

Harm Reduction is a Social Movement

by

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I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

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Abstract

Harm reduction is a label given to a suite of health and social service practices that seek to mitigate the harm associated with illicit drug use without demanding or expecting drug users to abstain. It is also a label under which a diverse and globalized social movement has organized to alter the conditions that give rise to drug-related harm, broadly construed. The central argument of this thesis is that a philosophy of harm reduction will benefit from taking a social movement perspective. Philosophical engagement in the area that focuses on or isolates narrow issues of policy while neglecting the social movement, risks reproducing or strengthening a tendency toward technocratic management that many harm reduction activists struggle to resist. By adopting a social movement perspective, the philosophizing that is done can be better attuned to the actual politics, and actual needs that are identified in practice. [Word Count: 44,107]

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Preface

0.1 - An Introduction

Since the 1980s, a radical proposal for how to deal with the harm associated with illicit drug use has been gaining both public support and uptake in government policy. Under the label of ‘harm reduction,’ services for drug users such as needle exchange and safe consumption sites have become increasingly common. These practices are radical in the sense that they reject dominant approaches to drug use that insist on abstinence as a pre-requisite for accessing medical and social services. Evidence has accumulated that services to facilitate the safer consumption of illicit drugs are more effective than alternatives for reducing HIV infection and overdose. Evidence also suggests that they are more effective at opening pathways for illicit drug users to discontinue their use. Some have taken this to be paradoxical: how can facilitating illicit drug use promote better health and even abstinence? There is, however, no paradox when drug-related harm is understood in its ecological context. From this perspective, much of the harm experienced by illicit drug users results not from the drugs, but from the conditions under which they are used and the prohibition regime that maintains these conditions. ‘Harm reduction’ interventions alter these conditions in important ways, and, as I demonstrate in this thesis, they have opened a space both conceptually and practically for the development of a heterogeneous and globalized social movement against ‘drug-related harm.’

The central argument of this thesis is that a philosophy of harm reduction will benefit from taking a social movement perspective. Philosophical engagement in this area that focuses on or isolates narrow issues of policy or ethics while neglecting the social movement, risks reproducing or strengthening the tendency toward technocratic and top-down management that many harm reduction activists struggle to resist. By adopting a social movement perspective, the philosophizing that is done can be better attuned to the actual politics, and actual needs that harm reduction identifies in practice. Even if this argument is accepted, it remains unclear, methodologically, how to proceed. This thesis begins to work through some of these issues by providing a philosophical exploration and overview of the domain. An important motivating concern, here, is the need to encourage and develop approaches to philosophical engagement that

can do justice to the non-ideal social and political situations that harm reductionists participate in.

Harm reductionists tend to adopt an ecological perspective on drug-related harm, and this thesis follows their lead. From this holistic perspective, the full range of issues touched on by harm reduction is enormous and daunting. A goal of this thesis is to provide an overview that can grapple with the sprawling nature of the concerns harm reduction as a social movement aims to ameliorate. To this end, I deploy a number of different tactics. For example, historical and genealogical methods are used to trace the origins of harm reduction through the neo-liberal policies of the Thatcher government in the UK. Sociological methods, informed by social movement scholarship, are used to organize a categorization of the harm reduction school of thought into three interrelated fractions. And, most importantly, wide-ranging bibliographic methods are used to bring together diverse perspectives from inside and outside of academia. It is my hope that what follows does justice to the sprawling nature of the domain while also providing helpful organizational ideas, and highlighting neglected insights from the social margins.

0.2 - Chapter Summaries

Chapter 1 is loosely organized into two parts: an introduction to harm reduction as a social movement, and a discussion about philosophical traditions and approaches.

In section 1, I provide a brief overview of harm reduction starting from its better known instantiation as a public health policy and intervention. From this starting point the discussion extends to a consideration of the complex dynamics of harm reduction as a social movement. The history of harm reduction is one of surprising coalitions, creative social action, and frequent recuperations to a harm-producing *status quo*. This view of the movement is further substantiated in the second chapter.

Section 1.1 provides some background about the origins of this thesis, and begins to motivate the social movements perspective that is argued for. Sections 1.2 through 1.3.2 discuss the potential benefits from adopting a social movements perspective, and the potential losses from neglecting it. This discussion is influenced by a recent paper encouraging analytic philosophers to engage with social movements; an area they have tended to neglect (Kolers 2016). Section 1.3.1 takes up the question of philosophical approaches and examines the differences between the ‘analytic’ and ‘continental’ traditions, and the different ways these

diverse schools of thought might engage with the complex interrelations and dynamics that social movements present. Section 1.4 concludes the discussion of philosophical methodology by suggesting that a diversity of approaches might be necessary.

Chapter 2 is also organized into two parts. The discussion, here, revolves around two themes: a ‘gap’ and a ‘sprawl.’ In the first case, proceeding through sections 2.1 through 2.1.9, I document how there is a gap between the rhetoric and arguments deployed by harm reduction activists and the actual politics, motivations and situations they participate in. These discussions serve two functions. First, this gap is relevant to the question of how philosophers might engage in the area. The ubiquity of a disguised or submerged politics means that the issues given prominence in most policy-oriented discussions can be out of alignment with the real concerns of the situation. Second, applying this theme of ‘gaps’ allows me to trace out the contours of the globalized movement for harm reduction. Following various conceptual threads, the discussion touches on tensions between harm reduction and policing (2.1.1); strategic dilemmas in countering neo-liberalism (2.1.2); dilemmas related to a rhetoric of innocence about drug users and an implicit demonization of drug dealers (2.1.3); skepticism about ‘reduction’ and a preference for ‘elimination’ from some professional health workers (2.1.4), anti-prostitution campaigners (2.1.4), and Black and Indigenous communities in North America (2.1.5); the potential erasure of class when a debunking rhetoric around drugged pleasures is taken up in mainstream practice (2.1.6); community resistance to harm reduction in the global South based on its “Western” origins and individualizing tendencies (2.1.7); an account of ‘supply-side harm reduction’ focused on Bolivia’s ‘post-neoliberal’ coca policies (2.1.8); and, finally, a discussion about the gap between policy-oriented philosophy and philosophy that engages with social movements (2.1.9). These sprawling discussions begin to draw out the diverse concerns and tactics of harm reduction as a heterogeneous and globalized social movement.

Through the second theme of ‘sprawls’ I provide some organizational structure, conceptual tools and historical grounding that might be helpful for navigating and making sense of all this diversity. The focus of these discussions is on the ontology of harm reduction as a social movement. This is the ontology that, to a large extent, gets missed due to the ‘gaps’ surveyed in the first part. To begin these discussions I introduce an idea first developed by academic Geographers: the ‘convergence space’ (2.2.1). A convergence space is a materially situated place where movement actors can come together, share ideas, develop strategies and

plan actions. This device is useful for making sense of multi-scalar (from the local to the global) social movements involving diverse actors and interests that nevertheless coalesce into a recognizable whole. I apply the notion of a convergence space to the Merseyside Region in the North East of England in order to develop an historical account of harm reduction's origins (2.2.2). Movement actors in the area around Liverpool made a substantial contribution to the development of harm reduction as a social movement. Amongst other things, they initiated the First International Conference on the Reduction of Drug Related Harm in 1990, and launched the International Journal of Drug Policy in 1989. Through a consideration of the background socio-political conditions in the Merseyside region I draw out some of the political dilemmas and tensions that persist in the movement to this day. Harm reduction has its origins (or, one of its origins) in and through neo-liberal austerity politics. These origins, however, do not determine the limits of harm reduction activism which can sometimes open space to counter neo-liberal policies.

In sections 2.2.3 through 2.2.3.3 I elaborate on a tri-partite categorization of the harm reduction movement first proposed by the Finnish sociologist Tuukka Tammi (2004). Tammi proposes understanding this diverse movement through three 'epistemic fractions': a professional new public health fraction; a grassroots mutual aid fraction; and, a global justice fraction. I extend this categorization by introducing the concept of a "logic of sprawl": a tendency for the analyses and practices of harm reduction activists, across each of the fractions, to extend outwards through space and time. In section 2.2.3.4 I suggest that at its limit this "logic" might stretch "harm reduction" to the point where it might be better understood as "harm refusal" (Cohen 2003). The chapter concludes (2.3) by returning to the question of philosophical engagement, and what might be required to grapple with the complex non-ideal circumstances surveyed throughout the thesis.

Chapter 3 is quite brief and directed towards future work. I outline three areas where social movement-relevant philosophical engagement might prove fruitful, both for potential contributions to movement formations, and for potential contributions to more generalizable ideas in social and political philosophy. These areas are social ontology (3.1 through 3.1.3), political strategy (3.2), and theories of social change (3.3). In each case I consider both potential topics and potential methods.

Chapter 1

1 - Introduction to the Social Movement for Harm Reduction

Largely due to an ongoing opioid overdose epidemic (Global Commission on Drug Policy 2017; Jannetto et al. 2019), harm reduction, commonly understood as a suite of public health and social service interventions, has been receiving increasing public attention in Canada. The term was first used in the context of the HIV/AIDS crisis of the 1980s as a label for a “new public health” strategy that aims to mitigate the risks and harms associated with illicit drug use without imposing a requirement or expectation of abstinence (Glanz 1988; Newcombe 1987). The two still dominant social policy strategies for addressing “the drug problem”—punitive criminal law enforcement and high-threshold abstinence-oriented treatments—have long been recognized as ineffective for modifying the behaviours of “hidden” and “high-risk populations” such as marginalized injection drug users and sex workers (Grund et al. 1992; Marlatt 1996). Many people who use drugs are stigmatized, and criminalized under these strategies, and this tends to drive their activities underground, reinforce the difficult circumstances that contribute to risky behaviours such as needle sharing, and increase barriers to outreach. Globally, the HIV/AIDS crisis of the 1980s encouraged policy-makers to identify more effective techniques (Des Jarlais, Friedman and Ward 1993). In brief, a typical harm reduction strategy requires public health agents to work with, rather than for or against drug users. Relationships of trust must be promoted in order to effectively intervene. Often this involves shielding people from the violence and repression of criminal law enforcement, and the social stigma and abandonment of high-threshold abstinence-oriented services.

Typically, harm reduction assists illicit drug users to avoid infection, injury, blood-borne pathogens (e.g., HIV, hepatitis B and C), and accidental overdose. Common interventions include supervised safer injection and consumption facilities; distribution or exchange of sterile injection and smoking equipment; training and equipping of front-line workers, police, drug users and their peers with overdose reversal kits (i.e., naloxone, an opioid receptor antagonist); opioid substitution therapy (e.g., methadone, buprenorphine); heroin assisted treatment (i.e., prescription heroin); and access to housing without a requirement for abstinence (sometimes called “housing first”). Over the years, scientific evidence has accumulated in support of the

effectiveness of many of these practices for mitigating health-related harm (Csete et al. 2016). This evidence, and the authority from which it speaks, has been wielded by supporters to lobby for greater governmental uptake of the strategy.

Not all the specific interventions, services and programmes that fall under the harm reduction label are entirely novel. For example, addiction treatments such as opioid substitution and heroin prescription date back, respectively, to the 1950s (Dole and Nyswander 1965; Cohen 1974; Riley, Pates, Monaghan and O'Hare 2012:13), and 1920s (Strang 1989). Sterile needle and syringe distribution, and safer injecting facilities also have an earlier history going back to at least the 1970s (Grund and Brecksema 2017:136). Nevertheless, bringing these diverse practices under a new label emphasizes an important attitudinal difference between harm reduction and its moralizing rivals: its avowedly non-judgemental, compassionately attuned and pragmatic orientation toward drug users and drug use. For health and social service providers this is often framed as “meeting people where they’re at,” and is premised on the idea that “non-judgemental” care is more likely to achieve adherence and open pathways to behavioural change (Marlatt and Witkiewitz 2010). Along these lines, prominent Canadian drug policy scholars have described harm reduction as a “pragmatic, non-judgemental approach to the provision of health services that respects the dignity of people who use drugs and values their human rights” (Boyd, Carter and Macpherson 2016:103).

There is, however, much more to harm reduction than these practical health-oriented interventions and policies. As is widely noted in the literature, a consensus definition of ‘harm reduction’ has been difficult to achieve (e.g., Heather 1995; Wodak and Saunders 1995; Hathaway 2001; Keane 2003; Reinerman 2004; Einstein 2007; Tammi and Hurme 2007; Stafford 2007; Obot 2007; Pauly 2008; Weatherburn 2009; Klein 2015:457). This is, in part, because there are multiple activist strands within the global harm reduction movement.

In contrast to the top-down policies mentioned above, it is often claimed that harm reduction has its origin in “illegal, clandestine, grassroots activity that took place either outside or in defiant opposition to state and legal authority” (Smith 2012:209). Oppositional politics has always been an important feature of harm reduction activism. Affirming the history and ongoing reality of this activism helps to centre the political agency and voice of drug users—a crucial theme in much harm reductionist work. Affirmations and valorizations of the grassroots also contribute to the development of the identity of activists, many of whom, regardless of their

social position or status as drug users, consider their work to be a part of a counter-hegemonic front against neo-liberalism (Friedman et al. 2001; Smith 2012; McClelland and Dodd 2016).

Maintaining an oppositional activist identity and conception of harm reduction as a social movement from below can be frustratingly difficult against the forces of professionalization and institutionalization. For example, here is the American activist Paul Cherashore in a 2001 editorial in the Harm Reduction Coalition's newsletter, *Harm Reduction Communication*:

Policies and programs designed by non-using professionals will not meet the needs of active drug users. They will meet the needs of professionals concerned about the lives of *others*: users and their families, loved ones and communities. Policies designed by ex-users will meet the (legitimate) needs of ex-users, and the needs of current users—as *perceived by ex-users*; this is an improvement, but not good enough. Even if they address the issues users identify as important—employment, housing, healthcare, treatment, welfare, the criminal justice system and last, but not least, the drugs—the perspective will be very different. The authority that comes from experience, from shared pain and hardship, and shared good times, too, gives you that unique perspective. While anyone who's used has this perspective, to varying degrees, once you stop using you lose the edge that comes from knowing that at any moment your whole life can blow apart. Current users give that perspective the necessary immediacy, and this is what active drug users bring to the equation. (Cherashore 2001:3)

In a footnote, Cherashore adds, rather ambivalently:

When I got involved in harm reduction, in 1993, I wouldn't hesitate to describe the collection of activists, junkies, researchers, public health advocates and service providers on the scene as a movement. Now it's beginning to look a lot more like a profession, a noble one mind you, but still a profession. (3)

Arguably, precursors to today's harm reduction movement can be found in grassroots actions such as the Puerto Rican radical socialist Young Lords Party's 1970 takeover of the Lincoln Hospital in the Bronx where they demanded methadone 'detoxification' for heroin users (Robles 1971/2010;¹ Moore and Clear 2012:372-3; Chowkwanyun 2011). The Kenora Street Patrol initiated in 1976 by Ojibwe activists can also be interpreted as an early precursor (Maxwell 2010). The Kenora Street Patrol had an explicit dual goal of protecting and supporting Indigenous individuals at acute risk of alcohol-related harm while simultaneously pursuing the "resurrection and reclamation of traditional knowledge, particularly in relation to the spiritual" (8-9). Groups that were more clearly drug user-led—where collective identity as current or former drug users was integral to the group's formation—also began to appear at about this time.

¹ See Appendix A for an account of this action from the period. The hospital takeover has striking parallels with current grassroots actions such as guerrilla overdose prevention sites (Livingston 2018).

The Rotterdam Junkiebond, a drug user's union, is widely cited as an early grassroots harm reduction innovator for their informal distribution of sterile injecting equipment in response to an outbreak of Hepatitis B in 1981 (Grund and Breeksema 2017:136; Bos and Stollenga 2016), and their political organizing and opposition to "forced detoxification" (Friedman et al. 2007:110). Since this time, many drug user organizations have formed in countries around the world, including "the New South Wales Users and AIDS Association (NUAA), the Vancouver Area Network of Drug Users (VANDU), Street Voice in Baltimore, Chemical Reaction in Edinburgh, AutoSupport et reduction des risques parmi les Usagers des Drogues (ASUD) in France, and the Thai Drug Users Union (in Bangkok)" (Friedman et al. 2012:569; see also Friedman et al. 2007; Efthimiou-Mordaunt 2015).

Grassroots harm reduction activism is often entangled with issues well beyond narrowly conceived health-related harms associated with drug use. For example, due to overlapping concerns vis-à-vis AIDS prevention, criminalization, and poverty, harm reduction organizing is also often entangled with and taken up by sex worker-led organizations such as Maggie's Toronto Sex Workers Action Project, and Sex Workers Outreach Project-USA (SWOP-USA) (Dziuban and Friedman 2015; Anasti 2017). As another example, despite significant fault lines of class, race and gender which sometimes obscure the specific problems faced by marginalized and impoverished drug users, harm reduction is also entangled with the LGBTQ movement through groups such as the AIDS Coalition to Unleash Power (ACT UP) and their direct action work combatting the spread of HIV (see Juhasz 2012; Hanhardt 2018). A central contention of this thesis is that entanglements and extensions of this kind are characteristic of harm reduction as a social movement.

All of the groups mentioned above, and many others, can offer accounts of their members bravely defying the drug prohibition regime and conventional norms in order to protect people from harm. Mirroring some of the dangers of drug use under criminalization, at some times and in some jurisdictions, direct action harm reduction has carried a risk of police harassment (e.g., Kerr, Oleson and Wood 2004), imprisonment (e.g., Bluthenthal 1998) and political persecution (e.g., Shetty 2011). A uni-dimensional explanation for harm reduction's uptake that centres boundary-pushing and risky direct action would be misleadingly reductive. However, any full explanation will need to include an account of how these activities have altered the situation and made harm reduction policies more plausible and feasible.

The focus on action “from below” or “outside” can seem to imply that “pure” harm reduction is, or ideally ought to be, fully autonomous and exclusively user or community-driven (see, e.g., McClelland and Dodd 2016; Smith 2012). From this revolutionary perspective, the state-sponsored health-oriented work mentioned earlier must be viewed with suspicion. There are, of course, solid grounds for suspicion. Professionalized, state or NGO-funded, and institutionalized harm reduction organizations have been accused of stifling the more politically challenging aspects of activism from the grassroots (Smith 2016b; Roe 2005; for similar discussions, see also INCITE! 2007). Depoliticization, co-optation, and tokenism are always possibilities when coalitions form between widely power-differentiated groups. Harm reduction activism has, for the most part, focused on the drug-related harm experienced by marginalized, criminalized, impoverished and often demonized drug users; people who do not usually have much socio-political clout. The drug-related harm experienced by people at the bottom of socioeconomic-political hierarchies is inseparable from the iniquitous social relations and institutions that generate those hierarchies.

Grassroots drug user-led harm reduction activism is, therefore, often a variety of anti-poverty activism that deeply challenges social attitudes about the capacities and humanity of drug users (see Zigon 2019:52-74). Across steep hierarchies, the political disputes between grassroots and professionalized state-sponsored harm reductionists can be quite intense (e.g., Livingston 2018; Friedman, Schneider and Latkin 2012:569; Lupick 2017:327-329). However, until there is a radical redistribution of power, the necessity for effective action often requires these coalitions to form (and fall apart again).

Through their political self-organization, drug user groups have, in some places, been able to exert considerable influence over the direction of health and social policies that affect them. They have also built precarious but effective community resources against the dominant trends of neo-liberal development (see Zigon 2019; Jeffries 2019). In part, this has been made possible because public health “harm reduction programs can only be successful to the extent that people who use drugs accept their assistance” (Friedman, Schneider and Latkin 2012:569). Wherever people use drugs, networks for mutual aid form, and practices of risk minimization develop (Friedman et al. 2007). Sometimes, under conditions of extreme social marginalization and oppression, the chosen risk minimizing tactics are illegible to outsiders unfamiliar with contextual constraints (Feldman 2001; Bourgois 1998; Lasco 2014). An important difference

between informal networks for mutual aid and the activist groups mentioned above, is that the latter have developed a robust socio-political explanation for the harm they endure, and an organizational capacity to press for broader change.

Drug-user led harm reduction can be understood as a variety of prefigurative politics (or ‘worldbuilding,’ see Zigon 2019) where relations of care are developed against dominant social trends. It should be emphasized, however, that at least some of this capacity has been gained through coalition with or sponsorship from more privileged actors. Government and NGO funding and support for drug user groups is not uncommon, and can be essential to their operation (Smith 2016a:92). The American sociologist Neil Wieloch writes:

Radical harm reduction activists have essentially been provided with the space to present themselves as distinct antagonistic, and politically active during a period in which social, cultural, medical, and legal definitions surrounding the subject of the drug user were in a state of contention. As a social movement, harm reduction does not exist wholly outside of “legitimate” institutions. Although activists tend to present themselves as against governmental involvement, the success of the movement itself depends upon the apparatus of the state. The growth of harm reduction centers and needle exchange programs across the country has required legal approval and has relied upon state funding sources. So, although the radical cohort within the movement has continued to present itself as oppositional, harm reduction has gained small steps toward legitimacy within a period of structural flux and by way of institutional consensus (Wieloch 2002:66-7).

Because of his “subcultural” approach, and focus on only one manifestation of radical harm reduction in Santa Cruz, California, Wieloch’s account cannot be generalized to all radical harm reduction activism. For example, it neglects the continuities between harm reduction and radical anti-poverty activism (VANDU 2010), and decolonial projects (Maxwell 2010; NYSHN 2016; Goodman et al. 2017; Morrison and WAHRS 2017). However, his description of the ways in which radical oppositional identities are cultivated by and then subsumed under a state-sponsored public health mandate captures an important aspect of the movement.

My survey of the literature has led me to understand the harm reduction movement as inescapably conflictual and hybrid; both top-down and bottom-up. The history of harm reduction is one of surprising coalitions, creative social action, and frequent recuperations to the *status quo* (Bluthenthal 1998; Boyd, Macpherson and Osborn 2009; Roe 2005). Philosophically, this raises questions about how to understand the processes and loci of social change.

Sociologists have developed a wide range of approaches to engage and analyze social movements (Staggenborg 2012:1-29). I will not undertake a survey of these approaches here, but

note that many of the disputes between rival positions revolve around long-standing debates in the social sciences over the priority of structure versus agency in explaining human behaviour (Chesters and Welsh 2011:3-4). As with nature versus nurture debates in psychology, current approaches tend to pragmatically seek an adequate integrated model suitable to what is being studied. The sociologist Richard Flacks endorses the following definition of social movements based on common ground across theoretical positions: “they are collective efforts, of some duration and organization, using noninstitutionalized methods to bring about social change” (qtd. in Staggenborg 2012:9). Suzanne Staggenborg, qualifies this definition by adding that: “Of course, movements also use institutionalized methods, but most would agree that they need to employ at least some non-institutionalized methods to qualify as social movements” (2012:9).

The boundaries between “institutionalized” and “noninstitutionalized” methods are often quite fuzzy in harm reduction. Coalitions usually include collaborations between “noninstitutionalized” grassroots community activists and “institutionalized” academic researchers, professional frontline medical workers, government bureaucrats, and even the police. Furthermore, funding and support for harm reduction initiatives, including drug user groups, often comes through local public health agencies and large private funders such as the Tides Foundation and Open Society Institute (Bluthenthal 1998; Tammi 2004; Sarang, Stuijke and Bykov 2007). In many areas laws prohibit the distribution of drug paraphernalia, which means even institutionalized harm reduction practitioners can face criminal prosecution for their humanitarian work. It is also not unusual for well-established underground social movement organizations to transition to become professionalized “legal human service nonprofits,” with benefits and drawbacks for their activism (Anasti 2017). All told, there is a case for considering harm reduction to be a social movement strongly characterized by a messy politics of coalition. Sociologists have studied the organizational dynamics of movements of this kind under the rubric of the “social movement industry” (Staggenborg 2012:7).

Adapting a categorization first proposed by the Finnish sociologist Tuukka Tammi (2004), I understand harm reduction as a globalized and heterogeneous social movement encompassing at least three entangled and non-exclusive epistemic fractions: a professional new public health fraction; a grassroots mutual aid fraction; and, a human rights-focused global justice fraction. I extend this categorization by in each case identifying what I will label a “logic of sprawl”: a tendency for the rationale governing the movement’s analyses and campaigns to

expand outwards through space and time. The new public health fraction tends to expand outward through its analyses of the social determinants of health, and through the priority it places on “consumer-led” practices. The grassroots mutual aid fraction tends to expand outward through the international networking of drug user activists, and political consciousness-raising that draws attention to global shared conditions of oppression under the “Drug War” (Zigon 2015). The global justice fraction tends to expand outward through affirmations of the universality of human rights, and analyses of the political and legal structures that maintain the global drug prohibition regime. Activists in each of these fractions are usually supportive of the interventions, services and programmes mentioned above. However, despite this agreement, there are significant differences regarding the prioritization of political goals and strategies; the identification of political opponents; the social position of activists; and the moral-epistemic resources they draw upon.

A key site of debate within the broader movement concerns identifying relevant extensions and interpretations of “harm,” and the corresponding practical and moral obligations different extensions place on those who seek “reduction.” It is important to note that for some “harm reduction” is a term reserved for specific health-oriented interventions such as safe injection facilities. For others, the term represents a “philosophy” that can be coherently applied to many other issues. For example, beyond drug use, harm reduction strategies have been extended to include sex worker rights approaches to commercial sex, and communal social control of coca cultivation by Indigenous and peasant farmer organizations. Under such a vague term, the potential applications and extensions of “harm reduction” could be endless.

In debates, some of the proposed extensions are accused of straying too far from what are taken to be core health and drug policy-related issues. For example, it has been argued on grounds of political rhetorical effectiveness that the term should be reserved for health and drug-policy oriented discussions related to drug consumption, not supply or trafficking. If an umbrella term for discourse is sought that can reach these other issues, it is argued that human rights rhetoric are more promising (Barrett 2012). Some extensions of harm reduction risk diluting the term, confuse issues that could be more effectively discussed in separation, and needlessly contribute to the displacement of already existing principled language. For those who argue in this way, harm reduction activism is generally seen as a positive force for socio-political and legal change. However, it is also argued that the scope of its concerns, or the correct application

of the label, must be constrained in order to maintain conceptual clarity and politically effective rhetoric. This is just one way to argue against a more expansive understanding of harm reduction. Along multiple dimensions, and across many different issues, there are reasons speaking in favour of expanding the scope of application, as well as shrinking them.

In this thesis, my interest is not to directly participate in or adjudicate debates about scope. Rather, I explore the extended contours of harm reduction as a social movement, and attempt to do justice to the variety and complexity of its concerns. In my view, pragmatic and situationally variable considerations about political effectiveness determine the appropriateness of an expanded or constricted scope. These are things that are and should be debated. What is important for this project is that “harm reduction,” whatever it might be, has served as a focal point for activism that has taken on a wide range of issues extending outward from concerns about “drug-related harm.” This thesis is delimited in this way in order to maintain focus on harm reduction as a social movement — a movement that is in part constituted by debates about its own scope.

At the most general level, the contention of this thesis is that philosophical engagement in this area would benefit from foregrounding an understanding of harm reduction as a globalized heterogeneous social movement encompassing concerns and actions well beyond the formalization of government policy or particular interventions into specific harms. One way of framing this proposal is to say that government policy-oriented debates over the ethics and epistemology of harm reduction interventions—that is, over issues such as permissibility, obligation, evidential warrant and epistemic standing—tend to garner more philosophical attention than the ontology of the social movements that generate those debates. Since I do not postulate a divide between theory and practice, another way to frame this proposal is to say that a broader range of philosophical contributions to the practices of harm reduction might be possible.

1.1 - Philosophical Engagement with Harm Reduction

The work presented in this thesis is a continuation of research begun during Prof. Shannon Dea’s Fall 2017 seminar on the philosophy of harm reduction. It is a response to the call to contribute to this nascent field issued in both that seminar and a concurrently presented working paper (2017). As Dea notes, there have been very few engagements with harm reduction from professional philosophers publishing in philosophy journals (2017). This neglect of a

prominent social issue from an academic discipline known for its wide-ranging interests is quite striking. Dea encourages philosophers to move away from the toy scenarios and idealized thought experiments that are so common across the discipline, and take up the task of engaging with the “messy empirical realm of real-world harms” (18). To do this, philosophers will need to closely connect their theorizing to the actual situations of harm reduction. A social movements perspective will, I believe, support this goal. What follows is a preliminary contribution to this task, and a metaphilosophical exploration of some of the methodological issues that might be involved in taking it further.

