



## RISK ENVIRONMENT AND THE SOCIAL CONTEXT OF PROBLEMATIC DRUG USE AMONGST YOUNG MEN IN A LOW-INCOME NEIGHBOURHOOD IN MAKASSAR, INDONESIA

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Keywords	Abstract
Risk environment; Problematic drug use; Social capital; Makassar; Indonesia	Problematic use of drugs is an important public health issue with various and intersecting consequences. This study explores the lived experience of young men in a low-income neighbourhood commonly named <i>lorong</i> in Makassar, Indonesia, who are dependent on drugs and suffer from various forms of drug addiction consequences e.g. psychological, financial, health, legal and social impacts. Employing qualitative-phenomenological approach, semi-structured interviews were conducted with 14 problematic drug users and observation to their daily life as well as the physical and social environment of the <i>lorong</i> . The study found that problematic drug users live in a drug risk environment, they were deeply embedded in the street culture, risk-taking practices and drug scene within their locality. Their unemployment, the pursuing status of <i>rewa</i> (a local construct of masculinity), the search for instant gratification, pleasure and excitement are the context and reasons for their drug initiation, drug maintenance and escalation into problematic drug use. Informants experienced severe, multiple and intersecting consequences (psychological, financial, health, social and legal) from their problematic drugs use. Though most informants had tried to quit their problematic drug use through various methods, most relapsed due to their deep engagement in drug subculture in this locale. To enable them overcoming their problematic drug use, concerted psychological, economic, health, social programs needed to enable them to break the vicious circle of unemployment, alienation, destructive masculinity and risk-taking practices. These multiple programs should be organised to transforming problematic drug users at individual level as well as reforming their social environment.

### Introduction

Drug use, drug dependence and their various impacts are important public health issues in numerous countries, including Indonesia. Problematic drug use in particular needs more attention due to the persistent drug consumption with its severe and intersecting psychological, financial, social, legal and health-related consequences (Buchanan, 2019; Seddon, 2020; Spooner, 2019). Studies emphasised the vulnerability of young people, especially young men, to be engaged in drug taking and escalate into problematic use that trigger or exacerbate their health and wellbeing (Barker, 2021; Webster et al., 2019).

Like its neighbouring countries in Southeast Asia, Indonesia also faces serious drug-related problems. The Indonesian National Narcotics Board (2023) reports that cannabis is the most common drug taken by young people, followed by Amphetamine Type Stimulants (ATS) and benzodiazepine. Furthermore, there is increased availability as well as young people's greater access to night or party drugs such as ecstasy in Indonesia. The use of sedative hypnotic drugs and drugs of inhalation as well as the practice of poly-drug taking are also common among young people in urban areas (Indonesian National Narcotics Board, 2023). Health impacts related to drug use including drug injection such as the transmission of HIV and other blood borne viral infections should be noted and were reported by several agencies (Indonesian



National Narcotics Board, 2023; UNAIDS, 2023). Like in other provinces in the country, many young people in South Sulawesi, particularly in its capital city, Makassar, engaged in drug taking (Indonesian National Narcotics Board, 2023). The problematic use of drugs amongst young men, particularly those from low socio-economic background e.g. *lorong* should be noted due its higher prevalence and its severe impacts (Indonesian National Narcotics Board, 2023; Nasir and Rosenthal, 2009).

The term *lorong* is widely used to refer to the low-income neighbourhoods in Makassar. Narrow and complicated corridors linking clusters in these densely populated areas are typical of the physical nature of the *lorong*. Many *lorong* are widely known as dangerous area, indicated by frequent group brawls, high incidence of delinquency and crimes as well as high prevalence of drug use, including drug injection. Moreover, there are considerable illegitimate income-generating or underground activities amongst young people in many *lorong*, such as drug dealing, shoplifting and thieving. Barker (2021) names these kinds of environment as “cluster of disadvantages”, addressing the severe socio-economic deprivation that interact to create various kinds of vulnerabilities.

Following the risk environment framework (Rhodes, 2019) 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, the study argues 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. The study examined how the *lorong* as a risk environment contributes to the complex process of drug initiation and escalation into problematic use. The study found that the *lorong* could be considered a drug risk environment in which the above macro-level and micro-level risk factors are ‘joined up’ or clustered together, exacerbating vulnerabilities and pushing many young people to be engaged in problematic drug use. Moreover, the gender dimension of drug use as experienced by male problematic drug users, including the role of certain types of masculinity in facilitating their engagement in drug use initiation and escalation into problematic drug use was explored and discussed in this article.

