Journal of Social Science Studies Vol. 3, No. 2, July 2023, pages 121 – 130

BPOM's Role in Muslim Consumer Protection Against Non-Halal Medicines

Rido'i Aka Romli, Rommy Hardyansah, Rio Saputra

Sunan Giri University of Surabaya, Indonesia

A R T I C L E I N F O

Article history:
Received 5 July 2023
Revised 17 July 2023
Accepted 23 July 2023

Keywords:
BPOM,
Non-halal medicine,
Halal certification,
Regulation,
Consumer protection,
Legal sanctions.

A B S T R A C T

Monitoring the circulation of non-halal medicines in Indonesia is a crucial issue that requires serious attention, especially in the context of Muslim consumer protection. The Food and Drug Supervisory Agency (BPOM) has a strategic role in ensuring that drugs in circulation meet safety, quality, and halal standards. This study aims to analyse the effectiveness of supervision carried out by BPOM in tackling the circulation of non-halal drugs, with reference to the provisions of BPOM Regulation Number 20 of 2021 and other supporting regulations. The method used is a normative juridical approach with literature study as the main source of data. The results of the analysis show that the effectiveness of BPOM supervision still faces a number of obstacles, including limited supervisory staff in the field, low consumer awareness of the importance of halal labelling, and weak enforcement of administrative sanctions. In addition, challenges also arise in the form of the lack of synergy between institutions involved in the halal product guarantee system. This study recommends strengthening regulatory aspects, more massive public education, and providing incentives to producers to encourage compliance with halal certification. A more structured collaboration between BPOM, BPJPH, MUI, and the industrial sector is also key in realising an effective monitoring system. With a comprehensive approach, BPOM is expected to optimise its function in protecting consumers and ensuring the halalness of pharmaceutical products in Indonesia.

INTRODUCTION

Supervision over the circulation of drugs and food in Indonesia remains a critical issue continuously discussed in both academic and practical forums. The National Agency of Drug and Food Control (BPOM), as the responsible authority, bears a significant burden in ensuring the safety, quality, and halal status of products distributed in the community. Halal certification for food products in fact plays a highly determinant role, not only from the perspective of consumers but also from the standpoint of business operators involved in distribution (Hidayat & Siradj, 2015). However, the ongoing problem of the circulation of non-halal drugs demonstrates that current supervision has yet to reach optimal effectiveness.

According to Asaroh (2019), cases involving the distribution of non-halal drugs indicate weaknesses in BPOM's supervisory function. This suggests that despite regulations set out in BPOM Regulation Number 20 of 2021, amending BPOM Regulation Number 31 of 2018, supervision over processed food labeling is still insufficiently effective. Yusri and Diyan (2020) highlight the ongoing practice of selling drugs without distribution permits, which violates Law Number 36 of 2009 on Health and potentially enables the uncontrolled distribution of non-halal products to the public.

Furthermore, Kusmayadi (2018) explains that limitations in human resources and budget represent major obstacles in the implementation of BPOM's supervisory tasks. Although BPOM has attempted to tighten its supervision procedures as stipulated in BPOM Regulation Number 14 of 2020, operational challenges remain substantial issues. In addition, Rahmah (2018) emphasizes that legal oversight of halal products in Indonesia often fails to encompass the entire supply chain, enabling the persistent circulation of non-halal products in the market.

In terms of consumer protection, Purwaningsih (2019) reveals that BPOM's surveillance on illegal food products remains minimal, resulting in Muslim

** Corresponding author, email address:* ***dr.riosaputra@gmail.com***

consumers often lacking access to products that align with their religious needs. This aligns with Sari (2018), who underscores the importance of halal labeling in assuring consumers. Nevertheless, the implementation of Government Regulation Number 69 of 1999 on Food Labels and Advertisements still exhibits numerous loopholes in its enforcement.

Meanwhile, Nugroho (2017) observes that consumer protection efforts against illegal cosmetics by BPOM exhibit ineffective supervisory patterns. Similar issues are identified by Muthia and Hendrawan (2020) regarding the supervision of imported cosmetics containing hazardous substances. Both studies demonstrate that existing regulations are yet to ensure comprehensive oversight over non-halal drugs and food products.

Susilowati (2020) further notes that BPOM's supervisory implementation is frequently hampered by inadequate collaboration among the government, industry, and the community. This results in weak control over the distribution of non-halal drugs, particularly in remote areas. According to Sari (2019), food safety supervision requires a firmer and more comprehensive approach to ensure effective consumer protection. However, regulatory constraints often present significant barriers.

Regarding criminal sanctions, Mandasari (2019) asserts that penalties imposed on corporations proven to violate halal certification are still too lenient to serve as a deterrent effect. This situation highlights the need for regulatory revision and strengthening to more effectively counter the distribution of non-halal products. Yulianingsih et al. (2016) also note that empowering consumers through adequate education and information may help prevent the dissemination of counterfeit or non-halal drugs in society.