As this is a relatively new area, it is an open question just what benefits might follow from philosophical engagement with harm reduction as a social movement (as opposed to a social policy proposal or health intervention). It is also an open question just what might be missed if a social movement perspective is neglected. However, we can sketch the contours of some possible answers. In brief, potential benefits include the insights that might follow from reflecting on how social movements challenge or illuminate contemporary issues in social and political philosophy; potential losses include obscuring important aspects of the political activity and organization associated with harm reduction, and missing out on an opportunity to develop movement-relevant ideas in social ontology, political strategy, and theories of social change. Philosophical analyses are often directed toward developing and justifying politically balanced and ethically sound social policies. There is, however, a tendency for philosophers to focus less attention on background social movement activity. Arguably, this social movement activity often drives the need for social policy change in the first place. My suggestion is that incorporating a social movement perspective will make philosophical engagements more robust. I begin by considering the potential benefits of adopting a social movement perspective. A subsequent discussion regarding potential losses will proceed through a more extended reflection on the analytic/continental divide.

1.2 - Potential Benefits of Social Movement Perspective

In a recent paper, the American philosopher Avery Kolers encourages analytic philosophers to direct more attention to social movements (2016). As Kolers puts it, “despite emphasizing the roles and activities of social movements, philosophers have not dwelt on the nature of social movements *per se*” (580). Kolers suggests ways in which a number of important issues in contemporary analytic philosophy might be illuminated or challenged by reflecting on

the nature of social movements. It is likely that such reflection could provide rich opportunities to think about shared agency, social identity, social epistemology, political obligations and responsibilities, social power, structural injustice, democratic theory, and processes of social change. I return to Kolers' proposal in what follows. For the moment, what is important is that he identifies both a gap in the current literature, and a variety of issues that might be illuminated. A potential benefit, then, of a social movements perspective on harm reduction is that it might provide analytic philosophers with a rich case study for thinking about contemporary topics in their discipline. However, these benefits are not specific to harm reduction. Regardless of any intriguing particularities, other social movements could equally provide fodder for philosophical reflection on general issues about the "nature, epistemology, ethics and politics of social movements" (580). Indeed, it would be better to focus on multiple movements if the goal of the exercise is to develop a general account. As a small caution, it should be mentioned that among sociologists and others who study social movements, "few scholars have aimed to build universal theories that attempt to make general statements about movements across time and place" (Staggenborg 2012:13). Nevertheless, an examination of social movements might contribute to theoretical development in many areas of philosophical inquiry.

As an example of work in line with what Kolers' advocates, in another recent paper, the Canadian philosopher Monique Deveaux examines a wide selection of poor-led social movements in the global South and argues that their collective action and political agency challenge theories of global justice that assume such agency must be quite limited (2018). Drawing from the situated knowledge and analyses of injustice offered by poor-led movement actors, Deveaux encourages privileged analytic political philosophers to develop theories of responsibility and solidarity focused on the reform of relational power inequalities. Attempts to redress material insufficiency and maldistribution of resources will be incomplete and ineffective without a reform of unequal social relations.

The political and relational analyses of poverty offered by the groups Deveaux examines are quite similar to the analyses of drug-related harm offered by many grassroots harm reductionists. Engaging deeply, and democratically involving marginalized voices can be a way to develop a stronger objective account in line with the recommendations of feminist standpoint and social epistemologists (Harding 1992; Intemann 2010). There are epistemic benefits from centring the social margins, and this is one of the ways that philosophical theories might be

enriched through a focus on social movements. As Kolers points out, issues around global justice like those Deveaux considers are only one of the many areas of contemporary analytic social and political philosophy where a focus on social movements might provide challenging and helpful insights. Perhaps this possibility is reason enough to focus on harm reduction as a social movement, but what about the other side of the equation? What might be missed if a social movement perspective is neglected when analytic philosophers engage with harm reduction?

In order to gain political traction and uptake, harm reduction activists have developed a variety of rhetorical framings.² Some of the functions of these framings include: justifying preferred governmental policies so that their benefits are legible and appealing to those in a position to implement them; interpreting the various problematic situations of drug-related harm manifest in different oppressed communities, including identifying community-specific causal explanations; winning support from particular constituencies, including those who have good reasons to be skeptical; and, mobilizing collective action from allies. Debates oriented around the first of these functions tend to garner more attention than the others when harm reduction is discussed by analytic philosophers. Although they touch on other issues, these engagements have focused on ethical and epistemological issues related to justifying or interpreting specific harm reduction interventions with the goal of contributing to a policy-oriented debate.

For example, the Canadian philosophers Timothy Christie, Louis Groarke and William Sweet examine conflicting values between abstinence-oriented and harm reduction approaches through the lenses of utilitarianism and deontological ethics (2008). This contrast, often framed as a contest between justificatory strategies emphasizing evidence-based policy and those emphasizing human rights, is ubiquitous in ethics papers in the harm reduction literature. Ultimately, Christie et al. argue that a neglected virtue ethical approach grounded in compassion “could provide a strong ethical foundation for at least some harm reduction policies, without requiring recourse to Utilitarianism” (57). As another example, John Kleinig, a U.S.-based philosopher who has written extensively about drug policy and law, argues that it is important to “look at the *ethical* dimensions of [harm reduction interventions] rather than simply at their *practicalities*” (2006:816). Across several works, Kleinig evaluates a variety of ethical issues, including whether it can be justifiable to offer needle distribution without also offering additional services towards recovery (2006); whether, and under what conditions it is appropriate to employ

² On framing processes in social movements see Rohlinger and Gentile 2017:16-17; Benford and Snow 2000.

“habituated, addicted or dependent” drug users in harm reduction services (2012); and, how to consider issues of paternalism, the common good and individual freedom with regard to voluntary versus compulsory harm minimization schemes (2008:9-11). Kleinig argues that in order to meet moral challenges from opponents “[h]arm reduction must be advocated on moral grounds and not simply as strategy to prevent certain undesirable outcomes” (2008:7).

These few contributions to a philosophy of harm reduction from professional analytic philosophers hardly exhaust the possibilities for engagement within the discipline. However, at the risk of over-extrapolating, I take it that the sorts of ethical analyses and arguments offered are fairly typical of the dominant approach to applied philosophy in the analytic tradition. As I observed above, for harm reductionists, ethical and epistemological arguments and analyses serve a rhetorical framing function aimed toward justifying or promoting particular policies. Philosophical arguments of this kind can help harm reductionists to persuade policy-makers, win community support, defeat opponents, and coax allies to take action. These are not the only functions such arguments serve. For example, ethical analyses, evaluations of evidence, and arguments about who is in a better position to know, can selectively draw attention to particular features of a situation, which, in turn, assuming they are accepted,³ can guide policy design and decision-making at all levels. These are valuable contributions that philosophers are especially well-suited to providing. Their purchase on the situation, however, is quite limited without a greater focus on the ontology of harm reduction as a social movement. There is a significant gap between the policy-oriented rhetorical activities of harm reduction that these philosophical arguments contribute to, and the movements (and motivations) of people that generated the need for such rhetoric in the first place.

Recall the list of issues Cherashore identified as being important from the perspective of drug users involved in harm reduction: “employment, housing, healthcare, treatment, welfare, the criminal justice system and last, but not least, the drugs” (2001:3). This is a short list. For a start, Cherashore’s editorial makes clear that countering stigma and pernicious exclusionary social attitudes is, for drug user activists, a critical component of harm reduction work. In the next chapter I describe a larger range of harms and remedies identified by harm reductionists globally. A tendency towards expansiveness and entanglement is an important ontological feature of the

³ See Wolff 2007 for related discussion about the uptake of philosophical contributions in drug policy debates related to harm reduction.

politics of harm reduction that can be missed or minimized when governmental health and social policy oriented discussions are prioritized. Allen Feldman, an anthropologist ethnographer who, in the late-90s, worked on front-line harm reduction in New York City, writes: “I cannot artificially isolate or sequester the harm associated with HIV, substance misuse, or commercial sex from other forces of harm and insecurity that permeate the spaces I describe” (2001:64). This is a sentiment and a social ontological description that recurs in the harm reduction literature. By focusing on and isolating narrower issues of policy while simultaneously neglecting the social movement, philosophers run the risk of reproducing or strengthening the tendency toward technocratic and top-down management which many harm reduction activists struggle to resist.

It seems to me to be revealing that although they both discuss the politics of harm reduction and affirm the importance of drug users’ perspectives (esp. Kleinig 2012:597), neither Christie et al., nor Kleinig engage very deeply with the political actions or challenging broad-based demands of drug users’ groups and their allies. As supporters, their philosophical analyses counter common arguments against public health harm reduction services. They also offer nuanced ethical analyses of the arguments in favour of such services, and highlight undesirable implications from certain justificatory strategies. For example, Kleinig warns that arguments from economic efficiency reinforce “deep racial, social and class divisions” in society by prioritizing anti-distributive tax-minimizing goals at the expense of the most vulnerable (2006:823-24). However, the philosophical perspective that is taken throughout seems to me to be that of a benign administrator and sage observer. This distanced perspective can be extremely valuable for achieving the “conceptual and normative clarity” prized and prioritized in analytic philosophy (Owen 2015:174). However, I am concerned that, on its own, it leaves too much out. Among other things, it neglects to reflexively grapple with the political role of philosophy in the unfolding of this particular situation. This brings me to some metaphilosophical reflections on methodology.

1.3 - Potential Losses from Neglect

I must flag something about the lacuna Dea identifies in the philosophical literature on harm reduction. A deep investigation into the sociological and historical reasons behind academic philosophy’s relative neglect of harm reduction is beyond the scope of this thesis. However, since I will be discussing some already existing philosophical treatments in what follows, I must note a pattern to the absences and presences.

Although engagement with harm reduction from within the discipline of philosophy has been scant, there is a significant seam of so-called continental analysis, critique and theorizing across a variety of other academic disciplines including sociology, anthropology, geography, international relations and cultural studies. Drawing from the work of Michel Foucault, critiques of harm reduction as a form of neo-liberal social control, surveillance and subjectivization started to appear very soon after the term ‘harm reduction’ was first used in the academic literature (e.g., Mugford 1993; Bourgois, Lettiere and Quesada 1997; Bourgois 2000). These critiques have been “enormously productive” and influential, and they continue to evolve and generate new lines of inquiry (Keane 2009:450; also, e.g., McLean 2011, Perälä 2015; Souleymanov and Allman 2016). More recently, there has been a trend towards “new materialist” work on harm reduction where researchers endeavour to situate drug use, its pleasures, resistances and harms, within complex assemblages of human and non-human agency (e.g., Duff 2007, 2014, 2018; Vitellone 2015, 2018; Dennis and Farrugia 2017; Malins 2017; Keane 2018). Influential figures informing this line of work include philosophers such as Gilles Deleuze and Félix Guattari, Isabelle Stengers, Bruno Latour, Maurice Merleau-Ponty, Elizabeth Grosz, Annemarie Mol, Karen Barad and, again, Foucault. Finally, there is a less populated strand of post-Heideggerian critical hermeneutics, drawing from many of the above, as well as Martin Heidegger, Hans-Georg Gadamer and Hannah Arendt, among others. This strand of work seeks to disclose both the limits and worldbuilding potentialities of anti-Drug War activism (Zigon 2014, 2015, 2018, 2019). In part, it seems, the relative neglect of harm reduction in academic philosophy might be an artifact of the so-called analytic/continental divide (Owen 2015; Wolff 2013), and the curious way some continental philosophy has taken up residence in other departments within the anglo-American university (Koopman 2013:7-13).

As someone with a taste for eclecticism, my inclination is to avoid taking a position on the relative merits of either side of this divide, or, indeed, on the merits of conceptualizing it as a divide. Nevertheless, highlighting and reflecting on some features of this academic rift might be helpful for orienting the project I am proposing. As Kolers observes, “social movements challenge some basic methodological and normative commitments that have dominated analytic philosophy for a century or more” (2016:588). Perhaps these commitments of the “dominant approach in the English-speaking world” (Wolff 2013:795) have also contributed to the relative neglect of harm reduction and, especially, harm reduction as a social movement? Following

Kolers, it seems plausible to speculate that the neglect is somehow connected to the moral and methodological individualism that are two of the features taken to characterize analytic philosophy and distinguish it from continental (and some other) traditions. Kolers claims that contemporary analytic philosophy's "modified methodological individualism misses entirely [the] deep-seated sociality of human agency" critical to any understanding of social movements (2016:588). Claims about a social and relational deficiency in the dominant trends of Anglo-American philosophy are quite common in contemporary analytic philosophy. If anything, it seems to me that arguing for socializing reforms might be the dominant contemporary trend. It's undoubtedly a prominent one. I cannot get to the bottom of all this here, but a brief historical survey will be helpful.

1.3.1 - Analytic and Continental Traditions

The historical origins of the analytic tradition are often traced to Bertrand Russell and G.E. Moore's rejection of the monistic idealism of British neo-Hegelians such as F.H. Bradley, and the turn to a pluralistic, "atomistic, direct realist, and radically anti-psychologistic" new philosophy (Griffin 2013:383). In significant part, this was a rejection of "the doctrine of internal relations," a principle that Russell states as follows: "every relation between two terms expresses, primarily, intrinsic properties of the two terms and, in ultimate analysis, a property of the whole of which the two compose" (qtd. in Wolff 2013:798). If this doctrine is taken to hold for all relations, and all 'terms,' then it is an endorsement of the idea that "all must be seen as components of a whole" (798). In other words, since every relatum is conceivably in some relation with every other, the doctrine leads to the idea that individual relatum contain or consist of the complexity of *all* relations; individuals are aspects of the whole. Russell rejected this doctrine on the grounds that it cannot be applied to ubiquitous transitive and asymmetric relations in mathematics such as the ordered relation of numbers (Griffin 2013). He replaced this doctrine with one that emphasized the externality and contingency of relations between distinct individuals. On this view, the relation of, for example, "greater than" does not inhere in its relata; it expresses a feature of their contingent association. Ordering is external to the individuals that are ordered. Or, to use an example that was important for Russell, since mathematical points all share the same—and only the same—properties, the relations between them must be external if the points are to be differentiable (2013:390). Surprisingly, this esoteric dispute could have implications for the philosophical study of harm reduction as a social movement.

The history of analytic philosophy, like any intellectual history, including the history of idealisms, is contentious and complicated. Furthermore, contemporary analytic philosophy cannot be seen as the unmodified continuation of research programmes initiated in the late 19th century. As Kolers puts it, the “term has no very precise referent, and is certainly fuzzy around the edges” (2016:589). However, as I understand it, there is some agreement that the analytic approach can, at a very broad level, still be (partially) characterized by the two individualistic commitments mentioned by Kolers (Wolff 2013:798), and these can be contrasted with quite different features typical of some varieties of idealism (Ikäheimo 2011:174). For analytic philosophers, the strength of these commitments, and how explicitly they are held, might vary by subject area, and they have most definitely been modified, extended, complicated and critiqued as analytic philosophy “ramified into all areas of philosophy” (Beaney 2013:17). It has been observed that even “counter-works,” such as Elizabeth Anderson’s elaboration of relational equality (1999), still “display many of the methodological characteristics of analytic philosophy” (Wolff 2013:817). It has also been observed that Anderson’s nonideal theory can be taken as an example at the fuzzy boundary between the continental and analytic (Owen 2016:184). Continental philosophy generally endorses “a nonideal approach to enquiry” (184). Anderson and others who challenge the hegemony of ideal theory within analytic philosophy are, at least along this one dimension, bringing the traditions closer together. Analytic philosophy is, or has become, a very broad category, and at its fuzzy boundaries there is considerable overlap with its rival.

Continental philosophy is no less heterogeneous, even if there is merit to the claim that some of its prominent trends can be genealogically traced through the German idealist philosopher G.W.F. Hegel. Historically, the rise of analytic philosophy is connected to a rejection of idealism, and, in some cases, the specific disdain for “forms of idealism descending from Hegel” (Wolff 2013:797). As Kolers implies, despite fuzzy boundaries and heterogeneity, a case can be made that this historically foundational orientation against idealism has had an ongoing influence on the dominant approaches to applied philosophy in the field. Despite complexities, overlap and exceptions, the distinction between the two traditions do track recognizably different tendencies in thought. The analytic approach tends towards abstraction, ahistoricism, and idealized thought experiments, whereas the continental tends to embrace historical contextualization and “impure” nonideal reasoning. That said, it should be noted that,

unlike the analytic tradition where the identity of practitioners has been cultivated from within, the category of the continental has been largely determined by its analytic opponents. “[T]he ‘analytic-Continental distinction is, in its origins, an ideological construction of analytic philosophy that was, and in some contexts remains, mobilised as a rhetorical weapon to demarcate ‘philosophy’ (aka ‘analytic philosophy’) from ‘sophistry’ or, in more Anglo-Saxon vein ‘bullshit’ (aka ‘Continental philosophy’)” (Owen 2016:173).

For our purposes here, what is important is that Hegel’s social ontology has been characterized as “*holistic* in that it involves an attempt at conceiving the constitution of human persons and the constitution of the rest of the social and institutional world as internally interconnected, or in other words at conceiving human persons and their life-world as mutually constitutive” (Ikäheimo 2011:159). Historically, many analytic philosophers have resisted or rejected this view of social reality. In his account of the history of analytic political philosophy, the British philosopher Jonathan Wolff traces the rejection of social holism through Russell’s logical argument against the doctrine of internal relations, and claims the legacy of this rejection “appears (at least) two-fold, in the implicit adoption of two forms of individualism” (2013:798) that are still (partially) characteristic of the analytic approach.

The first form is a moral individualism that prioritizes the moral importance of (human) individuals over collectivities. This moral individualism “run[s] from utilitarianism in which the total value is a simple sum of individual values, to rights theories in which autonomy must not be violated” (798). The second form is a methodological individualism where there is an assumption that social facts or phenomena are most appropriately or adequately explained through or from an analysis of individuals. Clearly, individuals organize into complex patterned structures. Methodological individualism does not deny this, but the assumption is that any ultimate explanation will be one where collectivities are understood by reference to facts about individuals. More proximally, even when ultimate explanations are not in play, methodological individualism endorses approaches that begin from or centre the individual. In the social context, it is also important to note how analytic philosophy frequently relies upon a “neutral conception of reason,” where ideal individual reasoners are those who approximate an ethically neutral perspective (see Crary 2018 for a discussion in relation to recent developments in analytic feminist philosophy).

There is no necessary connection between moral and methodological individualism—it is possible to endorse only one or the other—but, as Wolff indicates, they have tended to travel together in analytic political philosophy. This individualizing tendency is not necessarily an obstacle to engaging with complex interdependencies such as those evident in social movements. It may be possible to build up rich “holistic” models from pluralistic individual elements. If I understand it correctly, the concern is that this possibility will not be pursued because the individualizing tendency operates as a kind of bias. By prioritizing the task of developing an adequate account of and from the individual, an unmodified analytic philosophy might never get around to the task of accounting for or investigating complex wholes (or, as the case might be, complex pluralistic systems). Following Kolers’ claim, analytic philosophy’s neglect of social movements can be interpreted as evidence that something like this is happening. Continental, or other approaches, insofar as they reject these individualizing tendencies, are likely to have biases in the other direction: they will prioritize processes over stabilities, complex relational wholes over distinguishable individuals.

An explicit engagement with philosophical issues of social ontology is evident in only a minority of the harm reduction literature. Where these issues are dealt with, however, the tendency is to develop or apply ideas that emphasize social embeddedness, and relationality, where individual agency and rationality are understood to be co-constituted within environments.⁴ These works often draw from philosophy in the continental tradition, not the analytic. The interpretation of Hegel’s social ontology quoted above aligns quite well with my brief descriptions in this chapter of the complexity that is the harm reduction movement. For a clearer example, here is the health sociologist and political theorist Cameron Duff advocating an approach to drug and alcohol studies, including studies of harm reduction, which seems to be a poor fit with moral and methodological individualism:

...as long as individuals are abstracted from their practices and relations — for as long as the individual subject of AOD [alcohol and other drugs] use is held to be ontologically separate from and prior to the contexts of this use — it will always be easier to defer to conventional understandings of the force of human agency, and to therefore make individuals mainly responsible for the events that befall them. As a result, analysis of the social dimensions of phenomena such as AOD use will always struggle to match the sophistication, popular awareness and political utility of accounts that privilege the agency and responsibility of the individual subjects of this consumption.... This is precisely the ontological, political and empirical challenge that the assemblage addresses:

⁴ For a prominent example and survey, see Rhodes 2009.

how to account for *all the factors*, human and nonhuman, individual and social, that mediate or transform a given phenomenon? ...Assemblage thinking starts by dismissing the ontological differentiation of subjects and objects, individuals and contexts, and focuses instead on how action or agency is generated in encounters (Duff 2016:16).

Duff's work, and other philosophically-oriented academic work on harm reduction from outside the discipline of philosophy has tended to draw from continental traditions. This might be because theories that begin from social holism seem to be more productive or readily applicable to complex real-world interdependencies and entanglements. More cynically, this might be a simple result of disciplinary convention. For contingent historical reasons, it is more common to find reference to a continental philosopher such as Deleuze in an English language Geography paper than in a similar paper in Philosophy. Perhaps this bias is not a matter of "fit," but rather of disciplinary inertia. After all, it is likely to be even less common to find reference to non-"Western" philosophy, regardless of discipline. There is nothing surprising when traditions perpetuate. Neither is it surprising when this perpetuation is enabled through reform and hybridization. The great variety of contemporary attempts to *socialize* recognizably "analytic" work (Wolff 2013:817; see also Garry 2012) attests, at least, to the possibility that analytic methods can be stretched to accommodate the "deep-seated sociality of human agency" (Kolers 2016:588). Kolers, for example, is advocating for reform from within the analytic tradition, and this implies some optimism about flexibility.

To the extent that analytic philosophy can be understood as a break from idealist views such as Hegel's, and, to the extent that this orientation persists in the individualistic assumptions described by Wolff, it seems plausible to speculate, along with Kolers, that it is an intellectual tradition out of step with what is required to understand or engage with social movements. In whatever way it is categorized, a philosophical approach to harm reduction as a social movement will need to centre complex relationality, interdependence and entanglement. Philosophical engagements that neglect harm reduction's social movement aspect risk misunderstanding, and thereby obscuring, the relationally complex situations of harm (and reduction) that movement actors, and academic researchers in other disciplines identify. In this way, they also miss out on the opportunity to participate in the development of movement-relevant ideas in social ontology, political strategy, and theories of social change. A reformed analytic approach that centres complex relations might be able to moderate individualizing biases bound up in the tradition's methods. Beyond moral and methodological individualism, the analytic method is characterized

by its perspicuity and argumentative rigour. If it can be reformed and keyed into the complex nonideal situations and extended relations of harm reduction as a social movement, the incisiveness of its methods could produce politically and philosophically helpful insights. That said, with regard to social ontologies that emphasize complex relationality, continental approaches may have a head-start over the analytic (see, e.g., Zigon 2015).

There is one further point of differentiation between analytic and continental philosophy relevant to this discussion. Earlier I expressed a concern that the distanced philosophical perspective evident in some “typical” philosophical contributions might overlook important things. In particular, my concern is that a “neutral” perspective that distances philosophers from the situations they theorize might contribute to the neglect or lack of appreciation for the radically non-neutral positions taken by many social movement actors. In turn, this might contribute to a lack of development of ideas in political strategy and theories of social change; topics that I take to be among the most pressing from a social movement perspective (see Barker and Cox 2002). In addition, this philosophical perspective could further obscure the uncertain ways philosophers are themselves entangled in the situations they theorize. Of course, when a political philosopher accepts the role of non-neutral political participant they also accept some rather obvious argumentative burdens. None of this is necessarily insuperable from within the analytic tradition, broadly construed. As I have emphasized, there is a tremendous heterogeneity under each category. However, as with the issues of social ontology discussed above, issues about philosophical perspectives and political participation appear to line up most readily with typically “continental” concerns. The social and political philosopher David Owen provides a further distinction between the two traditions that clarifies some of these issues.

For Owen, the two philosophical traditions can be distinguished by their different “structural problematics” (2016). In the case of analytic political philosophy, the central structural problematic, or “methodological *topos*” revolves around the “Guidance Problem.” That is, the problem of how and whether real-world political judgements can be guided by political ideals. Owen explains how this “set of ongoing methodological debates [is] constructed around two main axes”:

- (a) to what extent should the analysis of political ideals be governed by concerns deriving from the translation of theory into practice and
- (b) does ideal theory play a necessary or desirable role in the guidance of political judgement. The first of these concerns levels of

theorising, whereas the second concerns modes of theorising. Together they compose the Guidance Problem. (2016:175)

It will take this discussion too far afield to examine in any depth the ideal/nonideal debates within analytic philosophy (see Valentini 2012 for a useful taxonomy of positions in the debates). The key point here is that a primary concern, or *topos* for debate in analytic philosophy, is the relationship between philosophical efforts of reasoning and the political processes that philosophers might hope to influence. Idealizations and toy scenarios, often guided by the two forms of individualism discussed above and characterized by their ahistoricism, are common, and commonly challenged, tools in the mainstream of the tradition (Wolff 2013). These forms of political reasoning tend to align with a priority being placed on questions about how to structure and *reasonably* justify social policies and institutions in a way that might meet an idealized consensus. As Owen explains, the analytic approach typically labels its activities under the category of *political* philosophy whereas the continental is, for good reasons, described under the broader category of *social and political* philosophy (2016:179). Analytic political philosophers recognize how practical constraints limit the extent to which ideals can guide, let alone determine real-world situations. The search for an appropriately balanced and constrained theory capable of meeting practical real-world needs is a central problematic and site of debate within the tradition. For the influential American philosopher John Rawls, this is a search for a *realistic utopia*—that is, a utopia that is feasible under plausible conditions partially identified through ideal theoretic means (176). Others within the broad tradition such as Onora O’Neil, Amartya Sen, Charles W. Mills, and Elizabeth Anderson deny the need for or desirability of (an unreformed) ideal theory. This reformist wing points to the tendency for ideal theory to exclude those who fail—for historically prejudicial reasons—to meet its standards, and how, thereby, such theory fails to meet the needs of justice in a nonideal world.

Owen identifies a different structural problematic and site for debate within the continental tradition which he labels the “Critique Problem” (2016). For continental philosophers, “practices of reasoning are historical artefacts whose formation and operation are bound up with relations of power and domination—reason is always impure and, hence, the first question for Continental political philosophy concerns the confidence we can have in our practices of reasoning (including those of political philosophy) as sources of guidance” (2016:179). Continental philosophers begin from a position of suspicion about the possibility of a neutral perspective that could render any theory “ideal.” Political philosophy in this tradition

requires a reflexive critical orientation and sensitivity to the background historical and contextual conditions that co-constitute reasoning. For continental philosophers, both ideal and nonideal theory are ideologically saturated. To connect this with the previous theme, continental philosophy begins from an assumption that philosophers are always already bound up in the situations they engage with, and these situations are themselves spatio-temporally extended and entangled with others. There is here, it seems, something of the legacy of idealism that was rejected by early analytic philosophers. Here is how Owen describes this orientation, and continental philosophy's structural problematic:

Continental theorising—following the path, variously, of Hegel, Marx, Nietzsche and Heidegger—treats practices of political reasoning as embedded in broader social, economic and cultural structures. Put more formally, the thought is that the distinctions, concepts, assumptions, inferences and assertability warrants that characterise our practices of political reasoning cannot be taken as if they are independent of the relations of power that structure social, economic, cultural or political life but, rather, must be addressed as historical artefacts whose production, reproduction and transformation are bound up with, for example, governmental projects, social and political struggles, economic and cultural relations. In contrast to analytic political philosophy, which rarely engages in any depth with historical approaches to the history of political ideas, Continental social and political philosophy begins from a historically oriented outlook and this is the site where the Critique Problem arises. (2016:179)

The main area of debate here revolves around the relationship between history and reasoning, and the appropriate way to “reflexively...ground the authority of...critical interventions” (Owen 2016:180). A critical philosophical project that aims to challenge harmful *status quo* arrangements can be accused of being self-undermining when its critiques are no less embedded in social conventions and power relations than its opponent's. The issue of how to ground a normative outlook that can “vindicate the standpoint of...critique” (180) is the central methodological *topos* of the continental tradition. This effort to situate philosophical inquiry within the contexts in which it participates resonates with the concern I expressed above.

