Research paper

The social context of initiation into injecting drugs in the slums of Makassar, Indonesia

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ABSTRACT

Background: The association between socio-economic marginalisation in urban poor neighbourhoods and the prevalence of violence, crime, drug use and drug dealing has been well documented. However few studies have explored the social context of the transition to, initiation and maintenance of drug injection career in slum areas in developing countries. This study examines the lived experience of young men in initiating and maintaining drug injection in slum areas, commonly named lorong, in the city of Makassar, Indonesia.

Method: In-depth interviews were conducted with 18 male injecting drug users who attended a drop-in centre for drug users in the city.

Results: The interviews revealed that the pharmacological effects of putaw (street grade heroin) and the economics of injection were factors in initiating and maintaining injection. Importantly, the intersection of socio-economic deprivation with pursuing the status of rewa (local concept of masculinity) and the dynamics of gang participation led many members of the lorong into a drug injection career, making them vulnerable for HIV and other blood-borne viral infections.

Conclusion: To be more effective, the existing harm reduction programmes in Makassar that focus on individualistic behavioural changes need to be complemented with community-based programmes that take into consideration the social and structural context of risk-taking practices amongst young people in the lorong.

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Introduction

There are approximately 13.2 million injecting drug users (IDU) worldwide and over three-quarters of these live in developing and transitional countries (UNAIDS, 2005).

Reid and Costigan (2002) have argued that South and Southeast Asian countries are likely to become the epicentre of twin epidemics of injecting drugs and HIV/AIDS if no adequate preventive responses are taken. Indonesia, with the fourth largest population in the world, is now experiencing these twin epidemics. Transmission through risky injecting practices is progressively becoming the main route of HIV infection in Indonesia with a shift to 'concentrated prevalence' with 5% prevalence amongst members of vulnerable groups such as IDU, men who have sex with men, and commercial sex workers and their clients (UNAIDS, 2005).

As in other countries, accurate data on the number of drug users and drug injectors in Indonesia is difficult to obtain due to the clandestine and illegal nature of drug use. However the Indonesian National Narcotics Board (BNN) (2005) has estimated there are 1.3–2 million drug users in the country, of whom one million inject drugs. Street-grade heroin (putaw) is the most common drug injected (Pickles, 2006; Pisani, Dadun, Sucahya, Kamil, & Jazan, 2004). In 2007, the Indonesian Ministry of Health reported that injecting drug use represents the largest number of new HIV cases in highly affected populations (Indonesian Ministry of Health/MOH, 2007). In 2007, it was reported that more than half the confirmed cases of HIV in South Sulawesi were due to injecting drug use, with Makassar, the capital, having the highest HIV infection rate (South Sulawesi Commission on HIV/AIDS, 2007). As with the data on HIV/AIDS cases at national level, these data are likely to be an underestimate due to the poor quality of surveillance and because of the many high-risk situations for HIV infection in Makassar. These include the large-scale of drug use, drug injection and risky injecting practices as well as widespread pros-
The association between socio-economic marginalisation in urban poor neighbourhods and the prevalence of violence, crime, drug use and drug dealing has been well documented (Mayock, 2005; McLwaine & Moser, 2001; Singer & Clair, 2003), as has the interplay between socio-economic deprivation, masculinity, drug use and HIV-risk behaviours, particularly risky injecting practices (Barker, 2005; Bourgois, 2003; Quintero & Estrada, 1998). Most studies have been of urban slum areas in the developed world. Few have addressed the social context surrounding initiation of injecting and risky injecting practices in developing countries (Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005) and none has done so in Indonesia. We fill this gap by examining the influence of the social context on initiation into drug use, specifically injecting, amongst young people in slum areas, commonly named lorong, in Makassar.

The term lorong is widely used to refer to the slum areas in many big cities in Indonesia, including Makassar. Narrow and complicated corridors linking clusters in the slum and densely populated areas are typical of the physical nature of the lorong. Many lorongs are widely known as dangerous, indicated by frequent group brawls, high incidence of delinquency and crimes as well as high prevalence of drug use, including drug injection. Chambers (1983) names these environments as 'clusters of disadvantage', addressing the severe socio-economic deprivation that interact to create various kinds of vulnerabilities. There are considerable illegitimate income-generating or underground activities amongst young people in many lorongs, such as selling balo' (local palm wine), or kupon putih (local lotto), dealing drugs, shoplifting and thieving.

