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CRIMINAL LIABILITY OF JAMU DISTRIBUTORS CONTAINING HAZARDOUS CHEMICAL RAW MATERIALS IN INDONESIA

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Abstract
Intense competition in the business world changes the behavior of business actors to conduct unfair business competition, including in the field of traditional medicines or herbal medicine. Here, the role of the distributor as the one who distributes it to the consumer, it is the distributor who should be responsible if something happens to the goods they distribute. This study aims to analyze whether distributors of herbal medicine containing hazardous chemical raw materials can be criminally responsible in Indonesia. The method used in this study is a normative juridical approach, which is a method that departs from and focuses on a legal regulation related to the criminal liability of herbal medicine distributors containing hazardous chemical raw materials. The conclusion of this study is that the problem of consumer protection against the circulation of herbal medicine which has hazardous raw materials for health cannot be separated from the stages of other consumer transactions. It is no longer a caveat emptor (that it is the consumer who must be careful), but a caveat vendor, namely the producer/seller/distributor of the product or the creditor who must be responsible, which is commonly known as product responsibility. In other words, the law only regulates the interests of consumers from the side of producers or business actors. Meanwhile, from the other side, the most important thing is that the rights of consumers are neglected.
Keywords: Criminal, Traditional Medicine, Law, and Distributor.

A. INTRODUCTION

Health is a basic right that must be owned by every citizen in Indonesia. To realize these basic rights, Indonesian citizens are given the freedom to choose health services, usually people prefer to use health services using traditional medicine when sick (Chee, Borowitz, and Barraclough, 2009a; Ensor, 2004). Herbal medicine in Indonesia is known as jamu. Herbal medicine is used by the Indonesian people as conventional medicine, because herbal medicine is a medical heritage of the Indonesian nation from generation to generation. The ingredients used to make herbal medicine are ingredients that come from nature, such as plants, animals or a mixture of both (Triratnawati, 2016).

In Indonesia, herbal medicine is regulated in Law no. 36 of 2009 concerning Health, where herbal medicine is limited to ingredients or ingredients in the form of plant ingredients, animal ingredients, mineral ingredients, sarian (galenic) preparations, or mixtures of these ingredients which have been used for generations for treatment, and can be applied according to with the norms that apply in society (Sumarni, Sudarmin, and Sumarti, 2019). Indonesia has long used herbal medicine or traditional medicine, as evidenced by the results of a survey by the Biodata Expedition Team. In 1998, one of them in the provinces of Riau and Jambi was found 45 herbs with 195 species of medicinal plants found in traditional Malay tribal communities, 48 herbs with 115 species used the talang mamak tribal community and 72

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types of herbs with 116 species by the Anak Dalam tribal community (Fabricant and Farnsworth, 2001; Agency for Health Research and Development. 2011).Apart from Indonesia, 30%-50% of the total number of medicines in China are herbal medicines. This is according to the World Health Organization (WHO). Medicines made from herbs are currently experiencing an increase (Zhang and Li, 2011; Kanchanachitra, et al., 2011). However, consumers must remain vigilant in terms of the safety of the herbal or herbal medicines they consume, because they may be contaminated with microbial contaminants, chlorinated pesticides, heavy metals, and other chemical toxins (Watanabe, et al., 2001; Alves and Rosa, 2007).

For example, the results of a study in Manado from 10 samples of slimming jamul turned out to contain the chemical drug sibrutamine or HCL, of which sibrutamine HCL is a strong drug, one of which is contraindicated with cardiovascular disease. In addition to slimming drugs, prednisone was also found in herbal medicine, where predisol is one of the chemical drugs whose use must be appropriate, usually predison is given to patients for chronic and acute diseases. Traditional herbal medicine for aches and pains, gout, and shortness of breath. The use of predison that is not in accordance with its intended use results in digestive disorders, bone hormones, depression, and insomnia. Thus, this is very detrimental to the community as consumers (Wisnu, Sudewi, and Lolo, 2017).

