Social Science & Medicine 74 (2012) 1251–1260

Contents lists available at SciVerse ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Addiction, agency, and the politics of self-control: Doing harm reduction in a heroin users' group

Teresa Gowan*, Sarah Whetstone, Tanja Andic

Sociology, University of Minnesota, 909 Social Sciences, 267 19th Ave S, Minneapolis, MN 55455, United States

ARTICLE INFO

Article history:
Available online 11 February 2012

Keywords:
USA
Heroin
Stigma
Drug addiction
Harm reduction
Syringe exchange
Agency
Subjectivity
Neoliberalism
Social citizenship

ABSTRACT

Our 2007–2009 ethnography describes and analyses the practice of harm reduction in a heroin users' group in the midwestern United States. While dominant addiction interventions conceptualize the addict as powerless – either through moral or physical weakness – this group contested such "commonsense," treating illicit drug use as one of many ways that modern individuals attempt to "fill the void." Insisting on the destigmatization of addiction and the normalization of illicit drug use, the group helped its members work on incremental steps toward self-management. Although "Connection Points" had very limited resources to improve the lives of its members, our work suggests that the users' group did much to restore self-respect, rational subjectivity, and autonomy to a group historically represented as incapable of reason and self-control. As the users cohered as a community, they developed a critique of the oppressions suffered by "junkies," discussed their rights and entitlements, and even planned the occasional political action. Engaging with literature on the cultural construction of agency and responsibility, we consider, but ultimately complicate, the conceptualization of needle exchange as a "neoliberal" form of population management. Within the context of the United States' War on Drugs, the group's work on destigmatization, health education, and the practice of incremental control showed the potential for reassertions of social citizenship within highly marginal spaces.

Introduction

Prohibition tends to surface during conflict and rapid change. In the first world-historical case, the ascetic merchants of the rising Islamic faith defined themselves in opposition to the decadent ruling classes they supplanted across Eastern Europe, the Middle East, and Northern Africa (Jay, 2010). More recently, campaigns for prohibition or moderation in alcohol use have similarly marked the attempts of white Anglo-Saxon Protestants to create and discipline modern industrial working classes, to teach them to abjure the tavern for an idealized domestic sphere (Epstein, 1981; Gusfield, 1986; Harrison, 1971).

Yet the industrial capitalism propelled by Protestant elites also set very different forces in motion. Immense social upheavals – rapid urbanization, mass migration, and the horrors of modern warfare – have steadily dislocated humankind from the kinds of ritualized control systems we built around earlier drug cultures (Samson, 2004). In Bruce Alexander's magisterial analysis, the market first splinters cultural structures and weakens social ties, then offers us in their stead narrowing, compulsive relationships to drugs and alcohol, as well as with shopping, gambling, and video gaming (2008). The United States' response has been to wage war, through both international military intervention and a neo-Victorian temperance crusade within its borders. Reinforced by the rising culture of fear and underpinned by the seismic shift from welfare rights to crime control as the central logic of social policy (Garland, 2001; Simon, 2007; Wacquant, 2008; Young, 1999), the War on Drugs has now persisted for three and a half decades.

Developing within the context of mass criminalization and incarceration, most American publicly-funded drug education and treatment relies on scare tactics and an exaggerated dichotomy between legal and illegal drugs to mandate total abstinence, a project which generally melds authoritarian cognitive behavioral therapy (CBT) with the ethical practices of the Alcoholics Anonymous movement (Skoll, 1992; Valverde, 1998; Valverde & White-Mair, 1999). Over the last 15 years, though, the terrain of intervention has become more differentiated. First, the criminal justice system itself has become a central site for both the treatment and diagnosis of addiction (Gowan & Whetstone, 2011; Hora, 2002; Kaye, 2010; Tiger, 2011); second, increased funding of evangelical approaches has greatly expanded treatment based on Christian conversion (Cook, 2004; Kramer, 2010; Miller, 1998); and third, in

* Corresponding author. Tel.: +1 612 626 1863.
E-mail address: tgowan@umn.edu (T. Gowan).

