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**COMMISSION ON NARCOTIC DRUGS**
***ANNUAL REPORT QUESTIONNAIRE FOR 2015***
**PART II**
**COMPREHENSIVE APPROACH TO DRUG DEMAND  
REDUCTION AND SUPPLY**

The annual report questionnaire is divided into four parts:

I.	Legislative and institutional framework	E/NR/2015/1
<b>II.</b>	<b>COMPREHENSIVE APPROACH TO DRUG DEMAND AND SUPPLY REDUCTION</b>	<b>E/NR/2015/2</b>
III.	Extent and patterns of and trends in drug use	E/NR/2015/3
IV.	Extent and patterns of and trends in drug crop cultivation and drug manufacture and trafficking	E/NR/2015/4

Please upload completed questionnaire to:

<https://arq.unodc.org>

The completed annual report questionnaire is due on:

31/03/2016

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## Annual report questionnaire

### Part Two. Comprehensive approach to drug demand and supply reduction

1. (a) Does your country have a written national drug strategy adopted by the Government that includes a demand reduction component?

Yes

If the answer is yes:

(b) Indicate the period covered by the strategy (Political Declaration on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,<sup>1</sup> para. 21, and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem,<sup>2</sup> paras. 4 (c) and 20 (d)): 2015 - 2019

(c) Is there a specific budget for financing the national drug strategy?

Yes

(d) Are the areas listed below covered in the strategy? (Political Declaration, para. 21, and Plan of Action, paras. 8 (b) and (c) and 20 (a))

Prevention <sup>3</sup>	No
Services for the treatment of drug disorders <sup>4</sup>	Yes
Rehabilitation and social reintegration <sup>5</sup>	Yes

<sup>1</sup> A/64/92-E/2009/28, sect. II.A.

<sup>2</sup> Ibid.

<sup>3</sup> "Prevention" refers to interventions aimed at preventing or delaying the first use of drugs and the transition to more serious use of drugs among occasional users (*Report of the International Narcotics Control Board for 2009* (United Nations publication, Sales No. E.10.XI.1)); law enforcement interventions aimed at stopping the production of and trafficking in drugs should not be reported here. "Early intervention" refers to interventions aimed at identifying a real or potential drug problem and motivating an individual to do something about it (World Health Organization (WHO)).

<sup>4</sup> "Services for the treatment of drug disorders" are part of clinical responses to substance-related disorders. Such services are aimed at stopping or reducing the effects of acute intoxication, managing withdrawal symptoms during detoxification, preventing relapse and dealing with long-term psychological and behavioural symptoms. "Substance-related disorders" include abuse and dependence, as well as intoxication, withdrawal and various mental states such as dementia, psychosis, anxiety, mood disorders etc. that a substance (whether licit or illicit) induces when used (*Diagnostic and Statistical Manual of Mental Disorders*).

<sup>5</sup> "Rehabilitation and social reintegration" refers to the process of achieving, for individuals with a drug-related problem, an optimal state of health, psychological functioning, social well-being and integration into the community (WHO).

Services to prevent the health and social consequences of drug use <sup>6</sup>	Yes
Drug use monitoring and research <sup>7</sup>	Yes

(e) Are the sectors listed below involved in the implementation of the national demand reduction strategy? (Political Declaration, para. 20, and Plan of Action, para. 4 (b))

<b>Health</b>	<b>Yes</b>
Social affairs	Yes
Education	Yes
Law enforcement	Yes
Justice <sup>8</sup>	Yes
Private sector	Yes
Non-governmental organizations	Yes
Labour and employment	Yes
Other (please specify)	
Home Affairs, Agriculture, Culture and Arts	
_____	

(f) Does your country have a central coordinating entity for implementing the drug demand reduction component of the national drug strategy?

Yes

<sup>6</sup> “Services to prevent the health and social consequences of drug use” are services aimed at eliminating or reducing the dangers related to drug use, including physical and mental health disorders and social and security problems. These services include outreach interventions providing in an unconditional manner: measures to prevent infections and guarantee front-line social assistance; the means to a livelihood; and basic hygiene.

<sup>7</sup> “Drug use monitoring” refers to the regular collection of data about the extent and patterns of and trends in the illicit use of drugs and the health and social consequences of such use. “Drug use research” refers to scientific enquiry aimed at assessing the extent and patterns of and trends in the illicit use of drugs and the health and social consequences of such use and/or at assessing the process, effectiveness and cost-effectiveness of drug demand reduction interventions.

<sup>8</sup> “Justice” is to be understood in the broadest sense. When appropriate, it does not exclude other areas of government.

(g) If the answer to subparagraph (f) is yes, indicate whether the sectors listed below are included in the work of the coordinating body:

<b>Health</b>	<b>Yes</b>
Social affairs	Yes
Education	Yes
Law enforcement	Yes
Justice	Yes
Private sector	Yes
Non-governmental organizations	Yes
Labour and employment	Yes
Other (please specify)	
_____	
_____	

2. How would you describe changes in the size of the budget for treatment programmes in the reporting year compared with the previous reporting year?<sup>9</sup> (Political Declaration, para. 21, and Plan of Action, para. 2 (a))

Increased

3. How would you describe changes in the size of the budget for prevention programmes in the current reporting year compared with the previous reporting year?<sup>9</sup>

Increased

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<sup>9</sup> “Increased” refers to an estimated positive variation of 5 per cent or more; “stable” refers to an estimated variation ranging between minus 5 and plus 5 per cent; “decreased” refers to an estimated negative variation of 5 per cent or more.

## Prevention and early intervention

4. Please indicate if any of the prevention activities in the table below were implemented in the reporting year. If any of the activities were implemented, specify whether they were targeted at the general population or at-risk groups (Political Declaration, paras. 21-23, and Plan of Action, paras. 2 (a), 4 (e)-(g), 13 and 14 (a) and (b)).