Consumers are generally defined as the final users of a product that is handed over to those who aim to be consumed, and everyone who gets these goods from business actors must be used, not for sale anymore. Entrepreneurs themselves in Article 1 point 3 of Law no. 8 of 1999 states that a business actor is every individual or business entity, whether in the form of a business entity or not a legal entity that is established and domiciled or carries out activities within the jurisdiction of the Republic of Indonesia, either alone or jointly through an agreement to carry out business activities in various fields. economics (Rusli, 2012).

Producers as food product makers do not work alone, meaning that producers themselves make these products, from these products Producers borrow hands, and through this borrowing strategy, it is hoped that the results of marketing their products are maximized. Several companies have proven the effectiveness of marketing their products by collaborating with local distributors, such as multinational companies such as Unilever, Nestle, Danone, and others. The actual distributor is a business established with the aim of distributing goods from their warehouses to subsequent distributors consisting of wholesalers, retailers, or sold to consumers (Hartanty and Nugroho, 2019). Meanwhile, the goods in his warehouse come from various Producers who work with him. If you look at their duties, the distributor is indirectly the producer's right hand in marketing goods in marketing areas that have been designated by the producer, including drugs and herbal medicine.

Although the distributor gets goods from the Manufacturer, this distributor does not do business on behalf of the Manufacturer, but does business for and on behalf of himself. The distributor obtains the goods by buying it himself from the producer and then selling it to buyers in the area promised by the producer. Producers also do not know who the last

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consumer consumed or used their product (Mulyanto and Sulchan, 2021). Even all forms of consequences and actions have become the responsibility of the distributor. Thus, the purpose of this study is to analyze how the distributor's responsibility in herbal medicine contains hazardous raw materials that can endanger the health condition of consumers.

B. METHOD

The type of research using normative legal research is research conducted to find the truth of coherence, namely whether there are legal rules according to legal norms and are there norms in the form of orders or prohibitions that are in accordance with legal principles, and whether a person's actions are in accordance with legal norms (not only in accordance with legal norms). rule of law) or legal principles (Rusli, 2012). The reason for using this type of normative research is because this research is carried out by describing a problem and then analyzing the problem through data sources that have been collected and then compiled and processed based on the concepts and theories related to the research.
The primary legal materials used include official records or minutes in the making of legislation, legislation and judge decisions. Secondary legal materials using legal product books include theses, legal journals and dissertations. While tertiary legal materials use literature studies and interviews. The research specification uses analytical research, namely research that describes the applicable laws and regulations associated with positive legal theories concerning the problems being studied (Hartanty and Nugroho, 2019).

C. RESULTS AND DISCUSSION

Standards for Making Herbal Medicines/Herbal Medicines That Are Worth Consuming Based on Positive Laws in Indonesia

In the manufacture of herbal medicine/herbal medicine, the most important thing is that it must be made to a standard that has been determined by the government represented by the Food and Drug Supervisory Agency (BPOM), this is because herbs/herbal medicines will be consumed by the community for treatment. So that people as consumers feel protected in consuming these herbs. Standardization of traditional medicine is also known as Good Manufacturing Practice (GMP), which is a rule regarding the procedures for regular and regular quality (Roihanah, 2019).

In addition, the objectives of standardization of herbal medicine are: 1) The similarity of formulas and efficacy, especially the raw materials and herbs; 2) The presence of active compounds so that pharmacological compounds can be known because the effects of pharmacology are not determined by the herbal medicine manufacturer, but through research and laboratory tests; c) Same dose; d) Prevent counterfeiting, so that the public can know which products are genuine and which are counterfeit; e) Clinical trials, so that people are sure about the safety and efficacy of herbal medicine.