Although various studies have discussed BPOM's role in drug and food supervision, only a few have specifically addressed the distribution of non-halal drugs under the latest regulations. Most prior research has focused on the general aspects of supervision without delving deeper into the specific obstacles faced in implementing halal regulations. This presents a research gap that needs to be addressed. This study offers a new perspective by analyzing BPOM's role in combating the distribution of non-halal drugs. The research further integrates an analysis of the effectiveness of BPOM Regulation Number 20 of 2021, as an effort to strengthen drug and food supervision. The objective of this study is to analyze the role of BPOM in tackling the distribution of non-halal drugs in Indonesia and to identify the obstacles encountered in the implementation of the relevant supervision regulations.

RESEARCH METHOD

This study employs a normative juridical method with a literature study approach. The objective of the research is to analyze legal provisions governing the supervision of non-halal drugs and food distribution in Indonesia, focusing on the effectiveness of regulatory implementation by the National Agency of Drug and Food Control (BPOM). This method aligns with the characteristics of normative legal research, which examines the norms of positive law in force. As explained by Marzuki (2005), the normative juridical approach emphasizes the analysis of primary and secondary legal materials.

The types of data used in this research include primary legal materials such as Law Number 33 of 2014 concerning Halal Product Assurance (JPH Law), Law Number 8 of 1999 concerning Consumer Protection, Government Regulation Number 39 of 2021 concerning the Implementation of Halal Product Assurance, Government Regulation Number 31 of 2019 concerning the Implementation of the Drug and Food Supervision System, and BPOM Regulation Number 20 of 2021 regarding Amendments to BPOM Regulation Number 31 of 2018 on Processed Food Labeling. Secondary legal materials utilized in this study include scientific journals, BPOM reports, and academic publications relevant to the supervision of halal products and non-halal drugs.

Data collection was carried out through a systematic review of documents. The reviewed documents include formal regulations (laws and government regulations), technical regulations issued by BPOM, as well as academic literature studies. The purpose of this document review is to understand the substance of the regulatory framework, procedures for supervision, and both normative and practical obstacles in the implementation of supervision over non-halal drug products.

The validity of the data is ensured by source triangulation, which involves comparing and confirming the consistency between applicable regulations and findings from scientific literature. This process aims to ensure that the interpretation of regulations aligns with positive law provisions and with field practices as analyzed by various reliable sources.

The data analysis technique is carried out using descriptive-analytical methods, identifying regulatory patterns, supervisory mechanisms, implementation challenges, and the effectiveness of measures undertaken by BPOM. The analysis considers principles of administrative law and

consumer protection, so that the findings provide a comprehensive overview of the effectiveness of supervision over the distribution of non-halal drugs in Indonesia, and offer recommendations for future improvement.

RESULT AND DISCUSSION

The Role of BPOM in Combating the Circulation of Non-Halal Drugs in Indonesia

The role of the National Agency of Drug and Food Control (BPOM) in addressing the circulation of non-halal drugs encompasses regulatory oversight, law enforcement, and public education. As the government institution responsible for the supervision of drugs and food, BPOM holds authorities as stipulated in Presidential Regulation Number 80 of 2017 concerning the National Agency of Drug and Food Control, particularly Article 3, paragraphs (a) and (b). These provisions mandate BPOM to exercise both pre-market and post-market supervision of drug products, including ensuring compliance with halal standards for products subject to mandatory halal certification.

BPOM's authority is further strengthened by its synergy with Law Number 33 of 2014 concerning Halal Product Assurance (JPH Law), whereby in the implementation of halal certification, BPOM plays a role in product testing prior to the issuance of halal certificates by the Halal Product Assurance Agency (BPJPH). More specifically, Law Number 33 of 2014 has been amended by Law Number 11 of 2020 on Job Creation, which stipulates that the obligation to obtain halal certification for products, including pharmaceuticals, shall be implemented gradually, with a clear requirement to display information regarding the halal or non-halal status of said products. Furthermore, Government Regulation Number 39 of 2021 concerning the Implementation of Halal Product Assurance highlights that Halal Inspection Bodies (LPH), which may include laboratories under BPOM's coordination, are tasked with ensuring products meet halal requirements. This framework is reinforced by Government Regulation Number 6 of 2023, which establishes phased obligations for halal certification across product categories, including pharmaceuticals, within specific timeframes, thereby positioning BPOM as an essential authority in ensuring the accurate display of halal status throughout the transitional period.

One significant measure undertaken by BPOM to support the assurance of pharmaceutical product halalness is the supervision of product labeling and advertising, as stipulated in BPOM Regulation Number 20 of 2021, amending BPOM Regulation Number 31 of 2018 concerning Processed Food Labeling. This regulation strictly mandates that information contained on product labels and in advertisements must be accurate, non-misleading, and include halal status if the product has been halal-certified.

