



A Rapid Assessment and Response to Injecting and Drug Use in Dili and Bobonaro Districts, Timor- Leste

**June 2013
Draft 1**

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Contents

Acronyms and abbreviations	3
Map of Timor Leste and Districts	4
Acknowledgement.....	5
Forward.....	6
Executive Summary.....	8
1.0 Background of the Assessment.....	13
2.0 Objectives of the Study.....	14
3.0 Methodology.....	14
3.1 Overview of the rapid assessment methodology	14
3.2 Location of the study	14
3.3 Stakeholder Analysis	14
3.4 Literature Review.....	14
3.5 Sampling Size	15
3.6 Key information that was included:.....	15
3.7 Data Collection techniques	15
3.8 Questionnaire	15
3.9 Key Informant Interview	15
3.10 Focus Group Discussion	16
3.11 Observation.....	16
3.12 Recruitment and Training of the Assessment Team.....	16
3.13 Data Processing and Analysis.....	16
3.14 Quality Control.....	17
3.15 Ethical Considerations.....	17
3.16 Challenges and barriers during the assessment	17
4.0 Discussion of the Findings.....	18
4.1 Demographic characteristics of Drug Users:.....	18
4.2 Nature and extent of Injecting and Drug Use	21
4.3 Sexual Risk Behaviours:.....	26
4.4 Knowledge on HIV and AIDS	29
5.0 Conclusion.....	32
6.0 Recommendations	34
7.0 Appendix.....	36
7.1 Consent form	36
7.2 Questionnaire for Injecting and Drug Users	37
7.3 Guide for Key Informant Interviews (KII)	37
7.4 Guide for Focused Group Discussions (FGD)	39

Acronyms and abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CoSW	Client of Sex Worker
ETAN	East Timor & Indonesia <i>Action</i> Network
FGD	Focus Group Discussion
FSW	Female Sex Worker
FTH	Fundasaun Timor Hari'i
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IBBS	Integrated biologic and behavioral surveillance
IDU	Injecting Drug User
KII	Key informant Interview
MDMA	Methylenedioxymethamphetamine (Ecstasy)
MoH	Ministry of Health
MSM	Men who have Sex with Male
PNTL	Timorese National Police
RAR	Rapid Assessment and Response
RDTL	Republic Democratic of Timor-Leste
SPSS	Statistical Package for Social Scientists
STI	Sexually Transmitted Infection
SW	Sex Worker
UNFPA	United Nations Population Fund
UP	Uniformed Police
VCCT	Voluntary Confidential Counseling and Testing
WHO	World Health Organisation

Map of Timor Leste and Districts

Acknowledgement

The report on the Rapid Assessment and Response among injecting drug users in Timor-Leste has been developed after intensive field- based research and feedback from stakeholders and RAR technical advisory group.

Special thanks go to all our key informants, participants in the focus group discussions and individual interviews in both Dili and Bobonaro Districts. We are grateful to our key informants from Timorese National Police (PNTL), Ministry of Justice, Ministry of Health, Fundasaun Mahein, Pradet, Office of the Prosecutor General, World Health Organisation(WHO), National Customs, Progressio, CVTL Maliana, and Conservatoria Registo Civil, Bobonaro

Fundasaun Timor Hari'i (FTH) would like to thank all those who participated in the assessment for their time and valuable contributions. We would like to give special thanks to Dr. Lungten Z. Wangchuk, WHO, Dr. Vikas Inamda, MoH, Mr. Fredrick Mawanda, NAC, Mr. Paulino P. Gomanga, UNFPA, Mr. Julio do Rogario, Pradet, Mrs. Sabina Seac Fernandes,SHC, Mr. Nuno Nogueira,Customs Office, Mr. Miguel MB Fernandes,Ministry of Justice (all members of the RAR technical working group) for their overall guidance from the beginning till the end of the assessments.

We would like to thank the entire assessment team: Brigal Ferreira, Domingas Pereira Moniz, Geralda Pereira de Jesus,Paulino da Silva, Mario Ximenes and Damiana Pereira Verdial.

We would like to acknowledge the contribution made by Jodie Brabin and Peter McDermott for editing the final version of the report.

The information produced in this report doesn't necessary reflect the views of the author or FTH but the responses and feedback collected from our respondents.

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Forward

(Still awaited from MoH)

Please be mindful of the following as you read this report.

1. The RAR was conducted under minimum budget. Other research techniques, such as testing injecting users for HIV and Hepatitis C Virus were not conducted during the study.
2. There was limited available and reliable data about injecting drug users for the assessment team to base their estimation of current number of injecting drug users and non injecting drug users using scientific estimation techniques.
3. The scope of this report was supposed to include existing services for injecting drug users however these services could not be found in Timor- Leste.

Executive Summary

In February 2013, Fundasaun Timor Hari'i (FTH) commissioned a Rapid Assessment and Response (RAR) among the Injecting Drug Users (IDU) in Dili and Bobonaro Districts, Timor-Leste. The assessment period was from February to May 2013 with financial assistance from the Ministry of Health (MoH), as the principal recipient of funds from The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) in Timor-Leste.

The RAR aimed at assessing the nature and extent of injecting drug use, types of drugs used, demographic characteristics of users, and engagement in high risk behaviours leading to HIV infection and Sexual Transmitted Infections (STIs). The findings will inform the development of effective pragmatic interventions for HIV prevention and help to advocate for illicit drug use related national policy and legislation.

HIV in Timor-Leste is still considered to be a low-level epidemic, with an estimated national non-generalized HIV prevalence of approximately 0.1845%. Most HIV infections would appear to have been acquired through heterosexual contact, with other routes of transmission likely to include homosexual contact, injecting drug use, pre-natal and blood transmission.¹

There is evidence to suggest that drug use is increasing, especially among the young people in Timor-Leste. The types of drugs and methods of drug use raise serious health concerns, for example injection, cutting the vein in their wrist to insert a drug and/or sucking their own blood by mouth. Such practices create a high risk for blood borne diseases such as HIV and Hepatitis C. Sharing needles and syringes among IDUs is one of the most common methods through which such diseases can be transmitted.

The IDU community is still very much hidden due to stigma and discrimination, and fear of being arrested by Timorese National Police (PNTL). There are no existing harm reduction programs, drug treatment services or counselling and rehabilitation centres for IDUs in Timor-Leste. Furthermore, there is no national policy on illicit drugs and their use.

This study was based on the Rapid Assessment and Response methodology outlined in the *WHO Rapid Assessment and Response Guide on Psychoactive Substance Use and Sexual Risk Behaviour* and the *WHO Rapid Assessment and Response Technical Guide on Injecting and Drug Use*². Both qualitative and quantitative research methods were used. 17 Key informant interviews, 15 focus group discussions, and 44 individual structured interviews among drug users were conducted.

¹ UNGASS 2012, Global AIDS progress report January 2010-December 2011

² WHO-Substance Abuse (1998) rapid assessment and response for injecting and drug use

Structured individual interviews were conducted and a total of 44 drug users were interviewed, 32 of whom were residing in Dili and 12 in Maliana. 19 were IDUs (43%), 17 were from Dili and 2 were from Maliana. 25 were non-injecting drug users (57%) 15 of which were from Dili and 10 from Maliana, Bobanaro district.

Policy makers in Timor-Leste are yet to respond to the injecting drug use problem from a public health perspective. Once IDUs are found using drugs they are arrested and sent to prison. Research revealed that the Ministry of Justice has recorded 23 reported drug use cases between 2010 and 2012. In 2012 the PNTL arrested 13 drug users, however, when the suspects were tried in the District Courts they were released because police lacked concrete evidence against them³.

At the time of the research (February – May 2013), PNTL had arrested 8 people on drug use and distribution in Dili and they were being detained in Becora and Gleno Ermera Prisons for further legal processing. “5 of the suspects arrested were Injecting Drug Users and they were caught injecting methamphetamine, locally known as “Sabu Sabu” and 3 of whom were drug dealers”⁴. They went on to say, “Out of the 8 suspects detained in the prison, one of them had injected 42 ladies with methamphetamine in hotels and at their own homes in Dili city.”⁵. According to the PNTL informants, IDUs most commonly take their drugs in groups and the most popular injecting locations in Dili city are hotels, bars and private homes.

When asked why people use drugs, the participants mentioned that people use drugs due to frustration and depression, unemployment, family difficulties, peer influence, enjoyment, relationship issues, recreation and socialization, better enjoyment of sex or wanting to be better musicians and become more confident when performing in concerts.

The majority of the drug users (61%) interviewed were of the age 18-26 years, 5% were of the age 27-35 years, 32% were of the age 36-44 years and 2% were of the age 45-51 years. The highest percentage of the drug users were under 26 years which raises serious concerns on the long term health consequences of this lifestyle on the individual. Less than a half of the drug users (43%) had lived outside Timor-Leste which is consistent with the views collected during focus group discussions that many drug users start injecting or using drugs when they were abroad.

³ PNTL Key informants, 24-02-2013

⁴ PNTL Key Informants, 24-02-2013

⁵ ibid

45% of drug users interviewed began using under the age of 19 years, with 2% commencing before they were 15 years old. Drug use during formative years can impact the physical and intellectual development of individuals as well as leading to more serious drug addiction problems later in life.

There was inconsistent use of clean needles and syringes among the IDUs which increases their vulnerability to acquire blood borne diseases like Hepatitis C Virus (HCV) and HIV. 32% of those interviewed shared needles and syringes all of the time, 19% some of the time, 10% shared very rarely. The high rate of sharing needles and syringes among the IDUs puts them at a high risk of HIV transmission.

The majority of the drug users (68%) have had sex with someone else other than their regular sexual partner under the influence of drugs. Nearly all male drug users (84%) interviewed stated that they have had sex with female/male Sex Workers (SW). This indicates that more than three-quarters of the drug users interviewed were Clients of Sex Workers (CoSW). Moreover, 17 male drug users (40%) said that they have had sex with somebody of the same sex (MSM) and 7 female drug users (16%) stated they had sold sex for money, which are communities that have higher prevalence of HIV and other STIs.

