Ethnographic Study

Heroin Injecting Use in Jakarta, Depok, Bogor, Bandung and Sukabumi, 2019

Yayasan Karisma & Rumah Cemara

Supported by UNAIDS Indonesia and Mainline

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Executive Summary

An Ethnographic Study on Heroin Injecting Use in Bandung, Bogor, Jakarta and Sukabumi, 2019

Heroin, as a common drug injected by people who use drugs, was not available in the market in the last few years in Indonesia. Based on reports and observations from the field, it was noted that heroin made a came back in mid-2019. Therefore, this study was made to identify the different context on injecting drug use based on the current heroin market availability among the community of people who inject drugs. Specifically, this study aims to illustrate the current situation on drug use, identify any changing trends, map the social and risk network, identify key barriers and enablers, capture the perspective of service providers, and provide recommendations to inform policy reform.

The study used an ethnography method to develop in-depth/thick description. Data was collected through in-depth interview towards 50 people who inject drugs (PWID) and focus group discussions with healthcare providers in 6 cities. The study was implemented in Jakarta, Depok, Bogor, Sukabumi, Bandung and Purwakarta.

Findings from this study have illustrated the context of injecting drug use based on the heroin market in 2019. In general, this study shows changes in injecting use pattern due to contextual factors that are different than the previous years. These changes were shown in the characteristics of the demography, source and distribution mechanism of heroin, social regulation and harm reduction services readiness. These factors have also increased the risk among people who inject drugs compared to the previous years.

The current heroin users are people who inject drugs whom the average age are 39.5 years old with about 14 years of drug use experience. There is no difference in the texture and colour of the heroin. However, informants have reported that the quality is not as good as many years ago. The cheapest price ranges from Rp. 100,000 to Rp. 300,000. It was also reported that heroin has been available in the last 6 months in the 4 study cities.

Social network tend to be smaller. Injecting drug practices are only done among the closest circle such as friends, partner, siblings and spouse. The study found various

information on places where injecting drug are practiced, but in general, places are more personal due to the limited space of social network. Risk of sharing use remains as many people are practicing unsafe injecting drug use such as sharing needle and syringe. Despite the majority of people reported to have engaged in sexual activities under the influence of drugs, most of the informants have disclosed their drug use history to their sex partners.

Sterile needle and syringes can be accessed in Puskesmas (primary health care) and NGOs/CSOs. Though, due to the limitations of this service, many people have also independently purchased needle and syringes from pharmacy. These limitations include operation hours of the service, requirements, stock-out, distance to facility, and status as Methadone patient. Additionally, it was also reported that lack of counseling, communication and information, conflicting operation hours, difficulty in getting a lower dose, take home dose requirements, administrative and stigma and discrimination from health officers remain as barriers that keep people away from the services.

According to the perspective of service providers, there has been an increase in the number of people accessing needle and syringe service. It was also seen that the number of young people has increased including new Methadone patients. However, it is important to note that one important service is missing, drug overdose management. This is due to the lack of capacity of resources and availability of naloxone in primary health care facilities.

Recommendations

Policy Level:

- Develop technical guidelines that can be used to standardize harm reduction services in all service providers such as Puskesmas, NGOs/CSOs, and referral hospital. Harm reduction service providers must follow the Ministerial Regulation (Permenkes 55/2015) as a main reference in the development of such guidelines.
- Prioritize advocacy on drug policy in relation to prevention on HIV among people who inject drugs. Advocacy must target relevant stakeholders such as the National Narcotics Board, Police Department, Ministry of Social Affairs, and Ministry of Justice and Human Rights to ensure removal of barriers to harm

reduction services including access to health- and community-based drug dependency treatment.

- Increase the scope of the local government minimum standard of service. Not only limiting to reaching 100% key population getting standardized HIV test; but also, making sure all other aspects such as promotion and prevention as mandated within the Ministerial Regulation (Permenkes 55/2015).

Service Level:

- Service providers must ensure that needle and syringes and Methadone are available, regardless of the number of people accessing the services. Increase in heroin users has been indicated in 2019, and therefore, it is important to anticipate for more increase in the coming years.
- Puskesmas and NGOs/CSOs must cooperate to activate mobile distribution of needle and syringes done by outreach workers so the service can reach to smaller communities.
- NGOs/CSOs must focus to reach out to new areas considering that hotspots are no longer active. Home-to-home outreach may also be necessary to gain better picture of the current social network among people who inject drugs.
- NGOs/CSOs must evaluate the composition of outreach workers based on their age. This is necessary to ensure that outreach workers are able to reach the target age group and to develop the communication and trust.
- Puskesmas and NGOs/CSOs must cooperate in drug overdose management. Health workers must be equipped with the capacity and knowledge on overdose management as well as administration on naloxone availability.
- Puskesmas must ensure that mental health services are available to support harm reduction and Methadone service (including adherence on ARV treatment). This is necessary considering that drug use is closely related to various mental health issues such as anxiety, depression and insomnia.
- NGOs/CSOs must ensure that the community of people who use drugs is supported. This includes community organizing to support empowerment and self-organization of the community.

Beneficiary Level:

- If new needle and syringes are not available, use personal used needles and syringes instead of others'. Avoid sharing needles and syringes at all cost. If in

any case sharing is not avoidable, needles and syringes must be sterilized and disinfected appropriately.

- In the event of sharing syringe to mix heroin, make sure that new and sterile syringe is used.
- In order to avoid fatal drug overdose, it is recommended to be accompanied when using heroin.
- When engaging in sexual activity, it is important to discuss HIV prevention. HIV status disclosure is very important to reduce the risk of infection.
- If engaging with multiple sex partners, consistent condom use is mandatory. Regardless of HIV status disclosure.
- It is highly recommended for the community of people who use and inject drugs to be aware and understand basic rights to health and legal rights, particularly in encounter with law enforcement.

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List of Abbreviations

AIDS : Acquired Immuno Deficiency Syndrome

ART : Anti Retro Viral Therapy

ARV : Anti Retro Viral

BNN : *Badan Narkotika Nasional,* National Narcotics Board

CSO : Civil Society Organization

FGD : Focus Group Discussion

Hep-C : Hepatitis C

HIV : Human Immunodeficiency Virus

IPWL : *Institusi Penerima Wajib Lapor,* Mandatory reporting of people who use drugs

KPA : AIDS Commission

OD : Over Dose

OST : Opioid Substitution Therapy

MMT : Methadone Maintenance Therapy

NGO : Non Government Organization

NSP : Needle and Syringe Program

PKM : *Puskesmas*, primary healthcare facility

PWID : People Who Inject Drugs

PWUD : People Who Use Drugs

RSA : Rapid Situation Assessment

STI : Sexually Transmitted Infection

TB : Tuberculosis

UNAIDS : The United Nations Joint Programme on AIDS

UNODC : United Nation Office on Drugs and Crime

VCT : Voluntary Counseling and Test

WHO : World Health Organization

WPA : *Warga Peduli AIDS*, local cadre on AIDS care at sub-district level

Etnography Study

Heroin Use in Jakarta, Depok, Bogor, Bandung and Sukabumi

2019

1. Background

Heroin, as a common drug injected by people who use drugs, was no longer available on the market in the last few years in Indonesia. Based on reports and observations from the field, it was noted that heroin made a came back in mid-2019. Outreach officers of Yayasan Karisma Harm Reduction programme through field observation found that heroin has become widely available in Greater Jakarta Area and that people had also started injecting heroin. Similar finding was also reported in Bandung. In July 2019, Rumah Cemara conducted a focus group discussion with their implementing organisations from different provinces. The discussion informed that heroin has become widely available in different cities with different range of price. The lowest price was reported at Rp. 300,000 per 0.1 gram, which can be shared by 2-3 people for injecting use.

Based on these initial findings, the researchers made anticipated that heroin is also available in other cities, particularly around DKI Jakarta and West Java. Rumah Cemara, through its network and implementing partners, made a further observation in Sukabumi and Bogor about heroin availability and other similar trends.

In order to capture a much more thorough and current situation, the researchers decided to develop a Rapid Situation Assessment (RSA) among people who inject drugs (PWID) using an ethnography methodology. The RSA aims at capturing the attitude and behaviour of PWID, pattern of drug use, and identifying the needs of PWID and service providers.

2. Research Objectives

a. To capture the current situation on injecting heroin use among people who use drugs in selected cities.
b. To identify changes in trends among people who inject drugs and the market availability of heroin.
c. To map the current social and risk network among people who inject drugs.
d. To identify barriers and enablers for people who inject drugs in accessing Needle and Syringes Programme (NSP) and Opioid Substitution Therapy (OST).

e. To identify the perspective of healthcare providers and civil society organizations providing services to people who inject drugs in relation to the current trend on injecting drug use and availability of services.
f. To provide evidence and recommendations to inform policies in order to strengthen and improve harm reduction services.