<i>Activity</i>	<i>General population</i>	<i>At-risk groups</i>	<i>(Specify)</i>
Education about drugs based on life skills <sup>10</sup>	Yes	Yes	included in primary and secondary education curricula
Family and parenting skills training <sup>11</sup> (identify the target group on the basis of the age of the children whose parents are trained)	Yes	Yes	family skill trainings include programs for families living with HIV/AIDS-infected persons
Workplace prevention programmes <sup>12</sup>	Yes	Yes	Pilot projects are implemented in two provinces
Alternative activities (sports, drama, music etc.) <sup>13</sup>	Yes	Yes	Sports and arts programs organized by the Ministry of Education and Culture, as well as specific workshops for students

<sup>10</sup> “Education about drugs based on life skills” refers to a series of interactive sessions delivered in schools aimed at providing students with the information and the personal and social skills needed to avoid or delay first-time use of illicit drugs (United Nations Office on Drugs and Crime (UNODC)).

<sup>11</sup> “Parenting and family skills training” refers to a series of interactive sessions targeting parents and their children and aiming at improving family bonding and functioning so as to avoid or delay first-time use of illicit drugs (UNODC, 2009).

<sup>12</sup> “Workplace prevention programmes” are comprehensive programmes implemented in the workplace aimed at promoting the health of employees by preventing substance abuse and assisting those with a substance dependence problem (UNODC).

<sup>13</sup> “Alternative activities (sports, drama, music etc.)” are opportunities to engage young people in structured recreational activities that include a health promotion component, over a period of time.

Vocational training and income-generating support <sup>14</sup>	No	No	-
Media campaigns (e.g. through print, radio, television, the Internet and mobile telephones) <sup>15</sup>	Yes	Yes	_____
Dissemination of information about the danger of drugs <sup>16</sup>	Yes	Yes	Drug-free school campaigns for students, teachers and principals
Screening and brief interventions <sup>17</sup>	Yes	Yes	Screening for students of schools with indication of drug problem

<sup>14</sup> “Vocational training and income-generating support” refers to activities aimed at providing participants with the skills and opportunities needed to engage in meaningful employment and sustainably support themselves and their families.

<sup>15</sup> “Media campaigns” are coordinated activities aimed at raising awareness about drug use, drug dependence and drug prevention and treatment, and about ways of preventing the health and social consequences of drug use using messages channelled through a variety of mass media.

<sup>16</sup> The activity “dissemination of information about the danger of drugs” is aimed at disseminating information and raising awareness about the danger of using illicit drugs through any means (e.g. rallies) other than print, radio, television and the Internet.

<sup>17</sup> “Screening” is aimed at detecting health problems or risk factors at an early stage before they have caused serious disease or other problems (WHO). A “brief intervention” is a structured therapy of short duration aimed at assisting an individual to cease or reduce the use of a psychoactive substance or to deal with other life issues (WHO).

5. According to your best estimate, what is the coverage<sup>18</sup> of the prevention activities listed below that were implemented in your country in the reporting year?

<b>Activity</b>	<b>Coverage</b>	<b>Provide details of how your country defines the extent of coverage</b>
Education about drugs based on life skills	Most	Education about drugs is included into primary and secondary school curricula.
Family and parenting skills training	Some	Family and parenting skills training is a programme under the non-formal department
Workplace prevention programmes	Not known	Implemented with other ministries
Alternative activities (sports, drama, music etc.)	All	In sporting and art competition programme, the Ministry of Education and Culture usually arranges a workshop for student with a specific theme such as drugs prevention. this program is conducted annually
Vocational training and income-generating support	None	-
Media campaigns	All	In all banners and other media information for our program, we usually put the drugs prevention logo or sentences. we also create drug prevention books that are distributed to all secondary schools in Indonesia

<sup>18</sup> "Coverage" describes the extent to which an intervention is delivered to the target population, that is, the proportion of the target population in need of an intervention that actually gets it.

Dissemination of information about the danger of drugs	Most	_____
Screening and brief interventions	Some	Screening of students based on reports of drug abuse problems in the school

6. Please indicate in the table below whether an evaluation of the prevention activities that were implemented in the reporting year has been undertaken. If the answer is yes, please indicate whether a process,<sup>19</sup> outcome,<sup>20</sup> or impact<sup>21</sup> evaluation has been undertaken (Plan of Action, paras. 8 (a) and (b)).

<i>Activity</i>	<i>Was an evaluation carried out?</i>	<i>If yes, was it a process evaluation or an outcome/impact evaluation?</i>
Education about drugs based on life skills	Yes	Process
Family and parenting skills training	Yes	Process
Workplace prevention programmes	Yes	Outcome
Alternative activities (sports, drama, music etc.)	Yes	Process
Vocational training and income-generating support	No	- select -
Media campaigns	Yes	Impact
Dissemination of information about the danger of drugs	Yes	Process
Screening and brief interventions	Yes	Process

7. Does the school curriculum in your country incorporate elements aimed at preventing drug use? (Political Declaration, para. 23, and Plan of Action, para. 4 (f))

Yes

If the answer is yes, whenever possible please provide a copy of the text in one of the six official languages of the United Nations.

<sup>19</sup> In a process evaluation, the implementation of an intervention is assessed by looking at how and if the prevention intervention took place, whether its design worked and whether the designated target group was reached. It is also concerned with the quality of the intervention. For example, process evaluations of family skills training look at the number of sessions conducted, the number and kind of participants in the session, as well as at the feedback provided by participants on the sessions.

<sup>20</sup> Outcome evaluations look at the effects of the intervention and whether the intervention actually achieved its intended goals. For example, outcome evaluations of family and parenting skills programmes look at the number of families that have adopted or are practising the skills taught.

<sup>21</sup> Impact evaluations essentially look at the final results of the intervention. For example, in family skills training impact evaluations look at whether children in families that practise the skills learned are less likely to use drugs and whether there is a reduction in incidence of drug use.



8. Do prevention policies incorporate interventions in the workplace? (Political Declaration, para. 23, and Plan of Action, para. 4 (f))

Yes

If the answer is yes, whenever possible please provide a copy of the text in one of the six official languages of the United Nations.

What are the sources of the information provided in the section on prevention?