The assessment team found that drug users interviewed had a high level of knowledge about how HIV is transmitted with 73% of interviewees acknowledged sharing needles as possible routes of HIV transmission. Additionally, 88% of the drug users mentioned that using a condom correctly whenever they have sex can prevent HIV.

Despite the drug users' high level of knowledge on HIV transmission, only 56% of drug users interviewed reported using condoms at all times. What is most concerning, 12% of those interviewed, have never used a condom, with the remaining 32% using condoms occasionally or rarely. This illustrates a significant variability in condom use among drug users and IDUs.

36% believe they are at high risk of HIV infection, 14% said that they had small risk and 30% believe they have no risk of HIV infection. The injecting and drug using population has extremely low rates of HIV testing. The majority of the respondents (84%) had never been tested for HIV and yet they are practicing risky behaviors such as sharing needles and syringes, having multiple partners and having sex with sex workers coupled with inconsistent condom use which makes them more vulnerable to contracting HIV and STIs.

It was interesting to note that 95% of drug users interviewed had tried to stop using drugs but they still find it difficult to quit. Given the lack of drug treatment and rehabilitation services, there is no support system to encourage or assist individuals with drug cessation. This makes it even more difficult to quit.

This illustrates a real need and demand for support services that can be fulfilled by other non-government providers as well as health institutions in the future.

Conclusion

The drug using community in Timor-Leste is still small and very hidden. Timor-Leste does not have a history of government or civil society intervention into drug use, and it is only in the last few years there has been a noticeable increase in the amount of political and media attention on illicit drugs in the country. Some of the key issues that the study found included the high level of drug users sharing needles and syringes within their network. Needle sharing creates a significant risk to the individuals and the wider community, as the low levels of consistent condom use and HIV testing indicates a section of the community putting themselves and their sexual partners at great risk of HIV.

The assessment team concluded that majority of the current drug users are young people. The common illicit drugs used are methamphetamine, popularly known as “sabu sabu”, heroin, cannabis (marijuana), opioid, and MDMA (ecstasy) sometimes mixed with whisky. Most of these drugs are taken through injection, smoking, inhaling; swallowing or drinking. There was inconsistent use of clean needles and syringes among the injecting drug users which increases their vulnerability to acquire blood borne diseases such as Hepatitis C Virus and HIV.

Despite the high level of knowledge on how HIV is transmitted, there was inconsistent use of condoms among the injecting drug users and non-injecting drug users whenever they had sex in the last 12 months. The majority of the respondents (84%) had never been tested for HIV and yet they are practicing risky behaviours and are at high risk of infection without been aware of it.

Recommendations:

- 1. Policy advocacy:** Civil society organisations should advocate for government legislation on illicit drug use without affecting the objectives of HIV prevention among IDUs. Policy makers should address the injecting drug use problem in Timor-Leste with a public health approach and harm reduction services. PNTL and other government law enforcement agencies should work closely with communities to encourage injecting and drug users to access harm reduction services, drug treatment and rehabilitation programmes once they are established in Timor-Leste.
- 2. Provide factual and evidence based education on illicit drug use prevention and familiarize the young people and students about the dangers of drugs use and the related health consequences.**

3. Provide targeted drug education campaigns for IDUs, non-injecting drug users, MSM, SWs and CoSWs. The particular needs and risks experienced by these most at risk groups must be addressed in targeted education campaigns.
4. Outreach and peer education as key strategies for strengthening community action to reduce the risk of HIV transmission among IDUs and non-injecting drug users and their sexual partners. Conduct training to facilitate the development of decision making, self-esteem and general life skills among IDUs and non-injecting drug users. FTH should extend HIV prevention commodities including condoms and lubricants to IDUs and non-injecting drug users.
5. Create a supportive environment for injecting and drug users to feel comfortable to access harm reduction and outreach services without compromising with their safety and significantly reduce their fears of being arrested by PNTL. Supportive social environment should be encouraged where drug users should consider themselves as members of the community with equal rights and responsibilities as members of the same community.
6. Facilitate access to Voluntary Confidential Counseling and Testing (VCCT) and, diagnosis and treatment of STIs for IDUs and their sexual partners. Develop referral pathways to access Anti-Retroviral Treatment (ART) for IDUs diagnosed with HIV.
7. FTH should assess the possibility of establishing a needle and syringe exchange program and drug treatment and rehabilitation services for IDUs in the future; within the framework of the national policy on illicit drugs once formulated by RDTL.
8. The Government should consider providing appropriate drug demand and supply reduction training to PNTL and key immigration and customs officers.
9. The Government should consider equipping all their international borders with modern drug detection equipment coupled with specialized training to all the border staff with the capacity to detect any illicit drugs that might be smuggled into Timor-Leste.

1.0 Background of the Assessment

In February 2013, Fundasaun Timor Hari'i (FTH) commissioned a Rapid Assessment and Response (RAR) among the injecting and drug users in Dili and Bobonaro Districts. This was part of FTH's commitment and agreement signed with the Ministry of Health (MoH), the Principal Recipient of the Global Fund against AIDS, Tuberculosis and Malaria (GFATM) Round 10. In 2011, United Nations Population Fund (UNFPA) commissioned a drug use assessment in Timor-Leste. The assessment reported that in Dili there was 'some' injecting drug use (estimated 25-50 people) presumably taking heroin and a 'sizeable' number of young people both male and female using MDMA (ecstasy) and other amphetamine-type substances (ATS), including crystal methamphetamine⁶. The report made it clear that there was an urgent need to conduct further research in this area to investigate the extent of the drug use problem in Timor-Leste.

Timor-Leste is considered to have a low-level infection rates with an estimated national HIV prevalence of approximately 0.1845% of adults aged 15-49 (2011). Most HIV infections would appear to have been acquired through heterosexual contact, with other routes of transmission likely to include male-to-male contact, injecting drug use, pre-natal and blood transmission⁷.

The Integrated Biologic and Behaviour Surveillance (IBBS) 2011 study conducted in Timor-Leste, reported that 1.5% of female Sex Workers (SW) surveyed were HIV-positive across Dili, Bacau, Oecusse, Bobonaro, and Covalima districts. However, SW HIV-infection ratios were higher in Maliana (2.6%) and in Dili (3.6%). HIV prevalence amongst Men who have Sex with Men (MSM) was 1.3% across the five districts, but was markedly higher than the average in Maliana, at 3.6%. Transgender MSM had a higher-than-average HIV infection rate at 2.6%. HIV prevalence amongst Uniformed Police (UP) was 2.6%. Multiple sex partners amongst Uniformed Police (UP) was very common, with 34% reporting that they had seen SW within the past 12 months. As with the other target groups, Sexually Transmitted Infections (STI) rates were very high⁸.

In 2008, a Behavioural Surveillance Study (BSS) was conducted in Timor-Leste by the University of New South Wales amongst SW, MSM and UP. The study indicated that 10.7% of SW surveyed had reported injecting drug use within the previous 12 months and 3% of the MSM surveyed had injected drugs within the previous 12 months⁹.

⁶ UNFPA 2011, Drug use in Timor-Leste, Assessment Report

⁷ UNGASS 2012, Global AIDS progress report January 2010-December 2011

⁸ IBBS study 2011, HIV/STI Integrated Biologic & Behavioral Surveillance Survey in Timor-Leste, preliminary results

⁹ Lee, J 2008, Behavioural surveillance survey in Timor-Leste: First round results for Men who have Sex with Men (MSM), UNSW School of Public Health and Community Medicine.

The majority of drug injectors are sexually active. Evidence suggests that there has been a greater shift in the risks associated with drug taking than the risks associated with sexual practices. STIs, other than the blood-borne viruses associated with drug injection, including syphilis, gonorrhoea and herpes are also reported among IDUs. This may reflect the fact that some female and male injectors engage in sex work.¹⁰

2.0 Objectives of the Study

- a) Assess the nature and extent of injecting drug use in Dili and Bobonaro districts
- b) Identify the types of drugs used, demographic characteristics of drug users in Dili and Bobonaro Districts.
- c) Assess the risky behaviours associated with drug users leading to HIV infection and STIs
- d) Make recommendations for effective programme interventions and design of appropriate behavior change and advocacy strategies.

3.0 Methodology

3.1 Overview of the rapid assessment methodology

The study was based upon the Rapid Assessment and Response methodology outlined in the *WHO Rapid Assessment and Response Guide on Psychoactive Substance Use and Sexual Risk Behaviour*, and the *WHO Rapid Assessment and Response Technical Guide*. Both qualitative and quantitative methods were used.

3.2 Location of the study

Two districts within the country were selected for the assessment. Dili district was selected because is the capital city with the largest urban population, and cases of drug use and drug trafficking had been reported recently. Bobonaro district was selected because it is close to the Indonesian border and well known for cross border activities.

3.3 Stakeholder Analysis

A stakeholder analysis was conducted with the assistance from the FTH Executive Director. Stakeholders were identified to join the RAR Advisory Group who provided technical advisory support in the whole process of the assessment. The advisory group members were carefully selected based on technical competencies and strong recommendations from the head of their respective agencies/organisations.

3.4 Literature Review

A literature review of studies and situational assessment reports about drug use in Timor-Leste was conducted prior to beginning the field work, in order to provide an overview and situate the context of

¹⁰ World Health Organisation, *The Rapid Assessment and Response guide on injecting drug use*, (1998) United Kingdom, pg 20

the assessment. National newspapers and online news, such as the East Timor & Indonesia Action Network (ETAN) were reviewed. This gave the assessment team some current information on the number of drug use arrests made in Dili and Bobonaro districts by National Police (PNTL).

3.5 Sampling Size

A total number of 44 drug users (respondents) were interviewed, 19 were IDUs, 17 of whom were from Dili and 2 were from Maliana and 25 were non-injecting drug users, 5 of whom were from Dili and 10 from Maliana. The RAR team recruited respondents using a snowball sampling technique. With this method, the researchers worked with current and former drug users to generate as many primary points of contact as they could within the drug-using population. Once a drug user suitable for the study was identified, an interview, place and time were arranged. At the end of the interview, the respondent would be asked to refer or introduce the researcher to another injecting drug user or non-injecting drug user.