The article discusses the importance of macro-level and micro-level drug risk environments (Rhodes, 2019) within the *lorong*, including economic deprivation, the high levels of unemployment, boredom and disillusionment among young people in this locale, the culture of *rewa* as well as the high exposure to drugs in providing fertile ground for them to initiate drug use at an early age and to escalate into problematic use. Furthermore, the article addresses the constant interplay between structure and agency (Bourdieu, 1997) that relates to the context of young people’s drug use initiation and maintenance, their rapid escalation into problematic drug use and their efforts to recover and to break the vicious cycle of drug dependence, unemployment, and involvement in crime.

The study found that young people’s involvement in drug use in the initial phase generates bonding social capital and immediate symbolic capital (Barry, 2022; Webster et al., 2022) in the forms of acceptance, respect and reputation among their peers as well as pleasure and excitement. However, in the later phase and in the longer term, sustained involvement in drug use inevitably produces serious psychological, social, financial, legal and health impacts that hinder their transition into independent adult life. Their engagement in risky injecting practices (sharing of needles and other injecting equipment) should be highlighted and renders these young people susceptible to various health consequences, including HIV and other blood-borne viral infections. Additionally, the intersection of their drug dependence, involvement in multiple forms of crime and chronic unemployment status plays a crucial role in aggravating stigma, restricting social networks and decreasing bridging and linking social capital (MacDonald & Marsh, 2019) among them. Problematic drug users in this study were inclined



to be entrapped in the limited opportunities and networks available in the *lorong*. Stigma, limited support, restricted social networks and lack of bridging and linking social capital further reduce their capability to break the vicious cycle of unemployment, drug dependence and engagement in crime. These in turn impede their recovery and reintegration into mainstream society as well as achieving upward mobility.

## **Methods**

Employing qualitative- phenomenological approach, semi-structured interviews were conducted with 14 problematic drug users and thorough observation to the *lorong* physical and social environment. These approaches are suitable in researching sensitive topic, marginalised population and hard to reach group such as problematic drug users (Green and Thorogood, 2019; Power, 2020). 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 life and social interaction), the history of their risk-taking behaviours, their drug use and self-regulation practices. All interviews were tape-recorded. All interviews were conducted in Indonesian language, transcribed verbatim and translated into English.

Thematic approach (Green and Thorogood, 2019) was applied to analyse interviews transcripts. The interviews were coded and categorised to create a system of thematic classification. 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 men’s problematic drug use. Interpretive and reflexive analysis (Power, 2017) yielded a theoretical explanation of the social context of their problematic drug use.

Ethics approval for the project was obtained from Hasanuddin University. Informants were assured of confidentiality and no identifying information was collected. Pseudonym was applied to all informants. Permission to conduct the project from the South Sulawesi Commission on HIV-AIDS and the South Sulawesi Narcotics Board was obtained. Permission and coordination with these agencies were necessary risk management strategy to guarantee the safety of informants and researchers because the Indonesian laws on narcotics and psychotropic are still strongly punitive (Nasir, 2025).

## **Findings and Discussion**

### **Factors influencing drug use initiation and maintenance**

There are diverse reasons and contexts mentioned by problematic drug users in this study that underlie their drug initiation and maintenance. Almost all are closely related to the nature of the *lorong*, socio-economic deprivation and the dynamics of social interaction among young people within this locality. Their experience supported the thesis of an interaction between various reasons and contexts that commonly influence young people’s initiation and maintenance of drug consumption (Hunt, 2018; Mayock, 2019; Seddon, 2020). These include high exposure to drugs, pursuing the status of *rewa* (among male problematic drug users), the need for acceptance, the search for instant gratification, excitement and pleasure as well as the need to relieve boredom and alienation due to economic deprivation in the *lorong*. None of these exist in isolation; instead all interact with each other to create what has been called a “drug risk environment” (Rhodes, 2019).



***High exposure to drugs, pursuing the status of rewa, searching for instant gratification, relieving boredom and alienation***

All problematic drug users mentioned the influential role of high exposure to drugs as the key context of their drug use initiation and maintenance.

