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Out of Harm's Way: The Politics and Practice of Harm Reduction in Argentina

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Out of Harm's Way:  
The Politics and Practice of Harm Reduction in Argentina  

by  
Shana Harris  

DISSERTATION  
Submitted in partial satisfaction of the requirements for the degree of  

DOCTOR OF PHILOSOPHY  

in  
Medical Anthropology  
in the  
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of the  

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO  

AND  

Acknowledgments

Silent gratitude isn’t much use to anyone.

G.B. Stern

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Out of Harm’s Way:
The Politics and Practice of Harm Reduction in Argentina

Shana Harris

Abstract

The emergence of HIV/AIDS in the 1980s prompted a dramatic shift in the way public health professionals around the world addressed the issue of drug use. For the first time, interventions were now developed to specifically address the transmission of blood-borne diseases among drug users. Some of the most prominent interventions were those based on “harm reduction,” a public health model that places emphasis on reducing the negative consequences of drug use rather than on eliminating drug use or ensuring abstinence. This dissertation charts the adoption and promotion of harm reduction in Argentina, a country with one of the highest rates of drug use-related HIV prevalence in all of Latin America. Tracing how harm reduction has traveled to and within Argentina since the mid-1990s, I explore how local non-governmental organizations and select government agencies utilize harm reduction to ground their work among drug users in Buenos Aires and Rosario, the metropolitan areas with the country’s greatest concentration of drug users. I examine ethnographically how Argentine harm reductionists approach drug use and drug-related harm from a joint “public health” and “rights” perspective, a dual focus that uniquely influences their implementation of community-based interventions as well as their promotion of drug user rights and citizenship. By analyzing such projects, this dissertation shows that 1) harm reduction strategies, programs, and policies which set out as a uniform set of practices change when they travel and 2) that the major change in Argentina is that “the social” becomes an important site for intervention. In other words, it is not just that social context changes harm reduction, but that harm reduction in Argentina is all about changing the social. In the process, harm reduction renders drug use and drug users thinkable in new, productive ways. This dissertation is based on sixteen months of ethnographic research conducted in Argentina, including two months of preliminary research in the summer of 2006 and fourteen months of full-time research from September 2007 to October 2008. Research methods included participant observation, semi-structured and structured interviews, archival data collection, and textual analysis.
# Table of Contents

**Acknowledgments**

**Abstract**

**Table of Contents**

**Introduction: When Harm Reduction Travels**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina: The Fieldwork Site</td>
<td>3</td>
</tr>
<tr>
<td>The Importance of Travel</td>
<td>5</td>
</tr>
<tr>
<td>Studying Harm Reduction in Argentina</td>
<td>9</td>
</tr>
<tr>
<td>Chapter Preview</td>
<td>11</td>
</tr>
</tbody>
</table>

**Chapter 1: Harm Reduction: A Globalizing Strategy**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Question of Definition</td>
<td>15</td>
</tr>
<tr>
<td>The “Origins” of the Approach</td>
<td>18</td>
</tr>
<tr>
<td>Biopolitics, Risk, and Expertise</td>
<td>21</td>
</tr>
<tr>
<td>New Public Health and the Neoliberal Subject</td>
<td>25</td>
</tr>
<tr>
<td>Beyond Public Health</td>
<td>29</td>
</tr>
<tr>
<td>Harm Reduction as Globalizing Strategy</td>
<td>31</td>
</tr>
<tr>
<td>Conclusion</td>
<td>34</td>
</tr>
</tbody>
</table>

**Chapter 2: Problematizing Drugs in Argentina**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Use Patterns</td>
<td>37</td>
</tr>
<tr>
<td>Institutional Responses</td>
<td>46</td>
</tr>
<tr>
<td>Reactions to Abstinence</td>
<td>56</td>
</tr>
<tr>
<td>Conclusion</td>
<td>59</td>
</tr>
</tbody>
</table>

**Chapter 3: The Centrality of Civil Society: The Role of Argentine Non-Governmental Organizations in Harm Reduction**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conceptualizing Civil Society</td>
<td>61</td>
</tr>
<tr>
<td>Civil Society in Argentina</td>
<td>64</td>
</tr>
<tr>
<td>Argentine Harm Reduction Organizations</td>
<td>70</td>
</tr>
<tr>
<td>The Need for Networks</td>
<td>89</td>
</tr>
<tr>
<td>Harm Reduction Outside of Civil Society</td>
<td>93</td>
</tr>
<tr>
<td>Conclusion</td>
<td>94</td>
</tr>
</tbody>
</table>

**Chapter 4: A View To The Social: Harm Reduction, Latin American Style**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Studying the Social</td>
<td>100</td>
</tr>
<tr>
<td>A “Latin” Kind of Intervention</td>
<td>103</td>
</tr>
<tr>
<td>Working in <em>El Terreno</em></td>
<td>106</td>
</tr>
</tbody>
</table>
Introduction

When Harm Reduction Travels

[H]arm reduction...is not only a practical logic that characterizes our age of risk, but a fundamental way people have approached preventive health within local cultures.

Mark Nichter (2003:13)

The emergence of HIV/AIDS in the 1980s prompted a dramatic shift in the way public health professionals around the world imagined and approached the problems associated with drug use. Whereas addiction and recovery were the focus of many drug-related public health efforts, interventions were now developed specifically to address disease transmission among drug users. Some of the most successful of such preventive interventions were those based on “harm reduction.” Harm reduction is generally described as a public health model that places emphasis on reducing the negative effects of drug use rather than on eliminating drug use or ensuring abstinence. In contrast with “zero tolerance” or abstinence-based drug use interventions, harm reduction is touted as a pragmatic, “empirically effective” public health approach for addressing drug use precisely because of its primary attention to the consequences rather than the causes of drug use.

The first formal and systematic use of harm reduction occurred in Western Europe, Australia, and North America. It included the provision and exchange of clean needles/syringes, the prescription of controlled amounts of drugs and opiate substitution therapies, and the distribution of information related to employment, housing, and health services. Over the last thirty years, harm reduction has faced its fair share of obstacles
and critiques, being less widespread or accepted in certain locales and contexts. However, it has gradually gained more and more credence in recent years. It is supported in policy and/or practice in over 80 countries and territories around the world, and is recognized and endorsed by major international health and political bodies (Barrett et al. 2009). The World Health Organization, the International Narcotics Control Board, the United Nations Office on Drugs and Crime, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria among others have variously financed, incorporated, and/or supported harm reduction as part of their interventions, programs, and policies (Cook and Kanaef 2008). As Gerry V. Stimson (2007) — former President of the International Harm Reduction Association, the leading global organization devoted to promoting harm reduction — stated, harm reduction is now “coming of age.”

This dissertation explores the adoption and promotion of harm reduction in the specific context of Argentina. It has two major concerns: 1) to illustrate that the globalizing strategy of harm reduction changes when it travels and 2) to show that these changes matter in efforts to effectively address HIV/AIDS and other drug use-related harms in Argentina. To show this, I examine ethnographically what is being done under the banner of harm reduction in contemporary Argentina, taking harm reduction as not just a model for intervention, but also as an anthropological object.

Harm reduction is often imagined as a translocal bundle of practices, meanings, and techniques that can be exported successfully from one locale to another across physical, cultural, linguistic, and other boundaries. It is assumed that it can — and should — travel and be installed anywhere by negotiating the “local” “culture,” “religion,” “politics,” and the like. However, harm reduction is best understood as a product of particular, situated histories and entanglements. It is not a “given,” and should not be taken as a unified set of practices and principles. Rather, harm reduction is a strategy
around which different relations, discourses, and practices circulate and assemble. How this occurs is important for understanding the effects that harm reduction interventions have on everyone who comes in contact with them in Argentina.

Tracing the harm reduction model also reveals matters of concern in Argentina. As a technology and technique for rethinking drug use, harm reduction is shaping the Argentine drug landscape on various levels. As they are made thinkable in new ways, drug use and drug users are being transformed and made subject to new techniques of governance through the promotion and implementation of harm reduction in multiple arenas. In the chapters that follow, I explore how the adoption or rejection of harm reduction tells us something about how drug use and drug users are imagined and approached institutionally in contemporary Argentina.

**Argentina: The Fieldwork Site**

I chose to examine harm reduction in Argentina because of the central role that drug use has played in the country’s HIV/AIDS epidemic over the last two decades. As in many other parts of the world, most of the HIV/AIDS cases reported in Argentina in the early 1980s were associated with men who have sex with men (Sosa-Estáni et al. 2003). However, the importance of drug use, particularly injection drug use, in the transmission of HIV in Argentina became increasingly evident in the mid-1990s (Libonatti et al. 1993). Seroprevalence studies showed alarming levels of needle sharing and HIV infection rates among injection drug users, especially among those who injected cocaine (Sosa-Estáni et al. 2003, Weissenbacher et al. 2003). In 1999, Argentina’s Ministerio de Salud y Acción Social (Ministry of Health and Social Action) (1999) reported that approximately 41% of all AIDS cases in the country were attributable to drug use. The Joint United Nations Programme on HIV/AIDS (UNAIDS) (2000) reported a similar figure of 41.9% in
These figures were substantially higher than the corresponding percentages found in Brazil and in the other countries of the Southern Cone — Chile, Paraguay, and Uruguay — a region where drug use-related AIDS cases are a driving epidemiological trend (Magis Rodríguez et al. 2002). Consequently, Argentina had one of the highest rates of drug use-related HIV prevalence in all of Latin America.

Over the last decade, this epidemiological profile has changed in important ways. First, injection drug use has become a less frequent practice. Many scholars and public health professionals, including many of my informants, have speculated as to why this may be. Theories tend to focus on the increased cost of cocaine — the most popular injected drug — after Argentina’s devastating economic crisis in 2001-2002, the stigma associated with the relationship between drug injection and HIV/AIDS, and a generational preference for non-injected drugs, particularly alcohol, benzodiazapines, and other pharmaceuticals. Second, HIV transmission through heterosexual sex has steadily increased as transmission through injection drug use has decreased. In 2004, Argentina’s Programa Nacional de Lucha contra los Retrovirus del Humano, SIDA y ETS (National Program to Fight HIV, AIDS, and STDs) reported that over half of all new AIDS cases were attributed to unprotected, heterosexual sex, 18% was attributed to unprotected sex between men, and only 15.8% was attributed to injection drug use (Ministerio de Salud y Ambiente de la Argentina 2005). Another 2004 study found that the HIV prevalence among injection drug users had also decreased, falling somewhere between 18.8% and 39.2% (Aceijas et al. 2004). More recently, Argentina’s Ministerio de Salud (Ministry of Health) (2007) stated that 32% of all registered AIDS cases in

1 Neither UNAIDS nor the Argentine Ministry of Health and Social Action provide number equivalents for these percentages.
2 UNAIDS (2000) reported the following percentages: Brazil (21.7%), Chile (5%), Paraguay (11%), and Uruguay (26.3%).
Argentina between 1982 and 2007 were related to drug use, a figure that signals drug use’s continued status as an important “risk factor” in relation to HIV/AIDS in Argentina. Because drug use has and is related to so many cases of HIV/AIDS in the country, Argentina’s HIV/AIDS epidemic is unique in the region.

**The Importance of Travel**

In this dissertation, I use the idiom of “travel” to describe the processes through which harm reduction has become situated in Argentina and put into practice by local NGOs and select government agencies. I begin by tracing how harm reduction has traveled to and within Argentina since the mid-1990s. Specifically, I follow Marianne de Laet in her choice to employ the term “travel” over “transfer” to illustrate the inadequacy of the conventional model of technology transfer as diffusion or dissemination. “Transfer,” de Laet states, suggests that “the objects transferred are ‘immutable mobiles’ (Latour 1986) — that they can be moved without significant change to their make-up, contents, and effects” (de Laet 2000:230). Indeed, “transfer” suggests a sort of unidirectional and smooth process whereby something is inserted wholesale into a locale it was not previously available. “Travel,” conversely, is a non-linear process fraught with various disjunctures, ruptures, and contestations. This idiom, de Laet argues, connotes the more realistic image of an object, idea, or technology moving through multiple passage points and possibly unstable pathways. As such, “travel” is a more useful analytic tool for exploring the specific movements of thoughts and things.

In promoting this critical orientation, de Laet (1998) maintains that travel is the essence of ethnographic research. Travel first and foremost guides the traditional anthropological method characterized by the physical displacement of the ethnographer; the anthropologist customarily travels to different locales in order to study “other” places,
people, and practices. With this classic form of physical displacement also comes a

displacement of perception and sensibilities, wherein an anthropologist’s “taken-for-
granted” assumptions, beliefs, and ideas are challenged, disrupted, and put to the test.
But, de Laet also suggests that travel makes objects of study visible to the ethnographic
eye. Objects, knowledges, and technologies all move between sites, and it is the job of
the anthropologist to both trace how they move and to document what they do, how they
perform, in transit. Several scholars have done just that, either by looking at particular
materials (Shiva 1997, Goodman and Walsh 2001, Soto Laveaga 2009) or the carriers or
transporters of materials (Hayden 2003). Stacy Leigh Pigg (2001) also illustrates the
utility of examining how technology and knowledge travel in her own work on HIV/AIDS
education efforts in Nepal. She examines the effects produced by an internationally
standardized set of facts and policies around HIV/AIDS as it travels to Nepal, observing
the many communicative difficulties that arise when local AIDS workers attempt to
“accommodate” such knowledge to fit the contours of the Nepali social milieu. In light of
her research, Pigg argues for anthropological analysis that focuses analytically and
methodologically on movement. Such an approach requires “a discussion of processes
and relations that begins by asking how ideas and technologies travel” (Pigg 2001:525).

Travel, de Laet argues, is also a way of acknowledging the quality of objects,
ideas, and technologies themselves, specifically their mutability. She explains, “[N]ot
only are ‘things’ not everywhere the same; the same things appear to become different
when they travel” (de Laet 1998:23). Rather than viewing such things are immutable
mobiles — “materials that can easily be carried about, and tend to retain their shape”
(Law 1994:102) — de Laet suggests that objects, ideas, and technology be analyzed
through a process of destabilization, one that illustrates how these are not singular
entities but rather a variety of entities. As she puts it, “The very act of destabilizing an
object that appears to be an immutable mobile is, in and of itself, an anthropological move” (de Laet 2000:167). In her own work on traveling objects, de Laet illustrates these points and processes quite clearly. Focusing specifically on the movement of patent technology from the global north to the global south, de Laet examines how patents travel into new spaces as well as the effects of their arrival on these new environments. Patents, she suggests, engender different things in different places. While they can remain the same things for certain purposes, a patent’s performance can also vary depending on the circumstances. A patent is then better understood as a variable rather than straightforward, stable unit, as a mutable rather than immutable mobile. It is by tracing the movement of a patent through different milieus, in fact, that shows the technology’s mutability. In de Laet’s own words, it is “the displacement of objects that reveals their multiplicity, their variability as different things in different places, and that offers a glimpse of the multitude of possible effects” (de Laet 1998:226).

de Laet and Annemarie Mol (2000) further explore the idea of the “mutable mobile” in their analysis of the Zimbabwe Bush Pump. As the Bush Pump travels from the global north to Zimbabwe, de Laet and Mol observe that this technology is a changeable object; it is altered over time and under constant review. As such, they suggest that the pump is a “fluid object,” one that “isn’t too rigorously bounded, that doesn’t impose itself but tries to serve, that is adaptable, flexible and responsive” (de Laet and Mol 2000:226). Such fluidity allows for different elements of the Bush Pump to change or be replaced without “the whole” falling apart. “[F]luidity,” Mol and Law state, “generates the possibility of invariant transformation” (Mol and Law 1994:658). A lack of rigidity, in turn, helps the Bush Pump in its travels precisely because it can change shape. As de Laet and Mol suggest, fluid objects and technologies may actually prove to be stronger than those that are firm when traveling to “unpredictable places” (de Laet
and Mol 2000:226). Objects and technologies, after all, do not always do what they are expected or even intended to do. It is not possible to know a priori what a patent or a Bush Pump will be, do, or be called upon to do in a given situation. What they are, de Laet argues, “coincides with what they do and with where they do it” (de Laet 2000:167).

Another key part of tracing thoughts and things as they travel is tracing how they also change the milieus into which they are situated. It is not just the thoughts and things themselves that transform through travel, but also the social, political, and technical configurations in which they emerge. In other words, “when knowledge or technology travels, everything changes” (de Laet 2002:3). Sandra Hyde (2011a, 2011b) makes a similar argument in her study of a therapeutic community self-help drug treatment program in Southwest China. Her analysis of this mobile or “traveling therapeutic” focuses specifically on an American, Christian self-help program aimed at recuperating Chinese heroin addicts, and examines how, under what circumstances, and with what effects this program has traveled to this Chinese locale. Hyde observes that this mobile therapeutic changes both addicts and the everyday practice of drug treatment in China in multiple ways. She argues that, while therapies and even therapists may travel, both are transformed in the process and must not be considered entirely immutable (Hyde 2011b). With respect to the patent, de Laet also shows how it is a changeable object as well as an agent of change; it “adapts” itself to its new environment while also changing that environment. As de Laet puts it, “It stirs up the place. It brings about change” (de Laet 2000:165).

These various dimensions of travel greatly inform this dissertation, both analytically and methodologically. Analytically, I approach harm reduction as an ethnographic object, multiple and variable, rather than as a “given” entity or strategy. Engaging harm reduction in such a way helps recognize its multiplicity rather than its
singularity as the “harm reduction model.” To suggest that there is one form of harm reduction ignores its contingency on particular circumstances; it assumes that it is static or fixed, much like an immutable mobile. Therefore, instead of looking at what harm reduction is, I examine what harm reduction does in practice. These insights, as a result, help orient my research methodologically as I map out the movement of harm reduction within various arenas in Argentina by focusing on the conditions of its travel. I also look at who has taken up harm reduction, how it has been taken up, and where harm reduction is and under what circumstances it is implemented. In other words, I follow harm reduction to see who embraces it, who refuses it, and what effects these adoptions and refusals produce. As such, I engage in — to borrow a phrase from Bruno Latour (1987) — an ethnography of harm reduction in action.

Such a project draws on social studies of science, which take scientific practice as an ethnographic endeavor. Laboratory studies of science, technology, and society from the 1970s and 1980s (Latour and Woolgar 1986, Latour 1987), in particular, examine “science in action” by observing and documenting the everyday, mundane activities that constitute scientific practice. Such analyses illustrate how science is not universal or transcendental, but rather localized and particular. They demonstrate the necessity of studying science in practice rather than science in theory. This dissertation, consequently, is a study of harm reduction in practice rather than harm reduction in theory.

**Studying Harm Reduction in Argentina**

This dissertation is based on sixteen months of ethnographic research in Buenos Aires and Rosario, Argentina, the metropolitan areas with Argentina’s greatest concentration of drug users (Inchaurraga 2003b). This included a two-month preliminary
visit in the summer of 2006 and fourteen months of research from September 2007 to October 2008.

The data collected over the course of these sixteen months was gathered using several methods. First, participant observation was carried out with the primary Argentine non-governmental organizations (NGOs) that utilize harm reduction in their everyday activities: Intercambios Asociación Civil (Intercambios Civil Association), Asociación de Reducción de Daños de Argentina (Argentine Harm Reduction Association – ARDA), and El Retoño. This provided insight into how harm reduction interventions were designed and implemented by these organizations. Activities included attending organizational meetings, assisting with researching and writing reports, participating in advocacy projects, and accompanying members of these NGOs as they carried out projects and trainings in communities, local health centers and hospitals, and other locations. I also accompanied NGO members to national and international conferences and events related to drug use, harm reduction, and HIV/AIDS, including the International Conference on the Reduction of Drug-Related Harm in Barcelona in 2008. This provided an opportunity to observe how information and experiences were exchanged on a national, regional, and international level.

Second, I conducted interviews — both structured and semi-structured — in Spanish with numerous individuals working in the specific areas of drug use and HIV/AIDS, including members of these NGOs, public health professionals, psychologists, medical doctors, social workers, community organizers, and government employees.3 The information gleaned from these interviews focused on harm reduction projects,

3 With the exception of NGOs administrators, public figures, and individuals quoted in texts, my informants’ names are pseudonyms.
HIV/AIDS prevention and treatment, drug prevention, treatment, and use patterns, and the organization and work of local and regional harm reduction and drug user networks. Third, participant observation and interviews were supplemented by archival research regarding government and civil society responses to drug use and drug use-related disease transmission. The literature gathered consisted primarily of scholarly articles and books, governmental and civil society reports, organizational newsletters, and national and local newspapers. Lastly, I engaged in an in-depth analysis of documents produced by the organizations and individuals with whom I conducted my fieldwork. These documents — which I consider ethnographic objects (Riles 2006) — include books, scholarly articles, policy reports, conference proceedings, studies, newspaper and magazine articles, and intervention materials. The majority written in Spanish, most of these documents concerned harm reduction, drug use and abuse, HIV/AIDS, and drug policy.

**Chapter Preview**

Chapter 1 provides an overview of the harm reduction approach, including its origin, characteristics, and guiding principles. Organized around the broad goal of “reducing drug-related harm,” harm reduction is rooted in a neoliberal public health discourse based on specific notions of self-governance, risk, and expertise. Moreover, harm reduction has been identified with the humanistic values of respect and dignity, particularly since human rights have become a key concern for many in the harm reduction community. The chapter, therefore, demonstrates that harm reduction is anything but a simple public health model. Rather, it is a constellation of various discourses, techniques, and practices that come together and assemble under the heading of “harm reduction.”
The various ways in which drug use and drug users are framed and dealt with as a “problem” in Argentina are discussed in Chapter 2. It outlines changes in drug use patterns as well as the different institutional responses — both governmental and non-governmental — to such changes over the last several decades. Examining how drug use and drug users have been objects of different medical, public health, and juridical forms of intervention, this chapter provides crucial contextualization for understanding the drug landscape in which harm reductionists work in contemporary Argentina.

Chapter 3 focuses on the centrality of civil society — as opposed to the state or for-profit institutions — in the promotion and practice of harm reduction in Argentina. The overwhelming majority of programs and interventions that address drug use — from prevention to treatment to harm reduction — in Argentina are coordinated by local non-governmental organizations. This configuration is indicative of the historical relationship between civil society and the Argentine state, particularly since the implementation of neoliberal reforms and the privatization of services in recent decades. This chapter highlights those Argentine non-governmental organizations that work with the harm reduction approach as well as their combative and sometimes collaborative relationship with government agencies.

Chapter 4 explores the ways in which Argentine harm reductionists address drug use and drug-related harms by intervening in “the social.” Focusing on public health and community projects, this chapter discusses how local harm reductionists assign importance to the social in their own “Latin” rather than “Anglo-Saxon” form of intervention. Such an approach requires involvement in those social settings and contexts that contribute to drug use and drug-related harm. This chapter also examines how the various practices and techniques employed as part of harm reduction efforts are guided by a particular orientation to “harm,” one that does not begin and end only with
physical harms to the individual drug user. Argentine harm reductionists work, rather, with the conviction that reducing drug-related harm requires a broad approach that addresses those social factors that create such harm in the first place. The social, then, becomes an important site of intervention.

Expanding on issues raised in the previous chapters, Chapter 5 examines the key role that “rights” play in the work of Argentine harm reductionists. It examines the efforts of harm reductionists to promote drug user rights through their engagement in the current debate surrounding the reform of Argentina’s National Drug Law, particularly the proposed decriminalization of drug possession for personal use. As the Argentine government rethinks its own policy position, harm reductionists have outwardly expressed their support for such a move, as the current legal apparatus in Argentina is seen by harm reductionists as a major contributor to drug-related harm. The involvement of harm reductionists in this debate, in turn, highlights their efforts to call attention to drug user rights and to reframe drug users as rights-bearing “citizens.”

This dissertation, consequently, shows that 1) harm reduction strategies, programs, and policies which set out as a uniform set of practices change when they travel and 2) that the major change in Argentina is that “the social” becomes an important site for intervention. In other words, it is not just that social context changes harm reduction, but that harm reduction in Argentina is all about changing the social.
Chapter 1

Harm Reduction: A Globalizing Strategy

Harm reduction refers to policies, programs, and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs.

International Harm Reduction Association (2009)

In September 2009, the International Harm Reduction Association released a position statement that outlined the main characteristics and underlying principles of harm reduction. Although the term “harm reduction” has been widely used since the 1980s, the Association — now known as Harm Reduction International — acknowledged that there has always been some debate regarding its definition. But, growing increasingly concerned that organizations, individuals, and other entities may use the term to justify policies, programs, and practices not customarily associated with harm reduction, the organization offered the above definition in this position statement. This standard definition serves as a sort of default description of “what harm reduction is” and “what harm reduction does” for the majority of those working in the medical, public health, and drug-related fields. The definitive nature of this description, however, obscures the complexity and discord that underscores the historical and contemporary dimensions of this approach known today as “harm reduction.”

This chapter provides an overview of the harm reduction approach. It begins by examining its contested definition, its “origins” in Western Europe, Australia, and North America, and what have been identified as its guiding philosophical principles. This is
followed with a discussion of how harm reduction, organized around the broad goal of “reducing drug-related harm,” is rooted in a neoliberal public health discourse based on particular notions of self-governance, risk, and expertise. Informed by a discourse of risk management, harm reduction is about minimizing and governing risk through behavior modification. I show that harm reduction is a biopolitical project, but one in which the burden of reducing risk is placed on the individual drug user. Like the “new public health” movement before it, harm reduction promotes self-management, rationality, and individual responsibility. A neoliberal subject is created out of this type of public health discourse, and I explore how drug users are imagined as neoliberal consumers and managers of their own risk-taking practices in the process.

In addition to its public health focus, harm reduction has become increasingly concerned with the matter of human rights. I discuss the ways in which harm reduction is also founded on the humanistic values of respect and dignity, qualities that have influence many in the international harm reduction community to incorporate human rights into the harm reduction arena. As this chapter illustrates, harm reduction is far from a simple public health approach. Rather, it is better understood as an intricate constellation of various discourses, techniques, and practices that provides a particular — although never static — orientation to the complicated phenomena of drug use.

The Question of Definition

What exactly constitutes “harm reduction” has been the subject of much academic and professional debate. Countless time and energy has been dedicated to clarifying its definition and disputing its central characteristics (Riley et al. 1999, Inciardi

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4 Harm reduction is sometimes referred to as “harm minimization,” “risk minimization,” or “risk reduction.”
and Harrison 2000). Some suggest, for example, that harm reduction interventions should narrowly focus only on the physical harms associated with drug use. Others find it equally necessary to address those harms that drug use imposes on the community and society at large (Newcombe 1992). Moreover, many exclude abstinence-based approaches from their definitions of harm reduction while others consider abstinence to be an occasionally appropriate method of reducing harm (Lenton and Single 1998). Even the International Harm Reduction Association (2007) acknowledges the difficulty in finding a definitive consensus; it has openly stated that harm reduction is “a complex term and many different people use it in many different ways.” Interventions can range broadly in scope, including everything from needle/syringe distribution and exchange services to the provision of opioid replacement therapies to the promotion of overdose prevention technologies and strategies. Nevertheless, the one basic principle that links the numerous definitions and viewpoints around harm reduction is the commitment, in whatever capacity, to reducing drug-related harm, be it physical, social, or psychological.

In an effort to provide some clarity on the matter, Diane Riley and her colleagues (1999) outline what are often considered the main organizing principles of harm reduction. They are the following:

- Pragmatism

Harm reduction is based on the realistic acknowledgment that cessation of drug use is not necessarily possible or even desirable. The insistence on abstinence, therefore, is not a viable option for interventions.

- Humanistic Values

Harm reduction is founded on the humanistic values of respect and dignity. It is meant to be non-judgmental, respectful, and accepting of all types of drug users and forms of drug use.
• Focus on Harms

Harm reduction focuses not on the fact that drug use exists, but on the fact that drug use can result in negative consequences for individual users, their community, and society as a whole. It, therefore, promotes interventions that address the various widespread effects of drug use.

• Balancing Costs and Benefits

Harm reduction promotes the identification and evaluation of the advantages and disadvantages of different kinds of drug use and drug use interventions.

• Prioritizing Immediate Goals

Harm reduction is based on establishing a hierarchy of goals. By prioritizing the immediate goals of the individual user, interventions are organized around what users — not service providers — identify as their most urgent needs. In other words, users are part and parcel to the design of harm reduction interventions.

There is also some debate as to whether harm reduction is best understood as a policy, a goal, or a strategy. James A. Inciardi and Lana D. Harrison (2000) argue that harm reduction should not be viewed as a policy or a program, but rather as a goal to which policies and programs should strive. The goal should be to reduce the adverse consequences of drug use without requiring complete cessation. Riley and her colleagues (1999), likewise, distinguish between harm reduction as a goal and harm reduction as a strategy. While the goal of harm reduction is to reduce drug-related harm, harm reduction as a strategy refers only to those harm-reducing policies and programs that are not dependent on abstinence. As such, they offer a definition of harm reduction that recognizes it as both a goal and strategy, as “a public-health approach to dealing with drug-related issues that places first priority on reducing the negative consequences of drug use rather than on eliminating drug use or ensuring abstinence” (Riley et al. 1999:10).
All of the attempts to define and classify harm reduction, although tediously repetitive, do serve a purpose. The debate illustrates quite clearly that harm reduction is an evolving field that is continuously being reworked and reformulated to fit the needs of the individuals and communities targeted by harm reduction interventions. This, Neil Hunt suggests, is indeed “an undoubted strength that allows effective coalitions of interests to take immediate action that confers vital, direct benefits for drug users” (Hunt 2004:5).

The “Origins” of the Approach

“Harm reduction,” David B. Abrams and David C. Lewis write, “is a new synthesis, a paradigm to guide action — in the Kuhnian sense, a scientific revolution” (Abrams and Lewis 1998:xii). By likening harm reduction to one of Thomas Kuhn’s “paradigm shifts” (Kuhn 1962), Abrams and Lewis suggest that harm reduction is a radical departure from previous drug use-related health approaches. It helped bridge gaps between medicine and public health, and made possible the fusion of different approaches and the creation of new solutions to drug-related problems. For Abrams and Lewis, harm reduction altered the way in which one intervened in the practice of drug use; it was a decisive game changer.

