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The Social Practice of Harm Reduction in Argentina: A “Latin” Kind of Intervention

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Abstract

“Harm reduction” is a public health model that places emphasis on reducing the negative effects of drug use rather than on eliminating drug use or ensuring abstinence. Based on sixteen months of ethnographic research, this article examines how harm reduction in Argentina is both envisioned and observed as a social practice by analyzing how local harm reductionists position their work in relation to “social context.” My informants consider this social emphasis to be characteristic of a “Latin” kind of intervention, which they differentiate from an “Anglo-Saxon” approach focused on individual behavior change. Differentiating between these “cultural” models of intervention helps Argentine harm reductionists guide their social orientation to drug use, risk, and harm by situating interventions in the contexts in which users live and operate. It also allows them to distinguish their social form of harm reduction from a neoliberal one that they associate with the global north. The construction of these distinct cultural models of intervention is a means of critiquing neoliberal approaches to health that advocate technical solutions to changing individual behavior. Ultimately, this construct acts as a political commentary on the limits of an individual-oriented harm reduction project when applied to the “Argentine context.”

Keywords

drug use; harm reduction; social context; public health; Argentina

I’m waiting for Sebastián,¹ a counselor at a drug counseling center, as he talks with a young man in the next room. The center operates in a space on loan from the Catholic Church, allowing Sebastián and his colleagues to conduct their meetings within this neighborhood of Rosario, Argentina. Doubling as both a counseling center and a place of worship, the main area is comprised of a small altar, a handful of pews, and a crucifix. Photos and drawings adorn the walls; I am surrounded by saints, popes, and Claudio “Pocho” Lepratti. A member of several neighborhood organizations and the director of a community kitchen, Lepratti was murdered in the December 2001 riots during Argentina’s most recent economic crisis. As the police opened fire around the school where Lepratti worked, he climbed on the roof and shouted a now famous phrase: “*Hijos de puta, dejen de tirar que hay pibes comiendo!*” (You sons of bitches, stop shooting! There are kids eating!). Fatally shot, he became a martyr for the poor, a symbol of social activism, and a local folk hero.

¹Informant names have been changed to ensure confidentiality.

Sebastián sits in the pew in front of me. He twists around to face me and begins talking about his work in the neighborhood. He has worked with drug users and their families for three years, running workshops and individual and small group counseling sessions at the center. He explains that this helps him understand many of the difficulties that his clients face: “Not just drug use, but also HIV, violence, anything.” Sebastián places his arm on the back of the pew and asks, “You know about Enrique Pichon Rivière, right?” My blank stare sends him into a history lesson on how this renowned psychiatrist shaped the face of psychoanalysis in Argentina in the mid-20th century through his promotion of social psychology. His focus on group dynamics strayed from what Sebastián decries as the more individual-focused therapies of Sigmund Freud and Jacques Lacan. Sebastián proudly admits that this shift toward *el contexto* (context) greatly influences his own work at the center.

Sebastián continues to talk about his day-to-day activities and the challenges of working on such a delicate subject as drug use. “Drug use is always swept under the rug,” he says with a shrug. “Parents, family, neighbors: nobody wants to admit to their role in it.” Sebastián insists that the only way to approach the topic is to work with and within the community, to observe the dynamics of the neighborhood, to see the interactions between its members, and to understand the different factors that influence users’ lives. In essence, he must understand the broader social context. To drive home his point, he touches my arm and says, “You’re an anthropologist. You understand perfectly. It’s exactly like Malinowski.”

