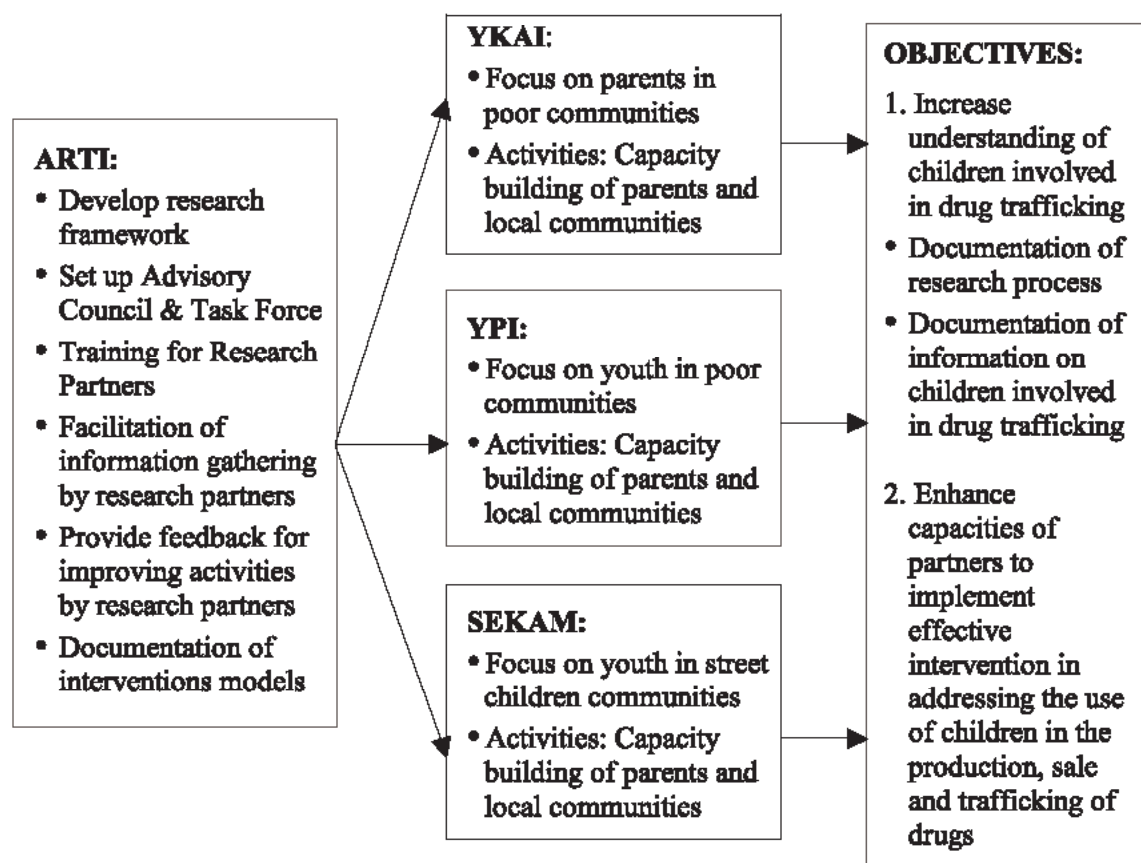


Each of the 3 implementing partners designed their own plan of action and intervention.

### *Strategy*

The Participatory Action Oriented Research (PAOR) strategy aimed to solve identified problems and respond to the needs of the children and communities in addressing the problem of children involved in drug sales, production, and trafficking problems (CDT). Research was conducted simultaneously with direct intervention. The Purpose of the research is to have a better understanding of the problems of child drug traffickers; and to develop models of intervention for future replication elsewhere. Children and concerned adults (parents, local leaders, and other stakeholders) were the target population of direct action.

## Institutional Framework



### 1.4.2 The Philippines

A participatory action-oriented research (PAOR) project was conducted in the Philippines in June 2002 in response to the problem of drugs and children. The project focused on pilot-testing community-based models of intervention for children/youth in drugs in selected communities in Metro Manila.

### Objectives

The action research yielded the following outputs and activities:

- (1) Profile of working children, their families, peer networks and their communities;

- (2) Pattern/cycle of recruitment of children into the drug network and the risks involved for the working children; and
- (3) Establish policy and program recommendations to formulate more timely and effective interventions for children, their peers, families, and communities. The recommendations will partly be extracted from the assessment of the community-based research partners' activities/interventions for children engaged in the use, sale, and trafficking of drugs.

### *Research partners and implementing agencies*

The project was executed by ILO-IPEC Manila in collaboration with an academic research institution and several NGOs/CBOs. The main research partners of the research organization (Urban and Community Studies Program, Department of Sociology and Anthropology, Ateneo de Manila University) were:

- The Families and Communities for Empowerment and Development or FCED
- Kapatiran-Komunidad People's Coalition (KKPC) a CBO based in Tatalon, Quezon City)
- Addictus-Philippines (NGO) in partnership with the Barangay 91 (Pasay City) Barangay Development Council

### *Target groups/beneficiaries and partners*

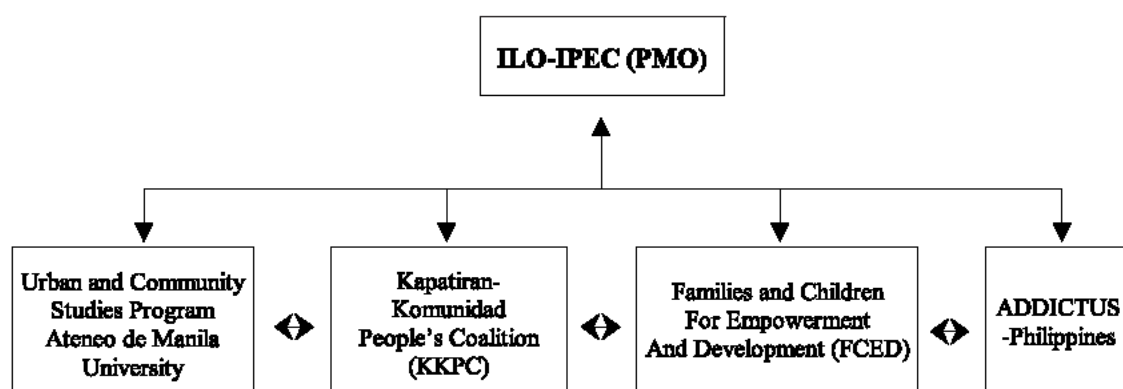
The beneficiaries of the project were: (1) children and youth (7-17 years of age) at risk of engaging in drug-related activities. They would be reached through community awareness-raising and youth mobilization activities. Through these activities, parents/guardians of the target children, barangay (lowest political unit) officials, other community leaders, and members of other civil society groups were also reached.

**Direct beneficiaries:** The direct beneficiaries were 260 children and youth engaged in the use and trafficking/pushing of dangerous drugs like *shabu*, rugby, and marijuana in three selected research sites.

**Indirect beneficiaries:** Aside from research staff, the direct recipients were the officers and staff of the partner organizations: Families and Children for Empowerment and Development (CFCED); Addictus-Philippines, Kapatiran-Komunidad People's Coalition, and the Dangerous Drug Board. These research partners are anti-drug use organizations and/or child-focused and child labor concerned organizations.

About one thousand and five hundred (1,500) parents, children, youth, community leaders, and residents would be reached by information and education campaigns (IEC), advocacy sessions/training, and support services.

### *Institutional framework*



### *1.4.3 Thailand*

In Thailand, the lead implement agency is National Council for Child and Youth Development (NCYD). As coordinating agency, NCYD has set the following objectives for the Thai component:

#### *Objectives*

Development objective: The project will contribute to the prevention and elimination of one of the worst forms of child labour – the use of children in the production, sale and trafficking of illegal drugs in Thailand.

Immediate objectives:

1. At the end of the project, partner organizations will have enhanced capacity through the action research process to help schools and communities identify and implement more effective interventions to combat the use of children in the production, sale and trafficking of drugs.
2. At the end of the project, the research process and documentation will have been developed.
3. Capacity of staff of research partners will be strengthened on action oriented research.
4. Models of community-based and school-based programs to combat child labour in drug production, sales and trafficking are developed.

### ***Target groups***

Primary beneficiaries: Through the research partners, the project aims to prevent and remove 300 children/youths who are at risk and/or are already involved in the use, sales and distribution of drugs in the target schools and communities.

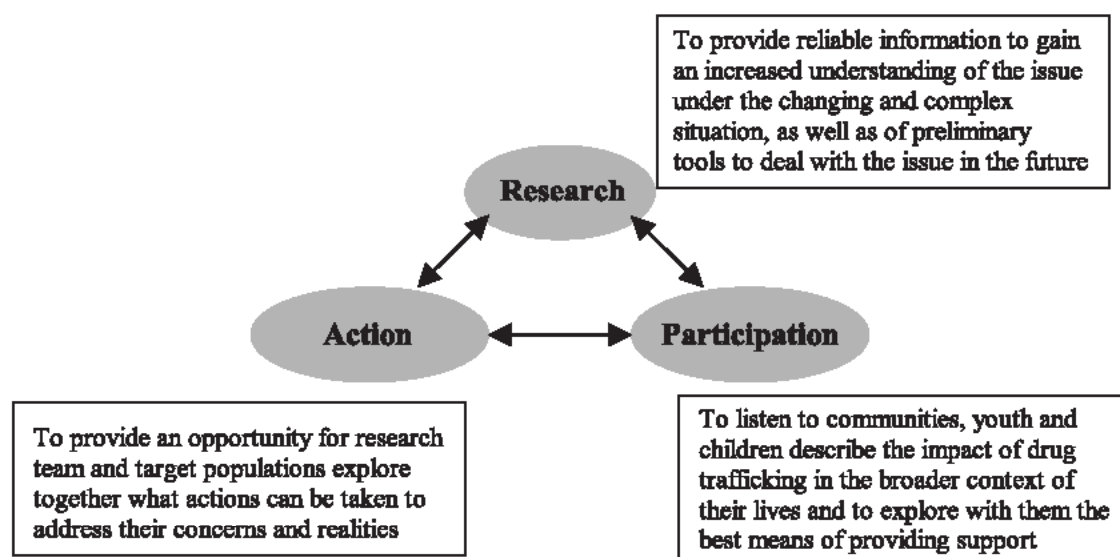
Secondary beneficiaries: The project will also reach other children, parents, teachers, community leaders and residents through training, consultation, support services and advocacy sessions conducted by research partners.

### ***Partner groups***

The direct ‘recipients’ will include approximately 100 officers and staff of the partner organizations: National Council for Child and Youth Development (NCYD), 2 schools and communities in Chiang Mai and Chiang rai, Volunteer Drugs Resistance Association (VRDA) and staff members of 10 target schools in greater Bangkok.

## ***Component of PAOR***

Participatory action oriented research in this context composes of three major components: research, action and participation.



## ***Major activities***

1. Consolidate research proposals from NGO/CBO partners
2. Train research team of the partner organizations on action oriented research methodology and draw up feasible models of intervention
3. Create task force on child involvement in drug trafficking and conduct meetings
4. Conduct situation analysis and extract models of communities/ activities in the target schools
5. Conduct a periodic review workshop
6. Process documentation of research partners' activities or interventions
7. Research analysis/preparation of initial report and guidelines for interventions

## Chapter 2. Country models for intervention

The country models for intervention were developed from the three country reports submitted to ILO/IPEC at the end of project period. The three reports are:

- **Assessing the Situation of Children in the Production, Sales, and Trafficking Of Drugs in Indonesia: A Participatory Action Oriented Research (PAOR)** by Action Research And Training Institute (ARTI) in collaboration with Yayasan Kesejahteraan Anak Indonesia (YKAI), Yayasan Pelita Ilmu (YPI), and Yayasan Setia Kawan Mandiri (SEKAM)
- **Working Children in Drugs in the Philippines: A Participatory Action Research for Child/Family and Community Empowerment** By Emma Porio, PhD, Ateneo de Manila University in collaboration with Christine Crisol and Jerry Apolonio
- **Participatory Action Oriented Research: The Use of Children in the Production, Sales and Trafficking of Drugs in Thailand** by Chitraporn Vanaspong for National Council for Child and Youth Development (NCYD)

### 2.1 Indonesia

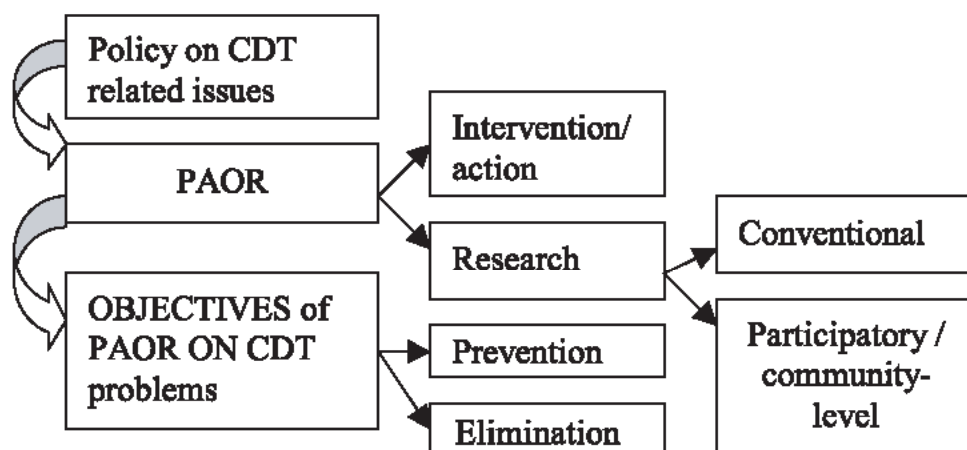
Action Research & Training Institute (ARTI) coordinates the documentation process and provides technical assistance to implementing partners in implementing their action programs. Implementing partners are local NGO's working on children issues including: Yayasan Kesejahteraan Anak Indonesia (YKAI) or the Indonesia Child Welfare Foundation; Yayasan Pelita Ilmu (YPI) and SEKAM (Setia Kawan Mandiri).