BPOM's role in protecting Muslim consumers from non-halal pharmaceuticals is established by various legislative frameworks, particularly Law Number 33 of 2014 on Halal Product Assurance, as amended by Law Number 11 of 2020, which requires all products entering, circulating, and traded in Indonesia—including pharmaceuticals—to be halal-certified, albeit through a phased implementation. Additionally, Law Number 17 of 2023 concerning Health secures every individual's right to accurate, clear, and comprehensive information regarding the medicines they consume, including halal status. Accordingly, BPOM plays a strategic role in ensuring transparency, quality control, and consumer protection for Muslims, in alignment with the religious values adhered to by society.

Sari (2019) points out that such oversight aims to provide clarity for consumers, especially Muslim consumers, regarding the halal status of goods they acquire. Article 10 of BPOM Regulation Number 20 of 2021 explicitly requires all relevant information, including halal status (if certified), to be included on product labels to guarantee consumers' rights to accurate information as enshrined in Article 4(c) of Law Number 8 of 1999 on Consumer Protection. However, effective oversight is frequently hindered by insufficient supervisory personnel and a lack of producer awareness of halal certification obligations. Halal certification is fundamentally intended to provide consumer protection, especially for Muslim consumers; the certification's presence assures the halal status of products—whether food, cosmetics, or pharmaceuticals—thereby fostering comfort and safety for consumers (Ayunda, 2021).

Mandasari (2019) notes that existing sanctions for violations of halal requirements have generally failed to produce a sufficient deterrent effect, even though Indonesian law prescribes penalties for non-compliance with halal certification obligations. Pursuant to Article 56 of Law Number 33 of 2014 on Halal Product Assurance (JPH Law), business actors failing to obtain required halal certification may face administrative sanctions, ranging from written warnings and administrative fines to temporary business suspension and even business license revocation. However, Article 56 was amended under Law Number 11 of 2020, reflecting new policies

designed to streamline the halal certification process and facilitate certification for micro and small enterprises (UMK). Although regulatory improvements exist to support easier certification for these enterprises, Mandasari observes that, in practice, implementation is often suboptimal and has yet to deliver a tangible deterrent effect for non-compliant producers.

Due to the weak implementation of sanctions, a significant number of pharmaceutical producers remain reluctant to certify their products as halal, despite Government Regulation Number 39 of 2021 concerning the Implementation of Halal Product Assurance, which establishes a phased obligation for halal certification of pharmaceutical products starting in 2026. Non-compliance with these provisions underscores serious challenges in law enforcement and consumer protection in Indonesia.

Furthermore, Yusri and Diyan (2020) reveal that the lack of coordination among government agencies—particularly between BPOM, the Halal Product Assurance Agency (BPJPH), the Indonesian Ulema Council (MUI) as the halal fatwa authority, and Halal Inspection Bodies (LPH)—is a primary reason for the ineffective supervision of the circulation of non-halal pharmaceuticals. Article 7(2) of the JPH Law clearly stipulates that the implementation of halal product assurance must be carried out in a coordinated manner among BPJPH, LPH, and MUI.

This lack of synergy leads to delays in the certification process, weak on-the-ground supervision, and limited guidance and support for pharmaceutical producers. Thus, improvements are required through the optimization of cross-agency coordination and enhanced supervisory capacity, as also recommended in the National Halal Product Assurance System Roadmap 2020–2024. By reinforcing stringent sanctions and building more effective inter-agency coordination, it is expected that compliance with the halal certification requirements among producers will increase, thus providing stronger protection for Muslim consumers in Indonesia.

Additionally, Asaroh (2019) highlights that occurrences of non-halal pharmaceutical distribution are often attributed to a lack of transparency in production and distribution processes. This situation underscores the importance of implementing transparency across the entire pharmaceutical supply chain in Indonesia. BPOM Regulation Number 14 of 2020 on Guidelines for Drug Quality and Safety Supervision requires business actors to maintain traceability of their products from production to distribution, including full disclosure regarding raw materials and production processes. Traceability is crucial to ensuring that all materials and production methods adhere to halal standards as stipulated in Law Number 33 of 2014 on Halal Product Assurance (JPH Law).

Insufficient transparency within the supply chain hampers the effective supervision needed to ensure that pharmaceutical products in circulation genuinely meet halal requirements. Government Regulation Number 31 of 2019 concerning the Implementation of the Drug and Food Supervision System explicitly mandates that business operators provide full access to inspectors to all aspects of production, distribution, and documentation processes related to compliance with applicable standards.

The absence of transparency not only constitutes an administrative violation but also has the potential to infringe upon consumers' rights as enshrined in Law Number 8 of 1999 on Consumer Protection, specifically Article 4, which guarantees consumers the right to true, clear, and honest information about product conditions and assurances.

By tightening supervision throughout each stage of the supply chain—from raw material procurement and the production process to distribution—the reliability of the halal product assurance system in the pharmaceutical sector is expected to improve. Strengthening oversight represents a crucial strategy to close loopholes in the market for non-halal drugs and to bolster protection for Muslim consumers in Indonesia.