Drawing an analogous link between his work and Bronislaw Malinowski’s pioneering ethnographic method of participant observation is a telling sign of how Sebastián envisions his professional orientation to drug use and drug users. He considers knowledge of and participation in the social world of users to be a central part of his work. Like the ethnographer who strives “to grasp the native’s point of view, his relation to life, to realize *his* vision of *his* world” (Malinowski 1984:25), Sebastián spends time outside of the center to familiarize himself with the everyday environment in which his clients live, operate, and use. He socializes with members of the neighborhood and talks regularly with his clients as well as their partners, friends, and families on the streets and in their homes. These exchanges illuminate the motivations and pressures faced by his clients and he has a broad perspective on the issues he addresses at the center. This not only extends his frame of reference beyond face-to-face interactions with his clients but also presents potential avenues for intervention. The social, rather than solely the individual, is Sebastián’s framework for understanding and intervening in drug use and its effects.

This article considers the role of the social in the work of Sebastián and others in Argentina who approach drug use from a harm reduction perspective. “Harm reduction” is a public health model that emphasizes reducing the negative effects of drug use rather than eliminating drug use or ensuring abstinence (Riley et al. 1999). Based on extensive ethnographic fieldwork in Argentina, this article illustrates how harm reduction in Argentina is both envisioned and observed as a social practice by analyzing how Argentine harm reductionists position their efforts in relation to social context. This social focus is identified by these harm reductionists as characteristic of a “Latin” kind of intervention. They

differentiate this from an “Anglo-Saxon” approach, which they maintain focuses overwhelmingly on individual health behavior change.

In this article, I show how this mapping of social and individualistic orientations to interventions onto different cultural models serves multiple functions for Argentine harm reductionists. First, it guides their social orientation to drug use, risk, and harm by situating interventions in relation to the multiple milieus in which users operate and where drug use norms and “risky” behaviors are fostered and practiced. Second, it is a way for Argentine harm reductionists to differentiate their social form of intervention from the narrowly neoliberal one that they associate with much of the global North. As such, I argue that the construction of seemingly distinct cultural models of intervention—“Latin” vs. “Anglo-Saxon”—is a means of critiquing neoliberal approaches to public health that focus primarily on technical solutions to changing individual behavior. Ultimately, this construct acts as a political commentary on the limits of an individual-oriented harm reduction project when applied to the Argentine context.

By engaging in a Latin kind of intervention, Argentine harm reductionists design and implement interventions that do not begin and end with the physical harms to the individual drug user. They consider their approach more holistic than an Anglo-Saxon one, with its purported neoliberal emphasis on instigating individuals to make informed choices about changing their behavior (Lupton 1995; Petersen and Lupton 1996) because it broadens the field of intervention to the user’s family, friends, and community. This approach also allows them to focus on social harms that affect more than just the individual user through the promotion of socially-informed and practiced interventions. Pushing for this kind of harm reduction draws critical attention to the necessity of addressing and working within social contexts and conditions that influence drug use, risk, and harm, such as poverty, inequality, and social exclusion. It is important to note, however, that Argentine harm reductionists are not completely averse to said Anglo-Saxon interventions. They *do* utilize certain neoliberal strategies to promote behavior change among individual users. However, they recognize that while individually-focused interventions are important and serve particular purposes, they must be complimented by actions that seriously address the larger social context. For my informants, this is what differentiates the Latin kind of harm reduction from the Anglo-Saxon.

While much research emphasizes how drug use, risk, and harm are influenced by social and contextual factors, this article extends the conversation by discussing how such a focus affects the conceptualization and delivery of harm reduction interventions on the ground. The aim of this article, therefore, is to analyze the particular social practice of harm reduction in Argentina and consider how it is informed by contextualized experiences. By investigating this practice ethnographically, I underscore the importance of studying how interventions are envisioned, developed, and performed in relation to sociocultural, political economic, and historical contexts by those who design and execute them. In doing so, I do not wish to paint an idyllic picture of harm reduction in Argentina but rather highlight the complicated—and often obscured—ways in which harm reductionists identify their targets and methods of intervention. Paying heed to the intricacies of these processes can help us

understand why harm reduction programs conceived or used in one locale may succeed or fail in another.