Each of the 3 implementing partners designed their own plan of action and intervention.

## ***Strategy***

The Participatory Action Oriented Research (PAOR) strategy aimed to address identified problems and respond to the needs of the children and community with problems of children involved in drug sale, production, and trafficking (CDT). Research was conducted simultaneously with direct interventions. The research aims to provide a better understanding of the problems of child drug traffickers and to develop models of intervention.

### ***2.1.1 Project framework***



### ***2.1.2 Strategy & approach***

All PAOR intervention is based on prevention - aimed at preventing children from becoming involved in drug trafficking. Though separately designed, interventions of each implementing partner contributed to the research process by collecting information on the issues of children used in drug production, sale, and trafficking as well as to identify most responsive and effective intervention models to address the problem.

Beneficiaries of this project were those who came from “at risk environment”: children, families, and communities exposed to a drug related environment. For this project, POAR was conducted in the two environments: community-



based (implemented by YKAI and YPI in one district/RW) and street-based (implemented by SEKAM).

### ***2.1.3 Framework of intervention***

#### **Community-based in Kampong Pertanian Utara, East Jakarta (by YKAI and YPI)**

Phases of activities in the community-based program include:

- Outreach activities and assessment
- Establish an activity center for target groups
- Training for social workers (project team) on drug related issues
- Raising Awareness on drug related problems for parents & local leaders by YKAI; children & youth,
- Develop and distribute IEC materials
- Create alternative activities for children & youth (sport, dance, and theatre) as well for parents (cooking class)
- Parenting skill training (stress management and effective communication)
- Organizing local initiatives for youth and local leaders (e.g. music festivals for/by youth)
- Capacity building for local leaders on how to cope with drug related problems (discussion series, meetings)
- Develop a referral system especially for children affected by drug related problems

#### **Street-based activities in East Jakarta (by SEKAM)**

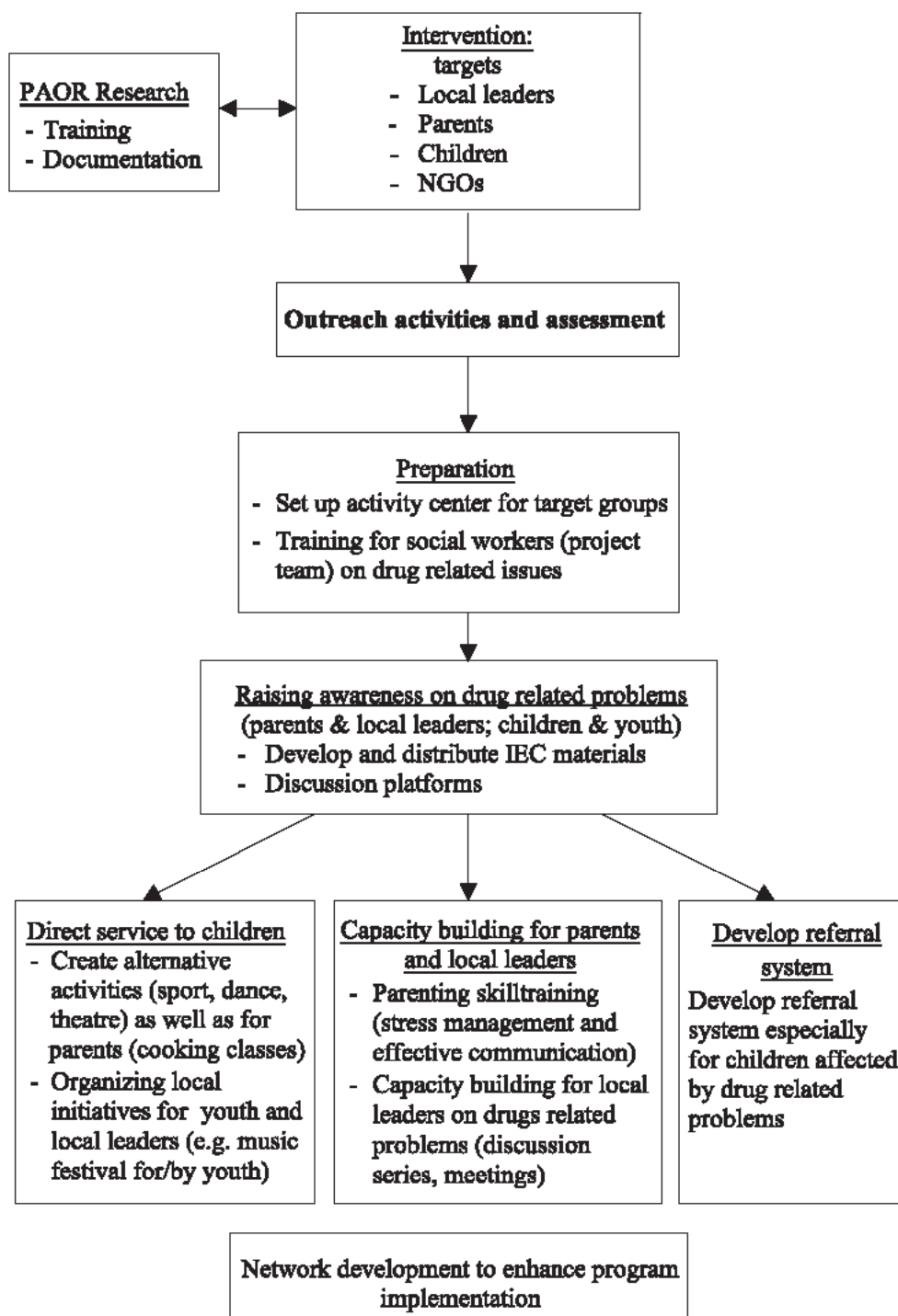
Phases of activities in the street-based program include:

- Mapping & reaching out to street children in East Jakarta
- Training for social workers (project team) on drug related issues
- Identify, recruit, train and conduct peer education activities among street children on drug related problems

- Raising awareness for parents and children on drug related issues
- Vocational training for street children (sewing, computer, music, and typing)
- Talent advancement for children
- Develop a referral system for children

### 2.1.4 Model of intervention

#### Community-based intervention



## **Community-based intervention**

### ***1. Establishing a service center***

- Establish an activity center in a community where children and parents can attend focus group discussions on community issues, as well as ascertain the needs and types of services the center can provide.
- The center is located in an area accessible to all community members

### ***2. Raising awareness activities***

- Raising awareness activities can be conducted through discussions, dissemination of information, and training.
- Issues include drug related issues and other essential life skills such as effective communication, parenting, stress management, and etc.
- Specific characteristics of the audience such as level of education, gender, age groups, and location of dwellings should be taken into account when designing training courses as they will influence the effectiveness of training.
- Modules and methods should be prepared to suit profiles of each grouping (age, place of living, etc)
- Raising awareness activities should be conducted in an informal manner.

### ***3. Outreach and direct services to children and youth***

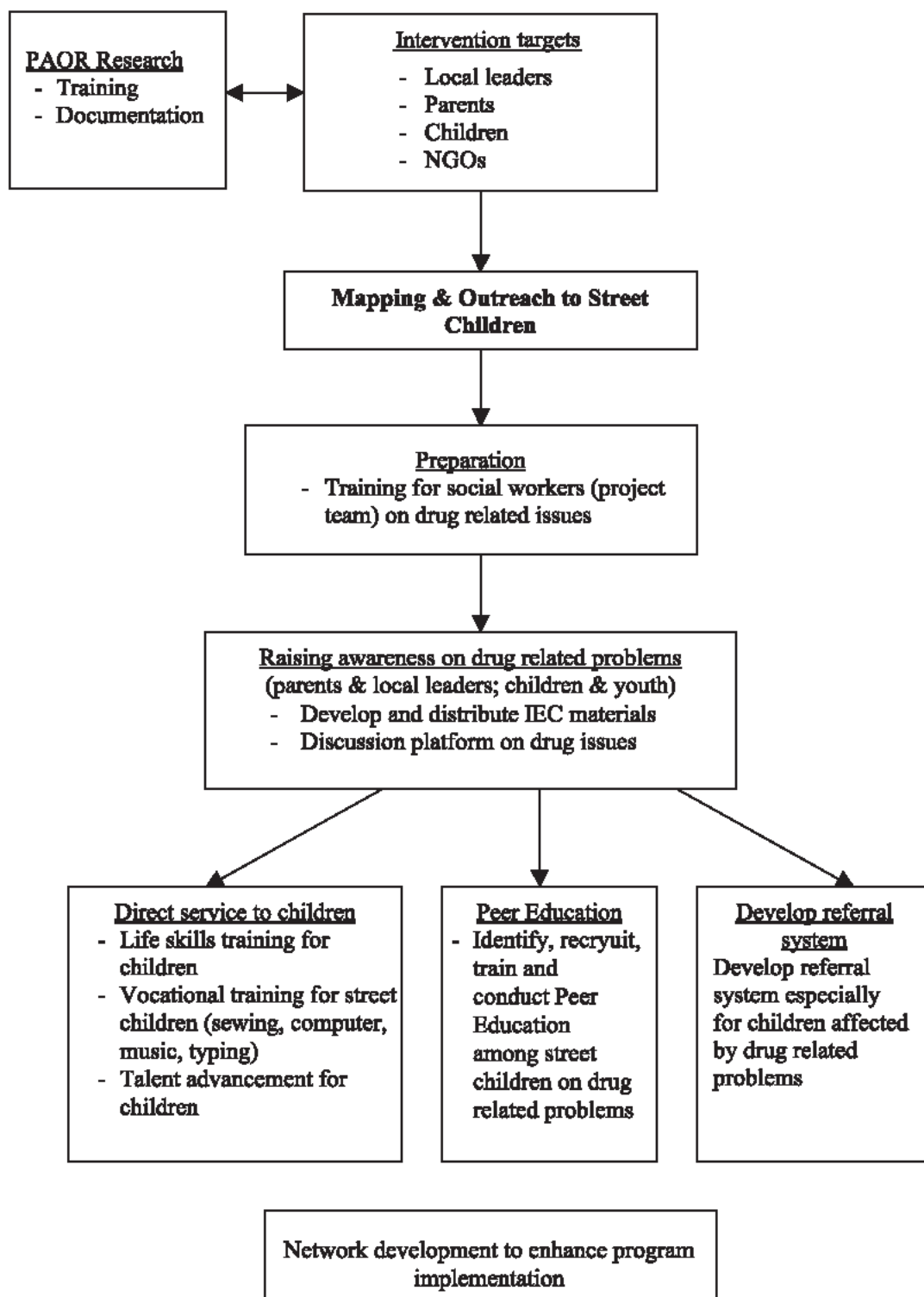
- Because youth are potential agents of change, organizing youth can create an impact on the community. Sport and music activities are most popular among children.

4. *Vocational training and entrepreneurship* for parents and children were considered a good substitute to prevent - directly or indirectly – the problem of CDT. But strategy and clear objectives have to be defined beforehand. For example, what types of vocational training is needed and suitable for community situation; what kind of goods are to be produced, and whether a market could be identified.