Harm reduction, however, is actually less innovative and groundbreaking than Abrams and Lewis would have us believe (Berridge 1999, Riley et al. 1999, Roe 2005). The emergence of a formal approach known as “harm reduction” might have been novel, but the notion of “reducing drug-related harm” in fact has a long history with regards to health policy. Virginia Berridge (1993) notes that the goal of reducing drug-related harm has actually been a part of British drug control policy since the 19th century. She traces the philosophical origins of harm reduction to Britain’s Rolleston Report of 1926, a
document that helped established a “British system” of drug control that uniquely incorporated public health concerns and medical expertise into drug policy. The report takes seriously the “secondary effects” of drug use, such as the physical consequences of use, and helped legitimize the prescription of maintenance doses of drugs as a form of reducing drug-related harm. It states that this practice is “justifiable in certain cases to order regularly the minimum dose which has been found necessary, either in order to avoid serious withdrawal symptoms, or to keep the patient in a condition in which he can lead a useful life” (Ministry of Health Departmental Committee on Morphine and Heroin Addiction 1926).

In subsequent decades, the inclusion of medical and health concerns into the discussion of drug use and control became more and more prominent in the global north. Starting in the 1960s, various interventions and programs across Europe and North America were designed to address the health of drug-using populations. For instance, drug clinics and centers around London began teaching safe injecting techniques, public sales of needles and syringes became less controlled during a Hepatitis B epidemic in Italy, and methadone maintenance in the United States permitted drug use — albeit in a highly controlled manner — to continue in a less “risky” fashion (Strang 1993, Riley et al. 1999). But it was not until the 1980s and the advent of HIV/AIDS that harm reduction began to develop into a more formal and coherent constellation of practices and techniques.

The emergence and spread of HIV/AIDS among drug-using populations prompted public health professionals around the world to develop prevention interventions specifically around the transmission of HIV. Most prominent in Western Europe, Australia, and North America, these harm reduction interventions focused primarily on the practice of drug injection, the mode of disease transmission most
associated with drug use. In the Netherlands, for instance, harm reduction was modeled after previous Hepatitis A prevention initiatives directed at heroin injectors. Designed to be inclusive and pragmatic, these interventions intended to lower barriers to medical services. It was also in the Netherlands that the world’s first needle exchange program was established in 1984. Amsterdam’s Municipal Health Service collaborated with a local non-profit, Junkiebond, to distribute and collect disposable needles among injection drug users in an effort to stem the spread of infectious disease (Marlatt 1998, Riley and O’Hare 2000). The following year, the Australian government launched a nation-wide drug policy that incorporated harm reduction into its supply control and demand reduction strategies, the first country in the world to do so (Hawks and Lenton 1995). In 1986, public health workers and government officials in Liverpool, England, started a syringe exchange service in response to the growing HIV/AIDS epidemic in the country’s Merseyside region. This intervention led to an expansive approach characterized by the provision of clean injection equipment, the maintenance prescription of opioids, and the organization of community outreach workers to connect users to services (O’Hare 2007). The prevention efforts of Canadian professionals, however, were for a long time not supported by their local government. They, nevertheless, worked around the law and distributed syringes and condoms to injection drug users and sex workers (Roe 2005).5

The numerous prevention strategies organized around the threat of HIV/AIDS point to the centrality of public health in the harm reduction approach. Since infectious diseases like HIV/AIDS pose a great threat to society at large, the potential harms of drug use as a practice are no longer seen as affecting solely drug-using populations (Des Jarlais et al. 1995, Crofts and Deany 1999). In the wake of HIV/AIDS, the potential

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5 The Canadian government did eventually offer up funds for needle exchanges services in several of the country’s provinces, and opened North America’s first supervised injection site in Vancouver in 2003 (Small et al. 2006).
of disease transmission between drug users and the health and well-being of the public could not be ignored, compelling many to acknowledge harm reduction as a particular, scientifically-based public health approach (Newcombe 1992, Hathaway 2001). As a result, harm reduction is now firmly rooted in the field of public health, particularly in those prevention practices that focus on intervening in the behaviors of particular populations. By intervening in the practices of drug users, harm reduction, as Berridge and others have shown, must be understood as “neither a new nor an alternative approach so much as it is an extension and focusing of existing and accepted approaches” (Riley and O’Hare 2000:9).

**Biopolitics, Risk, and Expertise**

The association of harm reduction with public health situates the former in relation to various discourses regarding the future-oriented project of preventive intervention. Certain discussions around such topics as the creation and control of “populations” and the calculation and management of “risk” have particular resonance when considering the governance of drug use and the practices of harm reduction.

Michel Foucault (1979, 1991) has many times demonstrated that the transition of power in the form of the sovereign to the form of government in 15th and 16th century Europe produced a form of governance whose legacy is still visible today. In this shift, the juridical principles of the sovereign were maintained in the practice of government, whose target became the population at large. In the modern state, as Foucault notes, “the science of government…and the problem of population are linked one to another” (Foucault 1979:16). Through the concept of “biopower,” Foucault (1978) argues that both individual bodies and the population have become objects of disciplinary rather than purely punitive power, subject to the “anatamo-politics” of governing individual bodies
and the “biopolitics” of governing populations. The structures, apparatuses, and techniques that allow for the exercise of this disciplining power are part and parcel of what Foucault calls “governmentality,” a political rationality that allows for and encourages different forms of surveillance to regulate and govern populations “at a distance.” But rather than analyze categories of populations, Foucault’s work points us toward a different kind of project, one that analyzes how discourse and knowledge together construct populations as objects of biopolitical intervention.

Public health is unquestionably a technology of governmentality par excellence. Focusing on the productivity and welfare of the population, public health is a science that — like demography and political economy — is charged with the task of “knowing” and “managing” populations. Public health accomplishes such a project through the use of statistics and expertise, those indispensable tools for determining which populations are “at risk” for disease and which populations should become the target of intervention. It is this idea of “risk” that serves as a key technology and organizing principle for the biopolitical practices of public health.

The construction of populations and calculation of public health “risk” relies first on the development and application of statistics. Statistics, as Ian Hacking tells us, “may think of itself as providing only information, but it is itself part of the technology of power in a modern state” (Hacking 1991:181). Data collection reformed institutional practices, bringing facts and figures under the purview of trained experts who had the knowledge and skills to assess different groups and conditions. Foucault explains that statistics in the 16th century was a way for the sovereign to “know” and rule his subjects. The “economy of the family” became the paternalistic model for management under this new form of governing: “To govern a state will therefore mean to set up an economy involving the entire state that is to exercise towards the citizens, the wealth and behavior of each
and everyone, a form of surveillance, of control which is as watchful as that of the head of a family over his household and his goods” (Foucault 1991:10). Over time, this paternalistic model eventually gave way to a different notion of “population,” one in which a population was not simply the aggregate of individuals, but rather an entity with its own properties. Administrators reoriented their practices toward understanding the population as irreducible to its individual parts with statistics holding a central place in these governmental efforts.

In the area of public health, epidemiological statistics play a crucial role in this type of population surveillance. Certain “truths” about health, disease, and the like are used by public health professionals to influence populations “at risk” to change their behaviors and lifestyle, the classic objective of public health interventions (Petersen and Lupton 1996, Petersen 1997). Such efforts are directed not at individuals, but at sectors of the population that, through statistical analysis, become identified with particular “risk factors.” Populations, therefore, are created and addressed based on particular risk profiles. Robert Castel (1991) explains that prevention efforts are no longer organized around the individual subject; the model of direct, face-to-face contact between the “cared for” and the “carer” no longer serves as the axle around which such efforts revolve. He refers to this mode of surveillance as “systematic prediction,” a form of prevention based on the anticipation and prevention of an undesirable event that relies on classic disciplinary techniques based on direct contact and observation (i.e. watcher and watched). As a result, prevention interventions can now be carried out in the absence of the individual subject because, as Castel argues, such a subject no longer exists. Statistical correlations and calculi of probabilities, instead, catch the attention of public health professionals whose focus is on populations understood as a combination of risk factors.
Preventative public health measures at the level of population, moreover, point to a distinction between “danger” and “risk.” Through the employment of statistics and other technologies, public health has reconfigured danger in terms of risk (Castel 1991). “Dangerousness” indicates that an individual has some internal quality or capacity that makes him a threat to himself or others; he “is dangerous,” and the mere threat of a dangerous act is enough to warrant intervention (Foucault 1988). A risk discourse, on the other hand, does not locate danger within the individual. It is the effect of a series of factors that render probable the occurrence of something undesirable. Less attention, then, is paid to controlling the so-called “dangerous individual” and more to managing the “public at risk.” The goal of risk management, as Castel elucidates, is “not to confront a concrete dangerous situation, but to anticipate all the possible forms of irruption of danger” (Castel 1991:287).

This business of constructing risk and managing populations is, as mentioned earlier, connected to the rise of expertise. By establishing population profiles through biological, medical, and related knowledge, public health is nothing if not a network of expert knowledge (Lupton 1995). Public health experts render populations “governable” by measuring, documenting, and establishing trends in order to determine who is at risk for specific conditions and ailments. These professionals distribute this knowledge and recommend techniques for improving health. The individual, as the consumer of that knowledge, then decides how and to what extent they will use that information (Bunton 2001). It is important to further acknowledge that the active drug-using subject of harm reduction discourse also challenges the notion of expertise as produced in and distributed “from above.” Since its inception, harm reduction has included current and ex-drug users in the design and implementation of interventions (Erickson 1999). They
help mediate between professionals and the targeted populations, serving as key brokers of drug use and harm reduction knowledge and strategies.

The construction of risk is central to understanding how harm reduction is conceived, promoted, and practiced. Harm reduction is informed by an explicit discourse of risk management; it is above all else about minimizing the risk of an adverse outcome related to drug use. Intervention is, thus, organized around drug use, and the sites of intervention are determined by users’ relationship to risk. Pat O'Malley (1999) attests that drug users are expertly defined in terms of their membership in risk categories, their relationship to risk factors, and their performance of “risky” behaviors. For instance, people who inject drugs — a population that occupies a central position within harm reduction discourse — are categorized as “injection drug users,” defined by those drug use practices that produce risk for the contraction and transmission of HIV and other communicable diseases. Several scholars (Glick Schiller et al. 1994, Campbell and Shaw 2008) suggest that such classification is considered as a benign alternative to pejorative terms like “junky” or “addict” within harm reduction discourse, as such labels locate harm within the realm of users in and of themselves rather than in risky behaviors. Envisioned in relation to extensive risk, this and other drug-using populations become the focal point of harm reduction interventions aimed at altering risky practices, including needle/syringe exchanges and safe sniff kits distribution. As such, harm reduction is about governing risk through altering drug use behaviors, making it undeniably a biopolitical project (Fischer et al. 2004, Moore and Fraser 2006).

**New Public Health and the Neoliberal Subject**

In the 1970s and the 1980s, a movement known as “new public health” gained momentum in the broader field of public health. This movement sought to bring the
focus of public health back to questions of “health” rather than “disease,” a project aimed at reversing the overly narrow disease focus of public health efforts in previous decades (Lupton 1995). Such a project revolves around the prevention of illness and the promotion of health. Specifically, it takes seriously the ways in which the environment affects health and individuals’ behaviors and lifestyle choices. Petersen (1997) notes that new public health has taken as its object “the environment;” everything that surrounds us is a potential source of risk. David Armstrong (1995) observes a similar trend in the medical field, particularly with the rise of “surveillance medicine.” Whereas the medicine of the clinic defined and redefined corporeal space (Foucault 1973), surveillance medicine acts in relation to an “extracorporeal space” — frequently represented by the notion of individual “lifestyle” — in order to identify future illness. He argues, “It is no longer the symptom or sign pointing tantalisingly at the hidden pathological truth of disease, but the risk factor opening up a space of future illness potential” (Armstrong 1995:401). It is up to the individual, then, to navigate through the environment of risk.

By placing the burden of reducing risk on the individual, new public health locates the individual at the center of its prevention and health promotion interventions. People are encouraged to avoid harm and to maintain healthy bodies by making informed, rational choices based on expert advice and knowledge; they are encouraged to “take responsibility for the care of their bodies and to limit their potential of harm” (Petersen and Lupton 1996:ix). This focus on self-management emphasizes individual responsibility while also praising a form of entrepreneurialism built on motivation and self-improvement. A certain kind of subject is created — the neoliberal subject — and privileged in new public health discourse, “a subject who is self-regulated, ‘health’-conscious, middle-class, rational, civilized” (Lupton 1995:131).
The individual, rational actor so central to new public health is, moreover, the epitome of a neoliberal subject. As a political rationality, neoliberalism operates according to the rationality of the market that encourages the calculative choice of free and self-managing individuals (Ong 2007). This rationality relies on individuals to be increasingly responsible for the “care of the self” (Petersen 1997:194), as they are taught to bear their own risks and to practice less risky behaviors. This contrasts heavily with the “welfarist” rationality of classic neoliberalism that, instead, emphasizes the responsibility of the state and experts in caring for the population (Moore and Fraser 2006:3036). Indeed, the health promotion and preventive strategies of new public health rely on the actions and choices of the neoliberal subject. One’s environment undoubtedly influences the terrain of risk that one must traverse, but the autonomous, calculating self still makes rational decisions based on their own self-interest.

Harm reduction easily fits into this new public health framework. Both harm reduction and new public health promote health through the prevention of risk and the mediation of harm, and both pay heed to the broad environmental determinants of health and drug use (Riley et al. 1999, Ezard 2001). Even more importantly, harm reduction is built on the same neoliberal rationality that underscores new public health. Envisioning drug users as responsible for their choices and inciting drug users to become more self-governing is a fundamental component of harm reduction. It is through this process of “responsibilization” that the figure of the drug user is reconstructed as a neoliberal subject (Fischer and Poland 1998).

In this framework, drug users are imagined as managers of risk and active choice makers. They are envisioned as neoliberal consumers that choose which drugs to use

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6 For an ethnographic example of how harm reduction has evolved into an individualized set of bodily practices and discourses that echo the individual-focus of new public health, see the work of Anne M. Lovell (2006) on opiate substitution in France.
and how to use them. Through harm reduction interventions, they are alerted to the barrage of risks and harms associated with particular drugs and modes of use. Using a “knowledge and means” approach to behavior change, harm reduction functions under the premise that users are provided with the necessary information and means for changing their behavior (Riley et al. 1999). They are made to “see” the risks of certain drug use practices, and are simultaneously “alerted” to risk and given the technologies and knowledge for minimizing that risk and governing themselves (O'Malley 1999, Roe 2005). This signaling is done by public health experts, but also by current or ex-users who have been “informed” about the risks associated with various drug use practices through a disseminated knowledge base. Understanding the risks associated with drug use and the freedom to choose — to be calculative and prudent — regarding the most “responsible” way of using drugs is what makes them capable of being neoliberal subjects.  

David Moore and Suzanne Fraser (2006) point out that this process of framing drug users in terms of neoliberal ideals is very much a deliberate political move, since constructing users as rational actors distances them from the representation of users as simply illogical or indifferent addicts. Discussing this shift in terms of “before” and “after” the advent of HIV/AIDS, Moore and Fraser argue that before HIV/AIDS drug users were described as enslaved by drugs and incapable of rational decision making. In the post-HIV/AIDS era, users were instead envisioned — thanks in large part to the efforts of harm reductionists — as health-conscious, self-regulating, and self-managing. Harm reduction is rooted in this belief that users are capable of changing their behavior out of concern for their own health or the health of others. As opposed to passive recipients of

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7 For additional texts on the relationship between drug use and rationality, see Des Jarlais and Friedman (1993) and Erickson (1993).
services, they are regarded as what Nick Stafford (2007) calls “sovereign citizens,” users who are active rather than passive subjects capable of making choices and taking responsibility for those choices. In this vein, drug users could be described as not just neoliberal but also ethical subjects; they use information about reducing risks and harms to make choices that can affect both themselves and others (Campbell and Shaw 2008). By taking into account the wider effects of their actions, users are perceived as responsible and productive agents of behavior change in the harm reduction paradigm.

The relationship between harm reduction and new public health clearly illustrates the biopolitical dimensions of the harm reduction approach. By constructing responsible drug users who moderate risky behaviors through expertly defined calculi of risk, harm reduction elicits users to be compliant through their rational, controlled self-regulation. Stephen Mugford (1993) remarks that harm reduction interventions are meant to minimize risks and harms, but also to maximize control over users in the name of public health. Such a project aligns with the shift from coercive power to disciplining techniques that Foucault observed with the rise of governmentality, where “governing from a distance” is accomplished by shaping the ways in which users choose to use drugs. Harm reduction further positions users under the watchful gaze of authoritative professionals who supply the information and techniques necessary for making the “right” and “healthy” choices, but who also train users in managing their own “civilized, rational self-controlled body” (Bunton 2001:235).

**Beyond Public Health**

While public health concerns have been the driving force behind the majority of contemporary harm reduction interventions, public health is no longer harm reduction’s sole focus. Over the course of the last decade, harm reduction has expanded beyond
the realm of public health to address more than just the personal and public health risks related to using drugs. Instead, harm reduction is now actively concerned with the multiplicity of harms associated with drug use, be they harms to the individual user, the user’s community, or society at large. In undertaking this kind of project, harm reductionists have increasingly used “human rights” as the discursive framework for informing their work, since human rights violations and infringements are often viewed as contributing to all levels of drug-related harm. For instance, the promotion and protection of human rights is commonly viewed as “an essential precondition to improving the health of individual drug users and improving the public health of the communities where they live” (Wodak 1998:38). As such, the increasing centrality of human rights in harm reduction efforts has led to its identification, along with public health, as one of the approach’s key components (Hunt 2004).

Gerry V. Stimson (2007) has stated that both public health and human rights are “pillars” of harm reduction. Far from antagonistic, public health and human rights compliment each other through a shared ethos that is “facilitative, non-coercive, non-punitive, and cooperative” (Stimson 2007:68). These qualities reflect the humanistic values of respect and dignity said to be foundational to the harm reduction approach. In human rights discourse, these values incite harm reductionists to promote the rights of drug users, including their right to health, their right to social services, and their right to education. For some, this is harm reduction’s raison d’être (Elliott et al. 2005:115), leading harm reductionists around the world to lobby for drug policies, programs, and interventions that protect, rather than violate, drug users’ rights.

This incorporation of human rights into harm reduction, however, has many scholars questioning the supposed “amoral” nature of harm reduction. For decades, harm reduction’s proponents have presented it as a “scientific” approach based on
objectivity and neutrality; it has proved scientifically efficacious in dealing with disease transmission and is revered for being “value-neutral” on the issue of drug use per se. Yet this vision of perfect, apolitical neutrality is not achievable in practice, assuming that scientific neutrality is even possible. Helen Keane (2003) insists that the highly moralized discourse surrounding drug use in the international arena challenges harm reduction’s apolitical character despite its reliance on so-called “objective” principles. In such a climate, harm reduction’s neutral position is difficult to maintain in light of the “good” or “bad” moral framework in which drug use is so often framed. For Diane Riley and Pat O’Hare (2000), however, the inclusion of human rights in the harm reduction arena is not an affront to the supposed neutrality or apolitical status of the approach. Rather, the importance of the approach’s humanistic foundation lies in how harm reduction understands and approaches human difference. Harm reduction, they insist, must respect — and even honor — the diversity of the human experience “in all its wonderful, awful complexity,” including the practice of drug use. The quality and dignity of human life — the avowed goal of human rights — must be ensured through the application of the harm reduction approach, as it is “as much about human rights as it is about the right to be human” (Riley and O’Hare 2000:23).

Harm Reduction as Globalizing Strategy

A common theme in the harm reduction literature is the notion that harm reduction can work anywhere. Many, in fact, believe that one of harm reduction’s

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8 Countless science and technology scholars have argued that “science” — as an idiom, epistemology, and practice — is anything but apolitical (Fleck 1979, Shapin and Schaffer 1985, Latour and Woolgar 1986, Latour 1987). As early theories claiming science to be a “disinterested” practice have fallen out of favor (Merton 1973), many scholars maintain that science is never free of historical, personal, professional, and economic influences in its conception, production, and application. They illustrate that science is embedded in a variety of “social” and “political” relations, calling into question narratives of scientific objectivity, neutrality, and purity, and rejecting a priori definitions of and distinctions between science and politics.
greatest strengths is its capacity for moving and working within different milieus. They maintain that it can — and should — be taken up, implemented, and installed wherever drug-related harm is produced. The International Harm Reduction Association has long promoted this type of endeavor, and even initiated a project in 2006 to promote “a global environment conducive to the implementation and scaling up of harm reduction interventions” (Cook and Kanaef 2008).

This globalizing outlook coincides with the rise in interest in global health over the last fifteen years, particularly with regards to the connection between drug use and HIV/AIDS. The past decade has seen a sharp increase in global health efforts thanks to funds provided by such organizations as the Bill and Melinda Gates Foundation and the Global Fund to Fight AIDS, Tuberculosis, and Malaria as well as to the inclusion of global health in the Millennium Development Goals in 2000. The Institute of Medicine describes “global health” as “health problems that transcend national boundaries, that may be influenced by circumstances or experiences in other countries, and that are best addressed by cooperative actions and solutions” (Institute of Medicine 1997:11). Put another way, global health is concerned with not only diseases that traverse boundaries, but also those risky behaviors that cause or exacerbate such transnational disease transmission.

Global health practitioners maintain that diseases and behaviors are reducible, if not preventable, in one site by using lessons learned from others (Nichter 2008). This has led to the technical standardization of interventions and strategies on a global scale, particularly in the form of “best practices.” This notion of “best practices” refers to the process of developing and following a standard approach or technique derived from evidence-based research that can be used by multiple organizations or entities in any locale the world over. They can move across different environments and be integrated
into new settings and locations. With respect to harm reduction, the spread of infectious
diseases like HIV/AIDS and Hepatitis C among drug users and between users and the
general public has been the primary concern for decades. One of harm reduction’s
responses to these pandemics in the last ten years has been the development of best
practices recommendations and guidelines for interventions, most commonly around
needle/syringe programs (Burrows 2006, Buxton et al. 2008, Strike et al. 2011). The
design of such best practices around disease prevention and treatment for drug users
are meant as not only directives of care and intervention, but also as a means to scale
up harm reduction on a global scale.

Harm reduction is a globalizing strategy, being taken up and used in a variety of
locales to address a variety of drug-related issues. However, one must take caution
when referring to harm reduction as a “global” strategy. The development of an
internationally recognized harm reduction approach in the wake of the HIV/AIDS
pandemic could be interpreted as evidence of its capacity for such categorization. It
could, theoretically, be taken up and enacted in new environments and milieus. Yet
there is reason to cast doubt on labeling harm reduction with the “global” signifier. It
relies on the idea that harm reduction is independent of context of socio-cultural
influences. Given that harm reduction a) has emerged and reemerged at different
historical, political, and economic moments and b) is a shifting field continuously being
reworked and reformulated to fit the needs of its targeted populations, how can harm
reduction not be contingent on context and/or socio-cultural factors? In other words, do
the various discourses, technologies, and practices that circulate around harm reduction
not also travel with it as it is adopted and/or contested? What about these important
commitments?
While observing phenomena within particular spaces and times is the mainstay of the anthropological discipline, it is important to ask what purpose it serves to start an analysis with an examination of something “global” to get at the contours of “local” specificity. The work of Marilyn Strathern (1980, 1988), for instance, addresses this question, as she repeatedly challenges the binaries that we use to analyze the world and upon which the social sciences are built, binaries like nature/culture, individual/society, and local/global. Therefore, one must be careful to think about harm reduction in a global/local paradigm in order to avoid an analysis that frames harm reduction as merely a “local” variant of a “global” approach.

**Conclusion**

The descriptions of harm reduction outlined in this chapter point to the images that harm reduction evokes for so many of its proponents. The assumptions regarding the “sites” and “subjects” of harm reduction — how and why it is implemented and to whom it is directed — are based on idealized notions of how harm reduction operates. Its overt individualistic orientation to drug use, its central concern with risky practices, and its fierce promotion of self-care, for example, are all grounded in particular notions and beliefs regarding how harm reduction interventions should look and work.

Observing harm reduction in practice illustrates, however, the ways in which these notions and ideal constructions do or do not hold form. Here, the concept of “assemblage” from the work of Gilles Deleuze and Félix Guattari (2003) serves as a point of departure for thinking about what kinds of actions and relationships are organized around harm reduction in a specific milieu. Different actors, organizations, and discourses assemble around and in relation to it, creating various kinds of associations, conflicts, and identities that are never stable, always evolving. Ong points
out that the emergent dimension of assemblage provides a sort of “conceptual openness,” suggesting that “outcomes cannot be determined in advance” (Ong 2007:5). This point is key, since it indicates how different conditions make it unlikely, if not impossible, for something like harm reduction to take the same form or produce the same results in any universal way. To assume in advance that harm reduction will be taken up or used in a similar way fails to acknowledge just how reliant the approach is on how it plays out in action.

This chapter serves as a framework for the chapters to follow, which examine how harm reduction travels, circulates, and works in relation to the apparatuses and orders of contemporary Argentina. By highlighting rather than concealing the approach’s contingent character, these chapters illustrate how a seemingly independent public health approach like harm reduction is positioned in relation to a particular set of environments, relationships, and circumstances. Looking at harm reduction in Argentina provides an example for understanding how such a move takes place. But, more importantly, it offers a space from which to observe how the conceptual assumptions surrounding a globalizing strategy like harm reduction are not necessarily sustained in practice, where the spotlight on the individual drug user fades and where the line between scientific neutrality and political engagement is crossed.
Chapter 2

Problematizing Drugs in Argentina

The concept of ‘drugs’ is not a scientific concept, but is rather instituted on the basis of moral or political evaluations: it carries in itself both norm and prohibition, allowing no possibility of description or certification — it is a decree, a buzzword.

Jacques Derrida (1993:2)

The definition and characterization of “drugs” has been heavily debated between and within medical, scientific, legal, and academic circles for centuries. Some classify drugs by their abuse potential while others define drugs according to their pharmacological properties or traits. Others, however, argue that the category of “drugs” is a socio-cultural construction: “[T]here is no agreed upon scientific definition of the word drug...[W]hat drugs have in common is their classification by society” (Baer et al. 2003:98). Indeed, “drug” operates as a catch-all for a diverse collection of substances. The notion of a “drug problem” is similarly a construction that usually pertains to some substances, such as cocaine, opiates, and marijuana, and excludes or is less relevant to others, such as tobacco, alcohol, and pharmaceuticals. As Derrida (1993) notes, substances included in the former grouping are conceptualized as “drugs” because of their illicitness while those included in the latter are usually not objects of reprobation or criminal prosecution.

In this chapter, I examine how the use of different substances — both legal and illegal — has been framed as a “drug problem” in Argentina. I show how drug use has been variously constituted as a social problem, a health problem, and security problem at different historical and health moments in Argentina’s history. Such framings
influence how local institutions and organizations view and approach drug use as well as drug users in their country, including harm reductionists. This chapter begins with an outline of drug use patterns in Argentina since the 1960s. In addition to describing these patterns, I explore the discourses that surround and frame different drugs and modes of use as “problems” in need of attention, be it social, medical, or punitive. In the following section, I describe various institutional responses — both governmental and non-governmental — that have emerged over the last several decades to address the shifting drug problem. These include non-profit drug treatment centers, national government organizations, and private therapeutic communities.

The remainder of the chapter analyzes the reaction of Argentine harm reductionists to the dominant abstinence-based approaches promoted by most state institutions and therapeutic organizations. I discuss the critiques leveled by harm reductionists at such approaches, describing how they envision their harm reduction efforts as more appropriate and effective than their abstentionist counterparts. As such, examining how drug use and drug users have been subject to different types of discourse and intervention in this chapter provides crucial contextualization for understanding the drug landscape in which harm reductionists work in contemporary Argentina.

**Drug Use Patterns**

*1960s - 1980s*

Little is known about drug use patterns in Argentina prior to the 1960s. In the late 1960s and early 1970s, Argentina witnessed patterns of illegal drug use linked to marijuana, hallucinogens, amphetamines, barbiturates, and, to a lesser extent, lysergic
acid diethylamide (LSD). As with many contemporaneous counterculture movements in the global north, marijuana in particular was commonly considered a symbol of rebellion and social opposition of Argentine youth (Touzé 2006). This type of drug use was classified as a juridical-criminal problem at the time, one related to the image of the “dangerous,” young drug user whose resistance to authority was seen as a threat to public security.

The following decade was characterized by the continued use of marijuana, amphetamines, and pharmaceuticals as well as the growing use of opiate derivatives. It was during this period that drug use was first considered a “social problem.” This conception coincided with the military regime of 1976-1983 that drew a strong link between drugs, delinquency, and insecurity. This association produced a sense of great urgency to both define this problem and to design drug prevention and treatment strategies to address this social preoccupation.

After the return to democracy in 1983, widespread concern with the issue of drugs was even more prominent as the drug problem became more socially visible. Beginning in the mid-1980s, the amount and variety of drugs used in Argentina increased dramatically. During this period, cocaine use was documented among all social classes, and prescription medications, especially Rohypnol and Clonazepam, were increasingly consumed (Epele 2010a). Injection drug use also expanded during this period. In response, the Argentine government continued to promote drug prevention and treatment rooted in the repression of drugs and the promotion of drug abstinence. Simultaneously, the government became heavily involved in the U.S.-led War on Drugs that swept through Latin America, a prohibition-oriented campaign that focuses almost exclusively on reducing drug trafficking in the region. The social image of the “drug user” was, in turn, distinguished from that of the “drug trafficker,” with the
former categorized as “ill” and the latter as “criminal.” In this framework, drug use was deemed a psycho-social problem, and the sick drug user was, consequently, auto-destructive.