*Looking at people drinking alcohol, smoking chimeng [cannabis], taking koplo [benzodiazepine] or putaw is just an inseparable part of our childhood in the lorong. We grew up with that. Narkoba (drug) is highly available here, only occasionally drugs disappeared, like after the police raids, but that's just for a while. As long as we have money we can find any drugs we like. If we cannot find it in this lorong, we can find it in another lorong not that far from here. (Antu, 17 years)*

As emphasises in several studies related to masculinity and risk-taking practices among young men (Buchanan, 2019; Connell and Messerschmidt, 2018; Courtenay; 2019), the pursuing the status of *rewa* (a Makassar construct of masculinity) is central among male problematic drug users in pushing them to initiate and maintain their drug use. The following narrative revealed the influential role of *rewa* that underlies their mood-altering consumption including their drug use initiation and maintenance:

*At the initial phase of our drugs experimentation, we used to challenge each other to try harder drugs. Most of us started with cimeng [cannabis] but later we called cimeng kiddie drug. You're not that rewa if you just smoke cimeng, you need to try harder drugs. So, many of us drifted into hard drugs taking or to use sabu [crystal methamphetamine] or even to try putaw. At the time we thought that the more willing you were to try these harder drugs, the more rewa you were. (Abba, 23 years)*

In line with other studies (Collison, 2017; Duff, 2017; Hunt, 2018) most problematic drug users in this study addressed the influential role of the search for instant gratification, excitement and pleasure that facilitated their drug use. The following quotes illustrate the context of instant gratification, excitement and pleasure that underlie their further involvement in drug consumption:

*Frankly speaking, drinking alcohol and using drugs are just fun. The high is good, it can make us suddenly relax, makes us laugh and makes us forget our frustration, though only temporarily. (Didin, 24 years)*

*Just like other people, we need a bit of excitement. We cannot afford to go to expensive clubs, so we just have fun drinking and using drugs in the lorong. These are fast and simple ways to have fun. (Fahri, 23 years)*

In different ways, many problematic drug users addressed the prominence of boredom and alienation due to their socio-economic deprivation (most notably their out-of-work status) in providing impetus for them to initiate and maintain drug use:

*If you're bored and you've nothing to do in this lorong, you'll end up hanging out most of the time with other boys on the street. What else can you do? The more time you spend in the lanes the more likely you'll be engaged in a gang. Once you're there you'll just gradually do most things that other boys do. You'll start smoking cigarette or smoking cimeng [cannabis], drinking alcohol and using drugs that are available. (Sumir, 21 years)*

***Bonding social capital deriving from drug use initiation and maintenance***

Study participants emphasised several advantages of drug use initiation and maintenance. These include outlets to relieve boredom, to obtain instant gratification, pleasure as well as to earn acceptance and reputation among their peers that can be considered as bonding social





capital and immediate symbolic capital as well as subcultural capital (Barry, 2022; MacDonald & Marsh, 2019; Webster et al., 2022).

Again, this should be viewed in the context of their socio-economic marginalisation and their blocked opportunities to achieve more viable status and identity through conventional means such as educational attainment, reliable employment and stable income. The experience of problematic drug users in this study confirmed Seddon's argument that economic deprivation and social marginalisation may severely affect young people's life and produce an "escalating cycle of despondency in which drugs fill the void" (2020, p. 165).

However, it should be noted that young people's bonding social capital and immediate symbolic capital that accrue from their drug use are not without consequences. As can be seen in the following narratives, drug use initiation and maintenance facilitate deeper embeddedness in the street culture and drug risk environment within the *lorong* that pushes their escalation into problematic drug use. Their experience to some extent resembles the concept of the dark side of social capital in which their strong bond and immersion with their peers over the long term produce negative impacts on their lives (Barker 2021, Barry, 2022; Buchanan, 2019; Seddon, 2020)

### **Escalation into problematic drug use**

#### ***Factors influencing escalation into problematic drug use***

As with drug use initiation and maintenance, there is no single reason why people escalate into problematic drug use. Nevertheless, studies suggest that the intersection of the macro-level and micro-level risk environment also plays a crucial role in facilitating a downward spiral into problematic drug use among young people in a low-income neighbourhood (Buchanan, 2019; Grund, 2015; Seddon, 2020). These include socio-economic marginalisation, persistent unemployment and severe boredom and alienation accrued from out-of-work status, as well as the dynamics of the changing risk perceptions toward certain type of drugs. Again, instead of working in isolation, these factors intersect to create and exacerbate vulnerability for poor young people to engage in problematic drug use.