5. *Networking and building referral mechanism*

- Identification of relevant institutions such as clinics, hospitals, rehabilitation centers, legal institutions, government office for social affairs, government office for education, National Drug Prevention Board and NGOs working on the issue.
- Conduct networking meetings.
- Establishing networking mechanisms.
- Children and parents should be familiarised to the process on a case-by-case basis.
- Child services have to be tailored to meet children's needs.

## Street-based intervention



## Street-based intervention

1. ***Outreach activity*** is done through mapping and peer education to identify street children who are at risk of drug use and trafficking.
2. ***Peer education*** The aim was not only identifying CDT but also to share drug related information among peers and between children and social workers.
  - Identify peer educators among street children who can approach other street children.
  - Conduct education session for street children include discussions on drug issues and vocational training.
  - Mapping and peer education activities are conducted through participatory approaches such as drawing maps of places where children engage in their activities, and discussing those activities.
  - Peer education concept must be elaborated clearly among social workers and the peer educators on its objectives, procedures, criteria and etc.
  - Peer educators need to attend capacity strengthening session to enhance necessary skills.
  - Peer educators' safety needs to be assured during field work (such as securing MOU with the police).
3. ***Raising awareness program*** on drug related issue for parents and children. The objective of this activity is to increase awareness on drug related issue to prevent at risk drug behavior.
4. ***Designing and distributing IEC materials.***
  - IEC materials were designed with inputs and suggestions from target audience (youth) through discussions with several groups of boys and girls.

5. ***Vocational training*** for street children. Vocational training was intended to give street children alternative activities.

- Simple, applicable, and concrete modules and methods have to be prepared with consideration of street children characteristics.
- Children must be provided with information on available choices for vocational skills training so that they can chose properly.

6. ***Talent advancement:*** Following the training, children - especially those already engaged in drug related activities - are selected for the talent advancement program. Music and computer training are two examples as alternative activities. A few children (engaged in drug activities) received a computer certificate from the course organizer and could earn income from working in computer rental shops. Another group of children earned income from music performances.

7. ***Establishing referral systems*** for children identified as involved in drug trafficking. Steps to be taken included:

- Identify referral institutions, assess and select referral institutions, meet with referral institutions, evaluate and follow up cases.
- In directing children towards referral systems, steps to consider are: identifying the child based on case findings, build rapport with the child through available channels (parents, peers), and involve in the referral process for recovery and reintegration by referral to institutions.

### ***2.1.5 Outcome of the model***

From the Indonesian experience, outcomes of using their models include:

- Capacity of local leaders has been strengthened through community meeting, discussion sessions, and training on drug related issues.



- An activity center to facilitate parent's education was established and received interest from parents.
- Information on drugs and life-skills to capacitate parents to prevent youth from drugs was provided.
- A youth activity center to facilitate youth education on drug issues was established.
- Youth have been reached through discussion, especially on drug related problems.
- Raising awareness events and sports activities have been conducted such as a music festival was organized by the youth and visited by 1,000 attendants.
- Three meetings were conducted to build a referral system network to provide referral services for children involving in drug trafficking.
- Youth in target areas with drug related problems received services in response to their situation (including health and education).

### 2.1.6 *Constraints and precautions*

- **Policy gaps:** National policy on drug trafficking currently focuses on supply reduction rather than preventative measures addressing the demand side. It has been difficult to mobilize support for the establishment of network to combat the problem. Coordination for establishing a referral system has been a challenge throughout the project.
- **Clear objectives:** During the project intervention, activities were designed without a planned strategy. The implementation program is a list of activities without a strategic framework in contrast to the prevention or elimination programs.
- **Community mobilization:** In “urban-slum” areas, the community is not united. Local leaders do not have authority. As a result, it was difficult to establish community organizations, and projects faced challenges in mobilizing the community to take actions addressing drug related issues.

- **Peer education:** During the project implementation, the peer education concept was not well elaborated among social workers and the peer educators. As a result, roles and responsibilities of peer educators are vague and unclear.
- **Referral system:** The referral mechanism was not responsive to specific needs of the children who were in a most vulnerable situation (paranoid, skeptical, and reluctant) without support from their family. Most institutions referred by the project only provide treatment for drug habits without engaging other issues arising from drug trafficking.

## **2.2 The Philippines**

### *Research partners and implementing agencies*

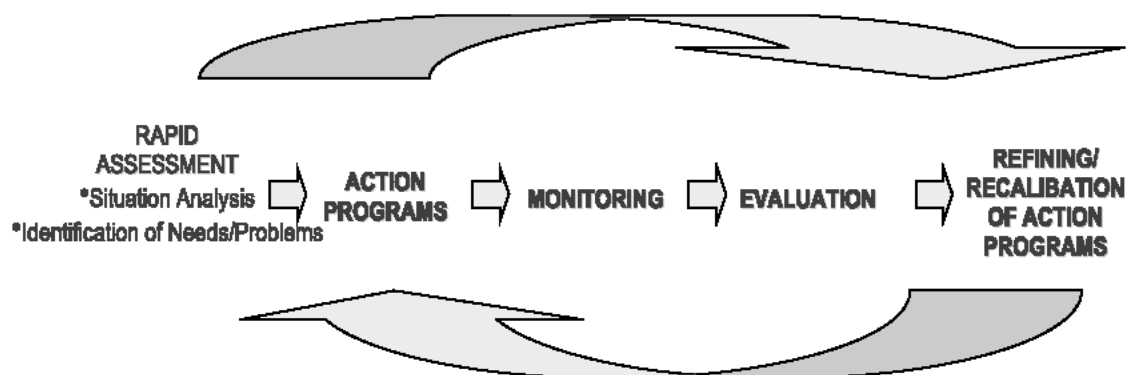
The project was executed by ILO-IPEC Manila in collaboration with an academic research institution and several NGOs/CBOs. The main research partners of the Urban and Community Studies Program, Department of Sociology and Anthropology, Ateneo de Manila University were:

- The Families and Communities for Empowerment and Development (FCED)
- Kapatiran-Komunidad People's Coalition (KKPC) a CBO based in Tatalon, Quezon City
- Addictus-Philippines (NGO) in partnership with the Barangay 91 (Pasay City) Barangay Development Council.

The project sites are the communities of Tatalon, Pasay, and Paco-Pandacan.

### 2.2.1 Project life cycle (phases of project implementation)

The Philippines's Participatory Action-oriented Research Design



### 2.2.2 Strategy & approach

#### Research steps and project implementation

1. ***Situational analysis:*** The first step of this action-oriented research was situation analysis of the children engaged in the use/abuse, trading and trafficking of drugs and the contextual factors surrounding their drug-related practices. The situation analysis was accomplished through a small-scale sample survey, key informant interviews, focus groups, narratives of children/parents and community social risk mapping. It was conducted in collaboration with the NGO/CBO research partners in each of the project sites.
2. ***Intervention design and implementation:*** The results of the situation analysis guided the formulation of feasible interventions in the planning session(s) conducted by the community-based research partners.

3. **Implementation evaluation:** The project activities were assessed through an internal midterm and final evaluation of the interventions of the research partners. The insights gained from the process documentation partly became a basis for fine-tuning or re-calibrating the project interventions.

### **2.2.3 Framework of intervention**

Project strategies and activities of KKPC in Tatalon, Quezon City

- Set up of 3 prevention and rehabilitation centers and improve the services of existing centers.
- Provide support services to children including cooperatives, library, and sports activities.
- Enhance capabilities of leaders and volunteers in each of the 4 communities in drug prevention research, community education, counseling and crisis intervention skills.
- 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.
- Establish linkages and networks.

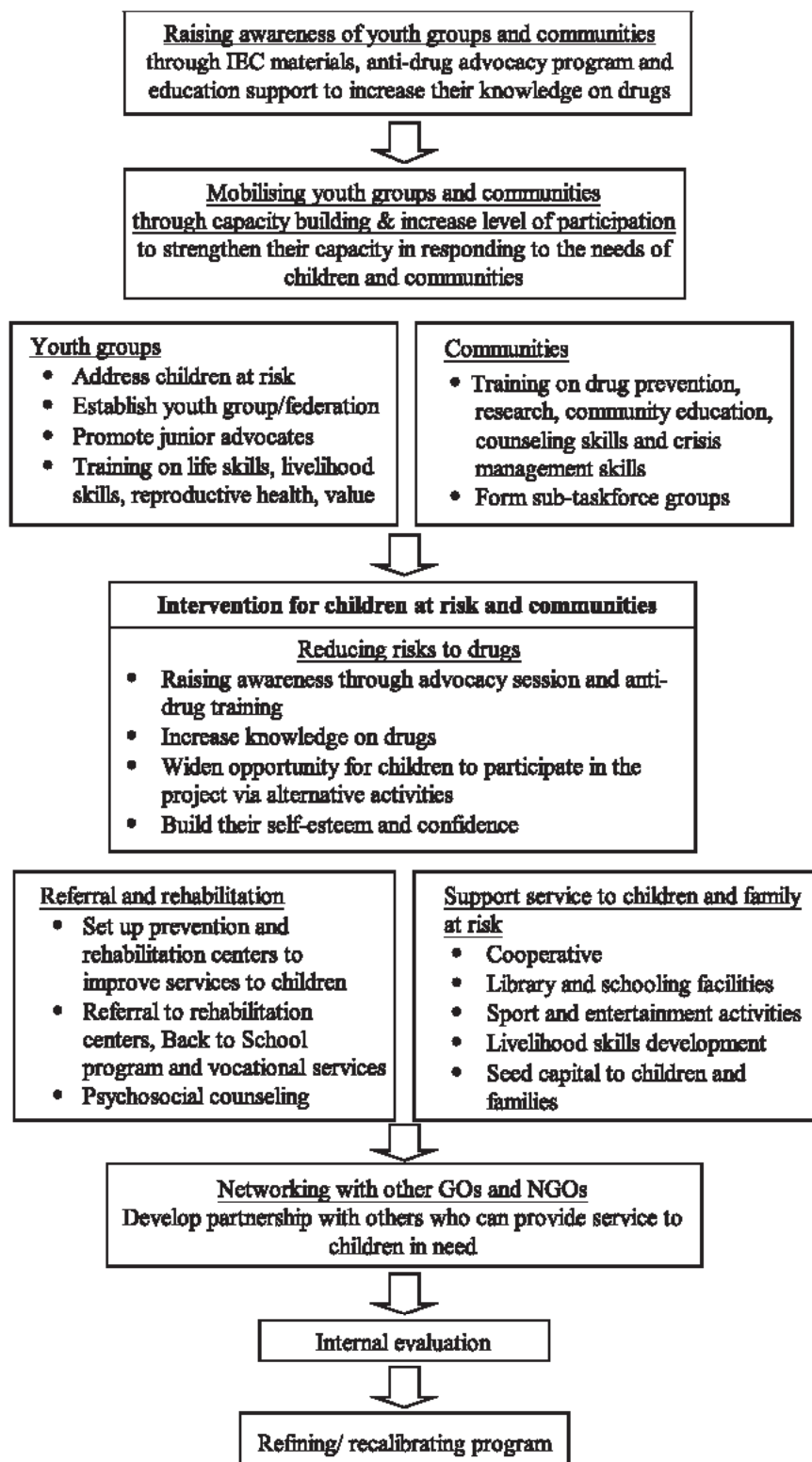
Project strategies and activities of Addictus-Philippines

- Develop and disseminate IEC materials.
- Enhance capacity of children/youth and adult community members on protection and prevention approach.
- Provide support services to 100 children/youth at risk identified by community leaders.
- Mobilize community groups and mechanisms for sustainable actions
- Establish linkages and networks.

### Project strategies and activities of FCED in Paco-Pandacan, Manila

- Provide direct services (livelihood, home visits, value-formation, and sport activities) to 60 direct beneficiaries.
- Referral mechanism:
  - Rehabilitation centers for medical and psychosocial services
  - Back to school programs
  - Vocational skills training
- Empower youth and community members towards reduction of drug trafficking through community mobilization for advocacy and capacity building measures.
- Produce IEC materials.
- Assist youth and children through psychosocial counseling (individual and group counseling).
- Establish linkages and networks.

## 2.2.4 Model of intervention



### ***2.2.5 Outcome of the model***

The outcome of the model manifested in two levels: (1) the level of the children and their families and (2) the level of project implementers and the project communities.

The training and advocacy programs given to the children/youth, parents and community leaders has increased their knowledge on drugs, how children are recruited into the drug network, and how they can be withdrawn out of the system. These activities also built their capabilities in responding to the children's needs.

