Introduction

In the last two decades, there has been an increasing number of qualitative and sociological studies on young people’s drug use, although quantitative, epidemiological and criminological approaches are still dominant (Hunt, Moloney, & Evans, 2010; Moore & Rhodes, 2004). Some studies have examined the nature of controlled drug use amongst young people and link this with factors such as family, employment, social networks or social capital and the levels of integration within mainstream society (see, for example, Decorte, 2001; Dillon et al., 2007; Grund, 1993; Harling, 2007; Warburton, Turnbull, & Hough, 2005). Controlled drug users are those who consume drugs but, unlike dependent or problematic drug users, their drug use does not affect their daily lives, they are not drug dependent and they do not suffer from severe psychological, social, financial, legal or health-related consequences resulting from their drug use. In addition, it has been shown that these controlled users employ various forms of self-regulation to control their drug use (Decorte, 2001; Dillon et al., 2007; Grund, 1993; Harling, 2007; Warburton et al., 2005). However, it is noteworthy that most of these studies have occurred in Western countries.

Most studies on drug use focus on the magnitude, proximal risk factors and harms associated with young people’s drug taking, whereas qualitative and sociological approaches emphasise the social context of young people’s drug consumption (Hunt et al., 2010; Rhodes, 2002). Though there has been a significant increase in research on young people’s drug use in Indonesia, most studies have employed the former approaches and focus on problematic and injecting drug use and their relationship with risk of HIV infections (e.g., Pisani, 2006; Padmohondojo, 2005).

In this study we investigate the social context of controlled drug use amongst young people in a slum area (lorong) in Makassar, Indonesia. This qualitative study was part of a larger project exploring the experience of 30 young people in the lorong...
(aged between 15 and 24 years) with differing levels of engagement in drug use, i.e. dependent or problematic drug users, controlled users and non-drug users or abstainers.

**Defining controlled drug use**

Since the mid-1970s the existence of a broad range of drug-taking patterns has been recognised, including ‘controlled’ drug use. These concepts originated from the fact that cigarette smokers and alcohol users have long displayed varied patterns of use, including those who smoke and drink in controlled and regulated ways such as only outside working hours, only after meals, or only on specific occasions such as a wedding or other celebration (Becker, 1977). Similarly, Zinberg (1984) argues that the physical and social setting in which drug use takes place frequently facilitates the development of sanctions, rules and rituals that ensure drug use is under control. Grund (1993) supports Zinberg’s argument for the significance of rituals and rules to generating self-regulation practises but he also adds emphasises the importance of gainful activities, meaningful relationships and contacts with family and wider people in mainstream society as well as structured time and the positive identity accrued from all of the above.

Despite a tendency to view drug use as a static phenomenon, the concept of controlled drug use is useful to understand people’s different levels of engagement in drug use. Indeed, even amongst informants in this study, there are different levels of drug consumption (frequency of use, the range of drugs used) in which two distinct patterns of drug use emerged – occasional drug users and regular users. However, all of them emphasised controlled, regulated or non-compulsive use and that their drug taking does not have serious psychological, social, financial, legal or health-related impacts on their lives. As can be seen in the following sections, their experience supports the conclusions of Becker, Zinberg and Grund as well as the findings of more recent studies such as the phenomenon of controlled cocaine use amongst cocaine takers in Belgium (Decorte, 2001) and the experience of controlled heroin use amongst heroin takers in England (Warburton et al., 2005).

**Introducing the ‘lorong’**

There are several reasons why studying controlled drug use in urban slum areas in Indonesia, such as the lorong, is important. First, though there are many factors that can push young people into the lorong into problematic drug use, many manage to control their drug consumption (Nasir, 2010). Though controlled drug use is likely to be the most common pattern of drug consumption amongst young people in the lorong, this group has been rarely studied. We do not know about the social and economic contexts that enable them to control their drug consumption or the factors that protect them from progression to problematic drug use. Second, compared to problematic drug users, controlled users are generally not in touch with services and whilst these young people are not as deeply engaged in high-risk practises as problematic users, some might be vulnerable to risk. Third, organisations working on drug use and HIV prevention programmes with disadvantaged populations in Makassar and elsewhere may use the experience of controlled drug users in the lorong to inform strategies to prevent young peoples’ drug use escalating into problematic use.