#### ***Having no meaningful activities and encountering "hard drugs"***

Almost all problematic drug users in this chapter addressed boredom and alienation due to the absence of employment and meaningful activities as well as their encounter with harder drugs such as street grade heroin (*putaw*) and crystal methamphetamine as key contexts of their escalation into problematic drug use:

*Can you imagine the painful life of a 23-year-old unemployed young man like me? Waking up in the morning and realising that it's the same boring and depressing day. You don't know what to do and where to go. So you end up hanging around the lorong with other unemployed young men. Because you have no money you easily join them to steal or to do pickpocketing. You use some of the money for alcohol and drugs. You use more and more drugs to relieve your boredom and frustration and later you even fall into trying harder drugs like putaw or sabu. You enjoy it for a brief time but before long you find that you're addicted to putaw or sabu. (Aking, 21 years)*

Among most problematic drug users, *putaw* and *sabu* initially were considered "hard drugs" that they would never try. Nonetheless, their prolonged unemployment, their chronic boredom and disillusionment due to their out-of-work status and their further immersion in street life in the *lorong* influence the shift of their risk boundaries and their risk perception regarding *putaw*:



*Initially I tried my best not to touch putaw and sabu. At the time, I kept saying to myself that I can use any kind of drugs but I won't touch them. I don't want to be a junkie. But my despair because of having no job and the fact that my girlfriend terminated our relationship because of my unemployment made me more depressed ... I was with some friends in the gang at the time and some of them said putaw or sabu can help me to forget my pain. I found them really good to relieve my pain and I ended up a junkie. (Mappi, 19 years)*

### **Using drugs to escape**

The changing pattern of and motives for using drugs were also reported by almost all problematic drug users as they were trapped in a downward spiral into problematic drug use. The motives to pursue fast gratification, pleasure and excitement derived from drug consumption were frequently replaced by the need to numb their emotion, to 'blank out' their feelings and to escape from their gloomy circumstances due to persistent socioeconomic marginalisation in the *lorong*:

*You reach the point where the high from drugs is not that important anymore. You need the drugs mostly to numb your feeling and to forget your misery. So, you try sabu or putaw and you find soon that in your gloomy circumstances, they are the best drugs. (Anci, 21 years)*

These narratives are not unique. Studies have documented the changing pattern of drug use from the pursuit of pleasure to the need to escape once escalation into problematic drug use is established (Goldberg, 2017; Seddon 2022). Goldberg addressed a strong tendency to 'blank out' or 'escape' among those who escalate into problematic drug use: "to escape from the past, from the present, from society, from their feelings, from everything that passes through their heads, and from not having any future" (Goldberg, 2017; p.133).

### **A complex transition**

As suggested by other research, escalation into problematic drug use is rarely straightforward or linear but mostly complex and involves individual agency in modifying and changing drug use pattern, and selecting and terminating the use of certain drugs (Duff, 2017; Moore, 2014; Mayock, 2019; Nasir & Rosenthal, 2011). Most problematic drug users in this study revealed the complex nature of their transition and escalation into problematic drug use:

*I was actually aware about the high risk of addiction to putaw and sabu, so I tried to control it by managing the frequency of using this kind of drug. Initially, I just used putaw once a week. No more than that. I also used a combination of drugs to maximise the effects and to avoid my addiction to putaw. Like combining smoking cimeng [cannabis], taking koplo [benzodiazepine] and occasionally using sabu [crystal methamphetamine]. This trick kept me at least for a while from addiction. I kept doing that for about six months and I was successful in delaying my addiction... I think the death of my mother last year and my despair at my constant failure to get a job finally pushed me more and more into these drugs. (Didin, 24 years)*

Though many problematic drug users tried to manage their *putaw* injection through several strategies, these merely functioned to delay their dependence on *putaw*. For various lengths of time after experimenting and modifying their *putaw* and *sabu* injection (from three months up to one year) all gradually ended up dependent on these drugs (in conjunction with the use of other drugs or poly-drug use) and experienced withdrawal symptoms (*sakaw*).