0277-9536/$ – see front matter © 2012 Elsevier Ltd. All rights reserved.
doi:10.1016/j.socscimed.2011.11.045

sharp differentiation to the other two developments, the once-marginal approach of "harm reduction" has gained significant ground.

The harm reduction approach to drug use first developed among Dutch heroin users in the 1970s. The original "Junkiebond" (users' union) of Rotterdam spread fast into a national Federation which successfully negotiated substantial decriminalization, the prescription of methadone, and the provision of clean needles and syringes. The new approach rapidly spread through Germany, Austria, Switzerland, the UK, France, and other northern European countries (Des Jarlais, Friedman, & Ward, 1993; Inciardi & Harrison, 1999; Van Solinge, 1999), and its principles were extended to other fields such as sex worker interventions (Rekart, 2006) and sex education with teenagers (Bunton, 2001). Canada and Australia developed similar widespread institutionalization and normalization of harm reduction within a public health framework (Marlatt, 1996; Weatherburn, Jones, Freeman, & Makkai, 2003). The era of AIDS heightened the urgency of reducing the transmission of HIV through the sharing of dirty needles, and indeed those European countries which developed extensive harm reduction programs succeeded in preventing the horrifyingly high seroconversion rate suffered by Spanish and Italian users (Inciardi & Harrison, 1999). The Swiss took the lead in provision of drug consumption rooms in the late 1980s (Stoever, 2002; Zurhold, Degkwitz, Verthein, & Haasen, 2003), and in shifting to prescribe heroin on the basis that it produced less problematic side-effects than methadone (Haemmig, 1995; Klingemann, 1996). While the global turn toward neoliberalism and social policy focused on crime control has problematized some aspects of harm reduction practice, especially in the Netherlands (Garretsen, 2003), principles of non-judgmental intervention remain firmly institutionalized across much of northern Europe, Canada, and Australia.

While US users and their allies developed similar practices to the European forerunners during the late 1980s and 90s, harm reduction did not achieve the same level of institutionalization. As the needle exchange movement expanded from the earliest efforts in Tacoma, San Francisco, and New York City, harm reduction remained an inherently politicized form of action, reliant on civil disobedience in the face of generally repressive state and local laws (Reinarman & Levine, 1997; Roe, 2005; Wieloch, 2002). Growing funding for drug treatment was restricted to abstinence-only programs, leaving needle exchange in the hands of those unpaid volunteers, often users or ex-users themselves, who went discreetly into drug market areas, on foot or in vans, offering sterile syringes, supplies, and educational materials to underground drug-using communities (Acker, 2002; Broadhead, Hulst, & Heckathorn, 1999; Davis, Rhodes, & Martin, 2004). Highly critical of the moral panic over crazed "dope fiends," these activists developed a counter-discourse which fiercely insisted that drug users were capable of self-care and self-control (Acker, 2002; Drumm, McBride, Metsch, Neufeld, & Sawatsky, 2005; Roe, 2005). Instead of rejection and exclusion, they argued for building trust and teaching self-care among users (Reinarman & Levine, 1997). Much of the harm caused by drug use, they maintained, was peripheral to the effects of the substance itself, and could be greatly reduced through decriminalization, education, and the provision of clean needles and other paraphernalia.

Without the AIDS epidemic, it is possible that needle exchanges in the United States would have remained a highly marginal, underground activity, as indeed they have in most of the global South, Asia and the countries of the former Soviet Union (Wolfe, 2007). The rising AIDS crisis among American injecting drug users in the late 1980s started to change the picture, and important studies indicating that needle and syringe exchange reduced rates of HIV, Hepatitis C, and other health problems (Acker, 2002; Belani & Muennig, 2008; Bluthenthal, Kral, Gee, Erringer, & Edlin, 2000; Broadhead et al., 1999; Drumm et al., 2005; Ksobiech, 2006; MacMaster, Vail, & Neff, 2002; McBride, Terry-McElrath, Harwood, Inciardi, & Leukefled, 2009; Reid, 2002) won increasing support for needle exchange across public health policy circles, and eventually some government funding. Sweeping the country in the early to mid 1990s, activists instituted a number of alternative institutions. Many exchanges gained permanent physical sites, and some staff started to be paid for their work (Davis et al., 2004; Roe, 2005). Those pushing for decriminalization recently succeeded in winning a temporary repeal on the federal ban on funding for needle exchange (Krisberg, 2010).