Problematizing the Social

Anthropologists and sociologists have long examined the social in relation to drug use (e.g. Agar 1973; Becker 1953; Dai 1937; Lindesmith 1947; Zinberg 1984). Since the mid-20th century, such ethnographic illustrations of and theoretical reflections on the social dimensions of drug use were primarily a reaction to research that analyzed use from biological, psychological, and moral perspectives. This important work influenced countless studies on how the social, in its various forms, affects drug use experiences as well as users' everyday lives. In other words, they incited drug scholars to take the social seriously.

One particularly fruitful way drug scholars address the social is to study the “social context” of drug use. Such analyses often conflate the social with context, sometimes referring to it as “setting” or “environment.” This reinforces the idea that context is simply the ground upon which activity takes place. Serving more as a frame for behavior, context as a concept does not account for the dynamic interaction between “context” and “contextualized” (Duff 2007; Huen 2009). David Moore (1993) specifically argues that “social setting” is often imagined as the fixed backdrop to a drug-using scene; it is frequently applied to the act of drug use rather than dynamic processes that shape use. Cameron Duff (2011) similarly attests that the idea of context does not help explain how various human and non-human actors influence drug use events. As Moore (1993:419) states, there is “a richness and diversity of experience too often summarized under the narrow phrase ‘the social setting of drug use.’”

These issues touch on broader concerns regarding the social as both a topic and tool of analysis (Joyce 2002; Law 2004). Critiques frequently revolve around the identification of the social as a distinct domain of inquiry and action. Nikolas Rose (1996), for instance, claims that recognizing the social as a domain *sui generis* is the project of all social sciences. Bruno Latour (2005) questions this analytic tendency by highlighting the problem of using “social” as a descriptor. He argues that employing “social” in this manner assumes that the social is a specific component that is different or altogether separate from other domains like the “biological,” “political,” and “economic.” Such a division incorrectly marks such domains as “asocial.” This process of domaining is indicative of what Latour claims is an outdated approach whereby “social context” is labeled as a specific arena of reality in which everything is framed and analyzed. He maintains that this is unproductive for understanding the world, and that providing the “social explanation” for phenomena should no longer be the project of social science (Latour 2005:1).

Such cautions are important to consider given the analysis of harm reduction presented in this article. But, while not discounting these critiques, I chose to pay close attention to how the social *is* identified and mobilized by my informants. I consider this worthy of study as it provides invaluable insight into how my informants themselves frame and approach drug use, harm, risk, and their broader project of intervention. By focusing on the emic perspective of my informants (Malinowski 1984), I prioritize what the social signifies to

them rather than myself in order to more clearly recognize and examine that meaning and its attendant activities.

The analysis presented below demonstrates that Argentine harm reductionists equate the social with social context. This means that the social, as they recognize it, encompasses the broader factors and forces that shape the people, practices, and places that are their targets of intervention. Their focus on social context arguably aligns with the risk environment framework for analyzing and addressing drug use, risk, and harm. A “risk environment” is a physical or social space in which a range of factors exogenous to the individual interact to produce risk and to increase the chances of harm (Rhodes et al. 2005). Taking seriously the social foundations of drug use and risk, this framework promotes an understanding of harm as contingent on the social situations and environments in which users operate (Rhodes 2009). This framework critiques how public health typically emphasizes the role of individual behavior in producing and reducing harm. The behavioral focus of HIV/AIDS prevention projects aimed at injection drug users (IDUs), for example, is criticized for this focus (Hopson, Peterson, and Lucas 2001; Strathdee et al. 2010). Understanding HIV risk requires looking at the social and structural factors that influence and shape risk practices and vulnerability to harm (Power et al. 1996; Rhodes 2009). In fact, anthropologists have decried the behavioral focus of HIV prevention since they first engaged in HIV research with IDUs in the late 1980s (e.g., Bourgois 1998; Page, Smith, and Kane 1989; Singer et al. 1992). They demonstrated the shortcomings of such interventions and called for interventions and research that take context into account.