Regarding the standardization of herbal medicine that is suitable for consumption in Indonesia, this study refers to the Regulation of the Minister of Health no. 7 of 2012

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concerning the Registration of Traditional Medicines. Standardization of making herbal medicine suitable for consumption in Indonesia based on the Regulation of the Minister of Health no. 7 of 2012 concerning Registration of Traditional Medicines are: a) Must have a distribution permit from the Food and Drug Supervisory Agency, except for herbal concoctions and herbal medicine business, simplicia and galenic preparations for industrial purposes and traditional medicine service needs, herbs used for research, samples for registration and exhibition in limited quantities and not for sale; b) Using materials that meet safety and quality requirements; c) Made by applying CPOTB; d) Meet the requirements of the Indonesian Herbal Pharmacopoeia or other recognized requirements; e) Efficacy proven empirically, hereditary, and/or scientifically; f) Marking contains information that is objective, complete, and not misleading; g) Traditional medicine is prohibited from containing: 1) alcohol details of more than 1%, except in the form of tincture which is used in dilution; 2) medicinal chemicals which are isolated or synthetic with medicinal properties; 3) narcotics or psychotropic substances; and/or 4) other materials based on health considerations and/or based on research are harmful to health; h) Traditional medicine is prohibited from being manufactured and/or circulated in the following dosage forms: 1) Intravaginal; 2) Eye drops; parenteral; and 3) Uppositories, unless used for hemorrhoids (Roihanah, 2019).

In the Regulation of the Minister of Health No. 7 of 2012 concerning Registration of Traditional Medicines is prohibited regarding the use of Jamu or herbal medicines containing medicinal chemicals that are efficacious for medicine, moreover, these medicinal chemicals are dangerous because the dosage is in accordance with the recommendations. The government, both at the central and regional levels, should be responsible for dealing with the problem of herbal drinks or traditional medicines. In addition to real responsibility in the form of action, responsibility in the form of regulation as a legal basis to deal with the widespread circulation of herbal/traditional medicines made from medicinal chemicals, especially for the benefit of consumer protection, is very much needed. These laws and regulations include the following:

1. Regulation in terms of circulation: a) Article 35 paragraph (1) letter d of Law no. 7 of 2014 concerning Trade, in Chapter IV Part Ninth concerning prohibitions or restrictions on the trade in goods and/or services for the national interest with the reasons: protecting the health and safety of humans, animals, fish, plants, and the environment; b) Article 54 of Law no. 3 of 2014 concerning Industry confirms that: Every industrial goods and/or services that do not meet SNI, technical specifications, and/or obligatory enforced procedure guidelines, business actors or owners of industrial goods and/or services must withdraw the goods and/or services. stop Industrial Services activities.
2. Regulations in terms of safety, quality and quality: a) Article 67 of Law No, 18 of 2012 concerning Food, in Chapter VII concerning Food Safety, which in essence states that Food Security is held to keep Food safe, hygienic, quality, nutritious, and does not conflict with the religion, belief and culture of the community as well as to prevent the possibility of biological, chemical contamination and other objects that can disturb, harm and endanger human safety; b) Article 7 letter a of Law no. 8 of 1999 concerning Consumer Protection confirms the obligation to business actors, namely that business

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actors must "have good intentions in carrying out their business activities" and in Article 7 letter d "guarantee the quality of goods and/or services produced and/or traded based on the provisions of quality standards of goods. and/or applicable services;

3. Regulations in terms of promotion/advertising: a) Article 104 paragraph (1) of Law No, 18 of 2012 concerning Food, in Chapter VIII Part Two concerning Food Advertising states: Every Food advertisement traded must contain correct information or statements regarding Food and not misleading; b) Article 8 paragraph (1) letters a and d, Law no. 8 of 1999 concerning Consumer Protection in Chapter IV concerning Prohibited Actions for Business Actors; c) Government Regulation No. 69 of 1999 concerning Food Labels and Advertisements in articles 17, 18, 19, 21, 22 and 36.
4. Regulations related to the content in traditional medicine Permenkes RI Number: 246/Menkes/Per/V/1990 Article 1 states, Traditional medicine is an ingredient or ingredient in the form of plant material, animal material, mineral material, galenic preparations or mixtures and these materials. , which has traditionally been used for treatment based on experience;
5. Regulations in terms of licensing Regulation of the Minister of Health of the Republic of Indonesia Number: 246/Menkes/Per/V/1990 concerning business licenses for the traditional medicine industry and registration of traditional medicines by the Minister of Health of the Republic of Indonesia (Yudiatmaja, Prastya, Meilinda, and Samnuzulsari, 2021).

