

Community-Based Legal Model for Narcotics Prevention: Protecting Children's Best Interests in Indonesia

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Article history:

Received 2025-09-25

Received 2025-11-05

Accepted 2025-12-01

Keywords:

Community-Based Legal Model; Narcotics Prevention; Child Protection; Best Interests of the Child; Normative Juridical.

DOI:

doi.org/10.26905/idjch.v16i3.16934.

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Abstract: The escalating prevalence of narcotics abuse among children in Indonesia exposes a fundamental legal protection deficit: the structural disjunction between the enforcement-centered orientation of Law Number 35 of 2009 on Narcotics and the protective obligations imposed by Law Number 35 of 2014 on Child Protection and the Convention on the Rights of the Child. Existing legal responses remain predominantly reactive, engaging children only after narcotics exposure has occurred, while the proactive normative architecture necessary for genuine prevention remains underdeveloped. This research employs a normative juridical methodology with statute and comparative approaches to address two questions: how should a community-based approach be legally positioned as a model for narcotics prevention among children under Indonesian positive law, and what is its ideal normative form in accordance with the best interests of the child principle. The analysis demonstrates that the community-based approach constitutes a constitutionally mandated preventive legal model, grounded in Article 104 of the Narcotics Law, Article 59(2)(e) of the Child Protection Law, and Article 28B(2) of the 1945 Constitution. Its ideal normative form integrates seven components: structured community participation, legal education and awareness, family resilience programs, child-friendly environmental infrastructure, cross-sector institutional collaboration, program sustainability and accountability, and restorative justice as the primary remedial response. Legislative reform is recommended to operationalize this model as a binding and durable legal framework for child protection.

1. Introduction

The intersection of narcotics abuse and child vulnerability constitutes one of the most pressing legal challenges confronting contemporary Indonesian society. Children, as subjects of inherent rights and beneficiaries of special legal protection, occupy a uniquely precarious position when confronted with the pervasive infiltration of narcotics into the social environments they inhabit. The escalation of narcotic substance abuse among minors is no longer an isolated phenomenon; it reflects a structural breakdown in the interplay between law, community institutions, and devel-

opmental safeguards for the younger generation. When a society fails to construct adequate preventive legal architectures that are child-sensitive and community-responsive, the consequences reverberate across criminal justice, public health, and the foundational integrity of human rights protection.

The global dimension of this crisis is well-documented. International scholarship has increasingly demonstrated that conventional punitive approaches to drug control those centered on prosecution, incarceration, and formal criminal sanctions are not only ineffective against juvenile drug involvement but are actively counterproductive, compounding vulnerabilities rather than resolving them.¹ The medical and public health literature confirms that adolescent substance use is mediated heavily by psychosocial environment, peer influence, and the absence of structured community oversight, making community-level intervention frameworks the most defensible and empirically supported approach to prevention.² This recognition has gradually penetrated legal scholarship, particularly in countries facing the challenge of reconciling punitive narcotics legislation with child protection obligations.

Indonesia presents a compelling and legally complex case study. The country's principal narcotics regulatory instrument, Law Number 35 of 2009 on Narcotics (hereinafter: the Narcotics Law), was crafted predominantly within a law enforcement paradigm, prioritizing eradication and prosecution over prevention and rehabilitation. While Article 104 of the Narcotics Law formally acknowledges broad community participation in the prevention and eradication of narcotics abuse, this provision remains largely aspirational it lacks implementing mechanisms, institutional architecture, and any articulated relationship to child-specific protections.³ This legislative deficiency persists despite concurrent obligations arising from Law Number 35 of 2014 on Child Protection (hereinafter: the Child Protection Law), which in Article 59(2)(e) explicitly mandates special protection for children who become victims of narcotics, alcohol, psychotropics, and other addictive substances. The disjunction between these two normative frameworks one oriented toward control, the other toward protection produces a structural incoherence that demands scholarly attention and legal reform.

Compounding this normative tension is the empirical reality of narcotics prevalence among Indonesian children. The National Narcotics Board (*Badan Narkotika Nasional/BNN*) National Survey on Drug Abuse conducted across 34 provinces in 2021 recorded a prevalence rate of 1.95 percent among the population aged 15–64, representing approximately 3.66 million individuals.⁴ More alarming still, approximately 380,000 of these individuals are classified as minors children who, by the explicit terms of the Child Protection Law, are entitled to special protection from the state. The 2023 national survey reflected a marginal decrease to a prevalence rate of 1.73 percent, equivalent to approximately 3.337 million individuals, yet the juvenile component of this figure remains deeply concerning.⁵ These statistics do not merely reflect a public health emergency; they

¹ Matej Sande and Bojan Dekleva, "Online Interventions and Virtual Day Centres for Young People Who Use Drugs: Potential for Harm Reduction?" *Harm Reduction Journal* 20, no. 161 (2023): 2–4, <https://doi.org/10.1186/s12954-023-00847-1>.

² Nina Rose Fischer et al., "School-Based Harm Reduction with Adolescents: A Pilot Study," *Substance Abuse Treatment, Prevention, and Policy* 17, no. 79 (2022): 4–6, <https://doi.org/10.1186/s13011-022-00502-1>.

³ Ardiansyah et al., "Harmonizing Law Enforcement Officials Against Child Victims of Narcotics Abuse," *Jurnal Ilmu Hukum* 11, no. 1 (2024): 23–25, <https://doi.org/10.30598/jhpis.v11i1.2834>.

⁴ Badan Narkotika Nasional (BNN), *Survei Nasional Penyalahgunaan Narkotika di 34 Provinsi Tahun 2021* (Jakarta: BNN, 2021), 12–15.

⁵ Badan Narkotika Nasional (BNN), *Survei Nasional Penyalahgunaan Narkotika Tahun 2023* (Jakarta: BNN, 2023), 8.

expose a legal protection deficit the failure of existing institutional and normative arrangements to translate the formal entitlements of child protection into substantive preventive safeguards at the community level.

The inadequacy of the prevailing legal framework becomes sharper when examined through the lens of Indonesia's international obligations. Indonesia ratified the Convention on the Rights of the Child (CRC) through Presidential Decree Number 36 of 1990, thereby assuming binding obligations under international law. Article 3(1) of the CRC enshrines the principle of the best interests of the child as the primary consideration in all actions concerning children whether undertaken by public or private institutions, legislative bodies, administrative authorities, or judicial organs. Recent comparative scholarship on the implementation of this principle in national legal systems reveals a persistent gap: while states formally incorporate the best interests standard into their legislative frameworks, its operationalization particularly in domains intersecting with criminal law and narcotics control remains inconsistent, under-theorized, and insufficiently institutionalized.⁶ The Indonesian experience mirrors this global pattern. The best interests principle, though nominally embedded in the Child Protection Law, has not been systematically translated into narcotics-specific prevention norms that would legally require and institutionally enable community action as a primary preventive modality.