The sports and cultural activities like talent enhancement programs promoted community solidarity and cohesion. Meanwhile, these activities have increased the self-confidence and self-esteem of the children.

### ***2.2.6 Constraints & precautions***

The Philippines project identified the following challenges arising during implementation:

- **Danger of the issue.** The risks and dangers involved in research and services for children/youth engaged in drug use and trafficking posed several challenges for the researchers and program implementers in the communities.
- **Effects of external factors.** Several external factors affected the implementation of the project; one of them was the Government's anti-drug policy.
- **Issues not addressed/beyond the reach of the project.** Several issues could not be addressed and were beyond the capabilities of the project implementers. This includes, among others, the rehabilitation and re-integration needs of children in drug use and trafficking.

### ***2.2.7 Factors for replication***

The implementation of the project yielded the following lessons:

1. Participation of children/youth, their parents, and community officials are key to project success. Appropriate types of participation need to be carefully selected (e.g., articulating the needs of children must come from children not from the assumptions of adults; limited participation in data collection and analysis). The child/youth is the central actor and vehicle for change.
2. Research made entry to project activities easy and helped raised awareness of research partners during the data/information collection process to identifying interventions.
3. Rehabilitation centers must be child-friendly and community-based as outside centers tend to increase the drug networks/expertise of children.
4. Skills needed by children involved in drug activities are specific (such as training in harm reduction counseling, detoxification, and etc.)
5. More attention should be given to the link between sex, crime and drugs, e.g., reproductive health education.
6. Support of community officials and institutions is key factor in the success of project. Capacity of the police and justice system in dealing with children in drugs should also be strengthened.
7. The need for protection/support for children/youth in drugs should be recognized during project implementation.
8. There is a need to build drug-specific awareness and capabilities of program implementers in children/youth programs.



9. There is a need to advocate for child and gender sensitive policies/ programs specific to children/youth in drugs.

## 2.3 Thailand

The project in Thailand contributed to the prevention and reduction of one of the worst forms of child labour – the use of children in the production, sale and trafficking of illegal drugs through its action research and intervention. The coordinating agency is National Council for Child and Youth Development (NCYD). Partner organizations include: two schools and communities in Chiang Mai and Chiang Rai, Volunteer Drugs Resistance Association (VRDA) and staff members of 10 target schools in greater Bangkok.

### 2.3.1 School-based model

#### *Strategy & approach*

- *Controlling supply:* eliminating drug trafficking in schools by using social pressure and strict enforcement of existing laws. Schools use stringent measures on drug dealers in their premises by announcing that if one found one would be expelled. Schools need to cooperate with law enforcement agencies in dealing with any criminal offense occurring in their premises.
- *Reducing demand of drug use in schools:* drug users and addicts should be rehabilitated and reintegrated. They would have to change their attitudes by attending raising awareness programs, providing their experiences and lessons learned to other at risk students, being part of anti-drug campaign in schools, and helping schools monitoring drug behavior among those at risk. Teachers should provide special care to drug users and addicts as well as support them through the process of social reintegration back into schools and normal life.
- *Preventing potential drug users:* Students at risk should be prevented from falling victims to drugs. This could be done through changes of

attitude and behavior, life skills to resist temptation, and organize development activities as alternatives to drug use.

- *Creating a safe and positive learning environment for all students:* Schools ensure that their premises are safe, drug – free and provide a positive environment for learning. Schools could also seek cooperation from nearby communities to help develop the environment that is safe and sound for students.

### ***Model of intervention***

The school-based model of intervention has been extracted from the documentation of the Action Program implementation by 10 schools in Bangkok participated in this project. It is important to note that – although the Action Program have helped strengthened schools’ anti-drugs activities during its implementation – the following model was not initiated during the research process, but had already been developed and implemented in schools prior to the Action Program.

#### **Step 1: Identify school’s strategic framework & policy**

Schools adopt a strategic framework and establish its policy on addressing drug problem in schools. For schools in Thailand, the strategic framework was mainly formulated from the Government’s policy and the MOE’s guideline to be consistent with the national anti-drug efforts.

#### **Step 2: Analyse school’s problem and situation**

To address the drug problem in schools effectively and responsively, schools have to understand the magnitude of the problem they face. Schools – by teachers – will gather drug-related information with participation of students, other school staff members, parents, and communities. Following steps could be taken.

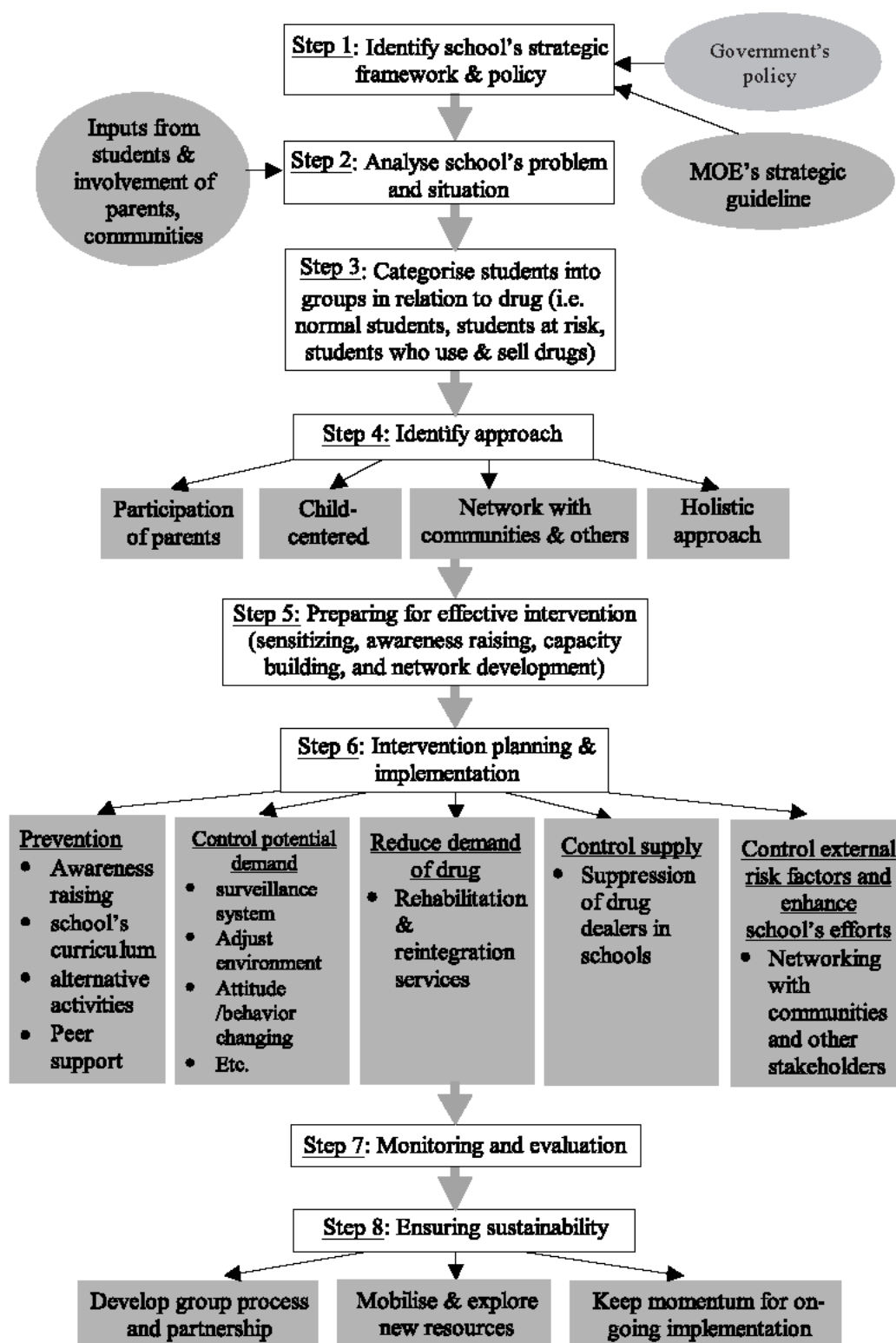
- Gather information on types of drug used and sold in schools and trend in the future

- Identify spots where drugs are used and sold both in schools and nearby
- Consulting with parents and community leaders/members for information gathering
- Inform parents and communities on findings
- Monitor the situation of drug use and sales in their premises on a regular basis.

**Step 3: Categorise students into groups in relation to drug vulnerability (i.e. normal students, students at risk, students who use & sell drugs)**

- Investigate if students and staff members engage in drug behavior and/or sales of drugs.
- Categorised students into four groups: 1) normal students 2) students with risk behavior 3) students who use drugs and 4) students who involve in drug sales.
- Establish database and students' files. The database must always be kept update and confidential. Only relevant individual and agencies could access to this database. This information will be used as basis for teachers to provide supports and supplemental development activities appropriate to the need of individual students.

## Chart: School-based model of intervention



## Step 4: Identify approach

It is important that school management teams and teachers plan their activities on the basis of the following approaches:

- *Holistic approach:* Schools must adopt various approaches in preventing and controlling drugs; namely, prevention, protection, rehabilitation and reintegration, networking and youth participation. It is no longer sufficient to adopt only isolated or sectoral measures, to only stipulate good school's policy, to only promote alternative activities, or to only provide rehabilitation services to those addicted. The holistic approach moves from fragmented projects to a comprehensive and integrated agenda with clear links among interventions, both within and between sectors.
- *Child-centered interventions:* Schools will conduct activities that genuinely respond to needs of students. This could be done by encouraging students to initiate and operate anti-drug activities in schools of their own interest. Schools can also involve students in efforts to monitor and provide support to children with drug issues.
- *Networking with communities and other stakeholders:* It is not possible for schools to prevent and suppress drug use and sales within their premises on their own. Most importantly, schools seek solution of students' drug habits by consultation with their parents. In other anti-drug efforts, schools could gain cooperation from external stakeholders including parents' association, as well as community leaders and members. Support from other governmental agencies such as polices and hospitals could also be sought.

## Step 5: Preparing for effective intervention (sensitization & raising awareness, capacity building and network development)

- **Sensitisation & raising awareness:** Schools should
  - Conduct raising awareness sessions for teachers on the impact of drugs, and importance to prevent and control drugs in school.

- Sensitise management team, teachers and other school personnel to understand and sympathise with students falling victims to drug abuse.
  - Conduct an awareness program on the impact of drugs for parents, guardians, and students.
- **Capacity building:** Schools should
  - Build skills capacity for teachers who handle activities under schools' anti-drug plan including: researching, data collection and analysis, counseling skills, behavior observation, conducting urine test, and etc.
- **Network development:** Schools should
  - Establish a network of schools and parents, communities and religious organizations.
  - Informing about schools' anti-drug plans to stakeholders and mobilise local resources and cooperation.

## **Step 6: Planning and implementation of plan**

In developing an anti-drug plan, schools could start from five core approaches: prevention, controlling potential demand, reducing demand, controlling supply, and controlling external risk factors & enhancing school's effort. Intervention under each approach could be done as shown in the following table:

**Table shows five anti-drug approaches and interventions**

Prevention Development/ build resistance to drug for normal students	<ol style="list-style-type: none"> <li>1. Conduct raising awareness program on impacts of drug</li> <li>2. Integrated anti-drug message into school's curriculum/lessons</li> <li>3. Provide extra-curriculum alternative activities to drug</li> <li>4. Develop a peer-support groups to help support students at risk or with drug habits</li> </ol>
Controlling potential demand of drug Preventing potential demand Risk group	<ol style="list-style-type: none"> <li>5. Establish school's surveillance system/mechanism to monitor risk behavior</li> <li>6. Adjust school's environment</li> <li>7. Conduct attitude and behavior changing activities for risk group</li> <li>8. Providing supports to students at risk</li> </ol>
Reducing demand for drugs	<ol style="list-style-type: none"> <li>9. Provide rehabilitation &amp; reintegration services to drug users and addicts</li> </ol>
Controlling supply Suppression of drug dealers in schools	<ol style="list-style-type: none"> <li>10. Provide rehabilitation &amp; reintegration services</li> <li>11. Cooperate with law enforcement agencies in proceeding cases of drug trafficking into the court procedure as required by the law</li> </ol>
Control external risk factors and enhance school's efforts	<ol style="list-style-type: none"> <li>12. Networking with communities and other stakeholders</li> </ol>

## **Step 7: Monitoring and evaluation**

Schools should establish a monitoring and reporting system. In Thailand's case, Department of Education established a monitoring and follow up system to oversee the implementation in each school). Schools were required to report their progress quarterly. Training workshops, seminars at regional and national level were conducted for schools to share successes and lessons learned among each other.