A similar critique is made of harm reduction programs that underscore individual behavior change. Tim Rhodes (1997) suggests that such a focus fails to capture the ways in which risk, harm, and drug users’ perceptions of risk and harm are context-dependent. Moreover, the individuation of harm reduction and responsibility obscures the influence of power inequalities related to such factors as race, class, gender, and sexuality (Bourgois, Lettiere, and Quesada 1997; Epele 2002; Friedman et al. 1998) as well as political economic conditions in shaping harm and responses to interventions (Bourgois 1998; Singer 2001). As Philippe Bourgois (2003:32) asserts, drug use and harm are “virtually meaningless outside their sociocultural as well as political economic contexts.”

By linking social context with a Latin form of intervention, Argentine harm reductionists are making a statement with their social orientation to harm reduction. They label their work as “Latin” in order to distinguish it from and critique Anglo-Saxon interventions precisely because the latter are perceived as adversely decontextualizing drug use, risk, and harm in favor of individual behavior change models.

Methods

Fieldwork was conducted over the course of sixteen months in Buenos Aires and Rosario, the metropolitan areas with Argentina’s greatest concentration of drug users (Inchaurreaga 2003). This included a two-month preliminary visit in 2006 and fourteen months of fieldwork from September 2007 to October 2008.

Data was collected using several methods. First, participant observation was carried out with two of Argentina's foremost harm reduction NGOs.² This included attending meetings, researching and writing reports, participating in advocacy projects, and accompanying NGO members to interventions and trainings at clinics, hospitals, and other community locations. I also accompanied NGO members to conferences and events related to drug use, harm reduction, and HIV/AIDS in order to observe how information and experiences were exchanged at the national, regional, and international levels. Second, over fifty interviews were conducted with individuals working on drug use and HIV/AIDS, including members of the above-mentioned NGOs, public health professionals, psychologists, medical doctors, social workers, community organizers, and government employees. Interviews focused on harm reduction, HIV/AIDS prevention and treatment, drug policy, prevention, treatment, and use, and the work of national and regional harm reduction and drug user networks. Third, participant observation and interviews were supplemented by archival research on Argentine government and civil society responses to drug use and related health issues. This literature consisted of scholarly articles and books, government and civil society reports, organizational newsletters, and newspaper and magazine articles. This also involved an analysis of documents produced by organizations and individuals with whom I conducted fieldwork. The majority written in Spanish, these documents largely concerned harm reduction, drug use, drug policy, HIV/AIDS, and other health concerns, and included scholarly articles and books, policy reports, conference proceedings, research studies, newspaper and magazine articles, and intervention materials.

Fieldnotes from participant observation, interview transcripts, and literature were analyzed for key themes. A coding system was developed to further refine the data through the classification of sub-themes to establish a structural framework for organizing the analysis presented in this article.

A “Latin” Kind of Intervention

The role of the social in determining where, how, and with whom harm reduction is carried out in Argentina was first made evident during a conversation with Cecilia, the intervention coordinator of a harm reduction NGO. “We do a Latin kind of intervention here,” she said. Puzzled, I asked, “What do you mean by a ‘Latin’ kind of intervention?” She elaborated, “Well, it’s more common in the Anglo-Saxon world to focus on individuals or specific populations. Here, we do more community outreach. We focus on the social context, on the users, their families, their partners.” As our conversation progressed, she explained what made this type of work recognizably “Latin.”

What Cecilia described was not a uniquely “Latin American” *modus operandi*. Rather, it signified a social-oriented approach that she and several of my other informants associate with Latin America and the “Latin” European countries of Spain, France, Portugal, and Italy. Cecilia spoke of a “cultural connection” between the approach used in Argentina and those employed in these locales. Her reference to “Anglo-Saxon” interventions, conversely, denoted an individualistic, technical approach that she and other informants identify with

²NGO names have been concealed to ensure confidentiality.

most countries in the global North, particularly the United Kingdom, Australia, Canada, and the United States. She clarified:

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

Cecilia's description of two distinct approaches aligns with what María Epele and Mario Pecheny (2007) describe as a tension between "North-framed" neoliberal models of public health and Latin American social health models. The prevailing approach in the Anglo-Saxon world, they claim, promotes individual self-care and self-cultivation. The individual is considered a rational actor who makes sound decisions based on the costs and benefits of particular behaviors.³ Therefore, intervention is organized around how to alter individual actions. Epele and Pecheny argue that this Anglo-Saxon behavioral model of intervention does not align with the Latin American tradition, which situates health and illness within social relationships, everyday interactions, and political economic conditions.⁴

My informants recall that harm reduction in Argentina was initially a response to their country's HIV/AIDS epidemic in the mid-1990s, when alarming rates of needle sharing and HIV infection among IDUs were first reported (Sosa-Estáni et al. 2003). By 1999, approximately 41 percent of all AIDS cases in the country were attributable to drug use (Ministerio de Salud y Acción Social de la Argentina 1999). Consequently, Argentina had one of the highest rates of drug use-related HIV prevalence in all of Latin America. To counter this trend, Argentines began designing and carrying out projects at the individual level. Some interventions still focus on individual behavior change, such as the distribution of condoms, needles/syringes, and information as well as workshops on safe injection and sex. Individual users are taught how to use these devices and informed of the health risks associated with sharing or not properly using these items. Information pamphlets, for instance, are emblazoned with catchy slogans that speak directly to the user: "*Jugá seguro: Usá preservativo.*" (Play safe. Use a condom.); "*Si te picas, tomá menos riesgos.*" (If you inject yourself, take less risks.); "*Para cuidarte del SIDA, se usa una vez y se tira!*" (To protect yourself from AIDS, use it once and throw it away!); "*Loco hacete cargo! No compartás la jeringa.*" (Dude, take care of yourself! Don't share the syringe.)⁵

³Notably, however, many public health scholars in Anglo-Saxon countries, particularly those focused on social determinants of health (e.g., Marmot and Wilkinson 1999; Raphael 2008) and community health research (e.g., Israel et al. 1998; Minkler and Wallerstein 2003) have critiqued rational action theory.

⁴Several social health movements in Argentina, such as Latin American Social Medicine (Tajer 2003; Waitzkin et al. 2001), social psychology (Plotkin 2001; Vezzetti 2003), and the *salud mental* (mental health) movement (Lakoff 2005), situate health and illness within social contexts, relations, and processes.

⁵For additional research on health materials that promote individual responsibility or drug users, see Dodds 2002 and Fraser 2004.

These activities are illustrative of the Anglo-Saxon approach to health because they promote individual responsibility for modifying behavior through technical interventions. Harm reduction as a public health model is rooted in this neoliberal conviction that users are capable of changing their behaviors, making rational choices for improving their health, and reducing the risks of drug-related harm (Bourgois 1999; Moore 2004; Moore and Fraser 2006). My informants recognize that they have historically relied on this kind of self-governance when endorsing behavior change, particularly when working with IDUs. Nevertheless, their interventions do not stop at the individual; she and her behaviors are not the only targets. Rather, with the social in mind, they design interventions to be implemented in the very contexts where drug use and risky practices take place. Such work cannot be done without negotiating what Cecilia calls the “social fabric” where these activities are situated. This means working in and with the communities where interventions are implemented.

On the Ground

Working in *el terreno* or *el campo* (the field) is an essential part of harm reduction in Argentina. It helps workers recognize what is taking place on the ground and better enables interventions “to take hold,” as Cecilia puts it. This type of work is not unique to Argentina, as it has a long history in many parts of the world (Des Jarlais et al. 1995; Leukefeld et al. 1990; Needle et al. 2005). My informants, however, believe that this type of work is no longer dominant in Anglo-Saxon countries due to what they perceive is a shift toward more technical solutions to individual problems rather than community-based interventions. They are adamant, rather, that a Latin form of harm reduction prioritizes working on the ground because it allows for more nuanced and contextually appropriate actions. Aligning their work with a Latin kind of intervention, rather than an Anglo-Saxon one, is one way of distancing their efforts from those they deem decontextualized and too narrowly focused on individual behavior. It also validates the importance they attribute to working on the ground in designing and implementing harm reduction projects; it signifies a privileged and necessary space of intervention.