Again, it would take this discussion too far afield to examine continental debates over the normativity of critique in any detail (see Owen 2016; King 2009). The key point is that when philosophers in these two traditions approach topics such as harm reduction, they bring with them a particular philosophical orientation and perspective. These are general tendencies, not exceptionless rules. In the case of analytic philosophers, central concerns are oriented around the relationship between ideal theory and nonideal practice. There tends, in the main, to be a focus on the development of “realistically utopian” social policy and stable institutional arrangements.

Individualizing methodologies and assumptions tend to appear as a bias away from complex relations and towards simplified models, and as the taking on of issues in relative isolation from one another. An important advantage of this approach is the acuity and power of the arguments it renders, and the ability to readily differentiate “valid from invalid...and coherent from incoherent propositions” (Wolff 2013:817). In the case of continental philosophy, central concerns are oriented around the relationship between history, reason, power and the possibility of emancipatory critique. Projects of critique attempt to reveal the operations of power in both everyday and institutionalized practice. Crucially, the practice of critique itself is implicated in the power relations and ethically fraught situations that are theorized. Implicit or explicit commitments to social holism appear as historical and contextual analyses and genealogies, and a preference for taking all (or many) things together rather than one at a time. Important advantages of methods in this tradition, are their ability to expose dimensions of a situation that might otherwise be overlooked. To quote Foucault: “the role of philosophy is not to discover what is concealed, but rather to make visible what precisely is visible, which is to say to make appear what is so close, so immediate, so intimately connected with ourselves that we cannot perceive it” (2018:192).

1.3.2 - Returning to the Question of Potential Losses

To return to the question that initiated this discussion of philosophical traditions: what might be lost if a social movements perspective is neglected when philosophers engage with harm reduction? First, if Kolers is to be believed, a social movements perspective *is* and might continue to be generally neglected by analytic philosophy, or, in other words, by the mainstream of the anglo-American discipline. This is, plausibly, because of the tendencies of thought and methodology surveyed above. There are, of course, many things that might be lost through this neglect. Through my survey of the harm reduction literature, some of the most pressing issues in the field are related to social ontology, political strategy, and theories of social change. In the first case, continental approaches, perhaps due to the continuing influence of idealism, seem to be more amenable to the complex relational situations of harm reduction, than are the individualizing methodologies typical of analytic philosophy. These are also the approaches taken up by philosophically-oriented projects on harm reduction that are already being pursued outside of the discipline. With regard to political strategy and theories of social change, once again, analytic approaches may be at an initial disadvantage insofar as they tend to minimize

their engagement with the non-neutral perspectives typical of social movement actors. The tendency is to encourage attention towards a transcendent idealized consensus and away from agonistic nonideal challenges (see Fossen 2008 for related discussion).

The rather obvious first answer to the question, as I have already indicated, is that there is likely to be a loss with regard to the development of movement-relevant ideas in social ontology, political strategy and theories of social change. Philosophical engagements with harm reduction that neglect its social movement aspects will, by default, tend to participate in its discourse either from the position of, or preoccupied with, issues of governmental administration. They will participate in the important framing tasks mentioned earlier, providing justificatory and persuasive arguments that might be picked up in debates over policy. My suggestion is that other perspectives and other tasks open up when the social movement comes into focus. A more nuanced and hopefully interesting follow-up answer to the question is that taking seriously the problems of harm reduction identified by movement actors and academics from other disciplines should encourage philosophers of whatever persuasion to engage with this area in ways that can do justice to the relational complexity and extended nature of both harm and reduction.

1.4 - The Future, Including the Next Chapter

Despite the affinities between my suggested project and aspects of the continental tradition as I have described it, I retain my preference for eclecticism. In the interstice between traditions philosophers have been developing many interesting new approaches. There are also other traditions of philosophy that are an awkward fit within an analytic-continental binary: pragmatism, non-“Western” traditions, critical race theory, feminist philosophies, post-colonial theory and so on. Given the heterogeneity within traditions, perhaps all philosophy is an awkward fit. Whatever methods are brought to bear, my central concern is that justice is done to the actual situations of harm reduction, and the actual needs that are identified. With these things in focus, different traditions of thought, applying different methodologies might equally produce politically, socially and—whatever this might mean—philosophically valuable work. For the purposes of this thesis, what is important is that there is a movement within the academic discipline of philosophy that aims to produce more engaged and impactful work on socially relevant issues (e.g., Fehr and Plaisance 2010; Dotson 2012; Dea 2017). Whether ‘analytic,’ ‘continental,’ or something else, I join Dea in encouraging future philosophical work in this

socially relevant area that is both engaged and impactful. A social movements perspective on harm reduction will, I believe, support this goal.

In the next chapter, I offer an overview of the area and present a view of harm reduction as a globalized and heterogeneous social movement encompassing concerns and actions well beyond the formalization of government policy or particular interventions into specific harms. My presentation is organized around two themes: a gap and a sprawl. First, I survey some of the complex resistances and needs for extension that harm reduction encounters as it travels through different communities. This discussion is loosely organized around what I identify as a gap between the rhetoric and ontology of harm reduction. In the second part, I examine the ontology of harm reduction: its relations, material practices, and social and environmental transformations. To this end, I present both a history of harm reduction's origins in the Merseyside Region in the North of England, and a categorization of the harm reduction movement as three entangled and non-exclusive epistemic fractions: a professional new public health fraction; a grassroots mutual aid fraction; and, a human rights-focused global justice fraction. In each case, I identify ways in which the rationale governing the analyses and campaigns of these fractions tends to sprawl outward through space and time.

My methods for producing this thesis were mostly bibliographic. I endeavoured to stretch my readings to a wide range of genres and sources, however, there are clear limits to how far "the literature" can go. Especially with regard to the radical grassroots contingent of the movement, bibliographic materials provide a limited window onto the situation. That said, harm reduction has been the subject of an enormous amount of ethnographic work and academic study. Reading across this material provides a valuable perspective that no strictly localized experience can ever match. In my view, however, any future philosophical work in this area would benefit from the sorts of interdisciplinary and collaborative work that are increasingly being pursued and encouraged by academic philosophers in the analytic tradition (e.g., Fehr and Plaisance 2010).

Chapter 2

2 - Introduction: Gaps and Sprawls

Debates over the meaning of key terms are a frequent feature in political disputes. It is easy to understand why. Definitions, particularly those that might be taken up in law or policy, can go on to structure the decision-making of institutions as well as the attitudes of the public. There is often a lot at stake. Debates over the meaning of the term ‘harm reduction’ are political in precisely this way. The term was first used in the 1980s as a name for a new public health approach to the HIV/AIDS crisis among injection drug users. Initially, ‘harm reduction’ was only one of the labels that was used. For example, Russell Newcombe, an early advocate for the approach, treats ‘secondary prevention,’ ‘damage limitation,’ ‘risk-minimization,’ and ‘harm-reduction’ synonymously (Newcombe 1987; see also, Tammi 2004). Similar terms, such as ‘harm minimisation’ (Strang and Farrell 1992) and ‘risk reduction’ (Becker and Joseph 1988) are also common in the early literature.⁵ Additionally, it was, and still is common to use the phrase ‘reduction of drug related harm.’ For example, the first International Conference on the Reduction of Drug Related Harm was held in 1990, and has been held most years since (McDermott 2005; Riley, Pates, Monaghan and O’Hare 2012). Corresponding to a variety of changes at the main organizer of the event, in 2011 the conference was rebranded as the Harm Reduction International Conference.⁶ Gradually, ‘harm reduction’ has become the preferred (but contested) term for denoting a diverse collection of policy proposals and practices aimed at ameliorating drug-related harms.

In this chapter, I offer an account of the harm reduction movement corresponding to this diversity. The harm reduction movement is a diverse and globalized social movement that organizes to resist and change those forces that produce drug-related harms. For reasons that will be explained, this movement is often entangled with other social movements. For similar reasons, the movement is also often entangled with and supportive of the very oppressive harm-producing processes and structures many of its activists hope to overturn.

⁵ In the Australian context, the term ‘harm minimisation’ is currently used by the federal government as an umbrella term that includes strategies of ‘harm reduction,’ ‘demand reduction,’ and ‘supply reduction’ (Groves 2018). In some of the early literature, however, there was no clear distinction made between ‘minimisation’ and ‘reduction.’

⁶ See <https://www.hri.global/about>

As a way to make sense of this situation, the Finnish sociologist Tuukka Tammi has proposed understanding the harm reduction movement as consisting of three inter-related epistemic fractions: a professional new public health fraction; a grassroots mutual aid fraction; and, a global justice fraction (2004). I adapt Tammi's categorization, and offer an account of the harm reduction movement through the lens of each of these fractions. In each case, I identify, what I will label a 'logic of sprawl': a tendency for the rationale governing the movement's analyses and campaigns to expand outwards through space and time.

In addition to well-publicized health-oriented campaigns to establish safer consumption sites, needle and syringe distribution or exchange programmes, opioid substitution, heroin prescription, and the provision of overdose reversal kits, 'harm reduction' has been used to refer to, or is entangled with a wide variety of other campaigns. These campaigns include those seeking to promote, reform, or end socio-political arrangements related to: the "War on Drugs"; the global drug prohibition regime and national drug control policies; sex worker rights; housing, homelessness, poverty, unemployment and gentrification; pharmaceutical industry regulation; compulsory "treatment" for "addiction"; the death penalty; racialized mass incarceration; land dispossession; Indigenous sovereignty and resurgence; global inequality; police brutality; environmental destruction related to crop eradication; political corruption; cultural genocide; cartel violence; state surveillance, and so on. The term has a great deal of rhetorical potential: it is both vague enough to encompass a wide variety of campaigns, and positive enough to make it difficult to reject. I believe this vagueness and flexibility have contributed to the widely noted difficulty in reaching a consensus definition for the term. For example, it is common to see definitions of harm reduction where the relevant harms are open-endedly conceptualized as encompassing adverse consequences to health, society and the economy from drug use, drug policies and drug laws.

Despite this open-endedness, it is important to note that this thesis *does* have a delimited scope. Since the term 'harm reduction' can be easily interpreted as a synonym for pragmatic amelioration, or "making the best of a bad situation," it has also been applied to conceptually related issues such as "lesser-of-two-evils" strategic voting (e.g., Conrad 2016). For the purposes of this thesis, I will not be discussing conceptual extensions of this kind. Discussion will be limited to applications that have been argued for and developed within the broad social movement for harm reduction extending off of practices and concerns about drug-related harm.

My intention is to maintain a focus on the ontology of *this* movement, and more abstracted applications, such as those to strategic voting, are, it seems to me, too many steps removed. That said, such applications, and others (Dea 2016a, 2016b; Weinstock 2014), do pick up on important features of harm reduction in its originating contexts (and more proximal extensions). The strategic and ethical dilemmas associated with “lesser-of-two-evils” voting are structurally similar to issues that come up in the discussion below. My goal is not to dismiss more distant applications, or to police the boundaries of acceptable usage, but, rather, to learn as much as possible from the particular situations of harm reduction revealed through an examination of the social movement that introduced the term. Put differently, rather than shedding light on the situations of harm reduction through a contemplation of analogous cases, my goal is to work from and give priority to (what I take to be) its original contexts as described by social movement actors.

In this chapter, I approach the complicated extended situations of harm reduction as a social movement from two angles. First, I explore some of the ways that the rhetoric of harm reduction is shaped in response to the needs of different audiences. To gain political traction and uptake in policy, harm reductionists must tune their rhetoric and practice to a variety of often conflicting demands, including the skepticism of potential opponents. In the realm of policy debate, how harm reduction is framed and defined can greatly influence how and whether it will be implemented. There is, however, always the possibility that no framing—no matter how cogent, factual, or morally compelling—will succeed in initiating a desired change. Shifting barriers and resistances to change is an important part of what harm reduction as a social movement attempts to do. Much of this activity cannot be read directly off harm reductionist arguments or frameworks, and many of the movement’s goals stretch beyond narrowly conceived issues of policy. There is a significant gap between the policy-oriented rhetorical activities of harm reduction and the other aspects of its movement ontology.

Next, the focus turns to ontology. I begin this exploration through an historical account of harm reduction’s origins in the Merseyside Region in the North of England in the mid-1980s. This historical account reveals some of the political tensions that persist in the movement to this day. Following this history, through an elaboration of Tammi’s three epistemic fractions, I begin to sketch an ontology of harm reduction as a diverse and globalized social movement. Through a “logic of sprawl,” the movement ontology of harm reduction tends to grow in scope and become

entangled with a wide range of socio-political issues. My contention is that philosophical engagement in this area would benefit from foregrounding an understanding of harm reduction as a heterogeneous, and often conflicted, social movement encompassing concerns well beyond the formalization of social policy mechanisms or particular interventions into specific harms.

2.1 - Gaps: Rhetoric for Political Traction

Harm reduction activists have championed a variety of different justificatory strategies for their preferred policies. This plays out, in part, as a contest over the meaning and possible extensions of their key term (see, e.g., Ball 2007; Greenfield and Paoli 2012; Barrett 2012). It also involves a dynamic feedback as rhetoric and practices developed for and with particular oppressed communities travel into the realm of policy, and back again. When formulating policy proposals, the broad needs and analyses of oppressed communities can press up against political, legal and systemic constraints. The drug-related harms addressed by harm reductionists are generally not understood to be limited to one-time interactions between an (illicit) substance and a particular biological body. The need to do justice to the expansive spatio-temporal contexts of drugs, harm, and harm reduction puts pressure on those who craft arguments for policy debates. That said, some groups within the harm reduction movement prefer narrower health-oriented definitions, while others take a more expansive social justice view. The term has been used to cover a wide range of harms as well as methods for reducing them. For example, beyond drug use, the movement for harm reduction has extended to include sex worker rights approaches to commercial sex, and communal social control of coca cultivation by Indigenous and peasant farmer organizations.

Prominent rhetorical strategies for promoting harm reduction have included pragmatic, technical and amoral evidence-based consequentialism that actively avoids moralistic language (e.g., Keane 2003; see also, Stengers and Ralet 1997); human rights and social justice approaches that emphasize principles such as the dignity and equality of drug users (e.g., Hathaway and Tousaw 2008); and, relational approaches that emphasize the disadvantaged social position of drug users as a group within iniquitous social processes and structures (e.g., Pauly 2008; c.f., Young 2001). Debates over how to constrain or expand the definition of ‘harm reduction’ track many things, including different traditions of philosophical theory and critique, and varying concerns about the potential exclusion of marginalized populations or political projects. The vagueness and flexibility of the term make it easy to imbue or associate with a wide range of

values and goals. The Nigerian psychologist and public health researcher Isidore Obot, speaking from the perspective of health service provision, comments on this situation:

The term harm reduction has, indeed, been used to characterize a broad range of positions—at one extreme it is a set of interventions aimed at reducing harm from drug use, and at the other extreme it is everything under the rubric of control, including supply reduction. In between, harm reduction might refer to a strategy or health policy, and, from the perspective of a growing number of adherents, it can be construed as a social movement. Harm reduction therefore continues to mean different things to different people.

...

If an all-inclusive definition is the only way to ‘sneak in’ harm reduction strategies which have been shown to be effective, save lives and promote wellbeing, then the lack of conceptual clarity is a small price to pay (2007:691).

2.1.1 - The Police and Co-Optation

In addition to debates between proponents, efforts to shape the meaning of harm reduction have often faced pressure from outside. For example, the term has sometimes been “exploited by those who oppose harm reduction policies,” such as proponents of punitive criminal law who treat the “outlawing of contested practices and incarceration of those who engage in them” as harm reduction (Kleinig 2008:3; see also, Ghiabi 2018a for an account of the legal context of harm reduction in the Islamic Republic of Iran). In situations like this, harm reduction activists have needed to be careful to avoid “conceptual cannibalism” from their opponents (Kleinig 2008:3). In particular, distinctions between harm reduction and practices such as policing have sometimes become murky and fraught. Police in some regions now carry naloxone kits to resuscitate people who have overdosed, and in many places they have adopted a range of other policies that appear to be supportive of on-the-ground harm reduction activities. Changes in police practice have been won through the organized efforts of harm reduction advocates. Nevertheless, one of the more important analyses of drug-related harm put forward by harm reductionists has to do with the deleterious impacts of the policing of drug use in and of itself (e.g., Grund et al., 1992; Cohen and Csete 2006; Rhodes et al., 2006; Small et al. 2006; Jozaghi 2013; Pan et al. 2013; Boyd, Cunningham, Anderson and Kerr 2016; Bennett and Larkin 2018). In these analyses, the global drug prohibition regime and the criminalisation of drug users is revealed as one of the most significant sources of drug-related risk and harm. Unfortunately, police support for harm reduction does not preclude the surveillance, arbitrary regulation, stigmatization, or brutalization of vulnerable drug users. Through a variety of processes, policing

contributes to an important part of the “risk environment” (Rhodes 2002, 2009) that most harm reductionists campaign to change.

In a 2010 plenary speech given at the International AIDS Conference in Vienna, the Russian harm reductionist Anya Sarang⁷ advocates for an understanding of drug-related harms where they are continuous with the effects of criminal law enforcement:

You might ask how these executions and cases of police brutality relate to HIV, and many governments still don't get it. So, let me ask you this question: If you were a drug user surrounded by violence and abuse aimed squarely at you, would you raise your head above the parapet and come forward for testing or prevention services? HIV treatment and prevention programmes will never be effective at their full potential when human rights abuses are rife. It's as simple as that. Years of experience have taught us this painful lesson. Fear of arrest, detention, and even assault feeds HIV risk and hampers HIV prevention and access to treatment (Sarang 2010).

The need to persuade and work with police while simultaneously pressing them for radical reforms, or, as the case might be, arguing for their complete withdrawal (Kerr, Oleson and Wood 2004), can complicate how harm reductionists frame their projects, and define their key term.

2.1.2 - Against Neo-liberalism: Dilemmas and Strategies

For progressive supporters of harm reduction, those who consider it to be a leftist or liberal cause, the choice of practical and rhetorical strategy can be especially difficult. The anthropologist Denielle Elliott is not alone in observing that:

Medical research and public health interventions like the supervised injection site, while emerging from social democratic values for the urban poor, are ideal neoliberal technologies: they survey, manage, and regulate while reducing state-expenditures, relying increasingly on non-state actors to govern, and justifying the unequal biomedical regulation of very specific at-risk populations. In this context, liberal scientists and grassroots organizations inadvertently transmute into neoliberal actors as they paradoxically deploy conservative techniques for their counter-political ends (Elliott 2014:30).

When harm reduction advocates appeal to powerful decision makers to support the programmes they champion, they often do so in terms that reinforce rather than challenge the forces they (might) hope to overturn. This can happen when, for example, the cost-effectiveness of a harm reduction initiative, or its ability to limit public nuisance and disorder are highlighted, while at the same time the social conditions that lead to risky drug use practices are downplayed. Similar problems can follow from an explicitly medicalized framing where the “social problem”

⁷ Sarang is the former president of the Moscow-based Andrey Rylkov Foundation for Health and Social Justice (ARF). See <https://youtu.be/PLVGzKqCLqM> for a short documentary about ARF.

is described both in terms of disease vectors and a theory of addiction-as-disease (Albers 2010; see also Sultana 2012, 2015). Framing justifications for medical or social services in these ways *can* gain political traction, but it might do so largely because the framing corresponds so well to dominant and harmful discourses around “addiction,” poverty and race (see Valverde 1997; O’Malley and Valverde 2016; Hart 2017). Such framings do nothing to undermine, and might contribute to the view of “the subject of addiction/treatment as dirty, diseased, deviant, dangerous...disorderly...[and] ‘out of place’ in the relentlessly (re-)developing urban landscape” (Smith 2016c:77). With reference to the global context, drug policy scholar David Bewley-Taylor observes that health-oriented “harm reduction poses no direct challenge to existing structures” (2012:39). In the absence of further political action, the easy compatibility between public health harm reduction strategies and the *status quo* “does much to maintain punitive prohibition’s status as the overarching drug policy paradigm” (39).

The continuities between harm reduction and neo-liberal biopolitics have led some activists involved in harm reduction activities to distance their work from the label, or to resist having their broader political projects subsumed under the term. There are good grounds for adopting this position, and seeing harm reduction as fully complicit with policies of austerity and individual responsabilization (for related discussions, see Roe 2005, 2010; Zigon 2019:47-8; and, more indirectly, Tuck and Yang 2012:21-2). For many activists, however, this is not the end of the story.

An appealing tactic for harm reductionists who are concerned to avoid reproducing or entrenching the stigmatization and deprivation of marginalized drug users, is to frame their proposals in more comprehensive terms. For example, the philosopher and former executive director of the International Network of People who Use Drugs (INPUD), Eliot Ross Albers, concluded his 2010 presentation at the 20th International Conference on the Reduction of Drug Related Harm, in Liverpool, UK, by advocating for a non-medicalized understanding of illicit drug consumption, as well as more comprehensive socio-economic reforms:

My ultimate point is that people who use drugs do not need treatment, nor do they need to be cured, since the consumption of currently illicit drugs cannot coherently be constituted as an illness, still less as a disease. What are needed are comprehensive harm reduction strategies and services, as well as fair and equitable social policy to ameliorate the dire social conditions, the endemic poverty, the decrepit educational and housing systems which lead a disproportionate number of the underprivileged to become

criminalised solely for attempting to seek some solace and relief from an unrelentingly cruel and harsh world (2010:12).

It must be noted, however, that by adopting a broader framing, or making a broader demand on the state, political traction in policy debates might become harder to achieve. There are, quite clearly, powerful interests aligned to resist the broader reforms, both material and attitudinal, that Albers advocates. Viewed narrowly as a contribution to a policy debate, Albers' proposal might be considered overly ambitious and vague. However, viewed contextually, and as part of a social movement, it becomes clear that what Albers is doing involves much more than a direct appeal for state resources—he is contributing to the building of a movement. This thought will be further developed below.

Quite often disputes over how to “sell” harm reduction track differences between fractions in the movement. There is much disagreement between harm reductionists regarding both strategy and ultimate goals. It is sometimes the case that even those who are wary of the damage to drug users that can follow from neo-liberal austerity and individual responsabilization, will make the political calculation that it is better or more feasible to move through these political forces than around them. In these cases, it is acknowledged that “[h]arm reduction discourses act as forms of ‘bio-power’ in the social regulation of danger emanating from drug use and drug users” (Rhodes 2009:197), however, participating in and propagating this discourse is judged to have both positive and negative effects. Theorists in this area draw quite heavily from Michel Foucault’s work on governmentality (Foucault 1991; 1990:135-50). “The core idea of governmentality concerns the retreat of the welfare state under current neo-liberal conditions and the emergence of government technologies that are linked directly to the management of risk” (Souleymanov and Allman 2016:1433). From a Foucaultian perspective, public health harm reduction does not employ “a repressive top-down form of power, and does not necessarily [violate] the interests of people who use illicit drugs” (Pereira and Scott 2017:80). Rather, it is a form of productive power where “[c]itizens are cultivated to govern themselves and focus on self-actualization rather than emancipation” (Lupton 2013:119). Unlike sovereign power imposed from above, health-oriented approaches are a “technology of power centered on life” (Foucault 1990:144) that involves active participation and desire from below.

Neo-liberal public health harm reduction tends to constrain the differential formation of drug user subjects and their horizon of socio-political possibility. For example, ethnographers have documented how the governmental discourse of public health harm reduction encourages

drug users to identify themselves as “responsible HIV citizens,” against those who are blameworthy and irresponsible (Krüsi et al. 2017). This differentiation and moral hierarchization amongst drug users can reinforce the stigma experienced by those who are incapable, or who choose not to minimize personal risk (Brook 2010). It can also reinforce individualizing narratives that obscure more realistic ecological explanations of harm, and more tenable collective approaches to overcoming them. Nevertheless, as a strategic choice, some harm reductionists believe it can be beneficial to participate in and propagate a neo-liberal biopolitical discourse. For example, the interdisciplinary feminist scholar and political scientist, Heather Brook writes:

The efforts of harm minimization proponents to make their views more politically palatable see precisely the most useful elements of harm minimization fade from sight. I acknowledge, however, that it may be tactically necessary to present the contrast between competing drug policy positions as a contest between health-centred and crime-centred strategies. Likewise, in so far as I accept the limited viability of that contrast, I endorse the superiority of health-centred approaches over ‘law and order’ or ‘zero tolerance’ programmes (Brook 2010:106).

The theory operating here assumes that the material and practical benefits of conforming to a generally restrictive biopolitical order can be both good in themselves, and instrumentally useful for establishing a foundation for more radical forms of counter-hegemonic organizing and resistance. As Brook indicates, the risk in this strategy is that the second part of the programme will be undermined by the first. In other words, the vaunted “pragmatism” of public health harm reduction—it’s willingness to “do what works”—might practically amount to little more than a capitulation to a harmful *status quo*.⁸ Addictions and drug policy researchers, David Moore and Suzanne Fraser lay out one aspect of this dilemma:

Insofar as those involved in harm reduction aim to improve the standing and health outcomes of drug users, they are engaged in a strategic political process. Considered in this light, decisions about whether drug users fairly and accurately can be addressed in terms of the neo-liberal ideal need to be understood as political decisions. If, on the one hand, drug users are constituted as neo-liberal subjects, they stand to gain some of the respect accorded those accepted as neo-liberal subjects. At the same time, the often unequal circumstances under which they attempt to approximate the neo-liberal ideal may be obscured. If, on the other hand, drug users are framed as especially poorly placed to render rational decisions, this allows a move towards acknowledging the difficult circumstances under which they operate. However, the corollary of this may be that they

⁸ For related discussions, see, e.g., Michaud, Maynard, Dodd and Burke 2016; Souleymanov and Allman 2016; Anasti 2017; Hyshka et al., 2017.

are further stigmatised by the perception that they are ‘failing’ the test of neo-liberalism (Moore and Fraser 2006:3045).

Strategic dilemmas of this kind might be inescapable and unresolvable for harm reductionists. A kind of dirty hands politics might be necessary. On this view, the best that can be done is to pragmatically pursue the course of action that seems least likely to maximize harmful consequences, and most likely to open alternative pathways to change. Regardless, some complicity with a harm-producing system is inevitable. The dilemma and this ‘moving through’ strategy have much in common with an approach which, in the context of anti-capitalist theories of praxis and revolutionary strategy, has been described as the pursuit of “non-reformist reforms”⁹ (Wright 2018). The American sociologist and “analytic Marxist,” Erik Olin Wright, succinctly describes the difference between non-reformist reforms, and both revolutionary and simple reformist strategies:

Here, the idea is to struggle for reforms in the institutions of the state that have three kinds of simultaneous effects: they solve some pressing problem in the system as it exists; they enlarge, rather than close down, the space for future transformations; and they enhance the capacity of popular social forces to fill that space....Simple reformists do not worry about the second and third effects; revolutionaries deny their possibility” (Wright 2018:333).

The choice to pursue a strategy of this kind is not easy for those who are troubled by the insidious effects of neo-liberal biopolitics. As has been described, choices here do not necessarily obviate the possibility of moving through (and potentially overcoming) the dilemma, so long as there is an assumption that counter-hegemonic power can be simultaneously nurtured. When neo-liberal biopolitics is understood to be neither monolithic nor total, this is a fair—if risky—assumption. If, on the one side, there is the morally troubling prospect of trading off the lives of marginalized drug users against “the revolution,” and on the other, there is the morally troubling prospect of capitulating to the forces that maintain drug users’ marginalized status, non-reformist reforms suggests a third possibility. Namely, by creatively using the resources available within the current political system and power structure, drug users (and their allies) can develop their political capacity both to make the worlds in which they dwell more habitable, and, partially as a result of this, press for broader social change.¹⁰

⁹ The coining of this term, and an influential elaboration of the strategy are attributable to the Austrian social philosopher André Gorz (1964). Gorz was a proponent of guaranteed basic income. A good example in the genre of non-reformist reforms, can be found in Robert J. van der Veen and Philippe van Parijs’ influential paper on basic income, “A Capitalist Road to Communism” (1986; also 2006).

¹⁰ I am influenced, here and elsewhere, by Zigon 2019, where similar arguments are presented.