## **Step 8: Ensuring sustainability**

To ensure the sustainability of anti-drug efforts in schools, schools should:

- Develop group process and partnership
- Mobilise & explore new resources both in and outside schools
- Keep momentum for on-going implementation

### ***Factors for replication***

- *Relevance to national anti-drug policy:* National anti-drug policies that identify the drug problem are among the first priorities. Therefore, schools were endorsed to implement such activities, allocated budgets, and gained cooperation from all stakeholders.
- *Support and reinforcement from Ministry of Education:* In Thailand, schools are supported by the MOE both technically and financially. MOE has established a monitoring and follow up system to review schools' anti-drug performance. It offered incentives for outstanding schools such as award for schools and promotion for schools' directors.
- *Allocation of budget and/or capacity to mobilize resource:* Schools should ensure that national budget are allocated for schools' plan and activities, or they should have plan to mobilize external resources i.e. from grants, or through organizing fund-raising events.
- *Holistic approach:* Schools must adopt various approaches in preventing and controlling drugs; namely, prevention, protection, rehabilitation and reintegration, networking and youth participation.



- *Capacity and availability of teachers:* Teachers are main players in anti-drug efforts within schools. Schools should ensure that capacity building program for teachers is sufficient. Schools have to ensure that they are not too overloaded with other school works to run anti-drug activities or support students and/or their activities when needed.
- *Variety of alternative activities:* School should ensure a variety of alternative activities to respond to different needs of all children.
- *Students' participation:* Schools should involve students in their anti-drug efforts throughout the whole process: planning, developing and conducting activities and review of outcomes.
- *Cooperation from parents:* Schools should ensure they receive full cooperation from parents in dealing with students' drug habits.
- *Cooperation from communities and other agencies:* It is essential that schools establish networks with communities and other agencies to help control availability of drugs in areas surrounding schools.

### 2.3.2 Community-based model

The community-based model of intervention has been extracted from the documentation of 20 years experience and lessons learned of VDRA in Klong Toey Community. Part of strategy and activities were replicated in other urban communities in Bangkok and other provinces under the VDRA's network.

#### Step 1: Raise awareness of the community members

Sensitisation & raising awareness within the community could be done by:

- Conduct informal discussion to raise awareness among community members especially on the following issues:
  - Increased drug problem in the community
  - Impacts of drug use and trafficking by demonstrating personal cases in the community
  - Importance to prevent and control drugs in school.

- Sensitise community leaders and committee to understand and sympathise students falling victims of drug abuse.
- Conduct awareness program on impact of drugs to young people both in and outside schools.

## **Step 2: Analyse community's problem and situation**

To address drug problems in communities effectively and responsively, community members have to understand the extent of the problem. Community – by leaders and volunteers – will gather drug-related information with participation of other community members, parents of drug abusers, and relevant GOs and NGOs. Methods used for information gathering should be done through conducting survey, public forum, and informal discussion among community members and other stakeholders. Following steps could be taken:

- Gather information on types of drug used and sold in the community
- Mapping spots where drugs are used and sold within the community
- Identify drug traffickers within the community
- Consulting with schools, NGOs, and other governmental agencies such as police for support on information gathering
- Inform all stakeholders on findings
- Monitor the situation of drug use and sales in the community on a regular basis.

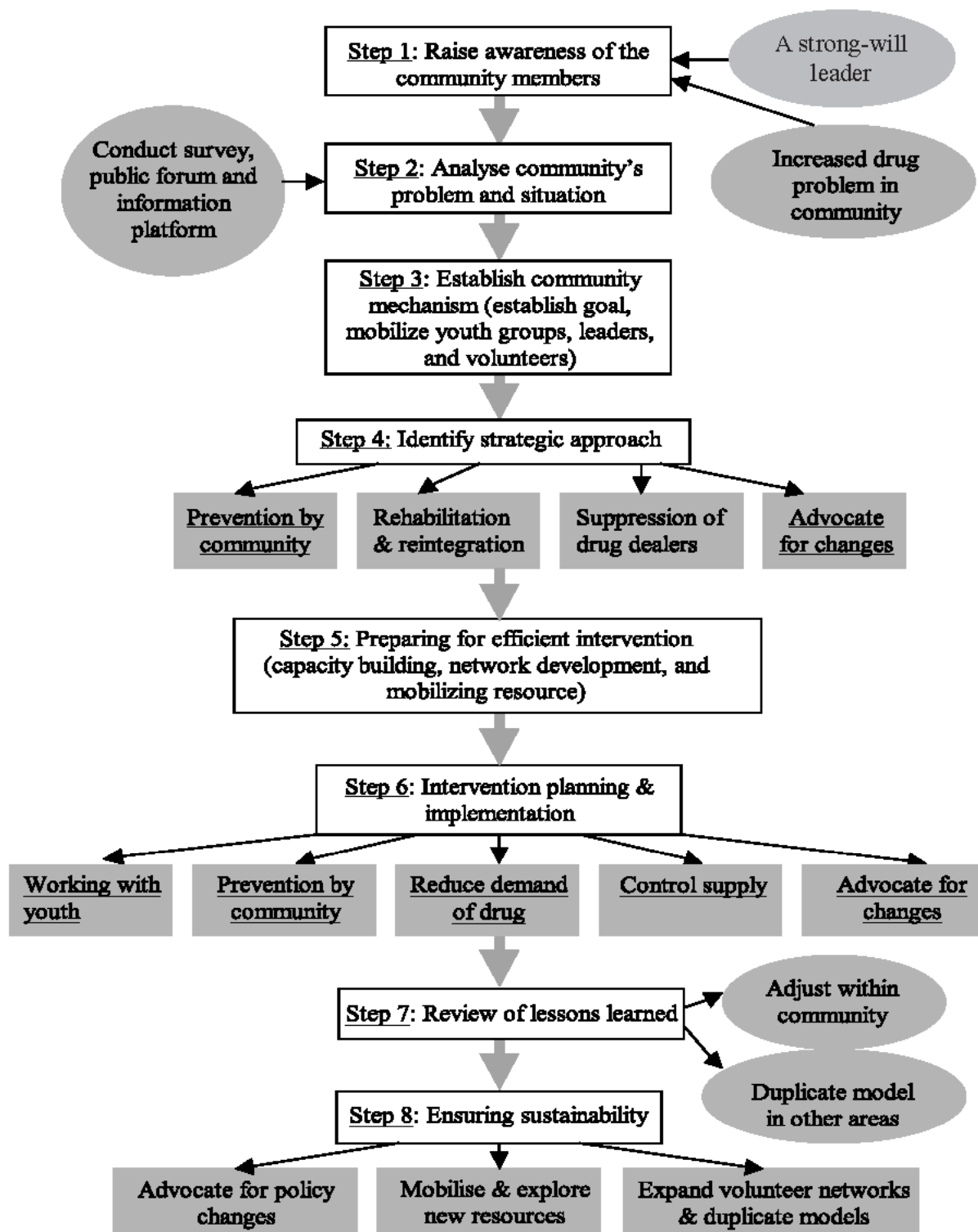
## **Step 3: Establish community mechanism**

The process to establish community mechanisms addressing drug problems include:

- Raising awareness program for community members by leaders
- Organizing a learning platform to practice systematic thinking on problem analysis and problem solving
- Mobilize youth groups, leaders, and volunteers
- Establish goal and objectives of the mechanism through participatory approach

- Continuingly developing human resource
- Mobilizing support from external agencies including police and office of narcotic control
- Maintain a base of volunteers and members of the association while the organization grows.

Chart: Community-based model of intervention



## Step 4: Identify strategic approach

It is important that community plan their activities on the basis of the following approaches:

- *Genuine community-based organization:* is a key factor for the sustainability of the organization. An effort against drug in the community must be established by community members themselves.
- *Holistic approach:* Community must adopt integrated approaches in addressing drug problem; namely, prevention, protection, rehabilitation and reintegration, networking and youth participation. It is no longer sufficient to adopt only isolated or sectoral measures, to only promote alternative activities, or to only provide rehabilitation services to those addicted. The holistic approach moves from fragmented projects to a comprehensive and integrated agenda with clear links among interventions, both within and between sectors.
- *Capacity building and activities of youth:* Communities will conduct activities that genuinely respond to needs of the young people. This could be done by building capacity and encouraging young people to initiate and operate anti-drug activities in communities and schools of their own interest. Communities can also involve youth in efforts to monitoring and provide support to children with risk behavior and mobilize adults' participation in the activities.
- *Networking with schools and other stakeholders:* It is not possible for community to prevent and suppress drug use and sales alone. Communities must seek cooperation from schools to monitor students' drug habits and conduct raising awareness program. In other anti-drug efforts, communities could gain cooperation from external stakeholders including police, other governmental organizations and NGOs on law enforcement and capacity building.

## **Step 5: Preparing for effective intervention**

- **Capacity building:** communities should
  - Build capacity for community leaders, volunteers on skills in need for handling activities under anti-drug plan including: researching, data collection and analysis, counseling skills, behavior observation, conducting urine test, organizational management and etc.
- **Network development:** communities should
  - Establish a network of schools and parents, community leaders and governmental officials.
  - Informing about communities' anti-drug plans to stakeholders and mobilise local resources and cooperation.

## **Step 6: Intervention planning & implementation**

In developing an anti-drug plan, community could start with five main approaches: youth development, prevention, rehabilitation, suppression, and advocacy for changes. Interventions under each approach could be demonstrated as shown in the following table:

**Table shows five anti-drug approaches and interventions**

Youth Development	Prevention by Community	Rehabilitation	Suppression	Advocacy for Change
<p>In schools</p> <ul style="list-style-type: none"> <li>- Establish youth leaders, youth groups and clubs</li> <li>- Provide information on dangers of drugs</li> <li>- Conduct urine test among risk groups</li> <li>- Organize youth platform and seminars</li> </ul> <p>Out of schools</p> <ul style="list-style-type: none"> <li>- Establish youth groups in community</li> <li>- Provide information on dangers of drugs</li> <li>- Promote alternative activities such as sports, vocational skills, and community development activities</li> <li>- Organize youth platform and seminars</li> </ul>	<ul style="list-style-type: none"> <li>- Establish groups, clubs and prevention centers within community</li> <li>- Conduct community platform &amp; analyse problems</li> <li>- Establish surveillance system (zoning and dividing responsible zones, community patrol)</li> <li>- Raising awareness program (exhibition board, broadcasting)</li> <li>- Establish sport groups</li> <li>- Conduct community development activities (participatory approach, vocational skill development group, saving groups)</li> <li>- Promoting volunteering</li> <li>- Social pressure towards drug abusers who do not go through rehab program (motivating groups, social sanction)</li> </ul>	<ul style="list-style-type: none"> <li>- Promoting community recovery and reintegration mechanism</li> <li>- Referral mechanism for voluntary drug abusers</li> <li>- Establish a volunteer system to follow up former drug users</li> <li>- Develop a community patrol system in cooperation with authorities to monitor drug use in the community</li> </ul>	<p>In cooperation with authorities:</p> <ul style="list-style-type: none"> <li>- Monitor the situation of drug use in the community aiming at large drug distributors</li> <li>- Search drug use suspects</li> <li>- Conduct capacity building program for communities through training, seminars and mobilize community volunteering.</li> </ul>	<ul style="list-style-type: none"> <li>- Distribute information on outcomes and impacts to general public</li> <li>- Network with GOs and NGOs</li> <li>- Distribute information on drug trafficking cases to public</li> <li>- Expand network both within and outside communities</li> </ul>

## **Step 7: Review of lessons learned**

Community should establish a regular mechanism to review lessons learned through informal meetings and seminars among community members. Results from the lessons learned sessions will be used to:

- Improve and revise activities within the community
- Develop models for duplication in other areas

## **Step 8: Ensuring sustainability**

To ensure the sustainability of anti-drug efforts in the community, it should:

- Advocate for policy changes
- Develop group process and partnership
- Mobilise & explore new resources both in and outside schools
- Keep momentum for on-going implementation
- Expand volunteer networks & duplicate models

## ***Outcome of the model***

1. At the end of the project, partner organizations had created capacity via the action research process to help schools and communities identify and implement more effective interventions to combat the use of children in the production, sale and trafficking of drugs.
2. The research process and documentation were developed.
3. Capacity of staff of research partners were strengthened on action oriented research
4. Youth Participation and community participation of communities were encouraged and established in schools, urban and rural communities.
5. Models of community-based and school-based programs to combat child labour in drug production, sales and trafficking were developed.