The theoretical architecture most responsive to this challenge is found in community-based legal models. Community-based approaches to drug prevention have attracted growing scholarly and policy attention internationally, particularly in the context of adolescent vulnerability.⁷ The *Communities That Care* (CTC) framework, developed and empirically tested extensively in North America and Europe, provides a compelling foundation for the proposition that community-level interventions those mobilizing families, local leaders, educational institutions, and civic organizations are measurably more effective in reducing adolescent drug use than top-down state enforcement mechanisms operating in isolation.⁸ The criminological literature on social control theory further establishes that the strength of social bonds encompassing attachment, commitment, involvement, and belief constitutes the most structurally durable protection against deviant behavior among young people.⁹ Community-based legal models institutionalize and amplify these bonds through normative architecture, giving legal force to what otherwise remains informal social practice and thereby elevating community engagement from a voluntary aspiration to a legally enforceable framework of child protection.

The principle that the safety and welfare of the people constitutes the supreme law *salus populi suprema lex esto* has long anchored the philosophical justification for state action in the domain of narcotics control. Yet this principle, properly understood, demands not merely reactive

⁶ Kabarak Journal of Law and Ethics, "The Nexus Between the Best Interests of the Child and Detention of Children in Conflict with the Law," *Kabarak Journal of Law and Ethics* 8, no. 1 (2024): 5–8, <https://doi.org/10.58216/kjle.v8i1.444>.

⁷ Parissa J. Ballard and Heather K. Kennedy, "Engaging Youth as Leaders and Partners Can Improve Substance Use Prevention: A Call to Action to Support Youth Engagement Practice and Research," *Substance Abuse Treatment, Prevention, and Policy* 18, no. 71 (2023): 2–4, <https://doi.org/10.1186/s13011-023-00582-7>.

⁸ J. David Hawkins et al., "Results of a Type 2 Translational Research Trial to Prevent Adolescent Drug Use and Delinquency: A Test of Communities That Care," *Archives of Pediatrics and Adolescent Medicine* 163, no. 9 (2009): 789–798, <https://doi.org/10.1001/archpediatrics.2009.141>.

⁹ Travis Hirschi, *Causes of Delinquency* (Berkeley: University of California Press, 1969), 16–34. See also extended applications in community legal models in Robert J. Sampson and John H. Laub, *Crime in the Making: Pathways and Turning Points Through Life* (Cambridge: Harvard University Press, 1993).

enforcement but proactive prevention. The community is not merely an object of legal regulation; in the most sophisticated contemporary frameworks of governance, it is a recognized legal subject an empowered agent capable of generating and sustaining norms that protect the most vulnerable members of society.¹⁰ Presidential Regulation Number 47 of 2019, which amends Presidential Regulation Number 23 of 2010 on the National Narcotics Agency, gestures toward this recognition by including community empowerment among the institutional mandates of the BNN. However, regulatory mandates without corresponding legal architecture for community-level action remain aspirational rather than operative.

The existing Indonesian legal literature on narcotics and children, though productive in several respects, reveals a significant and consequential gap. Scholarly attention has concentrated on three principal areas: (a) the application of restorative justice principles and diversion mechanisms within the juvenile criminal justice system established by Law Number 11 of 2012;¹¹ (b) the legal categorization of children who abuse narcotics as victims rather than perpetrators, and the implications of this categorization for prosecution policy;¹² and (c) the role of rehabilitation and medical treatment as alternatives to criminal imprisonment for child offenders.¹³ While these contributions have advanced the humanization of juvenile criminal justice in Indonesia, they share a fundamentally reactive orientation engaging with children after they have already entered or are at risk of entering the criminal justice pipeline. They address the law's response to narcotics abuse already in progress, not the law's capacity to prevent it from occurring in the first instance.

This reactive bias in the existing literature is not inconsequential. Prevention the systematically underserved domain of narcotics policy for children demands a distinct and proactive normative architecture. A preventive legal model cannot be constructed merely by extending the logic of diversion or rehabilitation; it requires a conceptually independent framework in which the community, rather than the formal justice system, serves as the primary institutional actor, and in which legal norms define, empower, and hold accountable community-level preventive action. Such a framework must be grounded in the best interests of the child not merely as a rhetorical principle but as an operative legal standard that shapes the content, structure, and accountability mechanisms of community-based prevention.

International scholarship in adjacent fields provides additional conceptual scaffolding. Research on child-centered harm reduction approaches has demonstrated that effective prevention frameworks must be developmentally appropriate, community-embedded, and respectful of children's evolving capacities and rights.¹⁴ Studies on youth engagement in substance use prevention confirm that programs grounded in participatory principles those that position young people, families, and communities as co-designers rather than passive recipients achieve substantially superior outcomes in terms of reach, acceptance, and sustainability.¹⁵ In the Indonesian context, community

¹⁰ Ridwan Arifin et al., "Contextualizing Restorative Justice Through Diversion Mechanism: A Study of Indonesia's Juvenile Justice System," *Indonesia Law Review* 9, no. 3 (2019): 274–291, <https://doi.org/10.15742/ilrev.v9n3.584>.

¹¹ Andi Intan Purnamasari et al., "The Comparative Study of Child Drug Abuse Cases," *Jurnal Pembaharuan Hukum* 8, no. 2 (2021): 214–225, <https://doi.org/10.26532/jph.v8i2.16169>.

¹² Agus Saroni et al., "Rehabilitasi sebagai Upaya Penanganan dan Pemulihan Penyalahgunaan dan Pecandu Narkotika," *Bhirawa Law Journal* 2, no. 2 (2021): 254–263, <https://doi.org/10.26905/blj.v2i2.6823>.

¹³ Indah Sri Utari, "Legal Protection of Children in Contact with the Law Based on the Principle of Best Interest for the Child," *Konstelasi Ilmu Hukum* 3, no. 2 (2023): 192–205, <https://doi.org/10.30659/kajoGs.v3i2.4915>.

¹⁴ Shannon A. McDonald et al., "Child-Centred Harm Reduction," *International Journal of Drug Policy* 109 (2022): 1–6, <https://doi.org/10.1016/j.drugpo.2022.103841>.

¹⁵ Ballard and Kennedy, "Engaging Youth as Leaders and Partners," 3–5.

engagement scholarship has similarly identified the potential of participatory, locally-embedded approaches to health and social protection, though the legal dimension of this engagement has not been adequately theorized.¹⁶

This research is also situated within a broader global discourse on the reform of narcotics laws and their relationship to child rights. International consensus documents, including those developed under the auspices of the United Nations Office on Drugs and Crime (UNODC) and WHO, increasingly affirm that drug policy must prioritize evidence-based prevention over punitive enforcement, particularly where children and young people are concerned.¹⁷ This global normative shift has not yet been adequately reflected in Indonesia's positive legal framework, which retains a predominantly enforcement-centered architecture despite mounting evidence of its limitations. The development of a community-based legal model for narcotics prevention, grounded in the best interests of the child, would represent a significant step toward aligning Indonesia's domestic law with evolving international standards.