A similar concept has been proposed within “continental” philosophy, and has influenced some harm reduction advocates (e.g., Keane 2003). Using the example of drug user harm reduction ‘self-help collectives,’ the French historian Philippe Pignarre and Belgian philosopher Isabelle Stengers, frame this dilemma in terms of “interstices” (openings or gaps) in a political *status quo* (or “bloc”) and “recuperation” to the same *status quo* (2011:110-5). Pignarre and Stengers advocate what I described as the “moving through” strategy, because it offers a realistic approach to social power and the creative possibilities of people on, so to speak, either side of an interstice:

A politics of interstices should...refrain from any general judgement bearing on the difference between interstice and bloc, between the ‘true’ interstice and those that have been ‘recuperated’. The fabrication of each interstice creates its milieu, the manner in which its ‘interior’ and its ‘exterior’ are distinguished, at its own risk. The trap that one calls ‘recuperation’ designates the moment when the outside redefines the inside on its own conditions, and does so under the domination of ‘we have tos’ that ratify the common, majoritarian norm. But it is not enough, for example, for an association to receive support from the state for it to be condemned as ‘recuperated’ (2011:113).

For our purposes here, the important point is that harm reductionist rhetoric is sometimes tinged with disingenuousness and subterfuge. Disingenuousness, because a straightforward endorsement is sometimes blocked by an awareness of potential complicity in harm. Subterfuge, because a full account of the projects being pursued might need to be disguised. The most obvious cases of this disguised politics and rhetoric appear when professional groups or state-funded service providers surreptitiously support the illegal and clandestine activities of “underground” harm reductionists (see, e.g., Kerr, Mitra, Kennedy and McNeill 2017:2; Lupick 2017:149-60).

2.1.3 - Another Dilemma: A Rhetoric of Innocence

Another dilemma concerns the rhetoric of innocence deployed in much harm reductionist work. In advocating for the decriminalization of drug use and compassionate attitudes toward drug users, harm reductionists have sometimes left unchallenged equally pernicious stereotypes used to demonize (and incarcerate on a mass scale) drug “traffickers.” By emphasizing the innocence of drug users, a contrast is implicitly made with the malevolent forces responsible for drug user suffering. This malevolence tends to get ascribed along predictable racial and class-based lines where it reinforces biases in policing, sentencing, and the public imagination. None

of this, in the longer-term, is helpful for combatting the stigmatization of marginalized drug users, or for furthering projects of economic and racial justice.

The opioid crisis in North America has coincided with an increase in manslaughter charges against drug dealers who are implicated in overdose deaths in Canada (Canadian Press 2018), and an increase in “fatal drug delivery” and “drug-induced homicide” statutes across the United States (McLean 2018). It seems reasonable to surmise, and the sociologist-ethnographer Katherine McLean provides evidence (2018) that these charges and related publicity interfere with recently passed Good Samaritan Drug Overdose laws (e.g., Canadian Department of Justice 2017) which offer limited legal protections against prosecution for possession for anyone at the scene of a drug overdose when emergency services are called. Good Samaritan laws were campaigned for by harm reductionists.

Many economically precarious drug users also participate as sellers in the illicit drug economy. The distinction between users and “traffickers” is not always clear. Harm reductionists have fought for legal concessions from the state with regard to criminal penalties directed at “users” and “possessors,” and even subsistence “user-dealers.” However, this strategy isolates drug use from the extended social, political and economic contexts in which it takes place. The malevolent drug peddlers in the social imaginary tend to look very much like the real drug users that harm reductionists struggle to de-stigmatize. Their lives tend also to be economically, socially and familially intertwined with those of the “traffickers.” The strategic dilemma involved in the rhetorical choice to centre drug user innocence is eloquently and forcefully expressed by Deborah Peterson Small, a long-time anti-“Drug War” activist and advocate for poor communities of colour (Sekaran 2014). The following transcribed text is taken from Small’s critical intervention during a panel discussion convened by the Drug Policy Alliance in New York, in the lead-up to the U.N. General Assembly Special Session on the World Drug Problem in 2016:

I just wanted to raise a couple of questions ... You started this panel by talking about the principle of wanting to get rid of—eliminating—criminal penalties for users and possessors. And I listened to that, and I thought about that and I was like, you know, that is what we’ve accomplished over the last 20 years: to really shift that conversation. But inside of doing that, we’ve left out the majority of people that look like us, because we’ve always known, even when we came up with that language, that the majority of people who go to prison for drugs go with the label as “traffickers,” not as “users,” not as “possessors.” So I’m asking why is it that in 2016 that we’re still holding onto that principle, and still saying that we’re for racial justice, because those two things are not

compatible. Number one.

Number two, the conversation about what is a “trafficker” needs to match what it actually is. And it’s not anybody who’s ever sat at that table, or sat in this room [the panel consisted of a white current drug user and harm reduction activist, and three Black former dealer-users]. It’s Big Pharma, it’s Big Advertisers, it’s Big Banks. We never talk about the fact that every major bank has pled guilty to drug trafficking money. Every single one. That the market for opiate abuse was created by Big Pharma, and promoted by Big Advertisers. But, we never talk about them as having complicity or accountability in the area of trafficking. I am done with this shit people. I am 60 years old. I’m in my don’t give a fuck years. So, I’m saying this to us. It’s like what the world believes is a reflection of what we’ve been saying. If you look at *Weeds*, if you look at *Breaking Bad*, if you look at those shows, they are a reflection of what we’ve been telling them. Be good to the users and possessors, and fuck over the traffickers. If we don’t want to continue seeing our people taken away ‘cause we’re giving them away, we need to change that language. (Small 2016:54:54-58:28)

When drug-related harms are taken to encompass racialized mass incarceration and the entire system of imprisonment and punishment for drug offences, harm reduction activism starts to become continuous with the movement for prison abolition (see Davis 2003). As with the “moving through” strategy described above, transitional questions regarding how best to dismantle the current system while developing a new one constantly confront prison abolitionists (Gilmore 2015). Prison abolitionists do not necessarily foresee a world where harmful acts that are currently criminalized are entirely eliminated. Rather, they advocate for an end to the cruel and ineffective systems of retribution associated with the prison, and the development of alternative systems of justice. Similarly, many harm reduction activists advocate for an end to the “Drug War” (which, to a significant extent, involves the prison system) without expecting that this will also abolish drug use, or the suffering and harm that sometimes accompanies or motivates it. Rather, harm reductionists advocate for less punishing and stigmatizing means for addressing drug-related suffering and harm, and the development of alternative ways of organizing community and care. Small’s intervention can, and I believe should, be read as an advocacy for extending the “logic” of harm reduction from drug users to drug “traffickers.” This extension follows from a commitment to understanding harms and reductions in their ecological context. None of this is an apology for the extreme violence associated with the illicit drug trade. It is an attempt to identify and pursue non-violent methods for de-escalating, and, eventually, ending that violence. To re-emphasize the theme of this section, there is a significant gap between the rhetoric of innocence deployed by harm reductionists and the political projects that

often motivate and sustain them. The thread of this thought can be followed further: the possible meanings of abolition are an important area in the rhetoric of harm reduction.

2.1.4 - Skepticism: Abolition and Harm Elimination

Harm reduction is often assailed by those who argue for the necessity of an ‘abolitionist’ or ‘harm elimination’ approach. In the context of drug use and ‘addiction,’ this position is often associated with abstinence-oriented 12-step programmes such as Alcoholics Anonymous and Narcotics Anonymous. The American clinical psychologist G. Alan Marlatt conceptualizes harm reduction on a continuum where abstinence is an ideal end-point, but pragmatic outcomes short of this ideal are still acceptable (1996). This framing allows Marlatt to subsume a ‘harm elimination’ position within a broader ‘harm reduction’ framework. Others have preferred to maintain a clearer distinction between harm reduction and abstinence (e.g., Lenton and Single 1998). One factor influencing these debates, it seems to me, is the reactive opposition to harm reduction from professionals and institutions who are deeply invested in abstinence-oriented or ‘harm elimination’ techniques, including many of those who prioritize ‘recovery’ (Frank 2018). Harm reduction can be conceptualized as an opponent of abstinence, as a compatible ally within a system of approaches, or as a continuum inclusive of abstinence. Aside from their influence on policy, the rhetorical and practical choices here have implications for how coalitions amongst health care and social service professionals might form. This political maneuvering amongst professionals cannot always be read directly off the rhetoric produced for policy documents and position statements.

Outside of these professional contexts, different concerns about the compatibility between ‘harm reduction’ and ‘harm elimination’ or ‘harm abolition’ have been expressed. In relation to sex work,¹¹ the American feminist legal scholar Catharine MacKinnon has claimed that harm reduction approaches that seek to minimize the risks and harms of commercial sex through the application of (amongst other things) a workers’ rights framework, cannot be made compatible with ‘harm elimination.’ As MacKinnon puts it, under these approaches, “[t]he imperative is to fix the harms so prostitution can stay” (2011:286). The view here is one where

¹¹ Cusick 2006, and Rekart 2005 present arguments for extending harm reduction strategies from drug use to sex work. See also, Healy, Bennachie and Marshall 2012, for an account of sex work harm reduction in the New Zealand context; and, Le, Grau, Nguyen, Khuat and Heimer 2015 for a Vietnamese harm reduction case study that looks at collaboration between drug user and sex worker community-based organizations as well as their collaborations with official government agencies. For some arguments against the harm reduction approach, see Coy, Smiley and Tyler 2019.

prostitution itself is understood as an unavoidably harmful form of sexual exploitation, and a cornerstone in the system of gender-based oppression (273). In MacKinnon's terms, harm reduction in sex work facilitates the serial rape of prostituted women and girls while leaving those who exploit them unpunished and undeterred. In other words, there is a suspicion that harm reductionist techniques in sex work practically support rather than undermine a key component of patriarchal oppression. Many who share MacKinnon's analysis advocate legal approaches to sex work, that decriminalize the seller, but retain unilateral criminal sanctions against the purchaser. These approaches seek to eliminate commercial sex by facilitating the exiting of sex workers from the industry while suppressing demand through criminal penalties and educational programming directed at consumers and traffickers.

Trenchant critiques of these "abolitionist" alternatives to harm reduction in sex work have come from a variety of directions (e.g., Maynard 2012; Nagel 2015; Whalley and Hackett 2017; Mac and Smith 2018:40-52). Harm reductionists do not generally disagree with MacKinnon and others regarding gendered violence or the subordinate status of women under patriarchy, "but [they] view the process by which to end this violence in fundamentally contradictory ways" (Maynard 2012:30). Those who support harm reduction approaches tend to emphasize the agency, self-determination and wisdom of sex workers themselves. They tend also to emphasize the multi-faceted nature of violence, risk and harm. As with drug use, policing plays a central role in the risk environment of sex work, and is a key source of harm that harm reductionists lobby to change. Harm reductionists argue that approaches that maintain criminalization fail to alter this risk environment, even if they purport to direct sanctions unilaterally at consumers and traffickers. Harm reductionists explain sex work, its risks, and its harms within intersectional analyses of poverty, race, colonialism, migration, legal status, and so on. I cannot get into the details of either the critiques or the responses to them here. What is important in this discussion of rhetoric is the observation that harm reductionists often need to frame their project in relation to opponents who are, with reasonable justification, deeply skeptical of its socially transformative or ameliorative potential. In the context of sex work, this has often involved amplifying the voices of sex workers themselves while framing harm and reduction within a broad socio-political and economic analysis.

2.1.5 - Skepticism: Black and Indigenous Communities

Skepticism is also often expressed by some in Black American communities who see harm reduction as, to put it mildly, “an inadequate solution to community drug problems” (Eversman 2015:196). There is a long history in these communities of contextualizing and understanding the community-level harms associated with illicit drug use within a nexus of genocidally racist and oppressive forces (see Tabor 1969; Woods 1998; McCann 2010). For many, there is a deep and justified mistrust of public health interventions sustained by a collective memory of experiences such as the Tuskegee syphilis experiments. The health educator and harm reductionist, Imani P. Woods, who was, herself, initially skeptical of harm reduction, describes her experience bringing the concept to her community:

People look at me like I’m crazy when I go to the black community to explain harm reduction. I am accused of supporting a policy that makes peace with genocide. How can one talk about “reducing harm” to a people under siege? The scourge must be lifted; the villain must be vanquished. Harm reduction is seen as settling, giving up, accepting failure, and bargaining with the devil (Woods 1998:301).

As Woods goes on to describe, gaining uptake for harm reduction in the face of such mistrust requires careful framing, cultural sensitivity and community dialogue and involvement. Exclusively top-down or contextually insensitive approaches brought from outside, risk being politically disempowering. They also risk being rejected outright before projects can be implemented. To overcome these obstacles, Woods argues for the necessity of culturally competent communication skills. A key part of this competence is an acknowledgement and understanding of the community-specific drug-related harms faced by Black communities in the United States. In this context, drug-related harms are understood to be continuous with, amongst many other things, the legacy and ongoing impacts of slavery and Jim Crow, unemployment, demonizing stereotypes, racist policing, mass incarceration, and family dislocations and disruptions from both the prison and child welfare systems.¹²

The Canadian public health nurse, harm reductionist and scholar, Shelley G. Marshall, offers a very similar analysis regarding Indigenous peoples in Canada, groups who are significantly “overrepresented as service recipients of harm reduction programs” (Marshall

¹² These last two issues, in particular, apply beyond Black Americans, and point to the gendered nature of the “War on Drugs,” as well as those of harm reduction responses. For an account of the gendered aspects of early harm reduction in the U.K. (early, as in the 1920s), see Seddon 2008. For a more contemporary review and survey from an anthropological perspective, see Muehlmann 2018. And, for a book-length treatment of issues particularly impacting on women, see Boyd 2004.

2015:5). Marshall warns against a too narrow conceptualization of drug-related harm: “[w]hen substance use is framed as the problem, rather than a response to socially inflicted pain, the social and environmental drivers of inequities and trauma that lead to problematic substance use become obscured” (6). In this case, a non-comprehensive list of structural and historic injustices (which substantially, and unsurprisingly, overlaps with the previous list affecting a different marginalized group in a neighbouring capitalist settler-colony) would include ongoing settler-colonialism, the legacy of the residential schools, land dispossession, language extinguishment, genocide, poverty, family dislocations and disruptions, racist policing, and demonizing stereotypes. Competent and just harm reduction practices, policies and advocacy, it is argued, must be tuned to these realities. Incorporating history and structural oppression into a framework for describing harm reduction aligns with what the health sociologist Tim Rhodes describes as “the political economy of social suffering...[a] process through which an oppressive social environment is incorporated into the everyday practices of those subjected to multiple subordinations” (Rhodes 2009:196).

However, finding an appropriate balance between backward-looking trauma-oriented frameworks and (backward and) forward-looking ones that maintain or open space for collective political action can be difficult. For example, the Tanana Athabascan scholar Dian Million’s work “examines how an ethos of trauma and healing has emerged (with its emphasis on self-regulation) at the same time that self-determination and political power for First Nations peoples is denied” (ref. in Boyd, Carter and Macpherson 2016:99). If harm reduction strategies are merely “culturally sensitive,” and not actively led by those within the relevant culture, there are good reasons to believe that they will be less likely to support deeper political challenges to “neoliberalism and colonial power relations” (99).

The compatibility between institutionalized harm reduction strategies and communal Indigenous practices is not clear. Strong reasons to doubt their compatibility are found in the systemic racism and discrimination Indigenous people confront when accessing health and social services (Goodman et al. 2017). There is an urgent need to address the drug-use related harm experienced by Indigenous people in Canada. There is also ample social scientific evidence for the effectiveness of public health harm reduction strategies in ameliorating many health-related harms. However, the broader social and political harm embodied in some drug use, and following from ongoing settler-colonial conquest and exploitation cannot be addressed through a

narrow health-oriented strategy. The question for harm reductionists is whether broader and narrower goals must necessarily be conceived in opposition. Can state-sponsored harm reduction initiatives directed at urban Indigenous populations, in practice, undermine, or provide no viable pathways for Indigenous actions towards decolonization and the repatriation of the land? Undoubtedly, yes, when the “incommensurability” of settler and Indigenous interests is affirmed (e.g., Tuck and Yang 2012:21-2).¹³ This is, however, the situation that Indigenous harm reduction organizations find themselves in. Resources are needed, and it is difficult to acquire them entirely autonomously or without collaboration. The pressures of this situation have compelled some harm reductionists, both Indigenous and non-Indigenous, to develop frameworks that emphasize sources of compatibility such as non-judgemental care, peer and community-led programming, *and* the opening of possibilities for cultural reclamation and healing through political activism (Maxwell 2010; Boyd and Boyd 2014; NYSHN 2016; Morrison and WAHRS 2017). As an example, the harm reduction practices established by the Western Aboriginal Harm Reduction Society in Vancouver extend well beyond the narrow focus on infectious disease and overdose that predominates in public health rhetoric, to include significant elements of cultural reclamation and political organizing.¹⁴ In the work of organizations such as these, there is a necessity to maintain the possibility, and imperative, for agonistic challenges to the institutionalized settler-colonial *status quo*.

Many of the drug-related harms experienced by specific communities take a specific form, have specific histories, and require specific redress. It is worth noting, however, that systems of oppression are interwoven, and many of the harmful processes currently enacted on Black and Indigenous people in North America are commonly enacted on others. During a protest action in 2010, the white British drug user activist Matthew Southwell of the International Network of People who Use Drugs (INPUD) made a declaration on behalf of drug users globally that strongly resonates with common experiences of many marginalized people: “We are, today, sick of our people being abused, being murdered, being tortured, being offered restricted healthcare, being thrown out of housing, having their children taken away from them. It is time for change” (HCLU 2010). The punitive and disciplinary systems surrounding the regulation of drug use are an important thread in the *global* history of (capitalist-colonial-

¹³ I am grateful to Amanda Plain for bringing Tuck and Yang’s discussion of “incommensurability” to my attention.

¹⁴ A series of four short documentaries on WAHRS is available here: <https://vimeo.com/switchdef>

imperialist-state) repression. This is the area where much of the politics of harm reduction takes place.

The analyses of Woods, Marshall and Million all resonate with the broader framing put forward by Albers. The important point here is that it is often necessary to adopt a very broad framework that is sensitive to both history and current circumstances in order to avoid the implication that a harm reduction strategy runs counter to the values and political goals of an oppressed community. It is also important to note that a poorly attuned strategy might, indeed, be contrary to community goals and needs.

2.1.6 - Another Dilemma: Pleasure and the Erasure of Class

In line with Million's critique, in recent years, some structural analyses of both harm and harm reduction have been criticized for their relative inattention to individual and collective agency (Rhodes 2009). They have also been criticized for offering misleading and reductive explanations at the macro-level that obscure micro-level variation and complexity. Structural analyses tend to emphasize impersonal macro-political forces and epidemiological 'social determinants,' rather than the creative and interconnected actions of people. "The 'totalising' claims of political-economic explanations of harm are taken by some to stultify community-level actions given a tendency to champion large-scale macro-social change" (Rhodes 2009:198).

With reference to socio-political analyses that deploy the conceptual device of (capital N) Neoliberalism, the anthropologist Aihwa Ong writes:

Neoliberalism writ large seldom engages with the dynamism it encounters in particular environments. The use of macro categories like structure, civilization, Empire and nation-state betrays an industrial sensibility that tracks the unfolding of an inevitable process across units. But if we view neoliberalism not as a system but a migratory set of practices, we would have to take into account how its flows articulate diverse situations and participate in mutating configurations of possibility (Ong 2007).

The same way of thinking can be applied to practices in opposition to neo-liberalism.

Compatible with Foucaultian analyses of power as both productive and constraining, as well as Pignarre and Stengers' advocacy for a politics of the interstice, alternative approaches often focus on micro-political, collective and individual possibilities for creative resistance, pleasure, freedom, rationality and action. Some analyses in the harm reduction literature lean on theories similar to Ong's and conceptualize both drug-related harms and harm reduction within bottom-up assemblages of interconnected materially situated processes and relations (e.g., Dennis and Farrugia 2017). I will not survey this ontological work here, but highlight one point of

connection between these analyses and the rhetorical choices of harm reductionists: a reminder about the importance of attuning harm reduction practices to drugged pleasures and desires, as well as drugged harms.

In many of the passages quoted above, harm reduction campaigns are contextualized within experiences of trauma, poverty, discrimination, violence and cruelty. This focus is understandable. Harm reduction projects rightfully focus on very real experiences of social suffering, injury and death. However, an analytic and rhetorical over-emphasis on these experiences can obscure important features of the situation and disempower the very people harm reductionists seek to aide. Mainstream public health harm reduction discourse tends to associate illicit drug use with risk and danger while almost entirely neglecting the possibility of drug-related pleasures and the rational choice to pursue or enhance them (Bourgois 2000; Race 2008; valentine and Fraser 2008; O'Malley and Valverde 2016; Dennis and Farrugia 2017; Proudfoot 2017). This neglect can exacerbate a disconnect between the lived experience and practices of drug users and many of those who deliver mainstream health and social service interventions. In turn, this can contribute to the “pathologising [of] pleasure [and] re-stigmatisation of people who use illicit drugs as irrational and motivated by compulsive desires” (Souleymanov and Allman 2016:1437). Discourses of pleasure and harm are internalized, and can govern not only how others view drug users, but how drug users interpret and explain their own experiences (Dennis 2017).

One way that the possibility for re-stigmatization is resisted in harm reduction rhetoric is through the affirmation that illicit drugs can indeed have a positive role in people's lives. Despite their very real potential for harm, illicit drugs, no less than licit, can have dramatic and positive effects: from intensifying sexual pleasure, to facilitating social communion, to alleviating pain, anxiety and depression. A prominent variety of harm reduction work involves educating people on safe use practices with regard to “recreational drugs.” Groups such as DanceSafe in the United States and Canada (DanceSafe 2019), ReverdeSer Colectivo's Programa de Análisis de Sustancias in Mexico (ReverdeSer Colectivo n.d.), the ACON Rovers in Australia (Gonçalves, Kolstee and Race 2016), and CHECK!N in Portugal (Takács 2015) emphasize positive aspects of illicit drug use while promoting awareness of real health and safety risks. They are also well-known for providing drug testing services at clubs and festivals. All of these groups operate within a larger international anti-“Drug War” movement, and proudly describe their work in

terms of harm reduction. It is important to note that, politically and socially, they have ambitions beyond the relief of individual harm. However, the rhetorical choices involved in de-stigmatizing the pleasures associated with recreational drugs can come into tension with these broader projects, particularly when they are taken up, away from these groups, by harm reduction's institutional mainstream.

Illicit drug use is common across social classes, however, the stereotypical image of “the drug user” is usually an impoverished and demonized member of an underclass. As the sex worker activists Juno Mac and Molly Smith put it: “[p]recarious sex workers who use drugs are maligned and punished while the middle and upper classes enjoy cocaine, ecstasy, cannabis, ketamine, and LSD on a regular basis” (2018:97). The need to combat demonizing stereotypes can motivate harm reductionists to adopt a kind of debunking rhetoric where the pleasures of drug use are normalized, and the potential harms are disassociated from any particular social class or group. When this rhetoric is directed toward a middle class audience it can, through a thin kind of cross-class solidarity, increase support for harm reduction services. After all, middle class drug users are also vulnerable to harm from, for example, fentanyl adulteration. As with the dilemmas of complicity with neo-liberal biopolitics and rhetoric of innocence discussed above, this rhetorical strategy has a downside when it filters through and interacts with the institutionalized mainstream of harm reduction practice.

While it is certainly true that drug use is common across social classes, drug-related harms are not evenly distributed.¹⁵ There is substantial evidence that many of the harms associated with illicit drug use accumulate in marginalized and impoverished communities (Origer, Le Behan and Baumann 2015; Shaw, Egan and Gillespie 2007; Stevens 2011; Monchalin 2016:155-9; Tiger 2017). If the relevant drug-related harms are taken to include, as they often are, unequal vulnerability to repression through criminal law, the social gradient of harm is even steeper. “[P]oor and marginalized people bear the brunt of prohibitionist drug policies” (Boyd, Carter and Macpherson 2016:132). In language common to public health, harm reduction's typical “target populations” are found in low-income urban neighbourhoods. Some harm reductionist debunking rhetoric is motivated by a dual concern for stereotyping *and* economic inequality. However, not all harm reductionists maintain this broader social justice

¹⁵ This holds whether it is health-related harms associated with use, or harms of violence and political corruption associated with transit and production.

perspective. The differential vulnerability to harm that motivates much harm reduction work can be obscured when commonalities (usually coded as white and middle class) are emphasized. The more radical dual critique of demonizing stereotypes and socio-economic inequalities can go missing when rhetoric regarding drug related pleasure and individual agency are institutionalized. As the anthropologist Philippe Bourgois puts it, “[h]arm reduction is...subject to the blinders of public health’s narrowly conceptualised middle-class fantasy world that celebrates individual agency and normativity in an unrealistic social power vacuum” (2018:386).

A further tension in this area concerns the binary contrast between “recreational” and “dependent” drug use, or “pleasure” and “addiction.” There is a tendency to ascribe pleasure to the former, when “carefully” enjoyed, and harm to the latter. A simplistic binary contrast between pleasure and harm can never do justice to the ambivalences of drug phenomenology, or of lived experience in general. Through her ethnographic work, the sociologist Fay Dennis has argued that harm reductionists could be more effective and creative if they adopted “[a] wider sense of ‘pleasure-in-tension’” (2017:157) that avoids simplistic and misleading cost-benefit analyses. Binary understandings tend to “exclude people who inject drugs or use in ways commonly described as addictive” by relegating and misunderstanding their experiences as exclusively or predominantly on the cost side of the analysis (158). As was mentioned previously, this tendency towards simplification interferes with the ability of health and social service providers to understand drug user experiences, and—in what might be described as a hermeneutical injustice (Fricker 2007:147-75)—it also interferes with drug users’ ability to interpret or explain *their own* experiences (Dennis 2017). The point, here, once again, is that rhetorical choices about whether and how to describe and incorporate practices around drug-related pleasure into a harm reduction programme are consequential and politically fraught. The background disputes, motivations and organizing that inform these rhetorical choices, and the ways they are corrupted or subverted, can be missed when engagement with the social movement for harm reduction is minimized or ignored.

2.1.7 - Harm Reduction and the Global South

There are advocates for harm reduction in most countries in the world, and everywhere that it travels it adapts its rhetoric and practice to the special challenges it meets. In communal contexts of extreme poverty in some countries of the global South, any resource expenditure on drugs can threaten a family’s basic needs for nutrition, shelter or education, and this can lead to

resistance to the implication that there is an “acceptable” level of drug use (Samarasinghe 1995:306). In common with many other strategies developed in “the West,” harm reduction has been criticized for its misalignment with non-Western collectivist value systems (Nelson 2016). In particular, public health harm reduction interventions are charged with conceptualizing the well-being of individuals non-rationally, and prioritizing atomized individuals over the long-term interests of a community. Liberal human rights framings of harm reduction are especially open to critiques of this kind, and especially common in the international context. Tuning rhetoric and practice to the specific needs of diverse societies requires context-sensitivity and a broad understanding of drug-related harms. In reference to harm reduction efforts in Sub-Saharan Africa, the Nigerian harm reductionist and researcher, Ediom-Ubong E. Nelson describes this situation succinctly: “[a]ny approach that divorces drug harms from the social context from which they arise will fail to improve the condition of PWUDs [people who use drugs] in a realistic way” (2016:130).

Of special note in the global context, the particular community needs and structure of drug-related harm in supply countries differ significantly from those in the predominantly drug consuming countries of the global North. Some of these issues will come up again in the discussion about the global justice fraction within the harm reduction movement. For the moment, what is important is that current international drug control policies have contributed to a dire context of “harm maximization” in many countries (Room and Reuter 2012; Bastos, Caiaffa, Rossi, Vila and Malta 2007). Beyond individual and population-level harm to health from drug use, the structural violence, environmental degradation,¹⁶ and political corruption that result from the global “War on Drugs” are a substantial portion of all “drug-related” harm. Arguably, these harms are most acutely experienced in supply and transit countries where they have had a disproportionate impact on Indigenous and minority ethnic populations (Burger and Kapron 2017). In recent years, arguments have been made to extend harm reduction to cover the broader range of drug-related harms faced in these countries (e.g., Greenfield and Paoli 2012; Jelsma 2012; see also Burger and Kapron 2017). It is difficult to understand or engage with the situations of violence and corruption in the global South without some acknowledgement of the world-historical injustices of European colonialism and imperialism, and ongoing global economic injustice and war. However, even if explicit acknowledgement of these issues is

¹⁶ See Martin 2018 for a vivid account of the ecocidal effects of the “Drug War.”

acceptable in international forums, it is far from clear that rhetoric that centres them is productive in policy reform debates involving negotiation with the more powerful countries of the global North.