Nevertheless, it seems highly unlikely that harm reduction approaches to addiction will achieve the taken-for-granted character they have in much of Western Europe (Bunton, 2001). The ever-growing power of the evangelical right, the massive expansion of drug-related incarceration, and the increase of court-ordered treatment oriented firmly toward abstinence – all these trends still play forcefully against the legalization and support of needle exchange for heroin users (Inciardi & Harrison, 1999; MacCoun, 1998).

Analysis of harm reduction within Anglophone sociology and anthropology has been somewhat ambivalent. Most authors seem to affirm the pragmatic, often life-saving value of such interventions, yet the orientation of dispersed, low-cost, needle exchange practice toward developing autonomy and self-care also readily summons association with the forms of contemporary neoliberal governance delineated by Michel Foucault and others (Bondi, 2005; Cruikshank, 1999; Feeley & Simon, 1992; Foucault, 1978, 1988, 2008; Rose, 1990, 1998, 2006).

Certainly both neoliberal and neoconservative strands of the US political right hold that the welfare state generated massive social problems by eroding the autonomy and responsibility of individuals and families. To repair the damage, current social policy must re-educate the population to take charge of their own lives. A widespread emphasis on instilling a work ethic and strong family values resurrects elements of 19th-century moralism, but just as common are messages with a different "ethical gloss," one drawn from 20th-century popular psychology which emphasizes "empowerment" and "self-esteem" (Rose, 1999). Some scholars have analyzed the "empowerment" agenda of needle exchange as an instance of such "biopolitical" neoliberal governance, a case whereby the state shifts responsibility for the risks of modern life – in this case, the burden of drug harm – onto self-managing and self-caring individuals (Bourgois, Lettiere, & Quesada, 1997; Fraser, 2004; Lovell, 2002; Moore, 2008; Moore & Fraser, 2006).

In practical terms, argue these authors, self-care strategies like safe injection with sterile syringes, regular HIV testing, and proper abscess care encourage users to manage themselves, while turning a blind eye to the structural inequalities that shape addiction in the first place. These critiques ground their observations in the material hardships of its members, and rightfully so. Many injecting drug users face problems that transcend, contextualize, and often underlie their drug abuse; extreme poverty, everyday violence and victimization, and severe social marginalization. Given these obstacles, perhaps giving homeless users informational pamphlets on syringe sterilization, or inviting them to discussions about the power that they *can* still exert represents a band-aid on a gaping wound, "deliver[ing] hyper-sanitary scientific knowledge about infection risks to homeless addicts without providing material support," in the words of Bourgois and Schonberg (2009, p. 306).

As needle exchange is increasingly professionalized and institutionalized, reading it as anti-political may become more appropriate. As Caroline Acker notes:

> Stripped of the symbolic charge surrounding illicit drug use, syringe exchange is simply good, old-fashioned infectious

> disease control: a pathogen has been identified; its life cycle has been studied, and how it is transmitted from one body to another understood; and syringe exchange interrupts that transmission by providing drug users with sterile injecting equipment (Acker, 2002, p. 226).

In those contexts where drug use is substantially decriminalized and harm reduction has become institutionalized as common sense best practice within mainstream health services, it may indeed have lost any anti-establishment edge. For example, unlike the underground needle exchange practitioners, current wisdom on harm reduction with injection drug users may be moving towards abstinence as a desired endpoint: users must be reached to reduce their risk of harm, but ultimately services should encompass and support further steps towards sobriety (Kellogg, 2003; Lenton & Single, 1998; Marlatt, 1996, 2002; McKeganey, Morris, Neale, & Robertson, 2004). We would argue, however, that harm reduction practice in the United States should not be analytically detached from the political trajectory of the reviled and criminalized American addict. For this reason, we pay particular attention to how the punitive context is represented in our own site.