Halal certification constitutes a pivotal aspect within Indonesia's pharmaceutical industry, aiming to guarantee that products distributed in the market comply with halal requirements in accordance with Islamic law (Barizah, 2020). This obligation is supported by a strong legal foundation, primarily through Law Number 33 of 2014 on Halal Product Assurance (JPH Law), which explicitly stipulates that all products entering, circulating, and traded within Indonesian territory must be halal-certified. Article 4 of the JPH Law specifically states: "Products entering, circulating, and being traded within the territory of Indonesia are required to be halal-certified." The scope of these products explicitly includes pharmaceuticals, as outlined in Article 1, points 1 and 2 of the JPH Law.

Nevertheless, Hidayat and Siradj (2015) reveal that not all pharmaceutical producers have fulfilled the government-mandated halal certification requirements. This indicates persistent challenges in regulatory enforcement, even though the

government has further detailed the phased obligation of halal certification for pharmaceutical products up until 2026 in Government Regulation Number 39 of 2021. Failure to adhere to these requirements—whether due to lack of understanding, administrative obstacles, or certification costs—demonstrates the continuing weakness in the effectiveness of existing regulations.

The low level of compliance poses significant risks to Muslim consumers—who rely heavily on the halal status of pharmaceuticals they consume—and has the potential to erode public trust in the pharmaceutical industry (Latiff, 2022). This situation directly contradicts the objectives of consumer protection as mandated in Law Number 8 of 1999 on Consumer Protection, particularly Article 4 points (a) and (c), which guarantee consumers the rights to comfort, safety, and security in using goods and/or services, including the right to choose halal products.

To address these issues, Purwaningsih (2019) highlights the importance of enhancing educational initiatives for both producers and consumers regarding the value and benefits of halal products. Such education aligns with Article 3 of the Halal Product Assurance Law (UU JPH), which aims to provide consumer protection in the consumption of halal products, increase producer awareness to fulfill their halal certification obligations, and boost the global competitiveness of Indonesian halal products. Furthermore, there remains a generally low level of understanding among both business actors and consumers regarding their respective rights and obligations.

Effective educational programs can assist producers in navigating the halal certification process as prescribed by the Ministry of Religious Affairs Regulation (PMA) Number 26 of 2019 on the Organisation of Halal Product Assurance. At the same time, consumers should be provided with adequate information on how to identify legitimate halal labels, as mandated by Article 27 of UU JPH, and understand the risks associated with consuming non-halal products (Alzeer et al., 2020).

By increasing awareness and knowledge on both sides, it is expected that the circulation of non-halal pharmaceuticals will decline, thereby promoting transparency and adherence to sharia principles within Indonesia's pharmaceutical industry (Muksalmina et al., 2022). These efforts will not only protect Muslim consumers from uncertainty regarding the products they use but will also strengthen the competitive position of Indonesia's halal products market, considering Indonesia is home to the world's largest Muslim population (Sahroni et al., 2020). Consistent implementation of such regulations will reinforce public trust and solidify Indonesia's role within the global halal economy.

In its efforts to protect Muslim consumers, BPOM also conducts spontaneous inspections and laboratory testing on products suspected of containing non-halal ingredients. However, Nugroho (2017) observes that these inspections are often not followed up with sufficient legal action, casting doubts on the government's commitment to tackling the circulation of non-halal pharmaceuticals.

According to Rahmah (2018), one major obstacle in halal product supervision is the lack of infrastructure and technology needed for efficient product testing. BPOM requires greater investment in halal laboratory development to ensure all circulating products comply with established standards.

Muthia and Hendrawan (2020) further reveal that oversight of imported pharmaceuticals is a unique challenge. Many imported products enter Indonesia without adequate halal certification, highlighting the need for closer coordination between BPOM and other government agencies, such as Customs, to prevent the entry of non-halal products into the Indonesian market.

Susilowati (2020) adds that community involvement in reporting non-halal products is also crucial. While BPOM has provided reporting channels for consumer complaints, their use remains limited, indicating the need for greater public awareness of consumer rights.

BPOM's role in combating the circulation of non-halal pharmaceuticals in Indonesia is both significant and grounded in a robust legal and normative framework. BPOM is empowered by a range of regulatory provisions that provide a legal foundation for both regulatory oversight and law enforcement related to pharmaceuticals and food. As part of its duties, BPOM has the authority to grant or revoke production licenses based on survey and evaluation results. Furthermore, BPOM is also entitled to supervise the distribution of drugs and food, carry out market inspections, and test products in circulation. When violations are detected, BPOM can impose administrative sanctions, such as warnings, license revocation, or other legal actions.

As a regulatory body tasked with consumer protection, BPOM plays an active role in monitoring the circulation of non-halal pharmaceuticals by enforcing strict regulations on products entering the market. BPOM establishes joint teams to supervise and take action against products that fail to meet

halal standards. In addition, through education and socialization initiatives, BPOM seeks to raise public awareness of the importance of selecting halal products. Normatively, BPOM operates under the mandate of Law Number 33 of 2014 on Halal Product Assurance (UU JPH), which, along with other relevant legislation, provides the legal basis for BPOM's regulation and enforcement against non-compliant products. BPOM also collaborates with other organizations, such as the Indonesian Ulema Council (MUI), to ensure that products circulated within Indonesia meet halal standards.