The lorong is located approximately four kilometres from the centre of Makassar and typical of many other lorong in the city, has overcrowded housing, poverty, low levels of educational attainment, high rates of unemployment and high incidence of crime, alcohol and drug use (particularly chimeng or cannabis, inex or ecstasy, sabu or crystal methamphetamine and putaw or street grade heroin). This lorong could be considered a drug risk environment in which macro-level and micro-level factors provide fertile ground for young people to be involved in drug initiation and maintenance at an early age and escalate rapidly into problematic use (Nasir, 2010). Rhodes defines drug 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” (2002, p. 88). The presence of macro-level factors, that is poverty and social marginalisation as well as micro-level factors such as low levels of educational attainment, high levels of unemployment, high availability of drugs, early drug exposure and the presence of norms that stimulate early drug initiation and maintenance are evident in this lorong.

Amongst people in the lorong who are employed, most work in the informal economy or in low paid jobs (Nasir, 2010). Many of them work in the traditional market as petty traders, porters, parking lot attendants, or as becak (rickshaw) and pete-pete (mini-bus) drivers. Others are engaged as street-sellers. There are, however, some young people who work in the formal economy. They may be shop assistants, work in company offices, lower rank public servants and primary and secondary schools teachers. Illegal income-generating or underground economies, such as selling ‘ballo’ (local palm wine), selling kupon putih (local and illegal lotto), and dealing drugs, exist in the lorong, and it is not unusual to come across shoplifters, pickpockets, and thieves. Most people involved in these underground activities are young men, even though the mass media occasionally report cases in which women are involved (Seputar Indonesia, 2010; Tribun Timur, 2010).

The existence of slum neighbourhoods such as the lorong in Makassar is not unique. Slum areas can be found in many developing or even developed countries. The lorong can be compared to the favela in Rio de Janeiro and Sao Paolo in Brazil (Barker, 2005), poor urban slums in Colombia and Guatemala (McIlwaine & Moser, 2001), slums in Dublin, Ireland (Mayock, 2002), working class areas in Britain (MacDonald & Marsh, 2002), and slums in Footscray in Melbourne or Cabramatta in Sydney, Australia (Dwyer, Horyniak, Atken, Higgs, & Dietze, 2007; Maher, 2002), or the ghettos or inner cities in many big cities that are usually inhabited by Latinos, popularly called barrio, and by African-Americans in the United States (Bourgois, 2003; Macleod, 2009). Chambers (1983) denotes these environments as ‘clusters of disadvantage’, addressing the severe economic deprivation and social marginalisation that interact to create various kinds of vulnerabilities.

**Employment and social capital**

The narratives of young people in this study indicated that sociological concepts of manifest and latent functions of employment (Jahoda, 1981, 1982, 1997) as well as sociological concepts of social capital (Putnam, 1993, 2000) are useful to understand the social context of their controlled drug use. Jahoda (1981) maintains that employment does not merely produce manifest function or direct benefit, that is income, but it also generates latent functions or indirect benefits in the forms of structured time, gainful activities, positive status and identity, collective purpose, as well as wider social contacts. Additionally, though the term of social capital has been defined in diverse ways, definitions by Putnam are of particular importance for their contribution to the development of the concept. Putnam argues that social capital is generated from group membership, affiliation and social networks and through meaningful relationships with other people or institutions. Putnam (1993) also claims that social capital combines individual action and social structure such as norms, expectations, obligation as well as trust and the sharing of information and networks, which are both productive and destructive. Putnam (2000) has further introduced two subtypes of social capital: bonding social capital; and bridging social capital. Putnam maintains that whilst bonding social capital
tends to be exclusive and more inward-looking, bridging social capital is manifested as more inclusive and outward-looking. Putnam further claims that “bonding social capital constitutes a kind of sociological superglue, whereas bridging social capital provides a sociological WD–40” (2000, p. 23). Put another way, bonding social capital acts as superglue to keep us connected with our own group and bridging social capital acts as a social lubricant to facilitate interaction with people beyond our innate group. Studies indicate the potential negative consequences of some sources of bonding social capital which may exclude, marginalise, constrain and entrap young people, particularly those who live in urban poor areas, and the potential benefits of bridging social capital that may assist them to facilitate their social inclusion and upward social mobility (Barry, 2006; MacDonald & Marsh, 2005; Woolcock, 2001).