We take the interpretations of harm reduction as neoliberal governmentality seriously, and indeed as one of the starting points for our own analysis. However, we take equally seriously the ethnographic equivalent of the Hippocratic oath, that is, our obligation to "let the field speak," in all its complexity. It seems dangerous to us to "read off" the character of social interventions from either the broader neoliberal political context or even from the more immediate reasons that they get funded. As Jamie Peck says, neoliberal social policy can "constrain, condition, and constitute political change and institutional reform in far-reaching and multi-faceted ways" (Peck & Tickell, 2002, p. 53). This is particularly clear in the case of US harm reduction, which has only gained tenuous government support after decades of grassroots mobilization.

Characteristics of the site

Our own study of harm reduction "on the ground" centered on a syringe exchange we call "Connection Points." This non-profit was the primary drop-in needle exchange in a large Midwestern city, distributing an average of 500,000 clean syringes per year, and offering various forms of user education and advocacy. Of the approximately 75 people served each day, 90% were injecting heroin users, picking up sterile syringes, condoms, or injection kits with water and cotton, or obtaining referrals for other services. The organization also provided a staff-moderated users' support group, some case management, HIV and Hepatitis C testing, and educational courses for staff or clients of other institutions.

Starting in the early 1990s as a mobile van exchange, Connection Points evolved by 2001 to house a daily needle exchange drop-in at a stable location with a small group of committed staff and volunteers. Nevertheless, its place in the local drug intervention landscape remained relatively marginal. Legal restrictions prohibited them from using state funding to purchase syringes, leaving them dependent on an inconsistent stream of private donations to finance their biggest expense.

Although it did receive some state funding for its education and advocacy programs, Connection Points seemed to retain the independent, sometimes oppositional culture of its "grassroots" origins to a greater extent than the fully professionalized programs in leading North American harm reduction centers such as Vancouver or San Francisco.

The drop-in exchange operated 35 h per week, serving a steady trickle of visitors including white-collar workers and strippers, bikers and suburban homemakers. The respectful, no-questions-asked supply of works was itself a highly-charged discursive practice, but in this paper we focus primarily on the space where the ideas of harm reduction found their fullest expression – the weekly users' group, a voluntary gathering for education and mutual support.

Methods

Tanja Andic and Sarah Whetstone pursued 18 months of ethnographic fieldwork at Connection Points from December 2007 to July 2009. Tanja and Sarah attended weekly meetings, and Tanja became a regular member of the exchange community, editing the monthly newsletter and passing plenty of unstructured "hanging out" time in the main room. These regular visits helped us to distinguish more idiosyncratic moments from business as usual, and to distinguish different currents within the exchange, as different spaces and functions brought distinct roles and ways of seeing to the fore. In the classical ethnographic process of shuttling backwards and forwards between fieldwork and analysis, we gradually firmed up our sense of how harm reduction was understood, communicated and performed within the site.

In 2009, we expanded the project, when Tanja and Sarah audio-recorded 45 semi-structured interviews ranging from 40 min to 3.5 h with group members outside the setting of the exchange. Tanja, Sarah, and one hired transcriber transcribed the audio-recordings verbatim, including particularly lengthy pauses and powerful inflections. Our aim was to interview as many of the regular users' group members as possible; to explore if and how the practices and principles of harm reduction shaped their everyday lives and identities. Our response rate was nearly 100%: We approached 46 of the approximately 50 regular group attendees for interviews, and all agreed to participate in the study, with the exception of one former staff member who was unable to complete a formal interview due to relocation. We were well aware that participants in these kinds of programs are over-studied and quite likely to yield a thin interview where they "talk the talk" without deep engagement. We tried to avoid this problem by not emphasizing the "buzzwords" of harm reduction, and instead encouraging interviewees to provide explanations and stories of their lives and drug-using experiences that seemed the most meaningful for them.