Standards for Making Herbal Medicines / Herbal Medicines According to the World Health Organization (WHO)

In 1991 the World Health Organization issued guidelines for the assessment of herbal medicines, in which the guidelines contain an assessment of quality, safety and efficacy, and intended use. The summary of the guidelines for the assessment of these herbal medicines are:

1. Pharmaceutical assessment. This assessment covers important aspects of the quality assessment of herbal medicines, must have a pharmacopoeia and comply with GMP (Good Manufacturing Practice) procedures;
2. Raw Plant Material. There should be a botanical definition, species, genus and authority should be given to ensure the correct identification of a plant. In addition, a definition and description of the part of the plant from which the drug is made (eg leaves, underside of roots) should also be provided as an indication of whether the plant used is fresh, dried, or traditionally processed. Active constituents and characteristics should be found, and where possible, defined content constraints. Foreign matter impurities and microbial content must be determined or limited. Coupon specimens, representing cached lots of processed plant material, must be certified by a qualified bitanist and must be kept for at least ten years. Multiple numbers must be assigned and these must appear on the product label;

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3. Plant Preparation. Plant stocks include ground or powdered plant materials, extracts, tinctures, fats or essential oils, juices and preparations the production of which involves a process of fractionation, purification or concentration. The manufacturing procedure should be described in detail. If any other substance is added during manufacture to adapt the plant preparation to a certain level of active ingredient or characteristic or for other purposes, the substance added should be mentioned in the description of the procedure. Methods for identification and testing of plant preparations should be added where possible. If identification of the active base is not possible, it shall be sufficient to identify the characteristic substance or mixture of foot ingredients. "Fingerprint Chromatography" to ensure consistent quality of preparations;
4. Finished Products. The manufacturing procedure and the formula including the amount of excipients should be described in detail. The specification of the finished product should specify the method of identification, and if possible quantification, the plant material in the finished product should be determined. If identification of the principal active ingredient is not possible, it should be sufficient to identify the characteristic substance or mixture of substances and a "chromotographic fingerprint" to ensure consistent product quality. The finished product must meet the general requirements for a particular dosage form. For imported finished products, confirmation of regulatory status in the country of origin must require a WHO certification scheme on the quality of pharmaceutical products engaged in international trade;
5. Stability The physical and chemical stability of the product in the final marketing container shall be tested under the specified storage conditions and the shelf life shall be established;
6. Safety assessment. This section should cover all relevant aspects of the safety assessment of a drug product. The guiding principle should be that if a product has been used traditionally without showing any harm, no specific restrictive regulatory action should be taken unless new evidence is required under a revised risk-benefit assessment. However, although experience of long-term use without evidence of risk may demonstrate the harmlessness of a drug, it is uncertain in some cases the extent to which dependence can be placed solely on long-term use to provide a guarantee of innocence in light of concerns raised in recent years about long-term harm. of several herbal remedies. Reported adverse events must be documented according to normal pharmacovigilance principles;
7. Toxicological studies. If toxicological studies are available, they should be part of the assessment. Literature should be marked as above;
8. Safety documentation based on experience. As a rule of thumb, documentation of long term use should be considered when safety is being assessed. This means that in the absence of documented detailed toxicological studies, long-term use experience

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without evidence of safety concerns should form the basis of a risk assessment. However even in the case of long-acting drugs, chronic toxicological risks may exist, but may not be recognized. If available within the period of use, the health problem being treated, the number of users and countries with experience should be determined (Yudiatmaja, Prastya, Meilinda, and Samnuzulsari, 2021).