In line with the sociological concept of manifest and latent functions of employment as well as the concepts of social capital, we argue that young people’s employment plays a crucial role in incentivising them to control their drug use and distance themselves from deeper participation in street culture and drug use-related practices such as engagement in excessive drug use. Controlled drug users’ employment enables them to have regular and halal (legitimate) income, achieve a more productive masculine (rewa) identity and to be more socially up to date (gaul) as well as to establish meaningful relationships with their families and with a wider range of people in the lorong. Their employment also helps them achieve a respectable identity and allows them to build and maintain broader social networks with people from higher socio-economic backgrounds both within and outside the lorong, enabling them to be more socially included. Their employment, positive identity, meaningful relationships and wider networks therefore generate not just bonding social capital but also bridging social capital (Barry, 2006; Warburton, Turnbull, & Hough, 2005). This enables them to avoid severe forms of social exclusion and allows them to have a stake in mainstream society. In turn, these play an influential role as protective factors (Hunt, 2006; Warburton et al., 2005) against involvement in excessive drug use. These also empower them to apply multiple forms of self-regulation practices to control their drug consumption and to prevent a downward spiral into problematic drug use (Decorte, 2001; Stajduhar, Funk, Shaw, Bottorff, & Johnson, 2009; Warburton et al., 2005).

Drug use in Indonesia

Like many other societies, the use of mood-altering substances is not a new phenomenon in Indonesia, a country of approximately 17,000 islands, with the fourth largest population in the world and a pre-dominantly Muslim country. Although the use of intoxicants is expressly forbidden within Islam, the consumption of varied forms of mood-altering substances such as alcohol, betel nuts, cannabis and opium is common amongst many ethnic groups in the archipelago, including amongst ethnic groups in which Islam is a dominant religion (Rush, 2007).

The Indonesian National Narcotics Board (2010) reports that cannabis is the drug most commonly taken in the country, followed by heroin and amphetamine type stimulants (ATS). Furthermore, there is an increased availability as well as young people's greater access to party drugs such as ecstasy (Beazley, 2008). The vast majority of those who take drugs in Indonesia are young people, aged between 15 and 24 years old (Indonesian National Narcotics Board, 2010). A national survey in 2005 found that approximately 13 million people (6% of the total population) had consumed illicit drugs at least once in their lifetime, 3.2 million of these (1%) used drugs on a regular basis and approximately 25% of those regular users were heavily dependent and injecting drugs (Mesquita et al., 2007). Street grade heroin (putaw) is the most common substance injected by drug users in the country (Pickles, 2006; Pisani, 2006).

As in other countries in Southeast Asia, the sharing of needles and both injecting equipment is common amongst injecting drug users (IDUs) (Mesquita et al., 2007). It is therefore not surprising that there are rapidly increasing numbers of IDUs in the country who are infected with HIV and hepatitis C virus (HCV). In 2006, it was estimated that more than half of new HIV cases in Indonesia were linked to risky injecting practices (UNAIDS, 2007). It is in this context that, unsurprisingly, most studies on young people's drug use have focused on problematic and injecting drug use and overlook other patterns of drug use, including controlled use.

Harm reduction programmes have been running in several cities in Indonesia since 2003, however, their small scale and individualised nature have limited their efficacy (Nasir, 2006, 2010). Moreover, repressive approaches to drug use such as police raids and imprisonment still dominate Indonesia’s drug policy (Fransiska, 2010). It is also noteworthy that numerous studies have highlighted that tackling the risk environment and social vulnerability in poor neighbourhoods is highly likely to have greater impact than oppressive approaches (Davis, Burris, Metzger, Becher, & Lynch, 2005; Hunt, Trace, & Bewley-Taylor, 2004; International Drug Policy Consortium, 2010; Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005).