### *Factors for replication*

- *Relevance to national anti-drug policy:* National anti-drug policy that identify drug problem as among the first priorities. Therefore, communities can widen their opportunity to seek budgets, and gained cooperation from all stakeholders.
- *Allocation of budget and/or capacity to mobilize resource:* the community should ensure that budget is allocated for their plan and activities, or they should have a plan to mobilize external resources i.e. from grants, or through organizing fund-raising events.
- *Holistic approach:* Communities must adopt various approaches in preventing and controlling drugs; namely, prevention, protection, rehabilitation and reintegration, networking and youth participation.
- *Capacity and availability of community volunteers:* Community members and volunteers are main players in anti-drug efforts within communities. A community-based organization should ensure that capacity building program for its volunteer is sufficient. It also has to ensure that they are not too overloaded with their economic needs to run anti-drug activities.
- *Youth participation:* Communities should involve youth in their anti-drug efforts all through the whole process: planning, developing and conducting activities and review of outcomes.
- *Cooperation from police:* Communities should ensure they receive full cooperation from government agencies, especially police in suppressing the presence of drug traffickers within their premises.



## Chapter 3. Synthesis of intervention models

Each country model of intervention in Chapter 2 – including community-based model of Indonesia, the Philippines, and Thailand; the street based model of Indonesia; and school-based model from Thailand could be broken down into 3 models of intervention as follows:

### 3.1 School-based intervention model (see chart in the following page)

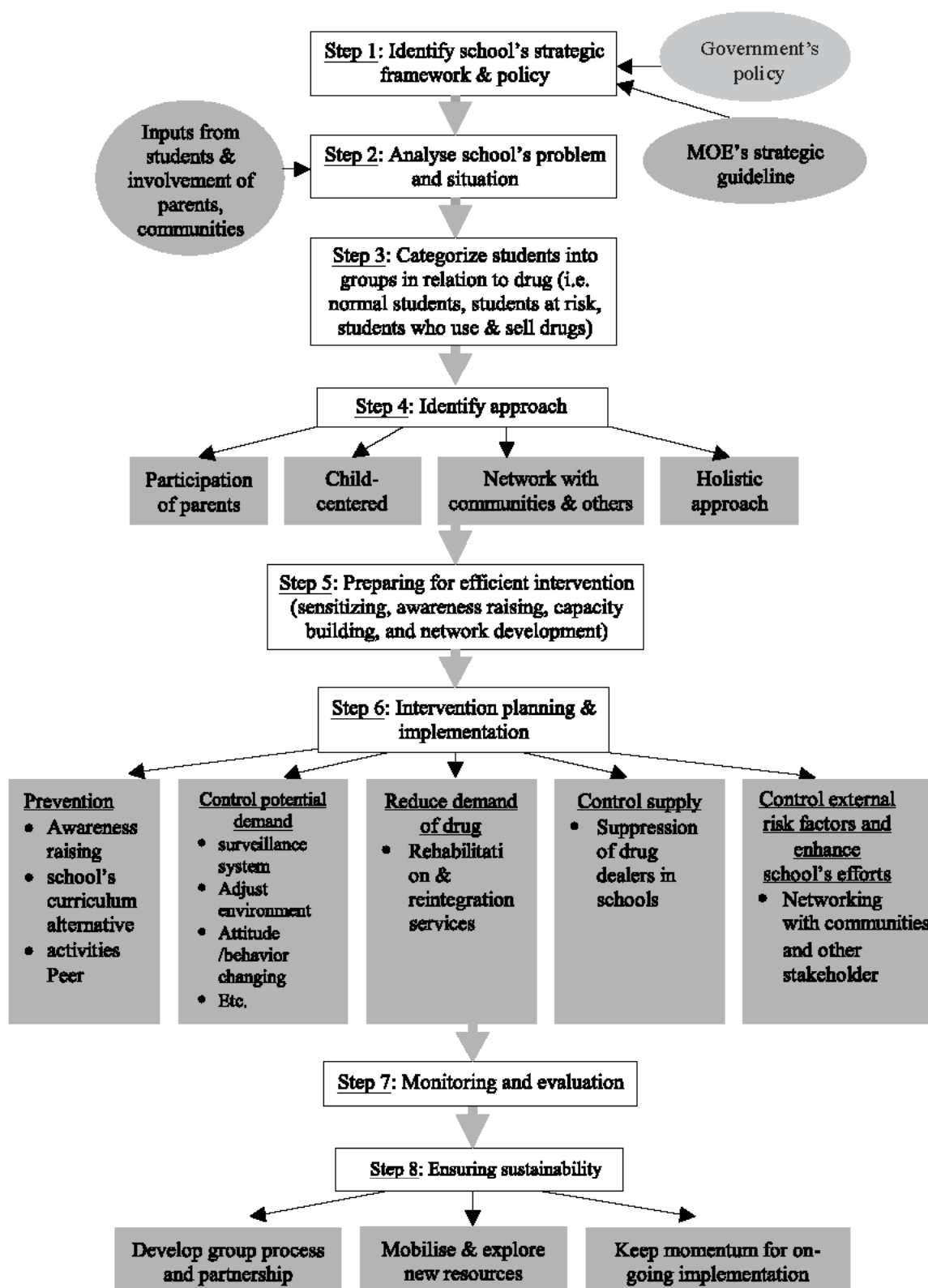
#### *Strategy & approach*

- *Controlling supply:* eliminating drug trafficking in schools by using social pressure and strict enforcement of the existing law. Schools use stringent measures on drug dealers in their premises by announcing that if they are found they would be expelled. Schools need to cooperate with law enforcement agencies in dealing with any criminal offense occurred in their premises.
- *Reducing demand of drug use in schools:* drug users and addicts would be recovered and reintegrated. They would have to change their attitudes by attending raising awareness programs, providing their experiences and lessons learned to other risk students, being part of anti-drug campaign in schools, and helping schools monitoring drug behavior among those at risk. Teachers would provide special care to drug users and addicts as well as support them through the process of social reintegration back into schools and normal life.
- *Preventing potential drug users:* Students at risk would have to be prevented from falling victims of drugs. This could be done through changes of attitude and behavior, life skills for resistance to temptation, and organize development activities as alternatives to drug use.
- *Creating a safe and positive learning environment for all students:* Schools ensure that their premises are safe, drug-free and provide a

positive environment for learning. Schools could also seek cooperation from nearby communities to help develop the environment that is safe and sound for students.

### ***Model of intervention***

The school-based model of intervention has been extracted from the documentation of the Action Program implementation by 10 schools in Bangkok participated in this project. It is important to note that – although the Action Program have helped strengthened schools’ anti-drugs activities during its implementation – the following model was not initiated during the research process, but have already been developed and implemented in schools prior to the Action Program.



## **3.2 Community-based intervention model**

### *Strategy & approach*

#### **Research steps and project implementation**

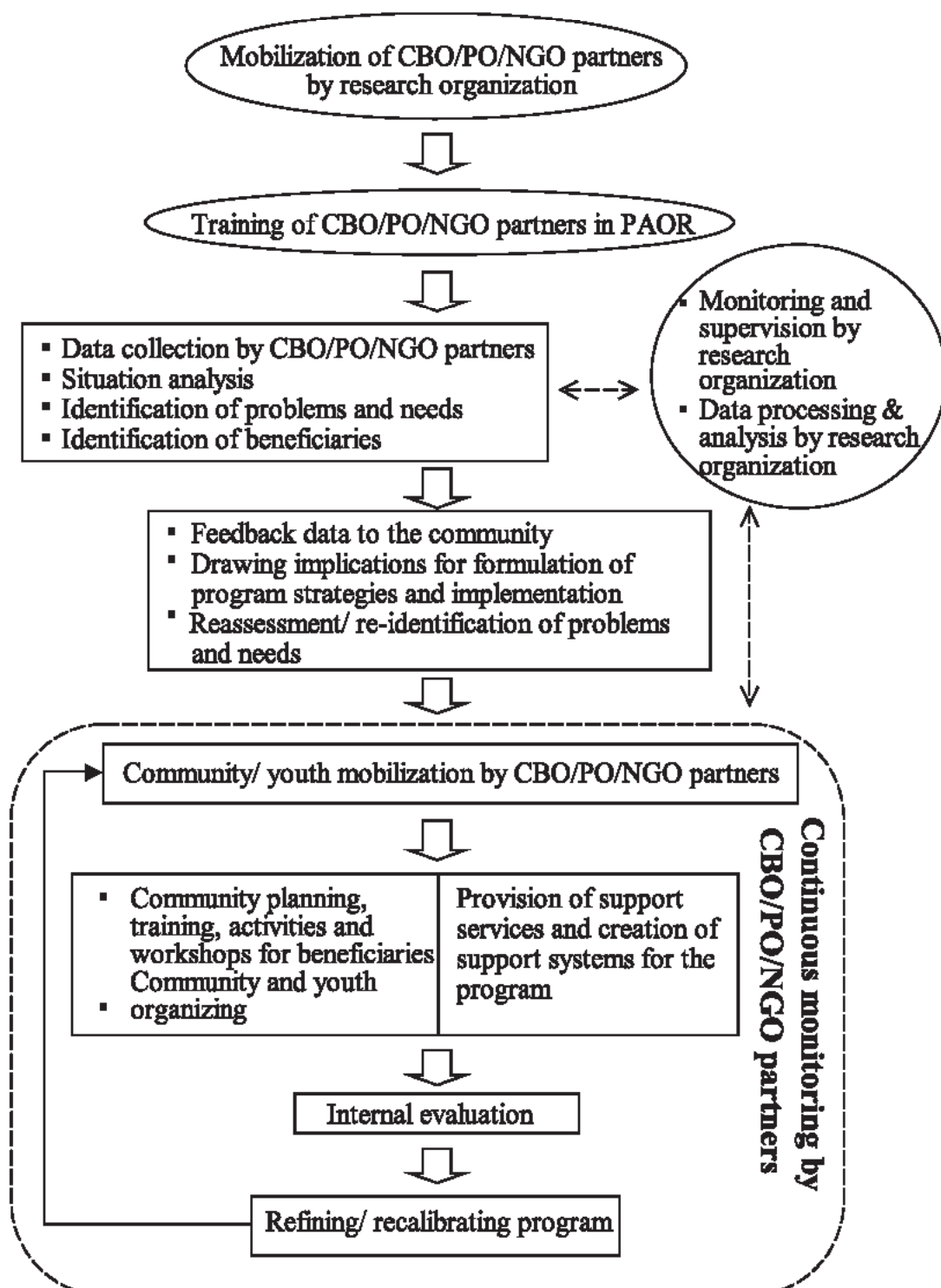
- 1. *Situational analysis:*** The first step in this action-oriented research was the production of a situationer of the children engaged in the use/abuse, trading and trafficking of drugs and the contextual factors surrounding their drug-related practices. The situation analysis was accomplished through a small-scale sample survey, key informant interviews, focus groups, narratives of children/parents and community social risk 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, social risk maps of the community and profile of children in drugs.
- 2. *Intervention design and implementation:*** The results of the situation analysis guided the formulation of feasible interventions in the planning session(s) conducted by the community-based research partners.
- 3. *Implementation evaluation:*** The project activities were assessed through an internal midterm and final evaluation of the interventions of the research partners. The insights gained from the process documentation partly became a basis for fine-tuning or re-calibrating the project interventions.