### **Experiencing sakaw and becoming a pecandu**

All problematic drug users mentioned the experience of *sakaw* (withdrawal symptoms) as an important mark of their status as a *pecandu* or *junkie*. Interestingly, many of them reported surprise in response to their first experience of withdrawal symptoms:



*Actually, I took it as a surprise. Initially, I thought it was just flu symptoms. I mean those body aches, runny nose and the pain in my joints and bones, I thought it was caused by flu ... Later I found those pains disappeared soon after I injected drugs. Eventually I started to suspect it was sakaw. Yes, it was sakaw. My tricks to avoid addiction did not work any longer. After that I realised I was a pecandu and sakaw became a part of my daily life. (Dandung, 18 years)*

### ***The construction of “junkie identity” and lifestyle***

Almost all problematic drug users described their drug use as not only limited to the *sakaw* experience but also related to their new identity as a *pecandu* or *junkie* as well as to the lifestyle that they had to adopt once they found they were dependent on *putaw*.

*After experiencing sakaw many times, I became increasingly aware that now I was a pecandu and I realised the fact that it was the drug that controlled my life. In fact, I inject drugs mostly to prevent sakaw, not to chase the high any longer. I have to inject at least three times a day to avoid the pain of sakaw. I have to adapt to these circumstances. I must find money through many bad things [crime] ... As I said, in the past I did that mostly to prove that I'm a rewa boy and to buy expensive clothes, mobile phones and other things. Now, I do all those bad things for drugs putaw. (Tucang, 21 years)*

Others addressed their busy and increasingly depressing lives as *pecandu*:

*If you're a junkie you are very busy. You have to keep thinking and looking for any chances to get money to find drugs otherwise you suffer from the pain of sakaw ... You also are increasingly manipulative to your family, your friends and any other people. You don't care if you hurt other people. These are part of daily life of a pecandu. (Abba, 23 years)*

The accounts of problematic drug users confirmed in studies among street heroin users in cities in Western countries that describe the sharp increase of high involvement in acquisitive offences and busy nature of life among heroin addicts in the inner cities in America and England (MacDonald & Marsh, 2019; Preble & Casey, 2015). In their classical ethnography of heroin injectors in New York, Preble and Casey even reported the frequent use of words 'taking care of business' referring to various illegal economic activities in which they are involved to finance their drug dependency.

Additionally, as problematic drug users' dependence on *putaw* increased most began to question and neglect the sociability and reputational aspects of drug use (*rewa*) that previously characterised their use. Their narratives also indicated recognition of loss: When you realise that you're in really big trouble because of your addiction to *putaw*, you feel all things about *rewa* and sociability that previously pushed you to try this as just irrelevant.

*Using drugs to be perceived as rewa is just an impulse of your youth. When you grow older you start to see yourself more carefully. You start to realise that you have wasted so much time and so much money on your habit. You realised you have destroyed yourself and your family. All of that is definitely not rewa. All of that is just stupid. But it is too late for many of us. (Riko, 24 years)*

The ambiguity of problematic drug users' identities is not exceptional in itself. Such ambiguity was reported by Moore (2015) in his study of problematic drug injectors in Perth, Australia: "the main problem is the prospect of becoming a 'junkie' – a perceived inability to control one's drug use in the face of mounting adverse consequences—and is thought to be a risk particularly for those injecting drugs ... there is a certain degree of admiration for those who hold what is seen as a sinister, yet at the same time attractive, status. Being a 'junkie' or at least injecting drug user is to claim membership of an esoteric subterranean world which involves deception, risk and a certain amount of glamour. Such feeling contrasts strongly with equally



strongly-felt notions of uncontrolled drug use which characterise description of the ‘junkie’” (p. 86).

It is in the context of problematic drug users’ increasing dependence on *putaw* where the severe psychological, social, financial, legal and health impacts of their drug use become more evident and the social and symbolic capital accrued from their drug use manifested in the forms of respect and reputation among peers (Barry, 2006; Bourgois; 2019; MacDonald & Marsh, 2019; Pilkington et.al, 2019) becomes irrelevant. At this point, the experience of problematic drug users supported the claim of Barker (2021) that the psychological and social impacts of poverty favour destructive drug use and economic deprivation may affects individual’s capability in assessing the balance between the short-term benefits of drug use and the possible longer-term harm.