3. Research Questions

a. What is the current situation on heroin injecting use?
b. To what extent heroin injecting use patterns have changed from time to time?
c. What is the current social and risk network among PWID?
d. What is the current health-seeking behaviour among PWID, particularly in accessing NSP and OST?
e. What is the current perception among harm reduction service providers in relation to the current trend on injecting drug use and its implication towards the available services?

4. Methodology

4.1 Study Design

This study uses an ethnographic methodology to capture in-depth/thick description on topics that have been identified for the purpose of this study based on the perspective of those who are within the context of this study, which are PWID and harm reduction service providers (Maher et al., 2010; Quirk, 1993; Trotter, Needle, Goosby, Bates, & Singer, 2001). An ethnography study has contributed significantly in helping and understanding issues and development of HIV interventions among key populations, including PWID (Bourgois et al., 2006; Evans & Lambert, 2008; Maher, 2002; Singer et al., 2005).

An ethnographic study is done through observations and interactions between researchers and the subject of the study to allow the researchers in obtaining the cultural perspective from those who live in the "world" of what is being studied, which often is known as the "emic". Therefore, this approach will facilitate the development of local knowledge in relation to injecting drug use in each location of the study. This methodology is expected not only to identify the current trends of injecting drug use; but also, to explore further on how the perception and attitude of PWID is built based on the social and cultural context. Therefore, this study will be able to obtain a deeper understanding of the current trends that are

seen on the ground. Another source of information will be obtained from the observations and interactions between PWID and service providers, which will be triangulated throughout the study.

Based on the objectives, this study does not aim to provide a common conclusion that illustrates the current trend of injecting drug use across Indonesia. This study will provide a thick-description on the current situation of injecting drug use in the selected location/cities based on information gathered from the subject of this study. A more general view on this matter will be interpreted by the researchers.

4.2 Study Location

Location of this study was pre-selected based on initial information and findings from the researcher team. These findings were gathered through reports from outreach officers, field observations and focus group discussions. The emerging market and increase of demand on heroin varies from one city to another. Where there are cities that develop into a large market, while others become transit cities or a meeting point between sellers and buyers. Additionally, the characteristics of each city play an important role in understanding these different trends. The locations of the study are as follow:

a. Jakarta
b. Bogor
c. Depok
d. Sukabumi
e. Purwakarta
f. Bandung

The selection of Purwakarta as one of the study locations was based on the result of an FGD among partner organizations of Rumah Cemara as well as initial information gathered from key informants in Bandung.

During the process of data gathering done by research assistant in Purwakarta, information on heroin users in the last 3 (three) months was not found.

The research assistant developed a mapping of key informants, gathered data from local NGOs/CSOs, Puskesmas, health cadres, Prison staff and BNN. An FGD with NGOs/CSOs and health service workers was conducted to gather the current

situation and their perspective. The research assistant, accompanied by the key informants, also met with individual PWID and their family. During the 2 (two) month-period of data gathering in Purwakarta, the researchers could not find PWID that meet the study inclusion criteria.

4.3 Informants

Key informants that will participate in this study are PWID who are actively injecting drugs in the last 3 (three) months in selected cities. At the initial stage, the selection of informants will be based on the current network of the researchers in each city. These informants will then nominate other PWID as potential informants. A total of between 5-10 informants will be targeted in each city. The number of additional informants will be based on the size of social network of the initial informants. Once the information gathered has become saturated where there is no significant variation of the information, the researchers will decide to stop collecting information from more informants.

Since sampling selection is not random, the selection of PWID does not represent a general view of the study location. However, it is expected to provide an outline of the situation. The initial informants will be selected through referrals from a local civil society organisation or network of people who use drugs identified by the researchers. Although pre-selected, it is expected that the nomination will consider gender- and age-balance.

Service providers that were selected as informants will include two outreach workers from a local civil society organisation or network of people who use drugs, and two authorities from healthcare providers, particularly on harm reduction services that are under the coordination of the Ministry of Health. Research permit and clearance from the local Health Office will be necessary.

Overall, the number of participants that will participate in this study is as follow:

Table 1 Informants Category

No	Informants Category	Target number of informants	Actual number of informants
1	PWID	60	50*
2	Representatives from civil society organisation/network of PWUD	12	12
3	Representatives of harm reduction programme in PKM	12	12
	Total	84	74

* Researchers were not able to find informants from Purwakarta.

4.4 Data Collection Methodology

Based on the research questions, data collection was conducted in the following ways:

a. Data collected from PWID

Table 2 Information Domain on Data Collected from PWID

No	Domain	Detailed Information
1	Demography	Age, gender, education background, occupation, marital status, monthly income
2	History of drug use	First time injecting drugs, other types of drug used, overdose experience, dependency, experience with law
3	Injecting drug use in the last 3 months	Heroin availability, changes in price, source of heroin, quality of heroin,

		frequency of use, money spent on heroin in the last 3 months
4	Access and social/risk network	Accessibility of heroin, number of using partners, frequency of sharing needles & syringes, using partners characteristics (age, length of knowing each other, relationship, location to use, using needles & syringes, buying patterns)
5	Sexual behaviour and network	Sexual activity (number of sex partners, partners' characteristics, frequency of sex, condom use, HIV status and drug use disclosure, drug use)
6	Health-seeking behaviour	Access to NSP, OST, condom, HIV test, ART, Hep-C treatment, drug rehabilitation treatment

b. Data collected from service providers (CSO/Puskesmas)

Table 3 Information Domain on Data Collected from Service Providers

No	Domain	Detailed Information
1	Demography	Age, gender, name of institution, position at work, duration in the position
2	Perception on injecting drug use	The number of injecting drug use, the scope of injecting drug use, changes in trend of injecting drug use, changes in clients' or patients' characteristics in the last 1 year
3	Harm reduction services	Types of services available, coverage of services, accessibility of services, preparedness on the current changes in trends of drug use, barriers in service provision
4	Local policies on harm reduction services	Existing regulations or guidelines on harm reduction services, perception on partnership between CSO and healthcare services in harm reduction programmes, relationship with law enforcement, mandatory reporting (IPWL) implementation
5	Perception on the benefits of harm reduction services (personal and/or institution)	Current changes to the existing harm reduction services, benefits of providing harm reduction services in the current context, perception on effectiveness of harm reduction services, perception on harm reduction services in the future

c. Data Collection Methodology and Tool

1) Data collection from PWID

Data collection was done through in-depth interview with guided questions developed in semi-structured way. The guidelines aimed to help interviewers to capture information described in the previous tables with possiblities of modifications based on the interview process. The interview was done in a location that allowed confidentiality and privacy as well as ensuring the security of the informants. Ideally, the interview would be done at a local NGO office, where PWID hang out, or at home, or any other places where informants feel comfortable with. The interview covered wide range of topics and consideration was taken towards informant's comfort and trust, therefore, interviews could be done more than once to the same person. The interview was recorded to ensure that researchers were able to completely capture the responses. Informed consent had to be signed prior to the interview and recording.

Additionally, data collection was also done through field observation, in places PWID hang out. Field observation was done to gain narrative context developed throughout the interview process. The observation was done only at places where PWID hang out, not at their workplace or where they use drugs. This process also allowed interviewers to develop interactions with the bigger group of PWID and closest friends and relatives. The observation was documented as observation notes.

2) Data collection from service providers

Focus Group Discussions (FGD) was done in each selected NGO/CSO or healthcare facilities using pre-determined FGD guidelines. In the process of FGD, any relevant secondary data, such as service coverage or characteristics of clients, would be collected to provide additional view on the implementation of service provision. FGD was recorded with consent of all participants.

Additionally, researchers also visited the facility to observe services provided to PWID. All PWID accessing the services were informed of the researchers and study purpose. The observation was documented as observation notes.

d. Data management

All interview recording was made into verbatim transcript to provide complete information for the researchers. Each transcript was sent to the research secretariat to be verified its completeness. Observation notes were done using a Google Form format, and audio file of each recording was uploaded into an online platform to allow the researchers with quick access to the information. Personal identity was not recorded in any of the interview of observation notes to ensure confidentiality of the informants.

4.5 Data Analysis

Analysis was done based on ethnography principles and processes and observation of participants (Atkinson & Hammersley, 1994; Denzin & Lincoln, 2018). The result of the interview and observation was summarised in a worksheet categorised based on main topic. Sub-topic development was done based on the reading of the available transcript. This process was done by the main researcher to allow unified coding among other researchers. The result was read through several times to develop relevant themes and patters on the variance. The analysis process of this qualitative study was done through software, NVIVO version 12 plus.