#### **Implementation strategic approach**

It is important that community plan their activities on the basis of the following approaches:

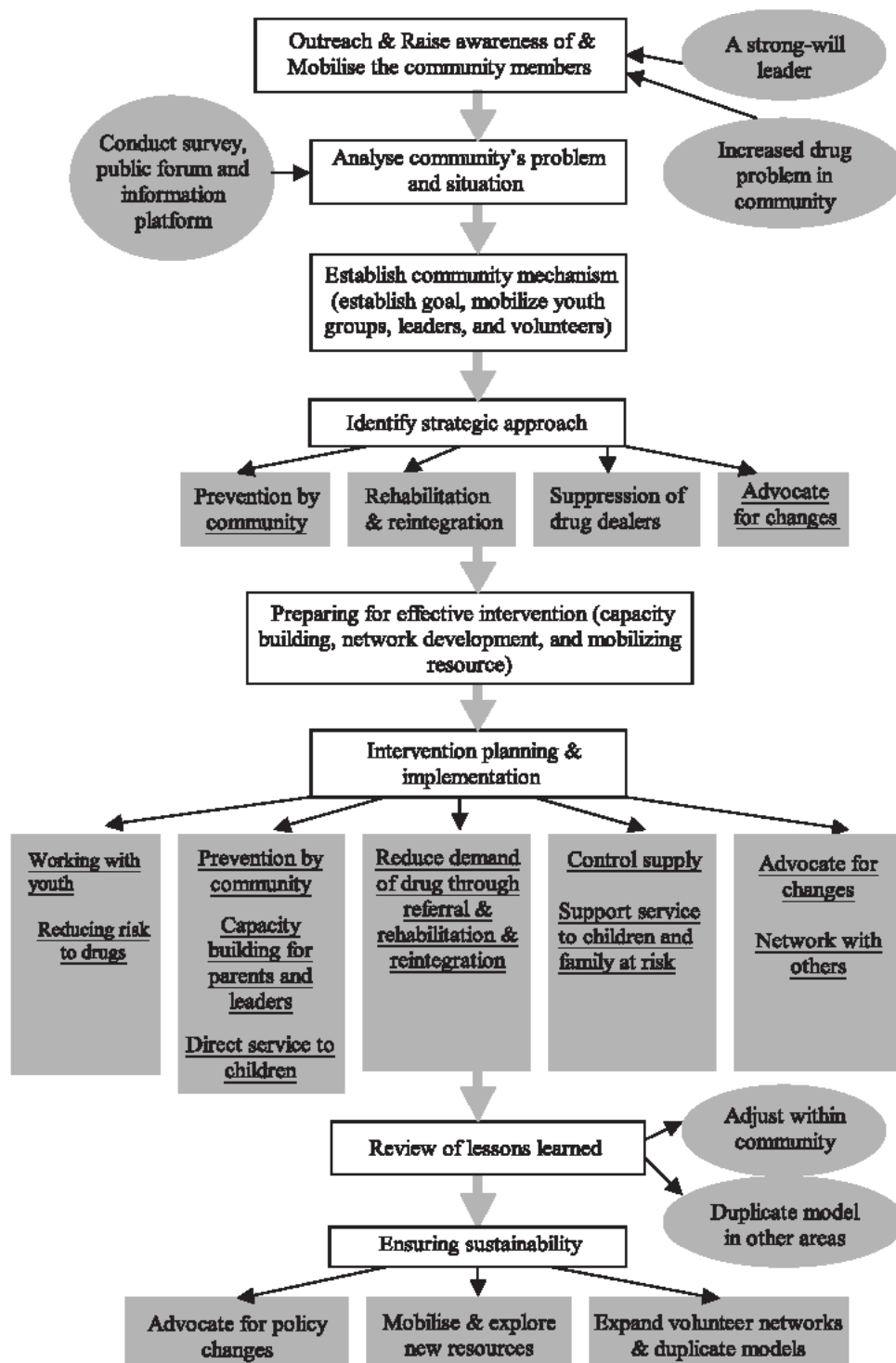
- *Genuine community-based organization:* is a key factor for the sustainability of the organization. An effort against drug in the community must be established by community members themselves.
- *Holistic approach:* Community must adopt integrated approaches in addressing drug problem; namely, prevention, protection, rehabilitation and reintegration, networking and youth participation.
- *Capacity building and activities of youth:* Communities will conduct activities that genuinely respond to needs of the young people by building capacity and encouraging young people to initiate and operate anti-drug activities in communities and schools of their own interest.
- *Networking with schools and other stakeholders:* Communities must seek cooperation from schools to monitor students' drug habits and conduct raising awareness program. In other anti-drug efforts, communities could gain cooperation from external stakeholders including police, other governmental organizations and NGOs on law enforcement and capacity building.

## Project framework (including both research & action)





## Community-based model of intervention



### **3.3 Street-based intervention model**

#### *Strategy & approach*

The research institute – which is the lead agency to coordinate the research part of the project –has a role in coordinating the documentation process and providing technical assistance to implementing partners in implementing their action programs. The

#### *Research strategy*

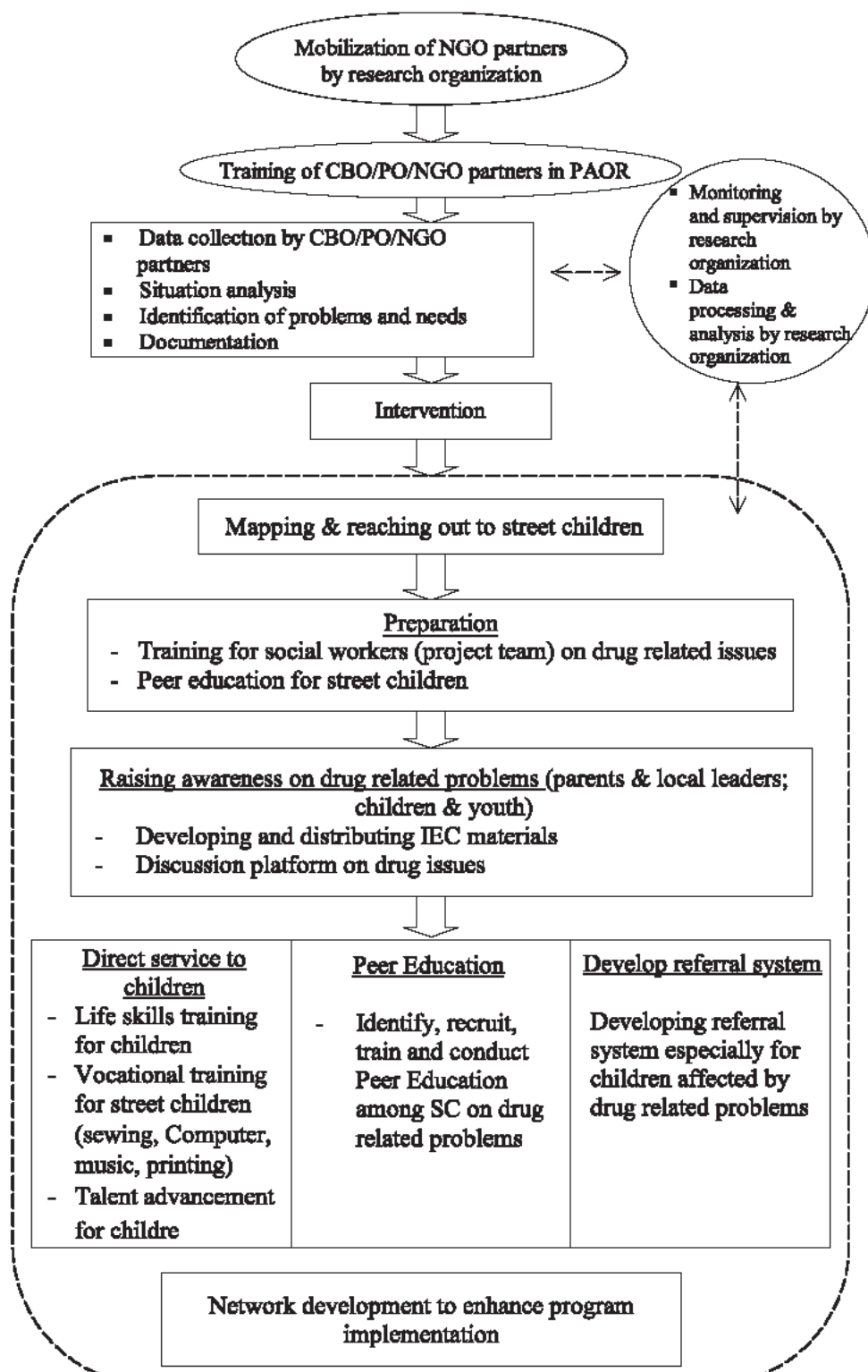
The Participatory Action Oriented Research (PAOR) strategy aimed to solve identified problems and respond to the needs of the children and communities in addressing problem of children involved in drug sale, production, and trafficking problems (CDT). Research was conducted simultaneously with direct interventions. Purposes of the research are to have better understanding of the problems of child drug traffickers; and to develop models of intervention for future replication elsewhere. Children and relevant adults (parents, local leaders, and other stakeholders) were target population of direct actions.

#### *Intervention strategy*

Phases of activities in the street-based program include:

- Mapping & reaching out to street children
- Training for social workers (project team) on drug related issues
- Identify, recruit, train and conduct Peer Education among street children on drug related problems
- Raising awareness for parents and children on drug related issues
- Vocational training for street children (sewing, computer, music, and typing)
- Talent advancement for children
- Developing referral system for children

## Steps of intervention process



## Chapter 4. Key challenges, good practices & sustainable issues

### 4.1 Key challenges faced during the intervention

- **Policy gaps:** The emphasis of the national policy on drug trafficking currently focuses on supply reduction rather than preventative measures addressing demand side. It has been difficult to mobilize support for the establishment of network to combat the problem. Coordination for the establishment of referral system has been a challenge throughout the project implementation.
- **Danger of the issue:** The risks and dangers involved in research and services for children/youth engaged in the drug use and trafficking posed several challenges for both the researchers and program implementers in the communities.
- **Clear objectives:** During the project intervention, activities were designed without planned strategies. Implementation program is a list of activities without strategic framework such as prevention or elimination program.
- **Schools & community location:** Schools and communities are located in areas known as easy spot to access to drug or well known as drug trafficking community.
- **Children's background:** A high proportion of children have broken families. Children live with other relatives, friends or on their own and some live in a street children's shelter. Parents of children have economic problems. Parents do not provide a good role model. Some of them are alcoholics and at home they adopt violent behavior. Some are drug dealers. These conditions pose a high risk for students to engage in all kinds of risk behavior including drug trafficking.

- **Community mobilization:** In “urban-slum” areas, the community is not well united. Local leaders do not have authority. As a result, it has been difficult to establish community organizations, and the project faced a challenge in mobilizing the community to take actions addressing drug related issues.
- **Cooperation from parents:** Due to the family factors mentioned above, it is less likely that parents would cooperate or have capacity in dealing with children’s drug habits.
- **Experience in program management:** in both communities, schools and community leaders have not had experience in managing a development program – which resulted in delay of financial reporting during the project and hence the delay of project activities’ implementation as a whole.
- **Rehabilitation and social reintegration program** proved to be less successful. Both in schools and communities former drug users were reported to go back to drug habits after coming back to the unchanged environment.
- **Genuine participation of children:** It has been a big challenge when it comes to children and youth participation. A number of factors impeded children to participate in school/community activities.

## **4.2 Good practices**

### ***Indonesia:***

The current PAOR is still at an early stage and difficult to identify valid good practices. Nonetheless, some activities could considerably be classified as good practices in terms of its work ability under the current context.

### **Community-based: Youth (YPI)**

Alternative activities for spare time, creative events, and discussion are activities that were enjoyed by the youth in Kebob Singkong because they need opportunities to channel their self-actualization. Competitive events provide an opportunity for them to perform in public and are challenged to outperform their peers.

Sexuality and reproductive health could be included in the discussion, as it is relevant to drug use and trafficking and it helps to avoid boredom when topics are limited to drugs.

Despite their reluctance to be recruited as peer educators, active outreach and empowerment from the social workers, a number of youngsters of Kebon Singkong have been more involved in planning and organizing youth events such sport competition and band festival, as well as in designing IEC materials.

### **Street based : Youth (SEKAM)**

Vocational training was proved to be responding to the need and interest of children. In the process of training, children had less time to engage in drug activities (both using and trafficking).

Peer education is a suitable strategy to reach street children who are by nature very much influenced by their peer especially their hang-out friends.

### ***The Philippines:***

Three good practices of the community-based NGO/PO research partners of the project are highlighted here, namely, (1) the community-based-healing center in Tatalon, Quezon City, (2) alternative anti-drug information, education, campaign strategy in Barangay 91, Pasay City, and (3) training of junior anti-drug advocates in Paco-Pandacan, Manila.

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

Due to its location and physical organization, Tatalon is a close-knit community that is 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 youth.

A key learning was that a community's drug problems are best solved within the community itself coupled with the knowledge that children sent to rehabilitation often return to their drug involvement once they return to their community led to the development of 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. The name "healing center" removes the stigma of rehabilitation from the child while its community-based strategy eliminates the problem of reintegrating the child while providing support both at the family and community levels. KKPC's 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.

### **Community-based IEC techniques and education support for children in Pasay City.**

The community of Barangay 91 is disadvantaged by low incomes and high levels of drug use/ involvement. In order to address the growing problems of the community, Addictus-Philippines partnered with the local development council of Barangay 91 in Pasay City. The barangay-level involvement and support is a unique feature of Addictus-Philippines program. Together, they organized a systematic education support system for children that include tutorial sessions, talent enhancement activities, and IEC material development.