3.6 Key information that was included:

- Demographic characteristics of drug users
- Nature of drug use and types of drugs used
- Risk behaviours related to injecting drug use
- The associated risky behaviours that exposes respondents to HIV transmission
- Existing services for IDUs
- Respondent's level of knowledge on HIV and AIDS.

3.7 Data Collection techniques

Guided by the assessment objectives, the questionnaire was developed by the Principal Investigator. The required information was collected by employing different data collection techniques such as structured interview questionnaire, key informant interview guide, and focus group discussion guide giving appropriate understanding of the assessment objectives and the nature of the information required.

3.8 Questionnaire

A structured questionnaire was developed exploring the demographic characteristics of IDUs, nature of injection and drug use, sexual risk behaviours and the level of HIV/AIDS knowledge among IDUs and non-injecting drug users. The questionnaire was developed in English and then translated into Tetun. Prior to the field work, the questionnaire was piloted and pre-tested with six respondents, and then modifications were made based on the feedback received.

3.9 Key Informant Interview

The Key Informant Interviews (KIIs) were conducted in Dili and Bobonaro districts among members of government ministries/departments, PNTL, National Customs and Immigration, MoH, Ministry of Justice,

Civic Society Organizations, Non-Governmental Organizations, INGOs and UN Agencies. A total of 17 key informant interviews were conducted, 10 key informant interviews in Dili and 7 in Bobonaro districts.

3.10 Focus Group Discussion

Focus Group Discussions (FGDs) were conducted among the IDUs, non-injecting drug users, SW, MSM, Youth (in school and out of school), members of civil society organizations and government officers from various departments. 15 focus group discussions were conducted in total, with 10 FGDs conducted in Dili and 5 in Maliana. Each FGD comprised an average number of 5-6 participants.

3.11 Observation

Observation methods were adopted to record any other information that could have missed out during FGDs and interviews. An observation checklist was developed in order to ensure that the important information was collected and nothing was omitted during the assessment.

3.12 Recruitment and Training of the Assessment Team

FTH recruited the core rapid assessment team, which included a Principal Investigator (HIV Prevention and Harm Reduction Specialist), Project Officer (Researcher), Outreach Worker, 2 MSM and 2 SW Peer Educators (Field Research Assistants). In each assessment site, the RAR team consisted of a Team Leader who was responsible for the overall coordination and providing onsite technical support; the Researcher was responsible for monitoring and supervising the Field Research Assistants; the Field Research Assistants were responsible for carrying out field level activities, interviews with respondents, identifying and engaging the drug users and their sexual partners where possible.

The Principle Investigator and the Researcher ensured quality data collection by the field data collectors. The Researcher (acting as supervisor) would conduct quality audits and provide technical support. The field team would meet each evening to review the day's work, share experiences and plan for the next day.

The Field Research Assistants had prior training in data collection techniques to enable understand the kind of data required. During the training, they were briefed about the objectives of the assessment, how to identify the appropriate respondents at various levels and how to collect quality data and ethical considerations during the course of the study.

3.13 Data Processing and Analysis

The data was entered in the computer and processed using the Statistical Package for Social Scientists (SPSS). Logical checks and frequency runs were made on all variables to ensure the accuracy and consistency of the data and identify any outliers before data analysis. Data from the participatory methods i.e. KII, FGD and observations were assembled and typed into the Microsoft Word processing program; content analysis method were used to establish regularities, patterns to answer the research objectives.

3.14 Quality Control

Quality control methods used in this assessment included the careful selection of Field Research Assistants; preference was given to those who had previous research experience. They were comprehensively trained before field data collection. Interviewing techniques as well as appropriate recording of responses were clearly demonstrated to them to ensure the collection of quality data.

The Principal Investigator throughout the entire fieldwork period supervised the Field Research Assistants. In addition, to supervising the Field Research Assistants, the Principal Investigator and Researcher actively participated in conducting key informant interviews, focus group discussions and document review at various levels.

The research team kept field diaries to record any events that were deemed important in the interpretation of the findings.

Daily de-briefing among team members was conducted every evening to share experiences and strategies for the way forward, check saturation, new issues to follow up.

3.15 Ethical Considerations

This RAR was executed in observance of a number of ethical considerations:

- 1) The research Principal Investigator first sought ethical approval of the assessment technical proposal from the Human Research Ethics Committee Cabinet of the Ministry of Health, Timor-Leste. The field work started after receiving a formal authorization letter to permit the commencement of the study.
- 2) Respondents received full verbal explanation of the objectives of the study and their consent was sought before interviews. In addition, for each interviews, permission was sought from relevant authorities to conduct the interview in that specific locality.
- 3) Participation in this assessment by the respondents was voluntary and they would be free to decline the invitation or withdraw if they so wish any point of time.
- 4) Privacy and confidentiality of the information given by respondents was ensured. Only the assessment team accessed the raw data and all the respondents' details have remained confidential.

3.16 Challenges and barriers during the assessment

The assessment was conducted at a time when police were looking for IDUs for possible arrests and this made it difficult for the research team to easily access the respondents. Most of the injecting and drug users were in a state of fear and sometimes they would think that maybe our Field Research Assistants were police agents and spies. The IDUs were very hidden and difficult to recruit.

Some of the drug users could not disclose the types of drugs injected since they claimed that they got them from friends and therefore don't know their names and this limited the scope to know all the names of the drugs that were being injected or used during the last three months.

Some drug users kept on postponing the appointments to meet with the research team and this made the planned field working dates longer than planned.

The assessment team could not succeed getting authorization to access the prison to reach the eight drug user suspects for possible interviews.

4.0 Discussion of the Findings

4.1 Demographic characteristics of Drug Users:

A total of 44 drug users were interviewed, 32 of whom were residing in Dili and 12 in Maliana. 19 were IDU (43%) 17 of whom were from Dili and 2 were from Maliana. And 25 were non-injecting drug users (57%) 15 of whom were from Dili and 10 from Maliana. The higher number of respondents from Dili confirmed the assumption that drug use is more common in Dili and therefore reflects a more representative sample.

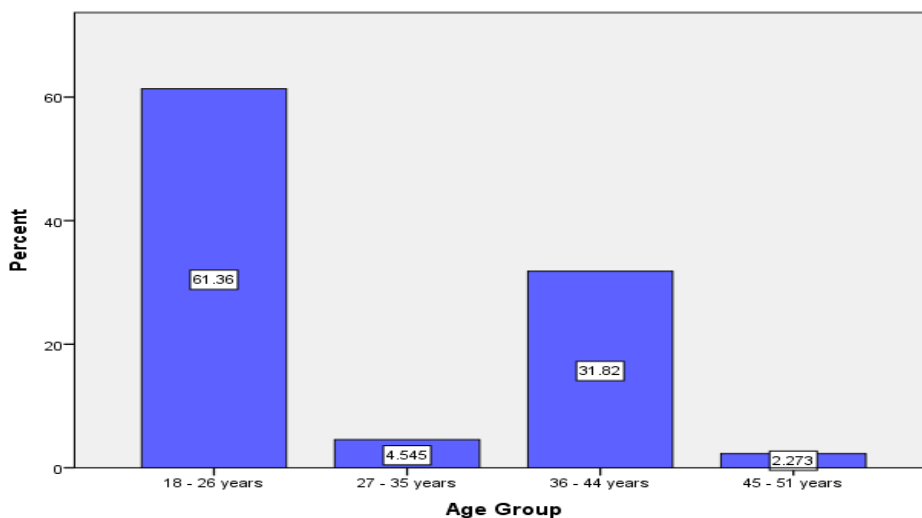


Figure 1. Age Group of Respondents

The highest percentage of the drug users were young people, with 61% of respondents aged between 18 and 26 years. This raises serious concerns about the long term health and social consequences of maintaining this lifestyle.

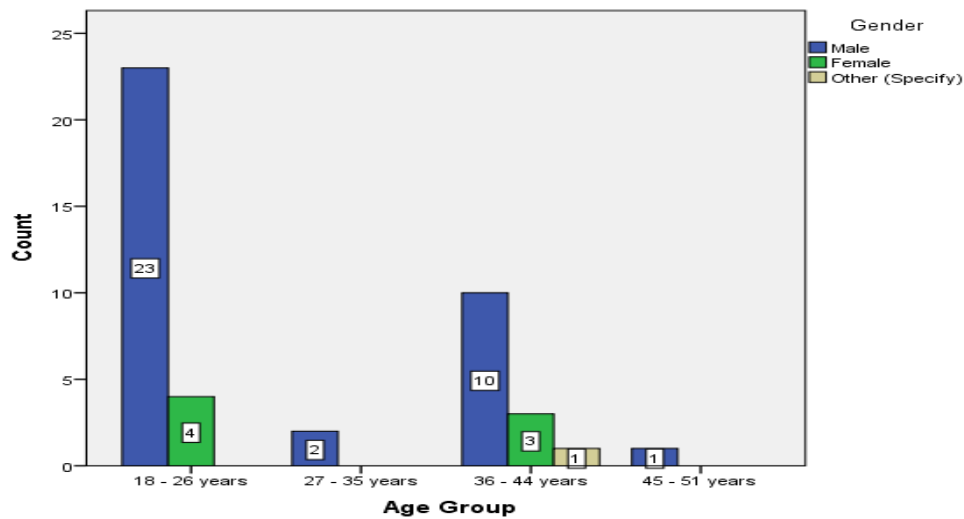


Figure 2. Cross tabulation of Age and Gender status of the respondents.

The gender comparison shows males aged 18-26 as the highest drug users followed by males aged 36 to 44. There is a significant difference between the number of men and women using drugs which is also reflected in the rates of legal drug use such as tobacco and alcohol.