5. Quality Assurance

To ensure the quality of data collected, several activities were done by the research team, including:

a. Feasibility trial and test of interview guidelines
b. Selection of research assistants based on the set criteria and qualifications
c. Selection of informants based on the agreed inclusion criteria
d. Training on data collection and research ethics for all research team members
e. Mentoring during data collection
f. Monitoring, supervision and control on data input through Google Form
g. Monitoring, supervision and control on in-depth interview by selecting first 5 interview recordings
h. Monitoring, supervision and control in transcript writing consistency by checking the transcript against the recording
i. Coding/topic development to ensure unified coding throughout the data

6. Protection of Research Subjects

To ensure protection of informants as the subjects of this research, as a protocol, the research team submitted an ethical clearance to Ethical Commission of Atma Jaya University, Jakarta. The research was granted by the Commission under a Ethical Clearance document No. 1434/III/LPPM-PM.10.05/10/2019, 28 October 2019; and Research Permit issued by Ministry of Internal Affairs in document No. 440.02/518/DV, 7 November 2019.

The risk of informants' participation in this research was minimal or was considered less than the risks that most of them experience on daily basis. Despite, to ensure confidentiality, no personal information was recorded other than informant's unique identification. Additionally, all recordings and transcript of the interview were kept in a secured and password-protected database folder, and with limited access only to Data Manager and the Main Researcher. To ensure that participation was voluntarily, prior to each interview, informant had to sign an informed consent of the research.

7. Result

7.1 Demography and Attitude of PWID in Research Locations

From all 5 cities (Jakarta, Depok, Bogor, Sukabumi and Bandung), a maximum number of informants that were eligible according to the inclusion criteria were found. A total of 10 informants per city were interviewed.

Table 4 Demography of Informants Based on Age, Gender and Education Background

Variable	Category	Bandung	Bogor	Depok	Jakarta	Sukabumi	5 Cities
Age	Min	36	25	28	25	36	25
	Max	48	49	50	49	50	50
	Median	43.5	39	40.5	35.5	39.5	39.5
Gender	Male	8	10	9	8	10	45 (90%)
	Female	2	0	1	2	0	5 (10%)
Education Background	Higher Education	8	4	2	0	3	17 (34%)
	Senior High School	2	5	5	8	5	25 (50%)
	Junior High School	0	1	3	2	2	8 (16%)

From 50 (fifty) informants, most of PWID are male (90%). The researcher team could only reached out to 5 female informants. The age range of informants is between 25 and 50 years old, with an average of 39.5 years old. Female informants were represented in all cities, except Bogor and Sukabumi. Most of informants are Senior high school and higher education graduates (84%).

Table 5 Demography of Informants Based on Marital and Income Status

Variable	Category	Bandung	Bogor	Depok	Jakarta	Sukabumi	5 Cities
Marital Status	Not Married	0	2	4	3	1	10 (20%)
	Divorced/Widowed	3	0	2	2	5	12 (24%)
	Married	7	8	4	5	4	28 (56%)
Source of Income	Permanent Income	9	5	3	2	5	24 (48%)
	Non-permanent Income	1	5	6	6	3	21 (42%)
	No Income	0	0	1	2	2	5 (10%)
Monthly Income (in IDR)	Minimum Income	2,000,000	500,000	n/a	350,000	n/a	350,000
	Maximum Income	5,000,000	14,000,000	10,000,000	8,500,000	5,000,000	14,000,000
	Median	3,300,000	5,000,000	4,100,000	5,000,000	3,000,000	4,000,000

A small number of informants reported to not having income (5 people), while the rest, have either non-permanent (44%) or permanent income (46%). The amount of monthly income that informants receive varies between Rp. 350,000 and Rp. 14,000,000 (average Rp. 4,000,000).

More than half of the informants are married (56%), 20% of them are not married and 24% are either divorced or widowed.

Table 6 Demography of Informants Based on Age of First Drug Use and Use of Other Substances

Variable	Category	Bandung	Bogor	Depok	Jakarta	Sukabumi	5 Cities
Age of First Drug Use	Minimum	9	9	10	10	7	7
	Maximum	22	16	19	21	23	23
	Median	14	13	14	13.5	16	14
Use of Heroin with Other Substances	Only heroin	0	0	4	1	6	11 (22%)
	Heroin and another substance	0	0	2	4	2	8 (16%)
	Heroind and 2 other substances	10	10	4	5	2	31 (62%)

Informants reported their first drug use at the age of 7 or 23 years old, with a median of 14 years old.

Only 11 PWID (22%) reported to use only heroin, while most of others, used heroin along with one or two other substances/drugs in the last 3 (three months).

Table 7 Demography of Informants Based on Injecting Heroin Use in the Last 3 Months

Variable	Category	Bandung	Bogor	Depok	Jakarta	Sukabumi	5 Cities
Injecting Heroin Use in the Last 3 Months	Every day	4	3	7	8	5	27 (54%)
	Once in the last week	5	5	2	2	2	16 (32%)
	Once in the last month	1	1	1	0	1	4 (8%)
	Once in the more than 1 month ago	0	1	0	0	2	3 (6%)

More than half of the informants (54%) reported to use and inject heroin every day in the last 3 (three) months. 16 people said at least they have used onced every week, while 4 people only used once in the last one month.

Table 8 Demography of Informants Based on Sexual Behaviour and Access to Healthcare in the Last 3 Months

Variable	Category	Bandung	Bogor	Depok	Jakarta	Sukabumi	5 Kota
Sexual Behaviour in the Last 3 Months	Sexually active and engaging in safe sex practices	5	3	4	1	5	18 (36%)
	Sexually active in engaging in unsafe sex practices	2	4	2	5	4	17 (34%)
	Sexually inactive in the last 3 months	3	3	4	4	1	15 (30%)

Access to Healthcare in the Last 3 Months	Accessing healthcare services regularly in the last 3 months	9	8	4	4	10	35 (70%)
	Accessing healthcare services at least once in the last 3 months	0	1	6	2	0	9 (18%)
	Did not access healthcare services in the last 3 months	1	1	0	4	0	6 (12%)

The researchers tried to capture infomants sexual behaviour in the last 3 (three) months by identifying their sexual activity, safe sex practices (consistent use of condom or sex with regular partner only, in the context of HIV prevention) or unsafe sex practices (inconsistent use of condom and/or engaging sexual activities with more than one partner). 36% of the informants reported to be sexually active and practicing safe sex, while 34% others are also sexually active but engage in unsafe sex practices. The rest of the group (30%) has reported to not being sexually active in the last 3 (three) months.

In terms of access to healthcare services, 35 people (70%) reported to regularly access the services, 18% have accessed healthcare services at least once in the last 3 (three) months, while 12% have not accessed any services.

7.2Characteristics of Informants – A Perspetive of Service Providers

This study observed other informants than PWID, which were service providers such as healthcare providers and NGO/CSO specifically providing drug-related or harm reduction services. Data collection from this group of informants was done through FGD.

From 20 FGD participants, 12 people (60%) are male and the rest are female, with an age range between 31 and 51 years old. Length of experience in harm reduction service provision varies among these informants, between 6 and 408 months, with an average of 72 months (6 years). Of the total participants, 35% of them have

worked for less than 3 (three) years and 65% have worked for more than 3 (three) years.

7.3 Using Heroin

In general, using heroin includes inter-connected activities starting from ensuring there is enough money to buy, finding a using partner, finding the heroin dealer, identifying ways to buy heroin safely, ensuring the quality of heroin that will be bought, and deciding on a place to use safely to anticipate unwanted situations such as overdose. These activities are repeated every time they use heroin. This chapter gives illustrations on these activities done by PWID in 6 (six) cities in the last 6 (six) months and in comparation to their previous years' experience.

a. The Farther from Jakarta, the More Expensive Heroin is

The study interview guidelines asked the lowest price of heroin sold in each city. Anecdotal information indicates that the cheaper the price of heroin on the street is, the closer it is to the main source of heroin market distributors/dealers.