Forms of Violation of Distributor of Herbal Medicines/Herbal Medicines Containing Hazardous Chemical Drug Raw Materials

The form of violation of herbal medicine distributors containing raw materials for dangerous chemical drugs. Through authentic interpretation/interpretation regarding violations of herbal medicine distributors containing herbal medicine containing chemical drug raw materials using several regulations in Indonesia, including:

1. Violating the obligation to participate in realizing, maintaining, and improving the health status of the community based on Article 9 paragraphs (1) and (2) of Law no. 36 of 2009 concerning Health, everyone is obliged to participate in realizing, maintaining, and improving the health status of the community as high as possible. So that when a distributor sells herbal medicine containing raw materials for dangerous chemical drugs, especially those that cause a reduction in one's health, the distributor as a business actor does not make efforts to participate in realizing, maintaining, improving the health status of the community in terms of security and use of pharmaceutical preparations;
2. Violating security and pharmaceutical preparations that do not meet the standards and or requirements for safety, efficacy, or benefit and quality in accordance with Ps. 98 Law No. 36 of 2009 concerning Health, where pharmaceutical preparations and medical devices must be safe. So that when there is a herbal medicine distributor who sells herbal medicine that contains chemical raw materials, especially dangerous, it is a violation because it does not meet the standards and requirements for safety, efficacy, or benefit and quality as regulated in Ps. 98 Law No. 36 of 2009 concerning Health, so that the distributor will be subject to a 10-year prison sentence and a maximum fine of Rp. 1,000,000,000 as stipulated in Article 196 of Law no. 36 of 2009 concerning Health and Article 197 of Law no. 35 of 2009 concerning Health for deliberately distributing pharmaceutical preparations that do not have a distribution permit, so that they are sentenced to 15 years in prison and a maximum fine of Rp. 1,500,000,000;
3. Violating the procurement of pharmaceutical preparations originating from nature that are safe and efficacious, so that when a herbal medicine distributor sells herbal medicine containing raw materials for dangerous chemical drugs, it is a violation in accordance with Article 99 of Law no. 35 of 2009 concerning Health. Moreover, in the Health Law, it is stipulated that herbs or traditional medicines must be made from ingredients or ingredients in the form of plant materials, animal ingredients and minerals in extracts or mixtures of these materials which have been used for generations for treatment. So it is clear that if the herbal medicine contains raw

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materials for chemical drugs, especially dangerous ones, it cannot be said to be herbal medicine anymore even though the packaging is written herbal medicine;

4. Violating the obligation of business actors to have good intentions in carrying out their business activities and always provide correct, clear and honest information regarding the conditions and guarantees of goods and guarantee the quality of goods produced and or traded based on the provisions of quality standards of goods in accordance with Article 7 a, b, and d of the Law. -Law No. 8 of 1999 concerning Consumer Protection;
5. Violating the prohibition against producing and/or trading goods that do not meet or are not in accordance with the required standards and laws and regulations and are not in accordance with the quality, level, composition, processing process, fashion style or certain use as stated in the label or description the goods. As regulated in Article 8 paragraph 1 of Law no. 8 of 1999 concerning Consumer Protection. So for a distributor who sells herbal medicine containing raw materials for dangerous chemical drugs, it means that the distributor has sold goods that are not in accordance with the required standards and laws and regulations and are not in accordance with the quality, level. composition or use. The distributor will be subject to criminal sanctions based on Ps. 62 paragraph (1) of Law no. 8 of 1999 concerning Consumer Protection, with a criminal sanction of imprisonment or a fine of Rp. 2,000,000,000. In addition to criminal sanctions, additional penalties will be imposed in the form of: confiscation of certain goods, announcement of judge's decisions, payment of compensation, termination of certain activities that cause consumer losses, obligation to withdraw goods and revocation of business licenses (Triratnawati, 2016; Hartanty and Nugroho, 2019).