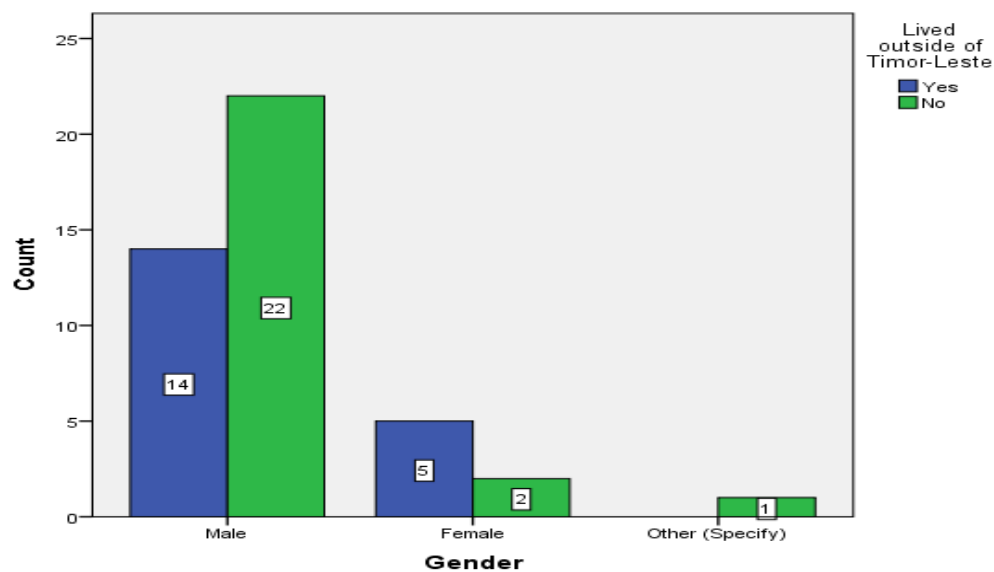


Figure 3. Lived outside Timor-Leste

Less than a half of the drug users (43.2%) both male and female had lived outside Timor-Leste which is consistent with the views collected during FGD that many drug users may have started injecting or using drugs when they were abroad and have continued to use once returning to Timor-Leste.

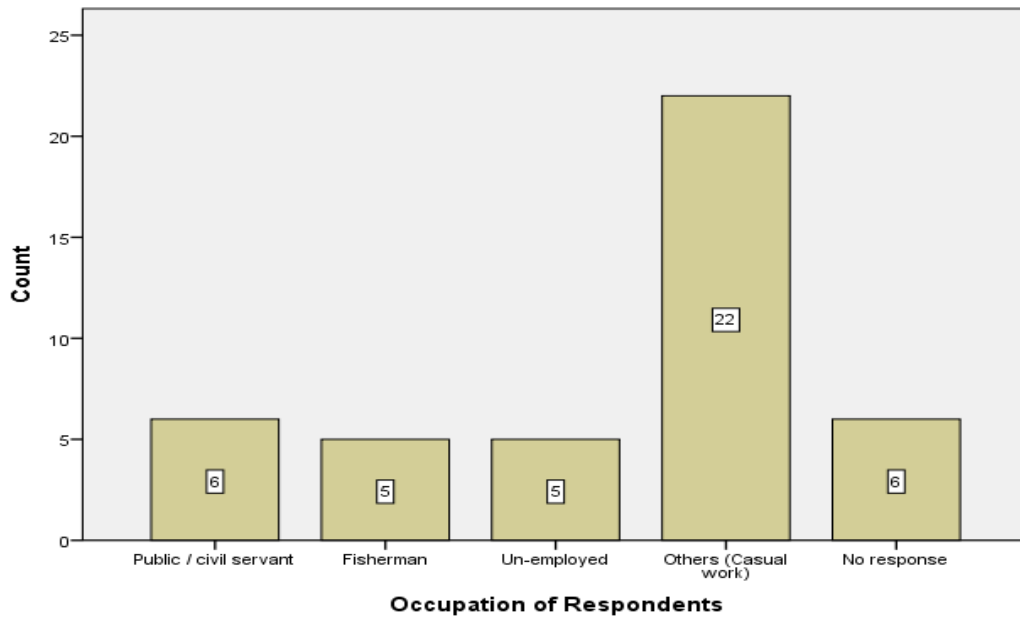


Figure 4. Occupation of respondents

Majority of the interviewee depend on casual work to earn a living. Respondents did not provide further detail regarding the sorts of employment they participated in. No respondents reported being students, and only six respondents reported to be professionals working as public servants.

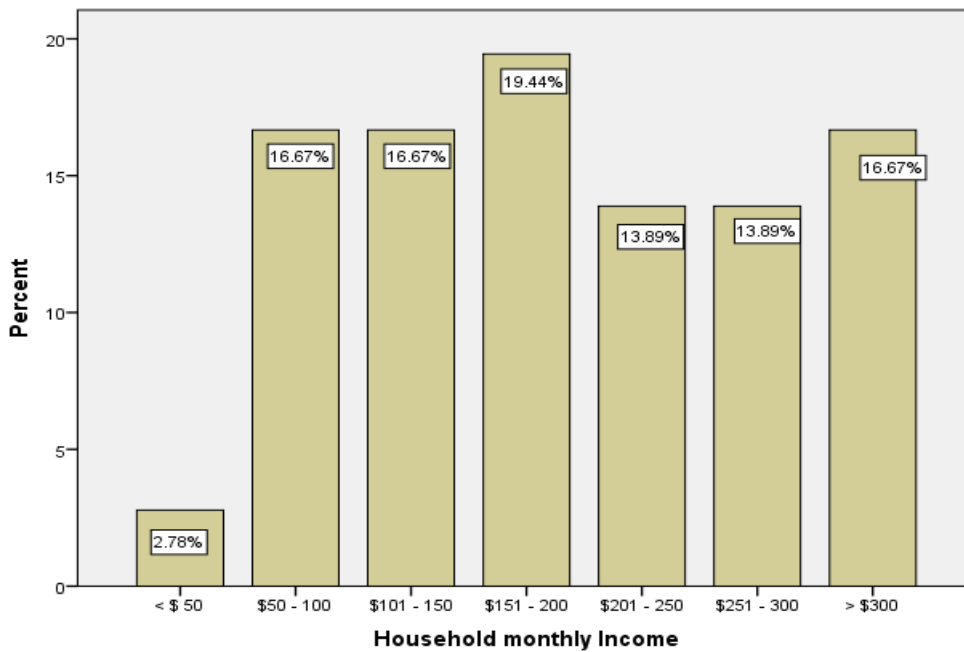


Figure 5: Household monthly income of respondents

The data shows that less than a half of the respondents (37%) live in a household that earns <\$ 150 a month.

4.2 Nature and extent of Injecting Drug Use

The Ministry of Justice had previously conducted an assessment on drugs use in Dili, Bobonaro, Baucau and Cova-Lima Districts. According to the technical officers at the Ministry of Justice, they did not find much information about illicit drug use and the compilation of the report was incomplete¹¹. Based on the information provided, in 2010, 17 drug users were reported, in 2011, 1 drug user was reported, and in 2012, 5 drug users were reported. This made to a total of 23 drug users reported by the Ministry of Justice by 2012 but it wasn't clear whether they had been tried in the district courts of law. The key informants from the Ministry of Justice did not tell the research team whether the reported cases were for IDUs or non-injecting drug users. PNTL mentioned that they arrested 13 drug users in 2010, however due to insufficient evidence; they were unable to get a conviction⁹. Feedback from the interviews also indicated that there was a lack of drug training for PNTL, limiting their capacity to address the issue of illicit drug use.

The *Penal Code, (2009)* Article 212-214, addresses public intoxication and drunkenness, distribution of pharmaceuticals without a license and the provision of pharmaceuticals that have deteriorated or contaminated. These are the only references to the management of drug use in Timor Leste. The key informants believe that drug use and trafficking is an issue that has gained wide community attention. The key informant from the Ministry of Justice reiterated the pressure the Government is facing from a diverse range of community representatives, including young people, in the development of holistic legislation addressing drug use and related crimes in Timor-Leste¹².

The National Drug & Medications Policy, 2010 (synonyms also used; National Medicine, or; National Pharmaceutical policy for Timor-Leste) deals with the development, provision and use of medicines within both the public and the private sector. The overarching goal is to secure safety and protect the individual patient and the public. The National Drugs and Medicines Pharmaceuticals Policy aims to contribute to improved health and wellbeing of all people in Timor Leste. The National Drug Policy embraces all aspects of supply, quality, use and management of pharmaceuticals¹³.

At the time of our research, the PNTL said that they had arrested eight people connected to drug use and selling in Dili and they are detained in Becora and Gleno-Ermera Prisons for further legal processing. The

¹¹ Based on Ministry of Justice Key Informants, (Key Informants interview, 31st -01-2013

¹² PNTL Key informants (Key informants interview, 24th-02-2013

¹³ Ministry of Health, *National Drugs & Medicines Policy, (2010)* Timor Leste

PNTL key informants stated that, “5 of the suspects arrested were IDUs and they were caught injecting methamphetamine, popularly known as “Sabu Sabu” and 3 were drug dealers”¹⁴. These arrests in Santa Cruz, near Democracy Field was reported by local newspapers in January 2013.

The Interviewee also said that “Out of the eight suspects detained in the prison, one of them had injected 42 ladies with methamphetamine in hotels and their own homes in Dili.”¹⁵ Drug user respondents stated that most common injecting locations in Dili are hotels, bars and private homes.

Drug use and trafficking is attracting much more attention politically and throughout the community. On December 4, 2012, the Prosecutor-General, Ana Pessoa Pinto said on a national TV, Televisaun Timor-Leste, that she was concerned about drugs which were smuggled into Timor-Leste. She called on all agencies to control and watch drug trafficking in the country as it was a serious concern; “All entities should pay attention to the drug smuggled into the country as it is something that is very serious and it could impact people’s lives, especially the young people”¹⁶.