For this research, we obtained written consent from the institution and from those interviewed, and verbal consent for ethnographic observation from group participants and staff, and all strategies were approved by our university's ethics board. Analyzing the field notes and interview transcriptions in Atlas TI, we combined theoretical and inductive strategies. We initially generated around forty "theoretical" (or "a priori") codes derived from the literature and our own analysis to date, but we did our best to "let the field speak," developing many more inductive codes based on important themes emerging from our field notes and interviews (Burawoy, 1991; Stivers, 1993). As the coding progressed, the distinction between the codes expressing our earlier ideas and the newer codes disappeared. The earlier theoretical codes shifted to make better sense of what we saw in the data, while the newer codes took on a more theoretical character.

Maintaining Connection Points' policy of free, supportive services without intrusive surveillance, neither the staff nor our ethnographers asked the users for detailed personal information, but we can offer a tentative sketch of the group members' demographics and living situations. The group was attended by adults aged 17–75, but the majority of members were between 25 and 40. There were slightly more men than women. Roughly four out of five of the users appeared to be white Americans, with roughly another fifteen percent African-American and a small number of individuals

of Native American or multi-ethnic origin. Heroin was by far the most regularly used substance, followed by methadone, benzodiazepines, crack cocaine, crystal methamphetamine, and alcohol. One-third of the members were claiming Social Security Insurance or Social Security Disability Insurance, and lived in some form of stable housing. The rest tended to be reliant on temporary work, drug dealing, or sex work. They were often homeless or couch-surfing, sometimes with other members of the group.

We begin our account of the Connection Points group by showing that the primary project of harm reduction was not the distribution of sterile syringes, but the destigmatization of the addict. Once they reconceived of themselves as "worth caring for," capable of rational reflexivity, and potentially "manageable," addicts could learn the steps of incremental control, from everyday health management to whichever small steps the users themselves identified as important. Positive feedback from the group reinforced members' emerging identities as self-caring, self-managing individuals.

In the second part, we explore how the construction of the addict with subjective agency allowed for the reconceptualization of "harm." By presenting drug use as just one of many ways that modern individuals compulsively comfort or excite themselves, the group shifted the concepts of risk and harm beyond the demon drug itself to encompass a number of social and political hardships. Most notably, the reconceptualization of harm developed into a shared critique of the disrespect and violence meted out to addicts by the local police and criminal justice system. We conclude by arguing that the combination of the reclamation of the self with the recognition of systemic sources of harms created the conditions for members to develop a renewed or newfound sense of social citizenship.

Destigmatization

Addicts in American life encounter routine social stigmatization as a deviant, criminal, and risky sub-population (Peretti-Watel & Moatti, 2006; Radcliffe & Stevens, 2008). Beyond a firm link with criminality, addicts' identities are also tied to an image of complete powerlessness, stripped of the agency and autonomy that undergirds the construction of modern subjectivity (Furst, Johnson, Dunlap, & Curtis, 1999). Depending on the race, class, and gender of the drug user, classic iconography conjures up possessed monsters or enslaved victims, equally stripped of humanity and free will (Acker, 2002; Brodie & Redfield, 2002; Copes, Hochstetler, & Williams, 2008; Gubrium, 2008; Reinarman, 2008; Sante, 1991), and the trope of enslavement still dominates the philosophy of Alcoholics Anonymous (AA). Conventional abstinence-only forms of drug treatment, shaped by AA, actively reinforce these identities, requiring that drug users "admit powerlessness" as the first step to change.

Not surprisingly, the powerlessness conferred upon addicts within both popular culture and mainstream treatment tends to act as a barrier to seeking out help with drug abuse (Radcliffe & Stevens, 2008; Weinberg, 2000). Efforts to think from the subject location of "willing user" become an oxymoron – if using represents by definition the loss of true will to a controlling substance, the user's voice can only be read as "the disease talking." As group member Jason complained, "There's nothing worse than a head full of AA and a stomach full of whiskey."

