



## Editors' choice

## Somadril and edgework in South Sulawesi

Anita P. Hardon\*, Amelia Ihsan

Amsterdam Institute for Social Science Research, Nieuwe Achtergracht 166, 1018 WV Amsterdam, The Netherlands



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## ABSTRACT

The use of psychoactive prescription drugs (PPDs) by young people is part of a broader worldwide trend towards the consumption of pharmaceuticals to improve social, emotional, and sexual performance. Few studies have examined how young people use PPDs in developing countries, where off-label use is likely to be greater due to weaker market controls. This study presents our findings on PPD use among sex workers in Makassar, Indonesia. We focus on one potent painkiller, Somadril, which is freely available over the counter in pharmacies. The sex workers we studied used most of their earnings to purchase Somadril pills, which they used to feel more confident and to make their work more palatable. This paper also traces the history of the active component in Somadril, carisoprodol. This was developed in the United States, where it was soon used recreationally. We found that knowledge of its effects seeped from health professionals into youth networks, where it was spread by word of mouth. The flow of information on carisoprodol's harmful effects, however, was less evident.

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## Edgework, risk, and psychoactive prescription drugs

The use of psychoactive prescription drugs (PPDs) by young people for recreation and self-enhancement is a global concern, especially in the United States (US) where surveys suggest that nearly one-third of the population aged between 18 and 25 has used PPDs for non-medical reasons at least once in their lifetime (Colliver, Kroutil, Lantung, & Gfroerer, 2006; DuPont, 2010; SAMHSA, 2009). Numerous studies in the US have also shown that young people are key actors in the diffusion of stimulants, pain killers and tranquilizers (Garnier et al., 2010; Hall, Irwin, Bowman, Frankenberger, & Jewett, 2005; McCabe, Teter, & Boyd, 2006; Quintero & Nichter, 2011; Rasmussen, 2008).

The use of PPDs by young people for self-enhancement is part of a worldwide trend: variations in moods, desires and thoughts are increasingly understood in terms of brain chemicals, while niche-marketed pharmaceuticals and mental illness awareness campaigns encourage individuals to assert control over their own minds (Coveney, Gabe, & Williams, 2011; Dumit, 2012; Jenkins, 2010; Rose, 2007). For example, a study among fraternity members at a south-eastern US college found stimulants such as Adderall (a brand of dexamphetamine prescribed for ADHD) were consumed during periods of academic stress and believed by users to reduce fatigue and to increase reading comprehension, interest, cogni-

tion and memory (DeSantis, Noar, & Webb, 2010). Students also recreationally took PPDs with alcohol, claiming that they made them feel more social and 'under control' (DeSantis et al., 2010, p. 164). Green and Moore (2009) reported similar reasons for PPD use among middle-class young people in Western Australia, with 'dexies' (pills containing dexamphetamine) allowing their informants to 'drink like a trooper while maintaining bodily control' and to 'enjoy socializing for longer periods without getting too messy'. Female informants also reported feeling safer and more in control when using dexamphetamine (Green & Moore, 2009, p. 408).

Quintero and Nichter (2011) invoke the concept of 'edgework' to make sense of this kind of PPD use. An edgeworker, they write, 'is at once attracted by the sensation of being on the edge as an intense form of pleasure, and the accomplishment of being able to avoid a bad or disastrous effect' (Quintero & Nichter, 2011, p. 347; see also Hunt, Evan, & Kares, 2007; Lyng, 1990). Psycho-active drugs are thus ideally suited for edgework as they allow young people to experience pleasurable highs without risk of arrest for illegal drug use. Young people moreover tend to think that PPDs are safe and they do not expect to become addicted when using recreationally. Further, prescription drugs are not seen to adversely affect their careers – unlike illegal drugs such as cocaine and ecstasy (DeSantis & Hane, 2010).

Very few studies have examined how young people in developing countries use PPDs, where the likelihood of off-label use is greater due to weaker market controls (Famuyiwa, Aina, & Bankole-Oki, 2011; Ghandour, El Sayed, & Martins, 2012).

\* Corresponding author. +31 20 525 3544.  
 E-mail address: [A.P.Hardon@uva.nl](mailto:A.P.Hardon@uva.nl) (A.P. Hardon).

Researchers generally present descriptive statistics on frequencies of (lifetime) use without further elaboration on how young people experience and experiment with PPDs in their everyday lives. While some studies of illegal heroin and amphetamine use report concurrent use of PPDs, they do not elaborate on such use (see for example Nasir & Rosenthal, 2009; Wei, Guadamuz, Lim, Huang, & Koe, 2011). The limited attention to the non-medical use of PPDs among young people in developing countries is remarkable, given that market dynamics in these countries are likely to facilitate such use. Lovell (2006, p. 137) shows how high-dose Buprenorphine – marketed in France as a treatment for heroin dependence – is tailored to the Indian market, where it is sold in pharmacies ‘loosened from formal market regulations and state control’ as pain medication for drug addicts. Ecks and Basu (2009) describe how PPDs travel across boundaries between formal and informal sectors in sometimes unexpected ways, for example through ‘floating prescriptions’ which prescription holders keep and re-use to obtain new supplies.