The PNTL Commander Commissioner of Police, Longuinhos Monteiro said that the PNTL would not tolerate drug trafficking in Timor-Leste. The PNTL have made efforts to locate people who traffic drugs into Timor-Leste. He stated that; “through the joint operation with the immigration police, Criminal investigation Unit (SIC) we can combat illegal drug trafficking in the country. We should not tolerate such activity due as it would give negative impact on our young people in the future”¹⁷. He added that the PNTL had created a team to cooperate with the Indonesia’s National Narcotic Body (BNN) to identify foreigners who were believed to smuggle drugs into the country.

In January 23, 2013, the President of the Republic of Timor-Leste, Taur Matan Ruak, also came out strongly through local media supporting greater community action against the spread of illicit drugs. He called on young people specifically to fight against the increasing use of drugs in Timor¹⁸.

In April 23, 2013, the Constitutional Government met and ratified the Draft Resolution approving the adherence to the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances¹⁹. This has been the first major legal step for Timor-Leste in acknowledging the growing seriousness of drug use and encourages greater community discourse on the impact of drugs.

During the FGDs, the participants mentioned that the common illicit drugs used in Dili and Maliana were methamphetamine, heroin, cannabis (marijuana), and MDMA (ecstasy) mixed with whisky. Most of these

¹⁴ PNTL Key informants (Key informants interview, 24th-02-2013).

¹⁵ PNTL Key informants (Key informants interview, 24th-02-2013).

¹⁶ ETAN- research December 2012

¹⁷ PNTL Key informants (Key informants interview, 24th-02-2013).

¹⁸ ETAN research Jan 2013

¹⁹ ETAN research April 2013

drugs are taken through injection, smoking, inhaling; swallowing or drinking and “some cut vein in their wrist and suck their own blood by mouth.”²⁰ The places where drug use is most prevalent is in bars, karaoke venues, night clubs and private homes. The FGD participants said that most of these drugs come from Singapore, Canada, Nigeria, Mexico and they use Timor-Leste as a transit route of drugs to Indonesia or/and Australia.

In all the FGD that the research team conducted, it was repeatedly mentioned that if some drug users didn’t have any drugs available, they cut the vein in their wrist to suck their own blood. It was unclear as to why this was done. Those in the focus group said it was common for drug users to change to a new drug after a week, with other feedback indicating consistent drug use, using the same drug four times a month. This may be a result of inconsistent availability of drugs in Dili and Maliana. In most cases, it was mentioned that they use drugs in groups and during evening hours.

When asked why people use drugs, the participants mentioned that some people use drugs due to frustration and depression, unemployment, divorce or separation, peer influence, enjoyment, relationship problems, recreation and socialization, better enjoyment of sex, to be better musicians and be more confident when performing in concert.

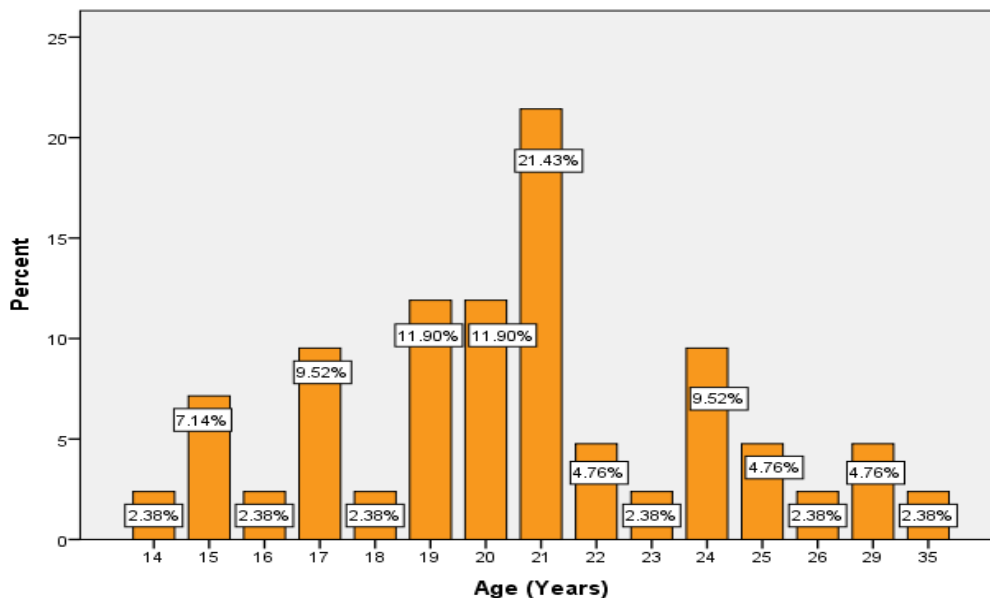


Figure 6. How old were you when you first used any drugs (not including alcohol or tobacco)?

21% of drug users started using at the age of 21 with 48% began using by the age of 20. As illustrated in the graph above, drug use starts for the majority of respondents in their early 20’s, with only 14% beginning to use after the age of 24. This is a concern as young people are more impressionable and

²⁰ FGD participant; 06th, March, 2013

engage in risk taking behaviour during a period which they are still developing physically and intellectually. Some of the drugs users' first drug taken was marijuana (cannabis), methamphetamine, MDMA mixed with whisky or wine, and pills that the respondents did not provide further detail about.

Mode of using the first drugs (Variables)	Number	Percent (%)
Inject intravenously	8	18
Swallow or drink	20	46
Keep under lips/tongue	11	25
Smoke	24	56
Sniff	18	41
Others (didn't specify)	1	2

Table 1. How did you take the drug when you first used it?

(Note: This table reflects the different modes of use for the initial time each drug was taken. This does not indicate first drug experience. Multiple responses were selected which explains why there are more responses than those interviewed.)

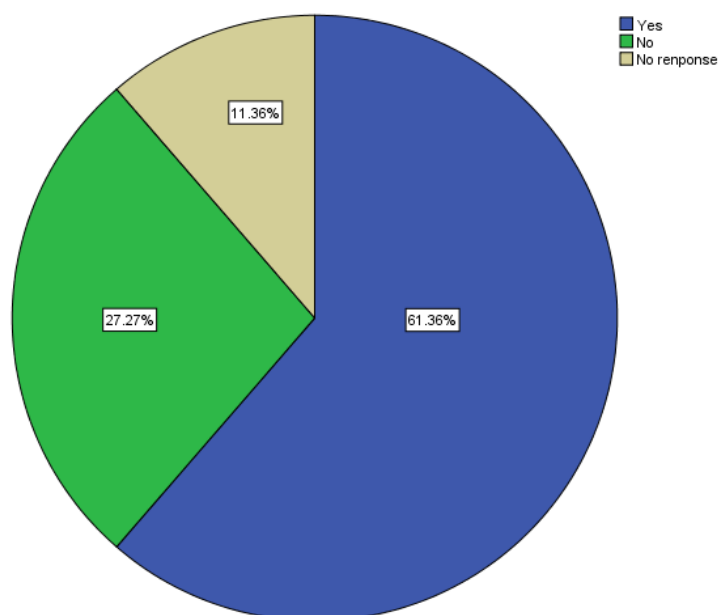


Figure 7. Have you used any drug in the last 3 months?

(Note: Most of the drug users interviewed had taken more than one drug in the last three months and had multiple answers)

More than half of drug users (61%) interviewed had used drugs in the last three months. Most of the drugs used were; marijuana (cannabis), methamphetamine, heroin, cocaine, corneta flowers, MDMA (ecstasy) and opioid.

Mode of drug use (Variables)	Number	Percentage
Inject intravenously	19	43.2
Swallow or drink	27	61.4
Smoke	23	52.3
Keep under lips/tongue	6	13.6
Sniff	13	29.5
Others .	2	4.5

Table 2. In the last three months, how did you take the drugs?

(Note: Multiple answers were given by respondents)

Smoking and swallowing are still the two most common methods of using drugs, while injecting is third with 19 interviewees having injected over the three month period. However, experience around the world has shown that many drug users who start as non-injecting drug users may gradually move to injecting as their habits and drug choice changes.

There was inconsistent use of clean needles and syringes among the IDUs which increases the drug users' vulnerability to acquire blood borne diseases. Only 42% use clean needles consistently, with other respondents ranging from very rarely to most of the time.

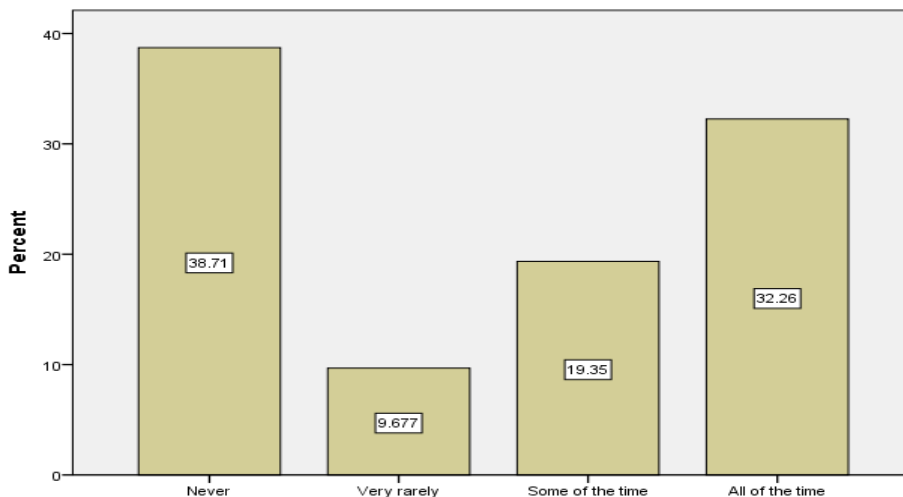


Figure 8. In the last three months, when you injected any drug, how often did you share needles and syringes?

61% of IDUs had shared needles and syringes in the last three months with only 39% never sharing. The high rate of sharing needles and syringes among the IDUs' puts them at a high risk of HIV infection.