Working on the ground takes many forms. The most visible, *el recorrido* (rounds) are carried out weekly, semi-weekly, or daily by community operators around their neighborhoods. These outreach workers serve as liaisons between organizations, drug users, family members and friends, and neighborhood institutions. As members of the community, they are well positioned to establish contact with local users and their families and friends; provide them with condoms, needles/syringes, information, and advice; and learn about drug use in the area. As one outreach coordinator declared, “Our community operators are the key to whether an intervention is going to be a success or a failure.”

During my fieldwork, I shadowed several community operators on their rounds. One I regularly accompanied was Agustín. Walking beside him, I saw how he effortlessly navigated his way along the streets and dirt paths of his neighborhood in Rosario and the adjacent shantytown, carefully skipping over stagnant pools of water and dodging children as they rushed through alleys and narrow corridors lined with scraps of wood and sheet metal. Having lived in the area his whole life, Agustín knows these streets and its residents

well. He talks to both friends and strangers and hands out materials to drug users and their families and friends dispersed throughout the area. Reflecting on the many challenges of working in these communities, Agustín often mentioned how most users do not go to clinics or hospitals for general healthcare, let alone for drug-related issues, a point that many other community operators also made. “So many of them are intimidated for different reasons and just don’t go. So outreach is absolutely necessary,” he told me. Pointing to the ground, he added, “Working out here in the street is the best place to do this kind of work.”

Another community operator I accompanied was Ignacio, a former drug user who works in a city along the northern edge of Buenos Aires called San Martín. Ignacio spends a lot of time on his rounds talking to young men on street corners and plazas where they congregate to smoke and drink. He greets each one with a kiss on the cheek in typical Argentine fashion and chats about whatever topic comes to mind. After a few minutes, and before moving on to the next group a few blocks away, he gives them condoms and pamphlets on HIV, drug use, and safe sex. As we walked around San Martín one night, he gestured to the people dancing to *music and drinking beer* on the curb and commented, “Everything seems happy right now because it’s Friday night. People are drinking, hanging out, listening to their music, but there is a lot of misery here.” Ignacio, like other community operators, sees his experiences as an asset to community-based work. This is why he is well-suited for this job: “I’ve used drugs. I’ve been depressed. Many people are suffering here, and I have suffered, too. I can identify with what these people are going through.”

The inclusion of current or former drug users like Ignacio in outreach has proven useful to harm reduction interventions around the world (Aggleton et al. 2005; Rhodes and Holland 1992). Although not uniquely “Latin,” this practice is once again considered by my informants as less necessary in the Anglo-Saxon world because of the seeming shift away from community-oriented and socially-based approaches. Emphasizing the importance of social context and actors in their interventions is part of my informants’ attempt to distinguish their form of harm reduction from that of their Anglo-Saxon counterparts in the global North. They consider the incorporation of current and former users as vital rather than peripheral to harm reduction, as a way to access users that are difficult to identify and contact.⁶ Recalling one of her NGO’s first projects in the late 1990s, Cecilia explained just how critical current and former users were in designing and implementing community interventions. She described them as a “bridge” between users and professionals, opening many doors and providing contact with user networks. In fact, the home of a former user served as a space where NGO members conducted workshops and where users could go for needles/syringes, condoms, and information. What made this space so useful was the fact that it was known among users as a place where they could casually and safely come together.