Deputy of Prevention, National Narcotics Board

## Treatment\*

9. Do you have an estimate of how many people need treatment for drug abuse?

Yes

(a) If the answer is yes, please provide the estimate: 4 million people aged between 10 to 59 years old

(b) If the answer is yes, what is the source of the estimate? Results from a survey conducted by BNN and Health Research Center, University of Indonesia, 2015

(c) (i) In your country, are residential drug treatment facilities available?<sup>22</sup>

Yes

(ii) In your country, are outpatient drug treatment facilities available?<sup>23</sup>

Yes

(d) (i) At the end of the reporting year, what proportion (percentage) of the drug treatment facilities (beds) in your country were residential? 30%;

(ii) At the end of the reporting year, what proportion (percentage) of the drug treatment facilities (slots) in your country were for outpatients? 70%;

(e) When appropriate: does your country provide treatment for drug-using offenders as an alternative to sanctions or punishment? (Plan of Action, para. 16 (a))

Yes

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\* Political Declaration, para. 21, and Plan of Action, paras. 2 (a); 4 (e), (h) and (j); 6 (b); 10 (a); and 16 (a) and (b).

<sup>22</sup> “Residential drug treatment” refers to treatment services that are offered to patients while they are in a health centre, specialized treatment centre or residence for more than one day (adapted from the National Institute on Drug Abuse (NIDA)).

<sup>23</sup> “Outpatient drug treatment” refers to treatment services that are offered to patients who regularly visit a health or specialized treatment centre without staying overnight (adapted from NIDA).

(f) (i) Does your country have written and approved standards and guidelines for drug abuse treatment?

Yes

(ii) Does your country have written and approved licensing regulations and processes for drug abuse treatment?

Yes

10. Please indicate in the table below the coverage of the treatment-related services offered in the reporting year in the country, including in prison settings, as a general estimate (indicate whether the coverage is “low”, “medium” or “high”).

	<i>Services/intervention in community</i>		<i>Services/intervention in prison settings</i>	
	Availability	Coverage <sup>a</sup>	Availability	Coverage <sup>a</sup>
<i>Type of service</i>				
Screening and brief interventions <sup>b</sup>	Yes	Low	Yes	Low
Detoxification <sup>c</sup>	Yes	Low	No	- select -
Symptomatic	Yes	Low	No	- select -
Gradual withdrawal	Yes	Low	No	- select -
Opioid maintenance therapy <sup>d</sup>	Yes	High	Yes	Low
Opioid antagonist therapy <sup>e</sup>	Yes	Medium	No	- select -
Treatment planning <sup>f</sup>	Yes	High	Yes	Low
Counselling <sup>g</sup>	Yes	High	Yes	Low
Cognitive behavioural therapy <sup>h</sup>	Yes	Low	Yes	Low
Motivational interviewing <sup>i</sup>	Yes	High	Yes	Low
Contingency management <sup>j</sup>	Yes	High	Yes	Low
Peer support groups <sup>k</sup>	Yes	High	Yes	High
Social assistance <sup>l</sup>	Yes	Medium	Yes	Medium
Rehabilitation and aftercare <sup>m</sup>	Yes	Low	Yes	Low
Vocational training and income-generation support <sup>n</sup>	Yes	Medium	Yes	High
Educational activities on the risks posed by drug use <sup>o</sup>	Yes	Medium	Yes	High
Treatment for comorbidity	Yes	High	Yes	Medium
Other (please specify)		- select -	- select -	- select -
Family support group	Yes	Low	Yes	Low
Religious community	Yes	Medium	Yes	High

<sup>a</sup> “Coverage” describes the extent to which an intervention is delivered to the target population, that is, the proportion of the target population in need of an intervention that actually gets it.

- <sup>b</sup> “Screening” is aimed at detecting health problems or risk factors at an early stage before they have caused serious disease or other problems (WHO). A “brief intervention” is a structured therapy of short duration aimed at assisting an individual to cease or reduce the use of a psychoactive substance or to deal with other life issues (WHO).
- <sup>c</sup> “Detoxification” refers to a process carried out in a safe and effective manner aimed at eliminating or minimizing withdrawal symptoms that occur after drugs are no longer taken (WHO).
- <sup>d</sup> “Opioid maintenance therapy” refers to the regular administration of a long-acting opioid agonist to stabilize the patient without applying tapering dosage schedules. Opioid maintenance therapy coverage is considered low when it is below or at 20 per cent; medium when it is between 20 and 40 per cent; and high when it is above 40 per cent (WHO, UNODC, *UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users* (WHO, Geneva, 2009)).
- <sup>e</sup> “Opioid antagonist maintenance treatment” refers to the regular administration of a long-acting opioid antagonist to block opioid receptors and avoid any opioid effect (adapted from WHO, 2009).
- <sup>f</sup> “Treatment planning” refers to the development of a written description of the treatment to be provided and its anticipated course. Such planning is done with the patient by establishing goals based on the patient’s identified needs and setting interventions to meet those goals (UNODC, *Principles of Drug Dependence Treatment: Discussion Paper*, March 2008).
- <sup>g</sup> “Counselling” refers to an intensive interpersonal process aimed at assisting individuals to achieve their goals or function more effectively (WHO).
- <sup>h</sup> “Cognitive behavioural therapy” refers to psychosocial interventions aimed at helping patients recognize, avoid and cope with the situations in which they are most likely to use drugs (adapted from NIDA).
- <sup>i</sup> “Motivational interviewing” refers to a counselling and assessment technique that follows a non-confrontational approach to questioning people about difficult issues like alcohol and drug use, assisting them to make positive decisions aimed at reducing or stopping such use (ODCCP).
- <sup>j</sup> “Contingency management” refers to psychosocial interventions that provide a system of incentives and disincentives designed to make drug use less attractive and abstinence more attractive (NIDA).
- <sup>k</sup> “Peer support groups” (self-help groups such as Narcotics Anonymous) refers to small groups of peers wishing to assist each other in their struggle with a particular problem (in the case of Narcotics Anonymous, with drug dependence) (WHO).
- <sup>l</sup> “Social assistance” refers to the many ways in which professionals and non-professionals can support the social and psychological well-being of drug users with a view to improving both the quality and duration of their lives (WHO, *Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence*, 2009).
- <sup>m</sup> “Rehabilitation and aftercare” refers to the process aimed at achieving an optimal state of health, psychological functioning and social well-being for individuals with a drug-related problem (WHO).
- <sup>n</sup> “Vocational training and income-generation support” refers to activities aimed at providing participants with the skills and opportunities to engage in meaningful employment and sustainably support themselves and their families.
- <sup>o</sup> “Educational activities on the risks posed by drug use” refer to sessions aimed at informing and counselling people about the consequences of drug use, in other words, the ways in which such use affects physical and mental health, behavioural control and interpersonal relationships. In particular, these educational sessions should focus on providing information about overdosing, contracting infectious diseases, developing cardiovascular, metabolic and psychiatric disorders etc. and the benefit of abstaining from drug use. Treatment methods and goals are also explained in detail.