2.1.8 - Bolivia's Supply-Side Harm Reduction Strategy

As an example of a supply-side harm reduction strategy in action, the independent scholar and journalist Linda Farthing and the geographer Benjamin Kohl observe that the “peasant-centred coca control programme” implemented by Bolivia’s Indigenous and Socialist President Evo Morales in 2009 is “based on harm reduction principles” (2012:489; see also García-Yi 2014). “The new approach reverses decades of U.S.-financed policies focussed almost exclusively on military/police suppression and eradication that resulted in well-documented human rights violations and harassment of the peasant farmers who grow coca leaf, a central component of Andean indigenous culture” (Farthing and Kohl 2012:489). I cannot get into the details here, but it is worth mentioning that in order to implement these programmes, the Bolivian government, over many years pre-dating Morales’ presidency, needed to face down serious pressure from international institutions and the United States (see Bewley-Taylor 2012:255-78; and, Corva 2008:185-6). For some context, the 1961 UN Single Convention on Narcotic Drugs includes an expectation that the traditional “practice of coca chewing would be ‘abolished’ twenty-five years from the instrument coming into force” (290). The relevant section of Article 26 reads: “The Parties shall so far as possible enforce the uprooting of all coca bushes that grow wild. They shall destroy the coca bushes if illegally cultivated” (U.N. Office on Drugs and Crime 2013). The continuity between this expectation and policy, and the ongoing genocide of Indigenous peoples globally should be clear.¹⁷

Bolivia’s communal “social control” policy grants rights for legal coca production for traditional and non-cocaine uses to Indigenous and peasant smallholder farmer organizations and unions. In other words, it grants rights collectively, not to individual farmers. In contrast to other coca producing countries in the region such as Columbia and Peru where “violent militarized forced eradication” is the norm, Bolivia’s approach legitimizes “coca-based livelihood strategies” for Indigenous and peasant farmers (Pearson 2016:89). For these farmers, “[t]he coca

¹⁷ The demonization of specific medicinal plants, and the attempted annihilation of knowledge of how to use them has been a consistent feature of colonial-Indigenous relations for centuries. However, the multi-faceted role of mind-altering drugs in the history of colonialism and global trade is not at all straightforward. See Gootenberg and Campos 2015, for an overview of this complex history, and some developments in recent scholarship.

plant is virtually a miracle crop from a livelihoods perspective, as it is relatively easy to grow, harvest, transport, and sell compared to other crops, and it yields three to four harvests per year in the Chapare [province]” (90). Farthing and Kohl’s description of this “*Coca Si, Cocaína No*” programme is worth quoting for the way it extends harm reduction:

Although not stated as such, the new policies recognize the critical cultural and economic role coca plays locally while intrinsically accepting that a low-income country like Bolivia with a historically weak state may be able to limit, but not completely abolish, cocaine production, a perspective that parallels harm reduction advocates’ acknowledgement that illicit drug use will never be completely eliminated. Social control prioritizes the well-being of coca growing communities and the protection of the most vulnerable, mirroring harm reduction’s emphasis on the quality of life for drug users and those who live in communities disproportionately affected by drug use. Social control strives to be non-judgemental and builds on coca grower experience, participation, and perspectives in policy design and execution, similar to the way harm reduction programmes incorporate users and their communities into planning. Coca growers, like drug users, are recognized as active agents not passive victims. Bolivia’s social control recognizes that illicit coca cultivation, just as consumption-side harm reduction does, is rooted in problems of social inequality, poverty, gender, and ethnic discrimination (Farthing and Kohl 2012:489).

Aligning and associating programmes of this kind with better known health-oriented harm reduction programmes has at least two potentially positive functions for a counter-hegemonic project. First, it draws attention to the interconnections between two superficially disparate contexts. Through the economics of the drug trade, illicit drug production and consumption are necessarily related activities. Through the operations of the global drug prohibition regime and the global “Drug War,” these activities also participate in a situation wherein diversely positioned people are similarly vulnerable to violence and stigmatization (Zigon 2015; see also Ferreira 2016). Second, by making these interconnections explicit, possibilities for collaborative political strategizing against the “Drug War” are opened up. Regarding the “Drug War,” the anthropologist Jarrett Zigon writes:

Whether as mass incarceration in the United States and elsewhere, which is historically intertwined with the drug war and has grown steadily worse as the drug war has escalated; or the dehumanization of drug users that excludes them from such things as jobs, housing, education, and medical treatment, as well as intimate relations of love and care; or both the active and passive state-sponsored physical violence against drug users that results in over two hundred thousand deaths a year globally, the biopolitical will enacted through the drug war is indeed best understood as a war on people (Zigon 2019:6).

The extension of the ‘harm reduction’ label to Bolivia’s social control programmes for Indigenous and peasant coca farming communities can be understood as an acknowledgement that these communities, too, in not entirely dissimilar ways, have been targets in the “Drug War” (see, e.g., Ferreira 2016). Politically, this might open up possibilities for alliances between marginalized drug users, producers and traffickers—and those who advocate for them—as they confront the shared structures that oppress them.

However, continuing the theme of strategic dilemmas and recuperations to the *status quo*, it should be mentioned that Bolivia’s “post-neoliberal” coca (and other) programmes have been criticized for having neither broken from the capitalist imperatives of marketization and extractive exploitation, nor from the criminalizing confines of the global drug prohibition regime (Gautreau and Bruslé 2019; Pearson 2016). Although Bolivia’s policies are an historically important deviation from some aspects of the drug control *status quo*, the global prohibitionist regime as a whole remains, and Bolivia must conform to it. Bewley-Taylor has argued that by grudgingly accommodating an exception for traditional coca chewing practices, the prohibition regime actually became stronger and more coherent (2012:277). The exception helps the regime to resolve an internal inconsistency and source of long-standing tension and debate. Furthermore, while it is true that the programmes were framed in terms of Indigenous and peasant farmer rights, they have done little to slow the ongoing agricultural colonization of Indigenous lands. Although things were certainly not better for Indigenous and peasant farmers before Bolivia’s “post-neoliberal” turn, these programmes incentivize unsustainable mono-crop farming practices which, in the longer-term, are unlikely to produce such positive results. For example, it is quite likely that intensive farming practices and a reliance on agrochemicals in coca cultivation, contributed to a recent and devastating outbreak of the *Fusarium oxysporum* fungus in the Chapare province (Pearson 2016).

Of course, none of this should be unexpected. It would be rather more surprising if a relatively small and poor country fully succeeded in shaking off such tangled webs. Bolivia’s coca programmes cannot be treated in isolation from either the rest of their “post-neoliberal” policies, or the regional and global politics and history in which they are embedded. Possibilities for creative transformations and methods of resistance to the harm-producing global drug prohibition regime, it seems to me, remain open in a way that they were not before Bolivia

challenged the drug control *status quo*. To affirm this possibility, Bewley-Taylor can be quoted again, describing what he labels as ‘soft defection’ from the regime:

[N]otwithstanding its sometimes-stifled application via the ‘wobble room’ within the conventions, a growing uptake of harm reduction at a number of levels of governance has done much to undermine the prohibitive ethos and hence normative architecture of the extant UN drug control system. Indeed, when Parties to the conventions adopt specific interventions and in many cases incorporate a harm reduction stance into their national drug strategies, they are making subtle yet significant deviation from the prohibitive expectancy that underpins the current treaty framework (2012:94).

Rhetorical maneuvering to draw connections between marginalized drug producers and consumers, and other people made vulnerable under prohibition, can be useful for establishing broad political alliances and the sharing of resources. One important aspect of this rhetorical move is the way it disrupts a racist discourse that considers drug-related harm to be something “caused by the producers and suppliers of drugs [in the global South] and inflicted on countries of the global North” (Chatwin 2018:163).

There are, however, reasonable grounds to be concerned that some expansions of the term dilute its functionality when advocating in a different context. A broadened understanding of harm reduction capable of encompassing Bolivia’s “post-neoliberal” policies, might be distracting and inapt when lobbying for safe injection facilities in, for example, Hungary or India. The important point here is that rhetorical choices regarding the extension and definition of harm reduction can subserve a variety of political goals, including the formation of global alliances. These much more expansive and ambitious goals—real goals held by real harm reductionists—are notably absent in most philosophical discussions about whether harm reduction is best justified on utilitarian or deontological grounds.

2.1.9 - Gaps: Social Policy and Social Movements

Clearly, decisions about how to frame and describe harm reduction have important practical consequences. Moral appeals that make salient the dignity and humanity of people who use drugs, or the importance of democratic ideals might gain traction with some. Appeals to social scientific evidence and measurable differences in (presumably) desirable health-oriented outcomes might persuade others. Still others might prefer arguments from economic efficiency. Broader or narrower framings might be necessary, depending on the target audience and one’s theory of social change. Choices about how to frame or describe harm reduction carry implications for its uptake with the various audiences harm reductionists hope to persuade.

Strategically, descriptions and analyses can either align or keep separate the projects of spatially, temporally and socially distant groups. Every rhetorical choice carries implications for how future policy will be designed and political mobilizations will be directed. The pressure towards a broader framework emanating from complex community needs impact how ideas are presented in policy debates. In the other direction, the constraints and priorities of policy-makers tend to limit or deflect broader aspirations. There is no straight line between a proposal, or a way of thinking about harm reduction, and an implementation of ideas in the world. Furthermore, despite the energy put into arguments over positioning and framing, there is always the possibility that those with the power to implement policies will be unpersuaded by any appeal, no matter how it is presented.¹⁸ Sometimes, politicians and other decision-makers have altogether different priorities, goals or frames of reference. They are often balancing concerns external to the evidence, arguments and moral appeals presented by harm reduction advocates.

The philosopher Jonathan Wolff identifies one of these external factors in the *status quo* legal and policy arrangement itself (2007). Sound arguments, overwhelming evidence, and accompanying moral appeals, are often insufficient for persuading legislators to take on a reform. For example, legal classifications of drugs are clearly irrational under the assumption that they are meant to differentially regulate substances based on their potential for harm. The relative measurable harms of MDMA (not very harmful) and alcohol (very harmful), seem to be irrelevant to their legal regulation (Nutt 2006; Wolff 2007). However, explaining to politicians that their policies and laws are inconsistent or inapt, while painting them a picture of the real harms to life produced by the legal *status quo*, has not, in and of itself, been a particularly effective strategy for changing policy. Wolff cautions analytic philosophers engaged in these debates to calibrate their arguments to the actual political and policy situation. In these situations, the *status quo* arrangement has a lot more weight than some might hope or expect. Salient questions for those in a position to make decisions will be oriented around how to transition from this particular and thoroughly non-ideal state to a different one. Assuming, that is, that they are sympathetic to changing the current arrangement of things in the first place. Arguments that abstract away or simply ignore the real-world constraints and practical concerns of policy-

¹⁸ Arguably, Stephen Harper's Conservative government in Canada consistently ignored both the moral and "value-neutral" scientific appeals of harm reductionists during the struggle to maintain Insite, the supervised injection facility in Vancouver (see Hathaway and Tousaw 2008; also, for more context and critique of harm reductionist tactics, see Elliott 2014; Roe 2010; Fafard 2012).

makers might sometimes persuade individuals, but they are generally insufficient—on their own—for larger reforms. This is, in part, because abstracted arguments provide too little practical guidance. As Wolff puts it, “speculation about ideals is the start, not the finish, and if philosophers want to have an influence on the direction policy takes, then there is no alternative to accepting that the status quo does have a privileged position in the debate” (Wolff 2007:133).¹⁹ Having an influence on the direction policy takes is, I suspect, an important goal that most analytic philosophers engaging in this area will share.

Wolff goes on to observe that when empirical evidence regarding the harmfulness of the drug policy *status quo* is accepted, but policymakers still resist reform, “it becomes apparent that ‘harm reduction’ is not driving policy after all, and clarification becomes necessary” (2007:134). Wolff argues that philosophers can contribute to this clarification, by calibrating their analysis “within the existing terms of the debate” (134). I agree that this is important when the goal is to participate and be taken seriously in those debates. Harm reductionists operating in these arenas, it seems to me, will be well-served if they heed Wolff’s advice. However, in their campaigns to change things, participating in presently existing policy debates is only one of the things harm reductionists and professional analytic philosophers can do.²⁰ That there is need for more can be drawn out by contemplating the ferocious tenacity and long history of the harm-producing systems that harm reductionists agitate to change.

Just what are the constraints on policy-makers that might lead them to defend such a clearly harmful *status quo*? If we ask them, will they be able to accurately explain their situation? These kinds of question bring discussions into the realm of the ideological critique and unmasking projects pursued by, amongst others, Marxist, feminist and critical theorists (Srinivasan 2016).²¹ They also point to the limits of understanding a situation in the terms of the

¹⁹ Wolff’s point here resonates with concerns expressed by critics of Rawlsian ideal theory. Wolff makes this connection explicit in the introduction to his book on ethics and public policy (2011). See Valentini 2012 for a useful taxonomy of positions in the ideal/non-ideal theory debates. See also, Raekstad 2015, 2016; Prinz and Rossi 2017; and, Finlayson 2017 for related discussion and recent developments in political realism — a diverse intellectual tradition that claims to calibrate its theorizing to an understanding of the *status quo*.

²⁰ Two points of disambiguation: the social categories of “philosopher” and “harm reductionist” are not mutually exclusive; and, I do not mean to suggest, and have no reason to believe that Wolff would disagree with my view about the limits of policy debates.

²¹ It also brings discussions into the less rarified realm of “conspiracy theories.” See Lagalisie 2019, esp. 89-114, for discussion of what can be lost in hasty dismissals of subaltern perspectives as “conspiracist.” Speaking more directly to the situation of international drug policy, and from a more privileged perspective, see also Bourgois 2018 (and commentary in Burraway 2018), for an elaboration of “predatory accumulation,” an adaptation and updating of

most prominent discourse that surrounds it. Philosophical contributions in the traditions of ideological critique might be useful for drawing out hidden dimensions of this situation. Arguably, contributions of this kind are already being developed outside of philosophy departments. The proposal of this thesis, however, is somewhat different.

An important dimension of harm reduction that deserves attention and philosophical reflection is the movement activity—the *moving*—of the harm reduction movement itself. It cannot be argued that these movements are hidden, but they tend to be given less attention from analytic philosophers than policy-oriented discussions in the modes of ethics or epistemology. Certainly, the movement’s activities *include* policy-oriented debates, rhetorical positioning, the clarification of values and goals, the gathering and presentation of evidence, and so on. All of these activities are crucial, and analytic philosophers are well-positioned to contribute to their development, analysis and critique. But, there are other activities, also worthy of attention, including illegal actions, protests, coalition building, coalition collapsing, the international networking of activists, NGO-mediated and grassroots community organizing, international conferences, the building of habitable places within inhospitable urban spaces, and a great variety of academic and non-academic collaboration, study, theorizing and innovation.

Given the tenacity of the harm-producing processes and systems harm reductionists attempt to change, it should be clear that refining policy-oriented rhetoric and analyses is not enough. Movements of people stand behind policy debates. As the political scientist Patrick Fafard observes, the successful establishment of harm reduction interventions such as supervised injection facilities are “the result of coalition building, the mobilization of public opinion, lobbying, and political and ideational struggle” (2012:912). I am proposing that philosophical engagement with harm reduction might benefit from a social movements approach that considers material beyond the rhetoric that might hold sway in the relatively comfortable milieu of policy debate (for a related view, see Haslanger 2017).

Marx’s “primitive accumulation.” On this view, the tenacity of the global drug prohibition regime is explained by its ability to control “lumpenized” populations, profit off their incarceration, injury, biomedical regulation and death, while simultaneously corrupting the political institutions of the Global South and suppressing revolt in the Global North. Bourgois claims that the suggestion that this state of affairs—this death machine—might align with elite interests, leads some to treat it “as bizarre, ultra-leftist conspiracy theor[y]” (Bourgois 2018:388; see also Mercille 2011). Certainly, Bourgois’ explanation of the drug prohibition regime puts him at odds with the more mainstream view expressed by Wolff, when he claims that “[c]ountries such as the US are clearly motivated by drug eradication” (2007:128). In solidarity with Bourgois and others, I would say that this motivation is not at all clear.

2.2 - Sprawl: Ontology and A History of Harm Reduction

In this section, I begin to sketch an ontology of harm reduction as a social movement. The structure, extensions, entanglements, processes and, of course, movements of harm reduction as a social movement, are the focus of this section. Here too, the vagueness and flexibility of the key term contributes to a tendency for it to be applied to or get entangled with a wide variety of different projects, values and goals. I propose understanding this expansion through a “logic of sprawl.” Both the rationale governing the movement’s analyses and campaigns, and the practices taken up by harm reductionists in the field, have an expansionary tendency. Since I am not pursuing a project of formalization, I mostly intend this term in a loose and colloquial sense. This “logic” is not one of formal principles or strictly defined rules for valid reasoning. Logicians reading this can replace the term with “tendency towards sprawl,” without significant loss in meaning. It might be worth mentioning that a formal modelling approach to the politics of harm reduction would, in my view, have greater ecological validity if it incorporated a function that takes account of this tendency.

The narrowest definitions of harm reduction focus on the ameliorative, and, indeed, life-saving, consequences of public health harm reduction interventions. On this view, calculating the benefits from, for example, needle distribution or heroin maintenance therapy can be quite straightforward. If, as is the case, deaths are prevented and lives are improved, this is a net positive compared to the *status quo*. This simple calculus, however, overlooks the more extended social ecology of harm reduction where both harms and potential reductions are not so easily isolatable. The harm of overdose, or of contracting an infectious disease might stand out as especially clear, and especially negative, against a background of more ambiguous life experiences. However, understanding and explaining these harms, and any potential remedies or safeguards, inevitably involves a process that traces outwards through space and time. Narrow definitions halt this process at first-order questions about how to prevent imminent injury and death. Harm reduction in practice and as a social movement tends to follow the process further. The operations of this logic of sprawl should already be apparent in the previous discussions, and the broad frameworks advocated by some of the quoted activists.

To organize this discussion about the ontology of harm reduction as a social movement, I borrow a tripartite categorization from the Finnish sociologist Tuukka Tammi (2004). Tammi distinguishes between three “epistemic fractions” within the harm reduction school of thought: a

professional new public health fraction; a grassroots mutual aid fraction; and, a global justice fraction. I extend this categorization by, in each case, identifying how movement actors tend to expand their analyses and practice outwards.

Following Tammi, I begin this exploration with a description of some of the history and key forums for harm reduction advocacy. Harm reduction is a truly globalized movement, and it would be impossible to cover it in its entirety. I focus particular attention on the historically important forums that emerged from the activism and health-oriented programming developed in the Merseyside Region in the North West of England during the 1980s. My descriptions are influenced by the geographer Cristina Temenos' analysis of the role harm reduction conferences play in social movement formation and policy mobilization (2016; see also Temenos 2017). I extend Temenos' discussion of conferences, and identify the Merseyside Region in the North of England as an early "convergence space" that is having ongoing effects on the formations of harm reduction as a social movement.

2.2.1 - Convergence Spaces

The concept of convergence space was first developed by another geographer, Paul Routledge, as a way to understand the heterogeneous "grassroots globalization networks" that emerged in the late '90s and early 2000s as a counter to neo-liberal globalization (2003). Classic examples of convergence spaces are the "anti-WTO mobilizations in Seattle in 1999, and the anti-World Bank and IMF protests in Prague in 2000" (335). At this time, theorists were confronted with a need to develop conceptual tools capable of doing justice to these multi-scalar (spanning the local through the global) political actions and coalitions. Unsurprisingly, geographers have emphasized the importance of place in these processes; social movements happen *someplace* and *sometime*, not in an idealized immaterial world. As Routledge puts it, "the notion of convergence space enables theoretical approaches...to be grounded in the materiality of practical politics" (345). In this theory and similar ones developed by geographers, it is common to deploy processual and relational conceptions of space and time that emphasize power-differentiated flows, interconnections and interpenetrations (Massey 1991).

Convergence spaces might be ephemeral assemblages such as a conference or a protest, but they have lasting and ongoing material effects on social formations and political projects. Convergence spaces have three features. First, they "comprise diverse social movements that articulate collective visions, to generate sufficient common ground to generate a politics of

solidarity, i.e. multi-scalar collective action” (Routledge 2003:345). In the case of harm reduction, this common ground across diversity is found in both an opposition to the global “Drug War,” and an affirmation of the humanity of drug users. Temenos describes this common ground:

While the medical community regards harm reduction as best practice...and harm reduction policies are generally successful when implemented...they remain highly contested. They are often pitted in direct opposition to the war on drugs, and criminalization approaches to illegal substances and the people who use them. As a result, harm reduction is also a global social movement that is focused on equitable access to health care, social justice and human rights (Temenos 2016:125).

Second, convergence spaces, “allow for variegated forms of spatial interaction between individuals and groups, they bring people and groups into contact who might not otherwise meet” (Temenos 2016:128). For the harm reduction movement, this involves a meeting between, amongst others, international representatives and members of health care advocacy groups, and drug users’ and sex workers unions; professional health care workers; academics from a wide variety of disciplines; and, policy analysts, lawyers and bureaucrats from government, NGOs and think tanks. These interactions can be enormously productive, however, they are far from smooth in their operations—there is always a *power-geometry* (Massey 1991) mediating interactions between such diversely positioned groups and people. “[O]wing to differential access to (financial, temporal) resources and network flows, differential material and discursive power relations exist within and between participant movements” (Routledge 2003:345). In encounters across such difference conflict as well as agreement, marginalization as well as inclusion, should be expected.

Third, convergence spaces “facilitate multi-scalar political action” (Routledge 2003:345). From the local and intimate to the global, convergence spaces facilitate ongoing relations capable of sustaining coordinated political action. It is these ongoing practical consequences that are the most important aspect of a convergence space. A convergence space “allows the drawing together of people and resources to engage in knowledge production, exchange, planning and actions to address specific issues of contention” (Temenos 2016:128).

In describing the Merseyside region as a convergence space, I intend to draw attention to the way movement actors there contributed to the development of an international nexus for political action. Of course, other places have played important roles in the historical development of the harm reduction movement, but this particular place around Liverpool in the UK has been

especially influential. It is historically important that the First International Conference on the Reduction of Drug Related Harm took place in Liverpool in 1990. The current convener of this conference, Harm Reduction International (formerly known as the International Harm Reduction Association), also emerged from the activities at the Mersey Drug Training and Information Centre (Tammi 2004). It is also historically important that the *International Journal of Drug Policy*—an important academic forum for harm reductionists—grew out of the *Mersey Drugs Journal* (McDermott 2005). The Merseyside region was an important focal point in the early development of harm reduction as a global movement, and initiatives originating there facilitated the coming together of diverse political actors. The early harm reduction initiatives developed in the Merseyside region display many of the political tensions that persist in the movement to this day.

As discussed in the first chapter, the harm reduction movement involves both a top-down public health dominated aspect, and a politically much weaker bottom-up grassroots aspect. From the accounts I have examined, it seems that the development of harm reduction in Merseyside was considerably *less* bottom-up than in at least some other places. So as to avoid over-complicating this assertion, I offer only two prominent contrast cases (but, see also the regional histories in Pates and Riley 2012). Unlike in the UK, where harm reduction received funding and support from the central government, in the United States, needle exchange and other harm reduction ideas met strong state and federal government resistance, but they also received support from some already existing or developing grassroots activist networks such as ACT UP (Moore and Clear 2012). Unlike in the UK, where harm reduction emerged through the neo-liberal austerity policies of the Thatcher government, in the Netherlands, harm reduction was actively promoted as continuous with relatively generous welfare state provisions, not as an (unstated) alternative to them (Pates 2012:332-3). Any history of harm reduction in the Netherlands must also include a crucial role for the Rotterdam Junkiebond, an activist drug users union founded by Nico Adriaans in 1980, and a source of inspiration for similar drug-user led groups across Europe, and, eventually, around the world (Bos and Stollenga 2016).²² Although knowledge of their work preceded them, it is worth mentioning that the Junkiebond entered the

²² The Rotterdam Junkiebond was grassroots and drug-user led, but this does not mean that it grew without support from state actors. Aiwah Ong's (2007) conceptualization of neo-liberalism as a migratory set of practices is relevant to understanding the differences in development of harm reduction in the Netherlands and UK.

flows of the Merseyside convergence space when Adriaans co-presented a paper at the First International Conference on Drug Related Harm in Liverpool in 1990 (Grund et al. 1992). As far as I have been able to determine, there were no similarly prominent drug-user led groups in the Merseyside region during the initial development of their harm reduction programmes. I do not deny that there was grassroots drug user activism, but it takes a less prominent role in the accounts of Merseyside as compared to other places during harm reduction's early development.²³ From an origin in and through neo-liberal austerity politics, Merseyside's harm reduction initiatives contributed to the development of a broad social movement that includes many activists who would consider their work to be staunchly opposed to neo-liberalism.

2.2.2 - History: The Merseyside Convergence Space

In the mid-1980s, the Mersey Regional Health Authority (MRHA) began to implement a drugs and AIDS strategy involving “political organisation, market research of groups at risk, creative use of mass media, activism, the involvement of the risk groups in programmes and community support” (Riley et al. 2012:11). The funding for this strategy came, initially, in 1985, when the Conservative government, in response to an alarming increase in heroin use, allocated money for “specialist drug services in every area of the UK” (McDermott 2005:124). This funding was meant to go towards rather more traditional addiction treatment services than those that the MRHA eventually put them towards. In 1986, staff members from the newly established Mersey Drug Training and Information Centre (MDTIC) attended a World Health Organization (WHO) conference on HIV/AIDS where it was made clear that needle sharing and unprotected sex were major contributors to the spread of the disease (125). Importantly, in those areas where injection equipment was easily and freely available infection rates were demonstrably lower than in those where they were restricted. Unfortunately, across many areas of the UK, policies were in place that restricted syringe and needle supplies to people carrying a prescription.

One of the delegates to the WHO conference, Allan Parry, himself a former illicit drug user, took this information on board and surreptitiously initiated a plan for “the first British

²³ It can be mentioned that the drug policy advocacy group, Release, established in 1967 by Caroline Coon and Rufus Harris is an important grassroots pre-cursor to harm reduction in the UK. Early on, Release provided legal counsel and support to young people facing drug possession charges. They also provided guidance and supports around women's rights and abortion, housing, psychiatric problems, and safe drug use. Also from early on, Release was accused of having a middle-class or elitist bias. They operated as an awkward hybrid of grassroots mutual aid and charity, something quite familiar in the modern harm reduction movement. They continue their work as a registered charity. For an account of some of Release's history, work, and controversies, see Mold and Berridge 2010.

needle exchange scheme” for illicit drug users (McDermott 2005:125). In order to avoid receiving negative attention for the plan before it had a chance to take hold, the MDTIC contacted both local media and senior members of the police for support. The media agreed to “hold off running the story for two months, after which they’d have an idea whether the project was a success or failure” (126). The police, in large part because of the advocacy of one senior officer, Peter Deary, agreed not to “hang around outside and target clients” (126). The exchange service, overseen by a nurse who could “advise clients on [injection] technique,” began operating out of a converted toilet cubicle in the MDTIC’s offices (127), but quickly expanded. By 1988, the scheme had served 900 drug users, distributed 63,000 syringes and collected 57,000 in return, all at a cost nearly equivalent to the amount that Britain’s National Health Service (NHS) would spend treating a single AIDS patient (Lohr 1988). Parry told a reporter at the time that “[i]f we can prevent just one person from getting AIDS a year, this program basically pays for itself” (Lohr 1988).

Simultaneous with these innovative practices, another institution was established with the government’s funding: the Liverpool Drug Dependency Unit (McDermott 2005:127). One of the psychiatrists working at the unit, Dr. John Marks, advocated for a return to the “British System” of drug supply and control, a system of heroin maintenance prescription that had gone out of favour in the 1970s. The British System came into official existence in 1926, when a report by the Rolleston Committee recommended that when complete discontinuation of drug use was likely to be harmful or counterproductive, doctors should be encouraged to offer “indefinitely prolonged administration of morphine or heroin...[so that users could lead a] normal and useful life” (qtd. in Seddon 2008:99). Marks advocated a return to this system, and the prescription of “both heroin and cocaine...in dosages that are normally regarded as on the high side” (McDermott 2005:128).