A widespread fear of drugs in the 1980s was further connected to anxieties regarding citizen security. Ana Lía Kornblit and Eliseo Verón (1989) argue that this was linked to the deterioration of socio-economic conditions that left a large proportion of Argentines in situations without basic necessities. The fear of victimization by drug users as well as their attack on moral order created a sense of alarm among the general population. In September 1989, Argentina’s current drug law, Law 23.737, was sanctioned to address the growing threat that drugs supposedly posed to the public.

Ricardo Paveto, the Secretary of ARDA, described this position in the following way:

With Law 23.737, a problem of security has been constructed. It has been established that the person that uses a substance or has a marijuana joint is synonymous with danger, is synonymous with potential crime, is synonymous with insecurity. With this law, he is dangerous to the security of the country and the security of the community.

The law takes a hard line stance on both drug use and drug trafficking by prohibiting and punishing all forms of drug possession, whether for sale or for personal use. However, if one can demonstrate that the drugs found in their possession were intended for personal use and not for sale, then he or she can avoid a prison term by undergoing drug treatment or rehabilitation. These alternatives are seen as ways for “ill” drug users to be “reinserted” back into the community. As a result, drug use under this legal framework is classified as a medico-juridical problem.9

The effects of political and neoliberal economic reforms that began in the late 1980s, such as high unemployment, poverty, and socio-economic inequality, coincided

9 Law 23.737 and its legal and social ramifications will be discussed in detail in Chapter 5.
with an increase in cocaine use in Argentina. In the Greater Buenos Aires area, for instance, the rapid proliferation of cocaine use was linked to the issue of accessibility. Cocaine was no longer confined to the middle and upper classes; it was now accessible to the lower socio-economic classes for whom it was previously out of reach (Rossi et al. 2008). This cocaine, however, had a reduced purity level, and was what several of my informants referred to as cocaine “for the poor.”

1990s - 2000s

In the 1990s, the drug problem occupied a particularly important place in Argentina’s public agenda. During this period, Argentina — a country previously regarded in official discourse as solely one of drug transit — transformed into a place of drug use (Epele 2010b). Having worked in the drug field for many years, several of my informants were quick to point out that there has always been drug use in Argentina. The difference in the 1990s, however, was that the residuals from trafficking drugs through the country, particularly Buenos Aires, on the way to Europe now contributed to heightened rates of drug use, particularly with respect to cocaine.

The 1990s saw a noticeable difference in drug use practices between Argentina’s socio-economic classes. Middle and upper class youth, for instance, increasingly used marijuana, synthetic drugs, poppers, and ketamine recreationally. The use of cheap, low quality drugs such as glue and other inhalants was, meanwhile, observed among the lower classes. Injection drug use also increased among the lower classes. This occurred at the same time that HIV/AIDS and Hepatitis C spread among drug-using populations, with the former increasing in magnitude in the early 1990s. There was also an increase in non-injected cocaine use during this period (Secretaría de Programación para la Prevención de la Drogadicción y la Lucha contra el Narcotráfico 2004).
Over the course of the decade, however, injection drug use began to decrease. Julia Recchi and her colleagues (2007) document this reduction by showing that the frequency of daily injection drug use decreased from 43.6% in 1998 to only 5% in 2003. Many researchers and health professionals have speculated as to the reasons for this change. The impact of the HIV/AIDS epidemic on this population is often cited as the primary reason. When asked about its impact, Graciela Touzé, the President of Intercambios, explained to me that the epidemic prompted many injection drug users to “care for themselves” by shifting their using habits. They reacted to the numerous HIV and AIDS-related deaths within their social networks by reducing their own “risky” behaviors (i.e. injection drug use). As María Epele (2003) explains, many members of the earlier generations of injectors have either contracted HIV or died as a consequence of HIV infection, an observation that has influenced many younger users to use through alternate means such as sniffing or smoking. This form of HIV prevention, it is argued, is a major influence on the marked decrease in injection among younger users.

Researchers have additionally shown that injection drug use has become a more hidden and individualized practice, one that is not talked about by injection drug users due to the stigmatized association between drugs, AIDS, and death (Epele 2003, Rossi et al. 2006). Indeed, the HIV/AIDS epidemic deepened the already negative social image of drug users in Argentina. The general public considered drug users to be disseminators of HIV/AIDS, an accusation in which HIV/AIDS was equated with drugs that in turn were equated with death. Such associations strengthened public stereotyping of users, particularly injection drug users. With a dominant social representation linking HIV/AIDS to death through drug use, users were stigmatized as “transmitters of death” (Rossi and Rangugni 2004). Injection, as a result, has become increasingly stigmatized, hidden, and less frequent. Recchi and her colleagues (2007)
document this shift by showing how 80% of users injected with fellow users in 1998 and only 42.4% did so in 2003. As such, injection has move into more private spaces, making injection drug use networks increasingly harder to find.

Cocaine sniffing, in turn, became the predominant mode of cocaine use in the 1990s (Epele 2010b). In contrast with injection, cocaine sniffing was considered a more individual practice that could be done in different places and did not require any knowledge on how best to use. The 1990s also saw other changes in cocaine use in Argentina, especially among poor users in the Greater Buenos Aires area. Specifically, users started smoking and sniffing what Argentines call pasta base (base paste) or paco, a paste created from the residue leftover from the cocaine production process. Paco is incredibly harsh on the body; continued use puts pressure on many of the body’s organs, and can lead to such conditions as pulmonary emphysema, delirium, seizures, and severe weight loss (Touzé 2006). Much of the drug’s toxicity is linked to the various agents used to dilute, or cut, the cocaine, such as bleach, fertilizers, pesticides, anesthetics, and veterinary medications. This has led many to refer to paco as the basura, or garbage, of cocaine. Epele (2010b) claims, though, that the rate and level of deterioration caused by paco are relative. She argues that the severity of physical harms associated with paco use is related to one’s life conditions and socio-economic class. One of my informants made a similar argument as he discussed the common argument that paco can kill in just six months. “Pasta base can kill in six months,” he told me, “if someone is malnourished, lacks social ties, doesn’t have family to help them, doesn’t have access to the health system, etcetera.”
Beginning in the late 1990s, experts began dubbing paco as a “drug of the poor” (Epele 2011). Drug users in Argentina’s villas\textsuperscript{10} could no longer afford to use purer variants of cocaine hydrochloride due to the exacerbation of poverty and the severe devaluation of the Argentine peso caused by economic crisis of 2001-2002. As Hugo A. Míguez (2007) notes, the initial price of a dose of paco (USS 0.25-0.50) was considerably cheaper than that of cocaine. Yet this low price belied the cumulative high cost needed to sustain a paco habit (Epele 2011). With one dose lasting between five and eight minutes, the cost associated with the number of doses needed to maintain a paco high — sometimes exceeding one hundred per day — can result in an expensive habit.\textsuperscript{11}

The association between paco and poverty was further strengthened by the representation of paco in both Argentine and international media. Most news stories about paco use in Argentina have emphasized the link between the drug and poverty, especially in the wake of the economic crisis (Clarín 2006, El Día 2006, Sagasti 2006, McDonnell 2007, Barrionuevo 2008). However, paco is certainly used among the lower-middle and middle classes (Touzé 2006). These “hidden” middle-class paco users do not receive nearly as much media attention as poor users, making paco socially-scripted as a drug of the poor. Nevertheless, the rapid physical deterioration caused by paco is still more pronounced among lower socio-economic users (Secretaría de Programación para la Prevención de la Drogadicción y la Lucha contra el Narcotráfico 2007).

\textsuperscript{10} Villa refers to a shantytown or slum, and is short for villa miseria (village of misery) or villa de emergencia (emergency village). They are usually informal settlements with little or no sanitation, electricity, or other services. For more information on and ethnographic descriptions of Argentine villas, see Auyero 1999, Auyero 2000, de la Torre 2008, and Tasín 2008.

\textsuperscript{11} Michael Agar (2003) describes a similar paradox in his analysis of crack in the United States.
A report published through the Transnational Institute on the paco market in three Latin American countries explores the possible reasons for this increasing “base paste problem” in Argentina. The report’s authors recognize that Argentina’s economic crisis and the resultant poverty do not fully explain the increase in paco use in the country. Rather, they argue that the intensification of the production, trade, and trafficking of cocaine hydrochloride within Argentina also contributes to this new trend. They state, “[T]here appears to have been a geographic rearrangement of the cultivation-production-export circuit, which may have had a decisive impact on the presence of [paste base] in the area” (Intercambios Asociación Civil et al. 2006:11). In fact, the use of similar cocaine derivatives have been documented in cocaine-producing Andean countries since in the 1970s, where paco equivalents are known locally as pitillo (Bolivia), bazuco (Colombia), baserolo (Ecuador), and kete (Peru). As such, the appearance and prevalence of paco in Argentina also points to the country’s new status in Latin America as a cocaine producing country.

Argentina’s changing role in the international cocaine market is key to understanding the rise of paco use. Beginning in late 1990s, the traffic of cocaine through Argentina was greatly affected by the U.S.-led crackdown on precursor chemicals used to manufacture cocaine and other drugs, including ephedrine and potassium permanganate. Such campaigns to control the production and traffic of drugs in Latin America, such as Plan Colombia,\textsuperscript{12} forced cartels in major cocaine producing countries to find new ways to continue their business. One strategy was to bring raw coca leaves to Argentina where precursor chemicals are produced but still legal albeit monitored. This was and is still considered more economic and less dangerous for

\textsuperscript{12} Part of the U.S.-led War on Drugs, Plan Colombia refers to U.S. legislation aimed at controlling drug production, drug trafficking, and left-wing activities in Colombia.
traffickers than bringing processed cocaine hydrochloride across international borders. Consequently, cocinas, or kitchens, for producing cocaine have proliferated across Argentina over the last decade.

Elías Neuman (2003) writes that the word “drug” in Argentina has vaguely referred to all drugs, be they “hard,” “soft,” synthetic, or natural from the 1970s until the turn of the 21st century. Without clear differentiation, “drugs” were seen as having the same negative effects on all people and under all circumstances. Argentine media, in turn, broadly portrayed the drug scene as a “social problem,” “scourge,” “curse,” and “epidemic.” However, Neuman notes a more narrow definition of the word in the wake of Argentina’s political and economic crisis. He states, “These days ‘drug’ is synonymous with cocaine. It shakes the collective imaginary” (Neuman 2003:65). Cocaine has, indeed, been a primary drug of interest over the last decade. As of 2006, Argentina had the second largest market for cocaine in South America with 640,000 users, the highest annual prevalence rate of cocaine use (2.6% of the population age 12-65) in South America, and the second highest prevalence rate of cocaine use in the Americas after the United States (United Nations Office on Drugs and Crime 2008).

Cocaine is, however, no longer the most widely used substance in Argentina in the post-crisis years. Marijuana, tobacco, alcohol, and pharmaceuticals have become the main drugs of choice. To begin with, the annual prevalence rate of marijuana use of 1.9% among 16-64 year olds in 2004 rose to 6.9% among 12-65 year olds in 2006, reversing a previous downward trend (United Nations Office on Drugs and Crime 2008). Argentina is also the leader of legal amphetamine use in the Americas with 17 daily doses per 1000 inhabitants (United Nations Office on Drugs and Crime 2008). These amphetamines are usually procured through legal avenues. In fact, the biggest drug-related public health problems in Argentina are associated with legal drugs such as
tobacco, alcohol, and pharmaceuticals. With respect to pharmaceuticals, Epele (2010a) notes a steady increase in the use of *pastillas*, or psychotropic pills, among youth in some of the villas of Greater Buenos Aires during and after the crisis. This has led to a noticeable pattern of abuse of pharmaceuticals, particularly benzodiazepines such as Clonazepam, within this population.

**Institutional Responses**

There was a lack of institutional apparatuses to deal with these drug use patterns in Argentina prior to the 1960s. Touzé (2006) argues that this reflected the Argentine public’s lack of concern with a “drug problem.” “This does not happen here” was the general response to the heroin-related problems associated with the United States and Europe at the time. In other words, drugs were viewed as “someone else’s problem.” By the late 1960s, the opinion of the general public began to shift; drugs came to be recognized as a “social problem.” Argentina’s first national anti-drug police network was established in response, and the first specialized drug treatment and rehabilitation center — a non-profit organization called the Fondo de Ayuda Toxicológica (Toxicology Assistance Fund – FAT) — was founded in 1966.

In the following decade, new institutions emerged as this increase in drug use produced greater demand for services. The first were coordinated by Catholic organizations that provided food, shelter, and clothing to drug users in addition to addiction recovery services through *internación*, or hospitalization. However, the first specialized drug treatment services in Argentina were rooted in the fields of psychiatry and toxicology (Rossi et al. 2000). Universidad de Buenos Aires (University of Buenos Aires), for example, teamed up with the Ministerio de Bienestar Social (Ministry of Social Welfare) to create Centro Nacional de Información y Asistencia Toxicológica (National
Center of Toxicological Information and Assistance – CENIATOX), an institution to investigate both toxic substances and addiction.

In 1972, Comisión Nacional de Toxicomanías y Narcóticos (National Commission on Addiction and Narcotics – CONATON) was established in order to examine the issues of drug use, prevention, and rehabilitation. A year later, Centro Nacional de Rehabilitación Social (National Center of Social Rehabilitation – CENARESO) was also created to provide re-education and re-socialization for those addicted to drugs. This was Argentina’s first specialized addiction prevention and treatment center supported by government funds. CENARESO remains the only national state center to offer addiction assistance to drug users. Ushering in a psycho-social approach to drug use and abuse in Argentina, the staff consists primarily of mental health professionals. Yet patients are not admitted to the center based on a psycho-pathological diagnosis. According to psychiatrist Mario Kameniecki (2007), they are admitted simply because they use drugs and are considered an “addict.”

A few years after the creation of CENARESO, Law 20.771 was passed in 1974, which punished drug possession for both sale and personal use. This national drug law was sanctioned almost simultaneously as an anti-subversive law known as Law 20.840, legislation that legitimized the so-called “National Security Doctrine” of 1976-1983 under which the military dictatorship operated. Under Law 20.771, drug trafficking and drug use were both equated with the issue of national security. The reaction to drugs, therefore, was primarily a punitive one in order to defend Argentina from the subversive threat that drug trafficking, narcoterrorism, and addiction supposedly posed to the country’s security. During the dictatorship, drug re-education and rehabilitation were added to this penal response, being offering mainly in psychiatric hospitals and prisons (Touzé et al. 1999b).
With the return to democracy and the election of President Raúl Alfonsín in 1983, the role of the state in dealing with issues of drug use and addiction became a more tolerable one. This involved the medicalization of drug use and addiction, a process involving “defining a problem in medical terms, using medical language to describe a problem, adopting a medical framework to understand a problem, or using a medical intervention to ‘treat it’” (Conrad 1992:211). Facilities and institutions — both governmental and non-governmental — dedicated to addressing these “illnesses” increased, with the predominant modalities being hospitalization, out-patient centers, and therapeutic communities.

In 1985, a new body charged with designing drug prevention and care services was created to replace CONATON. Known as Comisión Nacional para el Control del Narcotráfico y el Abuso de Drogas (National Commission for the Control of Drug Trafficking and Drug Abuse – CONCONAD), this commission was also the first government unit in charge of drug policy; it was responsible for monitoring and controlling the growing concern of drug trafficking in Argentina. In 1986, CONCONAD argued in its National Plan that Argentina was not a country with alarming rates of drug use, but was a country of drug transit and production of chemical precursors (Touzé 2006).

By the end of the decade, CONCONAD was replaced by Secretaría de Programación para la Prevención de la Drogadicción y la Lucha contra el Narcotráfico (Secretariat of Programming for Drug Addiction Prevention and the Fight Against Drug Trafficking – SEDRONAR). Created in 1989 by newly elected President Carlos Menem, SEDRONAR was charged with the following duties: 1) to assist on issues related to the control and legislation of drug use and drug trafficking and 2) to coordinate policies regarding drug use and drug trafficking. SEDRONAR is, therefore, responsible for
controlling both drug demand (in the form of drug prevention and treatment) and drug supply (in the form of drug trafficking, money laundering, and control of chemical precursors).

The unification of control of drug prevention, treatment, and trafficking under a single national body in Argentina coincided with similar recommendations made by the United States government across Latin America during the 1980s. However, this merger under SEDRONAR has been one of the greatest points of contention among politicians, scholars, and health professionals since its inception. Many critics, including several of my informants, argue first and foremost that SEDRONAR uses its resources disproportionately less to reduce drug demand than drug supply. When I asked Paveto his opinion of SEDRONAR, he made the following statement:

SEDRONAR is a copy of what the DEA [U.S. Drug Enforcement Administration] has drawn up for each country, an apparatus that concentrates as much on the fight and repression against drug trafficking and money laundering as on the prevention of addiction. So, it is crazy, an incongruity that the body that has to think about measures of intelligence, conspiracy, monitoring, and repressive measures is the same body that plans addiction prevention policies. In general, what they do is translate those repressive, persecutory, punitive criteria toward the field of prevention. That body should disappear and the policy of repression of drug trafficking should be something for security forces, the national and provincial police, the Coast Guard, the National Guard, the federal police, and the prevention policies would be for the Ministry of Health, the Ministry of Social Development, and the Ministry of Education.

This unduly attention to the question of drug supply over drug demand has led SEDRONAR to cooperate with private groups in order to offer drug prevention and treatment services to drug users around Argentina. Through a system of becas, or scholarships and subsidies, SEDRONAR provides financial as well as technical support to private clinics and NGOs that work in the areas of drug prevention and treatment. The development of terciarización, or outsourcing, of services further corresponds with the
transfer of public resources to the private sector that accompanied Menem’s neoliberal policies. One major consequence of this process was the massive increase in the number of NGOs addressing the country’s “drug problem.”

Therapeutic Communities

One of the most prevalent apparatuses to receive such assistance in Argentina is the therapeutic community. Before therapeutic communities took root in the 1980s, self-help groups developed as a form of drug treatment. Focused primarily on drug user behavior, these groups often combined psychological therapy with social modification, and usually had a religious component. Christian life communities, for instance, were religious groups that promoted communal Bible study and prayer as a way to end drug use. Federico, an employee at a private drug treatment center in Buenos Aires, described such communities in the following way:

Life communities aimed to get people to join the community. There was a confessional goal, what they were looking for was conversion to Christianity for people who came to stop using drugs. So, it was a confessional approach. There was no bridge to social reinsertion and no therapeutic structure. That confessional approach without the search for reinsertion, without precise therapeutic objectives, only tried to have an emotional connection and was about handling the spiritual.

In the 1980s, private organizations in Argentina started providing drug treatment through therapeutic communities. These spaces offered medical, psychological, and social care to drug users who were physically and/or psychologically dependent on a variety of substances. According to Stuart Whiteley (2004), the roots of the therapeutic community self-help model can be traced back to the moral treatment philosophy of the late 18th and early 19th centuries. Whiteley notes that the work of Philippe Pinel, a French physician at the Hospice de la Salpêtrière and the Bicêtre Hospital in Paris, at this time promoted the idea of treating the “emotional self.” The work of the influential
Tuke Family, Quaker merchants that helped establish the Retreat Mental Hospital in Northern England, simultaneously promoted the idea of treating the “moral self.”

The therapeutic community model began to take shape in the 1950s in the United Kingdom and the United States. British psychiatrist Maxwell Jones developed the model through his work at Belmont Hospital on the outskirts of London. In addition to therapeutic interactions with hospital staff, Jones believed that a key part of an individual’s psychological treatment was his or her relationships with other patients. Observing Jones’ work, anthropologist Robert Rapoport (1960) identified key ideological principles of the therapeutic community: permissiveness, communalism, democracy, and reality confrontation/testing. In the United States, psychiatrist Harry Wilmer established the country’s first therapeutic community at Oak Knoll Naval Hospital in Oakland where he used the model to treat Vietnam veterans suffering from what is now known as Post-Traumatic Stress Disorder.

One of the first therapeutic communities in the United States to focus on drug users, Synanon, was founded in 1958 in Santa Monica, California. Synanon’s philosophy and treatment concept were initially based on religious ideas that blended Christian values with Zen influences as well as the therapeutic ideas of Alcoholics Anonymous, the Human Potential Movement, and the Oxford Group (Soyez and Broekaert 2005). However, authorities began to investigate several of Synanon’s legal and therapeutic practices in the following decades. The group was identified as a cult, and officially dissolved in 1991 due to internal conflicts, financial troubles, and negative press. Nevertheless, Synanon did influence the development of several therapeutic communities around the world.

The growth of therapeutic communities in Argentina during the 1980s was heavily influenced by similar therapeutic facilities abroad, particularly Daytop Village in the
United States and Centro Italiano di Solidarietà Progetto Uomo (Human Project of the Italian Solidarity Center) in Italy (Rossi et al. 2000). One of Argentina’s oldest therapeutic communities is Programa Andrés (Andrés Program). Influenced by the strategies of both Daytop Village and Progetto Uomo, Carlos Novelli, the program’s founder, started Programa Andrés as a drug treatment alternative to CENARESO (González 2010). The community promotes behavior and lifestyle change, peer interaction, and self-management.

Over the years, Argentine therapeutic communities have taken many forms; they can be public or private, religious or secular, democratic or hierarchical. They are often highly professionalized communities run by interdisciplinary teams that include medical doctors, psychologists, sociologists, and other specialists. With their psycho-social focus, almost all therapeutic communities insist on abstinence from drugs and sex as a prerequisite for receiving care and for inclusion in the group or community (Rossi et al. 2000). Considered by many to be a form of “high threshold” drug treatment, abstentionist criteria are often criticized as a barrier to services. Emilio, a psychologist at a state drug treatment center, objected to how therapeutic communities in particular employ these strict requirements:

In therapeutic communities, they ask you to stop using before starting treatment. We believe that stopping use has to do with the consequences of treatment. We can’t ask someone to start treatment when the problem does not exist. We believe this is irrational to ask someone to stop using in order to start treatment as a requisite. Abstinence is a product of treatment.

Several of my informants also objected to the isolationist dimension of the therapeutic community model. One of my informants referred to the therapeutic community as an “apparatus of enclosure” where a user is cut off from their social links
sometimes for an undetermined amount of time — in order to receive treatment. The President of ARDA, Silvia Inchaurraga, explained the trouble with this approach:

The problem with closed places, basically with therapeutic communities, is that they construct a reality in which the person is isolated from his environment and also isolated from his problem. When that person comes out after let’s say eight months when he has been in an environment where he has been kept isolated, not only from drugs but the idea of drugs, that person is going to come out and not go live on Fifth Avenue in New York. He is going to go back to living in the same alley of the villa, and in front of him will be his girlfriend that keeps injecting cocaine. In his house will be his mother who will keep selling cocaine in small amounts. When he leaves the therapeutic community after those eight months, that person is going to go back to living in the same place where he lived, be around the same people that use drugs, have the same girlfriend, the same friends, the same family that he had and, thus, have contact with the drug he tried to quit during those eight months. So, if that model has not changed something about the reasons why that person uses drugs, he is going to give in to that famous phenomenon of relapse.

**The HIV/AIDS Epidemic**

The first drug use-related AIDS case in Argentina was diagnosed in 1985 (Touzé 2006). But it was not until the late 1980s-early 1990s that the country’s HIV/AIDS epidemic fully emerged. Several organizations and programs were created in response to this public health issue, both governmental and non-governmental. For example, Fundación Huésped (Guest Foundation) was founded in 1989 by future President of the International AIDS Society, Dr. Pedro Cahn. Now one of Argentina’s most prestigious HIV/AIDS NGOs, Fundación Huésped conducts studies on HIV/AIDS, carries out HIV/AIDS prevention projects, and provides HIV/AIDS-related trainings and education. In 1989, a group of People Living With HIV/AIDS, or PLWHA, also started developing community prevention projects in Buenos Aires. The group expanded in 1996 to form what is today known as Fundación Buenos Aires SIDA (Buenos Aires AIDS Foundation).
In 1992, Argentina’s Ministry of Health created Programa Nacional de Lucha contra los Retrovirus del Humano, SIDA y ETS (National Program to Fight HIV, AIDS, and STDs) to address the country’s growing epidemic through HIV/AIDS prevention and treatment programs. A few years later, the World Bank started negotiations with the Argentine government to establish a comprehensive AIDS program with the help of a loan. At the end of 1997, an agreement was reached to create Proyecto de Control del SIDA y ETS (National AIDS and STD Control Project – LUSIDA). Distinct from the National Program to Fight HIV, AIDS, and Sexually-Transmitted Diseases, LUSIDA focused on HIV/AIDS prevention activities and campaigns and epidemiological surveillance. With the end of World Bank loan coinciding with the onset of Argentina’s economic crisis, LUSIDA unfortunately came to an end in 2002.

Despite this response, HIV/AIDS as it specifically related to drug use was not given nearly as much attention. Even with the obvious links between drug use and HIV/AIDS mentioned in the Introduction, the Argentine government was slow to respond with HIV/AIDS prevention efforts directed toward drug users. This is not altogether shocking given the previous lack of attention paid to drug use and drug use-related issues by the public health structure. As Tim Frasca notes, “Official passivity in the face of the dual public health emergency — addiction and AIDS — marked the first phase of Argentina’s epidemic” (Frasca 2005:167). HIV/AIDS prevention was, moreover, not included as part of the therapeutic services provided at most rehabilitation programs (Touzé and Rossi 1993). Doing so was considered contradictory in treatment programs based on abstinence.

As the epidemic spread throughout Argentina, it became increasingly impossible to institutionally dissociate HIV/AIDS from the phenomenon of drug use. HIV/AIDS, in fact, created a health response to the drug problem, one that compelled drug users to
circulate through health institutions they had not previously accessed. Institutions were also forced to address the fact that drug use was a driving force behind Argentina’s epidemic. One such move was the announcement of Resolution No. 351 by SEDRONAR in July 2000, which recommended that the National Ministry of Health adopt programs and measures aimed at reducing the individual and public health risks associated with drug use. The resolution was meant to increase access to and availability of services for drug users who were not currently in treatment and/or who were at a high risk of harm related to the transmission of infectious diseases through drug use (Romero 2004). As a result, SEDRONAR authorized the distribution of syringes to users who were not enrolled in a drug treatment program or who had repeatedly failed in such a program. When asked about the motivation for such a change, Lorenzo Cortese, then Director of SEDRONAR, stated, “This is a topic that until now has been hidden…Even when a person falls off the path to recovery and chooses to follow a life of anguish, the state cannot remain immobile. There is grave harm in hiding the phenomenon, for doing so leads to the further spread of disease” (Melamed 2000).

Resolution No. 351 was a radical development in the promotion and implementation of harm reduction in Argentina. In the spirit of the resolution, LUSIDA promoted harm reduction interventions in the metropolitan areas of Buenos Aires and Rosario, and the National Program to Fight HIV, AIDS, and Sexually-Transmitted Diseases began incorporating harm reduction interventions such as condom distribution into their efforts. Unfortunately, the change brought about by the resolution and Cortese was short-lived with respect to the Secretariat’s position. A few years later, José Granero, a pro-abstinence politician, was installed as Director of SEDRONAR in June 2004.
Reactions to Abstinence

Argentina’s HIV/AIDS epidemic illustrated, above all else, the fundamental failure of abstinence-based interventions and policies in curbing disease transmission. It created a need to redefine Argentina’s official abstentionist paradigm and to replace prohibitionist drug policies. According to many of my informants, Argentina’s long-term abstinence approach is supported by several powerful “myths” or “stereotypes” regarding drug use as well as drug users (Inchaurraga 2002a, Cymerman et al. 2003).

The first of these myths suggests that drugs are the cause of drug addiction and dependence. Assigning an important and active role to the drug itself creates a sort of “fetishization of the substance” in which a drug is assigned magical qualities, powers, and capacities (Touzé 2002a). Often times, this translates into drugs being framed as not only automatically addictive, but also something external to society that threatens the “healthy” public (Cymerman et al. 2003). This fear of contagion and contamination has repeatedly led to a militaristic approach to drugs in Argentina whereby the drug itself becomes the focus of attention, control, persecution, and demonization.

When a drug is seen as the source of the problem, abstinence is often promoted as the solution. Consejo Publicitario Argentino (The Argentine Publicity Council), for instance, began coordinating social communication drug prevention campaigns in the late 1980s that reflect this approach. These campaigns promoted such messages as “No dejes que la droga te atrape.” (Don’t let drugs trap you.) and “La droga es un viaje de ida. No te subas.” (Drugs are an outbound trip. Don’t get on.) (Touzé 2006:60). At the beginning of the new millennium another national campaign was launched under the title of “Maldita Cocaína” (Damn Cocaine). A reference to the personal struggle of national soccer hero, Diego Maradona, with cocaine, the message of this campaign was
simply that “drugs kill.” It drew little distinction between different drugs, and located the drug problem in the drug itself; little attention was paid to the context or modes of use. Instead, this fear-based abstentionist campaign — and others like it — set up a stark dichotomy between life and drugs (Touzé 2006).

Such an orientation to drugs reflects a hegemonic discourse that drug use — regardless of mode of use — is inherently a “risky” behavior. It sustains an imaginary that drugs are responsible for risk behaviors, as an “enhancer of auto-destructive tendencies,” a “determinant of promiscuous behaviors,” and a “trigger of suicidal acts” (Inchaurreaga 2002a). Harm reductionists, conversely, argue that the problem is not with drugs in and of themselves. They are not, as Inchaurreaga (2002b) indicates, intrinsically “good” or “bad.” What merits attention, instead, are those problems associated with drug use. Using the example of HIV/AIDS, Inchaurreaga explained the difference as such: “The problem is not that a person injects drugs. The problem is that that person shares needles and syringes. The drugs are important of course, but they are not the only thing to consider.”