The physical location of this space as well as the presence of community operators within the neighborhood points to the recognition on the part of my informants that harm reduction interventions must also be delivered within the community. Places like the former user’s

⁶The outreach relationship between former and current users and the “targets” of harm reduction can sometimes be exploitative (Dickson-Gómez et al. 2004). However, I did not witness any mistreatment or manipulation during my fieldwork.

home and the one described in the opening vignette are spaces where harm reductionists can literally set up shop. One NGO, for instance, has a consultation office in a small community health clinic in Avellaneda, a city just south of Buenos Aires. A poster asking, “¿Sabían que se pueden reducir los daños del consumo?” (Did you know that the harms of drug use can be reduced?), greets people as they seek advice or information, pick up condoms and needles/syringes, and learn about services inside and outside their neighborhood. For a population with generally little to no relationship with formal health institutions, these offices are important apparatuses for connecting with drug users and bringing them into the fold.⁷

These places also host workshops and meetings for drug users as well as their families and friends. Belén, an outreach coordinator based at the consultation office, runs a weekly support group where mothers discuss their child’s drug use and the problems they and their families face as a result. When the office first opened, family members came forward, and although many were strangers, they soon recognized that they had similar concerns. They shared stories and strategies through their common experiences, what some informants called “material and affective exchange.” These conversations and collaborative work provide Belén with a useful window into the goings-on of the neighborhood as well as another avenue through which to address the diffuse social harms that stem from drug use.

Working on the ground also entails building good relationships with community institutions. One way this is accomplished is through outreach with professionals in order to promote harm reduction at the institutional level. Trainings are organized around *sensibilización* (creating awareness) of harm reduction and *reflexión* (initiating “reflection”) on drug use and the provision of services in the community. During one such training at a neighborhood clinic, for instance, an outreach coordinator named Facundo explained to the room of doctors, nurses, social workers, and administrators what he meant by “harm reduction,” what interventions his NGO promotes, and what support the NGO could provide to their clinic. Facundo posed questions to the staff to provoke contemplation and conversation, focusing mostly on how users are received at the clinic, what obstacles users face in accessing services, and what information the staff lacked in order to best serve their patients. Engaging in such activities and creating connections with institutions—be they clinics, youth centers, or recreation clubs—assists harm reductionists in mapping the institutional layout of the communities where they work. This helps identify potential sites of collaboration and intervention and ensures that harm reductionists have a sustained institutional presence and influence in these communities.

The Primacy of Context

Much of this work on the ground aims to reduce the harms that drug use poses to individual and public health; the sharing of injection, sniffing, or smoking paraphernalia; unsafe sex; and the volatile mixing of substances all have their corresponding interventions. This kind of community work has proven crucial in reaching “hidden populations” of drug users (Lambert 1990) through various harm reduction programs, particularly those related to HIV

⁷This does not mean that drug users have no interaction with formal institutions and bodies, particularly the legal system and law enforcement agencies. To clarify, this statement is meant to emphasize that consultation offices in community clinics and health centers are important contact points for receiving harm reduction information and services.

prevention. The harm reductionists with whom I worked, however, pointed out that too narrow a focus on health and drug use might actually miss the mark. Such a singular mission to reduce the physical harms of use draws attention away from the myriad of social harms that also affect users' everyday lives. These harms may not be direct consequences of drug use but can contribute to it and the numerous issues that harm reductionists seek to address.

A psychologist at a community center named Martina explained that her work with drug users means inevitably attending to these other issues. The center is located on the outskirts of Villa 1-11-14, one of the largest villas in Buenos Aires and home to mostly poor immigrants from the provinces and countries along Argentina's northern border. Martina is part of the center's outreach team that works in the homeless encampments scattered throughout the villa. She shared her thoughts on why harm reduction necessitates a broad social orientation:

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

The issues she identifies are what many Argentine harm reductionists consider to be part and parcel of working in low income and impoverished communities. Several members of one NGO similarly explained that harm reduction in contexts of poverty and social exclusion requires reaching beyond drug use and physical harms. Structural issues such as violence and lack of housing, education, and unemployment must also be considered and, when possible, addressed.