Another important local contribution came from the innovative health research undertaken by Russell Newcombe in 1984-‘85 (McDermott 2005:128; Newcombe 1987). Newcombe investigated how to alter the risky practices of “solvent misusers.” His findings encouraged him to develop an education programme “that aimed at teaching those young people who were committed to continued solvent misuse the best ways to minimise any potential harm or...negative consequences,” without exerting overt pressure on them to discontinue (McDermott 2005:128). Several years after these research projects, in 1987, Newcombe wrote an

article entitled “High Time For Harm Reduction” (Newcombe 1987) in which he extended the logic behind this education programme to other kinds of drug use. As far as I have been able to determine, this article is the first times that the term ‘harm reduction’ is used in print to robustly describe a pragmatic, evidence-based, caring and nonjudgemental programme to address the risks and harms associated with illicit drug use on a large scale. There is an earlier academic paper from researchers in New Zealand that uses ‘harm reduction’ to describe a drugs education study aimed at high school students where “the objectives were not to reduce or prevent any use of drugs but to reduce or prevent the use of drugs in circumstances which are likely to result in harm or discomfort to the user” (Casswell, Mortimer and Gilroy 1982:346). Newcombe’s work is clearly in this tradition of health education research; it cannot be claimed that he coined the term, or that he developed the general concept. However, Newcombe did make a crucial contribution to the formation of harm reduction as a social movement. His 1987 article began to flesh out the rationale, framing and publicity needed to advocate for a much wider adoption of harm reduction policies, and, indeed, for social movement activism to support it.

Newcombe offers a three-part rationale for the approach. First, he observes that the pursuit of mind-altering “highs” is a normal activity—it should not be understood as a “deviation” needing correction (10). Second, he cites evidence that most illicit drug use is “probably far less harmful to health than many products to which people are licitly exposed, such as tobacco, alcohol, prescribed pharmaceuticals, processed and high-fat foods, polluted air, contaminated water, pesticides, radiation and nuclear waste” (10). Third, unless and until the criminalization is ended, users will tend to be pushed out of the reach of health and social service agencies. In order to meet health-care needs under criminalization, a non-judgemental and caring approach is required; one that does not further the stigmatization and social ostracism imposed on many drug users. This last reason, in particular, points to a more expansive political agenda where the greater harms, or their causal source, are located in both social attitudes, and political and legal structures.

In much of the above I am relying quite heavily on the historical account offered by Peter McDermott (2005). Before harm reduction schemes were implemented in Merseyside, McDermott was a patient at several area clinics where he sought help for his drug dependence. After quitting drugs, and inspired by some of his negative experiences in counselling and detoxification programmes, he went on to earn a master’s degree studying drug policy. His

insider's account is informed by both his earlier experiences, and his subsequent time working in the Merseyside harm reduction schemes. Importantly, McDermott describes Newcombe's theoretical and practical contribution as having produced "the conceptual hook that would provide us with our Trojan Horse" (2005:128). There was considerable opposition to the new approach, and finding a way to win over or defeat opponents while resisting attempts to scuttle the project required both persuasive rhetoric and clever political organizing.

McDermott identifies three opponents to the new harm reduction schemes. First, there were parents and parent organizations "who wanted their children off drugs immediately" (2005:129). Second, the Labour-party-dominated Liverpool city council included many members from the Trotskyist group Militant, a faction that was extremely skeptical about what they saw as a Thatcher-sponsored programme to undermine working-class rebellion (129; see also Ashton and Seymour 2010:94). Third, there was professional opposition from those who had spent their careers working in "the existing model of practice and policy," a model that was now being cast as "moribund and bankrupt" (128). Each of these opponent positions could be expanded on, but the second deserves special attention.

The participant accounts of the early harm reduction schemes that I have read are curiously thin in their descriptions of left-wing opposition to the programme. This is in keeping with an ongoing tendency to describe harm reduction in politically transcendental, or depoliticized terms, where it is treated as a rational response to an urgent situation that *should* be agreed to across the political spectrum (see Standring 2016). It is important to emphasize that there was high level political support for the Merseyside initiatives from the Conservative Central Government under Margaret Thatcher (O'Hare 2007). Thatcher's government was not known for supporting compassionate, non-judgemental services for marginalized populations, or for directing resources towards the de-industrializing North of England. For example, on a visit to the similarly de-industrializing North East region in 1985, Thatcher disparaged those calling for greater economic assistance as "moaning minnies" (Anderson 1990:243). The growing heroin and HIV/AIDS crises in the region overlapped and synergistically interacted with significant economic declines, civil unrest and riots — most notably, the 1981 Toxteth riots²⁴—

²⁴ "...the unrest continued for nine consecutive nights at the end of which 70 buildings had been destroyed by fire, 500 people were arrested, 470 police officers were injured, and a disabled man had been killed by a police vehicle... The unrest itself was attributed to high levels of unemployment (the highest in the country) and the aggravating and aggressive policing of the city's black population" (Parker and Atkinson 2018:6).

as well as historically high unemployment and poverty (Parker and Atkinson 2018; Marren 2016:34-54). These conditions were exacerbated by the Thatcher government's neo-liberal austerity and "structural adjustment" reforms (Anderson 1990). Internal government documents have revealed the existence of a faction within the Conservative government who promoted a strategy of "managed decline" for "peripheral and insubordinate urban jurisdictions" (Parker and Atkinson 2018:4).

It might be true that some Trotskyist members of the Labour Party opposed the new harm reduction schemes because they "saw the social disruption caused by large scale drug use as necessary [to] stimulate a proletarian revolution" (Ashton and Seymour 2010:94). However, given the regional economic and social crises, and their clear connection to the central government's marketization or abandonment of state services, it would not be surprising if less revolutionary Labour Party members were also skeptical of low-cost community-based or self-help "solutions" to large-scale social problems. The "drug problem" was never only about the drugs, or only about HIV. Given the analyses and critiques of harm reduction I have read from left-wing critics in other places (e.g., Roe 2010), it seems plausible that at least some of the Labour Party members' concerns would have been about the individualizing of social problems and the substitution of low-cost and low-yield programmes for more expensive and impactful ones such as those addressing housing, health care funding, tax, labour law, economic development, welfare and unemployment supports. In the face of cut-backs to other vital services, the suggestion that community-based initiatives to address the drug-related social problems affecting Liverpool's poorest neighbourhoods could reasonably be seen as an effort to encourage "political quietism" (Reed Jr. 1999:127).

Although not about harm reduction specifically, and with reference to the situation facing Black Americans in particular, the political scientist, Adolph Reed Jr. expresses this concern in a way that I expect would have resonated for many Labour Party members:

It is absurd to present neighborhood and church initiatives as appropriate responses to the effects of government-supported disinvestment; labor market segmentation; widespread and well-documented patterns of discrimination in employment and housing, as well as in the trajectory of direct and indirect public spending; and an all-out corporate assault on the social wage. It is, moreover, only with respect to social policy affecting poor minority citizens that such expectations seem reasonable.... To the contrary, self-help is attractive...because of the qualities that destine it to fail; it appeals as an attempt to do social policy on the cheap, which amounts to little more than providing a pat response for public officials...when asked what they are doing

programmatically to address the oppressive conditions confronting inner-city poor people. (Reed Jr. 1999:127-8)

Reasons other than these broader political concerns are more frequently cited in the harm reduction literature when opponent positions are considered. For example, a fear of “sending the wrong message” about drug use; NIMBYism; and, a preference for maintaining abstinence as a method and as an ultimate goal in “recovery,” are all commonly discussed. I do not wish to minimize the role that these other positions continue to play, or suggest that they had a less important role in the history of the Merseyside scheme. However, there are other grounds for opposing harm reduction that are less easily argued away as wrong-headed moralizing, or an inaccurate reading of the empirical situation. As the previous section on rhetoric demonstrated, the tension between individually-focused ameliorative programmes, and those that can address systemic or structural injustice, is central to the politics of harm reduction. The general lack of engagement with these issues in the historical accounts of harm reduction’s early development in Merseyside obscures these political positions. Ultimately, this does an injustice to the more nuanced “moving through” options that I believe harm reduction can, in some circumstances, make available.

Regardless of any opponent positions, from the Conservatives at the time, “the rhetoric was “Just Say No” but the action was to provide substantial funding to needle exchange schemes (NES). The fiscally conservative government did the sums and worked out the huge savings from funding prevention rather than treatment of HIV” (O’Hare 2007:152). Pat O’Hare, a prominent advocate involved with the Merseyside scheme, notes that the hostility toward the new public health initiatives from Labour-dominated city council, combined with unexpected support from “thoroughbred land owning Tor[jies]” such as Sir Donald Wilson, the chairman of the Mersey Regional Health Authority, combined to create a situation that was “at times uncomfortable and surreal” (2007).

Fiscal conservatism, no doubt, was an important part of the government’s reasoning, but key decision-makers were also likely to have been influenced by the dire health warnings regarding the spread of HIV that were beginning to come from their own agencies. In 1988, the UK’s Advisory Council on the Misuse of Drugs summarized these warnings in a report that stated: “We have no hesitation in concluding that the spread of HIV is a greater danger to individual and public health than drug misuse. Accordingly, services which aim to minimise HIV risk behaviour by all available means should take precedence in developmental plans” (qtd. in

Riley et al. 2012:12). Unlike marginalized and impoverished people in the de-industrializing North, the HIV virus was threatening a kind of social mobility that might see it meet middle and upper-class people in other regions of the UK. The council report incorporated a number of policy recommendations that were directly influenced by the groundbreaking programmes in Merseyside (Riley et al. 2012:11). These included a hierarchy of goals related to “reducing drug users HIV-related risk behaviour” in the following order:

- (1) reducing the shared use of injecting equipment;
- (2) reducing the incidence of drug injecting;
- (3) reducing the use of street drugs;
- (4) reducing the use of prescribed drugs and
- (5) increasing abstinence from all drug use (McKeganey 2012:277)

This hierarchy of goals is notably similar to the “spectrum” view of harm reduction promoted by Marlatt some years later (1996).

It can also be noted that the report’s invocation of “by all available means” implicitly excludes, or seriously constrains, broader socio-political efforts to transform the conditions that contribute to problematic drug use in the first place. An alternative approach might demand that further options be made available. These are unsurprising limitations for an official government report. From a social movement perspective what is important is that these constraints on the formation of harm reduction need not determine the limits of activism, even if they do shape the contours of some aspects of debate.

In addition to central government financing, Merseyside’s police came to support some of the public health initiatives. As one account puts it, “police were becoming disillusioned with arresting the same people time after time” (Riley et al. 2012:12); the alternative public health approach apparently appealed to these weary officers. The police agreed to a system of benign neglect and selective non-enforcement of drug laws as they related to service users. As was previously discussed, there is a sharp difference between this sort of selective application of the law—and all the discretionary power it allocates to the police—and full decriminalization or legal regulation. The question, once again, is whether and how the political strategy to seek cooperation from the police can be made compatible with more ambitious harm reducing projects.

To ensure efficacy and uptake, efforts were also made to include drug users themselves, as well as their allies in community-based organizations, in some aspects of policy design and

implementation. In line with ideas developing under the label of the “New Public Health,” an important goal was to create a “consumer-led” strategy that would be more responsive to the complex needs of marginalized service users (Riley et al. 2012:11). Front-line service provision sought to deal with individuals in a non-judgemental, compassionate and respectful way while avoiding victim blaming and stigma. This new approach to “problematic drug use” was primarily justified with reference to its potential ameliorative health effects at a group or population level. The services were targeted at specific “at risk” populations, and judged based on their effectiveness in changing health-related behaviours at this aggregate level, not individually. Rather than relying exclusively on official state agencies and a medical or psychiatric-oriented approach to problematic drug use, as was the case in the 1970s, many of the harm reduction services relied on, and provided funding for the active involvement of voluntary “non-statutory organisations” (Mold and Berridge 2010:84). While this shift opened possibilities for social, rather than simply medical responses, it also aligned with the Thatcher government’s neo-liberal strategy of rolling back the welfare state.

The historians Alex Mold and Virginia Berridge provide evidence that, in practice, this devolution of authority and funding to the voluntary sector was less a “rolling back” than it was a “rolling in,” where the state became ever more entwined with “an increasingly diverse mix of welfare providers” (2010:100). This process of devolution enabled an arms-length, depoliticized form of governance with regard to the social problems of drug-related harm (for related discussions, see Standring 2016; Hunsmann 2016).

The concept of depoliticization, or of “the post-political,” has received a great deal of attention in recent “continental” philosophy and political theory. It would derail this discussion of the history of Merseyside’s harm reduction scheme to go into any detail. However, the relevance of this theorizing to debates over the politics of harm reduction—and a worthy area for further research—should be clear in this definition from Japhy Wilson and Erik Swyngedouw:

The precise meaning of these terms [‘post-politics,’ ‘post-democracy,’ ‘the post-political’...] is highly contested. Broadly speaking, however, they all refer to a situation in which the political—understood as a space of contestation and agonistic engagement—is increasingly colonised by politics—understood as technocratic mechanisms and consensual procedures that operate within an unquestioned framework of representative democracy, free market economics, and cosmopolitan liberalism. In post-politics, political contradictions are reduced to policy problems to be managed by experts and legitimated through participatory processes in which the scope of possible outcomes is narrowly defined in advance. (Wilson and Swyngedouw 2015:6).

Concurrent with all of these developments, participants in the Merseyside scheme were in communication with colleagues internationally, laying the groundwork for the first harm reduction conference, and the development of harm reduction as a social movement. This was a continuation of the publicity, exchange of ideas and collaborations that inspired Parry and other participants when they attended the WHO conference on AIDS. The communications were a fully reciprocal process, not simply led by the Merseyside participants, and they were propagated through both academic journals and popular media reports. Health and social policy researchers around the world were keenly monitoring innovative efforts to address the HIV epidemic, and news of Merseyside's successes spread quickly. Evidence was emerging that the services might, indeed, be successful in decreasing the spread of HIV in the UK.

Merseyside was not the first or only place that needle exchange and other public health "harm reduction" interventions were being tested. It was, however, the place where vocal advocates first started to use that specific term to describe their activities. As I indicated at the beginning of this history, Liverpool was also the site of the First International Conference on the Reduction of Drug Related Harm in 1990, a materially and socially situated "convergence space," in precisely the sense that Temenos (2016) deploys it. My more distant reading and historiographical approach mean I cannot perform the same sort of material analysis on this early conference that Temenos uses in her paper. Nevertheless, the lasting material effects correspond quite well with what the construct would predict. Future research using alternative methods, and with more resources, might flesh out the details.

The 1990 conference facilitated collaborations between "noninstitutionalized" grassroots community activists, such as the Rotterdam Junkiebond, and "institutionalized" academic researchers, professional frontline medical workers, government bureaucrats, and so on. "[I]n response to the global interest" in the work happening in and around the Mersey Drugs Training and Information Centre, in 1989 the *Mersey Drugs Journal* was relaunched as the *International Journal of Drug Policy* (O'Hare n.d.; McDermott 2005). Like the journal, the conference (and conference series) was tremendously successful and went on to facilitate or inspire the formation of multiple associations and networks through which activists could meet and organize more frequently than once a year (Riley et al. 2012:14). Temenos describes how more recent iterations of this conference, and similar ones for drug policy reform, have increasingly received support from "[n]eoliberal think-tanks, public health advocates, religious movements, celebrities,

business magnates and human rights activists” (2016:124). While it was once only advocated at the margins of acceptable discourse, calls for health and human rights-oriented harm reduction services for drug users, and drug policy reform in the direction of decriminalization or legalization, are increasingly the norm (see, e.g., GCDP 2011). “Amongst [the] converts were politicians, police officers, commissioners of prisons and even the UN system. Harm reduction is now the official position of many national and international and multilateral bodies, including the UN” (Riley et al. 2012:15).

That said, recall some of the political tensions described in the previous section on rhetoric. Uptake of harm reduction rhetoric is quite different from a recognizably harm reducing application in the world. A similar point is often made about the emptiness of human rights discourse. As the preceding discussions should make clear, the term is freighted with multiple meanings, and it has become caught up in multiple political projects. Despite any rhetorical shift or high level support, the broader political aspirations of many activists are very far from being met. By highlighting the particular political background operating in Merseyside, my intention is to draw out how tensions regarding the ameliorative—let alone emancipatory—potential of harm reduction have always been questioned. There is a real tension in the movement between forms of harm reduction that constrict political possibilities and contribute to the weakening of other social movements, and those that might enable them (Roe 2005, 2010; Smith 2012). These tensions have been at the core of the politics of harm reduction since its inception. The unavoidable entanglement of issues means that harm reduction programmes can further entrench socio-political processes that generate the drug-related harms that the programmes are intended to mitigate. Harm reduction, as much as problematic drug use, has never been *only* about illicit drugs or their proximal effects on health.

A tempting way to cast this tension, one that activists will often invoke, is as a conflict between ‘bottom up’ and ‘top down,’ or between ‘the state’ and ‘the streets.’ One of the interesting things, to my mind, about the harm reduction movement is that its practical politics demonstrate that this contrast does not adequately capture the complexities of the situation. The practical politics of harm reduction have been, at least in part, a politics of the interstice, and of non-reformist reform. I cannot know the motivations of the “institutionalized” participants in the Merseyside schemes, but their actions can plausibly be seen to have contributed to both a proliferation of neo-liberal forms of governance and the development of a social movement that

has improved the lives of, and given a political platform to some of the most vulnerable and stigmatized people in the world. Worries based on Foucaultian-style analyses of productive power, or arguments such as Reed Jr.'s about the channelizing of movement activity into ineffective community-based self-help programmes, are most definitely relevant. But, resting too long in these critiques can simultaneously obscure creative possibilities, and do an injustice to the real social and political transformations that have been enacted as a result of movement activity.

I do not deny or wish to downplay the role of harm reduction in the “bio-gentrification” of poor urban areas (Murray 2015; also, Roe 2010), or the disciplinary regulation of “lumpenized” populations (Bourgois 2018). However, as Zigon puts it, there is still potential in “the harm-reduction philosophy despite these more pernicious, but not necessary, manifestations” (2019:110-1). As Pignarre and Stengers write: “One should never trust the state. However, in the unhealthy milieu that is ours, this generality is not sufficient and one never pays enough attention” (2011:110). Similarly, Temenos writes: “I suggest that the paradox of harm reduction, as a radical social movement that’s [sic] rationale is based on scientific evidence, while its political struggle is played out in a so-called post-political arena of urban governance, exhibits not an enclosure of space for proper politics, but an opening for their emergence elsewhere...” (2017:594).

Harm reduction might be an “ideal neoliberal technolog[y]” (Elliott 2014:30), but it has also opened space for novel forms of political activism and “world-building” amongst some of the most seriously marginalized people globally (Zigon 2019). Furthermore, harm reduction has helped many vulnerable people avoid accidental or unwanted deaths—the moral importance of this should not be minimized. A political question that remains open, and that social movement actors can contribute to determining, is whether the political opportunities afforded by harm reduction can be prised open further. Even if it is wise to set Bayesian subjective priors to a low probability, it seems to me to be important—and realistic—to affirm that this is a genuinely open question with possibilities in both directions.

Through the austerity politics of 1980s Britain, the Merseyside region was an important site in the material formation of harm reduction as a social movement. The international NGO currently known as Harm Reduction International (HRI) emerged directly out of the collaborations fostered by the Merseyside convergence space. In 2006, the precursor to HRI, the

International Harm Reduction Association (IHRA) facilitated the founding of the International Network of People Who Use Drugs (INPUD), which has, in turn, helped to develop and encourage country-specific and regional networks of drug user activists around the world (Mold and Berridge 2010:164-5).²⁵ Other important forums and networks include the Hungarian Civil Liberties Union; the US-based Drug Policy Alliance; the Drugs and Democracy program of the Transnational Institute; the Transnational Radical Party; the Canadian HIV/AIDS Legal Network; the International Drug Policy Consortium; and, the Global Commission on Drug Policy (Tammi 2004:383; Mold and Berridge 2010:164-5).

With this historical context in place, I turn now to the tripartite categorization of the harm reduction movement first proposed by Tammi (2004).

2.2.3 - Social Movement Ontology: Three Epistemic Fractions

Tammi (2004) distinguishes between three “epistemic fractions” within the “harm reduction school of thought”: a professional new public health fraction; a grassroots mutual aid fraction; and, a global justice fraction. My descriptions of the fractions depart from Tammi’s in a number of details, but I retain the overall structure that he proposes. I supplement Tammi’s categories by introducing, in each case, a “logic of sprawl”: a tendency for the rationale governing the movement’s analyses and campaigns to expand outwards through space and time. By introducing this concept, I expand Tammi’s focus on the epistemic resources mobilized within each fraction to include the material changes they enact and operate within.

Throughout what follows, it is important to keep in mind that these fractions are neither mutually exclusive, nor internally homogeneous. They reciprocally interact, intertwine, and inform one another, and it is not at all unusual for a single person to be involved with all three. Despite their differences and heterogeneity, the three fractions can reasonably be considered to co-constitute a distinctive harm reduction school of thought, and social movement.

One of the difficulties confronting a philosophy of harm reduction is the slipperiness of its object of study. What is harm reduction? The following tripartite categorization maintains a view of harm reduction as a social movement while also explaining its tendency to sprawl outwards and resist definition. Harm reduction is, certainly, about mitigating the risks and harms associated with drug use without demanding or expecting abstinence, but this simple definition is

²⁵ See <https://www.inpud.net/en/links>

too idealized for most purposes. A philosophical approach to the area would benefit from an engagement with the ontology of harm reduction as a heterogeneous globalized social movement.

2.2.3.1 - Fraction #1: Professional New Public Health

The first epistemic fraction identified by Tammi (2004) is professional new public health. Harm reduction, as a named practice, has its origins in public health, and the term is still most strongly associated with population-level health-oriented strategies that preventatively target the ‘risk behaviours’ of marginalized groups. For many, the public health view of harm reduction *is* harm reduction. As a *professional* social movement, this epistemic fraction can be thought of as participating in “collective processes where professionals, their clients and institutions... become vocal contenders of prevailing services and professional practices” (386). The relevant professionals include, at least, those practicing medicine, nursing, psychology, psychiatry, social work, and public health. The fraction also includes related para-professionals, academics, administrators, and peer workers. Following Tammi (2004), I highlight how this fraction dovetails with two related professional reform movements, those for evidence-based medicine (Askheim, Sandset and Engebretsen 2017), and those falling under the category of “New Public Health” (Baum 1990; Awofeso 2004). These related movements contribute to a logic of sprawl operating through this epistemic fraction via, respectively, ecological analyses, and an imperative to actively involve service users in decision-making and service provision.

Although the term was coined in 1991 by the Canadian physician and health researcher Gordon Guyatt, it is common to trace the history of evidence-based medicine through the British epidemiologist Archibald Cochrane’s seminal work evaluating the UK’s National Health Services in the 1960s and ‘70s (Askheim, Sandset and Engebretsen 2017). Cochrane strongly advocated for the public administration of a health care system where decision-making is grounded in the best available scientific evidence, and not just the expert opinion of clinicians. This was, at the time, a fairly radical suggestion. The evidence-based medicine movement has gone on to contribute to the development of methods for systematic review and meta-analysis. Perhaps more famously, it has also gone on to champion hierarchies of scientific evidence, with randomized controlled trials (RCT) generally placed at the pinnacle and treated as the ‘gold standard.’ The priority given to RCTs, and the marginalization of other methods has been widely

critiqued across the social sciences.²⁶ Nevertheless, over the past few decades a discourse of “evidence-based” decision-making has become ubiquitous, and includes participants with no particular allegiance to RCTs.²⁷ For our purposes here, it is the claims-making (or ‘epistemic’) practices associated with this movement, and how they are taken up by harm reductionists within the professional new public health fraction, that is important. In these contexts, evidence from social scientific and medical studies are crucial.

The rhetoric of scientific evidence has been an important part of harm reduction activism. Support for claims of effectiveness come from “hundreds of studies that have aimed at proving the necessity and supremacy of the new practices” (Tammi 2004:387; see Csete et al. 2016 for an extensive review with a strong global drug policy perspective). Experimental, and quasi-experimental studies and programme evaluations have been important in the development of this literature, but epidemiological methods, and qualitative ethnographic approaches have also played a role. The point I want to draw attention to here is that the scientific and academic study of public health harm reduction interventions has been a key site of movement activity. Evidence is produced through the organization and labour of many people. Put differently, there is an economics of evidence, as much as an epistemology, and both are important. In order to support their goals, and make them legible and appealing to other members of their profession, participants within this fraction need to produce research keyed to measurable health outcomes. To this end, academic researchers, front-line medical and social service workers, and administrators in public health mobilize the resources and authority of scientific inquiry as part of their broader projects in service of the health and well-being of marginalized groups and the broader population. Important activities here include the establishment of journals, institutions, conferences and inter-disciplinary research collaborations.

²⁶ Askheim et al. (2017) argue that Cochrane’s views on the importance of randomized controlled trials have been misunderstood. Cochrane differentiated “cure” and “care” in medical practice, and made a practical argument for the importance of RCTs to the former, but not the latter. Cochrane’s hope in promoting RCTs and systematic review was that they would help to exclude ineffective treatments from health services, and make available more economic resources for “care” services. In later developments of evidence-based medicine this argument tended to get lost. “The demarcation that Cochrane unknowingly establishes is one that will later foreclose a science of care while enabling a discourse of cure. In Bruno Latour’s framing, we could say that this is due to cure’s allegedly ‘pure’ logic, it’s ‘evidential’ frame of representation, while care belongs to a ‘hybrid’ space....Within the frame of EBM, and contrary to Cochrane’s views, quality is conflated with effectiveness, and equality is reduced to a question of equal access to quality treatment, or in other words, effectiveness” (43).

²⁷ There are, of course, other factors in this trend that can be traced through the history of positivism.

The public health field, has tended to emphasize “risk aversion and behaviorally oriented health promotion approaches” (Brassolotto et al. 2014:321; see also, e.g., Marlatt and Witkiewitz 2010). For the “addictions” research contingency within the public health harm reduction field, this tendency is likely to have been reinforced by the dominance of medicine and psychiatry. These disciplines take the individual human as their primary subject. Although I have not conducted a systematic review, it seems likely that the majority of the research evaluating harm reduction has focused on its influence on the ‘risk behaviours’ of particular target populations. This emphasis can reinforce an individualizing tendency where risks and harms proximal to behaviours are prioritized over more distal, environmental or world-oriented concerns (Fraser 2004, 2018). Nevertheless, public health is an interdisciplinary field, and from its inception in the “miasma and contagion control” efforts of the 19th century, has generally adopted a population-level view, and an understanding of health’s relationship to environments (Awofeso 2004; McKinlay 1979).

The first vehicle for a “logic of sprawl” within the new public health fraction is epidemiological research on the “social determinants of health” (SDH; Brassolotto et al. 2014). At precisely the same time that the harm reduction movement was taking shape, public health epidemiologists were beginning a renewal of the field’s focus on the environmental drivers of health through analyses under the rubric of SDH. An influential strand in this work was developed by Michael Marmot and his colleagues at the University College London (e.g., Marmot et al. 1991). Through statistical analyses on sociodemographic variables, Marmot and colleagues found evidence for ubiquitous social gradients in health outcomes. These gradients were statistically significant at the gross level where working class people can be expected to live shorter lives than the aristocracy, but they were also present in finer grain comparisons. Status and wealth inequalities, even between people within a single middle-class tranche were statistically revealed to manifest as both poorer health outcomes, and an inverse relationship between status and the prevalence of risk behaviours. In the context of global health, Marmot has analogized social inequalities to a natural disaster:

A catastrophe on the scale of the Indian Ocean tsunami rightly focuses attention on the susceptibility of poor and vulnerable populations to natural disasters. It is no less important to keep on the agenda the more enduring problem of inequalities in health among countries. (2005:1099)

The suggestion that inequality, in and of itself, might be detrimental to health has been further developed and popularized (e.g., Pickett and Wilkinson 2011). Recently, under the label of “deaths of despair,” SDH methods have been used to explain the unprecedented increases in mortality among “less-educated non-Hispanic Whites” in the United States, and attribute a significant part of this increase to the opioid epidemic (Muennig et al. 2018). It is worth noting that while the opioid epidemic has disproportionately impacted “non-Hispanic Whites,” and, white men in particular, there are good reasons to believe that this is part of a broader trend initiated in the 1980s towards decreased well-being in the United States, a trend that spans racial and gender categories (but, not class) (see Muennig et al. 2018). SDH methods can draw attention to these sorts of endemic and structural problems.