Based on respondents, it is common practice to share needles and syringes among IDUs. Four respondents consider that they share needles with a lot of other IDUs. This trend is worrying because if one IDU is HIV positive, there is a greater risk that those also using the needle may contract HIV. The findings are consistent with what was collected from the FGD that drug users take drugs in groups and

sometimes share needles and syringes with their peers. Moreover, one key informant mentioned a recent arrest of an individual who was suspected of having had injected 42 ladies in hotels and at their own homes. This behaviour creates a much greater risk of HIV transmission through a community or peer group.

Place	Number	Percent (%)
Pharmacy	17	40
Hospital	7	16
Friends	12	28

Table 3. Where do you get new needles and syringes?

The IDU reported getting their new needles and syringes from pharmacies (40%), hospital (16%) and friends (28%). The respondents mentioned that they give a false reason at the pharmacy or hospital in order to get access to new needles or syringes to inject drugs. There's no needle and syringe exchange program in Timor-Leste where IDUs can access clean needles exchange services. This may explain the high rate of using unclean needles and sharing of injection equipment among IDUs.

4.3 Sexual Risk Behaviours:

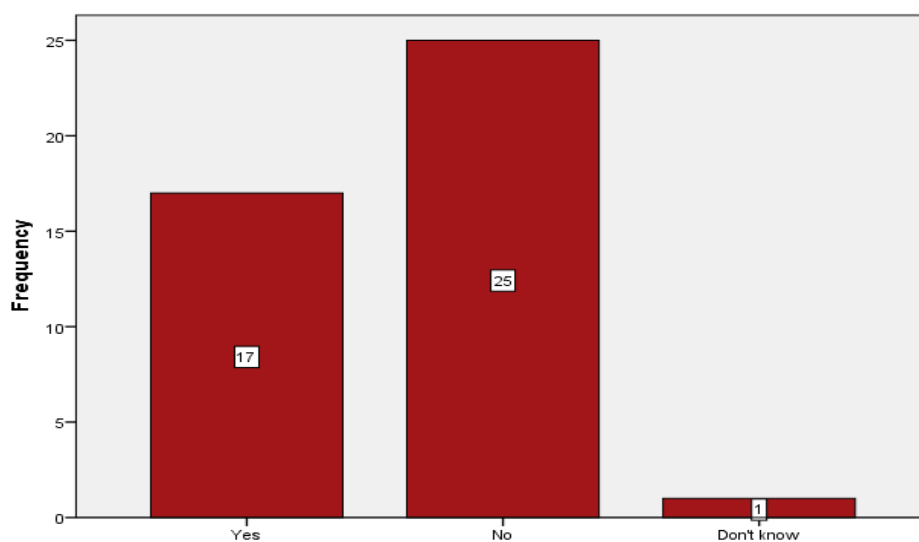


Figure 9. Have you ever had sex with somebody (male) of the same sex as you?

At least 17 male drug users (40%) said that they have had sex with somebody of the same sex. This creates a further risk for IDUs as MSM is considered to be a high risk community. With high rates of needle sharing, HIV can be transmitted quickly through MSM and IDU communities.

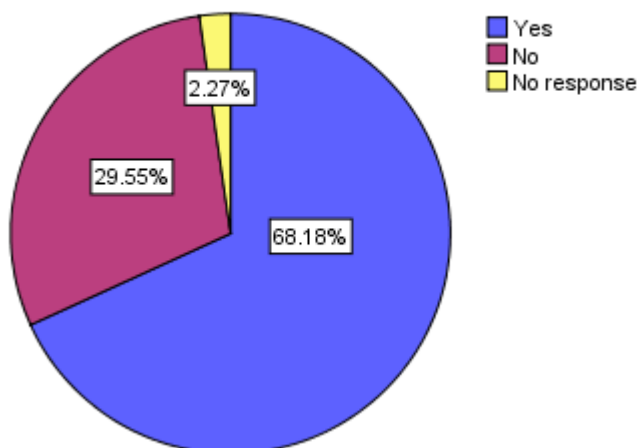


Figure 10. Have you ever had sex with anyone other your regular sexual partner as a result (influence) of using drugs?

The majority of the drug users (68%) had had sex with someone other than their regular sexual partners under the influence of drugs. The findings show that the influence of drugs affects the sexual behavior of drug users. By having multiple sex partners, drug users are at greater risk of HIV infection, particularly if under the influence of drugs, as it may impair an individual's decision to practice safe sex.

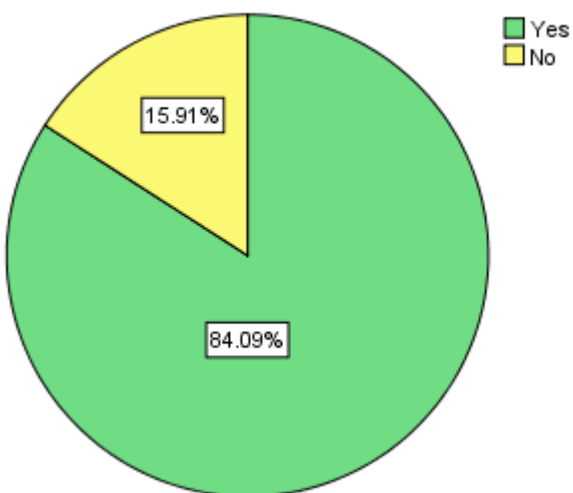


Figure 11. Have you (male drug users) ever had sex with a female/male sex worker?

The majority of the male drug users (84%) had had sex with female/male sex worker. This shows an additional risk facing people injecting drugs as Sex Workers are considered at high risk of HIV, and drug users engaging in unprotected sex with Sex Workers puts them at greater risk of contracting or transmitting HIV. Seven Female Sex workers interviewed also stated that they had used drugs and had

got them from their clients. This puts these women at risk as their judgment is impaired, and they are vulnerable to violence, sexual assault and unprotected sex.

Safe sex behavior is a vital method to prevent the spread of HIV. An effort was made to ascertain the safe sex measures taken by injecting and drug users.

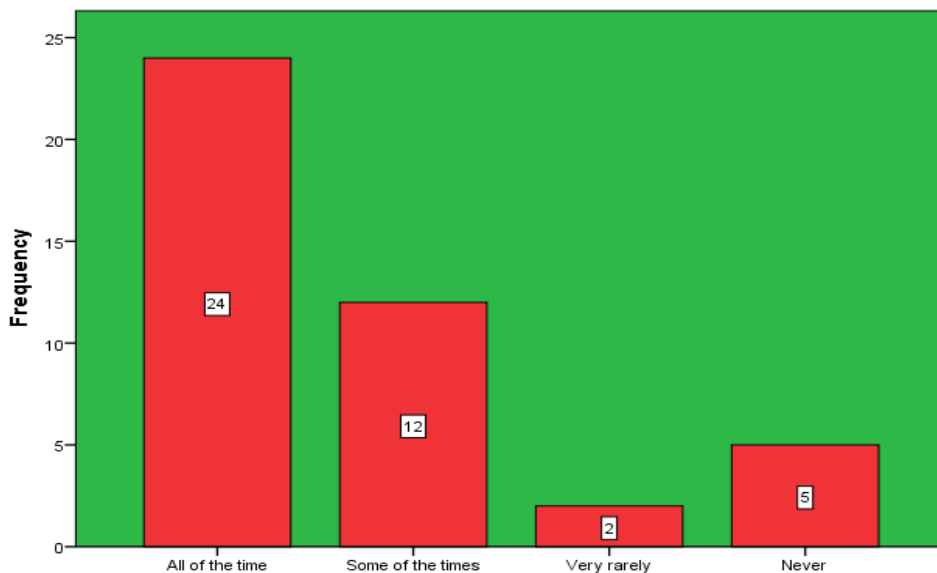


Figure 12. In the last 12 months, when you had sex how often did you use a condom?

In terms of condom use in the last 12 months, 24 (56%) of the drug users interviewed reported to have used condoms all of the time, 12 (28%) used condoms some of the time, 2 (5%) used condoms very rarely and 5 (12%) of the drug users had never used condoms. Given that the consistent condom use is an effective measure to combat HIV transmission, the fact that 44% of drugs users did not use condoms consistently raises serious concerns of HIV risk through sexual contact.

It is important to ascertain the willingness of the drug users to stop using drugs, interviewees were asked to discuss if they had attempted to quit using drugs.

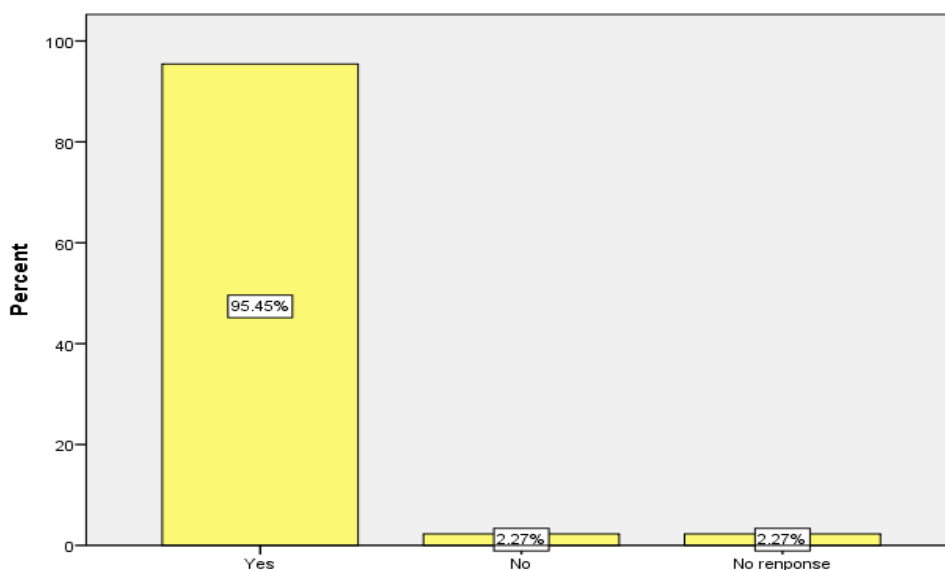


Figure 13. Have you ever tried to stop using drugs.