This position echoes a conversation I had with Belén after a panel at an international harm reduction conference. She was irritated that she could not identify with the content of many of the presentations, especially those by panelists from the United States and the United Kingdom. The subjects and contexts these panelists discussed were vastly different than those in Argentina because they addressed issues far beyond users' basic needs. Belén was particularly shocked that the presenters did not begin with or even mention the socioeconomic conditions or educational backgrounds of the users with whom they work. "These are so central," Belén said. "I would have mentioned them first!" She was not devaluing or dismissing what the panelists were saying, nor the types of interventions they discussed. Rather, her priorities as an outreach coordinator are simply different when the needs of so many users and their families are not being met. She asked me rhetorically, "How can anyone think of doing harm reduction without also dealing with all of these other issues?!"

What Martina and Belén point to is the necessity of a social approach to harm reduction that draws in part on a structural perspective. This aligns with the "risk environment" framework for understanding and reducing drug-related harm. The importance that this framework assigns to context clearly speaks to issues raised by my informants regarding the limits of

individual-oriented interventions. It is not only the place, the “where” of drug use and harm reduction, but also the various structures and factors that produce and reproduce them. Epele and Pecheny (2007) argue that such factors must play a central role in shaping how harm reduction is designed and practiced in Argentina. While the concept of “harm” underlining the majority of interventions in Anglo-Saxon contexts are usually confined to the individual health consequences of drug use, they suggest that the concept be expanded to include harms associated with the social and political economic factors influencing use and users’ everyday lives. In essence, there is a need for continuous social “recontextualization” when it comes to designing and promoting harm reduction in Argentina.

Conclusion

Julián, the secretary of a harm reduction NGO, made the following remark as we talked in his office:

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

As Julián indicates, harm reductionists in Argentina are crafting a form of harm reduction based on the particulars of their social context. This article ethnographically illustrates how Argentine harm reductionists envision their work as a social practice that is framed by a cultural distinction between Latin and Anglo-Saxon modes of intervention. In examining the intricacies of this distinction, I presented how a social point of reference—rather than an exclusively neoliberal alignment—shapes how harm reduction is carried out in Argentina. My informants use this distinction to illustrate the limits of individual-oriented interventions, especially those designed for and used in different environments, in addressing the specifics of drug use, risk, and harm in Argentina. Indeed, neoliberal interventions conceived and used in Anglo-Saxon contexts are not designed around Argentina’s specific sociocultural, political, and economic circumstances. Such decontextualized, individual-oriented interventions do not get the job done in this Latin context. The social practice of harm reduction in Argentina, therefore, challenges the universal applicability of neoliberal harm reduction programs.

Well versed in the history and current trends of harm reduction at the international level, my informants are acutely aware that certain elements of their self-identified Latin approach to harm reduction are present in other parts of the world, including Anglo-Saxon countries. They fully acknowledge how various organizations and even some governments have targeted and politicized the social through harm reduction. Groups like the Junkie-Bond drug user union in the Netherlands, Vancouver Area Network of Drug Users (VANDU) in Canada, and AIDS Coalition to Unleash Power (ACT UP) and Voices of Community Activists and Leaders (VOCAL) in the United States were historically driven by grassroots efforts and community organizing. My informants, in fact, have used the work of these organizations as examples for their own social-oriented interventions. Nonetheless, they

maintain that harm reduction in much of the global North, particularly in areas where the Anglo-Saxon mode of intervention dominates, is becoming increasingly mainstream and normalized toward a neoliberal approach to health and individual behavior.⁸ For Argentine harm reductionists, this is useful for the specific purpose of promoting individual behavior change. However, it is not useful for addressing social forces that affect drug use and users. The social still weighs heavily in the design and implementation of community-based and context-specific interventions assembled under the banner of Argentina's harm reduction.

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⁸While the extant literature does not discuss such a shift, conversations with harm reductionists in New York City and San Francisco suggest that harm reduction is becoming exceedingly more technical and technocratic and less about the community.

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