This article presents our findings on the use of PPDs by young sex workers in two sites in South Sulawesi, Indonesia. We focus on use of Somadril, a potent painkiller that has muscle-relaxing properties and can generate feelings of euphoria. Somadril is widely available both over the counter in pharmacies and from street dealers. We found that our informants used most of their earnings to purchase Somadril pills, which they reported made them feel good and more confident when approaching clients. Despite consuming high doses of this drug, they stressed that Somadril was not *narkoba* (an illicit narcotic drug). Our study sought answers to the following: How do sex workers use and experience this potent PPD? Can their pattern of use be characterized as edgework? Are they able to control the risks of using Somadril while experiencing its pleasurable highs?

Before presenting the ethnographic case study we provide some background on the active component in Somadril, carisoprodol. The drug was developed in the US where it was soon widely used for recreational purposes, and found to have serious side effects. The paper ends with policy recommendations on how to better inform young people about these risks.

## Methods

This research was part of the larger ChemicalYouth project which examines how young people use chemicals in their everyday lives. Fieldwork in South Sulawesi took place in two phases. The first involved a ‘grand tour’ of all kinds of chemicals consumed by young people, including cosmetics, energy drinks, contraceptives and mood-enhancing drugs, the results of which have been published elsewhere (Hardon, Idrus, & Hymans, 2013). The second phase of the project involved focused ethnographies of chemical practices that appeared central in the everyday lives of specific subgroups of young people.

The ‘grand tour’ phase took place in two towns in South Sulawesi: Makassar and Isidro.<sup>1</sup> Makassar, the capital city of South Sulawesi, is an economically vibrant magnet for young people as they seek to work, study, and move on in life. Isidro is a prominent tourist destination, has one of the highest HIV-prevalence rates in South Sulawesi, and is one of the areas in Indonesia that has instituted Islamic law. It therefore more strictly regulates alcohol and substance use, which is why we selected the town as a contrast site to Makassar.

Our fieldwork focused on places where young people gather, including work settings, markets, streets, bars, music scenes

associated with specific recreational drugs, shopping malls, schools and private homes. We recruited young people between 18 and 25 years of age, and sought to ensure diversity among our informants along the following axes: educational attainment, occupation, lifestyle, living arrangements, sexual orientation and gender. To capture this diversity we interviewed groups of students, sex workers, male-to-female transgendered persons, injecting drug users (IDU) in harm reduction programs, transportation workers, and porters, mall and construction workers. For each of these groups, we identified a ‘seed informant’ through our personal and professional networks, who then introduced us to others in their network of friends. While we sought to cast our net wide by recruiting informants from diverse subgroups of young people, we do not claim our findings to be exhaustive or representative of young people in Makassar and Isidro.

We experimented with a new research instrument in the ‘grand tour’: the ‘head-to-toe interview’ in which we asked youths which chemicals they applied to their hair, eyes, face, lips, teeth, and so on, over their entire bodies, ending with their toenails. This format proved to be an effective means of eliciting information. The systematic treatment of the human body neutralized any squeamishness over discussing its specific parts, and also signalled our interest in all chemicals, not only the risky or banned ones. For each product they mentioned, we asked informants about its beneficial and adverse effects, its cost, how they learnt about and acquired it. We also pursued more general themes such as their future aspirations. The interviews took place in cafes, bars and other places where young people regularly met, depending on where they felt most comfortable talking about their chemical use.

Our attention was drawn to the painkiller Somadril when sex workers in Makassar wanted to talk about nothing else. While other groups of young people also mentioned Somadril, it played a lesser role in their lives. Among the groups that admitted using Somadril, patterns of use differed depending on their line of work. Mall workers took it only occasionally because it made them feel dizzy and drunk, a condition not conducive for waiters, waitresses, and salon attendants to perform their jobs. They reported taking only one or two (and at most three) pills a day to help them socialize and to increase their libido. While the IDU whom we interviewed frequently mentioned Somadril, for them it was a second-choice to Calmlet (containing the tranquilizer alprazolam) and Suboxone (containing buprenorphine as heroin substitute). And while our transgendered informants also often mentioned Somadril, they were most interested in pharmaceuticals to feminize their bodies (see Idrus and Hymans in this special issue).

Somadril emerged as the leading PPD for the sex workers we interviewed along Losari Beach in Makassar, and was also popular in Isidro among the ‘waitresses’ working in the karaoke bars. Before embarking on our focused ethnography of Somadril, we examined the ‘head-to-toe’ interviews with 10 freelance sex workers in Makassar and 10 karaoke waitresses in Isidro, and designed a coding scheme for recurrent themes and key terms. Analysis was aided by the qualitative analysis software program NVIVO 10. This was used in the local language to allow for the exploration of culture-specific notions of efficacy and risk. We found ‘*coba*’ (trying out), ‘*cocok*’ (compatibility with the user), and ‘*campur*’ (mixing to enhance effects) to be core themes. We noted that Somadril was frequently described as ‘*bagus*’ (good) and ‘*enak*’ (delicious) and that it was said to generate ‘*pede*’, short for ‘*percaya diri*’ (to believe in oneself).

The focused ethnography phase involved participant observation, informal discussions, diary-keeping and focus group discussions. We met with our Makassar informants when they gathered along Losari Beach in the early evenings to wait for customers, referred to them by hotel doormen and *becak* (bicycle taxi)

<sup>1</sup> Isidro is a pseudonym, used to protect the identity of our informants in this small town. There are so many sex workers in Makassar that we do not consider it necessary to use a pseudonym for this city.

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