It was interesting to note that 42 drug users (95%) interviewed had tried to stop taking drugs. Only one drug user (2%) was unwilling to stop. This provides a window of opportunity for organisations working in Timor Leste to design programmes aiming at addressing the drug use problem using a holistic and comprehensive approach. Drug cessation programs would be new as currently, there is no drug treatment or rehabilitation services available.

4.4 Knowledge on HIV and AIDS

It was critical to understand the respondents' knowledge about HIV and AIDS. Information was therefore collected on whether they have ever heard of HIV and AIDS and their level of knowledge about the disease.

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	44	100	100	100
No	0	0	0	0
Total	44	100	100	100

Table 4. Have you ever heard of the disease called HIV and AIDS?

100% of the respondents had heard of HIV and AIDS.

Interviewees were then asked where they learned about HIV. Identification of sources information is important as this provides crucial data on the best means of information dissemination and to identify

underutilized sources of information. A complete list of sources of information is shown in the table below.

Source of Information	Number	Percentage (%)
School or College	5	11
Health Providers	29	66
Radio	28	64
Women's group	12	27
Family/Friends	23	52
Work place	15	34
Television	30	68
Brochure/leaflet	27	61
NGOs/CBOs	21	48

Table 5. Source of information about HIV and AIDS

Note: Multiple answers were selected by respondents, so the total of percentage is more than 100%.

The assessment found that television (68%), Health Providers (66%), radio (64%), brochure/leaflets (61%) and family/friends (52%) were the five leading sources of information. Given that there's no formalized sexual health education in schools, it is surprising that 11% had heard of HIV and AIDS information from schools and colleges.

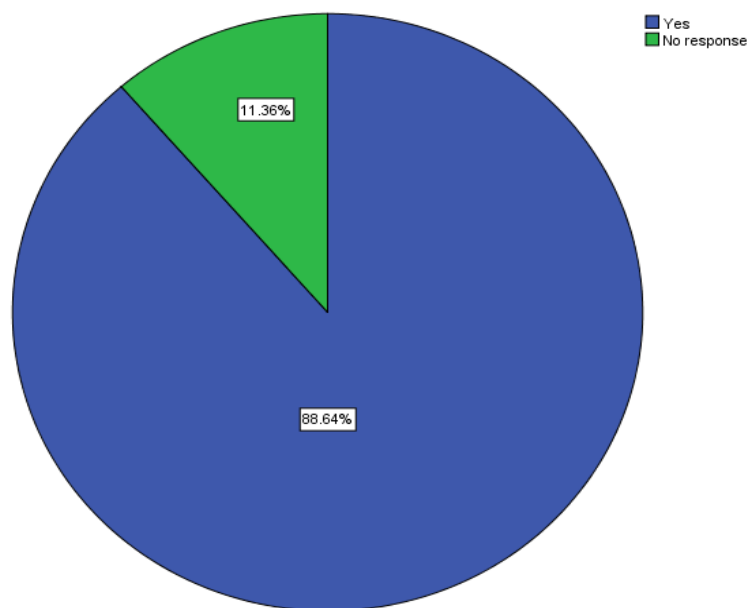


Figure 14: Do you know how HIV/AIDS is transmitted?

Majority of the respondents (89%) know how HIV is transmitted and 11% gave no response. Although most respondents are aware of how HIV is transmitted 44% still engage in unsafe sexual practices by not consistently using condoms.

The effective formulation of targeted educational programmes and the dissemination of information require that knowledge gaps concerning the modes of HIV prevention are identified and addressed. The respondents were therefore asked about their level of knowledge on a range of modes of HIV transmission. The table below (6) shows the respondents level of knowledge on how HIV is transmitted.

Ways of HIV transmission	Number	%
Sharing needles with infected person	32	73
Having sex without condom	39	89
Getting blood transfusion from HIV infected person	26	59
HIV positive pregnant women can give it to their newborns	23	52
Living with a HIV positive relative	1	2

Table 6. How can HIV be transmitted to people?

Note: Multiple answers were selected by respondents, so the total of percentage is more than 100%.

Majority of the respondents had high level of knowledge about how HIV is transmitted. Sharing needles; 73%, having sex without condom; 88%, getting blood transfusion; 59 %, pregnant women to their new born babies; 52%, were mentioned by respondents as some of the pathways HIV can be transmitted to individuals. It is worth noting that respondents positively identified mosquito bites, hugging, holding hands and drinking from the same glass as misconceptions about HIV, as they are not modes of transmission. This indicates that the respondents are well aware about the modes of HIV transmission and the misconceptions of HIV and AIDS. However, there was one respondent who said that a person can acquire HIV by living with a HIV positive relative. 88% of the drug users mentioned that correct condom use whenever they have sex can prevent HIV transmission indicating a good level of knowledge awareness that is not however, reflected in behaviour.

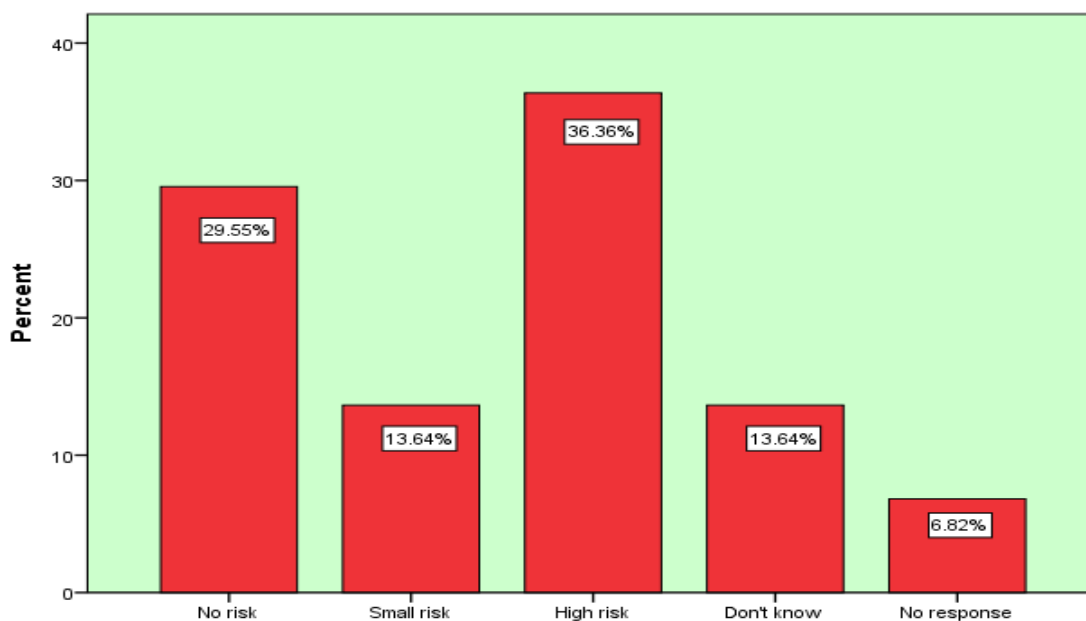


Figure 15. What would you say is your risk of being infected with HIV?

Despite the high level knowledge of HIV transmission among drug users, and high levels of risky behaviour such as sharing needles and sex without condoms, only 36% said that they were at high risk of getting infected with HIV and 14% had small risk. Most concerning, almost 30% said that they have no risk of HIV infection. There appears to be a significant division between drug users' knowledge, behaviour and perceived risk.

5.0 Conclusion

The drug using community in Timor Leste is still small and very hidden. Timor Leste does not have a history of government or civil society intervention into drug use, and it is only in the last few years there has been a noticeable increase in the amount of political and media attention on illicit drugs in the country. Given the lack of research on injecting drug use historically, the social ostracism drug users face from the wider community, and the lack of social support services available, this study faced many barriers. This study however, aims to provide a snapshot assessment of the behaviours, attitudes and demographic of drug users in Dili and Bobonaro Districts to inform FTH program development, and advise interested parties on the current situation.

Some of the key issues that the study found included the high level of drug users sharing needles and syringes within their network. Needle sharing creates a significant risk to the individuals and the wider

community, as the low levels of consistent condom use and HIV testing indicates a section of the community putting themselves and their sexual partners at great risk of HIV.

The assessment team concluded that majority of the current drug users are young people. The common illicit drugs used are methamphetamine, heroin, cannabis (marijuana), and MDMA (ecstasy) sometimes mixed with whisky. Most of these drugs are taken through injection, smoking, inhaling; swallowing or drinking. There was inconsistent use of clean needles and syringes among the injecting drug users which increases their vulnerability to acquire blood borne diseases HCV and HIV

The majority of the drug users (68%) had had sex with someone else other than their regular sexual partners as a result or under the influence of drugs. Three quarters of male drug users (84%) interviewed had had sex with female/male sex workers, increasing the risk of HIV for themselves and for the Sex Worker.

Despite the high level of knowledge on how HIV is transmitted, there was inconsistent use of condoms among the IDUs and non-injecting drug users whenever they had sex in the last 12 months. Majority of the respondents (84%) had never been tested for HIV which may indicate a higher number of HIV positive people within the community who have remained unaware of their status. Encouraging attendance at VCCT for testing is vital for a successful HIV intervention.