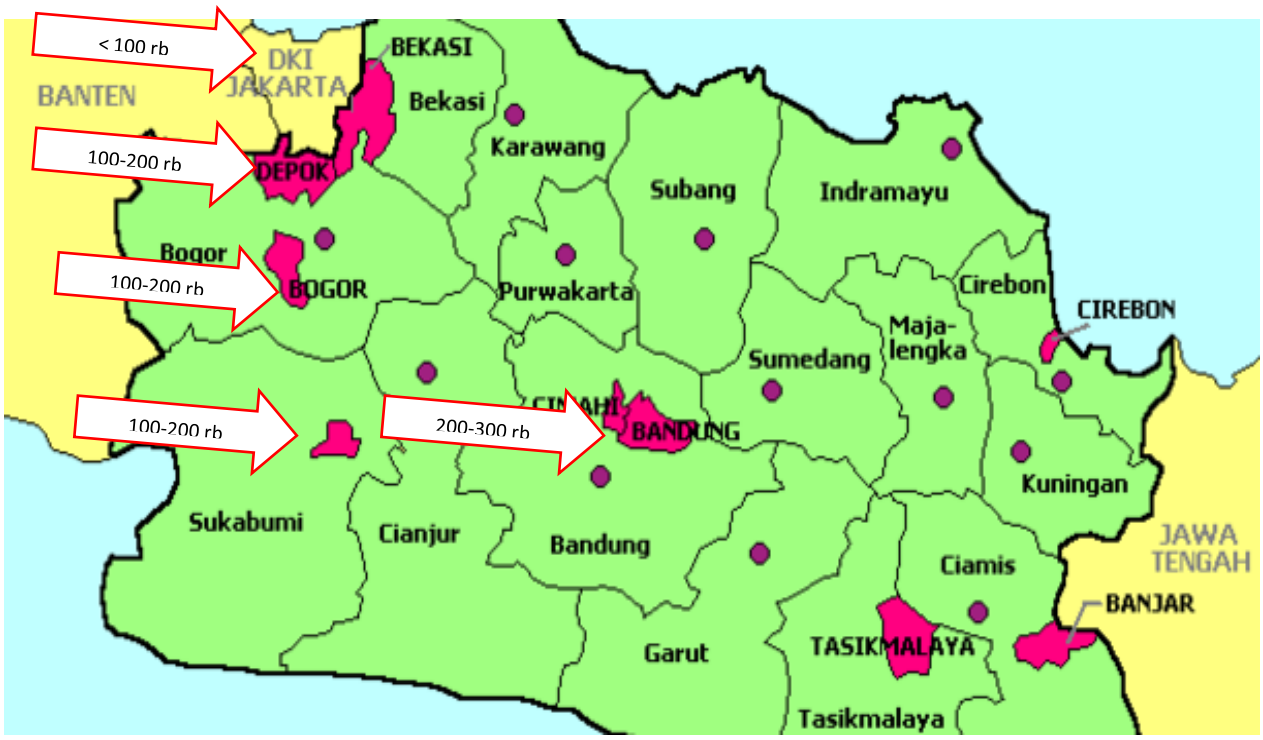
The smallest package of heroin available in the market in the last 3 (three) months varied in all 5 (five) cities. In Jakarta, the cheapest price was found at Rp. 100,000, in Bogor, Depok and Sukabumi, the price ranged from Rp. 100,000 to Rp. 200,000; while in Bandung, the price is higher than any other places with a range of Rp. 200,000 to Rp. 300,000.

"*For users usually, they spend quite consistently between 100,000 and 200,000. Maybe it will go up to 700,000 to a million. But if buying more, it can go up to 1.8 million per gram.*" -FC, WM Depok, 2019-

"*Now, maybe around 1.8 to 2 million. About 200,000 per package.*" -HN, WM Bogor, 2019-

Based on this pattern, the farther the location is from Jakarta, the more expensive the price is. The cheapest heroin packet in Bandung was reported to be among the most expensive of all cities. Therefore, it is reasonable to conclude that Jakarta is the main source of heroin distribution.

Image 1. Market Price of Heroin by the Smallest Package



b. Heroin in Paste Form is more available on the Street

Heroin, as an illicit drug in Indonesia, comes with different colours, forms and quality from time to time. These differences are possibly due to the source of heroin, processing, mixture, and level of purity. It is known that all drug dealers reprocess pure heroin in order to gain more amount to sell.

"*So it is pure heroin. Good quality for high-end users. But for people like me, maybe will be a bit lower. Maybe around 1.8-2 milion is considered reasonable now. It used to go up to 5 million.*" -IHN, WM Sukabumi, 2019-

Heroin that has been currently available in Indonesia comes in white, brown and cream colour in forms of powder and paste. Paste heroin is usually brown and cream. There is currently no difference in colour and forms of heroin compared to the past and in the last 3 (three) months in all 5 (five) cities, brown poweder and paste heroin has been the most common.

"*On distribution in Bandung, what I have observed is that there has been price reduction. It used to be 350,000 per package, and now it can go as low as 200,000. It is also enough for two people, or two times for personal use. There are 2 types of stuff in Bandung, one is brown and the other one is white.*" -RI, WM Bandung, 2019-

Since drug dealers process heroin differently, the quality and level of purity also vary. According to the informants, the current heroin at the market is at lower quality than in the past.

"A lot different. In the past, the quality was so good, now it doesn't go near at all. But what can we do, the way they cook and develop it, maybe with less quantity. We can see it from the colour, brown, cream..and it may look like brown sugar, not heroin. In the past, it used to be white. For me, it was the real heroin. If colour is different, it may have been mixed with other substances. And the withdrawal used to be far worse than now." -FD, WM Depok, 2019-

c. Heroin can be bought in or out of Town

Informants get their heroin from dealers in and out of town. According to them, it has been in the market since 6 (six) months ago.

"What I know, it is still available, people get it from Jakarta. Sometimes we put money together and buy in Jakarta. One of us would go there. In Bogor, there is no consistent and reliable dealer yet. There was one time I gave Rp. 300,000 to a dealer, but he said he needed to collect enough money because he needed to get it from Jakarta." -BR, WM Bogor, 2019-

Most of informants got their information on heroin availability directly from the sellers/dealers or their using partners. Unlike in the past where heroin was available at almost every streets and alleys, the current network is relatively smaller. Heroin dealers are reaching out to users directly, rather than users finding heroin. It is considerably easy to recognize users and transaction process can happen very quickly. In 2019, most of transaction involved prior communication between users and dealers.

"To get heroin, we made appointment with the dealer via WhatsApp or telephone. We meet, and get the stuff." –MD, WM Bandung, 2019-

"So many people told me that my stuff was good, so they wanted to get it through me and transfer their money." –FD, WM Depok, 2019-

There are many different ways of PWID when buying heroin, from chip-in, personal purchase, buying directly to the dealer, or even buying the stuff for resell. This is done mainly because of the price that is nor relatively cheap and many people initiated the idea to resell the heroin so they will have more return from how much they have put to buy the stuff at the first place. In

general, PWID are not aiming to gain more income when practicing this, but rather to ensure their needs are met.

"I do this to secure my needs. I don't do this for money. Usually, there is a partner." –H, WM Jakarta, 2019-

"Yes. I have sold some stuff. I bought it for Rp. 200,000 and sold it for Rp. 300,000. I could have sold it for 200,000 more. But At least, I got some income." –I, WM Jakarta, 2019-

"It only depands on the situation. Sometimes with friends, sometimes on my own. When I have money, I go alone. When I have less, I go with friends." –H, WM Jakarta, 2019-

e. Getting Heroin is not Difficult Now

Almost all informants in all 5 (five) cities stated that they found no problem in getting heroin in the last 6 (six) months. Most of them also feel that because most of people involved are also the same people as in the past so it was not difficult to get the information. Though, for new users, it may be a lot more difficult. However, it all depends on the availability of the heroin in the market.

"For me it's easy. For new users, maybe difficult. I know people in the community, new users may not know anyone." –MD, WM Bandung, 2019-

"3 years ago it was very difficult, but now it's a lot easier." –HA, WM Depok, 2019-

Some informants thought that the price is a lot more expensive now, while some others thought that there was no difference.

7.4 Managing Overdose

The current resurgence of heroin in the market and many of the informants who have been using heroin since the 90s and 00s, as well as the different characteristics of the current substance do not hide the risk of overdose possibility.

Almost in all study locations, informants did not find any overdose case, except in Bogor. The particular case in Bogor happened within 3 (three) weeks time before the interview was done. The informant told the researcher that he might have used too much and passed out.

"3 weeks ago. I think I used too much, and my friends told me that my face went blue-ish, and I passed out too." -AD, WM Bogor, 2019-

All informants in all locations reported to have experienced overdose and witnessed others too. Overdose comes with eye-visible signs, including significant change in vital signs and breathing as early warnings of an overdose. The informant from Bogor had the signs but ignored them. Soon after, he had seizure and his lost his life.

Overdose management can be done in different ways, including between users. The aim is to keep each other conscious. Giving milk, injecting salt water, giving physical intervention and overdose management such as put the body to the side as well as going to emergency unit of a hospital to get medical treatment. The result varied, some survived and some did not survive.

"I saw it. But it wasn't my friend. He got off and then suddenly had seizures, and he was dead. Me and my friends ran away. Not long, the police came. Often, those who experience overdose, when we tried to tell them, they would argue and feel annoyed, despite it was clear that they were about to pass out." -AD, WM Bogor, 2019-

Some informants have attended overdose management training and they were aware of Naloxone. In particular, informants from Bogor, Depok and Sukabumi knew how Naloxone functions.