The novelty of this research lies precisely in filling the gap identified above. This study constitutes, to the best of the author's knowledge, the first normative juridical inquiry in Indonesian legal scholarship that: (1) systematically positions a community-based approach as a *formal legal model* for narcotics prevention as distinct from an informal social practice, a supplementary administrative initiative, or a non-legal community program; (2) grounds this positioning in a coherent and analytically rigorous synthesis of Indonesia's Narcotics Law, Child Protection Law, the 1945 Constitution, and the CRC's best interests principle as operationalized in Indonesian positive law; and (3) articulates the ideal normative form that such a community-based model should take in order to satisfy the best interests of the child standard as both a procedural requirement and a substantive legal entitlement. In doing so, this research moves beyond description toward normative prescription offering a reform-oriented legal framework capable of operationalization through legislative, regulatory, and institutional channels.

Two research questions organize this inquiry. First: how should a community-based approach be legally positioned as a model for preventing narcotics abuse among children under Indonesian positive law? Second: what is the ideal normative form of a community-based preventive model that satisfies the standard of the best interests of the child as understood within Indonesia's constitutional and statutory framework? These questions are addressed through a normative juridical methodology with statutory and comparative approaches, the details of which are elaborated in the methodology section.

The significance of this inquiry extends beyond the boundaries of Indonesian law. As the international community increasingly recognizes that child protection in the context of narcotics abuse cannot be reduced to penal responses and that community empowerment represents a structurally superior mode of prevention the development of legal models that institutionalize this recognition at the national legislative level becomes a matter of comparative normative importance.¹⁸

¹⁶ Karly I. Cini et al., "Towards Responsive Policy and Actions to Address Non-Communicable Disease Risks Amongst Adolescents in Indonesia: Insights from Key Stakeholders," *The Lancet Regional Health Southeast Asia* 18, no. 100260 (2023): 4–7, <https://doi.org/10.1016/j.lansea.2023.100260>.

¹⁷ Sheryl A. Zimmermann et al., "Towards an International Consensus on the Prevention, Treatment, and Management of High-Risk Substance Use and Overdose Among Youth," *Medicina* 58, no. 4 (2022): 539, <https://doi.org/10.3390/medicina58040539>.

¹⁸ Geraldine Van Bueren, "Incorporation of the UN Convention on the Rights of the Child in National Law," *The International Journal of Children's Rights* 28, no. 1 (2020): 133–156, <https://doi.org/10.1163/15718182-02801003>.

Indonesia, as the fourth most populous nation and home to one of the largest youth populations in Southeast Asia, offers a normatively rich and practically consequential context for developing such models. The findings of this research are accordingly expected to contribute both to Indonesian legal reform debates and to the comparative legal literature on child protection, narcotics prevention policy, and community-based governance of social risks.

2. Method

This research employs a normative juridical methodology, a mode of legal inquiry that situates law as an autonomous normative system and directs analytical attention toward the internal coherence, adequacy, and reformative potential of legal rules, principles, and doctrines.¹⁹ Unlike empirical legal research, which examines the social facts of law's operation in practice, normative juridical research engages the law as it is written and as it ought to be examining the gap between *lex lata* and *lex ferenda* with a view toward prescriptive improvement. This orientation is particularly suited to the present inquiry, which does not merely seek to describe the existing legal landscape governing narcotics prevention and child protection in Indonesia, but to evaluate the adequacy of that landscape against the normative demands of the best interests of the child principle and to propose a legally grounded reform model.

The research is characterized as *reform-oriented*. Reform-oriented normative juridical research intensively evaluates the adequacy of existing legal rules and recommends reformulations of the desired legal framework.²⁰ This typology is appropriate here because the central legal problem identified in the preceding section the disjunction between Article 104 of the Narcotics Law's aspirational community participation mandate and the substantive child protection obligations of the Child Protection Law and the CRC cannot be resolved through description alone. Resolution requires an act of normative reconstruction: the articulation of a legal model that is simultaneously grounded in positive law, theoretically coherent, and practically implementable. The prescriptive ambition of this research thus shapes every dimension of its methodology.

The legal materials used in this research are organized into three tiers, consistent with the hierarchy of normative sources recognized in Indonesian legal scholarship.²¹ Primary legal materials constitute the foundational normative framework and include: the 1945 Constitution of the Republic of Indonesia as the supreme legal norm; Law Number 35 of 2009 on Narcotics; Law Number 35 of 2014 on Amendments to Law Number 23 of 2002 on Child Protection; Law Number 11 of 2012 on the Juvenile Criminal Justice System; Presidential Decree Number 36 of 1990 on the Ratification of the Convention on the Rights of the Child; and Presidential Regulation Number 47 of 2019 on the National Narcotics Agency. Secondary legal materials include legal textbooks, peer-

¹⁹ Irwansyah and Ahsan Yunus, "Penelitian Hukum: Pilihan Metode dan Praktik Penulisan Artikel," *Jurnal Jurisprudence* 11, no. 2 (2020): 190, cited in Raden Indriyanto Seno Adji, "Genuinely Paradigm of Criminal Justice: Rethinking Penal Reform within Indonesia's New Criminal Code," *Cogent Social Sciences* 10, no. 1 (2024): 3-4, <https://doi.org/10.1080/23311886.2023.2301634>.

²⁰ Bambang Sunggono, *Metodologi Penelitian Hukum* (Jakarta: RajaGrafindo Persada, 2006), 43; see also the application of reform-oriented normative research in child narcotics cases discussed in: *International Journal of Humanities and Law Perspectives*, "Child Drug Abuse: Factors, Judicial Process, and Legal Protection," *IJHLP* 2, no. 1 (2024): 3-5, <https://doi.org/10.47353/ijhlp.v2i1.70>.

²¹ Peter Mahmud Marzuki, *Penelitian Hukum*, edisi revisi (Jakarta: Kencana, 2016), 141-169. See also: Afrizal Manaf et al., "Formulation of Customary Criminal Law in Future Criminal Code and Legal Enforcement in Indonesia," *Substantive Justice International Journal of Law* 4, no. 2 (2021): 151, <https://doi.org/10.33096/substantivejustice.v4i2.149>.

reviewed journal articles, research reports, and scholarly commentaries that illuminate, elaborate, and critically engage with the primary materials. Tertiary legal materials include legal dictionaries, encyclopaedias, and other reference works used to clarify terminology and conceptual boundaries.

Data collection in this research is conducted through the library research method, involving systematic identification, retrieval, and analysis of the legal materials described above. No field data or primary empirical data are collected. The library research method is the standard data collection technique in normative juridical research because normative legal materials are, by their nature, documentary in form: statutes, ratified treaties, judicial decisions, and scholarly texts are accessed and analyzed as written documents rather than as lived social practices.²² Secondary sources particularly peer-reviewed journal articles indexed in reputable academic databases are consulted both to situate the research within the existing state of the art and to substantiate normative claims about the comparative effectiveness of community-based prevention models, the requirements of the best interests of the child standard, and the relationship between community empowerment and legal architecture.