(a) For responses to question 10 above for which no definition of coverage was provided, please provide details of how your country defines the extent of coverage (attach additional pages if necessary).

Note on rehabilitation and aftercare:

a. Rehabilitation coverage: medium

b. Aftercare coverage: low

Note Service/interventions in prison settings :

Family support group activities in prison are part of treatment and care program in prison

Target population is all of drug-related convicts (about 20 thousands prisoners)

High coverage : part of prisoner treatment and care program (routine)

Low coverage : only 3485 convicts

(b) What difficulties were encountered in the provision of treatment-related services?

1. Refusal to participate due to the state of addiction
2. Involvement in illicit drug trafficking
3. Intimidation and threats by drug syndicates
4. Families are ashamed to bring their drug addict family members for rehabilitation
5. In some instances, information on access to rehabilitation and treatment-related services for drug users does not reach drug addicts nor their families

### Quality standards and training of staff

11. Please provide information on the availability of training, at the relevant level of occupational responsibility, on drug demand reduction interventions to professionals as part of their qualification curriculum or continuing education (Plan of Action, paras. 16 (d) and 18 (a), (b) and (d)).

<i>Professional category</i>	<i>Training provided to professionals as part of their qualification curriculum</i>	<i>Training provided to professionals as part of their continuing education curriculum</i>
General practitioners	Yes	Yes
Nurses	Yes	Yes
Medical doctors who provide drug dependence treatment	Yes	Yes
Social workers/counsellors	Yes	Yes
Psychiatrists	Yes	Yes
Psychologists	Yes	Yes
Law enforcement officers	Yes	Yes
Prison staff	No	No
Other (please specify)	No	No
_____	- select -	- select -
_____	- select -	- select -

12. Who pays for treatment in your country (Plan of Action, paras. 10 (a) and 12 (a))? (Check all that apply.)

- Public insurance
- Private insurance
- Patients and/or their family

- Government (free to patients)
- Non-governmental organizations (free to patients)

13. (a) Does your country have a national treatment reporting and monitoring system?

Yes

(b) If the answer is yes, does the reporting system include any of the following? (Check all that apply.)

- Public drug treatment services
- Private drug treatment services
- Drug treatment services run by non-governmental organizations

14. Please rank, in order of importance, at least three main constraints that your country faced during the reporting year in providing treatment (1 being the most important and 7 the least important) (Plan of Action, para. 2 (b))

<i>Area where constraints were experienced</i>	<i>Ranking</i>
Legal framework (e.g. limits to providing pharmacological therapy)	4
Coordination	1
Finance	6
Availability of trained personnel	2
Infrastructures and supplies (building, equipment, medicines etc.)	3
Linkages with support services	5
Other (please specify)	-
-	
-	-
No difficulty	-

### **Prevention of diseases, including infectious diseases\***

15. Please indicate in the table below the coverage of the services listed below that were offered during the reporting year, including in prison settings, either as a percentage or as an estimate (Political

\* Including among non-injecting and injecting drug users.

Declaration, para. 21, and Plan of Action, paras. 2 (a) and 4 (h) and (j)).

<b>Services</b>	<b>Denominator</b> (Estimated number of drug users in need of services)	<b>Coverage<sup>a, b</sup> of the service in the community</b>	<b>Coverage<sup>a, b</sup> of the service in prisons</b>
Needle and syringe programmes <sup>c</sup>	35,575	Medium	Not applicable
HIV testing and counselling for drug users <sup>d</sup>	6,206	Medium	Not known
Antiretroviral therapy for drug users <sup>e</sup>	35,575	High	Not known
Screening and treatment of drug users for sexually transmitted infections <sup>f</sup>	35,575	Low	Not known
Condom distribution programmes targeting drug users and their sexual partners <sup>g</sup>	N/A	Medium	Not applicable
Targeted information, education and communication about HIV, hepatitis B, hepatitis C and other sexually transmitted infections for drug users and their sexual partners <sup>h</sup>	N/A	Medium	Not known
Diagnosis and treatment of and vaccination for viral hepatitis B for drug users <sup>i</sup>	N/A	Not known	Not applicable
Diagnosis and treatment of viral hepatitis C for drug users <sup>j</sup>	N/A	Low	Not applicable
Prevention, diagnosis and treatment of tuberculosis for drug users <sup>k</sup>	N/A	Medium	Not known
Other (please specify)			
-	-	- select -	- select -
-	-	- select -	- select -

<sup>a</sup> "Coverage" describes the extent to which an intervention is delivered to the target population, that is, the proportion of the target population in need of an intervention that actually gets it.

<sup>b</sup> See WHO, UNODC, UNAIDS *Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*.

<sup>c</sup> For needle and syringe programmes, “low” coverage means that less than 20 per cent of the target population has access to services; “medium” coverage means that between 20 and 60 per cent of the target population has access to services; “high” coverage means that more than 60 per cent of the target population has access to services.

<sup>d</sup> For drug users who were tested for HIV in the past 12 months and know their HIV status, “low” coverage means that less than 40 per cent of the target population has access to services; “medium” coverage means that between 40 and 75 per cent of the target population has access to services; “high” coverage means that more than 75 per cent of the target population has access to services.

<sup>e</sup> For HIV-positive drug users receiving antiretroviral therapy, “low” coverage means that less than 25 per cent of the target population has access to services; “medium” coverage means that between 25 and 75 per cent of the target population has access to services; “high” coverage means that more than 75 per cent of the target population has access to services.