The relationship between SDH and social justice has been a topic of debate across the social sciences, as well as in analytic political philosophy (e.g., Venkatapuram and Marmot 2009; Wolff 2009; Weinstock 2015; Preda and Voigt 2015). Questions regarding the potential trade-offs between health-oriented and other forms, or focuses, for social justice, or about the difficulties of causal claims-making from statistical analyses, however, are not my concern here. What is important is the way that public health advocacy around SDH has influenced a “logic of sprawl” within this epistemic fraction. A WHO report on SDH, edited by Richard Wilkinson and Marmot, clearly demonstrates how this sprawl operates through the “healthification” of social justice:

Good health involves reducing levels of educational failure, reducing insecurity and unemployment and improving housing standards. Societies that enable all citizens to play a full and useful role in the social, economic and cultural life of their society will be healthier than those where people face insecurity, exclusion and deprivation. (WHO 2003)

Presumably, this thought can be pressed further. Far-reaching consequences for social policy, and the organization of society, have been argued for through a focus on health outcomes and statistical analyses on sociodemographic variables. Bewley-Taylor notes how “healthification,” in this case supporting a shift from a criminal to health-oriented approaches in the regulation of illicit drugs, has also played a role in challenging the legitimacy of the punitive global drug prohibition regime: “...in terms of geopolitical and hence normative weight, the EU’s open recognition in 2004 of harm reduction as a central part of a process of ‘healthification’ was probably the single most significant challenge to US hegemony in the issue” (2012:94).

Although the perspective is widely advocated for, and increasingly incorporated into official government guidelines, an SDH perspective is not always adopted by public health practitioners (Brassolotto et al. 2014). Nevertheless, it has contributed to an ethos and orientation in the field where health care work is understood to be continuous with broader efforts to change social relations (e.g., Pauly 2008; Drucker and Crofts 2017). Concern for the environmental drivers of ill health have always been a part of the public health field, but SDH has renewed this focus, and provided advocates with a new set of epistemic tools. Arguments based on SDH have contributed to the tendency for harm reduction to sprawl outwards and into many other social issues and campaigns.

A second contributor to a logic of sprawl within the new public health fraction takes a more concrete and immediate form in the relationships between health care workers, drug users, and peer workers. As has been discussed above, harm reductionists have always recognized that the effectiveness of their interventions are contingent upon the support and involvement of affected people and communities (Grund et al. 1992; Friedman et al. 2007). Working with, rather than against drug users is a hallmark of harm reduction activity, as is the non-judgemental attitude and attuned care that such interactions necessitate (Zigon 2019). This crucial aspect of harm reduction practice dovetails with another professional reform movement usually described under the somewhat confusing label “New Public Health” (NPH; Awofeso 2004). The health sociologist Tim Rhodes writes:

The principles of the new public health are one and the same as the principles of effective harm reduction. The new public health and harm reduction are *parallel social movements*. Not only do they coincide historically, they coincide conceptually. More than this, harm reduction has been held up as a model of the new public health movement. (2009:85)

The principles of NPH were formalized in a WHO document, the Ottawa Charter for Health Promotion (1986). Much like SDH, NPH encourages an engagement with issues of health and social justice where they are conceptualized in a close relationship, and maintains an ecological perspective on how to achieve them. Aside from encouraging ecological analyses which overlaps with SDH, and, arguably, older forms of public health, NPH also introduces an imperative to work more directly with affected communities. The two relevant commitments in the WHO document are:

- to acknowledge people as the main health resource, to support and enable them to keep themselves, their families and friends healthy through financial and other

means, and to accept the community as the essential voice in matters of health, living conditions and wellbeing;

- to orient health services and their resources towards the promotion of health; and to share power with other sectors, other disciplines and most importantly with people themselves (WHO 1986)

This WHO document can certainly be criticized for the gap between its claimed aspirations and the limited capacities or interests of the health care professions to meet them (Baum 1990). Nevertheless, it has contributed to some important changes in public health practice. The commitments have manifested as collaborations between statutory and non-statutory health and welfare service providers, or, in other words, between the volunteer (or civil society) sector and the state. They have also manifested as “consumer-led” services, where affected groups are encouraged to take a role in relevant decision-making, and “responsibility” for their own health and “lifestyle choices” (Mold and Berridge 2010:148). NPH has also contributed to the increasing involvement of “peer workers” in service delivery (Marshall, Dechman, Minichiello, Alcock and Harris 2015). Trends in this direction pre-date the formalization of NPH (Mold and Berridge 2010), but the Ottawa Charter and harm reduction have contributed to the global dissemination of the techniques.

The connection between these techniques and the cultivation of entrepreneurial citizen subjects under neo-liberalism should be clear. Much of the rhetoric of “‘voice’, ‘rights’, ‘representation’ and ‘empowerment’” that has accompanied NPH efforts can be interpreted as a smokescreen for the devolution of state responsibility (Mold and Berridge 2010:145). However correct this observation, there is more to the situation.

NPH contributes to a “logic of sprawl” through the imperative for meaningful interaction between health care workers, community-based organizations, and drug users. The “complex” needs of marginalized populations tend to be entangled with a variety of oppressive forces. Tracing out from the lived experience and narratives of drug users, health care workers encounter an ever widening range of social issues. As with SDH, the structural, systemic, and historical background to the suffering and oppression that health care workers so often witness, suggests, and for a significant enough number, demands, a politically oriented response. The history of harm reduction includes many instances where privileged professionals have taken risks and broken the law to intervene in situations of injustice and inequitable access to health care (e.g., Bluthenthal 1998).

A noteworthy feature of NPH as a contributor to a logic of sprawl is its intimacy. The non-judgemental care at the centre of harm reduction necessitates a way of being with, and being open to others that can profoundly undermine demonizing stereotypes, or simply inaccurate views about “drug users” (Zigon 2019). The possibility for a social, political and environmental re-organization that might centre “attuned care” and community is an important aspect of harm reduction activism (Zigon 2019; see also Wild 2007, and Gibson 2017).

2.2.3.2 - Fraction #2: Grassroots Mutual Aid

The second epistemic fraction identified by Tammi is grassroots mutual aid.²⁸ Here, a distinction is sometimes made between two varieties of drug user groups:

In the drugs field, [the increasing involvement of patient and service users in health care] could be seen in the appearance of two main types of drug user group: *service user groups* that were often established by statutory authorities or became incorporated within them, although they may well have been run by drug users themselves; and *activist user groups* that usually operated away from statutory bodies and were interested in a wide range of issues around drugs, not just treatment services. (Mold and Berridge 2010:149)

As was mentioned in the first chapter, the distinctions between “institutionalized” and “noninstitutionalized” organizations is not always clear. Collaborations, co-optations, and transitions to or from one to the other are common. In direct and indirect ways, NPH policies have contributed to the development of both varieties of drug user groups. To simplify this account, I will mostly focus on activist user groups. These are the groups where harm reduction can plausibly be claimed to have its origins—or one of its origins—in “illegal, clandestine, grassroots activity that took place either outside or in defiant opposition to state and legal authority” (Smith 2012:209).

At the 2006 iteration of The International Conference on the Reduction of Drug Related Harm held in Vancouver, Canada, IHRA facilitated a collaboration between representative illicit drug user activists from around the world (Mold and Berridge 2010:145). This was a truly international meeting. These activists produced a document, known as the “Vancouver Declaration,” and established an organization and network, the International Network of People who Use Drugs (INPUD) to further an agenda of drug user rights. The Vancouver Declaration reads, in part:

²⁸ Tammi’s actual label for the group is “mutual-help and identity movement fraction.” I emphasize the “grassroots” aspect more, and the “identitarian” aspect less.

We are people from around the world who use drugs. We are people who have been marginalized and discriminated against; we have been killed, harmed unnecessarily, put in jail, depicted as evil, and stereotyped as dangerous and disposable. Now it is time to raise our voices as citizens, establish our rights and reclaim the right to be our own spokespersons striving for self-representation and self-empowerment. . . . Ultimately, the most profound need to establish such a network arises from the fact that no group of oppressed people ever attained liberation without the involvement of those directly affected by this oppression. Through collective action, we will fight to change existing local, national, regional and international drug laws and formulate an evidence-based drug policy that respects people's human rights and dignity instead of one fueled on moralism, stereotypes and lies. (INPUD 2006)

The former executive director of INPUD, Eliot Ross Albers, explains that the need for such an organization is, in part, driven by resistance to the depoliticizing effect of activism within service user groups. “To offset [depoliticization], independent groups of active drug users have formed their own agendas, which refuse to accept the supine nature of patient or service user, and attempt to push the services that are offered beyond mere harm reduction and onto the field of human rights, including the right to use drugs, and pleasure maximising techniques” (Albers 2012:129-30).

I note two aspects of this activist tendency. First, there is, quite clearly, a logic of sprawl operating through INPUD. Through a focus on the human rights of drug users, INPUD has taken up a wide variety of issues. INPUD have campaigns to abolish forced treatment, incarceration, the death penalty and other cruelties meted out to drug users globally. A case can be made for viewing the atrocities committed against drug users in places such as the Philippines as genocide (Simangan 2018), and INPUD, via their affiliate network the Asian Network of People who Use Drugs (ANPUD), support work to draw attention to these crimes. They also have campaigns to reform pharmaceutical laws, to bring in comprehensive health and social services, affordable housing, employment opportunities, specific campaigns for women who use drugs, and so on.

Second, a significant part of their activity is directed toward pressuring national, international and multilateral organizations. Lobbying governments is crucial to their mandate. To this end, INPUD have leveraged the rhetoric of human rights. This discourse is the *lingua franca* of international relations, and by adopting it, INPUD’s arguments are made legible in the official forums where relevant policies are debated. Zigon describes how political pressures such as these have ensured that “human rights has, for the most part, been fully folded in as the moral-political foundation for most of the world’s social and political movements” (2013:721).

Through an analysis of harm reduction activism in Russia, Zigon demonstrates how human rights discourse around harm reduction can unintentionally subserve “conservative reformism” and the strengthening of repressive state-based power (2013). There are real difficulties confronting INPUD as yet another NGO attempting to transform a recalcitrant system through the very limited moral suasion and political action available within a constrictive hegemonic discourse. Zigon’s phrasing is apt: rather than achieving the desired political transformation, activism that relies on human rights discourse, and attempts to persuade the state—in other words, the vast majority of social movement activism discourse—has had the tendency to produce a “repetition of differential sameness” (2013):

As the harm reduction example seems to suggest, these and other human rights activists appear to work in good faith that if the right argument is made, or if enough shame is experienced by officials, then state apparatuses will eventually reform to include their excluded internal Others. If nothing else, this misrecognizes just how much states rely for their very existence on their internally excluded populations such as injecting drug users, and as such, misrecognizes that the latter’s inclusion is against the best interests of the state. Furthermore, through this fetishization of the state as at one and the same time the primary perpetrator of human rights abuses and the primary mechanism for overcoming such abuses and thus supposedly actualizing moral progress, the human rights industry finds itself enacting a similar reformist project as that of liberalism but without the clear political aim of any “good” other than a vaguely defined world in which all “individuals who compose it [are] entitled to equal moral consideration”....This is what I call a repetition of differential sameness. (2013:730-31; passage in quotation is from Michael Ignatieff)²⁹

Both their sprawling campaigns, and their reliance on human rights discourse closely align this activist tendency with the next epistemic fraction to be discussed, the global justice fraction.

Ontology, not rhetoric, however, is the topic of this section, and it is the social processes that INPUD facilitates, not their arguments, that I would like to focus on. As a network, INPUD connects drug user activists around the world. This networking and sharing of practices, political strategies, and analyses is an important contributor to a logic of sprawl, and to the development of a globalized social movement. Grassroots movement actors have taken inspiration from successful local actions in distant places in order to implement strategies closer to home. Networking of this kind was happening before INPUD, and continues to happen outside of their infrastructure. For example, the recent proliferation of unsanctioned overdose prevention sites

²⁹ For some philosophical context, among other influences, these arguments of Zigon’s draw from Hannah Arendt’s analyses of totalitarianism. See Hayden 2010, for an example of Arendt’s ideas interpreted and applied to global poverty in a similar way.

across Canada in response to the fentanyl crisis has been partially driven by this sort of networking and inspiration (Jeffries 2019). Drug users are often introduced to or learn more about the politics of the “Drug War” and other processes that contribute to their marginalization when they engage with grassroots harm reduction groups. These opportunities for conscientization, and for solidaristic political action contribute to the logic of sprawl operating through this epistemic fraction.

One associate organization of INPUD, and an inspiration to activist organizations around the world, is the Vancouver Area Network of Drug Users (VANDU) (see Kerr et al. 2006; Boyd, MacPherson, Osborn 2009; Jozaghi 2013). Established in 1997, VANDU works to draw attention to and fight against the crises of poverty and drug-related harm in Vancouver’s Downtown Eastside. Some of the founding members were inspired by the tenets of Liberation Theology, and Christian socialist values and imagery are apparent in some of their work. For example, their 1997 protest in Oppenheimer Park, “The Killing Fields,” involved planting 1000 crosses to memorialize drug related deaths (Boyd et al. 2009:24). That said, VANDU’s diversity and democratic structures make it inappropriate to associate them too closely with any particular philosophy. So as to avoid top-down leadership from a disconnected elite, VANDU has two levels of membership (Kerr et al. 2006:63). Full membership includes the right to vote, and is reserved for former and current injection drug users and crack cocaine smokers. A second category of supporting members include those who report no history of drug use. Supporting members are not allowed to vote at meetings, although they can voice their opinions.

Through direct action protests, illegal user-led provision of services, including unsanctioned injection sites, and intense political pressure on police and politicians, VANDU have been instrumental in making Vancouver a leading example of harm reduction practice in North America. These actions, often taken in collaboration with more or less “institutionalized” organizations and supporters such as the Portland Housing Society, have contributed to “the transformation of the Downtown Eastside into an attuned world in which drug users can now dwell in a world designed for them as drug users” (Zigon 2019:46). This quote might somewhat overstate the case, or paint the situation in too positive of a light (see Roe 2010), but there does seem to be a consensus that the transformations following from Vancouver’s harm reduction social movement activism have had profound effects in both physical and conceptual space (Jozaghi 2013; Lupick 2017; Zigon 2019).

In July of 2010, VANDU released a manifesto outlining their political position (VANDU 2010). The document was produced collaboratively by VANDU's board of former and current drug users, and ratified by its membership and allies, including the BC Association of People on Methadone, and the Western Aboriginal Harm Reduction Society (WAHRS). A logic of sprawl is evident in this document:

VANDU is part of a liberation movement of people who use drugs and part of a movement for social and economic justice. We recognize that systemic factors shape how and why people use drugs. Criminalization, poverty and a lack of power are the fundamental problems facing our community. We need access to the resources necessary to live a dignified life, starting with descent [sic] housing and health care. Our liberation will come when we have real power in decisions that affect us starting with, but not limited to, laws and policies having to do with drugs and drug use.

...

We might take drugs to deal with psychological trauma or physical pain, or for pleasure or fun. Whatever the reason, our use of psychoactive substances is not the problem! In those instances where our drug use is a response to our experiences of poverty, inequality, colonization, forced migration, workplace injury and inadequate access to pain relief, these are the social problems that need to be dealt with, not our use of drugs. (VANDU 2010)

In a recent interview, one of the founders of VANDU, Ann Livingston, expresses the ethos of nonjudgemental care, and outrage, that permeates VANDU's work:

When people look at VANDU, they think that we do injection sites. What we do at VANDU is help people become human beings. If they don't think they're human, they don't even try to save their own lives. What they really need is care. They need to be viewed as people who have been cut off welfare and now live in an alley, not just as people to administer Narcan to. That may make you look like a fucking hero, but I'm just like, "Fuck off!" If it was your kid would you go, "Yeah you head back out there, we'll save you tomorrow too?" No, you'd say, "Hey buddy, we are wondering if living in an alley and shooting dope and overdosing frequently is your best option in life."

...

You know what kills people? Poverty. You know what makes people discouraged? Poverty. You know what makes people "crazy"? Poverty. And I know it because I'm actually living it, which probably makes me a little more grouchy. (Livingston 2018:58)

The nonjudgemental care encouraged through NPH also manifests in VANDU's work, although it follows in a straightforward way from everyday relationships without background support from professional mandates. Unsurprisingly, the mutual aid fraction tends to exhibit a heavier dose of outrage at the conditions of the world than the NPH fraction. Nevertheless, the shared nonjudgemental attitude can make collaborations possible, if not easy. Flowing out from interpersonal relationships grassroots mutual aid harm reduction activism tends to get caught up

with broader socio-political issues. Given what it means to be a marginalized drug user in most places in the world, the first step in this expansion almost always goes through poverty. From there, it intersects with innumerable other issues. There are many routes to poverty, and to drug dependency or problematic drug use.

One further ontological aspect of grassroots mutual aid harm reduction was hinted at above. The transformed relationships that follow from the activism of groups such as VANDU are not just between a person “shooting dope” in an alley, and someone willing to nonjudgementally connect, or simply *be* with them. It is not even just about the potentially transformed relationships marginalized drug users might have with other people outside of harm reduction work. It is about the alley. And the dirty puddles used to “clean” needles. And the absence of housing. Grassroots harm reduction activism, in most of those cases where it has had any success, proceeds through a transformation of hostile urban spaces into habitable places (Zigon 2019; Jeffries 2019). In other words, the transformed relations are not just between people, but between people and the worlds they inhabit and co-construct.

Framed with reference to the French Marxist philosopher Henri Lefebvre’s democratizing anti-capitalist notion of a “right to the city,” Fiona Jeffries writes:

The eruption of OPS [unsanctioned Overdose Prevention Sites] initiatives in Vancouver, Ottawa, Toronto, Thunder Bay, Guelph, Montreal and beyond over the last few years is an extraordinary story of grassroots activists creating infrastructures of care. By securing safety for some of society’s most vulnerable people, the OPS movement expands everyone’s right to the city. The story of the OPS movement is not just a story of life-affirming service delivery, but also a struggle of people devoting themselves to improving life in an increasingly inhospitable urban landscape, in the face of entrenched stigma, criminalization and official neglect (Jeffries 2019:42-3)

This kind of political activity can come in for criticism for its localism. In this critique, it is observed that the tendency for activists to valorize “the local scale [as] inherently more democratic,” can feed into the de-politicizing effects of neo-liberal governance by implicitly or explicitly disparaging work at other scales (Purcell 2006:1921). This “local trap” is a real possibility for grassroots harm reduction activism. There are, however, resources in the movement that can, and do, counter this trap. The globalized networking, conscientization, and solidaristic political action— in other words, the logic of sprawl—operating through this fraction mean that even local work can maintain a connection to the possibility, or at least a reminder about the need, for democratic political activity at other scales.

2.2.3.3 - Fraction #3: Global Justice

The third, and final epistemic fraction in Tammi's taxonomy, is the global justice fraction. From its origins, the harm reduction movement has been engaged with governmental drug policies, and, in particular, with how the UN treaties legally underlying the global drug prohibition regime (U.N. Office on Drugs and Crime 2013) impact on the everyday lives and vulnerabilities of drug users. There has always been a recognition of the entanglement of health-related concerns with national laws and global treaties regulating the flow and production of drugs. However, dominant public health conceptualizations of social justice anchor advocacy in health-related concerns, which can limit connections to other social movements.

An important strand in the development of a distinctive global justice fraction came about during the formation of the alter-globalization movements of the late 90s and early 2000s. In 2001, Samuel R. Friedman and colleagues published a paper where they argued for increased connections between harm reduction and other social movements (Friedman et al. 2001; Tammi 2004). As Tammi puts it, these activists "argued that the era during which the harm-reduction movement was originally formed was not favorable to speaking for the excluded and the working class, as neo-liberalism was then ideologically triumphant. But in their view, now the *zeitgeist* has changed, and they saw this as an opportunity for the harm-reduction movement to broaden its scope and develop...alliances" (2004:390). This global justice fraction in the harm reduction school of thought:

...focuses primarily on the social, developmental and environmental aspects of the global drugs problem. The "enemy number one" is the US-generated war on drugs, which is seen to maintain and worsen drug-related problems not only nationally (in the US), but especially in the developing countries. The activists in the global justice fraction can be characterized as globally oriented scholars and civil-society activists who regard the drug issue as part of the global neo-liberal and imperialist regime....The repeated argument in the global justice fraction is that there are seriously harmful effects of international drug control on so-called producer countries (i.e., developing countries)...harm reduction is offered as an alternative to repressive policies (Tammi 2004:391-2).

There is no need to repeat in any detail the issues or criticisms of this fraction that have already been raised in the previous discussions about Bolivia's coca programmes, and INPUD's human rights-oriented lobbying. For many in the fraction, an important initial goal towards ending the globalized "Drug War" has been making harm reduction a topic of discussion, and way of thinking about drug policy, at the highest levels of national and international governance.

To achieve this, movement actors have often, but not exclusively, worked through and with the support of NGOs and think tanks, such as the European NGO Council on Drugs and Development (ENCOD), (Tammi 2004:392; Sarang, Stuijke and Bykov 2007; Mostyn and Gibbon 2018). The fraction has been fairly successful in achieving its initial goal, and there are increasing signals that, in part because of advocacy around harm reduction, some limited reforms of the prohibition regime might be possible (Bewley-Taylor 2012; Trace 2017; Chatwin 2018). The recent legalization of cannabis in Canada is an example of how the prohibition regime is shifting, even if ending it remains unlikely (see Bewley-Taylor 2018 for a note about legal and political complexities in this case).

There are many accounts of the manifold harms associated with the global drug prohibition regime, and the inseparably related “War on Drugs.” They range from the ecocidal defoliation campaigns in coca producing regions of South America, and poppy growing regions of Asia; to the genocidal campaigns of social cleansing in the Philippines; the lack of access to pain-relieving medication in many poorer countries; and the sprawling prison-industrial complex in the United States. The global justice fraction can potentially take an enormous variety of harms as its target. It would be impossible to detail this variety in a few short paragraphs (see Room and Reuter 2012; Roberts and Chen 2013; Khenti 2014; Csete et al. 2016). A logic of sprawl is built into the fraction’s analyses because the global “Drug War” is such a sprawling enterprise. It is important to note that there is disagreement about how to address these harms and which to prioritize, and there are more and less radical positions taken both explicitly and implicitly. However, within the global justice fraction of the harm reduction movement there seems to be agreement that the most egregious human rights violations must end and that achieving this will be aided through some form of decriminalization or legal regulation of currently illicit drugs.

There are, however, reasons to be doubtful that reforms to national laws, or international treaties, on their own, will, or can, produce the desired effects in the lives of drug users, producers, or the world at large. First, there are a wide range of policy alternatives to the global drug prohibition regime, and it is far from clear how any of them might play out. Debates about global drug policy are, appropriately, quite complex and rely on an enormous amount of empirical evidence, modelling, and legal argument. One important consideration is whether an alternative policy arrangement will actually succeed in eliminating the illicit trade. Criminal

organizations involved in the drug trade are responsible for an enormous amount of violence globally. Given the patchwork of the international system, it is far from clear that many post-prohibition or reform scenarios will significantly undermine or eliminate the illicit trade. The issue of how to calibrate the economics of decriminalization or legalization so as to minimize the black market is widely debated. However, ending the non-state violence associated with the illicit drug trade is only one aspect in the campaigns of this global justice fraction. State violence is a much more substantial concern, and this brings up a second, and more important reason for skepticism.

The quote from Tammi describes how this fraction tends to view the U.S.-led “War on Drugs,” and their imperialist neo-liberalizing agenda as its “enemy number one” (2004:391). There is a great deal speaking in favour of this identification and description. The role of the U.S. in the global drug war is profound and has a long history. Nevertheless, this focus can obscure how other states (and even the United States) can have independent reasons for supporting “Drug War” policies in ways that might be better described as illiberal than neo-liberal (Corva 2008; also Carstairs 2005; Gootenberg and Campos 2015). The historian Mazyar Ghiabi writes:

War on drugs is no metaphor. Fought with weapons, armies, police and an array of media, medical and justice tools, this war has nonetheless an allegorical dimension. It is not a war on drugs as most of the governments and international agencies involved in it declare. The objective of the combat is other than the chemical substance or the psychophysical state the substance induces. The targets of this system are the categories deemed worthy of punishment. With some generalisation: Black and Hispanic people in the United States; Arabs and Africans of the suburbs in Europe; poor, rural, indigenous and marginal populations in Latin America; proletariats and precariats in Africa and Asia – transversally poor, marginal, unorthodox, subaltern groups of humans around the globe. The rich and bourgeois classes are practically left untouched by the ‘War on Drugs’, unless they feel emotionally involved in some narco-saga on Netflix. (Ghiabi 2018b)

An uncomfortable possibility for the global justice fraction is that the global “Drug War” and prohibition regime’s differential production and targeting of “superfluous” or inconvenient populations for harsh treatment is, in practice, politically useful.

There are, undoubtedly, many reasons for both the initial development and tenacious persistence of the prohibition regime and “Drug War.” One psychological hypothesis is that moralism about drug use, and fears of social corruption under decriminalization or legalization, are what drive the thinking of key decision-makers against the overwhelming consensus of health experts. A more structural hypothesis is that bureaucratic inertia, and the vested interests

of the massive industry involved in policing drugs is simply too weighty to be easily moved. There is, however, another possibility in that the differential social exclusion and targeting of people facilitated by the global “Drug War,” is a convenient way to cover over the deprivations and deprivations of a normally functioning state and economy (see Zigon 2013; Hayden 2010; Bourgois 2018). If harm reduction undermines this political function, it is unlikely to be supported, or if it is supported, it is unlikely to take the liberatory form that many movement activists hope for. The same can be said of harm reduction in the more familiar public health-oriented context.

To make this last hypothesis plausible would require more detailed history and analysis than this thesis can sustain. The key point is that whatever the factors contributing to the tenacity of the global drug prohibition regime, it is, indeed, tenacious. The evidence is that something structurally unavoidable, or a confluence of factors, is preventing the adoption of harm reduction policies, or, when harm reduction rhetoric is adopted, the implementation of harm reducing practices in a way that might end the “Drug War.” The state lobbying efforts of the global justice fraction are unlikely to be sufficient on their own for achieving this ultimate goal.

However, as Friedman et al. make clear in their paper, these are precisely the obstacles that necessitate the building of alliances (2004). Friedman et al. describe a small number of “bottom-up” alliances, such as one involving the anti-poverty organizers, Ontario Coalition Against Poverty (OCAP) in Toronto. The suggestion is that multi-scalar and cross-class alliances will be required to advance their goals. The paper is notably focused on union-oriented and class-based political action with an, arguably, parochial “Western” political focus. Since 2001, however, partially as a result of the kind of organizing that the authors encouraged, and the establishment of groups such as INPUD, more global alliances have started to emerge. The potential for a robust political alliance between Indigenous *cocaleros* and people who use drugs in the global North that I mentioned in the discussion of Bolivia’s post-neoliberal policies, remains a fairly distant possibility. It is no more distant, however, than the transformed social relations needed to achieve what Susan Boyd, describes as the Drugpeace:

The end of prohibition can only come about when we shift our focus to recognize and eliminate the structural and personal violence that impedes a needs-based society from developing. Without this, we risk reproducing another punishment regime. We could strive towards ‘drugpeace.’ Drugpeace would require us to interrogate the whole premise of drug policy, the war on drugs, punishment, prisons, and the world we live in, for the very foundations of our social and economic institutions are corrupt: including treatment

programs, and addiction and crime research. We need to move outside of this discourse and practice in order to achieve justice and drugpeace. (Boyd 2012:170).

The global justice fraction in the harm reduction social movement takes on the largest scale of global drug-related harms, but it also encourages multi-scalar and globalized collaborations that might match this sprawl.

The best example I have been able to find of how the global justice fraction has developed since Friedman et al.'s paper (and Tammi's commentary) is Mexico's ReverdeSer Colectivo (Pineda 2017; González 2017). Through 'bottom-up' organizing and the lobbying of governments, these activists are contributing to the development of novel extensions and political solidarities in the harm reduction movement. Their work aims towards the Drugpeace. At a conference hosted by the International Drug Policy Consortium in Vienna, Austria, Fany Pineda explained RevederSer Colectivo's approach:

At ReverdeSer Colectivo, the organization I work with, we are happy to have an opportunity to speak of such an interesting subject such as "supply side harm reduction," which is the main focus of our work. Presently, we have two main lines of work: harm reduction for people who use drugs, which we approach mainly through the Substance Analysis Program, and a process of social reconstruction lead by the families of people who have been disappeared in the midst of the war on drugs, which strives for truth, justice and the guarantee of non-repetition. We use a different name to refer to this subject, a much longer and probably more confusing name, we call it Full Spectrum Harm Reduction from the Global South. We began working within this frame of reference because we identified that the traditional harm reduction frame didn't allow us to create strategies to face some of the harshest effects prohibition has in our country and our region: those caused by the security strategy implemented to combat drug supply and the cultivation of plants.