The second myth maintains that drug users are delinquent and dangerous. As mentioned above, drug use has often been associated with crime and insecurity in Argentina. In the name of citizen security, both government and non-governmental programs have promoted abstinence and prohibition as part of their “social defense” against the threat of drugs (Touzé 2006). At Intercambios’ National Conference on Drug Policy in 2010, Victoria Rangugni explained that the links drawn between drugs, crime, violence, and poverty in Argentina, particularly with respect to youth and crime, has instigated a punitive response from the state. Such a response is considered justified when the drug user is represented as a perpetrator of crime and threat to security. This has validated the sanctioning of legislation, such as Law 23.737, that criminalizes
individual behavior and subjects drug users to stigmatization as “criminal” (Inchaurraga 2002a). This kind of approach deals with drugs by means of repression rather than prevention.

The third myth implies that drug users are consciously or unconsciously looking for death by using drugs. In this psycho-pathological argument, drug users are visualized first and foremost as “addicts,” regardless of dose, frequency, and circumstances of use (Touzé 2002a). Drug users are furthermore considered dangerous to themselves, auto-destructive, and unconcerned with their health. Diana Rossi and her colleagues (2007) observed this attitude among health professionals in the cities of Buenos Aires and Rosario who believe that drug users are largely unconcerned with their own health.

The fourth and final myth suggests that drugs cause HIV/AIDS. The strong link between drug use and HIV/AIDS in Argentina has generated various abstinence campaigns claiming that “the best form of AIDS prevention is not using drugs” (Inchaurraga 2002a). These kinds of messages perpetuate the notion that HIV is automatically transmitted via drug use without acknowledging the roles that context and mode of use play in disease transmission. The association between drug use and HIV/AIDS has, furthermore, resulted in Argentine drug users, as mentioned above, being stigmatized as transmitters of HIV/AIDS. As a result, users have been labeled epidemiologically as a “high risk group,” a social construction that reinforces the notion that HIV/AIDS is only a problem of designated “risk groups” (Glick Schiller et al. 1994). Such a construction, in turn, reduces the subjectivity of drug users to their so-called “risky” drug use behaviors.
Conclusion

By critiquing these numerous myths and stereotypes, Argentine harm reductionists distance themselves and their orientation to drugs from abstinence-based interventions and policies. Operating on different assumptions than other forms of intervention, harm reduction as a strategy deals with the notion of “drug problems” in a way that differentiates it from an abstinence-based approach. Under harm reduction, drug use can be constructed as a “problem;” it does not deny that drug use can be problematic. In fact, the very notion of reducing drug-related harm is about addressing the numerous problems that can result from drug use. Harm reductionists, however, point out that drugs in and of themselves do not constitute a problem nor does drug use always produce or lead to problems.

Harm reductionists, furthermore, take issue with any sort of uniform approach to drug use. Paveto made this point clear when he told me, “We consider that the harm reduction focus makes possible a wider range for determining the best approach [to drug use] according to the singularity of each case and not like the approach that homogenizes all types of interventions by thinking that there is only one possibility of intervening.” Touzé made a similar point in a recent newspaper interview by stating, “[T]he drug problem is talked about and, in reality, is a multi-faceted, plural topic because there are many substances and there are different contexts in which they are used. It is not effective to respond in the same way to all types of use” (Boyanovsky Bazán 2010). This is because harm reduction is, as Andrew D. Hathaway, explains “a counter-rhetorical strategy that accepts in part official definitions of ‘the drug problem,’ but not the suggested remedies” (Hathaway 2001:132).
Chapter 3

The Centrality of Civil Society: The Role of Argentine Non-governmental Organizations in Harm Reduction

Analyzing the politics and practice of harm reduction in Argentina ethnographically begins with those individuals, organizations, and programs that have taken up and employed harm reduction in their day-to-day operations. In this chapter, I discuss the central role that civil society plays in the promotion of harm reduction in Argentina. The majority of programs and interventions that address drug use in Argentina are coordinated by civil society. Indeed, it is civil society in the form of NGOs — as opposed to the state or for-profit institutions — that primarily work with harm reduction. They are the driving force behind the travels of harm reduction to, within, and between different sectors in Argentina. This configuration is indicative of the complex, historical relationship between civil society and the Argentine state, particularly given the effects of the government’s neoliberal reforms and the privatization of services in recent decades. As such, this chapter highlights those Argentine NGOs that work specifically with the harm reduction approach as well as their sometimes combative and sometimes collaborative relationship with the state and private organizations and institutions.

The chapter begins with a discussion of the concept of “civil society,” focusing specifically on theories of the NGO. Civil society as an idea is both understood and utilized differently by a range of actors in various contexts. Focusing on contemporary theories of civil society, I show how NGOs — although framed as a distinct “third sector” — are often intimately entangled with state and for-profit entities and ventures. The next section discusses these entanglements with an overview of civil society in Argentina.
describe the development of Argentine civil society, particularly since the mid-20th century, in order to provide the contextualization necessary for locating the work of harm reduction NGOs within Argentina.

The chapter continues with a detailed description of the three NGOs with whom I conducted the majority of my fieldwork: Intercambios, Asociación de Reducción de Daños de Argentina, and El Retoño. These local organizations are the primary proponents of harm reduction in Argentina, and are led by professionals who came to learn about and utilize harm reduction in different ways and under different circumstances. In recounting the history, organization, and activities of these NGOs, I draw attention to ways in which harm reduction projects and programs are created, funded, and implemented, many times through collaborations with other non-governmental institutions, international agencies, private organizations, and the Argentine state. One way these partnerships are produced is through the formation of national, regional, and international harm reduction and drug networks. The chapter concludes with a summary of harm reduction projects located outside the purview of civil society. Select state institutions have slowly but increasingly incorporated various harm reduction interventions into their programs, especially since the advent of HIV/AIDS. However, I show that the above-mentioned NGOs are often intimately involved in the launch and function of many state harm reduction efforts.

**Conceptualizing Civil Society**

Volumes have been written describing and theorizing “civil society.” Conventional notions of civil society view it as a “democratizing” space where citizens convene outside the watchful eye of the state. In such a space, civil society serves as a mediating force between the individual and the state. A general definition describes it as
an arena where “self-organizing groups, movements, and individuals, relatively autonomous from the state, attempt to articulate values, create associations and solidarities, and advance their interests” (Linz and Stepan 1996:7). In this sense, “civil society” is invoked as a sort of “catch-all” category — often abstracted and essentialized — for everything that is not the state. Civil society organizations are, moreover, frequently framed as an autonomous “third sector” separate from the for-profit (business) and public (state) sectors. Organizations falling within this third sector are loosely termed “voluntary,” “non-profit,” or “non-governmental” (Lewis 1999:73). According to Lester M. Salamon and Helmut K. Anheier (1996), such organizations are private in form, but public in purpose.

The configuration most associated with civil society or the third sector is the NGO. This term was first introduced by the United Nations in the 1940s in order to distinguish between for-profit organizations and government agencies. NGOs were specifically imagined as being distinct from the government in order to act as moral critics of states (Leve and Karim 2001). Since this original description, the mandate of NGOs has expanded as their numbers, size, and scope have increased the world over. But, as several have argued, the label of “NGO” obscures the fact that a vast array of organizations are filed under in this single category. Ranging from small community based-organizations to grassroots alliances to international multi-million dollar organizations to village-level groups, NGOs now include both non-profit and for-profit enterprises. This has led scholars to question of the very category of “NGO.” William F. Fisher (1997), for example, argues that the lumping together of so many different actors under this category of “NGO” obscures their significant complexity. As such, many consider “NGO” to be too vague and diffuse a category to serve as a useful or even sufficient analytical tool (Fernando and Heston 1997, Mencher 1999).
Despite these critiques, NGOs remain the dominant organizational form to implement “bottom up” development in the global south. For many, NGOs — rather than the state or large, bureaucratic institutions — are considered better suited for this kind of work (Kamat 2004). Indeed, NGOs are frequently imagined as a universal remedy for development, a “magic bullet” that “can be fired in any direction and will still find its target” (Edwards and Hulme 1996:3). As a result, NGOs have multiplied in the global south, leading many to refer to such growth as a “quiet revolution” (Leve and Karim 2001:54). This proliferation is often a reaction to the dismantling of states through structural adjustment policies promoted by the World Bank and the International Monetary Fund (IMF) as well as decreased state spending. In response, many NGOs — funded in part or in whole by governments — have become the administrators of goods and services once provided by the state, creating what Geoff Wood (1997) calls a “franchise state.” This undercuts the early history of NGOs as independent of the state or international support.

Several scholars have, in fact, discussed this issue further by illustrating how conversations around NGOs too often rely on reified notions of “the state” and “civil society” (Hulme and Edwards 1997, Schuller 2007). Sangeeta Kamat (2004), for one, argues that it is analytically misleading to construct such conversations around a false dichotomy between these two entities. Although conventionally understood as part of civil society, NGOs, Kamat suggests, are actually a key part of remaking state institutions and processes. By receiving money and pressure to work in areas where the state has withdrawn, NGOs take on a sort of managerial and technical role that belies popular assumptions that civil society constitutes the “non-state” sphere and is by design resistant to state authority. As a result, NGOs are deeply implicated in reconfiguring what we have come to know as “civil society.”
Civil Society in Argentina

The origins of civil society or the “third sector” in Argentina can be traced to philanthropic organizations developed during the Spanish colonial period between the 16th and 19th centuries. These organizations were closely associated with colonization and the so-called “charitable” activities of the Catholic Church (Thompson and Campetella 1995). After the country’s independence from Spain in 1816, the new government took control of social action programs, leaving many organizations somewhere between the private and public sectors (Campetella and González Bombal 2000).

The 20th century saw little room for the development of civil society in Argentina due to the state-oriented conservative and populist governments and military dictatorships that dominated the majority of the century. There were some exceptions in the form of labor unions, immigrant self-help associations, and organizations related to the Church. Nonetheless, Argentina witnessed the rise of a strong welfare state based on the labor union foundation in the 1940s and 1950s under the populist-nationalist government of President Juan Perón (Thompson 1992). The growth of national industry, the establishment of worker’s rights, and the expansion of the social security system characterized the Peronist era. The expansion of social services, in particular, meant that the state became the purveyor of such services as health, housing, and education. The paternalistic politics of Peronism led to an increase in state regulation and intervention in the lives of el pueblo, or the people. The growth of a large, educated middle class during this time also created a cadre of Argentines who would later be responsible for much of the civil society organizing in future decades (Campetella and González Bombal 2000).
The decades following the exile of Perón in the mid-1950s saw a surge of civil society activity. Trade unions, cooperatives, non-profits, and student groups across Argentina frequently organized against various state social and economic policies. However, the installation of a military dictatorship in 1976 led to drastic changes in both the organization and performance of civil society. Under a regime of state terrorism, civil society organizations were often viewed with great suspicion. They were lumped into one of two categories: anti-government activists or handmaidens of the military government. Members of civil society were thus forced to walk the line between subversive war and military discipline (Campetella and González Bombal 2000). Driven by either apathy or self-preservation, Argentina’s once vibrant civil society faded under the culture of fear created by the military government.

During the dictatorship, one configuration of civil society did appear and flourish: human rights organizations, particularly Madres de la Plaza de Mayo (Mothers of the Plaza de Mayo). Comprised of mothers of desaparecidos, those forcibly “disappeared” by the military government, this group protested in front of the Casa Rosada, the Presidential Palace, every week, demanding information regarding the whereabouts of their sons and daughters. Wearing white scarves around their heads and carrying photos of their missing children, the Madres’ peaceful protest drew international attention to their cause as well as other human rights abuses committed by the military regime. Indeed, many have argued that the actions of the Madres and other human rights organizations were important in garnering massive national and international criticism of the military government and in the transition back to democracy in 1983 (Navarro 1989, Bouvard Guzman 1994).

The human rights movement brought about a model of politics as well as a new form of civic engagement that reshaped Argentine civil society in the post-dictatorship
era. Alison Brysk (1994) suggests that the movement helped change civil society on three levels. First, the movement created democratic citizenship, reasserted the autonomy of civil society, and pointed to the possibility of a public sphere. It helped stimulate the formation of coalitions, develop new, non-traditional mechanisms for protest, and create novel spaces for social and political struggles. Second, it transformed collective norms and values in the post-dictatorship era. Third, it encouraged pre-existing social institutions across the country to change significantly with the adoption of human rights agendas. As Brysk argues, human rights discourse rapidly spread across Argentina's civil society, making it a "necessary referent for civic identity" (Brysk 1994:137). In addition, the human rights movement called for more public accountability and responsiveness from representative institutions, a concern common to many civic projects after the dictatorship. This phenomenon of "societal accountability" — as Catalina Mulovitz and Enrique Peruzzotti (2001) describe it — draws attention to the various civil society actions organized around demands for legal accountability.

The human rights movement also ushered in a new type of politicization that made the strengthening of civil society a major policy goal for Raúl Alfonsín, the first democratically-elected president following the military government (Peruzzotti 2002). During the Alfonsín era (1983-1989), a renewed emphasis on civil society led to the revival and creation of many organizations that addressed everything from human rights to ethnic minority issues to consumer rights. It was around this time that the term "NGO" became widely used in Argentina — and Latin America more broadly — to refer to the array of organizations in the non-profit sector. The term encompassed different types of institutional forms, goals, and styles, including NGOs, trade unions, private research centers, and cooperatives. It is important to note, however, that the state maintained a paternalistic role with respect to civil society at this time. Organizations remained
institutionally weak as a result, and were generally dependent on the state (Campetella and Gómez Bombal 2000). Nevertheless, their numbers and activities increased under the protective welfare state fostered by the Alfonsin administration.

The election of President Carlos Menem in 1989 marked another important shift in the functioning of civil society in Argentina. Menem’s presidency (1989-1999) was heavily influenced by the privatizing logic of neoliberalism. In order to control hyperinflation and recession in the early 1990s, Menem brought Argentina’s economy in line with the Washington Consensus, a set of economic policy prescriptions for developing countries developed by the World Bank, the IMF, and other large financial institutions. These free market-based recommendations are organized around structural readjustment, rapid privatization, trade liberalization and deregulation, and decreased public expenditure. As a result, the Argentine government began to sell off state-owned entities, embrace private investment, and reduce state spending. Such actions were successful in controlling inflation and stimulating economic growth, but also dramatically increased the rate of unemployment as well as the population living under the poverty line (Grimson and Kessler 2005). Menem’s economic policy further promoted the divestment of state funding to public goods. The goal of such a policy was to extend market rationality to the public sector, the idea being that the market rather than the state would more efficiently and effectively provide goods to the Argentine people. With drastic decreases in government provisions for health, housing, education, and other social services, the position of the state as guarantor of social welfare began to deteriorate. Indeed, the state no longer filled the role of main social articulator or protector. But, it is important to remember that the state did not disappear. Rather, the way the Argentine state articulated its function was now dramatically different (Grimson and Kessler 2005).
As Menem’s government moved away from the welfare state model, a new relationship developed between the state and civil society. María Andrea Campetella and Inés González Bombal (2000) argue that Argentina’s civil society functioned as an appendage of political actors prior to 1989. However, Argentina witnessed a marked expansion of organized civil society in the 1990s as a reaction to the dismantling of the state by Menem’s neoliberal policies. With the rollback of the state, civil society assumed a noticeably greater role in service provision. Organizations were often viewed as “substitutes” for a waning state. From the government’s perspective, civil society organizations were deemed closer to “client” populations and, therefore, were better equipped to provide goods and services than state bureaucracies. In fact, many organizations received substantial funding from the government — often in the form of grants and subsidies — in order to carry out projects and programs in the state’s stead. From civil society’s perspective, the failure of the market to provide for the majority of Argentina’s population also meant that they would have to pick up the slack left by the state. NGOs, thus, became the executors of numerous social programs in various sectors, including education, health, housing, and nutrition.

As the state became more and more decentralized under Menem, civil society organizations proved increasingly useful in terms of service provision. However, the state was also useful to civil society organizations whose scope and expertise were now expanding due to their increased demand (Jacobs and Maldonado 2005). At the same time, civil society became more politically prominent, once again taking on the protagonist role against the government’s diminished concern for social issues. Alejandro Grimson and Gabriel Kessler (2005) explain that social issues were not one of the state’s primary concerns in the 1990s. In fact, Menem’s social policies were frequently criticized for being inconsistent, “fragmented and uneven” (Grimson and
Civil society, as a result, became the main engine of political and social change, often initiating or participating in political protests, advocacy work, and policing making.

Witnessing the effects of Menem’s neoliberal policies on numerous sectors of Argentine society, various groups organized against the unsustainability of such policies. In 1997, poor and marginalized people across the country began to protest layoffs from newly privatized companies by setting up picket lines and roadblocks. Known as *piqueteros*, or picketers, these unemployed individuals created a highly visible movement against the economic policies of the previous decades. Over the years, it has evolved into a more institutionalized kind of organization in the form of Movimientos de Trabajadores Desocupados (Unemployed Workers Movements), joining various cooperatives and other like-minded organizations (Jacobs and Maldonado 2005).

The visibility of these organizations was especially noticeable at the turn of the 21st century, when Argentina sunk into economic depression after several years of recession. Increasing unemployment, economic instability, and the withholding of a US$1.3 billion loan from the IMF at the end of 2001 contributed to economic crisis beginning in December 2001 (Blustein 2005). The worst economic crisis in Argentina’s history, bank accounts were frozen and multiple presidents held office in a matter of weeks as the country teetered on the edge of both political and economic collapse. Piqueteros continued their public protests while large groups of citizens across the country marched through the streets and plazas in the now famous *cacerolazo* demonstrations. Clanking pots and pans and chanting “¡Que se vayan todos ya!” (Let’s get rid of them all now!), these citizens — along with popular assemblies — voiced their hostility toward the major political parties and governments institutions. They called for the resignation of the country’s leaders, and demanded accountability for the
predicament in which Argentines now found themselves. This question of accountability was central to the organizing that occurred in the wake of the economic crisis. Indeed, Enrique Peruzzotti (2002) aptly identifies these actions as the latest development in the process of civil society politicization that was initiated by the Argentine human rights movement and has expanded in subsequent movements and associations.

What I look at in the remainder of this chapter is how NGOs and state-run institutions negotiate the implementation of harm reduction in this context. In what follows, I discuss three agencies that demonstrate the ways in which NGOs and other civil society associations have taken over in the absence of a strong government presence in the drug use arena.

Argentine Harm Reduction Organizations

Intercambios Asociación Civil

Intercambios Asociación Civil (Intercambios Civil Association) is a non-governmental organization based in Buenos Aires. It was founded in 1995 by a small group of professionals working in the area of drug use and abuse prevention at the Fondo de Ayuda Toxicológica (Toxicology Assistance Fund – FAT). Among these professionals are Graciela Touzé, social worker and Executive Director of Intercambios, Paula Goltzman, social worker and head of the Community Intervention and Training Department, Diana Rossi, social worker and head of the Research Department, and Pablo Cymerman, psychologist and head of the Advocacy Department. While still at FAT, they and their colleagues started an HIV/AIDS prevention program for drug users in Buenos Aires in 1992 after noticing how much of a problem HIV/AIDS was for the users they worked with on a daily basis. Funded by the Foundation for AIDS Research
The primary goal of this program was to inform drug users about preventative measures for reducing the HIV/AIDS risks associated with certain drug use and sexual behaviors, specifically the utilization of condoms and disposable syringes/needles. This program produced one of the first harm reduction publications in Argentina, a booklet on HIV/AIDS and drugs (Touzé and Rossi 1993).

The amfAR project was the future Intercambios members’ first foray into harm reduction work. At a time when HIV transmission was increasing among injection drug users in Buenos Aires, the project highlighted the urgent need for interventions based on reducing drug-related harm. As Touzé explained, “Almost half of the AIDS epidemic was associated with injection drug use. Afterwards, that situation changed, but in that moment it was very critical” (Boyanovsky Bazán 2010). But, as Touzé disclosed during one of our conversations, they did not know that what they were doing — the kind of interventions they were promoting — was called “harm reduction.” In fact, as she explained to me, they did not know at the time that something called “harm reduction” even existed. Their first exposure to the wider concept of harm reduction was through an ethnographic article on injection drug use and needle sharing in San Francisco by sociologists Harvey W. Feldman and Patrick Biernacki (Feldman and Biernacki 1988). Having accessed the article as part of the amfAR project, Touzé described reading the article’s description and example of harm reduction as a “big moment” for her and her colleagues. Learning more about harm reduction, however, was not an easy feat. Because internet access was nearly impossible for Touzé and her colleagues at the time, they had very limited access to the communities of scholars and harm reductionists outside of the Argentina. Substantive connections with wider HIV/AIDS and harm

\[13\] Founded in 1985, amfAR is an international non-profit organization dedicated to supporting research, interventions, and advocacy related to HIV/AIDS prevention, treatment, education, and policy around the world.
reduction professionals and activists only began with attendance at the 1994 International AIDS Conference in Japan and the 1995 International Conference on the Reduction of Drug-Related Harm in Northern Ireland. Intercambios was founded around this time.

The work of Intercambios is organized around the reduction of harms associated with various forms of drug use and sexual behaviors, with particular attention paid to poor, “vulnerable” users. When asked about this institutional preference, Goltzman provided the following explanation:

In our case, there is a priority for those that are the most vulnerable, those that are most vulnerable to a lot of situations. Not just to issues of health, issues of drug use. We say “vulnerability” when it’s mixed with other needs or other deficiencies that have to do with access to food, to recreation, to education, to housing, with a lot of other situations. So, we prioritize attention to those individuals that are the most vulnerable and those whose accessibility to the health system is really very different and much worse than that of the middle or upper classes. We developed with a priority to the poorest sectors, the most in need.

Goltzman’s own branch of the organization works with this population by designing and implementing intervention and training programs in different institutional settings and communities in Greater Buenos Aires. Supported and financed by national and international organizations and bodies such as the Pan American Health Organization (PAHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and, the United Nations Office on Drugs and Crime (UNODC), these programs focus primarily on the distribution of materials and information regarding safe drug use and sexual practices, the development of resources and training of community workers, and the facilitation of access of people affected by drug-related problems to local health and social services.

One of Intercambios’ first community-based activities was a small harm reduction workshop for local health professionals. They organized a screening of a video
produced by the New York-based AIDS Coalition to Unleash Power (ACT UP) that discussed needle/syringe exchange and sterilization, followed by an open conversation about harm reduction more broadly. In the years since this first action, Intercambios has initiated and been involved in numerous projects and interventions with the support of national and international bodies and organizations. A few years later in 1998, Intercambios received funding from Argentina’s Proyecto de Control del SIDA y ETS (National AIDS and STD Control Project – LUSIDA) to promote HIV/AIDS prevention strategies among pharmacy employees in Buenos Aires. They hypothesized that drug users did not have sufficient contact with the health system and, therefore, suggested that pharmacies serve as sites for promoting HIV/AIDS prevention. They worked with pharmacy employees to ensure that users were both provided with safe injection information and not denied the sale of sterile syringes or overcharged for such items (Cymerman et al. 1998, Cymerman et al. 1999). Simultaneously, Intercambios started their first community outreach program. Working in poor neighborhoods and villas in the City of Avellaneda just south of Buenos Aires, the outreach team distributed injection kits as part of an HIV prevention project among injection drug users from 1998-1999. Kits included a syringe, a cap to prepare the injected substance, distilled water, alcohol pads to disinfect the injection site, condoms, and pamphlets about safe injection. This program is credited as Argentina’s first needle/syringe exchange program (Touzé et al. 1999a).

Intercambios has since developed and implemented similar community-based projects in the Greater Buenos Aires area. In 2001, the Locos de Sarandí project started in Avellaneda with support from LUSIDA. By distributing safe injection kits and educational materials and conducting workshops, the project focused on promoting safe sex and injection practices among drug users and improving the access of users, their
sexual partners, and children to services (García Terán 2001). At the time, Adriana Procupet, Coordinator of Epidemiological Surveillance for LUSIDA, described the project as “the first time that harm reduction has adopted as an official policy” (Fluk 2001). In 2004-2005, Intercambios started another project in Avellaneda — this time called Locos de Avellaneda — with the support of the Global Fund for AIDS, Tuberculosis, and Malaria. A community outreach team was formed to work directly with users and to distribute materials and information around the neighborhoods. Part of the project involved creating a harm reduction counseling office in one of the local health clinics, an office that still operates to this day. Around the same time, Intercambios also provided institutional support to the municipal governments of San Fernando and Gral. San Martín — two cities just north of Buenos Aires — to start local harm reduction and HIV prevention programs organized around condom, safe injection kit, and information distribution (Novillo 2003).

In 2003, Intercambios participated in an important regional project launched by then Minister of Health, Ginés González García. The project entitled “Drug Abuse and HIV/AIDS Prevention in the Southern Cone Countries” ran from 2003-2004 and then again in 2006-2007 under the auspice of UNAIDS and UNODC. The projects’ objective was to improve the response of both governmental and non-governmental institutions in Argentina, Chile, Uruguay, and Paraguay in the prevention of drug use-related HIV/AIDS transmission. González García introduced the project as a harm reduction public policy and stated, “The prescription is to together find strengths within society to reduce risks, to reduce harms. Our priority is to avoid the spread of the AIDS epidemic” (La Nación 2003). Cymerman described this as a historical moment for harm reduction in Argentina by saying, “This is the first time that a Minister of Health speaks in favor of harm reduction measures. And it is important consequently for the improvement of the quality
of life of users and the community in general” (Romero 2004:138). Working with the Argentine Ministry of Health and other local government institutions, Intercambios’ outreach team distributed syringes and condoms to users in both Buenos Aires and the greater metropolitan area. They also conducted harm reduction trainings and workshops for health professionals and journalists on drug use and HIV/AIDS prevention (Goltzman 2004).

The second branch of Intercambios focuses on research. They conduct studies on everything from drug-related disease transmission, drug use patterns, and access to public health and medical services, and often collaborate with other NGOs, government agencies, and international organizations to do so. In 2000, Intercambios served as the NGO representative for Argentina in a regional study on HIV prevalence among injection drug users, their sexual partners, and children. UNAIDS financed the project that also involved NGOs and the National AIDS Programs of Argentina, Chile, Paraguay, and Uruguay (Rossi 2001, Touzé 2003). As part of another regional project, the 2003 UNAIDS/UNODC project on drug abuse and HIV/AIDS prevention in the Southern Cone discussed above, the researchers at Intercambios produced the results of their multi-year study on changes in injection drug use practices in Buenos Aires between 1998 and 2003 (Rossi and Rangugni 2004). Most recently, the NGO collaborated with government agencies and organizations in Argentina, Brazil, and Uruguay to compare HIV/AIDS and Hepatitis risk behaviors among drug users across the three countries from 2006 until 2009.

Much of the research conducted by Intercambios over the last decade has revolved specifically around cocaine. Intercambios worked with Centro Nacional de Referencia para el SIDA (National AIDS Reference Center), Centro Nacional de Reeducación Social (National Center for Social Re-education — CENARESO), among
others to investigate non-injected cocaine use in Buenos Aires and the greater metropolitan area in 2002-2003. Financed by PAHO and the Spanish Agency for International Development Cooperation, the study was part of a regional project on the patterns of non-injected cocaine use and HIV and Hepatitis prevalence among non-injection cocaine users in the Southern Cone (Zocatto et al. 2010, Caiaffa et al. 2011).

In 2006-2007, Intercambios conducted a similar study — again financed by PAHO — to examine blood-borne and sexually-transmitted diseases and risk practices among non-injection cocaine users, specifically cocaine base paste (paco) users. This was not the first time that Intercambios had investigated the use of paco. In fact, researchers at Intercambios conducted a study from 1999 until 2002 on the emergence of paco use and related risk practices in Buenos Aires (Touzé 2006). Intercambios was subsequently invited by the Transnational Institute (TNI) to participate in a study on paco in Argentina, Uruguay, and Brazil in 2005-2006. They examined the increasing use of paco in Greater Buenos Aires as well as the relationship between paco use and changes in drug trafficking patterns in Latin America (Intercambios Asociación Civil et al. 2006).

In the last few years, Intercambios’ team has conducted research on different aspects of national and international drug policies. In 2008, Intercambios contributed to a project of the Open Society Institute (OSI) on the consequences of international drug control policy on injection drug use and HIV prevention and treatment around the world. The project analyzed the specific impact of the 1998 Resolution of the United Nations General Assembly Special Session (UNGASS) on Narcotic Drugs on the health and human rights of drug users over the last decade. Intercambios was chosen by OSI to report on the particular situation in Latin America and the Caribbean (Rossi et al. 2008).
Most recently, the NGO conducted extensive research on Argentine drug policy and drug-related imprisonment. Coordinated by TNI and the Washington Office on Latin America as part of a larger project on drug legislation and prison systems across Latin America, the study examined the relationship between national drug policies and the overpopulation of Argentine jails in 2009-2010 (Corda 2010). Simultaneously, Intercambios’ research team carried out similar research on the profile of people detained for drug-related offenses in Argentina’s Federal Prison System (Corda 2011).

The third branch of Intercambios revolves around advocacy, the promotion of harm reduction programs and initiatives, and local, national, and international drug policy reform. The NGO’s first advocacy activity took place in 1997 at an UNAIDS-funded meeting on the state of HIV/AIDS and drugs in the Southern Cone. The meeting brought together NGOs and heads of National AIDS Programs from Argentina, Chile, Paraguay, and Uruguay to consolidate harm reduction strategies and to plan a future regional project on HIV/AIDS and drugs in the region. Intercambios served as a non-governmental representative from Argentina, and helped develop the regional project on HIV/AIDS and injection drug use that took place throughout following decade. In 1999, Intercambios held a public seminar to present the findings from their 1998-1999 study and community intervention project in Avellaneda discussed above (Touzé et al. 1999a). The following year, the NGO co-hosted a seminar for the UNAIDS-funded regional project on HIV prevalence among injection drug users, their sexual partners, and children in the Southern Cone (Rossi 2001). The results of project, which also had research and community intervention components, were presented to NGO representatives and government officials from Argentina, Chile, Paraguay, and Uruguay

\[14\] As an intern at Intercambios during my fieldwork, I assisted with the research and writing of this chapter.
(Melamed 2000). In 2003, Intercambios also participated in the UNAIDS/UNODC regional project on drug abuse and HIV/AIDS prevention in the Southern Cone described above which, in addition to research and community intervention, had an advocacy focus. A key part of the project was to initiate a productive debate among legislators and politicians regarding legislative and judicial responses to the growing HIV/AIDS epidemic in the region.