Methods

We recruited 30 young people in the lorong, including problematic drug users, controlled users and non-drug users. Eight of these young people (six males and two females) fitted the category of controlled drug user and participated in semi-structured interviews. They were recruited at several ‘hanging-out’ spots in the lorong through snowball or chain sampling. Interviews incorporated questions about informants’ social world (their marital, education and employment status, their daily lives and social interactions), a history of their risk-taking behaviours, their drug use and self regulation practices to control their use. All interviews were tape-recorded. All interviews were conducted in Indonesian by the first author, transcribed verbatim and translated into English.

We employed a thematic approach to analyse interviews transcripts (Etherington, 2004; Grbich, 1999). The interviews were coded and categorised by the first author to create a system of thematic classification (Green & Thorogood, 2004). An intensive and systematic reading and coding of the transcripts allowed major units of classification (themes, issues and concepts) to emerge. In addition, systematic reading, re-reading and coding ensured themes, issues and concepts were sensitive to the informants’ narratives. This procedure allowed an inductive process to take place, that is to condense extensive and varied raw data into a briefer and summary format; establish clear relationships between themes that emerged from the raw data and develop a concept about the importance of social and economic context in facilitating young people’s controlled drug use. Interpretive and reflexive analysis (Etherington, 2004; Grbich, 1999; Green & Thorogood, 2004) yielded a theoretical explanation of the social context of their controlled drug use.

Ethics approval for the project was obtained from the University of Melbourne. Informants were assured of confidentiality and no identifying information was collected. We also obtained permission to conduct the project from the South Sulawesi Commission on HIV/AIDS and the South Sulawesi Narcotics Board. Permission and coordination with these agencies was a necessary risk management strategy to guarantee the safety of informants and researcher because the Indonesian laws on narcotics and psychotropic drugs are strongly punitive. Coordination was also important to reduce the likelihood of police intervention.
Findings
Surviving through the informal economy and low-paid jobs

Controlled drug users live in the same drug risk environment in the lorong, but compared to problematic users, they are not as deeply embedded in the street culture, risk-taking practices and in the drugs scene within this locality (Nasir, 2010). Moreover, unlike problematic drug users, all of whom were unemployed and acknowledged their jobless status as contributing to their rapid escalation into problematic use, all controlled users were employed at the time of data collection. Three male participants were married and had children. Like problematic drug users, all controlled users came from poor and lower economic backgrounds and all had limited educational attainment. Only one male and two females had graduated from senior high school; others had dropped out from either junior or senior high school.

Controlled drug users addressed the key role of their employment in enabling them to have a halal (legitimate) income, structured time, meaningful activities, purpose, as well as a positive identity and respect from their families and neighbours in the lorong. Moreover, their employment helped them to avoid the label and stigma of penganggur (unemployed), parasitic and lazy people:

Thank God, I manage to have a job, though only as a mechanic to fix motorcycles. Through this job I can earn a small amount but halal money. This job allows me to provide food and clothing for myself and my family. I know I should earn more so we can have a better life but at least I'm not a penganggur. I'm not a parasitic young man like those unemployed, those drugs addicts or those criminals. (Ambang, male, 23 years)

I work as a shop attendant in a mall. I consider myself lucky. As a matter of fact too many girls want this kind of job. The wage is not high but at least I can have a bit of halal income. I also have something to do every day. I was unemployed several months after I graduated from high school and it was very boring and depressing. (Wati, female, 19 years)

Factors that facilitate controlled drug users to have employment

Controlled drug users highlighted several factors that enabled them to avoid joblessness, including their strong individual agency, their realistic assessment of their circumstances and the presence of adult role models who were employed. Their optimism that there were opportunities for a better future and a gradual upward mobility were also influential in assisting them to find a job:

Being poor, being gengsi [too proud] and being lazy are deadly combination. If you let yourself occupied by this [combination], you’ll find yourself out of work. While we keep aspiring for a better life, we also have to keep our feet on the ground. That’s why I’m no reluctant to do my current job, helping my uncle selling vegetables in a traditional market. I’ve seen my uncle works hard since I was a kid. He’s not rich but he has a decent life. (Gafur, male, 19 years)

Additionally, in contrast to problematic drug users, who emphasized their deep engagement in drug use and crime in their efforts to achieve the status of rewa (a local construct of masculinity) and gaul (being sociable and up-to-date) (Nasir, 2010), controlled users strongly believed that rewa and gaul could and should be established through conventional means such as having a job and halal (legitimate) income. They also believed that haram (illegitimate) income would generate various negative outcomes:

Doing bad things [crime] can earn me an instant status of rewa and hot money. With that money I can buy expensive things and look gaul. But those things for the longer term are harmful for my life. Look at them, they end up as pecandu [addicts], end up in the hospital, or end up in the prison. I don’t want to be like them . . . That’s why I choose to work, selling newspapers, cigarettes and soft drinks on the street. At the end of the day, the real rewa men are those who can support himself and his family, and those who can stand on their own feet. Not those who are parasitic and involved in bad things. (Sukri, male, 18 years)

The word and concept of rewa refers to toughness or braveness as vital markers of masculine identity in Makassar. It is a popular notion of masculinity particularly amongst boys and young men in the lorong. However, despite its important implications for many social phenomena, there is a dearth of studies exploring the local concept of masculinities in Indonesia (Okoto, 2008), particularly in its relation to young people’s risk-taking practises (Nasir, 2010; Nasir & Rosenthal, 2009a, 2009b). The local construct of masculinities in Makassar and its role in facilitating risky behaviours, including drug use, is also under-researched. The notion of rewa in the city mostly appears in lay conversations or in mass media portrayals especially in its association with risk-taking behaviours amongst many young men in the slum areas.

Employment and the construction of conventional ‘rewa’ and ‘gaul’ identity

The narratives of controlled drug users also highlighted that being employed is crucial in establishing a more productive masculine (rewa) identity and a more gainful sociable or up to date (gaul) status. These positive constructions of identity act as protective factors that enable them to avoid engagement in harmful street culture and in multiple forms of risk-taking behaviours:

Most of those young people in the lorong who have a job are more able to distance themselves from dangerous things like joining a gang, being involved in group brawls, stealing or using drugs heavily. We know that those things for the longer term are not rewa. To be a real rewa man we don't need to be engaged in those dangerous things. More importantly, we need to prove ourselves as financially independent men. (Gafur, male, 19 years)

Female controlled drug users specifically talked about the key role of employment in facilitating constructive gaul status:

Earning a regular income through your job will enable you to look cool. You can save money to buy good clothing and as a result you'll look gaul. Moreover, working as a shop attendant in a mall allows me to meet more educated and wealthy people. So I have to adapt the way I speak and dress. I behave differently from those unemployed girls in the lorong. I think that’s made me more gaul compared to the unemployed girls in the lorong. (Wati, 19 years)

These narratives address the influential role of employment in facilitating positive status and identity amongst young people. Their narratives supported the essential role of employment not only in producing direct benefit such as regular income, but also in generating indirect benefits (Jahoda, 1997), such as structured time, collective purpose, positive identity and respect, all factors that have been well documented (Paul & Baticic, 2010; Paul & Moser, 2006, 2009). Studies have also emphasised the important role of...
direct and indirect benefits of employment in generating protective factors and resiliency against risk-taking behaviours, including participation in gang life, various forms of offences and excessive drug use (Barker, 2005; Barry, 2006).

Employment, meaningful relationships, and broader social network

Controlled drug users highlighted the key role of their employment in enabling them to establish meaningful relationships with their families. Furthermore, through their employment, they established wider social networks with people from higher socio-economic background both within and outside the lorang. These are forms of bridging social capital that help to prevent social marginalisation and facilitate a stake in mainstream society (Barry, 2006; Warburton et al., 2005). These, in turn, play a crucial role in producing a sense of self fulfilment as mature, independent and respected people:

It’s much easier to have a good relationship with your family if you have a job. They respect you because you earn halal [legitimate] money and you support them financially. Moreover, you’ll know many people through your job. Rejeki [good fortune] will come if you know more people, especially those people who’re wealthier than you. Like if I do good work fixing their motorcycles, they’ll tell their friends and I’ll have more clients and more money. (Ambang, male, 23 years)

Wati (female, 19 years) directly addressed the key role of her employment in establishing broader contacts and networks with people both within and outside the lorang, potentially increasing her opportunity for a better job:

Through my job I know many people and more information about work opportunities. I don’t want to work as a shop attendant all the time. I want to have a job with higher wages. Some of my clients and friends who have better jobs told me about other work opportunities in this city if I have better computer skills and a bit of English. Knowing those kinds of people are important to move on.