<sup>f</sup> For drug users screened for sexually transmitted infections in the past 12 months, “low” coverage means that less than 20 per cent of the target population has access to services; “medium” coverage means that between 20 and 50 per cent of the target population has access to services; and “high” coverage means that more than 50 per cent of the target population has access to services.

<sup>g</sup> Here “low” coverage means that free condoms are distributed each year to less than 50 per cent of injecting drug users; “medium” coverage means that free condoms are distributed each year to between 50 and 100 per cent of injecting drug users; “high” coverage means that free condoms are distributed each year to more than 100 per cent of injecting drug users (i.e. more than the entire population of drug users).

<sup>h</sup> Here “low” coverage means that different targeted materials on injecting drug use were distributed to less than 50 per cent of injecting drug users per year; “medium” coverage means that different targeted materials on injecting drug use were distributed to between 50 and 90 per cent of injecting drug users per year; “high” coverage means that different targeted materials on injecting drug use were distributed to more than 90 per cent of injecting drug users per year.

<sup>i</sup> For drug users diagnosed with and receiving treatment for viral hepatitis B, “low” coverage means that less than 50 per cent of the target population has access to services; “medium” coverage means that between 50 and 80 per cent of the target population has access to services; “high” coverage means that over 80 per cent of the target population has access to services.

<sup>j</sup> For drug users diagnosed with and receiving treatment for viral hepatitis C, “low” coverage means that less than 5 per cent of the target population has access to services; “medium” coverage means that between 10 and 15 per cent of the target population has access to services; and “high” coverage means that more than 15 per cent of the target population has access to services.

<sup>k</sup> For drug users diagnosed with tuberculosis who have started treatment in the past 12 months, “low” coverage means that less than 60 per cent of the target population has access to services; “medium” coverage means that between 60 and 90 per cent of the target population has access to services; “high” coverage means that more than 90 per cent of the target population has access to services.

## Drug supply reduction

### Domestic level

16. Do the following strategies describe the current measures used by your country to reduce drug supply? (Plan of Action, paras. 24 (g), 27 and 28, and Political Declaration, paras. 2 and 31)

<b>A specific written strategy to reduce drug supply approved by the Government</b>	<b>Yes</b>
An integrated written strategy to reduce the supply of and demand for drugs, approved by the Government and with a specific component to reduce drug supply	Yes
A written strategy against organized crime, approved by the Government and with a specific component to reduce drug supply	Yes



Other (please specify)
-
-

17. Has your country actively engaged in drug supply reduction activities in the following areas during the reporting year? (Plan of Action, paras. 32 (a) and (b), 39, 45 (b) and (j), and 41 (a), (b), (d), (f), (m) and (o), and Political Declaration, paras. 24, 28 and 37)

<b>Control/monitoring of amphetamine-type stimulants and illicit substances<sup>24</sup></b>	<b>Yes</b>
Programmes for the eradication of illicit drug crops	Yes
Control/monitoring <sup>25</sup> of precursor chemicals	Yes
Forensic intelligence <sup>26</sup>	Yes
Anti-money-laundering	Yes
Research and evaluation <sup>27, 28</sup>	Yes
Alternative development	Yes
Other (please specify)	
-	
-	

17 *bis*. Indicate which specific programme or programmes have been adopted in your country in the area of arresting drug traffickers and dealers.

Forensic intelligence

<sup>24</sup> “Monitoring” refers to activities for identifying and investigating activities potentially related to the illicit manufacture of amphetamine-type stimulants. “Substances” refers to substances in the schedules to the 1971 Convention.

<sup>25</sup> “Control of precursor chemicals” refers to maintaining a balance between preventing the diversion of precursors for the illicit manufacture of drugs and not affecting legitimate trade.

<sup>26</sup> “Forensic intelligence” refers to the use of forensic data resulting from activities such as the identification, quantification, characterization or chemical profiling of seized drugs to determine the origin of such drugs or for linking samples etc. to inform investigations.

<sup>27</sup> “Research” refers to systematic studies or investigations aimed at discovering, interpreting and developing methods and systems that enable a better understanding of the evolving drug markets and trafficking trends.

<sup>28</sup> “Evaluation” refers to assessing the implementation of an intervention (process evaluation), the effects of an intervention (outcome evaluation) or the final results of an intervention (impact evaluation).

18. Are the following types of law enforcement agencies mandated to reduce drug supply? (Plan of Action, paras. 22 (o), 36 (b) and 41 (p))

<b>National/federal police</b>	<b>Yes</b>
Customs	Yes
Subnational/non-federal police <sup>29</sup>	No
Military entities	Yes
Specialized national agency dedicated to drug law enforcement	Yes
Other law enforcement agency <sup>30</sup> (please specify)	
Indonesian National Police	
-	

19. Is there an entity that coordinates the activities of agencies mandated to reduce drug supply? (Plan of Action, paras. 22 (o) and (q), 36 (b) and 41 (p))

Yes

If the answer is yes, please provide the name of the entity:

National Narcotics Board (BNN)

20. Have the following measures/institutions been adopted by your country to address the threat posed by corruption within domestic law enforcement agencies with a mandate to reduce the supply of drugs? (Plan of Action, paras. 24 (b), 29 and 30 (b))

<b>Internal oversight body</b>	<b>Yes</b>
External oversight body, including an anti-corruption body	Yes
Code of conduct	Yes
Obligation for staff of the above agencies to declare any assets	Yes
Professional ethics training for staff of the above agencies	Yes
Obligation for staff of the above agencies to report suspected incidents of corruption	Yes
Other (please specify)	
-	
-	

<sup>29</sup> In other words, police forces whose jurisdiction covers only part of the country, such as provincial police or state police.

<sup>30</sup> For example, the national gendarmerie.