From 2007-2008, Intercambios participated in two high profile, international projects. The first was called “Beyond 2008,” and was organized by the Vienna NGO Committee on Narcotic Drugs. The project was an effort to influence the review of the goals set out by UNGASS in 1998 to reduce the demand and supply of drugs by 2008. The objective of the project was to gather information, experiences, and ideas from NGOs around the world that work in the area of drugs in order to provide a non-governmental perspective for the ten-year review. Intercambios served as one of the three lead organizations that conducted the project’s regional consultation for Latin America and the Caribbean. The second project was through the International Harm Reduction Association on the global state of harm reduction. A report was produced that mapped and documented harm reduction services, policies, and practices around the world, particularly those responses concerning drug use-related HIV and Hepatitis epidemics (Cook and Kanaef 2008). Intercambios was chosen to contribute the information for the chapter on Latin America, and did so again in 2010 for the second report in the series (Cook 2010).

Most recently, Intercambios received funding from OSI for two advocacy projects on drug policy reform and legislative changes in Argentina and Latin America more

\[15\] As an intern at Intercambios during my fieldwork, I assisted with the research of this chapter in the 2008 report.
broadly. Spanning from 2008 to 2011, these projects sought to promote dialogue between government and non-government actors regarding the necessity of policy reform and to support legislative reform projects, particularly those emphasizing health and human rights. The NGO also recently completed a collaborative PAHO project with a representative of the Caribbean Drug & Alcohol Research Institute on the current state of HIV/AIDS and drug use in Latin America and the Caribbean. An important part of this project was the adaptation and Spanish translation of a World Health Organization guide on setting targets for harm reduction programs aimed at organizations in the region.

In addition to these various actions and projects, Intercambios has organized and hosted an annual drug policy conference since 2003. Known as the National Conference on Drug Policy, the event brings together politicians, scholars, government employees, non-governmental representatives, journalists, and activists to discuss and debate both the current state of drug policy in the country as well as the promise of non-punitive drug policy in Argentina and the region (Intercambios Asociación Civil 2005, Touzé 2008, Touzé and Goltzman 2010). Intercambios has also worked with PAHO and other United Nations bodies to organize the annual Latin American Conference on Drug Policy, the first of which was held in Buenos Aires and hosted by Intercambios in 2009 (Touzé and Goltzman 2011). Intercambios is also a member of the International Drug Policy Consortium, and has been the consortium’s lead NGO for Latin America since April 2009.

Asociación de Reducción de Daños de Argentina

Asociación de Reducción de Daños de Argentina (Argentine Harm Reduction Association – ARDA) is a non-governmental organization based in Rosario, the largest city in the Province of Santa Fe. Founded in 1999, ARDA has offices in both Rosario
and Buenos Aires, and works primarily in these metropolitan areas. Over the years, however, they have designed and participated in projects in Córdoba, Mendoza, and Tierra del Fuego. ARDA’s interdisciplinary team consists of psychologists, psychiatrists, medical doctors, social workers, community organizers, and interns from various fields. The NGO also works very closely with Centro de Estudios Avanzados en Drogadependencia y SIDA (Center for the Advanced Study of Drug Abuse and AIDS – CEADS) at the Universidad Nacional de Rosario (National University of Rosario). This relationship is due to the fact that the founder and President of ARDA, Silvia Inchaurraga, is also the Director of CEADS. A psychologist, Inchaurraga was trained in the areas of drug addiction, HIV/AIDS, and harm reduction in Spain, France, Holland, and New York in the 1990s. As she explained:

I brought all of these new models back and we included them in our work from the beginning. In ’94, we started to invite professionals like Ernst Buning from Amsterdam and Patrick O’Hara, President of the International Harm Reduction Association at the time. So, we started to open up a debate here about the necessity of implementing another model, the harm reduction model.

In 1993, CEADS started its first harm reduction program at Centro Regional de Salud Mental Dr. Agudo Ávila (Dr. Agudo Ávila Regional Mental Health Center), a public facility in Rosario. As part of their Drug Dependence and AIDS Assistance Service, the harm reduction program was started because numerous people came to the hospital seeking help but did not want to or could not stop using drugs. As such, the program touted itself as a “low threshold” program, one where abstinence was not required as a condition of treatment or receipt of services (Inchaurraga 2003b). In addition to offering drug and harm reduction counseling, the program included workshops for drug users that focused on safe injection practices and disinfecting injection equipment. This program was the first harm reduction action in Rosario and is still operates today. In
1998, CEADS also implemented the first pilot opiate substitution program in South America to use buprenorphine at Centro Dr. Agudo Ávila; methadone was later added to the program (Inchaurraga 2003b). A year later, CEADS published the first book on harm reduction in Spanish in Latin America entitled *Drogas y políticas públicas: El modelo de reducción de daños* (Drugs and Public Policy: The Harm Reduction Model) (Inchaurraga, ed. 1999).

Since its inception, ARDA has been involved in various community outreach projects and interventions. The majority of these have revolved around HIV/AIDS prevention in the Rosario and Buenos Aires metropolitan areas. With the support of LUSIDA and the National Ministry of Health, ARDA operated a harm reduction van in 2000 that traveled to areas of Rosario where both drug use and drug dealing were common. Making contact with users on their rounds, the team distributed condoms and harm reduction information on different substances. From 2000-2001 and then again from 2002-2004, ARDA worked with CEADS on a LUSIDA and UNODC-funded project to distribute safe injection kits to injection drug users in Rosario (Inchaurraga et al. 2002). During the same period, ARDA developed an intervention targeting young injectors in Rosario, Buenos Aires, and Córdoba. They assembled and distributed a safe injection kit known as “La Cajita” (The Little Box) that contained syringes, needles, alcohol wipes, ampoules of sterile water, condoms, and a sterile container to prepare the injected substances (Luque 2000, Procopio 2000). The box also included a safe injection manual created by CEADS, the first manual of its kind in Argentina and the first of its kind produced in Latin America in Spanish. The manual included information on the risks of injection, how to disinfect and responsibly discard injection equipment, and how to avoid overdoses, abscesses, and drug poisoning.
Many of ARDA’s simultaneous and subsequent interventions also focused on HIV/AIDS prevention among young drug users. The NGO collaborated with Fundación Habitar (Living Foundation) in 2001 to promote HIV/AIDS prevention among youth in Villa 15 (formerly Ciudad Oculta) in Buenos Aires. In 2001-2002, ARDA teamed up with Red Argentina en Defensa de los Derechos de los Usuarios de Drogas (Argentine Network in Defense of Drug User Rights – RADDUD) to work with young injectors living in villas in Rosario, Buenos Aires, and Córdoba. Financed by LUSIDA, the project targeted cocaine users and those who use both cocaine and alcohol. The intervention was based on peer education and community outreach, and included the distribution of information regarding Argentina’s drug law and the various risks associated with its enforcement (Inchaurraga 2003b). In 2002-2003, ARDA participated in two HIV/AIDS prevention projects aimed at young drug users. The first was a regional harm reduction program for youth who were in contact with the public health system. The program was funded by Ministerio de Salud de la Provincia de Santa Fe (Ministry of Health of the Province of Santa Fe), and ARDA worked with CEADS and Programa Provincial de ETS y SIDA de la Provincia de Santa Fe (STD and AIDS Program of the Province of Santa Fe) to implement it. The second project was carried out among youth living in villas in Buenos Aires. Coordinación SIDA (AIDS Coordination) of the City of Buenos Aires subsidized the project that focuses primarily on the distribution of condoms and information pamphlets.

In 2003-2004, ARDA participated in the aforementioned UNAIDS and UNODC regional project, “Drug Abuse and HIV/AIDS Prevention in the Southern Cone.” Focusing specifically on young drug users in poor areas of Rosario, ARDA — like Intercambios — worked alongside CEADS and other Argentine non-governmental and government institutions to improve the prevention of drug-related HIV/AIDS
transmission. Simultaneously, ARDA and CEADS started a harm reduction outreach program with drug users in the Ludueña area of Rosario. Financed by Ministerio de Salud de la Provincia de Santa Fe (Ministry of Health of the Province of Santa Fe), the program focused on safe drug use practices and HIV/AIDS prevention among youth in this impoverished neighborhood. To this day, members of ARDA’s outreach team continue to work in Ludueña and the surrounding villas.

In addition to their HIV/AIDS prevention efforts, ARDA has carried out numerous other community interventions. One extremely unusual site where the NGO has done a lot of harm reduction work is the prison system. In 2001-2004, ARDA and CEADS teamed up to implement the first harm reduction program in prisons in Argentina. The program took place in Rosario, and was financed by LUSIDA. They worked together again in 2003-2004 after receiving funds from UNAIDS and the Provincial AIDS Program to execute a provincial HIV/AIDS prevention and assistance program for prisoners.

Another novel site where the NGO has done extensive work is at concerts, clubs, and raves. Their first project of this kind took place in 2001 with funding from LUSIDA and the Global Fund to Fight AIDS, Malaria, and Tuberculosis. Harm reduction information was distributed at rock concerts regarding the risks of combining different drugs, ways of administering those drugs, how to handle emergency situations, and tips for dealing with the police. In 2003, ARDA worked in dance clubs distributing condoms and pamphlets provided by Programa Municipal de SIDA de Rosario (Municipal AIDS Program of Rosario). During the same time period, the NGO distributed information on synthetic drugs — ecstasy, ketamine, GHB, and poppers — at various clubs and raves, including Creamfields, a massive international dance music festival held in Buenos Aires (Sousa Dias 2007). The distributed pamphlet outlined the effects and risks of each drug
as well as risks related to the mixing of different substances, making it the first harm reduction material for synthetic drugs available in Argentina.

For several years, ARDA has also organized community courses for nurses, doctors, social workers, psychologists, social scientists, and members of the community to learn about harm reduction. Members of ARDA, for example, have taught courses on drugs, harm reduction, and public policy at Universidad Popular de las Madres de Plaza de Mayo (Popular University of the Mothers of Plaza de Mayo) in Buenos Aires. They have also led seminars on designing harm reduction interventions at local hospitals in Buenos Aires.

ARDA has, moreover, invested much of its time, energy, and resources on political advocacy campaigns, particularly those related to drug policy. Most notably, the NGO has been involved in numerous projects aimed at the reform of Law 23.737, Argentina’s current national drug law. A topic of particular interest to the NGO is the decriminalization of drug possession for personal use. In 2000, they released a declaration supporting both drug law reform and decriminalization, and collected over 45,000 signatures in support of the declaration. The following year, ARDA launched its multi-year National Campaign for the Decriminalization of Drug Possession for Personal Use, a project financed in part by the U.S.-based Tides Foundation.

As part of this campaign, the NGO carried out various policy-related activities around the country. In 2002, ARDA — in collaboration with CEADS — organized and hosted its first National Conference on Harm Reduction and Public Policy on Drugs. Separate from the drug policy conference hosted by Intercambios described above, this annual event attracts individuals from non-governmental organizations, government institutions, academia, and the media to discuss drug policy reform and the future of harm reduction in Argentina. In the same year, ARDA collaborated with RADDUD to
organize the first march in support of decriminalization of marijuana in Rosario. Known as the “Cure, Not War March Against Intolerance,” the march was part of the Million Marijuana March demonstration held in over 200 cities around the world. ARDA helped organize these annual marches in both Rosario and Buenos Aires for several years as well as a rock music festival to coincide with the march since 2003 (Ruchansky 2007). ARDA also held a public seminar on decriminalization at the Second International Congress on Human Rights and Mental Health at the Popular University of the Mothers of the Plaza de Mayo in Buenos Aires in 2003. Inchaurraga, Gustavo Hurtado, former Secretary of ARDA, and Judge Martín Vázquez Acuña, the Honorary President of ARDA, led the seminar.

To advance the issue of drug policy reform further, ARDA worked with CEADS to publish the first book on harm reduction and drug prohibition in Argentina entitled *Las drogas: Entre el fracaso y los daños de la prohibición: Nuevas perspectivas en el debate despenalización-legalización* (Drugs: Between the Failure and Harms of Prohibition: New Perspectives on the Decriminalization/Legalization Debate) (Inchaurraga, ed. 2003). Several prominent academics and jurists contributed to the volume, including Argentine Supreme Court Justice Eugenio Raúl Zaffaroni. In 2003, the NGO also hosted a seminar in Rosario for journalists from Buenos Aires, Rosario, Córdoba, and Mendoza to discuss the representation and reporting of drugs and public policies in Argentine media. Moreover, ARDA is a member of Red Latinoamericana para la Reforma de las Políticas de Drogas (Latin American Network for Drug Policy Reform — REFORMA). This regional network brings together organizations from such countries as Argentina, Brazil, Colombia, and Uruguay to promote drug and public health policies based on harm reduction rather than prohibition. With Inchaurraga as a member of the Executive Committee, REFORMA held the first Latin American Meeting for the Reform of Drug

Mostly recently, ARDA participated in a protest march in May 2011 in which more than 25,000 people across Argentina demonstrated in favor of decriminalization of drug possession for personal use (Fiori 2011). The largest march took place in Buenos Aires, where thousands walked from the Casa Rosada to the National Congress building carrying signs, placards, and banners calling for decriminalization. Prior to the event, ARDA released a statement supporting the action for a more just and humane drug policy.

*El Retoño Asociación Civil*

Asociación Civil Cristiana Recuperación Atención de Drogadependientes (Christian Drug Addiction Recovery Civil Association – ACCRAD), more commonly known as El Retoño (Sprout), is a non-governmental organization based in Vincente López, a municipality just north of the City of Buenos Aires. A Christian organization, El Retoño has worked with drug users from the poorest areas of Greater Buenos Aires since 1985. Formally founded in 1995, the NGO is run by Enrique “Kike” Vivas and Graciela Radulich. It consists of a small team of health and social science professionals, drug users, ex-drug users, and church members, most of who work at the NGO on a volunteer basis.

El Retoño started out as an organization dedicated to helping drug users, particularly poor users, to stop using. The drug treatment offered is voluntary and free. It does not mirror the classic residential therapeutic community model of treatment. Rather, El Retoño believes in an “open door” policy where people who live in their community can come and go as they please. In other words, they disagree with the
complete isolation of the drug user from the “real world,” a method commonly employed in classic therapeutic communities and similar like-minded institutions (Vivas et al. 2003). Instead, the NGO established the “Hogar El Retoño” center in Vincente López to help drug users progressively quit drugs. Until January 2008, the home housed a handful of men who participated in family and group therapy and received vocational training while in residence, such as carpentry, landscaping, and construction. This was meant to provide the men with a means of economic sustenance after leaving the home and as a way to integrate back into the community. Starting in 2008, the NGO decided to convert the home into a space for female drug users, a population they believe is vastly underserved in the community.

According to Radulich, El Retoño promotes “complete rehabilitation” that focuses on the physical, psychological, social, and spiritual. To accomplish this, the NGO works with drug users by using a combination of three approaches: drug prevention, drug treatment, and harm reduction (Vivas et al. 2003). El Retoño, however, was originally an organization dedicated to abstinence; harm reduction was only adopted out of necessity. Kike explained to me that from 1990 until 1995, the majority of users who crossed their path were HIV positive. They were always in terrible shape when they came to the home seeking help or simply looking for a place to die. With as many as 20-25 people staying there at any given time, the team focused on keeping them comfortable in their final days. As Kike retells it, many people were dying quickly, como moscas (like flies). With drug use as a major route of HIV transmission, El Retoño started to reevaluate its position on abstinence during this time. Recognizing that some users would not abstain from drugs, the NGO began to slowly incorporate harm reduction strategies into their work. It is important to note, however, that — not unlike Intercambios — the members of El Retoño were unaware that their HIV/AIDS prevention efforts were part of something
called “harm reduction.” According to Kike, it was not until they met members of Intercambios in the late 1990s that they learned about the framework of and principles behind harm reduction.

In 1997, El Retoño carried out its first harm reduction project in the Zona Norte area of Greater Buenos Aires. The project focused on HIV/AIDS prevention among poor users in Bajo Boulogne, an area described in local newspapers as a “red zone” for HIV/AIDS in the mid-1990s (El Retoño 2001). Having already made contacts in Bajo Boulogne, the team at El Retoño learned about the prevalence of HIV positive people and drug users in the area and devised a plan of action. In addition to reducing the risk of disease transmission, the project objectives included reaching out to drug users who did not have contact with local health and social service institutions and to facilitate communication between these users and institutions. This involved working with drug users in the community through safe sex workshops and the distribution of condoms, information pamphlets, and other prevention materials. The project also included a research component that chronicled the HIV/AIDS and drug use situations in the area. El Retoño considers this project to be one of the first harm reduction experiences in Argentina (El Retoño 2001).

The NGO’s harm reduction program is organized around different community projects. These include condom, syringe, and information distribution, workshops on condom use, safe sex, and harm reduction, health referrals, training of peer health promoters, and presentations at local health centers and community organizations on drug use, HIV/AIDS, and Hepatitis (Vivas et al. 2003). Since their first project in Bajo Boulogne, the NGO has been engaged in various projects in the Buenos Aires metropolitan area. In 2001, they founded an integrated harm reduction center in Villa Diamante, an area just south of Buenos Aires in Lanús. It was a place where members
of the NGO could come into contact with local drug users and where they could distribute condoms and harm reduction and health care information. A year later, El Retoño received funding from the AIDS Coordination of the City of Buenos Aires and Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation – GTZ) to start a harm reduction project with both injection drug users and non-injection drug users in the southern region of Buenos Aires, specifically in Barracas, Constitución, La Boca, Parque Patricios, Pompeya, Villa Zavaleta, and San Telmo.

El Retoño has also collaborated with numerous organizations to promote and implement harm reduction, most notably Intercambios. El Retoño first worked with Intercambios in 2000 on the aforementioned UNAIDS-supported project on HIV and Hepatitis prevalence among injection drug users, their partners, and children in Greater Buenos Aires (Rossi 2001, Touzé 2003). In 2002-2003, the two NGOs teamed up again — along with CENARESO and Argentina’s National AIDS Reference Center — to study non-injected cocaine use in Buenos Aires and the greater metropolitan area. As described above, the study was part of a regional project funded by PAHO and the Spanish Agency for International Development Cooperation on non-injected cocaine use and HIV and Hepatitis prevalence among non-injected cocaine users in the Southern Cone (Caiaffa et al. 2011).

The Need for Networks

The past, current, and future work of Argentine harm reductionists is closely linked to their involvement in national, regional, and international networks. Within Argentina, collaborations between organizations, health professionals, and some government agencies have proved crucial to the implementation of harm reduction interventions, ranging from municipal HIV/AIDS prevention campaigns to provincial drug...
abuse prevention programs to national drug policy reform movements (Rossi 2001). Many Argentine harm reductionists are also heavily invested in creating and participating in networks and alliances between harm reduction advocates, drug scholars, and HIV/AIDS experts both within the country and across national borders.

Such mechanisms of collaboration provide Argentine NGOs with the means of exchanging ideas, knowledge, and experiences related to a variety of local and transnational drug use issues as well as with the ability to strengthen their burgeoning interventions. Networks — as Nick Crofts and Paul Deany explain — assist in “identifying the underlying principles of successful programs, and encouraging those beginning programmes to explore ways of expressing those principles in the local context” (Crofts and Deany 1999:226). Furthermore, the creation of networks contributes to the mediation of the harm reduction strategy. Through steady exchange and the forging of alliances between various entities, the very idea and experience of what harm reduction is and can do is continuously subject to alteration. The forms that harm reduction takes in both Argentina and other locales, thus, are constantly in flux and open to reinterpretation and practice.

*Red Latinoamericana de Reducción de Daños*

Red Latinoamericana de Reducción de Daños (Latin American Harm Reduction Network – RELARD) was formed in 1998 in São Paulo, Brazil, by representatives of the government and non-governmental organizations from Argentina, Brazil, Colombia, Chile, Paraguay, and Uruguay. Its founding coincided with the International Harm Reduction Association’s Ninth International Conference on the Reduction of Drug-Related Harm held that year in São Paulo, the first time the conference was held in Latin America. The main objective of the network was to promote harm reduction initiatives
and research in Latin America, particularly those related to HIV/AIDS prevention (Touzé 2002b). Working within the public health and human rights frameworks, RELARD provided an opportunity for its members to exchange their experiences — both within Latin America and beyond — and to promote the organization of drug users across the region (Crofts and Deany 1999).

Both Intercambios and ARDA were members of RELARD, with Touzé and Inchaurraga serving as the network’s Executive Secretary at different moments. However, the network has had what Regina Bueno calls a “factionist” history, characterized by external strains and internal conflicts (Bueno 2007:146). In fact, when asked about Intercambios’ current role in the network, Cymerman clarified that it was now non-existent. He explained in detail:

We were part of the group of people that initiated RELARD. For many years, it was a network that helped and promoted harm reduction actions in the whole region for a long time with excellent operation until 2004-2005. There were fights between people. In 2005, we decided to step aside from the leadership. It didn’t seem to us that it was fulfilling the function that it proposed. And there are different ideas from different organizations. We stepped aside from the leadership. We did not form part of the Executive Committees. We did not run for elections. It seemed to us that it was an interesting tool that had been lost. And later the internal fights completely drained its power. In fact, it practically doesn’t exist today. It’s a shame, but it’s like that. Unfortunately, the fight was fundamentally between two people, one from Brazil and one from Argentina. They made everyone go away. They were left fighting each other and everyone left. If you ask me how RELARD is today, I don’t know. What do they do today? I don’t know. If they have a website, I don’t know.

As such, RELARD no longer functions as it once did a decade ago, if at all.

Red Argentina de Reducción de Daños

Red Argentina de Reducción de Daños (Argentine Harm Reduction Network – REDARD) was formed in 2000 in response to the growing drug use-related HIV/AIDS
epidemic in Argentina. This national network served as a mechanism for sharing information and providing political and institutional support for harm reduction initiatives across the country. Composed primarily of researchers, health and social service professionals, drug users, and government and non-governmental employees, REDARD included members of El Retoño and Intercambios. Radulich of El Retoño was at one time the network’s Executive Secretary, and Cymerman was the Executive Coordinator.

After a few years of activity, REDARD — much like RELARD — fell to the wayside and is no longer an active network. Pablo told me about the network’s stagnation while describing some of its strengths and weaknesses:

What REDARD did was try to give a political umbrella to activities for people that wanted to work from the harm reduction perspective. It had 400 people more or less involved that were in agreement with this perspective when looking at the issue of drugs. But, they didn’t do much. This happens at the global level. People don’t act, there is no participation. And, at least in countries like ours where people have eight jobs, there is no time to be politically active, etc. So, for us there was also a very big effort and Intercambios as an organization was in charge of all of it: circulating information, we had the *Intercambiando* Bulletin, and there was a separate REDARD bulletin. For us, it was duplicating the effort with little time. There were people that took notes, but did not participate actively. So, it was left as a space that didn’t make much sense. Anyway, REDARD did not have as an objective the carrying out of direct actions. What it had as an objective was to promote the actions of others. And, in that sense, there were two years of a lot of work. When REDARD worked strongly, it did a very big event with the Ministry of Health and with the Secretary of Drugs where the Secretary of Drugs was able to present a resolution, Resolution No. 351, that supports needle distribution programs for injection drug users. These were some very important political events.

*Grupo Latinoamericano sobre Políticas de Drogas*

After the demise of both RELARD and REDARD, Intercambios started a new regional network in 2008 called *Grupo Latinoamericano sobre Políticas de Drogas* (Latin American Group on Drug Policy – GRULAD). The main objectives of this new network

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16 *Intercambiando* is a bulletin published by Intercambios at least three times a year.
are to promote and spread harm reduction across Latin America and to influence non-punitive, non-prohibitionist drug policies in the region. GRULAD’s membership includes people from both NGOs and government institutions as well as drug specialists from Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Guatemala, Mexico, Paraguay, Peru, Uruguay, and Venezuela. The network has also included regional representatives from the International Network of People Who Use Drugs and Youth RISE, a global youth-led organization that promotes harm reduction strategies by involving youth that use drugs and/or are affected by drug policies.

**Harm Reduction Outside of Civil Society**

While the ideal of an organic, non-governmental civil society is the driving force behind the implementation and circulation of harm reduction in Argentina, a few state institutions also employ harm reduction strategies in specific ways. With respect to HIV/AIDS, harm reduction has also been incorporated into the parts of the National Program to Fight HIV, AIDS, and STDs. According to Gabriela Hamilton (2008), the program’s Director from 2002-2006, harm reduction figures into different levels of HIV prevention. While not necessarily mentioned in their project titles, harm reduction has influenced interventions by increasing the variety of services offered, adapting services to fit the needs of different types of drug users, attending to the secondary effects of drug use, and making contact with users who are distanced from services and institutions.

The Municipal AIDS Programs of San Martín and Rosario have also incorporated harm reduction into their HIV/AIDS prevention programs, specifically through the promotion and distribution of clean needles/syringes and condoms. In September 2000, the Municipal AIDS program of Rosario began working with harm reduction in a local health center after injection cocaine users demanded that clean syringes and needles be
made available to them (Lavarello et al. 2003). They responded by offering voluntary HIV testing and harm reduction counseling and services in the form of needle/syringe and condom distribution to both injection drug users and non-injection drug users. The Director of the program, Dr. Damián Lavarello, told me that the harm reduction strategy has come to be accepted as an effective public health approach over the years in his city. It was not easy, he confessed, because harm reduction was highly contested, especially by older people in the health system that were committed to drug abstinence and recovery. Still, he admitted that harm reduction in Rosario is not an official policy, “nada escrito” (nothing written).

A handful of state-run drug use and addiction centers in Buenos Aires, moreover, utilize the “low threshold” aspect of harm reduction to work with drug users who have not or cannot stop using. In other words, drug abstinence is not a prerequisite for treatment. These sites include Centro Carlos Gardel de Asistencia en Adicciones (Carlos Gardel Center for Addiction Assistance) and Centro de Dia La Otra Base de Encuentro (The Other Meeting Place Day Center). Nevertheless, it is almost always the previously mentioned NGOs that have influenced the adoption of harm reduction by state institutions. In fact, it is harm reductionists from these organizations who often train the staff of state institutions to incorporate harm reduction principles and techniques into their own programs and policies.

**Conclusion**

Civil society has had a powerful presence on civic life of Argentina since the mid-20th century. In recent decades, the retreat of the Argentine state from numerous sectors has reconfigured civil society in many ways. Most noticeable is the emergence of various civil society organizations — both formal and informal — in response to the
government’s failure to provide services and support to the public as it once had. In this chapter, I show how civil society has been a major player in the provision of services to drug users in Argentina. With respect to harm reduction, civil society is without a doubt the primary motor behind its promotion and practice since the mid-1990s.

Many of the ideals of civil society are visible in the efforts of the harm reduction NGOs discussed in this chapter. Many times, these organizations have worked against the state to provide services and promote the harm reduction approach. Other times, however, these same organizations have worked with the state to conduct research, offer assistance, and supply expertise with respect to drug use and drug-related health issues. This illustrates how these NGOs are at times aligned with the Argentine state depending on the project conducted, the funding provided, and the issues addressed.

This chapter also examined the various ways in which these harm reduction NGOs form relationships and alliances across physical and institutional borders. I showed how the circulation of documents, the coordination of conferences, and the creation of national, regional, and international networks is not only indispensable to the work of these organizations, but also crucial to how harm reduction travels to and within Argentina and between different sectors of society.
Chapter 4

A View to The Social: Harm Reduction, Latin American Style

I’m waiting for Sebastián, a counselor at a community drug center, as he finishes his conversation with a young man in the next room. The center operates out of a small space owned by and on loan from the Catholic Church, allowing Sebastián and his co-workers to conduct their meetings within this neighborhood in the City of Rosario. Doubling as both a drug counseling center and a place of worship, the main space is comprised of a small altar, a handful of pews, and a crucifix. As I wait for Sebastián, I become increasingly aware of the photos and drawings adorning the walls; I am surrounded by saints, popes, and Claudio “Pocho” Lepratti. Lepratti, an outspoken member of many community organizations and the director of a community kitchen for underprivileged youth in Rosario, was murdered during a riot in 2001. As the police opened fire outside of the school where Lepratti ran the kitchen, Lepratti climbed on the roof and yelled a now famous phrase: “Hijos de puta, dejen de tirar que hay pibes comiendo!” (You sons of bitches! Stop shooting! There are kids eating!). The police killed him, turning him into a martyr for the poor and a local folk hero.

When Sebastián finishes his session, he joins me by sitting in the pew in front of me. He twists around to face me and begins telling me about the work he and his organization do in the neighborhood. He has worked with users and their families at the center for three years, running workshops and individual and small group counseling sessions. He explains that this strategy helps him understand many of the difficult issues that his counselees’ face: “Not just drug use, but also HIV, violence, anything.” Sebastián shifts positions, places his arm on the back of the pew and asks me, “You
know about Enrique Pichon Rivière, right?” My blank stare and delayed response sends Sebastián into an abridged history lesson on how this famous Argentine psychiatrist shaped the face of psychoanalysis in Argentina through his promotion of social psychology in the mid-20th century. His focus on group dynamics strayed from what Sebastián decries as the more individual-focused therapeutic practices of Freud and Lacan. Sebastián proudly admits that this analytic shift toward *el contexto*, or context, as a window into an individual’s psyche and behavior greatly influences his own work with drug users at the center.