## **The impacts of problematic drug use**

### ***Psychological, financial and legal impacts***

Consistent with the findings of numerous studies on problematic drug use (Buchanan, 2019; Collison, 2017; Duff, 2017; MacDonald & Marsh, 2019; Shannon et al, 2018), all problematic users in this study expressed severe psychological, financial and legal consequences had accrued from their dependence on drugs:

*Being an addict is very depressing. The constant need to inject putaw to avoid the pain of sakaw [withdrawal symptoms] is very frustrating. Once we’ve become addicts, we mostly face the hell face of drugs. It’s not about pleasure any longer, it’s all about suffering. (Satir, 25 years)*

Others addressed more specifically the financial impacts of their problematic drug use:

*It’s hard not to engage in crime like pick-pocketing and stealing if you’re a poor junkie. It becomes more difficult to borrow money from your family and your friends because of your bad reputation. It also becomes harder to find some valuable things in your house to sell because members of your family will watch you very carefully, so you end up on the street doing bad things ... I was imprisoned for nearly one year because of these things. (Anci, 21 years)*

Like other studies that highlighted the prevalent of abuse and harassment by police of detained and imprisoned drug users (Shannon et al, 2018; Stevens et al, 2017), most problematic drug users in this study who were detained and imprisoned stated they had experienced various forms of physical and verbal abuse by police.

### ***Health impacts***

Problematic drug users mentioned various health consequences resultant derived from drug use including drug injection practices such as abscesses, skin infections and damaged veins. Most considered these as mild impacts compared to overdosing and the risk of severe blood-borne viral infections such as HIV and hepatitis C:

*Most of us have experienced things like broken veins and skin infections. That’s very common among junkies. They are just like everyday part of being a junkie. Most of us don’t consider these as serious things. Most of us don’t look for treatment for something like that. Many junkies are forced to seek treatment for something more serious and incapacitating like lung infection or something like pain in the chest ... Overdose, HIV or hepatitis C are much more serious risks. (Komar, 23 years)*

In line with other studies (Buavirat et al., 2017; Green et al., 2019; Rhodes et al., 2017; Treloar et al., 2016; Werb et al., 2018), the risks of HIV and hepatitis C infections among problematic





drug users are significant since many of them have been engaged in risky injecting practices such as sharing needles and other injecting equipment. These risky practices to some extents are attached to the strong culture of sharing various kinds of everyday goods among people in the *lorong* and people's desire to avoid the label of *sekke* (stingy). Moreover, the pressing need to inject *putaw* when problematic drug users suffer from withdrawal symptoms, as well as the common practice of pooling money to purchase *putaw*, further facilitate the sharing of needles and other injecting equipment that renders them vulnerable to various blood-borne viral infections:

*Among friends in the lorong we frequently share many things. Stuff like cigarette, clothes, sandals, or other things. It's just the norm here to share ... You'd be very lonely and be excluded by your friends if you're sekke'. That's why it's very hard not to share needle. When we really need to inject drug because of the pain of sakaw and we cannot find a new one, frequently we just borrow a used insul (needle) from friends. (Ahmar, 24 years)*

Additionally, limited financial capacities, the unplanned nature of injection, the unbearable pain of withdrawal symptoms and reluctance to carry new needles and syringes due to the attitude of many police, who use the possession of these as a reason to harass or to detain them further facilitates the sharing of needles and syringes (direct sharing) among problematic drug users in the *lorong*:

*Actually I know the danger of sharing but there are many circumstances where sharing is inevitable. Like if I don't have any money to pool but my friends were kind enough to give me a bit of drug and at the time there was just one insul available. Most of us are afraid to carry new insul because police may use the insul as a reason to arrest us. In this circumstance, it's just very hard not to share. (Coki, 19 year)*

### **Social impacts: Restricted networks, lack of bridging and linking social capital**

Consistent with literature addressing the social impacts of drug dependence (Buchanan, 2004; Hunt, 2006; Shawn et al., 2007), problematic drug users in this study addressed several forms of severe social consequences such as stigma, exclusion and restricted social network due to their problematic use status:

*I feel very isolated from other people. I cannot blame them since all they recall about me are bad things. They just know me as a junkie and penganggur [unemployed] and as a person who's involved in many bad things [crimes]. I frequently see the disgust in their eyes. They don't want to know that I've tried to get off drugs and that I've tried to look for work and tried to stop doing bad things [crime]. They don't know how hard it is to break this vicious cycle [of addiction, unemployment and engagement in crime]. (Anci, 21 years)*

Either explicitly or implicitly, the above narrative indicated that problematic drug users generally suffer from social exclusion, and a lack of bridging and linking social capital (MacDonald & Marsh, 2002; Simpson, 2007). The lack of meaningful association with people who have better socio-economic circumstances and better networks impedes their efforts to break the vicious cycle of drug dependence, unemployment and involvement in offences.