The research employs two principal legal approaches. The first is the *statute approach*, which involves a systematic examination of all legislation and regulations relevant to the legal problem under inquiry, analyzing their textual content, hierarchical relationship, internal consistency, and conformity with higher-order norms including constitutional principles and ratified international instruments.²³ Applied to the present problem, the statute approach directs analysis toward the specific provisions of the Narcotics Law, Child Protection Law, Juvenile Criminal Justice System Law, and implementing regulations that bear on community-based prevention, revealing both their normative content and their mutual incoherence. This approach is supplemented by teleological interpretation, which identifies the purpose and social objective behind each provision to assess whether its textual formulation adequately serves that objective a technique essential for evaluating the gap between the aspirational mandate of Article 104 of the Narcotics Law and its operational deficiency in practice.

The second approach is the *comparative approach*, which systematically engages with legal frameworks, models, and policies in selected foreign jurisdictions and international instruments in order to identify normative solutions that may be adapted, with appropriate contextual modification, to the Indonesian legal setting.²⁴ Given that the international legal literature on community-based drug prevention including the Communities That Care framework, harm reduction frameworks endorsed by the United Nations Office on Drugs and Crime (UNODC), and child-centred prevention models developed under the CRC offers substantially more developed normative architectures than currently exist in Indonesian law, the comparative approach is indispensable to the reform-oriented ambition of this research. Comparative analysis is not pursued for descriptive transplantation but for normative illumination: the purpose is to identify principles, institutional arrangements, and legal mechanisms that have proven effective elsewhere and to assess whether

²² Muhammad Ridwansyah, "Transformative-Participatory Legal Research Method for Harmonizing the Existence of the Living Law in Indonesia," *Jurnal Media Hukum* 26, no. 2 (2019): 175–183, <https://doi.org/10.18196/jmh.20190134>.

²³ I Ketut Wirawan and Rr. Herini Siti Aisyah, "Revisiting Indonesian Legal Framework for Juvenile Justice: Ensuring Procedural Rights for Assault Offenders," *Law Reconstruction* 6, no. 1 (2024): 58–60, <https://doi.org/10.26532/lr.v6i1.36261>.

²⁴ Beni Ahmad Saebani, "The Adoption of Various Legal Systems in Indonesia: An Effort to Initiate the Prismatic Mixed Legal Systems," *Cogent Social Sciences* 8, no. 1 (2022): 4–6, <https://doi.org/10.1080/23311886.2022.2104710>.

and how they can be coherently integrated into Indonesia's constitutional and statutory framework.²⁵

Data analysis employs a qualitative approach, consistent with the interpretive character of normative juridical research. The analytical method combines *external systematization* the process of ordering and structuring normative materials across different legal instruments into a coherent and internally consistent framework with teleological and systematic legal interpretation.²⁶ External systematization is particularly important in this research because the relevant normative framework is dispersed across multiple statutes, constitutional provisions, and international instruments that were not designed as a unified legal architecture for community-based child protection in the context of narcotics prevention. The analytical task is precisely to construct that architecture to reveal its latent coherence and, where coherence is absent, to prescribe the normative adjustments necessary to achieve it. The research findings are then presented in a descriptive-prescriptive form: describing the normative landscape as it is and prescribing the reforms that would bring it into conformity with the demands of child rights, the best interests principle, and effective preventive legal governance.

The research is bounded by its normative juridical character. It does not generate empirical data on the actual operation of community-based anti-narcotics programs in Indonesian communities, nor does it measure behavioral outcomes of preventive interventions. Its contribution is normative rather than empirical the construction of a legally coherent and reform-oriented framework that can serve as a foundation for subsequent empirical investigation, legislative drafting, and policy implementation. This limitation also defines the scope of the comparative analysis: the research draws on comparative legal frameworks and international best practices at the level of normative principle and institutional architecture, not at the level of operational program evaluation. Within these boundaries, the methodology is well-suited to achieving the research objectives identified in the preceding section.

3. Results and Discussion

3.1. Positioning the Community-Based Approach as a Legal Model for Narcotics Prevention Among Children

The central analytical task of this section is not merely to describe the community as a social entity capable of drug prevention, but to construct a legally grounded argument for why and how such an approach must be positioned as a *formal legal model* one recognized, mandated, and structured by positive law rather than an informal supplement to state enforcement. This distinction is normatively consequential. A community practice, however effective empirically, lacks the binding authority, institutional durability, and accountability architecture of a legal model. The reform-oriented character of this research, as established in the preceding methodological section, requires that the argument proceed at the level of normative law: what the legal framework should

²⁵ Ardiansyah et al., "Harmonizing Law Enforcement Officials Against Child Victims of Narcotics Abuse," *Jurnal Ilmu Hukum* 11, no. 1 (2024): 24, <https://doi.org/10.30598/jhpis.v11i1.2834>.

²⁶ Elyta Ras Ginting et al., "Under-Legislation in Electronic Trials and Renewing Criminal Law Enforcement in Indonesia (Comparison with United States)," *Journal of Indonesian Legal Studies* 8, no. 1 (2023): 241–243, <https://doi.org/10.15294/jils.v8i1.67632>.

say, and what it currently fails to say, about the role of the community in preventing narcotics abuse among children.

The point of departure is the constitutional foundation of child protection in Indonesia. Article 28B(2) of the 1945 Constitution establishes that every child has the right to survive, grow, and develop, and to be protected from violence and discrimination. This constitutional guarantee is not merely aspirational; it imposes a positive obligation on the state and, by necessary implication, on all institutions of governance to construct normative architectures adequate to the realization of this right. The protection of children from narcotics abuse falls squarely within the ambit of this constitutional mandate. A state that fails to deploy every available legal instrument including community-based models to prevent children from encountering narcotics is a state in partial breach of its constitutional obligations to its youngest and most vulnerable subjects. The community-based legal model proposed in this research is therefore not a policy choice among equals; it is a constitutional imperative dressed in statutory form.

The statutory expression of this imperative appears, albeit inadequately, in two principal instruments. Article 59(2)(e) of the Child Protection Law mandates special protection for children who are victims of narcotics, alcohol, psychotropics, and other addictive substances. Read purposively as the teleological method of legal interpretation requires this provision does not merely create a reactive entitlement to protection after abuse has occurred; it generates a proactive obligation to prevent the conditions under which such abuse arises.²⁷ A child who has already been victimized by narcotics is a child who has already been failed by the protective framework. True compliance with Article 59(2)(e) demands that prevention, not just response, be institutionalized at every level of the social and legal order. Article 104 of the Narcotics Law reinforces this reading by explicitly recognizing the community's right and, read purposively, its obligation to participate in the prevention and eradication of narcotics abuse. However, as the comparative statutory analysis undertaken in this research reveals, this provision's aspirational character is its principal defect: it opens the door to community participation without prescribing the institutional form, content, accountability mechanisms, or legal consequences of that participation.²⁸ A legal model cannot stand on aspiration alone; it requires architecture.