21. Does the legal system in your country allow for the use of special investigative techniques (such as the ones mentioned in question 22 below)? (Plan of Action, paras. 24 (c), 30 (d) and 60 (a))

Yes

22. Which of the following investigative techniques did law enforcement agencies in your country use during the reporting period to gather evidence? (Plan of Action, paras. 24 (c), 30 (d) and 60 (b))

<b>Electronic surveillance</b>	<b>Yes</b>
Use of informants	Yes
Undercover techniques	Yes
Controlled delivery	Yes
Other special investigative technique (please specify)	
-	
-	

23. Does your country have a system in place to monitor the sale of pharmaceutical preparations containing narcotic drugs or psychotropic substances under international control over the Internet? (Plan of Action, paras. 22 (p), 24 (a), (e) and (f), 31, and 36 (a))

Yes

If the answer is yes, please describe the kinds of sales being monitored (e.g. sales by operators based in your own country, all transactions in which a product is being sold to buyers in your country):

The National Agency for Food and Drug Control conducts annual monitoring of drugs or medicines sales and advertisements on the internet, such as the use of narcotics and psychotropic substances in weight-loss and sex-enhancement drugs. The Agency also traces the producers and sources of these drugs.

The National Agency for Food and Drug Control, the Indonesian National Police, Ministry of Health, Customs, Ministry of Communication and Information Technology, in cooperation with the Interpol participated in PANGEA operation on the eradication and blocking of websites selling illegal drugs via internet.

#### **Cross-border and international cooperation**

24. Did your country engage in the following activities during the reporting period to support cross-border cooperation between law enforcement agencies in different countries? (Plan of Action, paras. 22 (f) and (p) and 60 (c), and Political Declaration, para. 33)

<b>Joint operations with other countries</b>	<b>Yes</b>
Exchange of liaison officers	Yes
Exchange of information	Yes
Other (please specify)	
-	
-	

(a) Please highlight any significant activities that resulted from such cooperation.

1. Cooperation in the search of wanted persons.
2. Uncovering Chinese and Malaysian drug syndicates
3. Trainings (IDEC, JCLEC, ILEA, DEA, INTERPOL)
4. Bilateral talks between the Directorate General of Custom and Excise of the Republic of Indonesia and the Australian Border Force.

(b) During the reporting year, have personnel from the judiciary or law enforcement lost their lives or gone missing in action in the fight against drugs? (Political Declaration, para. 8, Plan of Action, para. 25)

Yes

If the answer is yes, please provide the number: N/A

25. During the reporting year, did your country extradite drug offenders (foreigners or nationals) to other countries under valid bilateral, regional or international agreements/memorandums of understanding? (Plan of Action, paras. 22 (i) and 53)

No

If the answer is yes, please give the number of countries: -

26. During the reporting year, did the judicial or law enforcement agencies of your country encounter problems in cooperating with counterparts in other countries? (Plan of Action, paras. 22 (i), 24 (d), 53, 55 and 56 (a) and (c), and Political Declaration, para. 33)

<b>Inability to identify counterparts to be contacted or with whom to quickly establish communication</b>	<b>No</b>
Slow formal procedures	Yes
Lack of a common language for communication <sup>31</sup>	Yes
Lack of agreements enabling operational cooperation/ mutual legal assistance	Yes

<sup>31</sup> "Lack of a common language for communication" refers to the lack of multilingual staff or resources to communicate with counterparts in other countries.

Lack of cooperation from counterparts/exchange of information	No
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27. Did law enforcement agencies use the communication platforms provided through the following entities or channels during the reporting year to exchange information with counterparts in other countries? (Plan of Action, paras. 22 (k), 24 (d), 30 (e) and (f) and 40)

<b>INTERPOL</b>	<b>Yes</b>
World Customs Organization	Yes
Regional organizations	Yes
Liaison officers	Yes
Diplomatic channels	Yes
Meetings (regional, international)	Yes
Direct communication between law enforcement agencies	Yes
Other (please specify)	
-	
-	

28. Did your country take the following steps during the reporting year to meet the challenges arising from new technologies (e.g. computers, mobile phones, Internet) in combating traffic in narcotic drugs and psychotropic substances? (Plan of Action, paras. 24 (a), (e) and (f))

<b>Specific training to raise awareness among law enforcement personnel</b>	<b>Yes</b>
Specific training on the recovery of evidence	Yes
Introduction of legislation	Yes
Other (please specify)	
training for notebook analysts	
Cyber Crime Center	
Monitoring Center	

#### **International technical cooperation**

29. During the reporting year, did your country receive technical assistance in the area of drug supply reduction from another country or from an international organization? (Plan of Action, paras. 22 (p), 24 (h), 26 (c), 29, 30 (g) and (j), 36 (e) and 41 (g), and Political Declaration, para. 24)

Yes

If the answer is yes:

(a) Did your country receive the following forms of assistance?

<b>Training</b>	<b>Yes</b>
Equipment	Yes
Software (for example, to process information in border control)	No
Financial	No
Data sharing	Yes
Other (please specify)	
K-9 Unit	
-	

(b) Did the following entities provide your country with assistance?

<b>Other countries (If the answer is yes, please provide the names of the countries: Australia, United States, Malaysia, Hongkong, Thailand, Taiwan, China)</b>	<b>Yes</b>
United Nations	Yes
International organizations (If the answer is yes, please provide the names of the organizations: Interpol, UNODC, UNAIDS)	Yes
Other (please specify)	
-	
-	

(c) Was the assistance sufficient for the needs of your country?

No

Please describe the forms of assistance required by your country.

1. Financial
2. Training
3. Equipment
4. Software

30. Has your country provided technical assistance in the area of drug supply reduction during the reporting year? (Plan of Action, paras. 22 (p), 24 (h), 26 (c), 29, 30 (g) and (j), 36 (e) and 41 (g), and Political Declaration, para. 24)

Yes

If the answer is yes:

(a) Did your country provide the following forms of assistance?

<b>Training</b>	<b>No</b>
Equipment	No
Software	No
Financial	No
Other (please specify)	
Information sharing	
Expert witness, speakers, tutors	

(b) Were the following entities beneficiaries of assistance provided by your country?