Criminal Liability of Distributors of Herbal Medicines/Herbal Medicines Containing Hazardous Chemical Drug Raw Materials

Everyone in carrying out an action must be responsible for his actions. Based on the scope of criminal law regarding criminal liability in Indonesia, it is based on the principle of legality which reads "nullum delictum nulla poena sine pravia lege" which means there is no crime without further regulated provisions of laws and regulations. In general, criminal liability is formulated in Chapter III Book I of the Criminal Code (KUHP). In addition, the formulation of criminal liability can be seen outside the Criminal Code.

Criminal liability can determine whether a person can be sentenced or not. This is in accordance with the elements of criminal responsibility, including: a) The subject must be in accordance with the formulation of the Act; b) There is an error, either in the form of intentional or negligence in a criminal act; c) Is against the law; d) The action is prohibited and is punishable by a criminal offence; e) There is no justification or excuse in eliminating criminal liability for perpetrators of criminal acts.
Business actors are defined by Law no. 8 of 1999 concerning Consumer Protection is every individual or business entity in the form of a legal entity that is established and domiciled or

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carries out activities within the jurisdiction of the Republic of Indonesia, either individually or jointly through an agreement to organize business activities in various economic fields.

By conducting an authentic legal interpretation by looking at the explanation of Article 1 Number 3 of Law no. 8 of 1999 concerning Consumer Protection, one of the business actors referred to in the law is a distributor. So that it can be concluded that distributors are not allowed to commit prohibited acts as stipulated by Article 8 of Law no. 8 of 1999 concerning Consumer Protection, business actors are prohibited from producing and trading, including: a) Goods that do not meet or do not comply with the standards required by the provisions of laws and regulations; b) Goods that are not in accordance with certain quality, grade, composition, processing, style, mode, or use as stated in the label or description of the said goods and/or services; c) Goods that appear to be safe, harmless, do not contain risks or side effects without complete information; and others in accordance with Law no. 8 of 1999 concerning Consumer Protection (Roihanah, 2019).

So if we relate it to the existence of herbal medicine distributors that contain raw materials for dangerous chemical drugs, such as the results of a study in Medan which found predison in herbal aches and pains and sibrutamine in slimming drugs, where it has been prohibited in accordance with Article 8 of the Law. No. 8 of 1999 concerning Consumer Protection, that is, distributors can be held accountable for violating the provisions of Article 62 of Law no. 8 of 1999 concerning Consumer Protection, based on previously explained in Article 1 Number 9 of Law no. 36 of 2009 concerning Health, that traditional medicine is an ingredient or ingredient in the form of plant material, animal material, mineral material, sarian (galenic) preparation, or a mixture of these materials which have been used for generations for treatment, and can be applied in accordance with norms prevailing in society.

Based on the formulation of traditional medicine, where traditional medicine must be made from plant materials, animal materials, mineral materials, preparations of sarian (galenic) or a mixture of these materials which have been used for generations for treatment. It is clear from the composition of herbal or traditional medicine based on the formulation of traditional medicine as determined by Law no. 36 of 2009 concerning Health, there is no mixture of chemicals included in the herbal or traditional medicine. So that when there are herbs or traditional medicines that are found to contain chemical medicinal ingredients, especially dangerous chemical drugs, the herbal medicine or traditional medicine is not included in the category of herbal medicine or traditional medicine based on Law No. 36 of 2009 concerning Health. That means that the distributor has traded Herbal or Traditional Medicines that do not meet or do not comply with the standards required by the provisions of the legislation, in this case is Law no. 36 of 2009 concerning Health.

Law No. 36 of 2009 concerning Health to include Traditional Medicines or Herbal Medicines into pharmaceutical preparations, where Article 99 paragraphs (1) and (2) state that: sources of pharmaceutical preparations originating from the universe and having been proven to be efficacious and safe to use in prevention, treatment, and/or maintenance, as well as health

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care must be preserved. The public is given the widest opportunity to process, produce, distribute, develop, improve, and use pharmaceutical preparations whose benefits and safety can be accounted for.