Connection Points dealt with stigmatization in two very different ways: by maintaining member anonymity from the public and, conversely, creating a flourishing social space for active drug users to feel "normal." The formal syringe exchange was the component that most emphasized user anonymity, and for many represented their only contact with the institution. It operated out of a small brick building, sitting inconspicuously on a busy commercial street, accessible only by a narrow back alleyway removed from the bustle of shoppers and café patrons. The back entrance of Connection Points led directly to the private seclusion of the exchange room, designed to ease members' fears about the social shame attached to injection drug use, be it with heroin, speed, or hormones. Members, never referred to as clients, were able to come into the small dimly lit room lined with boxes of syringes, alcohol wipes, cookers, ties, and cottons, and quickly exchange for the supplies they needed. Only two people were allowed in the room at a time – the volunteer or staff member tracking supplies, and the person exchanging. No names or private data were taken in order to exchange. Instead, a personal code was used to track how often someone used services for grant purposes. The majority of exchange service users remained anonymous unless they regularly frequented the group or the drop-in area.

In contrast to the shadowy anonymity of the exchange room, the brightly inviting, open-door feel of the main room beckoned users to come in from the cold, to relax, converse, or just spend time resting. A collection of tattered couches and armchairs formed a communal sitting space, bordered by a row of desks with outdated but still functioning computers. Staff, volunteers, and users mingled and worked together, fueled by communal coffee and food prepared in the adjoining small kitchen. Every square inch of wall space was covered with an eclectic mix of health and safety information, activist literature, and pictures of drug-using icons such as Billie Holliday and the Sex Pistols' Sid and Nancy.

The informal comfort of Connection Points' main room signaled its mission to facilitate community among injection drug users. Those who wanted could hustle in and out of the exchange room, but the cheerful main room seemed designed to depart as far as possible from the closed doors and hushed voices that speak "disease." Just by entering this space and becoming visible within it, users were pushed to see themselves as potential members of a loose community rather than marked "clients." The spatial blurring of staff, volunteer, and member roles reflected the ambiguity of active user status: Some of the members had long been "clean," while a couple of staff were still active users.

Connection Points staff focused on first reorienting the subjectivity of the drug user, and redefining the character of addiction. Director Leslie tried to "normalize" illicit drug use as just one of many adaptive behaviors in American life:

> At the end of the day, we're all substituting one addiction for another, and we just have to make it a healthy one, and concentrate on finding healthier ways to fill that void we all have… Someone might get sober from drugs, but then pick up another addiction, because everyone is always trying to fill that void of human emptiness.

Addiction, in other words, was a ubiquitous feature of modernity, resulting from a more general human search for fulfillment (Peele, 1989, 1998).

The "enemy," for Connection Points staff members, was not the drug itself, but the shame, stigma, and sense of powerlessness that prevented their constituency from seeking harm reduction services in the first place. As Andy said, "Most people who get into this aren't going to go straight to Connection Points because they're going to be too embarrassed. At first, I didn't want people to know I was using a needle."

Leslie confirmed the importance of destigmatizing drug use at the door:

> The syringe exchange is how we actually get people to trust us. Most of these folks have been treated like crap at the emergency room because they're drug users, or can't get services anywhere

> because people won't serve them if they're still using, and it's a disaster. So they know, if they come here, we're not going to judge them for being a drug user. We're going treat them with respect.

Once a user jumped the hurdle and entered the exchange, they found sympathy for stories of everyday humiliations, victimization by law enforcement, and a straight world that "just didn't understand," all dominant themes of discussion for the users' group. Members described being the victims of discrimination from family, friends, treatment providers, social service workers, landlords, doctors and medical professionals, law enforcement agents, business owners, and more. As group members, they tended to define themselves and their problems in terms of the stigma they faced. When Peter, a long-term heroin user, shared his fear of being watched and judged as a dirty user for coming into the exchange, group leader Tracy, herself a user, tried to reassure him by asserting the universal scope of drug use:

> You know that the same 'suit' was probably in here the day before getting needles too…You know how many people I see coming in here with nice clothes and nice cars, people you would never think would be a user? Well, they *are* using, so just remember that the next time you think someone is looking at you, okay?

Beyond blocking entry into the exchange, the shame with which many drug users regarded their own activities was an obstacle to adopting the self-orientation necessary to practice harm reduction. Jack, a short, white 29-year-old with thick-rimmed glasses and a shaved head, had been volunteering at the exchange after starting as a group member. "Stigma impacts people very negatively," he told author Tanja. "That's why a lot of people don't give a shit if they use a dirty needle… If you think you're completely worthless, you're going to act accordingly."