Controlled drug use but different levels of drug consumption

Controlled drug users in this study shared many characteristics; their drug consumption does not cause severe psychological, social, financial, legal or health-related consequences for their daily lives. Most also indicated the unobtrusiveness of their drug use and their efforts to differentiate themselves from those who are dependent or addicted to drugs:

I use drugs but unlike pecandu [addicts] I don’t take them excessively. I can say taking drugs occasionally do not cause any harm to me and to other people. Unlike addicts, I don’t suffer from sakaw [withdrawal symptom]. Taking drugs occasionally does not cause any trouble to my job, my family and my life. (Heri, male, 21 years)

I don’t take drugs too often. My job and my future are much more important than drugs. I never suffer from sakaw. I’ve never been arrested by cinca [police] because of having drugs. I never steal or do bad things to get money to buy drugs. I never suffer from any bad things from drugs because I don’t use them heavily. I have many other important things to do and I’ll never let myself go too far by using drugs excessively. (Wati, female, 19 years)

Despite these common characteristics, controlled users’ narratives also indicated different levels of drug consumption, different levels of engagement with a range of substances and different levels of immersion in drug scene in the lorang. Their narratives revealed two distinct categories of controlled drug users, that is kadang-kadang pakei (occasional drug users) and sering pakei (regular drug users), terms which they used to identify themselves. Occasional drug users are those who take drugs on an infrequent basis (kadang-kadang) and have a limited drug repertoire (mostly cannabis use); regular drug users consume drugs habitually (more than twice a week), have a wider drug repertoire and/or use more diverse kinds of drugs. However individuals in both these categories employ multiple forms of self-regulation to control their drug consumption and to prevent serious consequences.

Occasional drug users and their self regulation practises

Six controlled drug users (4 males and 2 females) who fitted the occasional category, admitted that they initiated drug consumption in their teenage years and mentioned factors such as high drug exposure in the lorang, curiosity, seeking pleasure as well as pursuing the status of rewa and gaul as the underlying context of their drug initiation and maintenance. All initiated their drug use with cannabis. However, these occasional users indicated strong self-reflection and applied self-regulation practises that enabled them to control their drug use. They also reported that having employment assisted them to apply forms of self-control, including their selective use of drugs (mostly limited to the use of cannabis) and their efforts to manage amounts and frequency of their drug consumption:

When you’re younger you’re more easily tempted to prove that you’re as rewa as other boys. But I always have a strong stance and I don’t want to end up like those penganggur [unemployed] and those pecandu [addicts] . . . I know that using drugs heavily cannot go hand in hand with having a job, having a family and having a better future. That’s why I always limit myself to use just occasionally and to use just a softer drug like chimeng [cannabis]. (Ambang, male, 23 years)

It’s difficult to avoid temptations to use drugs even among girls in the lorang. When we were younger, most girls aspire to have fun, to look cool and to avoid the label of kuper [outdated]. I started to smoke chimeng for those reasons but I always reminded myself not to go too far. I’m lucky that I managed to graduate from high school and then find a job. These allow me to be able to control my use. Moreover, I drink [alcohol] and use chimeng not too often. I know I’ll risk my current job if I drink and use drugs frequently. (Wati, female, 19 years)

In addition, these occasional drug users were determined not to allocate financial resources to purchase drugs, and they paid careful attention to who they used drugs with. They also had a clear perception of a hierarchy of drugs (narkoba biasa or ‘soft’ drugs and narkoba berat or ‘hard’ drugs) and a strong anti-putaw (street grade heroin) attitude:

I don’t spend my money for these [drugs]. I use them occasionally just to socialise with my friends . . . I never imagine myself using a hard drug like putaw. I just think injecting putaw into your veins is too dangerous and disgusting. For me chimeng is OK. Other drugs like kopi [benzodiazipine] or even ines [ecstasy] and sabu [crystal methamphetamine] are still OK if you don’t take them too often, but putaw is a big no. Very few people can use putaw and still manage to keep working,
feed their family, and not become addicted and involved in bad things. (Heri, male, 21 years)