<b>Other countries (If the answer is yes, please provide the names of the countries: Australia, United States, Malaysia, Hongkong, Thailand, Taiwan, China)</b>	<b>Yes</b>
United Nations	Yes
Other international organizations (If the answer is yes, please provide the names of the organizations: Interpol, ILEA, IDEC, UNODC, INCB)	Yes
Other (please specify)	
-	
-	

#### **Control of precursor chemicals**

31. Has your country compiled a list of national companies authorized to manufacture, distribute and trade in precursors?

Yes

32. Has your country undertaken any new measures in collaboration with relevant industries on the supply of and trafficking in precursor and other chemicals not yet under international control?

Yes

If the answer is yes, please summarize the new measures. If codes of conduct have been developed, whenever possible please attach a copy of those documents in one of the official languages of the United Nations.

- Regulation of Minister of Health No. 3/2015 on the Distribution, Storage, Extermination and Reporting of Narcotics, Psychotropics Substances and Pharmacy Precursors
- Regulation of Minister of Industry No. 105/M-IND/PER/11/2015 on the amendments of the Regulation of Minister of Industry No. 63/M-IND/PER/12/2013 on the Mandatory Application of Indonesian National Standard (SNI) on Technical Sulphuric Acid.

33. Has your country taken any steps to address the use of substances not under international control and substitute chemicals for the manufacture of precursors used in the manufacture of heroin, cocaine or amphetamine-type stimulants?

No

If the answer is yes, please summarize the steps taken.

-

34. Does your country's framework for the control of precursor chemicals include a system of pre-export notification?

Yes

35. Does your country utilize Pre-Export Notification Online (PEN Online), the system designed by the International Narcotics Control Board?

Yes

If the answer is no, please provide reasons.

-

36. Does the existing international cooperation on control of precursor chemicals adequately meet requirements in this regard?

Yes

If the answer is no, please provide details.

-

37. Does your country have systems in place to allow for the post-seizure investigation of precursor chemicals?

No



If the answer is yes:

(a) Do those systems make it possible to track the origin of the seized precursor chemicals?

- select -

(b) Do those systems make it possible to carry out controlled deliveries of precursor chemicals?

- select -

### **Alternative development as a strategy to control the cultivation of illicit crops**

38. Does your country have a national alternative development<sup>32</sup> strategy to address the illicit cultivation of coca bush, opium poppy or cannabis plant? (Plan of Action, paras. 45 (c) and (d), and Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development,<sup>33</sup> paras. 4 and 5)

- Yes, as a stand-alone plan
- Yes, as part of the national economic development plan
- No
- Not applicable (go to question 50)

39. If your country has an alternative development strategy, which illicit drug crops does it target? (Plan of Action, paras. 45 (c) and (d))

- Coca bush
- Opium poppy
- Cannabis plant
- Other crops (specify) -

40. If your country has an alternative development strategy, please indicate the year in which it was established or in which it was last reviewed: January - November 2015. The program is carried over to 2016.

41. Does your country have a central coordinating entity for implementing the national alternative development strategy? (Plan of Action, para. 47 (d); Action Plan

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<sup>32</sup> "Alternative development" refers to a process to prevent and eliminate the illicit cultivation of plants containing narcotic drugs and psychotropic substances through specifically designed rural development measures in the context of sustained national economic growth and sustainable development efforts in countries taking action against drugs, recognizing the particular sociocultural characteristics of the target communities and groups, within the framework of a comprehensive and permanent solution to the problem of illicit drugs (Commission on Narcotic Drugs resolution 44/11).

<sup>33</sup> General Assembly resolution S-20/4 E.

on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development, para. 5)

Yes

42. Are the Government entities listed below represented in the coordinating body? (See question 41 above and Plan of Action, paras. 45 (k) and 49 (b), (d) and (f))

<b>Ministry of agriculture, fisheries etc.</b>	<b>Yes</b>
Ministry of social affairs, welfare etc.	No
Ministry of education	No
Ministry of the interior or similar Government ministry	No
Ministry of justice	No
Ministry of economics, finance etc.	No
Ministry of transport, roads etc.	No
Ministry of labour, employment etc.	No
Office of the president or prime minister	No
Ministry of the family or women's affairs	No
Ministry of international trade	No
Drug control agency	No
Agency responsible for law enforcement	Yes
Other (please specify)	
Ministry of Forestry	
Ministry of Foreign Affairs	

43. What percentage of the national budget was allocated last year to the implementation of the alternative development strategy at the national/federal level and the state/provincial level? (Plan of Action, paras. 43 (c) and 45 (i) and (o))

<b>As a percentage of national development expenditures</b>	0.067%
Total state/provincial budget (in national currency)	IDR 2,855,953,300_____
As a percentage of state/provincial development expenditures	0.2%

44. Please provide the following information: (Plan of Action, paras. 43 (a) and (d))

(a) Number of households that live in areas under illicit cultivation of coca bush, opium poppy or cannabis plant: \_\_\_\_\_;

(b) Number of households for which the illicit cultivation of coca bush, opium poppy or cannabis plant is a major source of income: \_\_\_\_\_;

(c) Number of households benefiting from alternative development programmes: 150;

(d) Number of households benefiting from alternative development programmes that are involved in agricultural activities: 50;

(e) Number of households benefiting from alternative development programmes that are involved in non-agricultural activities: \_\_\_\_\_.

45. List the licit crops that the Government promoted during the reporting year through alternative development programmes and indicate whether the harvests are to be sold (on the domestic or foreign market) or used to address food security issues. (Check the appropriate column.) (See question 44 above.)