The theoretical foundation of the community-based legal model proposed here draws from two converging intellectual traditions: social control theory and the community-as-subject framework in contemporary legal governance. Social control theory, originating in Travis Hirschi's seminal formulation and subsequently extended by Robert Sampson and William Groves in their community-level applications, posits that the strength of the bonds connecting individuals to their social communities through attachment, commitment, involvement in conventional activities, and belief in shared norms constitutes the primary structural deterrent against deviant behavior.²⁹

²⁷ Indah Sri Utari, "Legal Protection of Children in Contact with the Law Based on the Principle of Best Interest for the Child," *Konstelasi Ilmu Hukum* 3, no. 2 (2023): 194–197, <https://doi.org/10.30659/kajoGs.v3i2.4915>.

²⁸ Ardiansyah et al., "Harmonizing Law Enforcement Officials Against Child Victims of Narcotics Abuse," *Jurnal Ilmu Hukum* 11, no. 1 (2024): 25–27, <https://doi.org/10.30598/jhpis.v11i1.2834>.

²⁹ Robert J. Sampson and W.B. Groves, "Community Structure and Crime: Testing Social-Disorganization Theory," *American Journal of Sociology* 94, no. 4 (1989): 774–802, <https://doi.org/10.1086/229068>. See also: Jaime M. Booth and Megan E. Brown, "Examining Parental Monitoring, Neighborhood Peer Anti-social Behavior, and Neighborhood Social Cohesion and Control as a Pathway to Adolescent Substance Use," *Journal of Child and Family Studies* 32 (2023): 567–579, <https://doi.org/10.1007/s10826-022-02427-2>.

When these bonds are strong, the community exercises informal social control that shapes behavior without the coercion and stigmatization of formal legal sanctions. When these bonds are weak whether through social disorganization, economic marginalization, or normative fragmentation the community's capacity to protect its children from narcotics infiltration collapses, creating the ecological conditions in which drug abuse thrives. This theoretical framework carries direct normative implications: a legal model for narcotics prevention must not merely regulate behavior; it must actively reinforce the social bonds that make community-level prevention possible.

This theoretical insight converges with emerging international standards on community-based drug prevention, which have moved decisively away from enforcement-centered models toward what the United Nations Office on Drugs and Crime (UNODC) describes as evidence-based prevention rooted in the strengthening of protective social factors family cohesion, positive peer relationships, safe community spaces, and culturally grounded educational norms.³⁰ The most extensively evaluated framework in this tradition the *Communities That Care* (CTC) system demonstrates through randomized controlled trials that communities equipped with the institutional capacity to assess local risk factors, choose evidence-based interventions, and monitor outcomes achieve significant and sustained reductions in adolescent drug use.³¹ The legal significance of this evidence is twofold: first, it establishes that community-based prevention is not merely a well-intentioned aspiration but a scientifically validated approach; second, it demonstrates that such prevention requires institutional architecture trained personnel, inter-agency coordination, systematic data use, and accountability mechanisms precisely the architectural elements that Indonesian positive law currently fails to provide.

Against this backdrop, the positioning of the community as a legal subject not merely a social actor in the prevention of narcotics abuse among children becomes not only theoretically defensible but legally imperative. The community's role in the proposed legal model encompasses five analytically distinct but operationally interconnected functions. First, early detection: the community, through its organic networks of social observation, is uniquely positioned to identify children displaying early signs of risk behavioral changes, social withdrawal, association with substance-using peer groups, or exposure to family dysfunction before formal institutions become aware.³² This function cannot be replicated by law enforcement or administrative agencies, which lack the daily social proximity to children that community members possess. Second, informal norm enforcement: the community exercises social pressure through norms of shame, respect, and collective responsibility that deter narcotics-related behavior far more efficiently and sustainably than punitive legal sanctions, which are inherently reactive and frequently counterproductive when applied to children.³³ Third, culturally grounded education: local traditions, values, and communal rituals constitute powerful pedagogical resources for delivering anti-narcotics messages in forms

³⁰ International Journal of Prevention and Treatment of Substance Use Disorders, "International Standards on Drug Use Prevention: The Future of Drug Use Prevention World-Wide," *IJPTSUD* 1, no. 2 (2014): 10-13, <https://doi.org/10.4038/ijptsud.v1i2.7687>.

³¹ J. David Hawkins et al., "Results of a Type 2 Translational Research Trial to Prevent Adolescent Drug Use and Delinquency: A Test of Communities That Care," *Archives of Pediatrics and Adolescent Medicine* 163, no. 9 (2009): 789-798, <https://doi.org/10.1001/archpediatrics.2009.141>.

³² International Journal of Humanities and Law Perspectives, "Child Drug Abuse: Factors, Judicial Process, and Legal Protection," *IJHLP* 2, no. 1 (2024): 4-6, <https://doi.org/10.47353/ijhlp.v2i1.70>.

³³ Meagan T. Ackermann et al., "Engaging Adolescents in the Fight Against Drug Abuse and Addiction: A Concept Mapping Approach," *Substance Abuse Treatment, Prevention, and Policy* 17, no. 4 (2022): 3-5, <https://doi.org/10.1186/s13011-021-00440-6>.

that resonate with children's lived experiences and identities, far more effectively than standardized government campaigns that lack cultural specificity.³⁴ Fourth, environmental protection: the community shapes the physical and social environments in which children develop the availability of safe play spaces, the quality of neighborhood cohesion, the presence of trusted adults outside the family all of which are documented determinants of adolescent substance use vulnerability.³⁵ Fifth, institutional bridge-building: the community serves as the connective tissue between formal state institutions (schools, health centers, law enforcement, the National Narcotics Agency) and the informal social world of children, enabling integrated and coordinated responses that neither the state nor the community can achieve in isolation.³⁶

The legal legitimacy of these functions is established not merely by national statute but by Indonesia's international obligations. The CRC, ratified by Indonesia in 1990 and carrying the force of domestic law through Presidential Decree Number 36 of 1990, imposes on states an obligation under Article 33 to take all appropriate measures, including legislative, administrative, social, and educational measures, to protect children from illicit use of narcotic drugs and psychotropic substances. The phrase "all appropriate measures" is not exhaustive; it is expansive, encompassing community-based legal models as a form of social measure specifically demanded by the preventive logic of child rights. Recent international scholarship on the implementation of the CRC in national legal systems confirms that Article 33 has been systematically under-realized in countries that rely predominantly on enforcement-based narcotics policies, and that its full realization requires the construction of participatory, community-grounded legal architectures.³⁷

The shift from a top-down, enforcement-centered model to a participatory, community-based legal framework also reflects a broader transformation in the theory of legal governance that underpins Indonesia's constitutional order. The spirit of decentralization constitutionalized through Law Number 23 of 2014 on Regional Government positions local communities not as passive recipients of central policy but as active agents of local governance, capable of identifying, addressing, and managing social challenges in ways that align with local conditions, cultural values, and community capacities. A community-based legal model for narcotics prevention is thus not only consistent with but demanded by Indonesia's decentralization architecture, which allocates to regional governments and, by extension, to the communities they serve primary responsibility for social welfare, public health, and child protection.³⁸

The comparative perspective further strengthens this positioning. The Icelandic Prevention Model, widely studied in international prevention science, provides a compelling example of what legally institutionalized community-based prevention can achieve: by restructuring the social en-

³⁴ Emma Dunstone et al., "Implications of Time and Space Factors Related with Youth Substance Use Prevention: A Conceptual Review and Case Study of the Icelandic Prevention Model," *International Journal of Qualitative Studies on Health and Well-Being* 17, no. 1 (2022): 4–6, <https://doi.org/10.1080/17482631.2022.2149097>.