Thus, BPOM's role in addressing the circulation of non-halal pharmaceuticals in Indonesia is crucial. Through its regulatory authority and inter-agency collaboration, BPOM strives to protect consumers and ensure that products on the market are safe and in accordance with halal principles.

Constraints Faced by BPOM in the Implementation of Non-Halal Drug Monitoring Regulations

Challenges faced by BPOM in implementing regulations on the supervision of non-halal pharmaceuticals in Indonesia can be analyzed through a normative juridical review. Several aspects pose significant obstacles for BPOM in fulfilling its duties and functions. The main challenges encountered in the implementation of non-halal drug supervision regulations involve technical, legal, and social dimensions.

From a technical perspective, the most prominent issue is the limitation of human resources and budget. Kusmayadi (2018) explains that BPOM faces major challenges in recruiting and training competent inspectors. This impacts the optimality of supervision on the ground. Although BPOM holds full supervisory authority, the number of inspectors often does not match the volume of products to be monitored, resulting in less-than-optimal oversight and allowing the continued circulation of non-halal pharmaceuticals. Additionally, inadequate training and education for inspectors can further affect the effectiveness of supervision.

Regulatory aspects also constitute a significant barrier. While Law No. 33 of 2014 on Halal Product Assurance provides the legal foundation for halal product supervision, its implementation in practice is frequently hampered by ambiguities in the derivative regulations. Existing regulations often remain general in nature and do not cover all the aspects required to ensure product halalness. This demonstrates the vital role of regulation as a form of government intervention, as securing the availability of halal food is a key government function (Mawaddah & Farma, 2022). For example, standards and procedures that must be followed in halal testing processes may remain not fully defined, complicating BPOM's operationalization of these tasks.

Legally, Mandasari (2019) highlights that current sanctions are insufficiently severe to act as a deterrent to offenders. Many producers would rather pay fines than fully comply with the existing regulations. There is a need to strengthen sanctions through intensified supervision and enforcement as regulatory controls on producers' behavior (Mawaddah & Farma, 2022). Moreover, business actors also need to be more committed to implementing product quality assurance systems for the food and pharmaceuticals they produce (Liusudarso, Girsang, & Situmeang, 2022). Rahmah (2018) further adds that a lack of coordination among law enforcement agencies often makes the handling of non-halal drug distribution cases ineffective.

On the social front, a lack of awareness and understanding among the public about the importance of choosing halal products remains a challenge. People often do not possess sufficient information about the products they consume, which means they may not be aware of the risks associated with non-halal products. According to Purwaningsih (2019), this low level of public awareness towards halal products is a central barrier. Many consumers neglect to check for halal labels on pharmaceutical products they purchase, enabling producers to circulate non-halal products without strict oversight. Consumers, as the main stakeholders, are encouraged to be more attentive and proactive in choosing food and drug products (Liusudarso, Girsang, & Situmeang, 2022).

Asaroh (2019) further identifies the lack of transparency in the pharmaceutical supply chain as a critical concern. Many producers fail to provide complete information regarding the raw materials used in production, making it difficult for BPOM to ensure the halal status of products on the market.

Barriers in inter-institutional collaboration also significantly affect the effectiveness of halal product supervision in the pharmaceutical sector. Although BPOM has established partnerships with other organizations, such as the Indonesian Ulema Council (MUI), to monitor and determine product halalness, implementation is often hampered by differences in approach and priority between institutions. Law Number 33 of 2014 on Halal Product Assurance (UU JPH), particularly Article 7(2), prescribes that BPJPH, MUI, and Halal Inspection Bodies (LPH) must administer halal product assurance in an integrated

and synergistic manner. A lack of synergy results in weak supervision and law enforcement on non-halal products circulating in society. Differences in standards interpretation, administrative procedures, and surveillance orientations between agencies often hinder the consistent implementation of national halal policy.

According to Nugroho (2017), the lack of cooperation between BPOM and the private sector, particularly pharmaceutical industry players, is also a significant obstacle. Many pharmaceutical manufacturers are reluctant to participate in halal certification programs, perceiving them as an additional burden—especially in terms of certification costs and necessary production process adjustments. However, Government Regulation Number 39 of 2021 concerning the Implementation of Halal Product Assurance mandates that the government should encourage the participation of business actors through guidance, facilitation, and incentives to ease the certification process. Furthermore, Article 3(d) of the Halal Product Assurance Law (UU JPH) emphasizes that the implementation of halal product assurance should also aim to improve product competitiveness, which should be seen as an opportunity for producers rather than a hindrance. The lack of government incentives or reduced certification fees contributes to the low participation rate of the pharmaceutical industry in halal certification programs. Thus, more systematic efforts are required to enhance collaboration among supervisory agencies and to establish more strategic partnerships with the private sector. The government could consider fiscal incentives, such as tax deductions or halal certification subsidies, to encourage producer participation in ensuring the halal status of their products, in line with Indonesia's national policy to strengthen its halal ecosystem.