Furthermore, regarding the provisions of pharmaceutical preparations, one of which is regulated in Article 98 paragraphs (1), (2), and (3), stating that: Pharmaceutical preparations and medical devices must be safe, efficacious/useful, quality, and affordable. Everyone who does not have the expertise and authority is prohibited from procuring, storing, processing, promoting, and distributing drugs and materials with medicinal properties. Provisions regarding the procurement, storage, processing, promotion, distribution of pharmaceutical preparations and medical devices must meet the quality standards of pharmaceutical services as stipulated in a Government Regulation. So that if herbal or traditional medicines are found that contain raw materials for dangerous chemical drugs and are circulated by business actors, one of which is a distributor, the distributor can be held criminally responsible in accordance with Article 196 of Law no. 36 of 2009 concerning Health which states that any person who intentionally produces or distributes pharmaceutical preparations and/or medical devices that do not meet the standards and/or requirements for safety, efficacy or benefit, and quality as referred to in Article 98 paragraph (2) and paragraph (3) shall be sentenced to a maximum imprisonment of 10 (ten) years and a maximum fine of Rp. 1,000,000,000.00 (one billion rupiah).

Moreover, if the distributor of the herbal or traditional medicine does not have a distribution permit, then Article 197 of Law no. 36 of 2009 concerning Health, which stipulates that: Anyone who intentionally produces or distributes pharmaceutical preparations and/or medical devices that does not have a distribution permit as referred to in Article 106 paragraph (1) shall be sentenced to a maximum imprisonment of 15 (fifteen) years and a maximum fine of Rp. 1,500,000,000.00 (one billion five hundred million rupiah).
In addition to Law no. 36 of 2009 concerning Health, criminal sanctions can also be given to business actors and their management based on Article 61 of Law no. 8 of 1999 concerning Consumer Protection, and if you carry out prohibited acts, one of which is Article 8 of Law no. 8 of 1999 concerning Consumer Protection, based on the formulation of Article 62 of Law N0. 8 of 1999 concerning Consumer Protection shall be sentenced to a maximum imprisonment of 5 (five) years or a maximum fine of Rp. 2,000,000,000.00 (two billion rupiah).

D. CONCLUSION

Herbal medicine is an ingredient or ingredients in the form of plants, animal ingredients, mineral ingredients, preparations of galenic extracts, or mixtures of these materials which have been used for generations for treatment and can be applied in accordance with the prevailing norms in society. Meanwhile, a distributor is a company that operates in the field of national sales which acts for its own name, whose scope of activities is the activities of purchasing goods, storing goods, selling goods, and marketing goods or services. The

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problem of consumer protection against the circulation of chemical-based herbal medicine cannot be separated from the stages of other consumer transactions. It is no longer a caveat emptor (that it is the consumer who must be careful), but a caveat vendor, namely the producer/seller/distributor of the product or the creditor who must be held responsible, which is commonly known as product responsibility. Although in the law, the rights received by consumers state that consumers have the right to comfort, security and safety, all of which include the right to receive advocacy, protection and efforts to properly resolve consumer protection disputes, in reality consumers include herbal medicine consumers. , which does not have a strong effort seems to be getting discriminatory treatment from the party concerned. What happened then was only a few consumers who dared to report their dissatisfaction with their consumption goods that were considered detrimental to themselves to the authorities because they were afraid that it would all be inconvenient and even detrimental to themselves if they were sued again by business actors who had previously been reported. Therefore, this consumer protection law must be implemented as best as possible and as true as possible. With the promulgation of the Consumer Protection Law Number 8 of 1999 concerning Consumer Protection (UUPK), there are indeed more benefits for herbal medicine consumers, including the explicit guarantee of basic consumer rights, the establishment of the Consumer Dispute Resolution Agency (BPSK) and the Consumer Protection Agency. National Consumers (BPKN). However, the regulation regarding the interests of consumers is only limited to efforts to simply prohibit and impose sanctions on business actors. The arrangement in these provisions does not give rights to the aggrieved consumer to obtain compensation or compensation for the loss he has suffered. In other words, the law only regulates the interests of consumers from the side of producers or business actors. Meanwhile, from the other side, the most important thing is that the rights of consumers are neglected.

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