Sebastián continues by talking about his day-to-day activities at the center, highlighting the challenges he and his colleagues face by working on such a delicate subject as drug use. “Drug use is always swept under the rug,” he says with a shrug. “Parents, family, neighbors. Nobody wants to admit to their role in it.” His frustration obvious, Sebastián insists that the only way to approach the topic is to work with and within the community, to observe the dynamics of the neighborhood, to see the interactions between its residents. In essence, to understand *el contexto*. In an attempt to drive home his point, he touches my arm and cheerfully says, “You’re an anthropologist, Shana. You understand perfectly. It’s exactly like Malinowksi.”

* * * * *

Drawing an analogous link between his work and Bronislaw Malinowski’s pioneering ethnographic method of participant observation is a telling sign of how Sebastián envisions his professional orientation to the issue of drug use. Sebastián — along with many of the harm reductionists I worked with in Argentina — considers participation in the social world of drug users a central component of his work. Like the ethnographer whose strives “to grasp the native’s point of view, his relation to life, to
realize his vision of his world” (Malinowski 1984 [1922]), Sebastián purposefully spends time outside of the center in order to familiarize himself with the everyday environment in which his counselees live and operate. He socializes with residents in the neighborhood, both young and old, and talks regularly with his counselees, their partners, friends, and family members on the streets and in their homes. In doing so, he gains what he considers a “wider” perspective from which to understand the drug use he addresses professionally. Such a perspective, he explained, not only broadens his frame of reference beyond the face-to-face interactions with drug users, but also offers up potential avenues for intervention. The social, rather than simply the individual, is Sebastián’s focus.

In this chapter, I focus on how Argentine harm reductionists interpret and then perform harm reduction in a “social” way. By “social,” I am not referencing the conceptual work of Nicholas Rose (1996, 1999) on “the social” as an object of government and as a way of problematizing and envisioning collective life. Rather, I use it to reference how my informants themselves describe and locate their work — both analytically and practically — in relation to drug use and drug-related harm. In this respect, the various techniques and practices employed by my informants were guided by a specific “social-oriented” approach to harm, one that does not begin and end with physical harms to the individual user. Argentine harm reductionists work, alternatively, with the conviction that reducing drug-related harm requires a broad approach that addresses those numerous “social” situations, contexts, and factors that they see as contributing to the production of harm.

The chapter begins with a brief description of how the social has contributed analytically and methodologically to the ethnographic study of drug use. Highlighting texts from the field of drug studies, I show how various anthropologists and sociologists
utilize and, in the process identify, the social in their own investigations of drug use and abuse. Drawing on these insights, the next section outlines the ways in which the social influences harm reduction interventions at the community level. Argentine harm reductionists first invoke the social as a means to differentiate their holistic, community-based efforts — which they identify as a “Latin” form of intervention — from the more individualistic, neoliberal harm reduction projects they identify with the global north. I demonstrate how this type of work — working “on the ground” with and within the community — is viewed as the best way to recognize and understand the milieu in which drug users operate and where drug use and “risky” practices are fostered and performed. Doing so allows them, moreover, to address drug-related harms that affect more than just the individual drug user, and to facilitate the implementation of interventions they deem appropriate and efficacious in the “Argentine context.”

The remainder of the chapter examines how the social compels harm reductionists to consider issues other than drug use and health as areas of intervention. I discuss how harm reductionists are concerned with more than just the promotion and protection of individual and public health. Rather, a driving force behind many of their efforts is an interest in addressing those social factors and contexts that contribute to the vulnerability of drug users, such as poverty, stigma, and discrimination. Several earlier health movements in Argentina — social medicine, social psychology, and the salud mental (mental health) movement — worked within similar social-oriented frameworks. An overview of these movements helps situate the efforts of my informants within a historical trajectory where the social has simultaneously influenced health intervention as well as social change in Argentina. The chapter concludes with a discussion of how harm reductionists engage in similar work, identifying areas where they can intercede, sometimes politically, in the name of the drug users they serve. The social helps
Argentine harm reductionists align their various commitments, suggesting that intervening in and with the social is in fact quite political.

**Studying the Social**

The social has long served as an analytic framework for and topic of inquiry in the study of drug use and abuse. Since the mid-20th century, anthropologists and sociologists have offered ethnographic illustrations of and theoretical musings on the so-called “social” dimensions of drug use. Considered classics in the field of drug studies, these pieces were often reactions to the dominant theories of the time that approached drug use from a narrow psychological and/or moral vantage point. Instead, for the first time, these scholars situated drug use within the social. In doing so, they drew attention to the critical and even therapeutic importance of understanding “social context,” “social processes,” and the like in the study of this multi-faceted phenomenon. In other words, they provoked drug scholars to take the social seriously.

Often regarded as the first ethnographers of drug use, Bingham Dai and Alfred R. Lindesmith analyzed drug abuse among communities of users in Chicago in an effort to understand the so-called American urban way of life. Dai (1937) offers insight into the psychological experience of addiction by paying specific attention to the social world in which users live and work. His observations portray addicts as entangled in a social way of life that revolves around not only drug use, but also a drug-using lifestyle. Lindesmith (1938, 1947) similarly explores addiction by analyzing drug users’ experiences of opiate withdrawal. Through information gleaned from in-depth interviews, Lindesmith proposes a sociological theory of addiction that distinguishes physical reactions from psychological experiences of withdrawal. This distinction is crucial to his theory, as a user’s experiences of withdrawal — according to Lindesmith — must be understood in relation
to the user’s knowledge about the drug and its effects, knowledge supplied to the user through the social context in which he is embroiled.

Drawing on these foundational works, Howard S. Becker explores how drug use is a socially-mediated process. As a social interactionist, Becker focuses on how interpersonal interactions and relations affect an individual’s experience of using drugs. Such an analytic approach was a direct reaction to those individual-focused, psychological theories that suggest that users are somehow predisposed to consume drugs. Becker, in response, moves the conversations around drug use conceptually even further toward the realm of the social by promoting a social learning-based model of use. Becker (1953, 1967) highlights the many ways that individuals are taught the “proper” way to use and enjoy drugs by more experienced users; they are socialized to the practice and its related meanings.

This work has influenced countless studies on how socialization, social factors, and social context affect the experiences of drug use and abuse as well as the everyday lives of drug users (Finestone 1957, MacAndrew and Edgerton 1969, Preble and Casey 1969, Agar 1973, Coombs et al. 1976). A particularly influential piece by Norman E. Zinberg (1984) proposed what is now considered the landmark “drug, set, setting” model. Zinberg illustrates how one’s relationship to drug use can be modified with regards to pharmacology (drug), individual psychology (set), and social context (setting). However, he highlights the inadequacy of analyzing “drug” and “set” exclusively; without consideration for “setting” — the physical and social milieu in which drug use takes place — one’s understanding of drug use practices is at best partial.

While taking Zinberg’s point seriously, some have questioned the extent to which social context or setting is actually used as an analytical tool by anthropologists and sociologists. David Moore (1993), for instance, argues that setting is now more often
employed to discuss the actual act of drug use rather than to examine the social environment in which drug use occurs. He suggests that those dynamic, ever-changing social processes that shape and influence drug use should instead be the focus of study. Such a move prompts analysis to move beyond the narrow, micro-environment of drug use and beyond the image of “social context” as the fixed backdrop to a drug-using scene. For, as Moore attests, there is “a richness and diversity of experience too often summarized under the narrow phrase ‘the social setting of drug use’” (Moore 1993:419).

These and similar inquiries into the social dimensions of drug use and abuse point to the implications of stabilizing the social as an identifiable domain of inquiry and action. Numerous scholars have explored how the social has become both “knowable” and “intervenable,” including Rose who suggests that stabilizing the social as a domain sui generis has, in fact, long been the project of many social sciences (Rose 1996). Bruno Latour (2005) examines and critiques this analytic propensity, and highlights the problems of using “social” as a descriptive term. Utilizing “social” in such a way, he argues, makes it seem like a specific component that is different or altogether separate from other domains like “biological,” “political,” or “economic.” Doing so, distinguishes the social as having specific qualities that are not biological, political, or economic. Latour takes issue with such a division, arguing that it incorrectly marks the biological, economical, and political and the like as “asocial.” This process of domaining is indicative of what Latour identifies as an old and outdated approach within the social sciences where “social context” is labeled as a specific domain of reality in which activities, interactions, everything is framed and analyzed. Latour argues that this is no longer a productive framework for exploring and understanding the world, and that providing the “social explanation” should no longer be the project of the social sciences (Latour 2005:1).
The insights and cautions provided by Latour are particularly relevant to the analysis of harm reduction interventions provided in this chapter. While not discounting Latour’s critiques of the social as an analytic framework, I do pay close attention to how the social is continuously stabilized by my Argentine informants as a domain worthy of attention. This provides invaluable insight into how they themselves envision and approach both drug use and their broader project of intervention. Therefore, examining the various ways in which my informants identify the social and act in relation to it actually proves highly productive to my ethnographic analysis. This is where I see the particularities of harm reduction in Argentina.

A “Latin” Kind of Intervention

The influence of the social in determining where, how, and with whom harm reduction interventions are carried out in Argentina was first made evident to me during a memorable conversation with Paula Goltzman, the coordinator of Intercambios’ prevention and community outreach projects. “We do a Latin kind of intervention here,” she said as we chatted in her office. Slightly puzzled by this comment, I inquired as to its meaning: “What do you mean by a ‘Latin’ kind of intervention?” She contemplated for a moment and then elaborated: “Well, it’s more common in the Anglo-Saxon world to focus on individuals or specific populations. Here we do more community outreach. We focus on the social context, on the users, their families, their partners.” As our conversation progressed, she went into great depth to describe and clarify what made the community outreach work she oversees as distinctively “Latin.”

The “Latin” form of intervention Goltzman outlined was not a reference to a uniquely “Latin American” modus operandi. Rather, it signals a kind of “social-oriented” approach identified with Latin America and the classic “Latin” European countries of
Spain, France, Portugal, and Italy. She spoke of a sort of “connection” between the approaches used in Argentina and those employed in these European countries and other parts of Latin America. Her allusion to “Anglo-Saxon” interventions, conversely, referred to the more individualistic and reductionist approaches that she associates with the United Kingdom, Australia, Canada, and the United States. She clarified:

Basically, what I see in more ‘Anglo’ thinking is cause and effect thinking. When I listen to someone Anglo speak, it is always very clear. If this happens, then this happens. Or if A happens, then B happens. For me, that construction of social problems is a very Anglo construction. For me, a more Latin construction is where there is complexity. If A, then B doesn’t happen, or B, C, D, and E happen at the same time. This definition is more basic. So, when you see a harm reduction program in England, there are a bunch of rules to follow. If a guy does this, you do this. If the guy does another thing, you do this other thing. And if the guy does this, you do that. I feel that in our situation, that way of constructing an intervention doesn’t work.

The “Anglo-Saxon” approach to harm reduction is, in Paula’s opinion, completely unbefitting for a place like Argentina. Kike Vivas, one of the founders of El Retoño, concurred with this sentiment on the inappropriateness of such a line of action. Since its inception, El Retoño has focused almost exclusively on carrying out community interventions and designing projects with the social context of drug users in mind. During many of our conversations, Kike repeatedly expressed his frustration with the application of public health approaches from the global north that do not, in his words, take the “particulars” of Argentina into account. He and his colleagues at El Retoño describe their dissatisfaction with this wholesale transfer and application by arguing, “Merely copying successful models from developed countries, which are designed for other contexts and populations, would result in insufficient and ineffective actions” (Vivas et al. 2003:S358).
These issues resonate with what María Epele and Mario Pecheny (2007) identify as a tension between “north-framed” individualistic models of public health and Latin American health models based on a tradition of social and collectivist policies. The prevailing neoliberal approach to health in the Anglo-Saxon world, they claim, promotes a form of self-care and self-cultivation organized around the individual. The individual is viewed as a rational actor who is capable of making sound decisions based on the information they receive on the costs and benefits — or what Goltzman describes as the “causes and effects” — of particular behaviors. Intervention, thus, is organized around how to alter an individual’s “risky” behavior. Epele and Pecheny argue that this behavioral model of intervention practiced in the Anglo-Saxon world does not align with the Latin American tradition that situates the phenomena of health and illness within social relationships, everyday interactions, and political-economic conditions.

When it comes to harm reduction, Argentines certainly do design and carry out projects at the individual level. Interventions aimed at individual drug users focusing on what are considered individualized behaviors are undoubtedly a central part of their work. The distribution of condoms, needles/syringes, safe sniff kits, and pamphlets as well as workshops on safe injection and safe sex are directed specifically at individual users. They are taught how to safely use these devices, and also informed of the various health risks associated with sharing or not using these devices in their prescribed ways. Harm reduction pamphlets, for instance, are emblazoned with slogans and catchy phrases that speak directly to the drug user: “Jugá seguro: Usá preservativo.” (Play safe. Use a condom.); “Si te picas, tomá menos riesgos.” (If you inject yourself, take less risks.); “¡Para cuidarte del SIDA, se usa una vez y se tira!” (To protect yourself from AIDS, use it once and throw it away!); “Si te das, hacela bien. Achica los riesgos. Informate.” (If you do it, do it well. Reduce the risks. Inform
These activities have been identified as the cornerstones of health-oriented harm reduction intervention in Argentina (Pecheny 2004). They are indicative of the neoliberal approach to health labeled above as “Anglo-Saxon” that encourages the individual drug user to take responsibility for modifying their own risky behaviors. Harm reduction, as discussed in Chapter 1, is rooted in the conviction that drug users are capable of changing their behaviors, making rational choices for improving their own health, and reducing the risks of experiencing drug-related harms (Lupton 1995, Petersen and Lupton 1996, Petersen 1997, Moore and Fraser 2006). By inciting users to be self-governing and responsible for their choices, the individual user is touted as the primary focus of intervention in a neoliberal framework. However, the intervention agenda of harm reductionists in Argentina does not stop at the individual, and they are not the only targets. Rather, interventions are designed and implemented with a view to the social, the purpose being first to carry out projects within the communities where drug use and risky practices take place. This kind of work cannot be done without negotiating what Goltzman refers to as the “social fabric” in which these interventions are inscribed (Goltzman 2001:51). Thus, even though scholars and practitioners from the global north have identified the social context of drug use, it is in Latin America that we see a form of the social become a site of intervention.

**Working in El Terreno**

Negotiating the social fabric involves working in the community where interventions are implemented. Working in *el terreno* or *el campo*, or “on the ground,” is necessary for knowing what is going on and for any kind of intervention to “take hold,” as
Goltzman put it; it is a privileged space of intervention. This can take many forms. One of the most visible is the *recorrido*. These “rounds” around the neighborhood, through main thoroughfares and back alleys, are carried out weekly, semiweekly, or even daily by *operadores comunitarios* or *operadores de campo*, or community operators. The key figure in this kind of work, community operators are members of the community who serve as liaisons between the organization, drug users, community members, and other community institutions. They are considered best positioned to establish contact with neighborhood drug users in order to learn about local drug use practices and to provide users with condoms, needles/syringes, information, or advice. As one *operador técnico*, or technical operator — the person who coordinates the day-to-day activities of community outreach teams — admitted, “Community operators are the key to whether an intervention is going to be a success or a failure.”

Part of my fieldwork consisted of accompanying community operators from several organizations on their recorridos. One person I regularly shadowed was Luis, a longtime community operator for ARDA, on his rounds through his neighborhood in Rosario. Walking beside him, it was easy to see how he effortlessly navigated his way along the streets, dirt paths, and corridors of his neighborhood and the adjacent villa, carefully skipping over pools of stagnant water and dodging young children as they rushed in and out of the narrow alleyways lined with scraps of wood and sheet metal. Having lived in the area his whole life, Luis knows these streets and many of its residents well, making him more than qualified to serve as a community operator. He keeps his ear to the ground, talking to both friends and strangers and handing out materials and information to users, their family members, and their friends dispersed throughout the area. Reflecting on the many challenges of promoting harm reduction in these poor communities, Luis often mentioned how most drug users do not go to
community clinics or hospitals to receive general healthcare, let alone for issues or concerns related to their drug use, a point that many other community operators also made. “So many of them are intimidated for different reasons and just don’t go. So outreach is absolutely necessary,” Luis told me. Pointing to the ground, he added, “Working out here in the street is the best place to do this kind of work.”

Another community operator I frequently accompanied was Ignacio, an ex-drug user who does his recorridos around various neighborhoods and villas in San Martín, a city along the northern edge of Buenos Aires. Ignacio spends a lot of his time talking to younger users, mostly men, on street corners and plazas where they come together to smoke and drink. In grand Argentine fashion, he greets them all with a kiss on the cheek and strikes up casual conversations about any topic that comes to mind. After a few minutes — and before moving on to the next group a few blocks away — he gives them all condoms and pamphlets on HIV/AIDS, cocaine use, and safe sex. As we walked around one Friday night, he gestured to the people dancing to reggaeton music and drinking beer on the curbs and uttered, “Everything seems happy right now because it’s Friday night. People are drinking, hanging out, listening to their music, but there is a lot of misery here.” He continued by explaining how he considered himself well-suited to do this kind of work because of his own experiences: “I’ve used drugs. I’ve been depressed. Many people are suffering here, and I have suffered, too. I can identify with what these people are going through.”

Several community operators like Ignacio are current or ex-drug users. Incorporating users and ex-users into the design of outreach work has proven essential to harm reduction interventions, providing knowledge that can be used toward intervention ends. In serving as community operators, users and ex-users are in a unique position to access users that are often incredibly difficult to identify let alone
contact (El Retoño 2001). In recalling Intercambios’ first community projects in the city of Avellaneda in 1998, Goltzman makes clear just how important ex-users are in designing and carrying out community interventions. She states that this project was “strongly supported by the incorporation of ex-drug users into the project, who opened doors and provided access to networks of drug users...[H]is figure created a bridge between professionals and drug users” (Goltzman 2001:51). In fact, the home of an ex-user often served as a space where members of the NGO conducted harm reduction workshops and where users could go for needles/syringes, condoms, and information. What made this space so useful, according to Goltzman, was the fact that it was known among users in the neighborhood as a place where they could casually and safely come together.

The physical location of this harm reduction space — as well as the actual presence of community operators — *within* the community points to the realization on the part of Argentine harm reductionists that materials, information, and services must also be *delivered* within the community. Consultation offices, or *consultorios*, like the ex-user’s home and the one described in the opening vignette of this chapter provide spaces within the community where harm reductionists can set up shop. Intercambios, for instance, has a consultorio located within a small, community health clinic in Avellaneda. A poster asking “Sabían que se pueden reducir los daños del consumo?” (Did you know that the harms of drug use can be reduced?) greets people as they enter the consultorio where they can seek advice or information, get condoms and needles/syringes, and learn about services that exist both inside and outside their neighborhood. For a population characterized as having little to no relationship with local community institutions, these consultorios are tools for bringing drug users into contact with different types of services.
These spaces are also where workshops and gatherings are held for not only drug users, but also their family members and friends. Julia, a technical operator based at the consultorio, runs a weekly support group for mothers of drug users. The group offers them the chance to discuss their children’s drug use as well as the problems they and their families are having as a result. She described the group in the following manner:

When we opened the consultorio in Health Clinic No. 4 in Villa Tranquila, users’ family members first started to come forward — in general, they were mothers — and we started to do recorridos with them in their neighborhood and meetings in their houses. Many did not know each other, but they shared the same worries and the same problem: it emerged among them that they could exchange strategies, experiences, information, and establish connections (Recchi 2010:251).

Through their conversations and collaborative work, Julia is provided with a different vantage point from which to view what is going on in the neighborhood, and another avenue through which to address the diffuse “social” harms that can result from drug use.

Working as community and technical operators also entails building good working relationships between themselves, the organizations they represent, and local community institutions. One way that this is done is by doing outreach — albeit on a different scale — among professionals working in different capacities and in different arenas in order to promote harm reduction at the institutional level. Harm reduction trainings, such as those offered by ARDA, are organized around sensibilización, or “creating awareness,” of harm reduction and reflexión, or “initiating reflection,” on drug use and the provision of services in their communities. During one such training at a community health clinic, a technical operator named Facundo explicated to the room of doctors, nurses, social workers, and administrators what he and his colleagues meant when they spoke of “harm reduction,” what harm reduction interventions ARDA
promotes, and what ARDA can provide in terms of support for institutions that come into contact with drug users. Facundo posed questions to the staff in order to provoke reflections and conversations, focusing mostly on how users are received at the center, what obstacles they see being in place for drug users to access services, and what kind of information the staff lacked in order to serve this population to the best of their ability. Engaging in such activities and creating connections with institutions — whether they be clinics, youth centers, or recreational organizations — assists harm reductionists in mapping the institutional layout of the communities in which they work. By identifying potential sites of intersection and collaboration, these efforts help ensure that harm reductionists have a sustained institutional presence and influence in the communities in which they intervene.

The Primacy of Context

The majority of the work carried out in *el terreno* admittedly involves activities aimed at reducing the harms that certain drug use practices pose to individual and public health; the sharing of injection, sniffing, or smoking paraphernalia, unsafe sex, and the volatile mixing of different substances all have their corresponding interventions. This kind of community work has proven crucial in reaching what public health practitioners call “hidden” populations of drug users (Lambert 1990) through various harm reduction programs in Argentina, particularly those related to HIV prevention (Intercambios 1999, Rossi et al. 2003, Needle et al. 2005). The outreach work of Intercambios and El Retoño has, in fact, been used as examples of how organizations can engage with drug users to reduce HIV-related risk by taking health education messages into communities (Aggleton et al. 2005). The harm reductionists with whom I worked, however, were quick to point out that a narrow focus on health and drug use might actually be missing the mark.
Such a singular mission to reduce the physical harms of drug use draws critical attention away from the myriad of social harms that also affect users’ everyday lives and actions. These issues may not be direct consequences of their drug use, but may be contributing factors to it and the various problems that harm reductionists seek to address.

Martina, a psychologist at a harm reduction community center in one of the largest villas in Buenos Aires, explained to me that her work with drug users means attending to these other “social” issues. The center is located on the outskirts of Villa 1-11-14, a villa that is home to mostly poor immigrants from the provinces and countries that lie along Argentina’s northern border. A member of ARDA, Martina is part of the center’s community outreach team that works in the local ranchadas, or squat homeless encampments, scattered around the villa. She shared her thoughts with me on why harm reduction for her necessitates a view to the social:

It seems to me that reducing harm and risks here is not only related to drug use. It also deals with the social situation. We think a lot in those terms. We have an orientation very close to France, for example, where we locate ourselves in the society in which we are living. So, what we do is deal with the issues of getting users closer to services, resolving legal problems, finding them housing, and many times dealing with other social issues simultaneously, other things that do not directly relate to drug use or health.

The issues that Martina identifies are what many harm reductionists consider to be part and parcel to working in impoverished communities. Reflecting on their extensive experiences working with poor drug users, the members of El Retoño relate, “Implementing harm reduction strategies in contexts of poverty and social exclusion have a complexity that goes far beyond drug use and the harms that it can have on health. This complexity is given that these sectors, historically, have a history of unsatisfied basic necessities” (El Retoño 2001:67). They identify lack of housing, deficient
education, unemployment, and widespread violence as factors that must be taken into account when doing this kind of work.

This position echoes a conversation I had with Julia after a panel at the 2010 International Conference on the Reduction of Drug-Related Harm in Barcelona. As we left the conference hall, she admitted to me, frustrated, that she could not identify with the materials that many of the panelists were presenting. Throughout the conference, she said that she could not wrap her head around what some of the presenters and panelists were saying, particular those from the United States and Europe. Specifically, they did not start with or even mention the socio-economic situations or educational backgrounds of the users with whom they work. “These are so central. I would have mentioned these first!,” she said. The intervention situations they were talking about were so different than those in Argentina, addressing issues far beyond the basic needs of users and their family members. Julia was not devaluing what the presenters and panelists were saying nor the types of interventions they discussed. Rather, her priorities as a community outreach worker are simply different when the basic needs of so many users are not being met. She asked rhetorically, “How can anyone think of doing harm reduction without also attending to all of these other issues?”

What Martina, Julia, and others point to with their remarks is the need for a social-oriented approach to harm reduction that draws on a more radical structural perspective. This aligns with what is often referred to as a “risk environment” approach, which has been used by many scholars to discuss HIV/AIDS, drug use, and drug-related harm (Rhodes et al. 2003, Moore 2004, Strathdee et al. 2008, Green et al. 2009). A “risk environment” is understood as a space — whether physical or social — in which a variety of factors exogenous to the individual interact to produce risk and to increase the chances for harm (Rhodes et al. 2005:1027). Focusing on social situations, structures,
and locations in which risk is produced, this framework is a way to recognize and take seriously the social foundations of drug use and drug-related harm. It promotes an understanding of harm as contingent on social context by viewing drug-related harms as products of social situations and environments in which an individual drug user participates (Rhodes 2009:193).

With a view to the social, the risk environment framework offers a critique of the ways in which public health, as mentioned in Chapter 1, emphasizes the roles and responsibilities of an individual’s behavior in determining and reducing harm. The behavioral focus on HIV/AIDS prevention projects aimed at injection drug users, for instance, has been criticized for such an emphasis (Singer et al. 1992, Strathdee et al. 2010). Proponents of the risk environment approach argue that understanding HIV risk requires looking beyond the individual toward the various social and structural factors that influence and shape risk practices and vulnerability to harm (Rhodes 2009). Doing so helps overcome the limits of individual-focused interventions, and shifts the responsibility for harm toward social and political economic contexts.

A similar critique is made of harm reduction programs, particularly those in the global north, that revolve around individual behavior change. As Tim Rhodes (1997) suggests, such a focus fails to capture the numerous ways in which both drug-related risk and harm and drug users’ perceptions of risk and harm are context-dependent. Moreover, the individuation of harm reduction and responsibility obscures the influence of power inequalities related to race, class, gender, and sexuality (Bourgois et al. 1997, Friedman et al. 1998, Epele 2002) as well as political economic conditions in shaping drug-related harm and responses to harm reduction interventions (Bourgois 1998, Singer 2001, Ciccarone 2005). Risk and harm are inseparable from environmental processes and socio-economic conditions. As Philippe Bourgois puts it, drug use and drug-related
harm are “virtually meaningless outside their socio-cultural as well as political economic contexts” (Bourgois 2003:32).

**Another Shade of Harm Reduction**

The primacy that the risk environment framework gives to “context” clearly resonates with the issues raised by my informants. It is not only the place, the “where” of drug use and harm reduction, but also the social and political economic structures and factors that constitute, produce, and reproduce the phenomena. Epele and Pecheny (2007) argue that such factors must play a central role in shaping the way that harm reduction is designed and practiced in Argentina. While the concept of “harm” underlining the majority of harm reduction interventions in the global north is usually limited to the health consequences of drug use, they suggest that harm be expanded to include those harms resulting from the social and political economic contexts and factors that both influence drug use and effect drug users in Argentina on a daily basis. In essence, there is a need for continuous “recontextualization” when it comes to designing and promoting harm reduction.

Many of my informants expressed a similar concern with a solely health-centered orientation to harm reduction. This unease was, once again, often couched in terms of the Latin/Anglo-Saxon distinction. Graciela Touzé, the President of Intercambios, suggests that health-based harm reduction interventions in Anglo-Saxon countries predominately focus on drug use as it relates expressly to personal and public health. She emphasizes the work done in Argentina — while in no way ignoring matters of health — is colored by what she refers to as “another shade of harm reduction.” This, she expresses, indicates a “more social interpretation that emphasizes marginalization and stigmatization of drug users and stresses the need for changing social
representations that promote these mechanisms of exclusion…Harm reduction experiences in Latin America are inscribed in this way” (Touzé 2002a:62). Pablo Cymerman, the coordinator of Intercambios’ advocacy projects, echoed Touzé’s statement when he told me the following:

The ‘Saxon’ tradition, like in the U.S., is connected more to harm reduction interventions with health. The tradition from the Latin countries incorporates much more of the perspective of the social, and works on the issues of stigmatization and discrimination. It is impossible to think about a problem in which the social construction is so strong, to approach it only as an intervention that does not think about issues related to policy and political effects.

Engaging these issues exposes another dimension of my informants’ social orientation to harm reduction: the need for social change. Envisioned as a social practice, harm reduction for my informants is a commitment to addressing and intervening in those social factors that contribute to drug user vulnerability, including stigmatization and discrimination. This kind of venture echoes several other health movements in Argentina — Latin American Social Medicine, Social Psychology, and the salud mental (mental health) movement — where the social has played an important role in not only shaping how professionals recognize or “know” a particular practice or phenomena, but also why they respond with a specific course of action. In this respect, what resonates particularly well with Argentine harm reductionists is the objective of social change.

*Latin American Social Medicine*

Social medicine has been a field of medical research, instruction, and practice since the mid-19th century. It is most widely associated with German physician and political activist Rudolf Virchow, whose work in Upper Silesia in 1848 initiated a life-long concern with the effects of social conditions on health and illness (Waitzkin et al. 2001).
Along with prominent figures like Salomon Neuman and Jules Guérin, Virchow viewed medicine in a radical way; he saw it as both a “social science” and a “social practice” (Porter and Porter 1988). Medical professionals, it was argued, must therefore not only pay close attention to the social determinants of health and illness, but must also actively promote social change in order to address the social roots of morbidity and mortality.

Since the early 20th century, social medicine has had a strong foothold in Latin America. During the 1920s and 1930s — the so-called “Golden Age” of Latin American Social Medicine (LASM) — prominent medical and political figures like Chile’s Salvador Allende and Argentina’s Juan B. Justo helped draw attention to how such factors as underdevelopment, social class, and economic inequality influenced health and illness in Latin America (Waitzkin 2005). The work of Allende, Justo, and many others helped shape medical research and training across Latin America by promoting a combination of both medical and social solutions to health problems. This often involved the overtly political, Marxist-influenced project of political and social transformation that, as Débora Tajer explains, “valued the improvement of health status and equitable access to health services as essential pillars of the liberation of the people” (Tajer 2003:2023). One manifestations of such a project was the “revolutionary medicine” promoted by Argentina’s Ernesto “Che” Guevara, which centered on both training health professionals in the social origins of health and illness and promoting social change to improve health conditions (Porter 2006).