<i>Licit crop</i>	<i>For sale (on the domestic or foreign market)</i>	<i>To address food security issues</i>
Cacao	domestic	-
Coffee	domestic	-
Chili Peppers	domestic	-
Turmeric	domestic	-
-	-	-

46. If your country has alternative development programmes, are measures taken to appropriately involve the relevant stakeholders<sup>34</sup> in the identification, preparation, implementation, monitoring and evaluation of alternative development programmes? (Plan of Action, para. 49 (g); Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development, para. 19)

Yes

If the answer is yes, please provide details:

- a. The identification of alternative development programmes in Aceh is based on information supplied by the provincial police of raids and eradication operations. To supplement the information, a survey was conducted by University of Syah Kuala of Aceh. Forum group discussions with participation from community leaders, women-rights activists and other stakeholders was also organized. The outcomes of this identification exercises will serve as the basis of future budget and programs.
- b. The preparation of alternative development programmes is conducted through meeting by community and relevant stakeholders which will be involved in the program. The meeting identifies the prospective farmers and land which will participate in the programme.
- c. The implementation of alternative development programmes is conducted through trainings for farmers on commercial crop cultivations by agriculture experts, agriculture practitioners and agriculture instructors. The following phase in the implementation is the transformation of the use of land by giving farmers commercial crops and providing mentor programmes for 6 months on processing, cultivations and maintance.
- d. Supervision, trainings, capacity building, land development and treatment to marketing are given for one year before programme evaluation.
- e. Evaluation is conducted 2 times a year: every semester (the first 6 months) and yearly (the second sixth month)

47. To what extent have alternative development programmes, in particular those implemented under international cooperation frameworks, been effective in reducing the illicit cultivation of drug crops during the reporting year in your country? (Plan of Action, para. 43 (d))

The implementation of Alternative Development Programme in the Province of Aceh, especially in the Regency of Aceh Besar has supported the prevention and eradication of illicit cultivation of cannabis, by integrating prevention, empowerment, cooperation and eradication programmes.

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<sup>34</sup> Involving stakeholders refers to the actions executed by the different development programmes of central, regional and local governments, as well as new development agents (producer organizations, non-governmental organizations, universities, research centres, the church etc.) to obtain their commitment to and participation in the development of areas with coca bush, opium poppy and cannabis plant crops (Multilateral Evaluation Mechanism of the Inter-American Drug Abuse Control Commission of the Organization of American States).

Farmer groups joining the programmes receive the benefit of capacity building activities on commercial crops cultivations, such as chili pepper, coffee, and cacao. The success of the programme dissuade farmers from planting cannabis and embolden them to report on illegal cannabis fields and its distribution in their area to the law enforcement officers.

As the result of the programmes, during the period of January 2015-March 2016, the law enforcement officers of Aceh Besar Regency with the help of the farmer groups have conducted eradication 235.5 hectares of cannabis fields (period of January-December 2015) and 132 hectares (period of January-March 2016) totalling in 367.5 hectare or 2.9 million of cannabis plants (with the assumption of 8,000 plants per hectare). The eradication has prevented the distribution of 558 tonnes of dry cannabis.

In the implementation of the alternative development programmes, the National Narcotics Board has established partnerships and synergies with law enforcement institutions, regional government and the private sectors.

48. When planning and implementing alternative development activities, are specific gender-related actions or measures included? (Plan of Action, para. 49 (f); Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development, para. 18 (e))

Yes

If the answer is yes, please provide details:

a. Women are involved in all steps of planning. Special materials for stay-home women empowerment in alternative development are incorporated in healthy life campaigns and life-skill trainings, such as planting medicine plants at home and other garden plants.

49. Were environmental conservation components<sup>35</sup> included in the alternative development programmes implemented during the reporting year? (Plan of Action, para. 49 (e), and Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development, para. 18 (f))

Yes

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<sup>35</sup> Environmental management refers to the inclusion, as key components in alternative, integral and sustainable development programmes, of environmental preservation issues, and the restoration of ecosystems degraded as a result of the cultivation of coca bush, opium poppy and cannabis plant used for illicit purposes. These actions are carried out through reforestation programmes, the collection of data on environmental degradation and the promotion of regular environmental educational programmes (Multilateral Evaluation Mechanism of the Inter-American Drug Abuse Control Commission of the Organization of American States).

If the answer is yes, please provide details:

- In 2014 the National Narcotics Board in cooperation with Forestry Department of Aceh Province have completed a reforestation program for 2,560 hectare of forest.

50. Does your country have a strategy or plan to assist other Member States with alternative development? (Plan of Action, paras. 45 (b) and 49 (a) and (h))

No

If the answer is yes, please specify the names of the countries assisted and the names of the illicit drug crops targeted:

-

51. Has your country implemented preventive alternative development programmes during the reporting year?<sup>36</sup> (Plan of Action, paras. 45 (c) and (d))

Yes

If the answer is yes, please provide details:

- Dissemination of information of the danger of planting cannabis for the village of Lamteuba, Aceh

52. How would you describe the change in budgetary allocation for alternative development programmes during the reporting year compared to the previous year?<sup>37</sup>

Stable

53. What is the current situation in your country with regard to access to market<sup>38</sup> for products from alternative development programmes? (Plan of Action, paras. 45 (k) and 47 (k), and Action Plan on International Cooperation on the Eradication of Illicit Drug Crops and on Alternative Development, para. 15)

Alternative development program products are sold in domestic markets

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<sup>36</sup> In accordance with Economic and Social Council resolutions 2006/33 and 2008/26, as well as the Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, the concept of alternative development includes preventive alternative development.

<sup>37</sup> “Increased” indicates a positive variation of 5 per cent compared with the previous year’s allocation; “stable” indicates a variation of between -5 and 5 per cent compared with the previous year’s allocation; “decreased” indicates a negative variation of more than 5 per cent compared with the previous year’s allocation.

<sup>38</sup> “Access to market” refers to actions geared towards facilitating and increasing the national and international marketing of alternative, integral and sustainable products (Multilateral Evaluation Mechanism of the Inter-American Drug Abuse Control Commission of the Organization of American States).

54. What role, if any, does the private sector play in promoting and finding market access for products from alternative development programmes? (Plan of Action, para. 45 (k))

The large private companies do not play significant roles in promoting and finding market for the products from alternative development programmes, since the products produced in small scale and consumed by local markets.

55. Does your Government assess the impact of alternative development programmes on the following areas, which are included in the Millennium Development Goals? (Check all that apply.) (Plan of Action, para. 47 (a))

- Eradication of extreme poverty
  - Access to primary education
  - Gender equality and women's empowerment
  - Reduction of child mortality
  - Improvement of maternal health
  - Improvement of health (including by fighting HIV, malaria and tuberculosis)
  - Environmental sustainability
  - Access to information and communications technology
-