"What I know, from support group meetings I went to, including when Rumah Cemara used to have a programme in Sukabumi, I heard about Naloxone. Other NGOs like Lensa also gave some information. So basically, what I know, it is a drug to stop overdose. When someone is experiencing overdose, give him Naloxone, and he will be ok." -AR, WM Sukabumi, 2019-

An experience of HA from Depok when he found out his using partner had an overdose he took him to the hospital immediately and explained the chronology to the medical staff and encourage them to administer Naloxone. However, it was not available at that hospital.

"Yes, I called the counselor to speak directly to the doctor to administer Naloxone. But it was not available." –HA, WM Depok, 2019-

7.5 Dependency with Using Partners

Some informants reported having using partners including friends, partner or family members. This shows that they use heroin with people that they know and informants selectively choose them to reduce the risk of getting caught by the police or being trapped. This pattern of using is different compared to the past where many heroin users would use with anyone else regardless of personal connection, which also developed a wider social network among each other including getting more information of heroin availability and source.

"Alone. Learning from experience, I would use with not more than 2 people, people I can trust. I don't want any trouble, unlike in the past I would go out in the street like a punk, now I would rather go with someone I know personally." –RI, WM Bandung, 2019-

"With friends, close friends. Maybe around 2-3 people, sometimes alone too. If it is not too dangerous, I'd go with friends, but have to be careful when using in groups. I could be trapped." –GR, WM Bandung, 2019-

There have been no significant changes in places where PWID use their heroin. Common places such as home, friends' house, toilet, in the car, empty land, hotspots, bedroom, streetside, railwayside, riverside, paddy field and cemetery are still PWID's favourite places to use heroin. PWID tend to hide when using heroin since most of their using friends come from the same community and neighbourhood. However, one different aspect today is the use of the term hotspot. In the past, hotspot was not identified and mapped although there were places where PWID would go together and use heroin. For example in Bandung, there used to be places like one campus in Dago area, a park and coffee shop where these places were known where PWID would go and use their heroin. These places now are no longer there as they have been refurbished and refunctioned.

"Yes. Sometimes at a hotspot by the riverside." –DCP, WM Depok, 2019-

"Sometimes in a toilet. I only need 5 minutes." –DP, WM Bandung, 2019-

"People in Depok usually use heroin at a hotspot." –DCP, WM Depok, 2019-

In terms of risk of using together, some informants reported that they use heroin together and engaged in wet and dry setting and sharing needle and syringe. In certain conditions, such as when having a very bad withdrawal, informants ignored

the information and knowledge on safe drug use and engaged in sharing needle and syringe.

"In emergency situation, we share needle and syringe." –DN, WM Sukabumi, 2019-

"The other day I borrowed from my friend because I did not bring my needle and syringe." –HA, WM Depok, 2019-

Ideally, after an extensive effort of implementing harm reduction program for a long period of time, sharing needle and syringe does does not happen anymore. One of the components on harm reduction program is education and provision of prevention commodities. It may be necessary to reevaluate these two components to identify all the barriers, which resulted in persistent risk among PWID community as well as exploring innovative interventions that may be necessary. The fact that the risk of sharing needle and syringe remains, the possibility of HIV, Hepatitis C and other infections also remain high.

"I used my friend's needle. It wasn't clean and dry." –AD, WM Bogor, 2019-

7.6 Escaping the Law with Money

Law No. 35/2009 on Narcotics regulates all aspects related to Narcotics. This law was an update from the previous Law No. 22/1997, which includes use of drugs for medical purpose as well as drug related crime. The Narcortics Law criminalizes both users and dealers. However, it also distinguishes dealers into different categories including producer, importer, exporter, courier and distributor of drugs.

Informants reported to have had experience with the law enforcement since 1999 until 2019. Some informants have also been sentenced to prison time related to narcotics crime, including as users, courier, dealer/seller, and other crimes related to their drug use. It is quite common for people who use drugs to engage in criminal-related activities, as they have to meet their daily needs of getting drugs. Some informants also reported that they have been in a police operation target list, and they have often felt being trapped and snitched.

"There was one time I was caught with no evidence with me. But often, when getting raided, we have no choice but to comply and go to the station. I did not have any intention to run because I felt I was not wrong and I was slandered. But at the station, everything became different. I couldn't defend

myself anymore. They said that someone had told them that they got it from me. I have sold some stuff before but I never gave my stuff to that person. And since someone had reported on me, I couldn't say anything else. They used that as an evidence to charge me." –J, WM Jakarta, 2019-

Informants from all study locations reported that they have engaged in bribing the police to drop the case. This was done either by offering them some amount or getting the price tag from the police. The process varied where some made a deal on the field during the raid and some others made the deal during custody and even within the trial process. The amount also varied up to Rp. 50,000,000 per person.

"Once. It was marijuana and in the end, I paid them 50 million." –AD, WM Bogor, 2019-

Some other informants, except from Jakarta, also reported that they followed the justice system and spent time in prison. The time served ranged between 6 months to 6 years, depending on the case. Some of them also received remission and reduction of prison time.

In 2019, only informants from Sukabumi had experience with the law enforcement. FR, for example, had to deal with the police twice. But both cases did not continue to trial process.

7.7 Sex and Heroin

PWID has a relatively close association with high risk and unsafe sexual behaviours that can lead to infection of sexually transmitted diseases including HIV. Two of the highest risk factors on HIV infection among PWID are engaging in unsafe sex with different sex partners and sharing unsterile needle and syringe. According to the Ministry of Health report in 2019, sharing unsterile needle and syringe contributes 1% to the whole new HIV infection rate, while unsafe heterosexual sex contributes 18% of new HIV infection.

Informants reported to have engaged in sexual activities with their wive and other sex partners, and some of them reported to have engaged with both. Some of them also reported to have had sexual encounter with their using partners under the influence of heroin. Although informants reported to have had sex with different

sex partners, none of the informants told the researcher that they had an experience with sex workers.

This report shows a possibility of increased risk when engaging in unsafe sex with different sex partners, as there are also possibilities that their partner have more than one sex partners.

"Different people but not many. Because I don't usually buy sex." –RY, WM Jakarta, 2019-

Consistent condom use is one of the major prevention aspects that is always instructed to PWID and their partner when engaging in sexual activities. However, informants from Jakarta, Bogor, Depok and Sukabumi reported not to use condom when having sex with their spouse or partner. They also felt that it was not an issue, as they did not have more than one sex partner. Informants with HIV positive status, on the other hand, tend to be more protective of their partner. This was indicated by their consistent use of condom.

"I use condom because my wife is HIV negative. If we don't have one, we'll get one." –DS, WM Bogor 2019-

Informants from 3 (three) cities reported to have had sex under the influence of drugs. Although the chemical reaction of heroin results in muscle relaxation, which generally would become a barrier to engaging in sexual intercourse, this does not seem to be the case as reported in this study.

"It has been quite often this last 3 months. We mix benzodiazepam and heroin." –FR, WM Sukabumi, 2019-

The majority of informants from Bogor, Depok, Jakarta and Sukabumi have disclosed their drug use to their sex partners. However, some of them only shared their past experience without disclosing their present drug use habit. Some informants who have recently relapsed in using heroin tend to hide their drug use to their partners.

"My girlfriend knows I am using. But I respect her and I never use in front of her. But I know that she knows." –H, WM Jakarta, 2019-

Disclosing HIV status is an important part to break the HIV infection cycle and to avoid the risk of infecting the sex partner. In all study locations, some informants

have disclosed their HIV status to their sex partners and some others have not. Some of them did not share their status because they have recently been tested negative and felt that there was no need to inform their partner. Some others who were tested positive only told their partner about their drug use.

"She knows about my drug use, but she doesn't know I'm HIV positive." –DM, WM Jakarta, 2019-

7.8 Needle and Syringe is Inaccessible in Puskesmas

PWID require access to clean and sterile needle and syringe to reduce the risk of HIV infection. Technically, needle and syringe can be accessed in Puskesmas or in NGOs/CSOs that have cooperation with local Puskesmas.

In 2019, there has been a report where needle and syringe has become inaccessible in Puskesmas. Some cliinics have also closed down the service due to the low number of people accessing the service. This situation was also reported by informants in all study locations, particularly on access and availability of needle and syringe. Some Puskesmas have also reported stock-out or not having enough needle and syringe to meet the needs of PWID in their location.

Some of the requirements to access needle and syringe have also become the barriers. These include requirement of a valid identification and exchanging used needle and syringe. Due to continues criminalization, many PWID hesitate to show their identification due to their fear of breach in confidentiality and personal information. PWID also hesitate to bring used needles and syringes as they want to avoid carrying what could be used as evidence by the law enforcement. Additionally, PWID who are currently registered as active Methadone patient, are often denied of getting access to needle and syringe. On the Puskesmas side, issue with human resource remains the main problem. Often, the designated health officer for harm reduction service is not in place and service then becomes unavailable.