³⁵ Jocelyn A. Smith Carter et al., "Strengthening Communities: A Qualitative Assessment of Opportunities for the Prevention of Adverse Childhood Experiences in the Wake of the Opioid Crisis," *Journal of Child and Family Studies* 31, no. 4 (2022): 1146–1150, <https://doi.org/10.1007/s10826-021-02202-z>.

³⁶ Elyta Ras Ginting et al., "Under-Legislation in Electronic Trials and Renewing Criminal Law Enforcement in Indonesia (Comparison with United States)," *Journal of Indonesian Legal Studies* 8, no. 1 (2023): 242–245, <https://doi.org/10.15294/jils.v8i1.67632>.

³⁷ Geraldine Van Bueren, "Incorporation of the UN Convention on the Rights of the Child in National Law," *The International Journal of Children's Rights* 28, no. 1 (2020): 138–145, <https://doi.org/10.1163/15718182-02801003>.

³⁸ Beni Ahmad Saebani, "The Adoption of Various Legal Systems in Indonesia: An Effort to Initiate the Prismatic Mixed Legal Systems," *Cogent Social Sciences* 8, no. 1 (2022): 5–7, <https://doi.org/10.1080/23311886.2022.2104710>.

vironments of adolescents through time-use interventions, organized recreational activities, and community cohesion programs, Iceland achieved dramatic reductions in adolescent substance use without resort to criminalization or punitive enforcement.³⁹ While direct legal transplantation is methodologically unsound, the normative principle extracted from the Icelandic experience that organized community environments constitute a legally structurable form of prevention is both generalizable and applicable to the Indonesian context, where the constitutional and statutory framework already provides the normative foundation for such structuring, if only it were properly activated.

The community-based legal model proposed in this research is accordingly distinguished from existing approaches in Indonesian law by three structural characteristics. First, it is *proactive* rather than reactive: it operates before narcotics abuse occurs, not after. Existing Indonesian legal frameworks the Narcotics Law, the Child Protection Law, the Juvenile Criminal Justice System Law are predominantly reactive, engaging children after exposure has occurred or after a criminal act has been committed. A genuinely preventive legal model must operate upstream, shaping the social ecology in which children develop before the crisis materializes.⁴⁰ Second, it is *participatory* rather than top-down: it positions the community as a legally empowered actor with defined rights, responsibilities, and accountability mechanisms, not merely as an audience for state-directed campaigns. The legal model must specify who in the community bears what preventive obligations, how those obligations are coordinated with state institutions, and what legal consequences attach to persistent inaction. Third, it is *child-centered* rather than enforcement-centered: its organizing normative standard is the best interests of the child, not the eradication of narcotics as such. These two objectives are not identical, and when they conflict as they do, for example, when a child narcotics user requires rehabilitation rather than prosecution the best interests standard must prevail. A community-based legal model that is genuinely child-centered will design its preventive mechanisms around children's developmental needs, rights, and vulnerabilities, not around the institutional imperatives of law enforcement agencies.⁴¹

The integration of these three characteristics proactivity, participatory structure, and child-centeredness into a coherent normative framework constitutes the conceptual core of the community-based legal model proposed in this research. It is a model that draws its legitimacy from the 1945 Constitution, the Narcotics Law, the Child Protection Law, and Indonesia's international obligations under the CRC; its theoretical coherence from social control theory, community governance frameworks, and the international prevention science literature; and its practical operationalizability from the institutional realities of Indonesia's decentralized governance architecture. The ideal normative form of this model the specific legal mechanisms through which its components should be institutionalized is the subject of the following section of this discussion.

³⁹ Dunstone et al., "Implications of Time and Space Factors," 5–8.

⁴⁰ Shannon A. McDonald et al., "Child-Centred Harm Reduction," *International Journal of Drug Policy* 109 (2022): 2–4, <https://doi.org/10.1016/j.drugpo.2022.103841>.

⁴¹ Kabarak Journal of Law and Ethics, "The Nexus Between the Best Interests of the Child and Detention of Children in Conflict with the Law," *Kabarak Journal of Law and Ethics* 8, no. 1 (2024): 6–9, <https://doi.org/10.58216/kjle.v8i1.444>.

3.2. The Ideal Normative Form of a Community-Based Approach in Preventing Narcotics Abuse in Line with the Best Interests of the Child

Having established in the preceding section that a community-based approach must be legally positioned as a formal preventive legal model one that is proactive, participatory, and child-centered this section turns to the more demanding prescriptive question: what is the ideal normative form such a model should take in order to satisfy the standard of the best interests of the child as understood within Indonesia's constitutional and statutory framework? This is not a question about the social features of community programs, but a legal question about the architectural components, normative standards, and institutional accountability mechanisms that a legally operative community-based model must incorporate if it is to be more than aspirational language in a statute. The answer, as this analysis will demonstrate, requires a coherent integration of seven normative components: community participation as a legal obligation, legal education and awareness, family resilience as a structural preventive factor, child-friendly environmental infrastructure, cross-sector institutional collaboration, program sustainability and accountability, and restorative justice as the preferred response to early narcotics exposure.

The first and most foundational component is the normative reconceptualization of community participation from a voluntary civic gesture to a legally structured obligation with defined content, accountable actors, and institutional coordination. The existing statutory framework provides the normative seed for this reconceptualization: Article 104 of the Narcotics Law establishes that "the public has the broadest opportunity to participate" in narcotics prevention, while Article 59(2)(e) of the Child Protection Law imposes on the government, regional governments, and society jointly the obligation to provide special protection to child victims of narcotics. Read together through the lens of teleological interpretation, these provisions do not merely invite community participation they constitutionalize it as a shared state-community responsibility. What the ideal normative model adds to this existing framework is institutional specificity: it designates the actors (neighborhood associations, village governments, religious leaders, youth organizations, and local child protection units), prescribes their minimum preventive functions, and establishes coordination mechanisms that link community-level action to the regional branches of the National Narcotics Agency (*BNN Kabupaten/Kota*) and local government child protection services.⁴² A legally structured participation framework of this kind transforms the community from a passive social backdrop into a constitutionally recognized actor with defined rights and responsibilities in the prevention ecosystem.