The Full Spectrum Harm Reduction from the Global South perspective pulls from the traditional harm reduction framework to tackle the harms experienced by both people who use drugs and those who don't, recognizing that we need to acknowledge the footprint of the social damages caused by this war. (Pineda 2017)

Developments of this kind within the global justice fraction of the harm reduction movement are currently unfolding, and it is impossible to predict where they might lead.

2.2.3.4 - Logic of Sprawl: From Reduction to Refusal

There is a sense in which the global justice fraction might be thought to have moved away from "core principles" of harm reduction. This is the view where "mere harm reduction" is not enough, and there is a need to move beyond to something like "human rights" (Albers 2012:30). It is true that calling for an end to the "Drug War" has the ring of a "harm elimination" demand. In a talk at a thematic conference on "Democracy, Human Rights, Wars and Drug

Trafficking,” hosted by the World Social Forum in Cartagena de Indias, Columbia in 2003, the Dutch sociologist and drug researcher, Peter Cohen advocated for understanding this as a shift from “harm reduction” to “harm refusal”:

If you look at the progression in harm-reduction programs in the Netherlands and in some other European countries, you can say that the evaluation of the concept of harm and the refusal to accept particular types of harms, have logically led to semi-legalisation of heroin for a considerable proportion of its users. If we stopped trying to reduce some types of harms but instead evolved to a position of not accepting them (however reduced), we would logically end up by finding schemes for legalising the use and the production and the distribution of these drugs and we will be forced to look at the use and production of those drugs with more realistic perspective and more generalisable scientific theory. (Cohen 2003; also ref. in Tammi 2004)

Note that this shift emerges organically from the application of harm reduction practices.

This is consistent with what I have been describing as a logic of sprawl. A refusal of certain kinds of harm follows from this logic. For example, it follows from harm reduction’s logic of sprawl that if a doctor can illegally prescribe heroin, and thus *refuse* to allow their patient to suffer the harm they are likely to experience from using adulterated illicit drugs, or from participating in the underground economy, they should, and often will do this. These actions resist and potentially undermine the legal regime that is responsible for so much of the world’s drug-related harm. If there is a “core” to harm reduction, it seems to me it is found in this logic of sprawl and the politics of the interstice through which it develops. These processes are found across all three of the epistemic fractions.

2.3 - Philosophy of Harm Reduction as a Social Movement

The words “harm reduction” suggest that the practices the term denotes will be synonymous with pragmatic amelioration, or “making the best of a bad situation.” Paradigmatic harm reduction practices such as needle exchange do seem to have this function. Providing sterile injecting equipment to entrenched, economically precarious and vulnerable drug users helps some of them avoid infection, injury and death, even if it does little else to ameliorate their precarity or vulnerability. This view of harm reduction, following from an analysis of its key term, and its prototypical instantiation in public health interventions, however, misses the larger social ecology.

It has been observed that another function of harm reduction is the way it can facilitate a consensus where, regardless of one’s beliefs about the morality of drug use, agreement can be reached that it is better to reduce associated harms than to allow them to continue or worsen

under *status quo* arrangements (Dea 2017; Weinstock 2014). A consensus on the empirical facts might explain some of harm reduction's uptake in government policy, and how it has managed to win over some otherwise skeptical opponents. Certainly, movement actors have widely promoted social scientific evidence, and championed harm reduction's ameliorative effects in order to win this sort of consensus. One of my concerns with this position is that it puts too much faith in the goodwill of harm reduction's opponents. It idealizes the political situation. Perhaps reducing infection, injury and death *should* motivate reasonable observers, but it does not seem to be the case, in this world, that such beneficence can be relied on. This is especially the case when drug-related harms are understood in their full ecological context. From this perspective, opponents are better understood as structures or processes than as personalized entities open to persuasion. As I have argued, and hopefully demonstrated, harm reduction as a social movement encounters and pushes back against these resistances, and it mobilizes more than just arguments based in evidence or moral persuasion to achieve its ends. It organizes people through solidaristic global alliances, the building of infrastructures of care, networking of activists, intentional violations of unjust laws, imaginings and enactings of alternative social relations, and so on.

The central argument of this thesis is that a philosophical engagement with harm reduction would benefit from a social movement perspective that can bring all of these activities into focus. In this way, the tensions, contradictions, aspirations, strategies, tactics, controversies, complicities, and *movements* of this social movement can be taken on as worthy topics for philosophical investigation. In the next, and final, brief chapter I describe some of the most pressing issues that I believe a philosophy of harm reduction might productively engage with. As was mentioned in the first chapter, these issues have to do with the development of movement-relevant ideas in social ontology, political strategy and theories of social change. Some of the methodological issues covered in the first chapter will also be returned to. Any future philosophy of harm reduction capable of grappling with the non-ideal circumstances I have surveyed above, will benefit from interdisciplinary and collaborative methods.

Chapter 3

3 - Introduction: Future Work

In this final chapter, I outline three areas where social movement-relevant philosophical engagement might prove fruitful, both for the ways in which this engagement might contribute to movement formations, and the ways it might contribute to more generalizable ideas in social and political philosophy.

An important motivation behind this thesis project, and behind recent calls for reform within the discipline, is the desire for philosophy to be more socially relevant and impactful (e.g., Fehr and Plaisance 2010). I have been especially motivated by a particular understanding of “social impact” in this case. There are a diversity of views within the harm reduction social movement about how to understand situations of drug-related harm; about which methods are appropriate for achieving ameliorative change; and, about what form final goals might take. In general, it seems that harm reductionists imagine a substantial socio-political re-organization: the world will need to be radically re-organized to make ‘risk environments’ less ‘risky.’ Priorities for harm reduction as a social movement include identifying justifiable and practical methods for achieving ameliorative change; developing ways to analyse complex situations of harm, as well as a diverse social movement; and, taking up and facilitating appropriate actions. As I argued in the first chapter, a neglect of the social movement aspect of harm reduction could lead to a disconnect between the philosophizing that is done and the actual political projects unfolding within harm reduction. This is not a concern about the utility of abstract arguments, but, rather, about their application in idealized models insufficiently attuned to non-ideal circumstances. The understanding of social impact that motivated this thesis is one where philosophizing is directed toward the identification of realistic paths to a “Drugpeace” (Boyd 2012). There is no guarantee that social movements will be directed towards laudable goals. Ending the war on people that is the “Drug War” is, it seems to me, a laudable goal. Philosophy can contribute to the efforts of harm reductionists who struggle towards this goal.

There are, of course, many possible areas where philosophical analysis and critique might latch on to the situations of harm reduction as a social movement. One of the challenges of organizing the survey in the previous chapter was the richness of the topic. There is no shortage

of possibilities for philosophical engagement. The three areas I focus on are simply those which seem, based on my review, to be the most pressing and relevant to the social movement. No single work, however, can take on all of the issues that a philosophy of harm reduction might present, and it is impossible to accurately predict how any given contribution might be taken up or alter the situation. Despite this uncertainty, some philosophical contributions are more likely to be directly movement-relevant, and development in these areas can help to inform developments in other areas within a larger literature.

The areas I focus on are social ontology, political strategy, and theories of social change. Throughout, I return to some of the issues raised in the first chapter, and the question of appropriate methodologies. The discussions in this chapter outline possible directions that future work might take. Developing them further is beyond the scope of this thesis.

3.1 - Social Ontology

The first area is social ontology. Within this area I draw attention to two general topics: those having to do with the categorizations or labelling of persons, and those having to do with frameworks for understanding social movements. A supplementary issue has to do with the social construction of “drugs.”

3.1.1 - Persons

Harm reduction deploys a variety of distinctive social categories and labels. As is the case in many other areas, there are efforts on the part of advocates to develop protocols that encourage uptake of language that is believed to be de-stigmatizing (e.g., Perry and Reist 2006). People-first language, such as ‘people who use drugs,’ is favoured by some, whereas ‘drug user,’ is favoured by others. In either case, these terms have been used to facilitate the development of a group-based politics where people with some commonalities are encouraged to identify with one another. Despite efforts to encourage de-stigmatizing language, terms that are increasingly understood to be pejorative, such as ‘junkie,’ or, in some circumstances, ‘addict,’ are still occasionally used as labels of self-identification. Within the category of ‘drug users,’ distinctions are often made between kinds of usage, with some carrying greater connotations of risk and danger. For example, ‘medical,’ ‘injection,’ ‘recreational,’ ‘problematic,’ ‘dependent,’ and ‘addicted,’ drug use all signify different kinds of both usage and of user. In more extended versions of harm reduction, another set of labels, sometimes of the same people, becomes relevant: ‘drug dealer,’ ‘pusher,’ ‘trafficker,’ ‘user-dealer,’ ‘producer,’ and so on.

Through a consideration of the various classed, raced and gendered connotations of each of these terms and the pragmatics of labelling, harm reduction can provide a rich case study in the social and political philosophy of language. To the extent that uptake of language can be intentionally controlled, terminological choices involve ethical and strategic considerations. Some of the dilemmas these choices present were discussed in the second chapter with regard to a rhetoric of innocence about ‘drug users,’ and an implicit contrast with the overlapping and demonized category of ‘drug dealers.’

One especially rich area of inquiry is the category of the ‘addict.’ There are obvious relationships here with the interdisciplinary philosophical literature on *akrasia* and the philosophy of psychiatry. There is, however, an opportunity to draw further cross-disciplinary connections and relate these back to the social movement for harm reduction. Outside of philosophy, academic critiques of the disease model have revealed many connotations and effects of common discourses around ‘addiction’ (e.g., Hart 2017). To offer an example, the Australian sociologist Helen Keane writes:

The costs of such discourses and practices of addiction are distributed unequally, not only amongst different forms of addiction, but also according to differences of class, race, sexuality and gender. For example, disease models of alcoholism and addiction seem to heighten rather than undermine misogynist discourses about pregnant women who drink and take drugs, especially if they are poor and non-white. In the context of the ‘war on drugs’, insisting that addiction is a medical disorder does not answer the question of who will get to count as deserving victims and who will count as criminals threatening the nation’s well-being and preying on its youth. (Keane 2002:192)

These same topics can also be investigated in ways that draw out their ontological aspect. The dynamic looping effects between language and social group formation are relevant here (Hacking 2007). To isolate one possible line of inquiry, the political novelty and utility of cultivating an identity as a ‘drug user,’ or ‘person who uses drugs,’ would benefit from further scrutiny. This identity is formed along multiple lines, but some of the important ones are shared experiences of physio-psychological drugged effects, including, in many cases, overdose, or the loss of acquaintances, family or friends to overdose; experiences of the social dynamics in communities of drug use, including the purchasing and selling of illicit drugs, as well as consumption in various social environments and in isolation; experiences of stigma and shame, especially when interacting with non-drug users; and, experiences of the vulnerabilities and violence of the “Drug War.” Based on these shared experiences, groups such as INPUD cultivate

an identity that positions ‘people who use drugs’ as a kind of revolutionary subject against the “Drug War.”

The political viability of this group formation and identity has been challenged. The call to “get our people off drugs” that many political groups make is based on an association between drug use and hedonism, disorder and a lack of social cohesion (e.g., Tabor 1969; Robles 1971/2001). Through their self-organization, some harm reduction groups actively challenge the necessity of these associations. The efforts of these groups have helped to develop a globalized cross-cutting identity where drug users have increasingly seen themselves as capable of effective collective political action. An ‘addict’ might not be capable of such actions, but a ‘person who uses’ just might. These shifts in language can be interpreted as a respectful affirmation of agency, or the surfacing of a truth that was previously hidden, but the relationships between the linguistic categories that are innovated, the group formations they enable, and the capacities that are expressed and developed are, it seems to me, better understood as a dynamic and looping effect.

3.1.2 - Substances

Another related issue is the categorization of drugs themselves. The term ‘drug user’ should properly be read as ‘illegal drug user.’ Nicotine, alcohol, and caffeine are all psychoactive drugs, and the first two are implicated in very serious harms, but using these substances does not mark one as a ‘drug user’ (Stafford 2007). Many historically complex factors contribute to the categorizations and re-categorizations of substances as ‘drugs,’ ‘medicines,’ ‘foods,’ or ‘poisons.’

Harm reduction activists often emphasize the social and contingent nature of drug-related harm; if the world were differently organized, drug use might be made much less harmful and positive drug effects might be enhanced. Drug effects are, to some extent, contextually variable; in one context a particular drug might prove harmful, while in another it might prove beneficial. Developing scientific knowledge about the variable effects of socio-environmental contexts and interactions on drug experiences has been hampered by the prohibition regime. An interesting feature of harm reduction is that it has sometimes worked against these processes by facilitating the dissemination of subaltern knowledge about drugs. For example, it has been argued that in its peer-to-peer or “from below” aspect, harm reduction has sometimes involved the sharing of

practical or *phronetic* knowledge about “how to live well with drugs” (Boothroyd and Lewis 2016; see also, Mars, Bourgois, Karandinos, Montero and Ciccarone 2016).

There are some who argue for the benefits of drug use in an unrealistic and unbalanced way such that their harmful effects are minimized or denied, and their positive effects are romanticized. These are the types of arguments often associated with ‘60s countercultural icons such as Timothy Leary. They are not, however, the kinds of argument generally taken up by harm reduction activists. Harm reductionists often emphasize the biological reality that at certain dosages some drugs will be fatal regardless of the environment in which they are consumed. Nevertheless, disentangling the “biological” from the “social” is not as straightforward as limit cases suggest. The history of drug panics, and of shifting ideas around the relative riskiness of some drugs over others can provide many examples of how both expert and lay opinion about drug effects shift with fashion. The recent history of a legal distinction between crack and powder cocaine in the United States is a good example of how virtually identical substances can be evaluated differently depending on the presumed race and class of predominant users. It is important to emphasize that values and assumptions of this kind, often unwittingly, become embedded in both scientific evaluations and the public imagination.

Discussions about these processes are quite common amongst harm reductionists. The social construction of drugs is an important theme in the harm reduction literature to which philosophers might make a useful contribution (see, e.g., Derrida 1995). As with the looping effect described in the previous section, it might prove productive to investigate the dynamic between evaluations of drug-related risk, and the production of conditions that can perpetuate or exacerbate the same risk by other means.

3.1.3 - Movements

The main focus of this thesis has been harm reduction as a social movement. A critical area where philosophical engagement might prove socially impactful is in the development of models or ways of thinking about this sprawling multi-scalar and temporally extended social formation. Despite its sprawl, fuzzy boundaries and internal contradictions, harm reduction as a social movement seems to have a recognizable identity, and “it” seems to do things in the world. All social movements are internally diverse, however, this particular movement might be especially disunited and heterogeneous. As I have described it, the harm reduction social movement is both top-down and bottom-up, and involves many unexpected alliances. My goal in

this thesis was to give an overview of this movement, not to provide a criteria for demarcating authentic social movements from mere social conglomerations. Commentators such as Tammi and Temenos have recognized that there is sufficient commonality across diversity for the label to apply. Whether this is the correct assessment will depend on how one thinks about the ontology of social movements. In the previous chapter I found it useful to organize my descriptions and analysis through Tammi's three 'epistemic fractions,' and Temenos and Routledge's materially-grounded notion of a 'convergence space.' While these devices were useful for descriptive purposes, a deeper account of the ontology of harm reduction as a social movement requires more.

Avery Kolers, in his paper encouraging analytic philosophers to engage with social movements, suggests that many social movements can be characterized using a triad of identities, interests and aims (2016:582). Kolers offers the following examples of this triadic form: "African Americans, civil rights, and equal treatment in public institutions; women, feminism, and reproductive freedom; workers, the labor movement, and economic security" (582). In the case of harm reduction as a social movement, these three variables might be filled in as follows: people who use drugs, harm reduction, an end to the "Drug War." Characterizing social movements in this way clearly captures something important. However, as Kolers notes, these triads gloss over the complexities of the actual situation. It would be convenient for organizers if the identities, interests and aims of actual social movements were as homogeneous as these triads suggest. Typical approaches to collective agency and identity in analytic philosophy "have only begun to grapple with [issues at] the scale and complexity" of real social movements (582). To do justice to the heterogeneity within each of these variables, new approaches to the social ontology of social movements must be developed.

Kolers' paper is both brief, and explicitly addressed to a readership of analytic philosophers. These constraints might explain the paper's relative neglect of "continental" approaches to scale and complexity. Some academics in other disciplines who work on harm reduction have been attracted to the work on 'assemblage thinking' associated with the French philosophers Gilles Deleuze and Félix Guattari, and further developed by Elizabeth Grosz, Manuel DeLanda and many others (see, e.g., Duff 2016, 2018; Vitellone 2018; also, Zigon 2015). Similar resources are available in the actor-network theory most strongly associated with another French philosopher, Bruno Latour (see Müller 2016 for descriptions, critiques and

developments in both actor-networks and assemblages). Both of these “approaches are concerned with why orders emerge in particular ways, how they hold together, somewhat precariously, how they reach across or mould space and how they fall apart” (Müller 2016:27). Aside from their emphasis on relationality, heterogeneity, and change, a distinguishing feature of these approaches is the way they conceive of human and non-human “agency” within “precarious wholes.” This holism is clearly related to the discussions about “continental” philosophy and idealism in the first chapter.

It is not possible to do justice to these approaches in a brief concluding chapter. The important point is that influential elaborations of ideas explicitly directed to problems of complexity and scale are being taken up and applied to the situations of harm reduction. Future scholarship in a philosophy of harm reduction might take this work as a starting point.

I should note that the majority of the work in harm reduction that makes use of the resources in these ontological traditions focuses on the situations of drug use (e.g., Vitellone 2018); or, less commonly, the situations of the global “Drug War” (e.g., Zigon 2015). Although some work comes close (e.g., Temenos 2016, 2017; Zigon 2019), I have not encountered a specific application to the sprawling, heterogeneous and globalized social movement described in the previous chapter. There is an opportunity to develop such an application, and think through its implications.

3.2 - Political Strategy

Throughout the previous chapter, I highlighted cases where the politics of harm reduction involved strategic dilemmas, complicities, deceptions, and the possibility for recuperation to a harmful *status quo*. The need for nuanced strategic thinking is most strongly felt by those who appreciate (or evaluate) that the politics of harm reduction involves dilemmas of action. In particular, despite its ameliorative effects, harm reduction as a social movement is often implicated in neo-liberal projects of austerity, and individual responsabilization. There is only a dilemma here for those who believe, as I do, that the individualizing trends of neo-liberalism bolster the “risk environments” that harm reductionists attempt to counter. This view, and the strategizing that follow from it are a partisan concern. Harm reductionists who share this view often find themselves both applying *and* resisting narrow technocratic conceptualizations about “what works.” As was discussed in the previous chapter, other forces not well-described as “neo-liberal” also contribute to the maintenance and proliferation of drug “risk environments.”

Analysis and critique of all these forces will be required as harm reductionists develop strategies for social change.

Political strategy is teleological; it involves working toward an end. Even when those ends are vague, idealistic or utopian, political strategy towards them, as opposed to an empty hopefulness, must also be *realistic*. An engaged philosophy of harm reduction that takes account of its social movement aspect will, it seems to me, benefit from taking a position on which ends are desirable. Abstracted and neutral discussions about strategy, such as those developed in game and decision theory might be relevant, but it seems doubtful that their limited variables (and individualistic assumptions) will be well-tuned to the complex non-ideal dynamics of harm reduction as a social movement. Although there is always a possibility for empty utopianism, caring about a particular end can also focus attention on practical obstacles and the pursuit of effective means to overcome them. Despite any biased perceptions that might accompany activism, a committed participant is likely to be attuned to important features of the situation that an outside observer might overlook.

The social movement scholar Laurence Cox describes how “movements exist, persist and develop insofar as they are able to put their finger on something that doesn’t yet exist, and create it” (2018:72). This crucial feature of social movement activity can be understood as a combination of realism and creativity (see Raekstad 2016 for a related argument in support of the possibility of “utopian forms of realist political thought”). In the second chapter I presented non-reformist reform and a politics of the interstice as examples of how to think about the political projects of harm reduction. Both of these approaches affirm creative potential, and reject “the domination of ‘we have tos’” (Pignarre and Stengers 2011:113). Both, in other words, emphasize the importance of maintaining or opening the space for novel political possibilities as Cox describes. It is worth mentioning that a preoccupation with creativity and ameliorative social change is also shared by the philosophical tradition of American Pragmatism.³⁰ There is a possibility to further develop these connections. For example, there seem to be parallels between Jane Addams’ work in settlement housing and anti-war activism, and the practices of public health harm reduction interventions and activism against the “Drug War.” Drawing out these

³⁰ Stengers’ work explicitly engages with the Pragmatist tradition (e.g., 2008). The historical relationship between Pragmatist and Marxist traditions has often been uneasy (e.g., Horkheimer 2013/1947:3-57), but the realistic political strategizing of non-reformist reforms points to a practical area of overlap (see Renault 2013 for a history of the interrelationships between the traditions).

connections might open a possibility for shared insights into social movement ontology and political strategy.

3.3 - Social Change

The final area I discuss is theories of social change. This area is obviously related to political strategy. A motivating assumption behind the strategic planning that takes place in social movements is that such efforts can make a difference. There are two aspects to this. First, it is assumed that choices about which strategy to pursue can make a difference to the likelihood of achieving a desired change. Evaluations are made about which paths are more likely to produce desired effects, and which are more likely to produce undesirable ones. Second, there is an assumption that social movements are causally important in the chain of activity that initiates social change. All of this is challengeable.

As Kolers puts it: “[p]erhaps [social movements] are mere narrative constructs that help people think of themselves as playing a role in historical change” (2016:588). Factors other than those pressed by social movements are obviously important to processes of social change. Few would deny that forces initiated by elite actors outside of the direct influence of social movements have had substantial impacts on history. Furthermore, it seems obvious that non-human environmental or structural forces also play an important role. If I understand it correctly, the “eliminativist” position that Kolers raises shifts all of the causal power to these other two factors. Alternatively, the position might be an endorsement of a kind of determinism where all creative agency is treated as an illusion. However it is filled out, I agree with Kolers that “to deny that social movements are real would be to leave a massive explanatory gap in our understanding of ourselves and our social world” (588). Despite any myth-making or hubris in celebrations of social movements, it seems unreasonable to claim that they have no effect on social change. A more realistic, though, perhaps, methodologically more difficult approach would take account of all of the potential factors and their interrelations. Questions of determinism seem to me to be beside the point and morally problematic insofar as they might be used to encourage political quietism or fatalism.

The ‘assemblage thinking’ pointed to in section 3.1.3, or similar ontological approaches, might provide a useful way of thinking about dynamics of social change, and the various interrelated influences of social movements, elite decisions and non-human structural and

environmental forces. Something like this, it seems to me, will be necessary to engage with or model the heterogeneous social movement for harm reduction.

Theories of social change should also be historically informed. Many harm reduction scholars have made productive use of Foucaultian ideas about biopower, neo-liberalism, and governmentality. Applying these devices to the situations of harm reduction can be illuminating. There is, however, more work in a Foucaultian vein that might be done. The historical account of harm reduction as a social movement in the previous chapter needs further development. Foucaultian methods, as opposed to Foucaultian devices might be useful for this task. Foucault's critical historiography applies genealogical methods to draw out "those conditions of possibility that constrain and enable us today, right now, in our present" (Koopman 2013:24). A more robust genealogical account might provide insight into the constrictive and productive conditions of the present movement.³¹ It seems likely that the historical resources referenced throughout this thesis will be useful for this task. An elaboration of how genealogical methods in philosophy might contribute to a politics of harm reduction is a task best left to the future.

3.4 - Conclusion

An important theme in this work has been the importance of attending to the real complexities of harm reduction. From a social movement perspective, harm reduction is not simply a health intervention or a social policy, it is an ongoing and creative attempt to transform the conditions that produce drug-related harm. To make the case for this view, a wide range of academic and non-academic sources was surveyed. Reading across this material made it possible to provide a textured and multi-faceted overview of the area. However, there are obvious risks to this methodological approach. No single scholar can possibly possess the expertise required to fully understand and synthesize such a broad range of materials. My generalist approach arguably gains the advantages that come from an overview and synthesis at the cost of depth. As a lone scholar, choices regarding what was included and excluded, even when they were informed through conversations with others, are idiosyncratically biased. Furthermore, the bibliographic methods that were deployed are quite limited in their reach. Methodologies that tap into sources of information outside of the kinds of texts I have analysed are crucial to providing a

³¹ Genealogical methods (as opposed to Foucaultian devices) have been applied in some works relevant to harm reduction (e.g., O'Malley and Valverde 2016). However, my review did not locate an example where critical historiographical methods are robustly applied to the conditions of harm reduction's origins as a social movement.

fuller account. By observing these limitations I do not mean to undercut the views presented above. Nor do I mean to gainsay the usefulness of bibliographic methods. Limitations are opportunities; and, multiple methods are needed.

As future philosophical work in this area develops, it seems to me that collaborative and interdisciplinary work both inside and outside of the academy will be helpful. The range of issues that a philosophy of harm reduction confronts is enormous. Since the social movement for harm reduction appeared relatively recently much of its history has yet to be written. Furthermore, as a social movement, much of its activity evades documentation. An engaged and attuned philosophy of harm reduction will need to reach beyond bibliographic materials, and draw from many voices and sources.

I have argued that insufficiently attuned philosophical engagements with harm reduction run the risk of reproducing or strengthening a technocratic and top-down tendency that many harm reductionists actively resist. To facilitate attunement, I have recommended focusing on the social movement for harm reduction. However, attuning to non-ideal circumstances is not a one-time action. The social movement for harm reduction moves, and so too will a philosophy that is attuned to it. This thesis provides an overview of the movement, and a framework for understanding how it is socially organized, as well as the kinds of obstacles it encounters. There is more work to be done in analysing, critiquing and contributing to the development of this movement. Unlike this thesis, the process of paying attention to the dynamic non-ideal circumstances of harm reduction as a social movement has no clear end-point.

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Appendix: The Young Lords Party (Robles 1971/2010:226-7)

Fight Drugs—to Survive (from the newspaper *Palante*, 16-29 August 1971, volume 3, number 14)

There are over 4,000 drug addicts in the South Bronx. There is only one city hospital for the people of the South Bronx. Before November 11, 1970, there was no Detox Program for these 4,000 addicts. On this date ex-addict workers and community people took over the 6th floor of the Nurses' Residence at Lincoln Hospital. They demanded a Detoxification Program for the South Bronx. HRUM and the community organized 25 addicts for the take over that first day. 30 addicts were detoxed. They asked lacot, the hospital administrator, for the space and equipment, and he told them they had to leave.

100 ses (special events squad) police busted in and arrested 15 people. Finally the administration agreed, but only 25 addicts were to be detoxed. But the community saw the need to take care of at least 200. The hospital was forced to deal with the demands because they couldn't fight the community and workers. So the ex-addicts, workers, and community people did the work themselves with the help of one doctor. When more doctors volunteered, they negotiated for the program to be funded. The administration threatened to close the program two or three times, but 3,000 addicts mobilized against the threat.

Some people might ask, what makes this program different from other programs?

This is one of the first community-worker controlled Drug Programs. In this program, Political Education Classes are given to answer why we use drugs in the first place? What are the real problems we face? We rap about the big-time pushers (not the poor brother or sister that sells dope in our communities) that bring heroin in from other countries so that they can get richer and kill us poor people. Because the rich are afraid we will rebel against the poverty, and drugs are a way to keep us quiet.

Today the program is in its 20th cycle (a cycle lasts 10 days). For 10 days, addicts come in, get methadone, and see a counselor. Most counselors are ex-addicts, so they know best the problems of addicts. After detoxification, they continue to see a counselor and do volunteer work. The program has taken care of about 2,000 addicts. We are trying to get a warehouse together for the addicts to stay in while they detox.

Addicts want to kick. They are beginning to understand that drugs are another way of controlling people. Poor people use drugs to escape all the misery in our lives. But there is no escape and addicts are seeing what's happening and don't want to run away anymore. They are going to stay clean ("drug free") to fight these problems.

Why did 15 people have to go to jail to get this program?

Isn't the government supposed to meet our needs and if not, we should change this government to one that would be in the interest of poor people. But instead, the government is taking this program to court for so-called "unamerican" activities. That proves that they want us to stay drugged up. When we try to get clean, they call it "unamerican."

FIGHT DRUGS—TO SURVIVE!

ALL POWER TO THE PEOPLE!

Olguie Robles

Ministry of Education

YOUNG LORDS PARTY