6.0 Recommendations

1. Policy advocacy – FTH and other interested stakeholders should advocate for government legislation on illicit drug use with a harm reduction focus. It is critical that people who use drugs can access harm reduction services, drug counseling, treatment and HIV prevention services without fear of arrest or criminal charges. Police should receive guidance on how to enforce illicit drug laws once formulated while also taking a harm reduction approach and ensuring that HIV prevention are not jeopardized.
2. Provide factual and evidence based education for young people and students about the dangers of drugs use and the related health consequences. It is critical that this education does not pass judgment on people who use drugs. It should also be balanced and factual. Young people often skeptical of drug education, assuming it is inaccurate and strongly biased against drugs. Accurate, realistic, relevant and up-to-date information on drugs and their effects (including both positive and negative effects), as well as the risks and legal implications of using, being in possession and supplying or manufacturing drugs should be clearly communicated.
3. Targeted drug education campaigns should exist for IDUs, MSM, CSWs and CoSWs. The particular needs and risks experienced by these groups must be addressed in targeted education campaigns. To effectively reach these groups and communicate important information, the material produced may not be suitable for the distribution to the general population. Targeted distribution is necessary but should not hinder communicating important messages to these groups.
4. FTH should consider international learning visits for key staff to other countries and learn more about harm reduction, drug counseling, treatment and rehabilitation. The most effective way to quickly increase their capacity is to provide staff/ professionals with exposure to practices in other countries where harm reduction, drug counseling and treatment services are more developed and have been successfully implemented.
5. FTH should conduct training to facilitate the development of decision making, self-esteem and general life skills among injecting drug users and non-injecting drug users.
6. Create a supportive and enabling environment for injecting and drug users to feel comfortable to access harm reduction and outreach services without compromising with their safety and significantly reduce their fears of being arrested by PNTL. Supportive social environment should be encouraged where drug users should consider themselves as members of the community with equal rights and responsibilities as members of the same community.

7. FTH should establish outreach and peer education as key strategies for strengthening community action to reduce the risk of HIV transmission among IDUs. Drug users form their own communities and networks providing an excellent opportunity for influencing social norms and changing a whole network or community's behaviour. Outreach interventions will be utilized to distribute HIV prevention, VCCT, BCC information and risk reduction materials including condoms and build trust between FTH staff and IDUs.
8. FTH facilitate access to VCCT and, diagnosis and treatment of STIs for IDUs and their sexual partners as needed. Develop referral pathways to access ART for injecting drug users diagnosed HIV.
9. FTH should extend HIV prevention commodities including condoms and lubricants to injecting drug users and non-injecting drug users.
10. FTH should assess the possibility of establishing a needle and syringe exchange programme, drug treatment and rehabilitation services for IDUs in future within the framework of the national policy on illicit drug and their use once formulated by RDTL.
11. Government should consider providing appropriate drug demand and supply reduction, and drug use prevention training to PNTL and key immigration and customs officers. Drug demand and supply reduction measures should be put in place.
12. Government should consider equipping all their international borders with modern drug detection equipment coupled with specialized training to all the border staff with the capacity to detect any illicit drugs that might be smuggled into Timor-Leste.

7.0 Appendix

7.1 Consent form

Appendix i: Consent Form

District:

Date ____________

Interviewer: Code ____ ____ ____

Introduction

“My name is..... I’m working with the Fundasaun Timor Harrii (FTH). We are conducting Rapid Assessment and Response (RAR) in Dili and Maliana Districts. We need to interview people here in **[name of district]** to collect information about the nature and extent of injecting drug use, characteristic of injecting drug users, risk behavior and their level of HIV/AIDS knowledge. The assessment interview will take about 40 minutes and all the information provided will be kept confidential, if you agree you can allow me to proceed.

Consent

I will first ask you some questions about your personal background, (where you live, age, marital status, occupation and education level e.t.c).

If you’re not comfortable to answer any question that makes you feels uncomfortable. Please, feel free to end the interview at any time. Everything you tell me during the interview will completely remain confidential. May I continue with the interview?

Agreed to interview:

Yes

No

If the respondent says no, please don’t proceed.

The verbal consent form is read and explained and consent is obtained prior to conducting the interview.

7.2 Questionnaire for Injecting and Drug Users

7.3 Guide for Key Informant Interviews (KII)

Interviewer Code:

Respondent ID Code:

Date:

Location:

Introduce yourself and the purpose of the interview:

- A. Please tell me about yourself?
 - i. Where do you live ?
 - ii. Are you married? Children?
 - iii. How long have you lived here?
 - iv. Where do you come from?
 - v. How old are you?
 - vi. What is your occupation?

- B. Please tell me about drug use here **in this city** (not your personal drug use; in general).
 - i. What drugs are being used?
 - ii. Per drug - What is the route of administration (e.g. swallow, chew, inhale, smoke, inject)?
 - iii. Is it used alone or with others (specify, for example, sexual partner or the person providing the substance; always the same or does it change)?
 - iv. Where is it used (home, bar, public space)?
 - v. When and how often is it used (time of day, day of the week)?
 - vi. Who uses it?
 - vii. Is it legal? Is its use approved of by the community?
 - viii. How has its use changed since coming here?
 - ix. Where you think these drugs come from?
 - x. How much does it cost?
 - xi. What is the community's perception about drug use in your area?

- C. Is anyone injecting drugs?
 - i. Which drugs?
 - ii. Who? (No names) Many people?
 - iii. Have they always injected or switched towards injecting? (When?)
 - iv. Why are they injecting?
 - v. Where do they get needles and syringes from?
 - vi. Are needles and syringes reused? What happens to the needles and syringes after use?

- D. Do you know of any benefits or problems associated with drug use?
 - i. Do you know of anyone in financial difficulties because of their drug use?
 - ii. Do you know anyone who got injured or injured someone else while using drugs?
 - iii. Do you know anyone who is dependent on drugs? How can you tell?

- E. Let's move to HIV and drug use
 - i. Is there a link between drugs and HIV transmission?

- ii. Do particular substances have more impact / stronger link than others?
 - iii. Particular routes of administration?
- F. Do you know people who have ever had sex because of drug use ? (or vice versa) Can you explain?
- i. When / Where does this happen?
 - ii. Who do they have sex with (e.g. usual partner, a spouse, the person providing the substances, a stranger, a sex worker, or someone else)?
 - iii. Do they use condoms or do they have safe sex when they have sex?
 - iv. Do people you know ever exchange sex for substances?
 - v. Do people you know ever sell sex in order to buy drugs?
- G. Where or to whom do people go if they want help with problems from drugs?
- i. What could be done to assist with problems linked to drug use?
 - ii. What services should be provided?
 - iii. By whom?
- H. Can you tell me about **your own** experience with drugs?
- i. Have you yourself ever used any drugs? Which ones?
 - ii. How old were you?
 - iii. Are they grown or made locally?
 - iv. How do you obtain them (no names)?
 - v. How much do they cost?
 - vi. Does the location and price vary by time of day, season, etc? Are they always available?
 - vii. Have you ever injected drugs? How often do you inject?
 - viii. What made you switch to injecting use? How old at first time?
 - ix. Who did the first injection?
- I. What are the policy responses to drug injecting and its adverse health consequences in Timor-Leste? What interventions are already being implemented?
- J. What factors influence the ability and willingness of organizations and individuals to develop and implement actions to reduce health consequences of injection or drug use ?
- K. In your opinion, what would be the feasible possible interventions that are needed to address injecting and drug use problem?
- L. Is there anyone else whom we should interview? (We are particularly interested in people with injecting and drug use experience.)
- M. Is there anything else you would like to tell me about drug use in this community?
- A. I have no more questions. Do you have any questions for us?

THANK YOU

END Time:

7.4 Guide for Focused Group Discussions (FGD)

Interviewer Code:

Respondents ID Code: Number of group participants:

Date:

Location:

1. What do you know about Injecting and Drug use in this city/Community ?
 - i. What drugs are being used?
 - ii. Per drug - What is the route of administration (e.g. swallow, chew, inhale, smoke, inject)?
 - iii. Is it used alone or with others (specify, for example, sexual partner or the person providing the substance; always the same or does it change)?
 - iv. Who uses it?
 - v. Where is it used (home, bar, public space)?
 - vi. When and how often is it used (time of day, day of the week)?
 - vii. Is it legal? Is its use approved of by the community?
 - viii. How has its use changed since coming here?
 - ix. Where you think these drugs come from?
 - x. How much does it cost?
 - xi. What is the community's perception about drug use in your area?
- (2) Why do people inject or use drugs?
- (3) What factors influence the spread of injecting drugs or drug use (or its potential to spread)? What factors influence its health consequences?
- (4) What are the benefits or problems associated with drug use or Injecting drug use?
- (5) What sort of injecting and sexual risk behaviours do drug injectors or drug user engage in that may lead to HIV infection?
- (6) What do you think can be done to assist the people who use or inject drugs?
- (7) Please give any other recommendations on how to address injecting and drug use in problem in this country?

THANK YOU

END

7.5 List of consulted organization/agencies/institutions

No.	NGO/AGENCY/INSTITUTION	ADDRESS
1.	Timorese National Police (PNTL)	Quarrel Geral PNTL - Caicoli
2.	Fundasaun Mahein	Estrada de Balide
3.	Ba Futuru	Rua Kampung Baru - Comoro
4.	Ministry of Health	Afrente do Mercado Hale laran - Balide
5.	National Hospital	Bidau, – Hospital Guido Valadares
6.	Ministry of Justice	Rua de Caicoli – Ao Lado do World Vision
7.	Bureau of Prisons	Fatuhada
8.	Becora Prisons	Av.Liverdade da Imprensa, Becora
9.	UNMIT	Rua de Caicoli – UN House Obrigado Barracks
10.	Pradet	Rua Belarmino Lobo (Emfrente HNGV)
11.	Office of the Prosecutor General	Av. Pres Nicolau Lobato - Colmera
12.	WHO	Rua de Caicoli – UN House
14.	Sharis Haburas Comunidade (SHC)	Perumnas Gang II
15.	PROGRESSIO	Rua Cardoso Dias 17, Bairro Central, P. O box 339, Dili Timor - lester
16.	UNFPA	UN House, Caicoli Street, Dili.
17.	Belun	
18.	UNDP	United Nations Development Programme (UNDP) Caicoli Street Dili, Timor-Leste

20.	National Customs	Dili
21.	CVTL, Maliana	Maliana
22.	Marie Stopes, Maliana Office	Malina
23.	CRS	Maliana
24.	PNTL, Bobonaro District	Maliana Dis
25.	Customs Imigrations	Maliana border
26.	Maliana Hospital	Maliana
27.	DHS	Maliana
28.	Conservatoria Registo Civil, Bobonaro	Maliana
29.	Centre Juventude	Maliana