The second half of the 20th century saw the increased institutionalization of social medicine across Latin America. Argentine physician and sociologist, Juan César García, was instrumental in promoting LASM through his work with the Pan American Health Organization and the Latin American Social Medicine Association. However, social medicine in Latin America has taken a different form than social medicine in
Anglo-American contexts over the years. While LASM places heavy emphasis on the relationship between health and social context, Anglo-American social medicine focuses more on behaviors. As Dorothy Porter (2006) suggests, social medicine in the Anglo-American context is bound up with a more individualized, bio-psycho-social model of disease characteristic of post-World War II behavioral models of prevention. The main concern for practitioners of LASM, conversely, is how particular social structures reproduce configurations that contribute disproportionately to disease and illness.

LASM has also long distinguished itself from the traditional disciplines of hygiene, preventive medicine, and public health in Latin America. First, LASM practitioners argue that social medicine and public health define their target “population” in different ways. Classic public health approaches define a population as a sum of individuals; factors such as race/ethnicity, sex, income, age, and education are used to study individuals within groups. LASM, on the other hand, conceives of a population as a totality or a collective whose characteristics transcend those of individuals (Waitzkin et al. 2001, Tajer 2003). Second, LASM’s central focus on the social determinants of health aligns with the idea that health and illness are together part of a dialectic and dynamic process. Classic public health approaches, rather, conceive of health and illness as more rigid and dichotomous states. Finally, the institution of public health in Latin America has historically prioritized the implementation of public policy both empirically and intellectually while practitioners of LASM focus their efforts on social reform and the identification and promotion of health as a fundamental right.

**Social Psychology**

Although not originating in Argentina, the discipline of social psychology gained prominence in Buenos Aires in the mid-20th century. Focusing on the social dimensions
of psychiatric disorders, social psychology maintains that mental illness is caused by so-called pathological relationships. Treatment, therefore, revolves around (re)establishing healthy social ties in a patient’s life. This new orientation to mental illness found a following within the country’s large community of mental health professionals. One renowned Argentine psychiatrist who was particularly influenced by the new field was Enrique Pichon Rivière, the psychiatrist mentioned by Sebastián at the beginning of the chapter.

A founding member of the Argentine Psychoanalytic Association, the First School of Social Psychology, and the Argentine Institute of Social Studies, Pichon Rivière was active in Argentina’s mental health community from the 1930s until his death in 1977. Like many of his colleagues, Pichon Rivière was critical of the prevailing “asylum” model of psychiatric care in Argentina. Drawing connections between the mental hospital and the madhouse, he questioned the therapeutic validity of physically separating the mentally ill from the rest of society as well as focusing solely on the confined patient. In opposing these isolationist practices, Pichon Rivière suggested that mental health professionals address how “the social” bears on the individual. In social psychology, Pichon Rivière found an approach that fit the bill.

Pichon Rivière is best known for combining social psychology with psychoanalytic theory. This innovative move emphasized how an individual’s mental state related to the frame of interactions in which the individual was located. He shifted focus from the individual psyche to society at large, emphasizing the analytic and therapeutic importance of group dynamics and social relationships. His most daring move, however, was the dissemination of psychoanalysis outside of the hospital. Beginning in the 1960s, Pichon Rivière observed a need for expanding psychological treatment beyond the realm of the “insane” to ordinary people by moving psychoanalysis
from the couch to the streets (Vezzetti 2003). Pichon Rivière’s “Operation Rosario,” for instance, used psychoanalytic insights to understand and modify social behavior at the macro-level, the City of Rosario. The purpose was to encourage social re-education on a micro-scale and to extend the process to society as a whole. Operation Rosario was an attempt to promote a public rather than private therapeutic psychoanalysis that could be practiced directly over society.

It is important to note as well that the majority of Pichon Rivière’s work took place after the fall of President Juan Perón in 1955, a time when Argentina was undergoing a rapid social, political, and economic transformation. Psychology was viewed by many as a form of knowledge that could provide new insights into social and individual life across the country. Pichon Rivière saw an engagement with social psychology as a means of both enriching that understanding and ensuring a continued reformation of isolationist and individualized orientations to mental health. As he famously observed, “Social psychology is the science of interactions aimed at a planned social change” (Vezzetti 2003:159).

*Salud Mental*

The discipline of psychology in Argentina was once again at the center of social reform in the 1960s and 1970s. During that period, Argentine mental health professionals were increasingly determined to transform psychiatric care. The most extensive of the proposed changes was the replacement of asylums with day hospitals, general hospital clinics, and therapeutic communities in the hopes of extending medical and social services, improving the doctor-patient relationship, and eliminating patient isolation (Ablard 2003). From this institutional reform, another kind of project emerged known as the *salud mental* movement. Drawing on the tenets of social psychology as
well as Marxism, the *salud mental* movement revolved around the idea that humans are “social” beings whose mental illness can only be understood in the context of their social environment. But, it was also based on a particular social vision of extending access of mental health services to Argentina’s marginalized urban poor.

Members of the *salud mental* movement were involved in a political project of social transformation organized around the restructuring of mental health institutions and the reintegration of patients back into society. In the mid-1960s, the movement became increasingly radicalized during the dictatorship of Juan Carlos Onganía and the civil unrest of the period. By connecting itself to other contemporary social and political movements, the *salud mental* movement envisioned its work as part of a larger struggle to defend Argentina’s marginalized populations. They called for the increased public provision of psychoanalytic services, a necessary step for ensuring both collective well-being and social welfare. As Andrew Lakoff explains, the movement’s ideas around mental illness as well as its political aims were directly tied to “a particular vision of the state’s responsibility to its citizens” (Lakoff 2005:44).

These various movements demonstrate that harm reductionists are in no way the first in Argentina to reference and utilize the social in its various campaigns and operations. In the case of harm reduction, moreover, it was over-determined that it would pick up this strategy and run with it. The social serves to not only contextualize drug use and drug-related harm, but to also politicize their larger harm reduction project. The belief is that by situating drug use and drug-related harm within their social conditions of production and reproduction, my informants are better positioned to change them.
Conclusion

The Secretary of ARDA, Ricardo Paveto, made the following remarks as we sat in his office in Buenos Aires:

We have to try to construct an Argentine view of harm reduction. We do not have to reproduce experiences, but take those experiences and construct them from our point of view in Argentina, from the point of view of health professionals, scientists, lawyers, anthropologists, drug users, and leaders of community organizations. So, in that sense, we must force ourselves to find an Argentine point of view in the presence of the Argentine particularities.

As harm reduction has traveled to and within Argentina, local harm reductionists have crafted their own orientation to harm reduction through a view to the social. Framing their style of harm reduction as a social practice, allows us to consider the various ways in which such an orientation influences how Argentines both understand and attend to drug use and drug-related harm and how they “know” and intervene in them. Focusing primarily on their community outreach projects, I have shown how this bears on the design and implementation of different types of interventions and actions. I have done so in order to illustrate how a social point of reference is fundamental to the ways that harm reduction is practiced and promoted in Argentina.

This chapter also examined how this point of reference calls attention to a necessary expansion of “harm,” one that does not begin and end with the physical harms to the individual drug user. Argentine harm reductionists work, rather, with the conviction that reducing drug-related harm requires a broader approach that addresses social situations and factors that contribute to and reproduce such harm in the first place. This means attending to issues that do not necessarily fall under the classic rubric of “public health,” including but not limited to stigmatization, discrimination, and exclusion. Such social harms, my informants argue, are just as important and deserve as much
attention as the harms posed to public and drug user health in Argentina. This has led them into the arena of social change, where addressing social harms means taking the social as an important site of intervention and as a political compass for action.
Chapter 5

Debating Decriminalization and Drug User Subjectivity: Harm Reduction and Argentine Drug Policy

Alicia and I are sitting across the table from each other at a small café, each of us nursing our hot drinks as it rains outside. Several people are taking refuge in the café until the weather breaks. Businessmen are drinking cortados during their late afternoon coffee break, punctuating their sentences with a series of animated gestures I have come to associate with Argentines. Two older women are having a conversation over their tea, trying to speak just louder than the other with each new comment. A mother at the next table rocks her baby to sleep as her young son enjoys his hot chocolate and cookie.

The last time Alicia and I saw each other was over a year and a half ago in a café similar to this one along Avenida 9 de Julio in downtown Buenos Aires. As we sip our drinks, she updates me on her kids, her partner, and her health, the usual topics of a “catching up” conversation. She eagerly asks me about my studies back in California, my research project, and my game plan while I am in Argentina. “Are you still working on the same harm reduction project?” she asks. “Because I’ve got lots of stuff to talk about!” She starts telling me about the work she has been doing with a small NGO that promotes harm reduction with drug users, sex workers, and people living with HIV/AIDS in her neighborhood. Alicia herself is HIV positive, and has used cocaine and marijuana for over thirty years. Her involvement with this NGO, she tells me, is a very important personal project.
Rather abruptly, Alicia changes the tone of the conversation. She pushes her coffee cup aside, looks at me with a serious stare, and says, “You know, a lot has happened with me since you were here last.” In a somber yet angry voice, she describes how she was arrested a few months after our last meeting in 2006. She was found in possession of cocaine, charged with possession and trafficking, and sentenced to four years imprisonment. Frustrated she exclaims, “I’ve been using drugs for years and years, and the cocaine was for myself. I don’t sell drugs! But they were convinced that I was selling. I was holding, but they tried me for trafficking!” It turns out that Alicia was able to cut a deal with the district attorney, and ended up serving only a year of her four-year sentence in a woman’s prison on the outskirts of Buenos Aires. She talks about what it was like serving time and how desperately she missed her family while locked up. Each sentence is punctuated with a critique of the legal system and how she was wrongly criminalized for her drug habit. “I don’t deny that I’m a drug user,” she says, “But, in the eyes of the law, I was selling and now I’m forever branded a narco (drug trafficker).”

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Alicia’s story is particular and peculiar. It is not typical and yet it reveals a typical dilemma facing drug users. The conditions of her arrest, her sentence, and her imprisonment are specific to her individual situation; they are the product of a very personal and unique experience. Another person might have experienced something altogether different given his or her own set of circumstances. Nevertheless, Alicia’s strong indictment of and frustration and annoyance with the Argentine legal system points to an issue that I quickly learned has long-concerned Argentine harm reductionists: the criminalization of drug users.
Harm reductionists cite Argentina’s current national drug law, Law 23.737, as the primary instrument of drug user criminalization in their country. Passed in 1989, this law takes a hard line stance on both drug use and drug trafficking by prohibiting and severely punishing all forms of drug possession. Harm reductionists are quick to mention, however, that drug users as opposed to drug traffickers have been disproportionately persecuted under this law over the last twenty years. They argue that Law 23.737 gratuitously marks and treats the drug user as a “criminal,” and often distances users from various health, social, and economic apparatuses as a result. It is not surprising then that harm reductionists applaud the current efforts of the Argentine government to reform Law 23.737, a massive project that includes a proposal to decriminalize drug possession for personal use, as part of their social approach to intervention.

In this chapter, I explore the position of harm reductionists in relation to these reforms, paying particular attention to their role within the highly controversial decriminalization debate. As the Argentine government rethinks its policy position, harm reductionists are actively supporting and campaigning for this reform. Drawing on the conversation from Chapter 4, I discuss how harm reductionists active participation in this debate is part of a long-term project to enact social change through drug policy reform, a project that they have been engaged in for well over a decade (Inchaurraga, ed. 2003). Decriminalization is being used by harm reductionists as a platform to not only reform a law they consider extremely harmful to drug user and public health, but to also promote drug user rights and citizenship.

The chapter begins with a brief history of Argentine drug legislation from the 1920s until present day. It is followed by an outline of the proposed reforms to Law 23.737 set in motion in early 2008 when the Executive Power of the Argentine national government announced its plan to pursue such reforms, including decriminalization of
drug possession for personal use. I discuss how this project has unfolded and developed over the last four years, and where this project fits within the divisive history of drug legislation in Argentina.

Offering up both positive and negative reactions to the proposed reforms, the chapter continues by investigating how reform supporters, including harm reductionists, envision decriminalization as a potential means of improving drug user access to services, particularly those related to health. The final section of the chapter examines the ways in which harm reductionists use decriminalization as an opportunity to extend the conversation around Law 23.737 beyond just access to services and healthcare and toward the broader issue of drug user rights. Harm reductionists maintain that the criminalized status of drug users under Law 23.737 severely restricts their rights and, as a result, calls into question their very subjectivity as “citizens.” Challenging this status through the current decriminalization debate has allowed harm reductionists to not only call attention to the issue of drug user rights, but to also recast drug users as rights-bearing citizens.

My informants see this last move as an essential part of their harm reduction efforts to reduce drug-related harms. In this case, the project of protecting drug user rights and promoting drug user citizenship is a form of legal and social recognition necessary for reducing harms that are produced by Law 23.737 and its constituent political apparatuses. Engagement with the question of drug user subjectivity is a position from which harm reductionists participate in social change and political intervention. It serves as a channel through which to rethink the current figure of the “drug user-criminal” in favor of a new subjectivity of the “drug user-citizen.” This shift in focus also highlights how neoliberalism is recrafted as an issue not of individual but of
social beings whose rights are relative to their social opportunities and not just their self-discipline.

A Brief History of Argentine Drug Legislation

The proposed reforms to Law 23.737, including the decriminalization proposal, are the latest installment in the history of drug legislation in Argentina, one that oscillates between the criminalization and decriminalization of drug possession. The earliest drug legislation came into effect in the early twentieth century. Article 204 of the Penal Code of 1921 inhibited the supply of medicinal substances in quantities and qualities different from those medically prescribed. The passing of Law 11.309 in 1924 further criminalized the trafficking and sale of non-prescription narcotics and alkaloids as well as the prescription and dispensation of these substances in excessive dosages. The punishment for an infraction was six months to two years imprisonment. An amendment to the penal code known as Law 11.331 was approved in 1926, and criminalized the possession of these substances without “legitimate reasons.” In other words, it was a criminal offense to sell or possess a prescription without authorization (Touzé, ed. 2006: 48). This law did not clearly distinguish between drug traffickers and drug users, and an offense still carried the penalty of six months to two years imprisonment. In 1968, a new law came into effect that was modeled after the 1961 Single Convention on Narcotic Drugs.17 Known as Law 17.567, this law mentioned narcotic drugs by name for the first time, and offered an elaborated description of the punishments for conduct identified as drug trafficking. Drug possession was also criminalized under this new law if the amount “exceeds that corresponding to personal use,” with the penalty increasing from one to six

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17 The 1961 Single Convention on Narcotic Drugs was an international treaty that prohibited the production and supply of drugs, nominally narcotics. The treaty classified drugs into four categories, or “schedules,” and distinguished pharmacologically between drug “use” and “abuse.”
years imprisonment (Corda 2010:11). This law, however, was repealed in 1973 since the de facto military government headed by Juan Carlos Onganía issued it. The legislation, therefore, reverted back to the previous law from 1926, Law 11.331.

A year later, another law that criminalized drug possession, Law 20.771, was passed in 1974 with the heavy support of then Minister of Social Welfare, José López Rega. A former police officer, López Rega was the founder of the infamous Alianza Anticomunista Argentina (Argentine Anti-Communist Alliance — Triple A), a paramilitary organization linked to the dictatorship and the “Dirty War” of the 1970s and 1980s.\footnote{The influence of López Rega’s politics on this law was a point of discussion during one of my conversations with the long-time director of a drug recovery organization in Buenos Aires. He explained that López Rega was famous for his militant, anti-Communist politics; he described it as an “obsession.” He also recounted an exchange he once had with a former member of the United States’ Central Intelligence Agency who, having witnessed López Rega in action years earlier, exclaimed, “I have never seen such staunch anti-Communism as I have here [in Argentina]!”}

Passed at almost the same time as Law 20.840\footnote{Law 20.840, referred to as “National Security: Penalties for Subversive Activities in All Forms,” set the stage for the adoption of the “National Security Doctrine” of 1976-1983 under which the military dictatorship operated.} that laid out the penalties for subversive activities, this new drug law equated drug trafficking and even drug use with the issue of national security. As López Rega asserted, “Guerillas are the first drug users in Argentina so the anti-drugs campaign will genuinely be an anti-guerilla campaign” (Armada 2011). The penalty for drug trafficking increased from three to twelve years imprisonment, with drug possession still carrying a one to six year prison sentence. Drug-related offenses were now considered federal offenses, and such harsh punishments were deemed crucial for not only defending the country against the purported threat of subversion, but also for preserving individual and social relations affected by drug use and drug trafficking. Under this new legal schema, drug users were cast as criminals or, more pointedly, as drug traffickers. In a speech at ARDA’s National
Conference on Harm Reduction and Public Policies on Drugs in 2008, Argentine district attorney, Mónica Cuñarro, reflected on this specific piece of legislation by stating, “The law framed drug use in a discourse of ‘war,’ and, in war, the only thing that is important is annihilating him [the user] as an enemy.”

Over the course of the following decade, a series of landmark court cases brought Law 20.771 into the spotlight, both positively and negatively. The first involved a man named Ariel Colavini who was arrested in 1978 in a public plaza in Greater Buenos Aires for possession of two marijuana joints. Set against the backdrop of the military dictatorship, the Supreme Court upheld the conviction by maintaining that the repression of drug possession was an efficacious way of combating drug trafficking and ensuring national security. Drug use, it was argued, was a subversive act that not only generated anti-social activity, but also posed an overall danger to Argentine society. The Justices who supported Colavini’s conviction made the following declaration:

Given the poisonous influence of the spread of drug abuse around the world, which is a social calamity comparable only to the wars that devastate humanity or the plagues that in the past decimated humankind, the consequences of this plague, as much in the annihilation of the individual as in the impact on the moral and economy of peoples, leading to laziness, common crime and subversion, inability for actions that require a strong will and destruction of the family, which is the foundation of our civilization, it would be an unacceptable irresponsibility for governments of civilized states not to use the appropriate means to eradicate in a drastic manner this evil and, if this is not possible, confine it to its minimum expression (Touzé 2010:8).

A second surge of cases came after the return to democracy in 1983 that called into question the very legality of Article 6 of Law 20.77. The most “high profile” of these cases concerned famous Argentine musician, Gustavo Bazterrica. With Bazterrica’s 1986 case, the Supreme Court declared the criminalization of possession unconstitutional, arguing that parts of the law violated the principle of personal freedom.
established in Article 19 of the Argentine Constitution. The Article states, “The private actions of men that in no way offend order of the public moral or harm a third party are only reserved for God and are exempt from the authority of judges.” Therefore, it was deemed unconstitutional to persecute possession for personal use since it falls within the private sphere. The Court further argued that drug possession is not a concrete danger to public order nor does the criminalization of individual drug users serve as an effective solution to the “drug problem.” What the Bazterrica ruling did, essentially, was call into question the rationality on which Law 20.771 was based (Touzé 2010).

Despite the Bazterrica ruling, drug possession remained criminalized and continued to be so with the sanctioning of a new drug law in September 1989, Law 23.737. Signed just months after the election of President Carlos Menem, this law — which is still in effect today — was part of the new administration’s hard line stance on drugs, one that neatly aligned with the influential “zero tolerance” and prohibitionist drug strategies being pushed across Latin America at the time by the United States government. The first goal of Menem’s overall drug policy agenda, of which Law 23.737 was a part, was to punish those whose livelihood depended on drug trafficking. Menem described this fight against drug trafficking as a “third world war” (Hurtado 1999:171), and targeted drug users whose actions were considered the last link in the trafficking chain. His second policy goal was to protect public health in the face of growing concerns like the emerging HIV/AIDS epidemic, of which drug users were viewed as propagating. This dual policy objective was above all else about “citizen security.”

20 A few months prior to the passing of Law 23.737, a debate arose among legislators regarding the 1985 proposal of Deputy Lorenzo Cortese, future Director of SEDRONAR, to criminalize drug possession for personal use. The majority of the deputies voted in favor of criminalization because drug users were viewed as spreading HIV/AIDS and thus were a threat to public health (Touzé, ed. 2006)
Under Law 23.737, the penalty for drug trafficking is four to fifteen years imprisonment. However, the law has one major difference from its predecessors: it distinguishes between unlawful drug possession and possession for personal use, or “simple possession.” The former still carries a one to six year prison sentence. But, if the accused can demonstrate that the drugs found in their possession are intended for personal use and not for sale, then he or she could possibly avoid a one to two year prison term by undergoing drug treatment or rehabilitation. This is possible through a sort of bureaucratic confession where the user “recognizes” himself or herself as “ill” and therefore not responsible for his or her conduct. As such, those classified as “drug dependent” or “addicted” are given the “curative” option of drug treatment while those deemed either “beginners” or “experimenters” are given an “educative” option of rehabilitation (Touzé, ed. 2006, Corda 2010). These alternatives are envisioned as ways for drug users to be “reinserted” back into society if they successfully complete their programs. If they do not or if they refuse one of these alternatives, then he or she receives their original prison sentence. Law 23.737, as such, frames users in two ways, as either “ill” or “delinquent.”

In 1990, a few months after the passing of Law 23.737, the case of Ernest Montalvo, a man arrested for drug possession in February 1989, came before the Supreme Court. In this case, the Court overturned the Bazterrica ruling made just four years earlier by dismissing the claim that Law 20.771 was unconstitutional. The Court employed the same rationale used in the Colavini Case to support its ruling: drug use puts both the individual and society at risk and must be controlled in order to protect the public and moral order.

Nearly two decades later, the Supreme Court made another “reversal” by overturning the Montalvo ruling in August 2009 when it reviewed the constitutionality of
Law 23.737. In what is now known as the Arriola Case, five people were caught in possession of marijuana as they were leaving a house that was under police surveillance for alleged drug dealing. After reviewing the precedent set by the Bazterrica case 23 years earlier, the Court unanimously declared Article 14 of the law — the article that specifically addresses the issue of drug possession — unconstitutional under Article 19 of the Constitution because of its invasion on personal liberty. The Court once again ruled that the right to privacy is supreme, and that possession of drugs for personal use does not necessarily endanger the welfare of others. With this ruling, Supreme Court Judge Carlos Fayt, who had previously ruled against Bazterrica and in favor of Montalvo, reversed his own stance on the issue of drug possession by saying, “[T]oday, the approach of criminalizing drug use is revealing itself to be both ineffective and inhumane…[T]he old conception that all criminal legislation must be directed inevitably against both the trafficker and the consumer has proven outdated.” He also added his opinion on the inefficacy of the current strategy, “especially the idea that criminal persecution for drug possession for personal consumption would successfully combat drug trafficking” (Intercambios 2009). While specifically referencing the possession of small amounts of marijuana for personal use, this ruling opens the door for additional drug law reform, since the arguments presented by the Court apply to other drugs and substances.

In light of the Arriola ruling, federal judges have released several people arrested for drug possession by citing the unconstitutionality of Article 14 of the Law 23.737. In October 2010, for example, a man found with two bundles of marijuana was released after the court concluded that the marijuana was for the man’s personal use, and that his possession did not affect the health of a third party or the broader public (El Argentino 2010). Most recently, a young man caught smoking marijuana near the famous
Chacarita Cemetery in Buenos Aires was released on the grounds that drug use is only punishable when done so with “ostentation and implication” that negatively affects a third party. Arguing that the young man was smoking alone in the same way that he would smoke the legal drug of tobacco, the judges ruled that “[t]he possession of narcotics for the holder’s personal use constituted a behavior incapable, in itself, of being connected with a harmful result for others” (Página 12 2011). However, there has been resistance from some jurists to apply the Arriola ruling, asserting that drug possession is not protected by an individual’s right to privacy. For example, Federal Judge Ignacio Vélez Funes from the Province of Córdoba purports, drug users are “accessories” to drug trafficking and, therefore, drug possession should not be considered a private act, but rather one that “puts at risk the physical and moral health of humanity” (Cravero 2011).

The Decriminalization Proposal

In March 2008, Argentine Minister of Justice, Security, and Human Rights, Aníbal Fernández, made a speech at the 51st Special Meeting of the United Nation’s Economic and Social Council in Vienna. He stated that he was sent there with a direct message from President Cristina Fernández de Kirchner regarding Argentina’s new position on drug policy: “We are going to revise the norms. In our country, as opposed to Brazil, Uruguay, Switzerland, or Spain, the Convention21 was copied very closely, which persecutes someone with a health problem the same as a drug trafficker. This cannot continue and it will not continue” (Cappiello 2008). He went on to describe how Argentina’s Law 23.737 places insufficient emphasis on the growing problem of drug trafficking in Argentina and focuses instead on the persecution of drug users.

21 This is a reference to the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.
Developments were already under way, Fernández revealed, to change this law and introduce new drug legislation. Of the proposed reforms, the most significant and controversial is the decriminalization of drug possession for personal use.

Fernández’s speech in Vienna was not the first time an Argentine President has called for the reform of Law 23.737. During the previous administration of President Nestor Kirchner, for instance, a similar proposal to modify the national drug law met with little success. As then Minister of the Interior, Fernández promoted this move in light of the disproportionate attention paid to drug users rather than traffickers. In retrospect, he explained, “I gave the order to not go after users. Gangs blossomed and have become what they are today because we have focused on users.” He added that the current drug law “persecutes unnecessarily, grabs users in the act (by chance) and with minimal quantities. Only addicted holders and small-time businessman go to jail…If Law 23.737 is a failure, I have to find alternatives that provide new approaches. And among these new approaches is the policy of decriminalizing the addict” (Alarcón 2007). The reforms proposed by the current administration follow a similar logic. It is believed that these reforms, particularly decriminalization, will help differentiate between “drug users” and “drug traffickers,” a distinction that is often blurred or even unacknowledged in the fight against drug trafficking. Decriminalization is a means of redirecting this fight away from drug users and, in the process, bring drug users out from under the purview of a penal system that perpetuates the belief that users are unquestionably the last link in the drug trafficking chain.

To instigate reform, Fernández established a committee in early 2008 whose objectives were to develop a new drug law to replace Law 23.737. Known as the Comité

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22 Nestor Kirchner is the late husband of President Cristina Fernández de Kirchner. His presidency (2004-2007) directly preceded that of his wife, who became President in December 2007. She was recently re-elected for a second term in October 2011.
Científico Asesor en Materia de Control del Tráfico Ilícito de Estupefacientes, Sustancias Psicotrópicas y Criminalidad Compleja (Scientific Advisory Committee on the Control of Illegal Trafficking of Narcotics, Psychotropic Substances, and Complex Criminality), the committee consisted of professionals from different fields including law, sociology, and psychology. Shortly after the meeting in Vienna, the committee released its first official document that makes the following critique of Argentina’s current drug law:

After nearly 20 years since the passage of the drug law and its multiple reforms, the administrative and criminal legislation on asset laundering and the administrative regulation on precursors and chemical substances have not contained the exponential increase since the 1990s in supply and demand of legal and illegal substances. The de-legitimization of legal control based principally on criminal law generates impunity and, simultaneously, the social perception that punitive sanction targets the most vulnerable and weakest segments, which are the users (Comité Científico Asesor en Materia de Control del Tráfico Ilícito de Estupefacientes, Sustancias Psicotrópicas y Criminalidad Compleja 2008).

This report reflects the issues raised in Fernández’s speech at the United Nations, and echoes the stance of President Fernández de Kirchner presented by the Minister in Vienna. The President herself spoke publicly regarding her position a few months after the report’s release stating, “I do not like when someone that has an addiction is condemned as if he were a criminal. Those that must be condemned are those that sell the drug” (Guagnini 2008).

Decriminalization and the other reforms are a key part of the government’s long-term plan to move away from the prohibitionist drug policies of Argentina’s past. Law 23.737, as discussed in detail later in this chapter, reflects the American prohibitionist

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23 This Scientific Advisory Committee became Comisión Nacional Coordinadora de Políticas Públicas en materia de Prevención y Control del Tráfico Ilícito de Estupefacientes, la Delincuencia Organizada Trasnacional y la Corrupción (National Public Policy Coordinating Committee on the Prevention and Control of Illicit Drug Trafficking, Transnational Organized Crime, and Corruption) in November 2009.
agenda that heavily influenced Argentine politics when Law 23.737 was drafted and passed twenty years ago. Prohibition underlines the on-going, worldwide U.S.-led War on Drugs that favors zero tolerance drug policies and focuses almost exclusively on supply-side drug control. But, as Fernández and others point out, this approach to the “drug problem” in Argentina has failed on multiple levels. Law 23.737, rather than pursuing and punishing drug traffickers, has actually resulted in an increase in drug trafficking, as users rather than traffickers have been the focus of police and legal persecution. The harmful consequences of this situation are a central force behind the proposed reforms.

This shift away from prohibition and punitive approaches marks what Fernández calls “a new paradigm” for drug policy in Argentina (Ruchansky 2008:24). He heralded the advent of this new political framework during a speech at Intercambios’ National Conference on Drug Policy in August 2007. It was during this speech — seven months before his presentation in Vienna — that Fernández first publicly announced the President’s interest in reforming Law 23.737. This new paradigm distances itself from its predecessors not only in supporting decriminalization, but also in promoting policies based on harm reduction. The following year at Intercambios’ 2008 conference, Fernández stated, “The paradigm change is not moving backwards. We will adjust the norms that make possible, for he who desires it, the right to treatment and, for he who cannot [cease use], giving him the tools for reducing harm” (Fernández 2010:83). As such, he affirmed the President’s support for strong public policies that “do not focus only on repression, but also point to the improvement of the quality of life, prevention, and harm reduction.” This move stems from a belief that harm reduction does not promote nor rely on the proscriptive principles that have come to dominate Argentine drug legislation and policy. By creating policies based on harm reduction, the health rather
than the persecution of drug users becomes the critical focus. In his presentation to the United Nations, Fernández argued that the criminalization of drug users through Law 23.737 shifts the focus away from the question of health; in fact, in many cases, users are pushed away from the health system. As such, he avowed, “We must stop with a system that traps the user and criminalizes him without giving him the right to health” (Cappiello 2008).