"The process in Puskesmas takes a long time, so it doesn't fit with our needs. We need quick access. Puskesmas also has working hours, and only limited until 1 pm. So I decided to buy my own from pharmacy." –AM, WM Bandung, 2019-

The majority of informants reported that they had more flexibility on accessing the service from an NGO/CSO. They could also get enough needle and syringe based

on their needs (compared to being limited in Puskesmas). Others also reported that they can buy needle and syringe in a pharmacy that they have been to regularly (with personal connection).

7.9 Methadone has not been Optimized as a Heroin Substitution Therapy

According to the Ministry of Health Regulation Permenkes No. 57/2013 on Implementation Guidelines on Methadone Maintenance Therapy (MMT), Methadone is classified as an opioid substitution therapy that requires management and maintenance on behavior and used as one of the ways in breaking the HIV infection cycle among PWID. MMT is a program which includes provision of Methadone and psychosocial intervention in accordance to Classification Guidelines on the Third Mental Health Diagnostics. Methadone is also classified as Narcotic Class II.

MMT in Indonesia has been implemented for a long time, and many informants have been in the program from a long time too. Many of them felt that there has been no clear information on their treatment plan and when they will complete their treatment. Informants also reported that whenever they requested for a lower dose, additional layers of requirements become the barriers. One of these requirements include being clean from multiple substance, which almost all informants could not meet. At the end, many of them reduce their dose independently without proper medical supervision. Withdrawal from Methadone was also reported to be a lot worse than heroin.

> *"I didn't like it, and I feel it is cruel. People cannot stop. The withdrawal from Methadone can last up to 2 months. Lowering the dose takes a long time. It is easier to stop using heroin at once. 5 days of withdrawal, then it's done. While Methadone can take months. I was on Methadone for 4 months, and it took me 3 weeks to get rid of the withdrawal." –AMP, WM Jakarta, 2019-*

Informants also mentioned that they required more counseling support than just the Methadone administration. Many informants reported that counseling have not been done and only very minimum information is given by the health officers. However, it is important to note that in principal, MMT should include psychosocial interventions for behavior change.

> *"It has been good. But doctors seem to have limited knowledge. I wish doctors here are more equipped with knowledge and skills on how to deal*

with people who use drugs, especially doctors at Methadone clinic." –BA, WM Depok, 2019-

Despite that Methadone is an opioid substitution therapy, many informants reported that they were still using heroin. Unfortunately, active Methadone patients are denied needle and syringe service at the same Puskesmas, and many of the informants accessed the service from clinics in other areas or other service providers.

"Yes, I buy from pharmacy. It is Rp. 5,000 per piece. They give I think because they know I use heroin. I have tried going to PKM but they didn't give me needles, but at that time I lied, I told them I needed needle for my pet." -AD, WM Bogor, 2019-

"If we are a Methadone patient here, we cannot get needle and syringe. So I have to go to other clinics or to NGOs." –FC, WM Depok, 2019-

7.10 Anticipation from Service Providers on the Current Heroin Use

The resurgence of heroin in 2019 had already been identified by service providers, including NGOs/CSOs delivering harm reduction and health service providers. Several changes that had taken place include increasing number of people accessing needle and syringe and registration of new Methadone patient. However, characteristics of the current users are still unknown. It is difficult to identify whether these are new or ex- users. In Jakarta, it has been seen an increasing number of young PWID, although this particular group tend to be more private than others. In last 3-4 months before an FDG with service providers was done, it had been reported that the price of heroin was considerably cheap. This was one of the warnings of heroin market cycle and a reminder for service providers to remain vigilant of the current market.

"I heard in late 2018, there was some news that heroin was available again, so my friends who had stopped, started using heroin again. What we need to highlight is that those who had not been using heroin for a long time would use the same dose as last time they used it. They also often mix heroin with other drugs. Ironically, the trend continues on until today. The price is cheap, but I don't know if there are new PWID using heroin. That is also my concern, sharing needles. We don't know if they know anything about harm

reduction. They probably share needles. It is HIV infections all over again." – Informant from FGD, Bandung, 2019-

"Heroin used to be a hit. Now in Bandung, maybe around 100 people using heroin every day. For me, it is ironic to see among them, there are PWID how are still very young, about 23-24 years old. So they must have learned it from someone else. In 5-6 years, if harm reduction is not taught properly, there will be new generation of HIV positive PWID." – Informant from FGD, Bandung, 2019-

According to the Ministry of Health Regulation Permenkes No. 55/2015 on Harm Reduction for Injecting Drug Use, only appointed health institutions as referrals have the authority to implement and provide harm reduction services. The appointment shall be made by the respective district Health Office. According to the regulation, harm reduction services should include needle and syringe exchange, behavior change counseling, social support, referral to opioid substitution therapy or other substance dependency treatment, promotion of STI and HIV prevention, HIV test and counseling, and prevention on viral Hepatitis diseases.

Partnership and engagement with other stakeholders in the district are done in line with the implementation principles in accordance to the regulation. Each strategy and implementation requires multisectoral partnership and engagement. Partnership with local NGOs/CSOs are done in almost all cities to maximize the coverage of outreach and monitor the change in behavior among PWID. Additionally, NGOs/CSOs are often engaged in promoting and distributing prevention media. Wider civil society engagement is done primarily through the formation of WPA at a smaller neighbourhood scope. Wider communication and socialization is also done in partnership with the district office of social affairs and local NGOs/CSOs.

"In principle, there are many programs in social affairs office that are related to HIV. However, they often do it their own way without involving us. We have been in the same meeting with them and we know that there are many activities that can be synchronized, but they tend to go by their own. For example, I know that they have an activity involving sex workers and MSM." – Informant of FGD in Sukabumi, 2019-

Based on the report we received from informants from Bogor, the district government have worked together with the health office to open an OST clinic in order to respond to the current heroin market ressurgance. The current change in the market was considered to be a very important consideration to anticipate an increase in the number of people seeking for access to OST. This was also supported by the report on the increasing number of new Methadone patients in some cities.

> *"The Ministry of Health is currently preparing to open new MMT clinic. Bogor, Sukabumi, Subang, Bekasi and Cirebon have been asked to revise the current regulations and guidelines considering that heroin has become available in the market. At this point, I realized the connection between what was said by our patients and what has been prepared by the Ministry of Health. Heroin is back in the market." – Informant of FGD in Bogor, 2019-*

Harm reduction services have been implemented in Indonesia for quite a long time. Therefore, it may be necessary to explore some innovative approaches to improve and increase the coverage of the current services. In order to further develop the program, informants mentioned the need to provide high quality of human resources who are well equipped with the knowledge and skills, update the current guidelines to meet the needs of the current situation, develop stronger multisectoral partnership and engagement between different ministries and department to maximize the current strategy. The ultimate goal is to strengthen the current program and maximize the benefits and impact.

> *"For me, we need to involve all sectors to discuss about drugs and their relevant literature, so that we can develop instrument on harm reduction. Especially nowadays, trend of drug use changes all the time. At the end of the day, the NGO/CSO will be the victims, including healthcare workers. We need policy level decision makers to develop clear policies and regulations so the frontline staff has clear understanding in the implementation. At the moment, they are in a catch 22 situations - they cannot move forward or backward. We need to improve the SOP so that it is universal. I hope with more discussions like this, the central government can be more in-line and have universal standards." –Informant of FGD in Depok, 2019-*

8. Discussion

Etnography study has significantly contributed in areas of epidemiology, public health, and HIV prevention. In particular, it provides an opportunity for people who use drugs, whom often become the subject of the study, to be heard and accounted for. Through this method of research, those who are at risk and vulnerable are provided with a platform to inform issues that they face regularly to the researchers or implementers. By illustrating the context and environment that are perceived to influence the subjects' behaviors, etnography study allows unbiased perspectives to the public health sector to inform service providers, researchers or policy decision makers.

In general, this research aims to describe the context of injecting drug use in six study locations/cities. A context is an abstract concept that is used to illustrate the environment where injecting drug use occurs. It refers to the condition and situation that influence thoughts and actions of PWID in engaging their drug use routines. Therefore, the context was developed in several different dimensions and at different levels of human experience. These dimensions can be personal, social, or part of physical environment. Additionally, these dimensions can occur at local or micro level or even influenced by structural power at macro level. By understanding the context influencing the lives of PWID, the study will also be able to capture the dynamic and continuously changing drug use practices, as people as human beings have a tendency to adapt or avoid conditions and situations that can harm them.

Several contexts have been identified in this research as situations that can influence injecting drug use practices including the risks that follow. At micro level, the study identifies several characteristics such as demography, experience and history of drug use, type of drugs injected, location of drug use practices, and relationship between PWID and their sex partners. Within this, the study will discuss the contextual factors related to drug use, which can lead to an understanding of risks among PWID in all six study locations.