The second component is the institutionalization of legal education and anti-narcotics awareness as a community-delivered public function. Children's vulnerability to narcotics is not merely a product of individual weakness; it is, to a significant degree, a product of information asymmetry the absence of accurate, developmentally appropriate knowledge about the dangers of narcotics, the legal consequences of use, and the support systems available to children at risk. Research on international consensus approaches to youth drug prevention confirms that educational interventions targeting not only children but also their families, teachers, and community leaders are among

⁴² Siti Nurbadialiah, Akhmad Munawar, and Indah Dewi Megasari, "Penuntutan terhadap Perkara Anak dalam Sistem Peradilan Pidana Anak di Indonesia," *Jurnal Hukum Lex Generalis* 4, no. 7 (2023): 59-61, <https://doi.org/10.56370/jhlg.v4i7.373>.

the most cost-effective preventive measures available.⁴³ The ideal normative model requires that this education be delivered systematically through community forums, educational institutions, and local religious and cultural gatherings, using materials that are contextually appropriate and grounded in the lived realities of children in each community. Critically, legal education in this model is not limited to instruction about prohibited substances; it encompasses the cultivation of legal awareness as a civic disposition the internalization by children and community members of the norms, rights, and responsibilities that constitute the legal framework of child protection. Academic legal educators, child rights practitioners, and local education officers are designated as key actors in the delivery and periodic renewal of this educational function, ensuring that its content remains current, evidence-based, and responsive to emerging patterns of drug exposure among children.⁴⁴

The third component addresses family resilience, which both international prevention science and Indonesian child protection policy consistently identify as the most proximate structural determinant of children's vulnerability to narcotics. The family is simultaneously the primary social environment in which children's attitudes, values, and behavioral dispositions are formed, and the first institutional defense against external threats including narcotics exposure. A community-based legal model that neglects the family as a preventive unit is structurally incomplete. The UNODC *Family UNited* programme, piloted specifically in East Java, Indonesia, provides empirical evidence that structured family skills interventions those that enhance parental monitoring, improve caregiver-child communication, and strengthen family adjustment produce measurable improvements in children's resilience and behavioral outcomes in Indonesian community settings.⁴⁵ The ideal normative model incorporates this insight by prescribing family strengthening programs as a mandatory component of community-based narcotics prevention, supported institutionally by Social Services Departments and the Integrated Service Centers for Women and Child Empowerment. The normative standard governing these programs is the best interests of the child principle, which in this context requires that parenting capacity be treated not as a private family matter but as a subject of legitimate legal and institutional concern, given that inadequate parenting constitutes a documented risk factor for narcotics exposure among children.⁴⁶

The fourth component is the provision of child-friendly physical and social environments the infrastructural dimension of the community-based legal model. The empirical literature on neighborhood social ecology establishes that the characteristics of the physical and social environments in which children develop including the availability of safe recreational spaces, the quality of community cohesion, and the presence of structured adult supervision in public spaces are significant and measurable determinants of adolescent substance use risk.⁴⁷ Children who inhabit

⁴³ Sheryl A. Zimmermann et al., "Towards an International Consensus on the Prevention, Treatment, and Management of High-Risk Substance Use and Overdose Among Youth," *Medicina* 58, no. 4 (2022): 539-541, <https://doi.org/10.3390/medicina58040539>.

⁴⁴ Parissa J. Ballard and Heather K. Kennedy, "Engaging Youth as Leaders and Partners Can Improve Substance Use Prevention: A Call to Action to Support Youth Engagement Practice and Research," *Substance Abuse Treatment, Prevention, and Policy* 18, no. 71 (2023): 3-5, <https://doi.org/10.1186/s13011-023-00582-7>.

⁴⁵ Karin Haar et al., "Family UNited: Piloting of a New Universal UNODC Family Skills Programme to Improve Child Mental Health, Resilience and Parenting Skills in Indonesia and Bangladesh," *International Journal of Mental Health Systems* 17, no. 49 (2023): 4-8, <https://doi.org/10.1186/s13033-023-00602-w>.

⁴⁶ Jacklyn Reyes et al., "The Role of Parenting in Developmental Trajectories of Risk for Adolescent Substance Use: A Bioecological Systems Cascade Model," *Frontiers in Psychology* 14 (2023): 1277419, <https://doi.org/10.3389/fpsyg.2023.1277419>.

⁴⁷ Jaime M. Booth and Megan E. Brown, "Examining Parental Monitoring, Neighborhood Peer Anti-social Behavior, and Neighborhood Social Cohesion and Control as a Pathway to Adolescent Substance Use," *Journal of Child and Family Studies* 32 (2023): 567-579, <https://doi.org/10.1007/s10826-022-02427-2>.

environments characterized by physical disorder, social fragmentation, and the absence of organized recreational activities are substantially more vulnerable to narcotics exposure through peer networks and unstructured time. The ideal normative model therefore requires village governments and local authorities to provision and maintain child-friendly spaces (*ruang ramah anak*): safe playgrounds, youth activity centers, anti-narcotics youth posts (*pos pemuda anti-narkoba*), and culturally grounded community gathering spaces that provide children with structured, supervised, and meaningful alternatives to the social environments in which drug exposure typically occurs. These facilities are not merely social amenities; they constitute legal infrastructure for the realization of children's rights to development, play, and participation as guaranteed by Article 31(1) of the CRC, which Indonesia is bound to implement.⁴⁸

The fifth component cross-sector institutional collaboration addresses the structural fragmentation that is perhaps the most significant operational weakness of Indonesia's current narcotics prevention framework. Effective prevention of child narcotics abuse requires the coordinated engagement of multiple institutional actors operating at different levels of the governance system: community leaders and neighborhood associations at the grassroots level; schools and teachers as daily custodians of children's developmental environment; community health centers as the primary health interface for early detection and referral; local law enforcement as deterrence and referral partners; and the National Narcotics Agency at the district and city level as the coordinating and standard-setting authority. At present, these actors operate in institutional silos, with overlapping mandates, inadequate information sharing, and no legally prescribed coordination architecture. The ideal normative model addresses this structural deficiency by establishing mandatory inter-agency coordination protocols, prescribing minimum data-sharing obligations, and creating clear referral pathways between community-level detection and formal institutional response. Building restorative justice through community-based, bottom-up mechanisms as demonstrated in the Gampong community justice model in Aceh illustrates that formal and informal institutional actors can be effectively integrated through legally sanctioned coordination frameworks that leverage local social capital and cultural authority.⁴⁹

The sixth component is program sustainability and accountability the normative mechanisms that prevent community-based prevention from degenerating into episodic, project-driven, and externally financed activities that collapse when funding cycles end. The sustainability deficit is a widely documented weakness of community-based drug prevention programs globally: interventions that are not embedded in standing institutional structures, regular budget cycles, and ongoing personnel commitments tend to decay rapidly after their initial implementation phase.⁵⁰ The ideal normative model addresses this deficit through three mechanisms. First, it incorporates legal requirements for the periodic monitoring and evaluation of community-based prevention pro-

⁴⁸ Geraldine Van Bueren, "Incorporation of the UN Convention on the Rights of the Child in National Law," *The International Journal of Children's Rights* 28, no. 1 (2020): 140–143, <https://doi.org/10.1163/15718182-02801003>.