### **Efforts to recover and episodes of relapse**

As addressed in other studies (Connors, 2019; Moore, 2014; Stajduhar et al, 2019), all problematic drug users in this study admitted they have tried to get off *putaw*, mostly through the practice of *menahan* (cold turkey), but most experience many episodes of *kambuh* (relapse). Lack of support and meaningful activities as well as their deep immersion in street culture and the drugs scene in the *lorong* were mentioned by informants as major constraints to staying away from *putaw*:



*I have experienced relapse many times...I relapsed because I didn't make myself busy and was still spending much time in the lorong with the boys. I did not feel the sakaw [withdrawal symptoms] any more but the suges [craving] was still in my head. Seeing and meeting them made me weak to resist my suges. You know, I drifted into drug use and then injecting putaw again. I relapsed and all the pain of menahan was useless. (Coki, 19 years)*

These narratives confirmed Duff's argument that "if people wish to break free from a particular social identity, they need to break free from constraints of social circumstances, and the influence of particular people ... [C]onversely, if people want a particular sort of social identity, they need to submit to social constraints and influence" (2017, p.157). In addition, the experience of these problematic drug users is consistent with the literature that maintains that instead of being passive, many problematic drug users in disadvantaged neighbourhood actively try to get off drugs (Power, 2017; Treloar *et al.*, 2003). However, the absence of a conducive environment (Duff, 2017; Rhodes, 2019) in the forms of sustainable supports to obtain meaningful activities, decent jobs, structured times, new identities and new networks hinder their efforts to recover and to break the vicious cycle of drug dependence, unemployment and involvement in acquisitive offences to feed their addiction.

Their experience confirmed Buchanan's argument that problematic drug use among many young people in urban poor neighbourhood is mostly "a socially constructed phenomenon that has less to do with individual choice or physical dependence, and much more to do with structural disadvantage, limited opportunities, alternatives and resources" (2019, p. 397). Social exclusion due to persistent unemployment as experienced by these problematic drug users confirmed studies which show that prolonged joblessness does not merely cause poverty and deprivation of income but also deprivation of capabilities (Sen, 2000; Nussbaum & Sen, 2015) as well as loss of social dignity (Barker, 2021; Barry, 2017; Bourgois, 2019).

Sen ((2000) more specifically argues that long term out-of-work status may cause the deterioration of cognitive abilities as a result of the unemployed person's loss of sense of control and self confidence. Moreover, problematic drug users suffer from deficiency of 'latent functions' or indirect benefits of work due to their persistent unemployment i.e. lack of meaningful activities, collective purpose, structured time, social contact and status or identity (Paul & Moser, 2017). In turn, these multiple deprivations may produce fertile soil for various forms of risk-taking behaviours among young people, including problematic drug use (Buchanan; Stevens *et al.*, 2009; Webster *et al.*, 2006)

## Conclusion

The article had presented and discussed the intersection of distal and proximal risk factors within the *lorong* that pushes young men who fit the category of problematic drug users to engage in drug use experimentation at an early age and to escalate rapidly into drug dependence. The interplay of economic deprivation, alienation due to persistent unemployment and a common desire among young people to be perceived as *rewa*, the search of instant gratification, pleasure and excitement are crucial in facilitating their downward spiral into engagement in diverse risk-taking practices including problematic drug use. Their prolonged unemployment and their socioeconomic marginalisation have generated specific disposition or "habitus" that are essential in facilitating their drug use initiation and maintenance and escalation into problematic use.

In addition, the experiences of problematic drug users in this study demonstrated a complex negotiation with their environment in attempting to break the vicious cycle of unemployment, drug dependence and involvement in various forms of offending. However, their sustained engagement in drug use and offences, and their deep immersion in street culture in the *lorong*



have generated a cycle of increasing exclusion and serious consequences in the forms of stigma, restricted social networks and lack of bridging and linking social capital. These in turn hinder their efforts to recover from drug dependence, to stay off drugs, to obtain meaningful employment, to re-integrate within mainstream society and to achieve a gradual upward mobility. Therefore, to enable them overcoming their problematic drug use, concerted psychological, economic, health, social programs needed to enable them to break the vicious circle of unemployment, alienation, destructive masculinity and risk-taking practices. These multiple programs should be organised to transforming problematic drug users at individual level as well as reforming their social environment.

### **Declaration of Interests**

None

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