LORONG AS A RISK ENVIRONMENT:
THE SOCIAL CONTEXT OF INITIATION INTO
DRUG INJECTION IN THE SLUMS OF MAKASSAR, INDONESIA

IHRA’S 20th INTERNATIONAL CONFERENCE
(Bangkok, 20-23 April 2009)

Sudirman Nasir, Doreen Rosenthal

The University of Melbourne
Background

✓ The association between socio-economic marginalisation, urban poor neighbourhoods and drug use

✓ Few studies on risk environment and social context of the initiation of a drug injection in slum areas in developing countries

✓ Exploring the lorong as a risk environment (Rhodes, 2002) and the lived experiences of young male IDU in slum areas (lorong) in Makassar, Indonesia
Why IDU among young urban poor?

- Risky injecting as a major mode of HIV transmission
- 1 – 2 million drug users
- 200 000 – 250 000 IDU
- 93 000 – 270 000 PLWHA (2001 -2007)
- Most HIV and AIDS cases since 2004 are young IDU, significant numbers from low socio-economic background
- Hepatitis C and other blood borne infections
- Cluster of disadvantages
- Stigma and prejudice

(INB, 2008MOH 2008; UNAIDS, 2008)
Estimated number of PLWHA in Indonesia 2001-2007

Distribution of HIV among at risk groups

Why Makassar?

- The largest city in eastern Indonesia
- Wide urban poor areas
- Poverty and high level of youth unemployment
- Large number of young drug users and IDU
- One of capital cities with the highest HIV cases in eastern Indonesia
- Many HIV new cases are young IDU from the slum areas

(SSBS, 2007; SSHAC, 2007)
Method

✓ Qualitative; in-depth interviews with 18 male IDU at Metamorfosa’s drop-in centre

✓ Aged between 18 and 29 years

✓ Participants’ social world (daily lives, social interactions, employment history), history of risk-taking behaviours, including drug use and initiation into injecting

✓ Ethics approval from the Univ. of Melbourne and support from SSCHA and SSNB

✓ Thematic analysis
Findings

✓ Lorong as risk environment

✓ The interplay between socio-economic marginalization, the pursuit of rewa (local construct of masculinity) and participation in gangs characterize lorong as a risk environment of the initiation and maintenance of a drug injection career
Findings

To survive and to be respected in the lorong, you need to be rewa. Indeed, you’re not a real lorong boy if you don’t put a brave face against dangers. Life in this area is too monotonous if you’re not rewa. You know, all of these things like being involved in group brawls, smoking chimeng, using drugs or injecting putaw are just part of daily life among many boys in the lorong, part of proving ourselves as real men. (Cikong, 24 years old)
Findings

Punna tena baji’ku kodiku seng

(Lorong’s saying)

Most of us are unemployed and of course we’re depressed because of nothing meaningful to do. Being involved in a gang, using drugs and injecting putaw makes us busy and forget our despair, at least for short period of time during the high.

(Baddu, 25 years old)
Findings

✓ The pharmacological effects of *putaw* (street grade heroin) and the economic aspect of injection were key factors in initiating and maintaining injection.

✓ Most initiation into *putaw* injection was unplanned. No participant initiated their drug use with *putaw* injection. All had been involved in using many drugs before becoming *putaw* injectors.
Findings

✓ Poly-drug use was common and many injected one drug but simultaneously used different methods of administration for other drugs

✓ Their first injection was acknowledged by almost all (16) informants to be unplanned

✓ The influence of alcohol and the high resulting from smoking chimeng, koplo (benzo) and other drugs while partying with peers were mentioned as the reason for their unplanned first injection
Findings

I didn’t really plan my first kipe’ though I was curious seeing my friends in the gang seemed to enjoy the high of putaw. I was nervous to see the sharp eye of the insul (needle). I didn’t really remember the detail because I was so intoxicated with ballo’ (local palm wine) and koplo (benzo). It just like some of us had pooled money to buy some bags of putaw, someone had mixed it in an insul, injected himself and passed on the insul. My intoxication seemed to effectively overcome my nervousness of the needle.

(Anca’, 28 years)
Conclusion

- The individualization of risk that characterize the existing harm reduction programs in Makassar need to be complemented with wider community based programs that address socio-economic deprivation in the lorong

- Harm reduction programs should be cognizant to the risk environment in the lorong and to the cultural and structural context of the initiation into drug injection in this locality

- Enabling environment

- HIV structural intervention (Sumartojo, 2000; Des Jarlais, 2000)
Limitation

✓ All informants are male IDU

✓ All informants were recruited at Metamorfosa’s drop-in centre

✓ More grounded, ethnographic and mixed methods studies are needed

✓ Further research exploring differing levels of engagement in drug use among young people in the *lorong*
A corner for *kipè’* in the *lorong*  
(Metamorfosa’s collection)
Discarded needles

(Metamorfosa’s collection)
Destroying the used needles

(Metamorfosa’s collection)
Acknowledgement

My sincere gratitude to:

✓ All informants in this study
✓ Metamorfosa Foundation
✓ SSAC and SSNB
✓ IHPCP (AusAID) SS
✓ My supervisors: Doreen Rosenthal, Elizabeth Bennett, Nick Crofts at the University of Melbourne