On average, the age of PWID participated in this study is 39.5 years old. This is relatively older than the average age of PWID participated in the recent Integrated Biological and Behavioural Survey (IBBS) of the Ministry of Health conducted between 2018 and 2019 (avg. 32 years old). By getting older respodents, the information can be used as a proxy of gathering old and past information on drug

use. According to the National Narcotics Board in their 2015 Drugs Prevalence Survey done in 20 provinces, the average age of using drugs for the first time is 19 years old. Therefore, it can be assumed that respondents who are aged above 30 years old are also old and long-time users who have experience in drug use for at least 20 years.

The length on experience in drug use among the informants in this study provides a very interesting insight. First, looking at the aspect of drug dependency problem, this situations shows that this does not become a problem in short period of time, but it builds over many years. Dependency can continue until a later stage of life (Beynon, 2009). This tendency, of course, needs to be critically considered and it requires a long-term treatment based on the length of drug use history (Koech, B., Unger A., Fischer, G. 2012). Second, looking at the perspective of interventions, these PWID have been introduced to harm reduction services since the initiation back in 2002, especially in Jakarta and Bandung. Therefore, HIV prevention interventions are no longer new among this group. Although the study reports on evidence of unsafe drug use practices such as sharing needle and syringe, knowledge may not certainly be the factor, but rather limited access to sterile needle and syringe. Additionally, many informants also showed understanding and knowledge on overdose management since many of them had been trained on this specific issue. Third, looking at the risk of HIV infection, the longer the person is engaged in injecting drug practices, the higher their vulnerability is, considering that injecting drug users are among the highest HIV prevalence in Indonesia. In 2007, the prevalence was at a rate of 52%. It gradually decreased to 28% in 2015 (MoH, 2017). Therefore, considering the high prevalence in the past, there is a high possibility that among those who have been injecting drugs for many years is also HIV positive. This shows the needs to have harm reduction services to be integrated with Antiretroviral Treatment service.

The second contextual factor relates to the availability of heroin in the market in each city and its implication towards the patter of use (Furst RT, Curtis R, Balleto R., 2011). The report says that heroin that is currently available in the market since 3 (three) months ago comes in brown colour and both powder and paste form. The quality of heroin also varies but generally PWID reported worse quality compared to the past market. The price was also reported to be more expensive where it is indicated that Jakarta is the main source of distribution to other cities in Indonesia.

Availability of heroin allows PWID to consume the drug more frequently. In the last 3 (three) months, half of the informants reported to have used heroin every day and also often combined with other drugs. However, since the price is more expensive now, many of the informants, especially those from outside Jakarta reported only used heroin to meet their daily needs.

This illustration on heroin availability in different cities implies that macro factors play an important part. Availaibility in other cities depend on the availability in Jakarta. This relationship can be seen from the type of heroin distributed. Additionally, this study also reports informants travelling to Jakarta to get heroin.

This study also suggests that the longer someone has been using heroin, the easier their access to get heroin. Since most of the informants in the study have had years of drug use experience, there report suggests that there is no difficulty in getting the drugs. However, for newer users, this may be a problem. Based on this information, it can be assumed that most of heroin users are those who have been using for many years. This assumption is also aligned with the tendency of many new PWID who are more familiar with burpenorphin rather than heroin.

The expensive price and limited distribution of heroin may also implicate the small number of overdose experienced by informants or other PWID within the network. From all informants, there was only one case of overdose in the last 3 (three) months before the study took place. In contrast, a study on Monitoring on Quality of Harm Reduction Services in Indonesia conducted by Karisma and ANPUD in 2019 found that 37% respondents reported to have experienced heroin overdose in the past.

This situation also has implication on issues with law enforcement. In the last 3 to 6 months, only 2 (two) informants reported having issues with the law related to heroin. The recent IBBS report shows that 15.8% PWID have been arrested due to drug-related cases, while the Karisma-ANPUD report shows 16.9%.

Age group and experience in using drugs also influence the social setting among PWID in each city. Most of informants in the study know each other and therefore a social network has already been developed to share information on heroin availability, collecting money to buy heroin, distributing task on who will buy and who will find a place to use. Although it may not involve a large group of people, almost all informants reported using heroin with using partners. This situation is

different that how it used to be where PWID would use heroin with often a complete stranger. And it allowed a new network to be developed and PWID had more sources of information and different access to heroin.

The 2018-2019 IBBS identifies common places where PWID use their heroin (in the last one week) including home/dormitory, friends home/dormitory, public toilet in a mall/restaurant/store, drug dealer's place, empty house and in a car. This study however shows relatively more limited responses. This may be because most of informants in the study are from a very specific age-group which may have limited their responses. For example, informants prefer to use heroin in a more private locations such as home rather than in public spaces. Based on the information from this study, most of the current active PWID are more private and come from within the same community and network. Therefore, it can be seen that the social network has become smaller and more private due to the limited heroin availability in the market and most of people who use heroin come from a very specific sub-population (are oldtime users).

Limited access and expensive price of heroin available in the market always implicates the way people buy heroin. Consequently, sharing heroin is a common practice (Lovell AM, 2002). Informants in this study explained that most of them collectively buy heroin and they share the drugs equally, and mostly using an unsafe practice (by using one syringe to mix and distribute). This practice increases the risk and vulnerability of HIV infection. This is also worsened by the fact that access to clean and sterile needle and syringe has been more difficult. Therefore, there has been a very high tendency of using the same needle and syringe for multiple times. Even at times when harm reduction services coverage was high, Indonesia reported the average number of needle and syringe per person per year was only 26 (HRI, 2018). This number is still very far to meet the needs of needle and syringe for PWID and the situation is far worse at todays time where many harm reductions services have been reduced or even closed down.

People who inject drugs are at risk of HIV infection through unsafe sex with a HIV positive person (Battjes, Sloboda, and Grace, 1994; Jenness SM, Neaigus A, Hagan H, Murrill CS, Wendel T, 2010). In the context of sexual activities, informants in the study reported to be sexually active in the last 3 months. This includes engaging sexual activities with regular partner or multiple partners. One important information to be noted is the fact that most of informants have disclosed their drug

use and HIV status to their sex partners which indicates the effort to protect and reduce the risk of HIV infection. Although, the study also found that only one third of all respondents were consistent in using condom. This proportion is consistent with the result from the 2018-2019 IBBS where it shows 34.1% consistency in condom use when having sex with a regular partner and 36.6% with multiple sex partners. The difference in consistency rate in using condom among PWID is always very common to be lower among those engaging in sex with a regular partner compared to those having multiple partners (Tun et al., 2014), and specifically, PWID who have a regular partner who is also an injecting drug user, condom use rate is even lower (Chen YH, McFarland W, Raymond HF, 2013). The difference may also be caused by HIV status disclosure where thos who have disclosed their status have considerably higher rate in condom use (Grau LE, et al., 2011).

Another context is the availability of harm reduction services, specifically needle and syringe exchange program and Methadone Maintenance Therapy. Needle and syringe exchange program is provided by primary health care facilities, and often through a local NGOs/CSOs, while Methadone is only available at referral hospitals or primary health care facilities. The availability of these services affects the pattern of heroin use in the study location. Accessing needles in Puskesmas must be done on daily basis, and each person can only get a very limited number of needles and syringes that do not meet the needs of the individual. Additionally, there are also other barriers that continue to keep PWID away from accessing these services including requirements to access, limited operation hours, and stock-outs. Therefore, many PWID preferred to independenty buy needles and syringes to private pharmacies or getting them from local NGOs/CSOs.

Consequently, by having limited access to clean and sterile needles and syringes, sharing has become a common practice, including using needle and syringe that belongs to a using partner or even using one that they found. Since heroin was no longer widely available in the last few years (before the resurgence), outreach strategy was prioritized more towards HIV test, and distribution of needle and syringe was becoming less prioritized. Therefore, it is logical to understand that the risk of sharing needle and syringe among PWID is higher today, not because of lack of knowledge, but because of lack of access.

Methadone Maintenance Therapy has been implemented in Indonesia for many years. However, through this study, informants reported that there has been no

clarity on their treatment plan and when they will complete the therapy. They also mentioned the lack of counseling and psychosocial support provided by the facility. Karisma-ANPUD study on Monitoring of Harm Reduction Service Quality also found 23.5% of all respondents did not receive any behavior-change counseling throughout their Methadone treatment.

Informants in this study who are also on Methadone reported that they are also still actively using heroin. However, they are denied to access needle and syringe from the same health facility due to their status as Methadone patient. Additionally, they are also subject to be terminated from the program if found to be using heroin. Consequently, this increases the risk of sharing needles and therefore the risk of HIV and viral Hepatitis infection remain high. It is important to note that several studies have been conducted and providing access to needle and syringe to Methadone clients can increase the effectiveness of preventing HIV and HCV (Turner KM, et al., 2011).