⁴⁹ Mohd Rezuan bin Mohd Yusof et al., "Building Restorative Justice in Gampong as a Bottom-Up Legitimation of the Protection of Children in Conflict with the Law in Indonesia: Case Study in Aceh," *Cogent Social Sciences* 10, no. 1 (2024): 2347410, <https://doi.org/10.1080/23311886.2024.2347410>.

⁵⁰ Emma Dunstone et al., "Implications of Time and Space Factors Related with Youth Substance Use Prevention: A Conceptual Review and Case Study of the Icelandic Prevention Model Being Implemented in the Context of the COVID-19 Pandemic," *International Journal of Qualitative Studies on Health and Well-Being* 17, no. 1 (2022): 6–9, <https://doi.org/10.1080/17482631.2022.2149097>.

grams, with results reported to regional government authorities on a schedule prescribed by law. Second, it mandates the training and regular certification of community prevention cadres, ensuring the continuity of human capacity within the community prevention system across changes in personnel and leadership. Third, it embeds anti-narcotics prevention as a standing component of village development planning and regional medium-term development plans (*RPJMD*), institutionalizing it within the regular fiscal and planning cycles of local government rather than treating it as a supplementary program dependent on special allocations. These accountability mechanisms are consistent with the principle of *salus populi suprema lex esto* the safety of the people as the supreme legal priority which demands that preventive legal architectures be structurally durable, not contingently funded.⁵¹

The seventh and final component is the restorative justice approach as the normatively prescribed response when a child is found to have been exposed to or involved in narcotics use the transition point between prevention and remediation. The ideal community-based model is primarily preventive, but it must also specify the appropriate legal response when prevention has been insufficient. The CRC, in Article 40, explicitly prohibits the treatment of children in conflict with the law through processes that do not respect their rights, dignity, and best interests. Applied to child narcotics cases, this prohibition counsels decisively against punitive approaches prosecution, pre-trial detention, and imprisonment and in favor of restorative, rehabilitative, and community-embedded responses. Youth participation research confirms that young people who are actively involved in the design and implementation of drug interventions rather than being treated as passive recipients of state action achieve substantially better outcomes in terms of desistance, social reintegration, and resilience.⁵² The ideal normative model therefore incorporates restorative justice operationalized through diversion under Law Number 11 of 2012 on the Juvenile Criminal Justice System as the mandatory first response to child narcotics cases, with community leaders, traditional figures, correctional counselors, and family members as constitutively important actors in the restorative process.⁵³

Taken together, these seven components constitute the ideal normative form of a community-based legal model for narcotics prevention among children in Indonesia. They are not merely programmatic recommendations; each is grounded in a specific provision of Indonesian positive law or international obligations binding on Indonesia, and each is operationalizable through identifiable legal mechanisms including legislative drafting, regional regulation, ministerial decree, and inter-agency protocol. The model as a whole reflects and operationalizes the best interests of the child principle not as a rhetorical invocation but as a structuring norm that determines the content, priority, and accountability of every component. A child whose community has implemented this model in full is a child who lives in a constitutionally compliant environment of protection: educated about legal rights and narcotics dangers, supported by resilient family structures, surrounded by child-friendly social spaces, monitored by coordinated institutional actors, protected by sustainable programmatic commitments, and should prevention fail responded to through rehabilitative

⁵¹ Raden Indriyanto Seno Adji, "Genuinely Paradigm of Criminal Justice: Rethinking Penal Reform within Indonesia's New Criminal Code," *Cogent Social Sciences* 10, no. 1 (2024): 5–7, <https://doi.org/10.1080/23311886.2023.2301634>.

⁵² Charlotte Colman et al., "Building Cultures of Participation: Involving Young People in Contact with the Criminal Justice System in the Development of Drug Interventions in the United Kingdom, Denmark, Italy and Poland," *Youth Justice* 22, no. 3 (2022): 245–261, <https://doi.org/10.1177/14732254221075206>.

⁵³ Goldenratio Journal, "Legal Analysis of the Application of Restorative Justice in Narcotics Abuse Offenses Involving Minors," *Golden Ratio of Law and Social Policy* 4, no. 2 (2024): 4–7, <https://doi.org/10.52970/grdis.v4i2.536>.

rather than punitive legal mechanisms. The gap between this ideal and the current state of Indonesian law is wide, but it is a gap that can be closed through deliberate legal reform informed by the analytical framework developed in this research.

4. Conclusion

This research has demonstrated that a community-based approach to narcotics prevention among children is not merely a social policy preference but a legally grounded and constitutionally mandated model that the Indonesian legal framework already partially supports yet has failed to fully institutionalize. Two principal conclusions emerge from the normative juridical analysis conducted. First, the community-based approach must be legally positioned as a formal preventive legal model not an informal supplement to state enforcement. Its legitimacy rests on a coherent normative synthesis of Article 104 of the Narcotics Law, Article 59(2)(e) of the Child Protection Law, Article 28B(2) of the 1945 Constitution, and Article 33 of the Convention on the Rights of the Child. This positioning transforms the community from a passive social backdrop into a constitutionally recognized actor with legally defined preventive functions, grounded in the principle of *salus populi suprema lex esto* and operationalized through Indonesia's decentralization architecture. Second, the ideal normative form of this model must integrate seven interdependent components: structured community participation as a legal obligation; institutionalized legal education and anti-narcotics awareness; family resilience programs anchored in the best interests of the child; child-friendly environmental infrastructure; cross-sector institutional collaboration with prescribed coordination protocols; program sustainability and accountability mechanisms embedded in regular governmental planning cycles; and restorative justice as the primary legal response when prevention is insufficient. Together, these components constitute a legally operative, child-centered, and structurally durable framework that closes the normative gap between Indonesia's protective aspirations and its preventive realities. Based on these findings, this research recommends: (1) legislative amendment to Article 104 of the Narcotics Law to specify community obligations, accountable actors, and coordination mechanisms; (2) issuance of a Government Regulation (*Peraturan Pemerintah*) operationalizing the community-based preventive model specifically for child protection; and (3) integration of community-based narcotics prevention programs as a mandatory component of regional medium-term development plans (*RPJMD*) at all administrative levels. These reforms, taken together, would constitute a meaningful legal breakthrough in the protection of Indonesian children from the growing threat of narcotics abuse.

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