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 benefitted the community through the provision of volunteer teachers and book donations for the community library. Talents were enhanced through many various arts, performances, and sports activities that were provided often throughout the project duration. This was an important strategy in keeping children off the streets and off drugs by giving them rewarding activities to occupy their time. The enhancement of art skills was also closely tied to an IEC campaign wherein materials (streamers, posters, pamphlets and slogans) created by the children were developed and disseminated within the community.

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

The Paco-Pandacan area is characterized by a large youth population. The presence of gangs in the community led to frequent violence in the form of fights and “rumbles” as well as an increasing drug use and other risk behavior.

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. FCED believed that the best way to address the youth problem was through the youth themselves. The children and youth are empowered towards reduction of drug use and trafficking through community mobilization for advocacy and capacity building interventions.

Another feature of the FCED programs are the counseling sessions they offer to the children/ youth. Their beneficiaries are given individual counseling with a social worker, group counseling and the junior advocates are trained to give peer counseling. FCED also provides referrals for rehabilitation centers for medical and psychosocial services, back-to-school programs and vocational courses. A key lesson learnt from these activities is that in formulating programs for children/youth the children/youth themselves are important sources of information and feedback. It is they who can best articulate their problems and needs. By making them an integral part of the program development process, outputs are more effective in reaching other children/youth.

### ***Thailand:***

Two examples of good practice in intervention in schools in Thailand could be described as follows:



### **Strategic framework for intervention in school: case of Thailand**

- ***Controlling supply:*** eliminating drug trafficking in schools by using social pressure and strict enforcement of existing laws. Schools use stringent measures on drug dealers in their premises by announcing that if one found one would be expelled. Schools need to cooperate with law enforcement agencies in dealing with any criminal offense occurred in their premises.
- ***Reducing demand of drug use in schools:*** drug users and addicts would be recovered and reintegrated. They would have to change their attitudes by attending raising awareness programs, providing their experiences and lessons learned to other risk students, being part of anti-drug campaign in schools, and helping schools monitoring drug behavior among those at risk. Teachers would provide special care to drug users and addicts as well as support them through the process of social reintegration back into schools and normal life.
- ***Preventing potential drug users:*** students at risk would have to be prevented from falling victims of drugs. This could be done through changes of attitude and behavior, life skills for resistance to temptation, and organize development activities as alternatives to drug use.
- ***Creating a safe and positive learning environment for all students:*** schools ensure that their premises are safe, drug – free and provide a positive environment for learning. Schools could also seek cooperation from nearby communities to help develop the environment that is safe and sound for students.

### **1234 PO Box project**

At Rattanakosin Sompoch Bangkhen School, students can report on peer's risk behavior i.e. smoking by sending message to the PO Box located in four different locations in school. Report can be done anonymously to prevent students' identity and conflicts occurred between students who report and those reported.

Reports on drug habits, risk behavior and other inappropriate behavior would be cross check with students' personal files kept by school to ensure that reports are not framed up. Information could also be screened by frequency of reports on one student. For example, ten reports were found to address on the same students.

150 names of students were screened from the first lot of reports after the project was launched. These students attended a special program on behavior adjustment by

performing alternative extra-curriculum activities of their choice. They also had to spy on drug habits and other risk behavior in schools. A teacher said that this strategy has been very effective, because these students are the ones who know best.

### 4.3 Sustainable issues

For the model of implementation in three countries, factors for successes and sustainable include:

- *Relevance to national policy:* National anti-drug policy that identify drug problem as among the first priorities will help endorse implementation of activities at field level, increase opportunities for budget allocation and gain cooperation from all stakeholders.
- *Holistic approach:* Implementation of programs must adopt various approaches in preventing and controlling drugs; namely, prevention, protection, rehabilitation and reintegration, networking and youth participation.
- *Capacity and availability of program implementation agencies:* Teachers are main players in anti-drug efforts within schools. Schools should ensure that capacity building program for teachers is sufficient. Schools have to ensure that they are not too overloaded with other school works to run anti-drug activities or support students and/or their activities when needed.
- *Variety of alternative activities:* Schools and communities should ensure a variety of alternative activities to respond to different needs of all children.
- *Children's participation:* Projects should involve children in their anti-drug efforts all through the whole process: planning, developing and conducting activities and review of outcomes.

- *Youth mobilization:* There is a need to identify and approach the “young” leaders to mobilize the larger group of youth in youth activities and/or peer education program.
- *Cooperation from parents:* Implementing organizations should ensure that they receive full cooperation from parents in dealing with their children’s drug habits.
- *Genuine community participation:* It is important for a program to enter the community through existing local or grass-root institutions and using local values as a base for the intervention. Ideas for interventions would be more effective if it comes through the community consensus.
- *Cooperation from other agencies:* It is essential that schools have had establish network with communities and other agencies to help control availability of drugs in areas surrounding schools.
- *Capacity and availability of community leaders and volunteers:* Community members and volunteers are main players in anti-drug efforts within communities. A community-based organization should ensure that capacity building program for its volunteer is sufficient. It also has to ensure that they are not too over burdened with their economic needs to run anti-drug activities.
- *Cooperation from, and capacity of, police:* Communities should ensure that they receive full cooperation from governmental agencies especially police in suppression of drug traffickers within their premises. Support of community officials and institutions is key factor in the success of project. Capacity of the police and justice system to deal with children in drugs should also be strengthened.
- *Experience in program management:* in both communities, schools and community leaders have not had experience in managing a development program – which resulted in delay of financial reporting during the project and hence the delay of project activities’ implementation as a whole.

- *Monitoring and evaluation system:* Sustainability and follow-up of what has been achieved have to be considered and secured from the beginning. It helps to identify gaps and evaluate the success of the project for further implementation.

#### **4.4 Conclusions and recommendations**

From the three country reports and their models for intervention, issues of concerns and recommendations for future action from Indonesia, the Philippines, and Thailand can be determined as follows:

1. A definition of children in drug trafficking needs to be clearly established which will lead to better referral system.
2. Program must be developed on the basis of holistic approach and integrate program to respond to intertwined problems.
3. Efforts to eliminate the use of children in drug trafficking need a tracking system to manage and follow up children involved in drug trafficking cases up to the exit stage.
4. It is important to enter the community through existing local or grass-root institutions and using local values as a base for the intervention.
5. Monitoring and evaluation system to follow-up what has been achieved have to be considered and secured from the beginning.
6. Advocacy at policy level should be conducted during the program implementation to ensure endorsement of the field implementation from policy level.
7. Children and youth must be mobilized to participate in the actions. There is a need to identify and approach the “young” leaders to mobilize the larger group of youth in youth activities.

8. Skills needed by children in drugs are specific (such as training in harms-reduction counseling, detoxification, etc.). There is a need to advocate for child and gender sensitive policies/programs specific to children/youth in drugs. There is a need to build drug-specific awareness and capabilities of program implementers in children/youth programs.
9. Ensure the sustainability of anti-drug efforts in schools through: developing group process and partnership, mobilise & explore new resources both in and outside schools, and keep momentum for on-going implementation.
10. Develop a strategy for an on-going preventive measure to ensure that the communities would not face the return of drug problem.
11. Develop responsive program to reduce risk factors of children falling victims of drug trafficking and/or other worst forms of child labour including income generation activities.
12. Initiate sensitization program for communities and campaign for social inclusion to address social discrimination of children of former drug users and dealers.
13. Pilot rehabilitation and reintegration of former drug users and dealers needed to be explored in the community. (Risk factors and factors for successes should be identify, and develop models)
14. Income generation activities as alternatives to community members including vocational skills and marketing skills need to be developed to provide alternatives to drug use.

For more details, each country report identified specific country recommendations as follows:

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*Recommendations from the Indonesia's project:*

1. ***Definition of children in drug trafficking:*** The term “children in drug trafficking to be identified as one form of the worst forms of child labor has been tricky in some target areas, especially in urban poor setting. The “job” may not considered as “regular job” except in a very few case. Clear definition would also lead to better referral system.
2. ***Clear objectives:*** Objectives of interventions needs to planned ahead, base on strategic approaches to address the issues such as prevention or elimination.
3. ***Holistic approach and integrate program to respond to intertwined problems:*** Children in drug trafficking in urban poor setting is a complex problem with various underlying structural causes such as poverty, weak law enforcement, ignorance of local authorities, and socio-cultural values. The problem also intertwines with other child problems in the communities, such as school dropout, as well as other situations common for working children and street children. Holistic approach is the most effective way to address the integrated problems.
4. ***Tracking mechanism:*** Efforts to eliminate the use of children in drug trafficking need a tracking system to manage and follow up children involved in drug trafficking cases up to the exit stage.
5. ***Genuine community participation:*** It is important to enter the community through existing local or grass-root institutions and using local values as a base for the intervention.
6. ***Youth mobilization/participation:*** Children and youth must be mobilized to participate in the actions. There is a need to identify and approach the “young” leaders to mobilize the larger group of youth in youth activities.

7. ***Monitoring and evaluation system:*** Monitoring and evaluation system to follow-up what has been achieved have to be considered and secured from the beginning.
8. ***Advocacy at policy level:*** Advocacy at policy level should be conducted during the program implementation to ensure endorsement of the field implementation from policy level.
9. ***Income generation activities:*** Income generation activities as alternatives to community members including vocational skills and marketing skills need to be developed to provide alternatives to drug use. Children and community members also need to be well-connected to the job market so as to ensure the access to jobs available. An alternative income generation course will not be of help, if micro-credit and marketing scheme is not provided.
10. ***Life skills and recreation activities:*** The economic hardship has taken its toll for the children by forcing them to resort in drug use. To provide alternatives for children to get away from their daily routines and pressures is one effective prevention measures. Recreational activities to enable them to express themselves such as music, dance and sport activities have proved to be welcome by children.

***Recommendations from the Philippines' project:***

1. ***Child Participation:*** The child/youth is the central actor and vehicle for change. Involvement/ participation of children in the formulation and implementation of activities must be considered as a central strategy for any program.
2. ***Holistic approach:*** More attention should be given to the link between sex, crime and drugs, e.g., reproductive health education.
3. ***Child protection issue:*** The need for protection/support for children/ youth in drugs should be recognized during project implementation.

4. **Capacity building:** There is a need to build drug-specific awareness and capabilities of program implementers in children/youth programs. Support of community officials and institutions is key factor in the success of project. Capacity of the police and justice system to deal with children in drugs should also be strengthened. At the same time, skills needed by children in drugs are specific and should be provided during project implementation (such as training in harms-reduction counseling, detoxification, etc.)
5. **Gender sensitive program:** There is a need to advocate for child and gender sensitive policies/programs specific to children/youth in drugs.
6. **Campaign materials:** Information, education, campaign, and training materials specific to children/youth in drugs are badly in need.
7. **Child friendly rehabilitation program:** A child-friendly and community-based rehabilitation centers for child victims should be established as it was proved to be more effective than external centers.

### *Recommendations from Thailand's project:*

#### *1. PAOR intervention in schools*

- Ensure the sustainability of anti-drug efforts in schools through:
  - Developing group process and partnership
  - Mobilise & explore new resources both in and outside schools
  - Maintain momentum for on-going implementation
- Strengthen students participation in anti-drug efforts in schools – according to students’ suggestions – through:
  - Strengthen network among students between schools to conduct joint activities to strengthen relationship and share experience.
  - Conduct activities that reach out to students at risk more than in the past through sports, music and other entertaining activities.
  - Passing on youth experience and lessons to younger students so that they can pursue youth activities in school.
  - Continuing successful and popular projects among students



## *2. PAOR intervention in rural communities*

- Develop a strategy for on-going preventive measure to ensure that the communities would not in fact return to drug problems.
- Develop responsive program to reduce risk factors of children falling victims of drug trafficking and/or other worst forms of child labour including income generation activities.
- Initiate sensitization program for communities and campaign for social inclusion to address social discrimination of children of former drug users and dealers.
- Provide life skills for children to resist drugs.
- Provide parental skills for caregivers of affected children.

## *3. PAOR intervention in urban communities*

- Project management is an important skill for community-based organizations. Capacity building programs on project management are needed to ensure the on-going of activities, credibility, and sustainability of the organization.
- Pilot rehabilitation and reintegration of former drug users and dealers need to be explored in the community. (Risk factors and factors for successes should be identified, and models developed.)
- Income generation activities need to be developed as alternatives for community members including vocational skills and marketing skills to provide alternatives to drug use.