Althought this study only shows one overdose case reported by the informant, the report shows a clear picture of the unpreparedness of health facilities and harm reduction program in Indonesia to prevent death from drug overdose. This includes the lack of technical guidelines on overdose management as well as the availability of life-saving Naloxone. Past experience also shows that overdose cases were never brought to hospitals and PWID preferred to find their own ways to save their friends' lives, which could also be very dangereous. This lack of overdose management is also shown in the Global State of Harm Reduction report that states lack of overdose death related report coming from Asia (HRI, 2018). To date, there have been no significant and concrete actions taken to improve the guidelines and policy.

This study that illustrates the context of injecting use with the resurging market of heroin in 2019 provides an indivation that several contextual factors have put people who inject drugs more vulnerable and are at high risk of HIV infection compared to previous years. Taking into consideration different characteristics of demography, distribution source and mechanism, social setting, and harm reduction service readiness. By identifying and analyzing barriers in behavior change as well as digging deeper into contextual dimensions of the lives of people who use drugs allow this study to understand what prevents in achieving risk and harm reduction behaviours. Although there was a limitation in this study as it did not capture a more macro structural dimension such as the narcotics law, and the national HIV

strategy, the study provides a context on the risk of HIV infection among people who inject drugs not based on personal limitation of cultural influence but based on their experiences influenced by the dimension factors (Koester, 1994).

By identifying the contextual factors influencing injecting drug use and its negative consequesnces, interventions can be developed to consider addressing individual risks based on the local context and at the same time promoting risk and harm reduction behavior.

9. Conclusion and Recommendation

9.1 Conclusion

Findings from this study have illustrated the context of injecting drug use based on the heroin market in 2019. In general, this study shows changes in injecting use pattern due to contextual factors that are different than the previous years. These changes were shown in the characteristics of the demography, source and distribution mechanism of heroin, social regulation and harm reduction services readiness. These factors have also increased the risk among people who inject drugs compared to the previous years.

1. The current heroin users are people who inject drugs whom the average age are 39.5 years old with about 14 years of drug use experience. There is no difference in the texture and colour of the heroin. However, informants have reported that the quality is not as good as many years ago. The cheapest price ranges from Rp. 100,000 to Rp. 300,000. It was also reported that heroin has been available in the last 6 months in the 4 study cities.
2. Social network tend to be smaller. Injecting drug practices are only done among the closest circle such as friends, partner, siblings and spouse. The study found various information on places where injecting drug are practiced, but in general, places are more personal due to the limited space of social network. Risk of sharing use remains as many people are practicing unsafe injecting drug use such as sharing needle and syringe. Despite the majority of people reported to have engaged in sexual activities under the influence of drugs, most of the informants have disclosed their drug use history to their sex partners.

3. Sterile needle and syringes can be accessed in Puskesmas (primary health care) and NGOs/CSOs. Though, due to the limitations of this service, many people have also independently purchased needle and syringes from pharmacy. These limitations include operation hours of the service, requirements, stock-out, and distance to facility, and status as Methadone patient. Additionally, it was also reported that lack of counseling, communication and information, conflicting operation hours, difficulty in getting a lower dose, take home dose requirements, administrative and stigma and discrimination from health officers remain as barriers that keep people away from the services.
4. According to the perspective of service providers, there has been an increase in the number of people accessing needle and syringe service. It was also seen that the number of young people has increased including new Methadone patients. However, it is important to note that one important service is missing, drug overdose management. This is due to the lack of capacity of resources and availability of naloxone in primary health care facilities.

Service Level

Service providers must ensure that needle and syringes and Methadone are available, regardless of the number of people accessing the services. Increase in heroin users has been indicated in 2019, and therefore, it is important to anticipate for more increase in the coming years.

Puskesmas and NGOs/CSOs must cooperate to activate mobile distribution of needle and syringes done by outreach workers so the service can reach to smaller communities.

NGOs/CSOs must focus to reach out to new areas considering that hotspots are no longer active. Home-to-home outreach may also be necessary to gain better picture of the current social network among people who inject drugs.

NGOs/CSOs must evaluate the composition of outreach workers based on their age. This is necessary to ensure that outreach workers are able to reach the target age group and to develop the communication and trust.

Puskesmas and NGOs/CSOs must cooperate in drug overdose management. Health workers must be equipped with the capacity and knowledge on overdose management as well as administration on naloxone availability.

Puskesmas must ensure that mental health services are available to support harm reduction and Methadone service (including adherence on ARV treatment). This is necessary considering that drug use is closely related to various mental health issues such as anxiety, depression and insomnia.

NGOs/CSOs must ensure that the community of people who use drugs is supported. This includes community organizing to support empowerment and self-organization of the community.

Beneficiary Level

If new needle and syringes are not available, use personal used needles and syringes instead of others'. Avoid sharing needles and syringes at all cost. If in any case sharing is not avoidable, needles and syringes must be sterilized and disinfected appropriately.

In the event of sharing syringe to mix heroin, make sure that new and sterile syringe is used.

In order to avoid fatal drug overdose, it is recommended to be accompanied when using heroin.

When engaging in sexual activity, it is important to discuss HIV prevention. HIV status disclosure is very important to reduce the risk of infection.

If engaging with multiple sex partners, consistent condom use is mandatory. Regardless of HIV status disclosure.

It is highly recommended for the community of people who use and inject drugs to be aware and understand basic rights to health and legal rights, particularly in encounter with law enforcement.

9.2 Recommendation

Policy Level

- Develop technical guidelines that can be used to standardize harm reduction services in all service providers such as Puskesmas, NGOs/CSOs, and referral hospital. Harm reduction service providers must follow the Ministerial Regulation (Permenkes 55/2015) as a main reference in the development of such guidelines. Prevention aspect such as harm reduction services must be prioritized as much as HIV test. This should also include ensuring the availability of needle and syringe stock, sustainability of MMT program, promotion of harm

reduction information, capacity building support to the community of people who use/inject drugs and service providers.

- Prioritize advocacy on drug policy in relation to prevention on HIV among people who inject drugs. Advocacy must target relevant stakeholders such as the National Narcotics Board, Police Department, Ministry of Social Affairs, and Ministry of Justice and Human Rights to ensure removal of barriers to harm reduction services including access to health- and community-based drug dependency treatment.
- Increase the scope of the local government minimum standard of service. Not only limiting to reaching 100% key population getting standardized HIV test; but also, making sure all other aspects such as promotion and prevention as mandated within the Ministerial Regulation (Permenkes 55/2015).

Service Level

- Service providers must ensure that needle and syringes and Methadone are available, regardless of the number of people accessing the services. Increase in heroin users has been indicated in 2019, and therefore, it is important to anticipate for more increase in the coming years.
- Puskesmas and NGOs/CSOs must cooperate to activate mobile distribution of needle and syringes done by outreach workers so the service can reach to smaller communities.
- NGOs/CSOs must focus to reach out to new areas considering that hotspots are no longer active. Home-to-home outreach may also be necessary to gain better picture of the current social network among people who inject drugs.
- NGOs/CSOs must evaluate the composition of outreach workers based on their age. This is necessary to ensure that outreach workers are able to reach the target age group and to develop the communication and trust.
- Puskesmas and NGOs/CSOs must cooperate in drug overdose management. Health workers must be equipped with the capacity and knowledge on overdose management as well as administration on naloxone availability.
- Puskesmas must ensure that mental health services are available to support harm reduction and Methadone service (including adherence on ARV treatment). This is necessary considering that drug use is closely related to various mental health issues such as anxiety, depression and insomnia.

- NGOs/CSOs must ensure that the community of people who use drugs is supported. This includes community organizing to support empowerment and self-organization of the community.

Beneficiary Level:

In order to ensure that PWID are able to reduce the risk of infections despite the current limitation in accessing prevention commodities, several actions can be taken such as:

- If new needle and syringes are not available, use personal used needles and syringes instead of others'. Avoid sharing needles and syringes at all cost. If in any case sharing is not avoidable, needles and syringes must be sterilized and disinfected appropriately.
- In the event of sharing syringe to mix heroin, make sure that new and sterile syringe is used.
- In order to avoid fatal drug overdose, it is recommended to be accompanied when using heroin.
- When engaging in sexual activity, it is important to discuss HIV prevention. HIV status disclosure is very important to reduce the risk of infection.
- If engaging with multiple sex partners, consistent condom use is mandatory. Regardless of HIV status disclosure.
- It is highly recommended for the community of people who use and inject drugs to be aware and understand basic rights to health and legal rights, particularly in encounter with law enforcement.

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