Additionally, Muthia and Hendrawan (2020) highlight that oversight of imported products remains extremely weak. Many imported goods enter Indonesia without adequate supervision, particularly regarding their compliance with halal standards. Law Number 33 of 2014 on Halal Product Assurance (UU JPH), Article 4, clearly states that all products, both domestic and imported, must be halal certified before being marketed in Indonesia. Furthermore, Government Regulation Number 39 of 2021 reiterates the requirement that imported products must undergo an accepted halal certification process, and the recognition of foreign halal certificates must be carried out by the Halal Product Assurance Agency (BPJPH) as specified in Article 65. Weak supervision of imported products signals the need for improved regulation and enhanced mechanisms for international cooperation, to ensure that internationally recognized halal certificates fully meet both sharia standards and national legal requirements.

Another challenge faced by BPOM concerns the circulation of illegal or unregistered pharmaceutical products. Such products often do not meet required standards for safety, quality, or halal status, yet are difficult to trace and control due to non-transparent and covert distribution networks. Government Regulation Number 31 of 2019 on the Implementation of the Systems for Drug and Food Supervision requires BPOM to conduct intensive supervision of all circulating pharmaceuticals, including illegal products. However, limited supervisory resources and the complexity of illegal distribution networks remain major obstacles. The circulation of unregistered non-halal drugs highlights the need to strengthen risk-based supervision and foster more intensive collaboration between BPOM, law enforcement agencies, and other relevant bodies. This is crucial to ensure that all circulating pharmaceuticals in Indonesia are not only safe and of high quality but also halal, thus safeguarding the rights of Muslim consumers.

Susilowati (2020) suggests that consumer education and training on the importance of halal products need to be enhanced. BPOM could collaborate with community organizations and educational institutions to raise public awareness regarding their rights to access halal products. This is necessary to build self-awareness about the significance of halal certification for various products, including food, cosmetics, and pharmaceuticals (Syafitri, Salsabila, & Latifah, 2022). Furthermore, consumers are encouraged to cooperate with BPOM by reporting any illegal products they find in circulation. BPOM facilitates public oversight through tools such as the product check service on www.cekbpom.pom.go.id. Additionally, BPOM should provide regular outreach and education to both consumers and producers to enhance overall supervised compliance (Suyudi et al., 2022).

Hidayat and Siradj (2015) emphasize the crucial need for technological advancement in the supervision of halal products in Indonesia. The current monitoring systems used by the Indonesian Food and Drug Authority (BPOM) are often insufficient to manage the complexity and scale of pharmaceutical circulation in a populous, geographically dispersed nation like Indonesia.

There is a pressing need for BPOM to implement more sophisticated technological solutions, such as integrated digital tracking systems, automated laboratory analyses, and blockchain-based supply chain traceability. The establishment of a comprehensive national database that records details of all pharmaceutical products, including their halal or non-halal status, would not only streamline regulatory oversight but also facilitate faster responses to emerging issues related to non-halal products.

Despite the recognition of technological needs, the regulatory framework governing the supervision of non-halal products remains underdeveloped. Sari (2019) notes that BPOM currently faces challenges due to a lack of specific, detailed regulations directly addressing the control and inspection of non-halal pharmaceuticals. Existing regulations tend to be broad and do not provide sufficient guidelines for the comprehensive monitoring of herbal, biopharmaceutical, and imported medicinal products, where risks of non-halal contamination are heightened. This regulatory gap hinders BPOM's capacity to enforce assurance measures and creates uncertainty for both producers and consumers regarding the standards that should be achieved and maintained.

To address these challenges, urgent regulatory revision and refinement are necessary to clearly delineate the roles, responsibilities, and procedures required for effective non-halal product supervision. More robust and specific policy frameworks should be established, integrating risk-based supervision models, mandatory reporting, and penalties for non-compliance. Complementing regulatory improvements with investment in technological infrastructure would empower BPOM to perform efficient, credible, and transparent oversight. Such efforts would not only enhance consumer protection for Indonesia's Muslim majority but also improve the credibility and competitiveness of Indonesia's pharmaceutical market in the global halal industry.

In summary, the challenges faced by BPOM in implementing regulations for the supervision of non-halal pharmaceuticals in Indonesia include limited human resources, unclear regulations, the circulation of illegal products, suboptimal inter-institutional cooperation, and low public awareness. Overcoming these challenges requires a more integrated and collaborative approach among BPOM, relevant institutions, and the wider community, with the aim of ensuring that all products circulating in Indonesia are safe and compliant with halal standards.