The two women also noted their need to maintain their image as good girls and their fear that frequent drug use would damage their physical appearance (Ettore, 2007; Measham, 2002). They also considered that uncontrolled drug use would put at risk their current employment, their aspirations for better employment and their desire to have a decent husband in the future:

I control my drug use to avoid the label of bad girls and bad consequences of drugs to the body. Using drugs heavily may damage your physical appearance. Look at those female addicts. They’re too occupied by their dependence on putaw. They don’t care to look after themselves. They become very thin, dirty and ugly. For girls who work as a shop keeper or those who work in the office, self image and physical appearance are important. You can’t get a job there if you look dirty and unhealthy. Bad image and bad appearance may also risk my opportunities to find a decent man to marry (laugh). (Rita, 21 years)

Additionally, occasional drug users indicated a more restricted drug repertoire and/or less experimentation with drugs other than cannabis. Amongst those who experimented with other drugs like koplo (benzodiazepine), inex (ecstasy) and sabu-sabu (crystal methamphetamine), their use was generally sporadic or intermittent:

I occasionally smoke chimeng [cannabis] or more rarely koplo. I have tried inex once. But that was long time ago, about two years ago. At the time, my friend had big money and he took us to a club in a fancy hotel. Because he doesn’t drink [alcohol] he offered us inex. I tried half of the pill. It was good for dancing. But I cannot use my money to buy this [ecstasy]. It’s too expensive. Going to the club is also expensive. So inex is not a suitable drug for me. (Gafur, male, 19 years).

**Regular drug users and their self-regulation practises**

Two young men were regular users. Like occasional drug users, all regular users initiated their drug experimentation in their teenage years and mentioned multiple reasons for their drug initiation and maintenance. However, compared to occasional users, regular users indicated a more frequent (more than twice a week), intense and habitual pattern of drug consumption. They also allocated more time and financial resources to purchasing and procuring drugs. Furthermore, they had a wider drug repertoire and/or engaged in wider substance use, practised poly drug use and immersed themselves more deeply than occasional users in the drugs scene in the lorong:

I smoke chimeng [cannabis] three or four times a week. I’m not addicted to it, but I really like to use it. Frankly, I spend a substantial amount of my income to buy chimeng. We frequently do patungan [pooling money] to buy chimeng or more rarely to buy sabu-sabu [crystal methamphetamine]. We also pool money to buy drink [alcohol] ... You know, after working hard it’s really enjoyable to drink [alcohol] and smoke chimeng with close friends in the lorong. (Nuno, male, 24 years)

Samba (19 years) said that they used each drug (or the combination of drugs) for different purposes in different places:

We mostly smoke chimeng, take koplo and drink [alcohol] when we congregate in our favourite place in the lorong. We take them to make us feel relaxed after work. We don’t use sabu or inex in the lorong. We actually use these not as often as chimeng and alcohol. They’re more expensive. We use them for special occasions and in other places. Like if we have more money and we can go to a fancy club to dance and sing. Inex makes us dance better and give us more energy ... We don’t use them too often though. Just like once in two or three months, like we pool money to buy these and to enjoy them in fancy places, a luxury that we cannot find in the lorong.

However, though regular users took drugs more frequently and in more habitual patterns than the occasional users, they also employed self-regulation practises to control their consumption. These included carefully choosing an appropriate time, considering where and with whom they used drugs and managing their expectations (for relaxation not for intoxication) of the physical and mental effects of the drugs they took. This also enabled them to protect their respectability and to avoid police attention:

Most of us have certain rules to control our drug use so we don’t go too far. Like we don’t smoke chimeng or take koplo during the day, we take them in the evening after finishing our work. Moreover, we only take them with our close friends. We don’t do it with those unemployed people who tend to use heavily to be intoxicated ... We take them to feel relaxed, not to be intoxicated. (Nuno, male, 24 years)

As I said I use drugs regularly but I do it discreetly. I think carefully about the suitable time and the safety of the place where I take drugs. I can do this because I don’t suffer from sakaw [withdrawal symptoms] ... No need to attract attentions and disturb other people. No need to be intoxicated. We just smoke [cannabis] and drink a bit [of alcohol] to have fun after working hard for the whole day. We don’t seek any trouble. These also allow me to protect my reputation and to avert police attention. (Samba, male, 19 years)