Following the concept of risk environment as the space, social or physical, in which a variety of factors exogenous to the individual interact to increase vulnerability to drug use and drug-related harms (Rhodes, 2002, p. 1026), we argue that the lorong is likely to be a risk environment that provides fertile ground for risk-taking behaviours, most notably drug injection and risky injecting practices.

In the present study, we examine how the lorong as a risk environment contributes to the complex transition from non-injecting drug use to drug injection. This transition process is considered an important event in the construction of a drug career (Crofts, Louis, Rosenthal, & Jolley, 1996; Lankenau et al., 2007; Treloar et al., 2003), not only because of the health risks associated with injection practices but also the propensity to be more deeply involved in the drug subculture once an injecting career is established (Grund, 2005). Using qualitative methodology we elicit stories about drug users' lives and about risks, including HIV-risk, in their everyday environment (Rhodes, 2002).

Our aim is to provide an evidence base for harm reduction programmes in Indonesia. Recognising the increasing contribution of risky drug injection and risky sexual practices to the HIV epidemic, the Indonesian government has initiated a process that allows for the provision of harm reduction programmes. Several of these, designed to increase IDU's access to clean injecting equipment and condoms, have been implemented in Makassar since 2003 but their limited scale (South Sulawesi Commission on HIV/AIDS, 2007) and overemphasis on individualistic behaviour change (Nasir, 2006) weakens their impact. To be effective, these programmes need to understand and take into account the structural and cultural constraints experienced by young people in the lorong which lead them to engage in risky drug injecting and sexual behaviours.

Method

Eighteen male drug injectors aged between 18 and 29 years who attended the Metamorfosa drop-in centre participated in in-depth interviews. The Metamorfosa Foundation is a non-government organisation that has provided harm reduction programmes for drug users in Makassar since 2003. At the time of this study, there was only one other organisation in Makassar that provided these services. Metamorfosa has one drop-in centre and the majority of their clients come from lorongs. All IDU who participated in this study were from lower economic backgrounds, were unemployed or underemployed, and most (15) came from the same lorong with the other three coming from a neighbouring lorong. These lorongs are typical of many other lorongs in Makassar, with overcrowded housing, poor hygiene and sanitation, high incidence of crime and alcohol and drug use, and high levels of unemployment.

Participants were recruited at Metamorfosa and included if they had injected drugs at least once in the past six months. Interviews incorporated questions about participants' social world (e.g., their daily lives, their social interactions, their employment status), a history of their risk-taking behaviours, including their drug use and their initiation into injecting. Most interviews were tape-recorded. Four participants refused to be recorded and extensive notes were taken during their interviews. All interviews were conducted in Indonesian by the first author, transcribed verbatim and translated into English.

The interviews were coded and categorised by the first author, himself a lorong member, several time to create a system of thematic classification (Green & Thorogood, 2004). A process of theoretical validation was undertaken to ensure that the units of classification (themes, issues, concepts) were sensitive to the informants' narratives. As a first step, the interview transcripts and audiotapes were provided to the informants to give them an opportunity to reflect on their narratives and to correct or add to these in a second brief interview with the first author.

Three stages of thematic analysis were conducted. First, themes were extracted from the transcripts; second, these themes were categorised and organised; and finally, an interpretive analysis yielded a theoretical explanation of the social context of initiation into injecting drugs.

Ethics approval for the project was obtained from The University of Melbourne. Participants were informed that withdrawing from the study would not affect services available to them at Metamorfosa. They were assured of confidentiality and no identifying information was collected; pseudonyms have been used in this paper. Because drug use in Indonesia is illegal and there was no public health ethics process in Makassar at the time, we obtained permission to conduct the project from the South Sulawesi Commission on HIV/AIDS and the South Sulawesi Narcotics Board. Metamorfosa agreed to provide space and time to conduct data collection in its drop-in centre. Coordination with these agencies was a necessary risk management strategy to guarantee the safety of participants and researcher because the Indonesian laws on narcotics and psychotropic drugs are strongly punitive and the legal basis for harm reduction programmes in Indonesia is still ambiguous. Coordination was also important to reduce the likelihood of police intervention.

Findings

A complex transition

Most initiation into putaw injection was unplanned and occurred with the use of other drugs. Moreover, although all infor-