CONCLUSION

BPOM plays a strategic role in addressing the circulation of non-halal pharmaceuticals in Indonesia. Through regulations such as BPOM Regulation Number 20 of 2021, BPOM is responsible for ensuring that products circulating in society comply with halal standards. However, this study finds that technical challenges—such as limited human resources and insufficient technological infrastructure—as well as social challenges, including low consumer awareness, constitute major obstacles to the effective implementation of supervision. Moreover, the current legal sanctions are insufficiently deterrent, resulting in frequent violations of halal regulations. Suboptimal inter-agency coordination also hampers the effectiveness of supervision, particularly concerning imported products that often enter the market without adequate halal certification.

To enhance the effectiveness of non-halal pharmaceutical supervision, BPOM needs to optimize its supervisory manpower and supporting technologies, such as advanced laboratories and comprehensive halal product databases. Producer education regarding the importance of halal certification should also be intensified to encourage greater compliance with prevailing regulations. By strengthening oversight measures, improving education for both producers and consumers, and enforcing more stringent legal sanctions, BPOM can significantly improve the supervision of non-halal drug circulation.

This study emphasizes the importance of collaboration among BPOM, the government, and the wider community to create a more robust supervision ecosystem, thus safeguarding the rights of Muslim consumers and ensuring the halal status of products circulating in Indonesia. The government should reinforce sanctions against halal regulation violations to enhance deterrence and improve coordination among agencies in enforcing the law. Collaborations with international organizations are also crucial to ensure that imported products comply with halal standards. These measures are expected to increase Muslim consumer protection and strengthen BPOM's effectiveness in supervising the circulation of non-halal pharmaceuticals in Indonesia.

REFERENCES

Alzeer, J., Abou Haded, K., & Laher, I. (2020). Halal Certification of Food, Nutraceuticals, and Pharmaceuticals in the Arab World. https://doi.org/10.1007/978-3-319-74365-3_36-1

Asaroh, E. (2019). Peran Badan Pengawas Obat dan Makanan dalam Menanggulangi Peredaran Obat-obatan Non-Halal (Studi kasus suplemen Viostin DS). *Jurnal Hukum Ekonomi Syariah*, 11(2), 145-1604.

Ayunda, R. (2021). Perlindungan Hukum Bagi Konsumen Muslim Terhadap Produk Kosmetik yang Memiliki Kandungan Non Halal. *Maleo law jounal*, 5(1), 123-138.

Barizah, M. R. N. (2020). *Halal certification of patented medicines in indonesia in digital age: a panacea for the pain?*. Systematic Reviews in Pharmacy.

Hidayat, A. S., & Siradj, M. (2015). Sertifikasi Halal dan Sertifikasi Non Halal pada Produk Pangan Industri. *Ahkam: Jurnal Ilmu Syariah*, 15(2), 199-2105.

Kusmayadi, A. (2018). Problematika Pengawasan Obat dan Makanan di Indonesia. *Jurnal Ilmiah Galuh Justisi*, 6(2), 164-1761.

Latiff, J. Ab. (2022). A Study on Halal Certification Procedure: Progressive Transition Towards Halal Pharmaceutical Products in Malaysia and Indonesia. https://doi.org/10.1007/978-981-19-2390-6_1

Liusudarso, T., Girsang, J., & Situmeang, A. (2022). Perlindungan Hukum Konsumen Muslim atas Produk Pangan Tidak Bersertifikat Halal di Kota Batam. *Jurnal Legal Spirit*, 6(2), 155-164.

Mandasari, Y. (2019). Sanksi Pidana terhadap Kandungan Non-Halal terhadap Produk Makanan Bersertifikat Halal yang Dilakukan Korporasi. *Soumatera Law Review*, 2(2), 258-269.

Marzuki, P. M. (2005). *Penelitian Hukum*. Jakarta: Kencana.

Mawaddah, F., & Farma, J. (2022). Signifikansi Peran Pemerintah dalam Penyelenggaraan Jaminan Produk Halal di Aceh. *Jurnal ekonomi dan hukum ekonomi syariah*, 8(2), 81-93.

Muksalmina, M., Tasyukur, T., Maghfirah, F., & Muammar, M. (2022). Halal Certification In A Food Product As An Effort To Protect Law Against Muslim Consumers In Indonesia. https://doi.org/10.29103/micolls.v2i.78

Muthia, F., & Hendrawan, M. R. (2020). Peran BPOM dalam Pengawasan Kosmetik Impor yang Mengandung Bahan Berbahaya. *Jurnal Hukum Adigama*, 3(1), 1-206.

Nugroho, A. K. (2017). Peran Badan Pengawas Obat dan Makanan (BPOM) dalam Perlindungan Konsumen terhadap Peredaran Kosmetik Ilegal. *Jurnal Hukum Bisnis Bonum Commune*, 1(1), 26-38.

Purwaningsih, E. (2019). Pengawasan BPOM terhadap Peredaran Produk Pangan Ilegal di Indonesia. *Jurnal Hukum & Pembangunan*, 49(2), 433-4583.

Rahmah, M. (2018). Hukum Pengawasan Produk Halal di Indonesia. *Jurnal Hukum & Peradilan*, 7(1), 23-42.