Over the last three years, several proposals regarding Law 23.737 have been sent to the Argentine legislature for consideration. Political parties and coalitions including Frente para la Victoria, Unión Cívica Radical, and Proyecto Sur have proposed several modifications to the law; not surprisingly, the most extensive recommendations reference Article 14 and the issue of drug possession. For instance, one of the proposals lays out suggested changes to each section of the law, and includes a quote from Supreme Court Judge Eugenio Raúl Zaffaroni. A longtime critic of prohibitionist drug policies and the War on the Drugs as well as a harm reduction advocate (Zaffaroni 2003), Zaffaroni argues, “There is not doubt that, in many cases, drug users, especially when they are transformed into addicts, are along with their families the most visible victims of the scourge of criminal drug trafficking gangs. It does not seem unreasonable to maintain that a punitive response of the State to the user translates into revictimization” (El Senado y la Cámara de Diputados de la Nación 2010). While this quote is not the centerpiece of the bill, it does reflect the overall spirit behind the proposed reforms: drug users shall no longer be the victims of legal persecution. To date, the Argentine legislature has yet to vote on any of the proposed changes to Law 23.737.
Reactions to Reform

Given the contentious history of drug legislation in Argentina, Fernández’s announcement three years ago in Vienna reopened a long-running debate among politicians, legal experts, health and social service professionals, and many others across Argentina regarding the drawbacks and merits of decriminalization. Opposition has come in various forms from both within and outside the government, from civil society organizations to the Catholic Church to several state Ministries. Although not exclusively, critiques generally revolve around the potential impact of decriminalization on increased rates of addiction and drug-related crime as well as the demand for health and social services.

Some of the most overt criticism has come from SEDRONAR, a national organization known for its strong prohibitionist stance. José Ramón Granero, the Director of SEDRONAR, has repeatedly expressed his disapproval of decriminalization over the years, most recently locking horns with Fernández in person and in print (El Cronista 2008, Elustondo 2008). When former president, Nestór Kirchner, promoted decriminalization in 2005, Granero insisted that this move would in fact lead to an increase in drug use. He argued, “Decriminalization of drug use…is an expression of obscurantism that will inexorably provoke the appearance of new addicts” (Granero 2005). Granero’s critique of the current proposal is underpinned by a similar argument. He maintains that decriminalization will cause an increased level of drug use that Argentina is not institutionally equipped to handle: “We do not have a health system prepared for this. Look at what happened in other countries where that policy was adopted, like Italy or Holland, where they started to move backwards…I have an
obligation to warn against what is going to happen if it continues this way and about the errors that they are committing” (La Nación 2008).

Many high-level government officials have taken issue with the proposal on security grounds. Carlos Stornelli, Minister of Security of the Province of Buenos Aires, for example, believes that decriminalization will increase crime. He stated definitively, “I will always think that deregulating drug possession for personal use favors traffickers” (Ripetta and Palacios 2008:20). In a similar vein, Buenos Aires Police Chief, Daniel Salcedo, argues that decriminalization is a dangerous move because “it can aggravate issues of security” and, therefore, “there is a need to consider the consequences that a change in regulation can have” (Sagasti 2008). Former Minister of Health of the Province of Buenos Aires, Claudio Mate, also objects to the reforms by contending that drug use puts both users and third parties in peril: “Drug use is not an individual or private action. To realize this, one only has to think of people that die everyday as victims of their use or due to the actions of someone that used, a person, for example, that smokes marijuana and later causes a traffic accident” (Clarín 2008). He added that if possession was successfully decriminalized, “it would be absurd that we would have more regulations for tobacco smokers than for cocaine users.”

One particularly outspoken critic of the proposed changes, Claudio Izaguirre of Asociación Antidrogas de la República Argentina (Anti-Drug Association of Argentina), has expressed his concern with decriminalization quite emphatically on several occasions. He has stated, “It [decriminalization] is crazy. It would be like allowing the free sale of cyanide. If drug possession is decriminalized, society would be defenseless and people will not be left with anything other than taking justice into their own hands” (Clarín 2008). In even more dramatic fashion, he declared, “Aníbal Fernández’s idea to decriminalize possession for personal use is leaving the way open for small drug
traffickers. Drugs are not recreational like decriminalizers believe. There is no network for containing the problems associated with this topic. From this point of view, decriminalization is genocide” (Izaguirre 2008:12).

Despite these and other critiques, decriminalization has garnered much support from numerous governmental and non-governmental bodies and figures in the health, legal, and social services sectors. Some of the most outspoken and actively supportive proponents of decriminalization are harm reductionists. Throughout the course of my fieldwork, it was overtly clear just how enmeshed and invested harm reductionists are in this debate. Reforming Law 23.737, particularly with respect to decriminalization, is a project that harm reductionists have been involved with for many years (Inchaurraga, ed. 2003). Both ARDA and Intercambios, as described in Chapter 3, have hosted annual drug policy conferences since 2002 and 2003, respectively, that serve as platforms for officials, professionals, and scholars working in a variety of fields to discuss and debate Law 23.737 and drug policies that directly affect drug users (Intercambios Asociación Civil 2005, Touzé 2008, Touzé and Goltzman 2010). It is no surprise then that harm reductionists applaud the reforms currently being presented to the National Congress as well as the move by the Executive Power to create policies based on harm reduction rather than prohibition.

By supporting the government’s decriminalization proposal, harm reductionists are purposefully and quite strategically inserting themselves in formal political debates. This is part and parcel of their harm reduction mission to address both the physical and social harms that result from policies and laws like Law 23.737. An advocacy campaign run by ARDA, for instance, used the following slogans to drive home this point: “En nuestro país la ley de drogas hace más daños que las drogas.” (In our country, the drug
law does more harm than drugs.) and “Las drogas pueden hacer mal, hay políticas de drogas que hacen peor.” (Drugs can do harm. There are drug policies that do worse.).

Many harm reductionists, in turn, have not shied away from offering up critiques of the prohibitionist foundation of Law 23.737. One informant often referred to Law 23.737 as la ley Yanki, or Yankee Law, to emphasize how much the current drug law is influenced by the prohibitionist drug strategies of the United States government. The supply-side focus of such policies has failed on many fronts, not the least being the excessive attention paid to drug users in the anti-drug effort. Another informant, a psychologist and member of ARDA, was particularly critical of the supply-side heavy focus of SEDRONAR, a national body that deals with both drug demand and drug supply. He argues:

The law has demonstrated to be a failure. This government [of President Fernández de Kirchner] sees that money is being wasted instead of going to prevention. The creation of SEDRONAR, as a body charged with persecuting drug trafficking and worrying about the issue of preventing drug use, has shown that all of the money ends up going to persecute drug trafficking. And what they get a hold of are kids that are holding drugs for personal use. They aren’t grabbing drug traffickers. It has demonstrated to be a failure from all points of view.

Recent studies by Raúl Alejandro Corda (2010, 2011), a lawyer and member of Intercambios, support many of these claims. Analyzing the profile of people arrested for drugs in Argentina since the sanctioning of Law 23.737, Corda finds that drugs are the second largest cause for imprisonment in the Argentina Federal Prison System, second only to crimes related to property. This finding translates to a startling figure: one third of all detainees in the system are imprisoned because of drug-related crimes. He also discovered that of those arrested for drug-related crimes, seven out of ten (70%) are drug users. When the police do make arrests related to drug sales, those detained and imprisoned are overwhelmingly what Corda calls “small time actors of trafficking,” such
as drug mules and poor, neighborhood dealers. Rarely, if ever, are they major figures in Argentina’s burgeoning drug trade.

Argentina’s Instituto Nacional contra la Discriminación, el Xenofobia y el Racismo (National Institute Against Discrimination, Xenophobia, and Racism – INADI) has also been a vocal government supporter of the reforms, particularly in light of drug user discrimination. Soon after Aníbal Fernández announced the proposed reforms in 2008, INADI sent a General Recommendation document to government institutions across Argentina including the National Congress, Judicial Power, and the provincial Ministries of Health (Instituto Nacional contra la Discriminación, el Xenofobia y el Racismo 2008b). The document reveals INADI’s favorable position towards decriminalization in its formal recommendation for reforming Law 23.737. Then INADI President, María José Lubertino, argued that punitive responses to drug use have failed to decrease and eradicate drug trafficking in Argentina, arguably the driving force behind Law 23.737. Instead, drug users are routinely subject to various forms of discrimination through the legal process of criminalization.

INADI’s position was supported by the results of a national survey conducted by the Institute between December 2006 and November 2007 in which 42.9% of the surveyed population agreed with the following statement: “The majority of drug users are criminals.” This strong, prejudicial stigmatization of drug users, according to Lubertino, is based on “the current discriminatory regulations that try to prohibit use and possession starting with criminalizing and penalizing drug possession” (Instituto Nacional contra la Discriminación, el Xenofobia y el Racismo 2008a). Expanding on this point, current INADI President, Claudio Morgado, later stated, “There is an enormous stigma with drug users. And this is because criminalization positions them socially as delinquents and, therefore, excludes them. This is straight unconstitutional: our Article 19 clearly says
that men’s private acts are subject to his conscience. Our drug law is obsolete because it criminalizes possession...We cannot and we must not meddle in people’s private lives (Bistagnino 2010).

A particularly graphic display of drug user discrimination sent shock waves across Argentina early last year. William Vargas González was arrested in September 2009 for possession of seven seedlings and fifty grams of marijuana. He was in jail in the Argentine province of Mendoza for one year, and then sentenced to three additional years imprisonment for drug possession with intent to sell in September 2010. In February 2011, video clips circulated through Argentine media outlets showing Vargas González being brutally abused by Mendocino prison guards. The clips showed him on his knees with his hands tied behind this back struggling to get free while the guards beat him. After these images were released, Mónica Cuñarro commented on the abuse in order to illustrate the urgent need for drug policy reform. She stated:

The terrible images we saw of a man savagely fighting in a Mendocino jail touched us all. He was jailed two years for possession of a small amount of drugs. Meanwhile, the Julia Brothers and Matías Miret passed through checkpoints with 944 kilos of cocaine.24 That is the main conclusion of the airplane case: we have 70% of prisoners and 40% of the health budget dedicated to persecuting small-time users while controls against large organizations like those that brought a ton of cocaine to Barcelona failed. That is the transformation that we need to make in the drug policy of Argentina (Kollman 2011).

An Issue of Access

Harm reductionists and their supporters have long argued that this type of discrimination contributes to the stigmatization and ever-increasing isolation of drug

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24 Argentine Matías Miret and brothers Gustavo and Eduardo Julia were arrested in January 2011 for transporting 944 kilos of cocaine from Argentina to Spain on a plane from the Medical Jet airline company.
users from health and social services (Rossi et al. 2007). Ricardo Paveto, the Secretary of ARDA, spoke to this concern when he told me:

Law 23.737 has produced a great obstacle because it has distanced the using population from the health system and has turned him into a judicial problem, a problem of security, a problem of much terror and much fear. It has distanced that population from the providers who should attend to them in the health system. Because if I am considered a criminal for using drugs, I’m not going to get close to a sector of the state for fear of being accused or arrested.

Silvia Inchaurraga, Ricardo’s colleague and the President of ARDA, made a similar statement during one of our interviews. She argued:

Penalizing an individual behavior like having drugs for one’s own use leads to that person being stigmatized and criminalized. The label of “criminal” is put on him, and that person moves further and further away from the health system. A person that knows that he can be punished because he has drugs, because he uses drugs, rejects or is more reticent to get treatment in hospitals where there is a police presence, for example, or to go to a hospital when he has an abscess but knows that the doctor is going to realize that he is high.

These comments speak to what María Epele (2007) calls a “logic of suspicion,” a set of symbolic practices that includes suspicion, doubt, distrust, and changes to the meanings of messages from state institutions which constitute a major health barrier.

When drug users do voluntarily seek out health care, they are discriminated against, mistreated, or ignored all together. Verónica Russo — a long time drug user and leading member of Red Argentina de Usuarios de Drogas y Activistas (Argentine Network of Drug Users and Activists – RARUS) — referenced this problem in a speech at Intercambios’ 2010 National Conference on Drug Policy. She states, “The violations of the rights of people who use drugs begins at the entrance to the hospital. Health workers do not open the door to us and, if we arrive at the Emergency Room, they throw us on a gurney and start in with the verbal abuse.” A member of El Retoño told me something similar: “Many users don’t go to hospitals because they’re afraid. They only
go to hospitals for big things like gunshot wounds, stab wounds, split heads, but rarely for other health issues.” As such, “barriers” and “access” to services, as Epele notes, do not only revolve around availability of information, economic difficulties, or geographic obstacles. They also consist of and are shaped by important social and symbolic distances.

Several members of the Argentine government also discursively frame the decriminalization proposal around this issue of access, specifically to healthcare services. Many note that the fear of being criminally charged or labeled “criminal” or “delinquent” plays into drug users’ decisions as to whether or not they will seek assistance from state services. Lubertino speaks to this issue in relation to drug addiction by stating, “Those with some form of addiction are discriminated against because, being treated as delinquents, pushes them away from the health system” (Instituto Nacional contra la Discriminación, el Xenofobia y el Racismo 2008a). Leonardo Gorbacz, former National Deputy from the Province of Tierra del Fuego, encapsulates this sentiment well when he asks rhetorically, “How can we pretend that there is fluid access to the health system for people who use drugs if asking for care is almost like confessing a crime?” (Gorbacz 2008:13).

Working directly with drug users, many of my informants further observed drug users going “underground” when faced with this criminalizing prospect. They become virtually invisible to the health system, a situation that both exacerbates their marginality and compromises their and the public’s health. Former Secretary of ARDA, Gustavo Hurtado, maintains that Law 23.737, in this respect, is actually contradictory in its concern for public health. He argues that, while one goal of the law is supposedly to protect public health, it in fact pushes drug users away from the health system by penalizing them for their behavior. With specific regard to HIV/AIDS, the drug law acts
detrimentally as “a catalyst of the epidemic” (Hurtado 1999:179), and thereby is at odds with its supposed aim to protect the health and welfare of the general public.

The police-judicial-health apparatus created by Law 23.737 does put drug users in contact with the health system through the “curative” and “educational” custodial alternatives laid out in the law. However, this contact is often not on the user’s own terms, and amounts to coercion according to Argentine Judge and ARDA’s Honorary President, Martín Vázquez Acuña (Vázquez Acuña 1997). For several of the harm reductionists with whom I worked, these “alternatives” are tantamount to compulsory drug treatment. A psychiatrist and director of a drug treatment center, for instance, firmly argued against this type of mandatory care when he said, “Treatment should not be a punishment! It is not a penalty, it is treatment.” Moreover, Hurtado suggests that such treatment also forces health and mental health professionals to act as agents of social control. Law 23.737, he writes, “places in our hands a repressive role that is framed more in an ideology of the Dirty War on Drugs” (Hurtado 1999:182). These concerns have prompted many harm reductionists to promote the removal of treatment “alternatives” from the general sphere of criminal justice and the specific mandate of Law 23.737.

**Drug User as Rights-Bearing Citizen**

Law 23.737 and its derived policies are seen as contributors to the systemic exclusion of drug users from multiple arenas of Argentine society. In response, harm reductionists use the issue of decriminalization of possession for personal use as an opportunity to extend the policy conversation beyond just access to healthcare and toward the broader issue of drug user rights and citizenship.
Citizenship has been generally understood as a modern form of socio-political membership that involves entitlements and rights as well as duties and responsibilities. However, the concepts of “citizenship” and “rights” are constantly subject to processes of construction, reconstruction, and transformation. Numerous scholars note the long and complicated histories associated with both these concepts. They discuss and debate what actually constitutes rights and citizenship (Turner 1990, Turner 1993, Porter 2011), how and when such concepts emerge or erode (Marshall 1950, Tilly 1995, Turner 2001), and how they are redefined in light of shifts in social, economic, political, technological, and ethical milieus (Ong 1999, Petryna 2002, Heath et al. 2004, Nguyen 2005). One must, therefore, be careful to not analytically reify the concepts of “rights” or “citizenship.” One must, instead, recognize the contingent and ever-shifting associations and relations attached to them in various arenas and circumstances.

With respect to Argentina, these concepts have held a central position within both state and civil society platforms and the popular imagination since the mid-20th century. In the 1940s and 1950s, the nationalist-populist administration of President Juan Perón employed an anti-liberalist, rights-based political agenda when his administration campaigned for the rights and social welfare of workers and other excluded sectors of the population. Under a vision of state-led, “mass democracy,” Peronism institutionalized various mechanisms of protection, such as social security, employment benefits, and higher wages, to fulfill the needs of the poor working class. In doing so, it introduced a type of “social citizenship” based on the notions of collectivity and belonging associated with the state and the protection it provided. According to Sebastián Barros and Gustavo Castagnola (2000), this was a radical redefinition of the idea of citizenship in Argentina since “citizenship” prior to Peronism stopped at “political rights,” those rights that allow individuals to take part in political life. With the incorporation of the popular
sectors in the political order, Peronism both recognized the political rights of previously excluded populations and reshaped citizenship through the establishment of a set of rights identified with social issues (Barros and Castagnola 2000). This set of rights align with what T.H. Marshall (1950) famously identifies as “social rights,” those rights associated with the modern welfare state that include the rights to health, education, and housing.

During the subsequent military dictatorship from 1976-1983, the majority of the population’s political and civil rights were rescinded, and laws were passed to reverse the labor and social rights established under Peronism in the previous decades. The dictatorship sought to reconstitute a new understanding of “citizenship” under its regime, one based on isolation and the inability to engage in public or collective resistance. Yet the systematic identification of political dissidents and their disappearance through state-sponsored operations gave rise to a strong social movement organized around the violation of “human rights” under the authoritarian regime. Led by the Mothers of the Plaza de Mayo, the movement successfully fought for state recognition of such abuses. While human rights activists did not frame their claims around the same types of rights that dominated populist politics, they did campaigned furiously to establish institutional mechanisms through which to monitor future rights violations after the transition to democracy.

As in many parts of Latin America, discussions around “citizenship” and “rights” dominated civil society in Argentina after the fall of the authoritarian regime and the start of democratization efforts in the 1980s. Linked to the emergence of social movements during that period, a redefinition of citizenship circulated that supported the rise of new social subjects who were actively involved in the identification and recognition of rights (Dagnino 2003). This type of citizenship “from below” used as its point of departure the
most basic of rights, what Hannah Arendt (1973) refers to as “the right to have rights.” Since not all individuals and groups are automatically afforded such a right, this recognition was central to many movements, including the human rights movement, in the wake of the dictatorship.

The next decade saw another dramatic shift in the way citizenship and rights were envisioned and formed in Argentina. The violation of human rights under the military dictatorship continued to be a pressing issue for human rights activists. However, growing poverty rates, rising unemployment, and declining living conditions across Argentina compelled the human rights movement and other groups to address the systematic deterioration of collective and individual rights brought about by neoliberal reform. The election of President Carlos Menem in 1989 ushered in a neoliberal era characterized by privatization, deregulation, and structural readjustment. While citizens — as either individuals or collectives — in the past could place demands upon the state, citizens under Menemism were imagined first and foremost as “citizen consumers.” Under neoliberalism, citizenship is understood as and shaped by the individual’s integration into the private market. Rights are limited to the contractual agreement between individual consumer and private provider; one’s claim to a service or good is contingent on payment in a world where the public realm is severely diminished. Menem’s neoliberal policies helped developed a new definition of citizenship in which citizens are unable to claim social rights from the state. Rather, as Janine Brodie clarifies, “the good citizen is one who recognizes the limits and liabilities of state intervention and, instead, works longer and harder in order to become self-reliant” (Brodie 1994:57). Essentially, the effect of neoliberalism in Argentina was the limitation of the democratizing project organized around the extension of both citizenship and rights to marginalized sectors.
Given Argentina’s political and social history, the fact that harm reductionists engage with questions of citizenship and rights is not altogether surprising. Indeed, my informants approach harm reduction from a “rights” perspective with the goal of promoting and protecting the social and human rights of drug users on many registers: the right to health, the right to housing, the right to information, the right to dignity, the right to privacy, and so on. By making claims on the state rather than the market, this move is part of a larger harm reduction project in which drug users are recast and reimagined as rights-bearing “citizens” (Touzé 2001, Inchaurraga 2002a). Inchaurraga, writes: “Harm reduction is not only interventions in the health field. Needle exchange programs or opiate substitution programs are fundamentally about guaranteeing access to all information and definitely avoiding the social costs that come with criminalization…It is recognizing that drug users are citizens with rights” (Inchaurraga 2003a:44). She elaborated on this point when she told me, “Harm reduction is about citizenship, where drug users have rights, where people fundamentally have the right to health, the right to privacy, the right to equality, the right to information. They are equal with respect to others. They do not stop being people with rights.” This stance is reflected in one of ARDA’s pamphlets distributed to drug users that reads, “Si curtís alguna igual tenés derechos a la salud, a la educación, a la información” (If you’re involved in something, you have the same rights to health, education, and information).

Speaking in and using a language of rights is a way for harm reductionists to express demands — in this case from the Argentine state — in the name of the drug users with whom they work. In the process, drug users emerge within a rights discourse as proper and recognizable subjects of rights; they emerge as “citizens.” Several of my informants were quick to mention, though, that this is not a call for special rights exclusively for drug users. In fact, they very much stressed the importance of
envisioning drug users “just like other citizens.” Paula Goltzman from Intercambios was
adamant about this point:

We are not talking about demanding special rights for drug users, but that
the same rights for everyone are fulfilled, for all citizens. In many
hospitals still, if someone says that they use drugs, they are not going to
get anti-retroviral treatment. This is a good example regarding “rights.” I
am not saying that they give it to him first, but that they give it to him like
all the others. This image of the ‘citizen like all others’ is not demanding a
special identity for users. It is imparting a diagnostic that says that today
their rights are fewer than the rest of society has. I do not want more; I
want the same that the rest have.

The President of Intercambios, Graciela Touzé, also argues that drug users deserve the
same rights of life, liberty, stability, and access to health as non-users. Yet she further
emphasizes the profound need to also “shift of the representations of the drug user as
delinquent or sick to considering him a citizen and, above all, a ‘citizen like the rest’”
(Touzé 2001:71). As one of ARDA’s policy campaigns maintains, “Ni taloperos ni
drogadictos: ciudadanos” (Neither druggies nor drug addicts: citizens).

Public policy is one arena where harm reductionists see this project panning out,
where drug user rights can be promoted and upheld through the reformation of
exclusionary laws and policies like Law 23.737 that approach and reproach drug use
from a criminal justice perspective. As Inchaurraga argues, “[I]f public policies are
reformulated and consider drug users and drug dependents as citizens, they could
ostensibly reduce the social and health harms that these cause that, in the time of AIDS
and prisons full of users, demonstrate to be greater than the harms that drugs produce in
and of themselves” (Inchaurraga 2002a:36). There is widespread acknowledgement
among harm reductionists, however, that legal and political modifications do not
suddenly produce changes in beliefs or behaviors, nor do they realistically expect them
to do so. But, it is not, as one informant indicated, an insignificant discursive or material
step in this direction. Subjectivities can be reconstituted legally with such revisions and, as she maintained, “changing the law means getting rid of a tool that propels an established policy of exclusion.”

Conclusion

This chapter has examined the role of Argentine harm reductionists in the current policy debates around the proposed reform of Argentina’s national drug law, Law 23.737. Paying specific attention to the discussion regarding the decriminalization of drug possession for personal use, I have shown how harm reductionists have outwardly shown their support for such a move for a number of reasons: as a critique of the prohibitionist foundation of Law 23.737, as an avenue to discuss drug user discrimination through criminalization, and as an opportunity to increase access to various services. Finally, I argued that their support and endorsement of decriminalization is also coordinated around the promotion and protection of drug user rights and citizenship.

In Chapter 1, I discussed how harm reduction in many parts of the world is now organized around the joint concerns of public health and human rights, since rights violations and infringements can contribute to drug-related harm. Promoting the rights of drug users, including those social rights discussed above, has incited harm reductionists in various locales to lobby for drug laws and policies that protect rather than violate such rights. In harm reduction’s travels to and within Argentina, the centrality of this “pillar” of harm reduction to the broader project of local harm reductionists is clearly evident in the centrality that “rights” play in their efforts, not the least being their participation in the decriminalization debate. For talking about rights in this context helps support the notion that the issue is not just about endorsing rights, but also breaching the boundary
between included and excluded through the crafting of a rights-bearing, drug-using community of citizens.
Conclusion

In these pages, I have attempted to illustrate ethnographically the politics and practices surrounding harm reduction in Argentina. I began by documenting both historically and ethnographically the emergence of harm reduction in Argentina since the mid-1990s. Following the methodological and analytical example of Marianne de Laet and her interlocutors, I traced the travels of this globalizing strategy to and within the country by observing the sites where harm reduction has come from, where it has traveled, and the conditions that have enabled or constrained such travel. I looked at where and how harm reduction has been taken up and implemented in Argentina, paying specific attention to who embraces harm reduction and who refuses it. In particular, I focused on the ways in which local, national, regional, and international collaborations, exchanges, and networks influenced the adoption of harm reduction by Argentine NGOs and select government agencies.

By tracing the paths along which harm reduction has traveled, this dissertation also investigated what harm reduction has done in practice and facilitated in Argentina. I explored the ways in which harm reduction has been used as well as the effects it has generated. Focusing on the work of Argentine NGOs, I investigated how the promotion and adoption of this public health model has affected institutional approaches to drug use and drug users. Specifically, I investigated the ways in which local harm reduction efforts to improve drug user health, access to services, and chances of survival in the face of economic, structural, and social vulnerability are influencing how local institutions respond to drug use and drug users in Argentina.
In exploring these issues, this dissertation highlighted the tension between civil society and the Argentine state with respect to drug use. While the state does offer drug prevention and treatment services in various formats, these efforts are overshadowed by its punitive approach to drug use and, subsequently, drug users. Harm reductionists have responded to such tactics by campaigning for policy reform and the decriminalization of drug users. As I have shown, this has served as a platform to campaign for drug user rights and citizenship. This political engagement illustrates the social orientation of harm reduction in Argentina. One must not forget, though, that the modification of individual drug use behaviors is fundamental and foundational to harm reduction. The work of these harm reductionists is, indeed, positioned in relation to this neoliberal strategy, managing individual subjectivity by way of their social contexts, rights, and political possibilities. Nevertheless, the way harm reduction works in Argentina is very particular in its overall focus on the social as a site of intervention for reducing drug-related harm.

Following harm reduction in Argentina has also provided certain insights into how local harm reductionists approach drug use and its related harms from a joint “public health” and “rights” perspective. This dual focus is by no means contradictory, but rather distinctly influential in the implementation of harm reduction interventions and promotion of anti-prohibitionist policies in Argentina. It is indicative and informative of how harm reduction shapes and is shaped by the ways drug use and drug users are imagined and approached institutionally in Argentina today. This dissertation illustrates this final point: that my research has as much to do with how harm reduction renders drug use and drug users thinkable in new ways as it does about the politics and practice of working in contemporary Argentina.
Contributions

This research makes several significant contributions to the fields of anthropology and drug studies. Not only has this dissertation complicated the customary understanding of “harm reduction,” it has provided a detailed ethnographic account of the adoption and utilization of this specific public health model as it is being crafted and promoted in a particular historical and health context. Anthropological studies of public health produced to date have tended to focus on the themes of unequal access to health services (Farmer 1999, Becker 2004), public health crises and emergencies (Nichter 1987, Briggs 2003), and the effects of public health policy on particular populations (Castro and Singer 2004, Horton 2004). Anthropological analyses focusing specifically on public health models, however, are surprisingly scarce. This dissertation helps fill this glaring gap in the anthropological literature.

Second, this dissertation adds to the corpus of anthropological analyses of health-related policies and practices in Latin America. This rich literature is broad in theoretical, methodological, geographical, and historical scope (Crandon-Malamud 1991, Morgan 1993, Biehl 2007, Hayden 2007). However, there have been very few anthropological studies that focus specifically on drug use and drug user health in Latin America, despite the region’s major role in the production of globally-circulated drugs. This dissertation, therefore, is an important, case-specific addition to this body of work.

Lastly, this dissertation is novel in its focus on service providers. Anthropologists and other scholars of drug use generally concentrate on the experiences and practices of drug users themselves (Williams 1992, Singer 2006, Bourgois and Schonberg 2009, Garcia 2010). This dissertation, however, examines the experiences and practices of those individuals that implement harm reduction programs and other drug-related services, such as physicians, social workers, and public health professionals. Moreover,
by focusing on how these experiences influence and interface with harm reduction interventions, outreach work, and national and international drug policy, this research offers practical insights to policy makers and those trying, against many odds, to promote and practice harm reduction in the world today.

**Looking Forward**

The analysis presented in this dissertation opens numerous doors in the anthropologies of drug use and public health. This dissertation first offers one of the few ethnographic analyses of drug-related health intervention outside of the global north, especially Latin America (Hunt and Barker 1999). As harm reduction and other types of intervention strategies continue to gain credence around the world, this topic of inquiry will likely become increasingly subjected to anthropological investigation. This dissertation serves as a useful example of this type of query for future anthropologists interested in not just harm reduction, but all types of drug use-related intervention. A topic from this dissertation that especially merits more investigation is the issue of “Anglo-Saxon” versus “Latin” approaches to intervention. With so much drug research conducted in the global north — especially in the Anglo-American context — more work needs to be done to further understand this dynamic in Latin America.

My work is also unique in its focus on harm reductionists in this context. This was a conscious choice on my part as a way to examine anthropologically how harm reduction has been put into practice as a form of public health intervention. Drawing analytic attention to those individuals and institutions that implement harm reduction rather than to drug users themselves reveals certain things that otherwise are overlooked and/or not necessarily visible if one focuses solely on the micro-level practices of the drug user. What is gained in the process is insight into the politics and
practice of intervention. This dissertation illustrates the value in this type of analysis, and hopefully will spur other anthropologists and ethnographers to engage in this kind of research.
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