Like occasional drug users, regular users also indicated strong anti putaw attitudes, and they dissociated themselves from those who are dependent on putaw and those who are engaged in offences to finance their drug taking. Moreover, they are highly aware of the stigma attached to uncontrolled and problematic use:

Though I use drugs regularly, I’m totally different from putaw addicts. I never touch putaw and I know putaw is only suitable for those unemployed. Unlike those addicts I prioritise my job and my family. Unlike them, I’m not involved in crime and use money from those bad things to buy drugs. (Nuno, male, 24 years)

Regular drug takers also emphasised the essential role of their structured time, positive identity and their meaningful relationships with family and wider social contacts as protective factors against uncontrolled use and as enabling factors that supported them to regulate their drug use:

Without a job maybe I’ll end up like those addicts. If you’re jobless for a long time your brain will not work properly. You’ll be confused, you’ll be depressed and you’ll be highly likely to end up doing bad things. And you’ll be trapped there. You’ll just keep using drugs and keep doing bad things ... It’s different if you’re employed. You have many things to lose. You’re tired working the whole day but you have a purpose and you feel good. You won’t let drugs ruin those good things.
Discussion

We have seen that amidst the drug risk environment in the lorong, the experience of controlled drug users highlights the influential role of direct and indirect functions of work (Paul & Moser, 2009) in protecting against uncontrolled drug consumption. Furthermore, direct and indirect benefits of employment provides incentives that enable various forms of self-regulation practises (Grund, 1993; Zinberg, 1984) that facilitate controlled use (Warburton et al., 2005). Their experience confirmed that “an important part of maintaining and achieving stability of drug use was having something to lose” (Warburton et al., 2005, p. 58).

We have shown the relevance of sociological concepts of manifest and latent functions of employment (Jahoda, 1981, 1997) as well as social capital (Putnam, 1993, 2000) in understanding the experience and social context of controlled drug use amongst young people in the lorong. This helps to understand that through their employment, controlled drug users have benefited from manifest and latent functions of work (Jahoda, 1981, 1997; Paul & Moser, 2006) as well as wider social network or bridging social capital (Barry, 2006; Putnam, 1993, 2000) with people both within and outside the lorong”.

We acknowledge that the small, convenience sample recruited for this study limits generalisability. It is with this caveat in mind that we interpret the narratives of the young people in our study. It is, however, reasonable to assume that the experiences of controlled drug users in this study may well resemble those of other young people in the lorong in Makassar and in comparable urban poor neighbourhoods in other cities in Indonesia.

In relation to drug policy, it should be noted that controlled drug users’ participation in non-drug activities creates a social context and specific disposition whereby they feel that they have a positive sense of identity, structure, purpose and fulfilment, which enables them to exert a degree of control over their drug use (Decorte, 2001; Dillon et al., 2007; Warburton et al., 2005). In other words, the direct and indirect benefits of controlled users’ employment are essential in creating protective factors which deter excessive drug use and in facilitating the application of self-regulation practises to control and manage their drug consumption. Moreover, their employment allows them to establish scheduled activities and fulfill social obligations—that is, achieving a stable life structure and wider social networks (bridging social capital) that requires careful management of their drug consumption and related activities (Decorte, 2001; Harling, 2007). Their experience supports Harling’s contention that “it is more likely that ‘controlled drug use’ can be maintained by socially included individuals” (2007, p. 177).

Taken together, the experience of controlled drug users in this study highlighted the importance of broader efforts to tackle structural vulnerability in urban poor neighbourhoods like the lorong, particularly increasing young people’s access to employment, as an integral part of drug policy.

Acknowledgements

We would like to express our gratitude to the young people who participated in this study. Thanks to the Faculty of Medicine, Dentistry and Health Sciences and Nossal Institute for Global Health, the University of Melbourne, as well as to the Provincial Government of South Sulawesi and to the City Government of Makassar who generously provided fellowships that enable Sudirman Nasir to conduct fieldwork in Makassar.

Conflict of interest

No author has any financial or personal relationships with people or organisations that could inappropriately influence (bias) the research.

References