Republik Indonesia. (1999). *Peraturan Pemerintah Nomor 69 Tahun 1999 tentang Label dan Iklan Pangan*. Lembaran Negara Republik Indonesia Tahun 1999 Nomor 131.

Republik Indonesia. (1999). *Undang-Undang Republik Indonesia Nomor 8 Tahun 1999 tentang Perlindungan Konsumen*. Lembaran Negara Republik Indonesia Tahun 1999 nomor 42.

Republik Indonesia. (2014). *Undang-Undang Nomor 33 Tahun 2014 tentang Jaminan Produk Halal*. Lembaran Negara Republik Indonesia Tahun 2014 Nomor 295.

Republik Indonesia. (2017). *Peraturan Presiden Nomor 80 Tahun 2017 tentang Badan Pengawas Obat dan Makanan*. Lembaran Negara Republik Indonesia Tahun 2017 Nomor 176.

Republik Indonesia. (2019). *Peraturan Menteri Agama Nomor 26 Tahun 2019 tentang Penyelenggaraan Jaminan Produk Halal*. Berita Negara Republik Indonesia Tahun 2019 Nomor 1596.

Republik Indonesia. (2020). *Undang-Undang Nomor 11 Tahun 2020 tentang Cipta Kerja*. Lembaran Negara Republik Indonesia Tahun 2020 Nomor 245.

Republik Indonesia. (2021). *Peraturan Badan Pengawas Obat dan Makanan Nomor 20 Tahun 2021 tentang Perubahan atas Peraturan Badan Pengawas Obat dan Makanan Nomor 31 Tahun 2018 tentang Label Pangan Olahan*. Berita Negara Republik Indonesia Tahun 2021 Nomor 884.

Republik Indonesia. (2021). *Peraturan Pemerintah Nomor 39 Tahun 2021 tentang Penyelenggaraan Bidang Jaminan Produk Halal*. Lembaran Negara Republik Indonesia Tahun 2021 Nomor 83.

Republik Indonesia. (2022). *Peraturan Badan Pengawas Obat dan Makanan Nomor 14 Tahun 2022 tentang Penarikan dan Pemusnahan Obat yang Tidak Memenuhi Standar*. Berita Negara Republik Indonesia Tahun 2020 Nomor 1075.

Republik Indonesia. (2023). *Peraturan Presiden Nomor 6 Tahun 2023 tentang Sertifikasi Halal Obat, Produk Biologi dan Alat Kesehatan Badan Penyelenggara Jaminan Produk Halal*. Lembaran Negara Republik Indonesia Tahun 2023 Nomor 6.

Republik Indonesia. (2023). *Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan*. Lembaran Negara Republik Indonesia Tahun 2023 Nomor 125.

Sahroni, T. R., Idzni, N., Fajril, A. M., & Ivan, M. S. (2020). A Study on Halal Supply Chain Awareness in Small and Medium Enterprise Towards Halal Certification in Indonesia. *International Journal of Supply Chain Management*.

Sari, C. A. (2019). Peran BPOM dalam Pengawasan Keamanan Pangan dan Perlindungan Konsumen. Jurnal Yuridis, 6(2), 157-1733.

Sari, D. I. (2018). Perlindungan Hukum atas Label Halal Produk Pangan Menurut Undang-Undang. *Jurnal Ilmiah Hukum Kenotariatan*, 7(1), 1-14.

Susilowati, E. (2020). Implementasi Pengawasan Obat dan Makanan oleh BPOM dalam Upaya Perlindungan Konsumen. *Jurnal Hukum Ius Quia Iustum*, 27(1), 130-150.

Suyudi, I., Afif, M. N., Kevin, Y., & Gabrielle, M. V. (2022). Analisis Pengawasan *Post-Market* Badan Pengawasan Obat dan Makanan pada Peredaran Kosmetik Berbahaya. *Deviance Jurnal Kriminologi*, 6(2), 135-152.

Syafitri, M. N., Salsabila, R., & Latifah, F. N. (2022). Urgensi Sertifikasi Halal Food dalam Tinjauan Etika Bisnis Islam. *Jurnal pemikiran dan penelitian ekonomi islam*, 10(1), 16-42.

Yulianingsih, T. A., Turisno, B. E., & Aminah. (2016). Pemberdayaan Konsumen dalam Mencegah Peredaran Obat Palsu di Masyarakat. *Diponegoro Law Journal*, 5(4), 1-11.

Yusri, A. Z., & Diyan. (2020). Kajian Hukum terhadap Tindak Pidana Penjual Menurut Obat Tanpa Izin Edar Pada Masyarakat Ditinjau Menurut Undang-Undang Nomor 36 Tahun 2009 tentang Kesehatan. *Jurnal Ilmu Pendidikan*, 7(2), 809-820.

* **Romli, R. A., R. Hardyansah, & R. Saputra. (2023). BPOM's Role in Muslim Consumer Protection Against Non-Halal Medicines, *Journal of Social Science Studies* 3(2), 121 – 130.**