Mark, a pale 45-year-old nomad with a pompadour and a beatnik drawl, made the same case using the analogy of plague:

> If we were less criminalized and you didn't look at us like we were so violently ostracized, like plague victims, people would be more apt to heal themselves because they'd be so much more relaxed. We wouldn't feel so *dead*.

Mark's friend Andy, a lanky 39-year-old with bright blue eyes and olive skin who had recently lost both his housing and job, responded emphatically:

> Yeah, and once you cross a line and you're a needle user, it's like, 'Yeah, I'm a leper, a super villain, I'm banging dope. Fuck you, I did it in your bathroom, motherfucker.' Every moment of your life, it's like—you've got that bad guy image already, whether you want it or not. You might as well run with it, baby, you know?

Staff, volunteers, and members alike came to see the primary work of Connection Points as not the distribution of clean needles, but the project of destigmatizing the illicit drug user. The work of disease prevention and harm reduction could not move forward if members were incapacitated by self-loathing.

Rationality, reflexivity, and incremental control

No longer the definitive mark of Cain, addiction was steadily recast as a difficulty which the drug user herself could gradually learn to manage, given the right kind of support and advocacy (McCoy, McGuire, Curtis, & Spunt, 2005). The next step was to focus on enacting incremental degrees of control. Learning how to stay alive and disease-free was an urgent priority. Both staff and group members eagerly shared information to reduce risk of disease, victimization, and overdose. Group leaders engaged members in discussions about how to avoid contracting HIV and Hepatitis C, while users discussed how to inject drugs safely, properly care for abscesses, administer Narcan to prevent opiate overdose, and modify the type and extent of their drug consumption. The harm reduction principle that education could lead to "empowerment" seemed to be bearing fruit with many of the members, who reported in their weekly group "check-ins" the ways that they were "working on their harm reduction," which included regular physical exercise, better nutrition, changing patterns of use to accompany daily schedules, paying rent on time, reconnecting with friends, and "drinking beer instead of the hard stuff."

Remember again that these were people popularly represented as chronically dishonest, deluded, and self-destructive, understood to have ceded not only their will, but also their rationality, to demon drugs. The users' group's insistence that active drug users were capable of rational reflexivity and valuable peer education represented a radically contrasting "commonsense."

In fact, the development and public recognition of such reflexivity became the group's unspoken core project, for, beyond basic health maintenance, the actual content of harm reduction became highly subjective. Fulfilling any self-defined positive "goal," no matter how mundane or incremental, would be praised and treated as evidence that the person was gaining more control over their life. Members who stopped supplementing their crack cocaine habit with alcohol, for example, were praised for taking a step to improve their quality of life.

The harm reduction mantra of "progress, not perfection" is illustrated in an exchange between group leader Leslie and Astrid, a young female member who was trying to quit heroin with the help of methadone:

> Astrid: I've been living hard, man. Real hard, recently. I'm still on methadone and the other day this dude offered me $50 dollars just to go cop for him… And I needed money really, really bad, but I didn't do it. I'm trying to stay away from all that shit and so I had to turn down the opportunity to make some money. I'm not staying in a shelter right now. I'm living under a bridge because I would rather die than stay in a shelter… I don't want to die, man. I really don't want to die, but right now it must look like I'm fixated on death. From the way it looks right now, I'm not doing too good at all, but I really am. People might say I'm homeless so my life is really fucked up right now, but I'm taking steps. That's a step for me and I'm proud of myself.
> Leslie: Give yourself credit for the progress you've made. Do not ever discount any of your goals because like I said before, it's about progress, not perfection. Every goal you accomplish is another step and that's a positive thing.

What some members called their "management plans" could potentially entail anything—the achievement was to start to *manage oneself* in some significant way.

Group members shared risk management strategies, blueprints for navigating the everyday tensions of compulsion and control. Betsy, a blonde woman with rosy cheeks in her mid-20s, told the group she was decreasing her pill consumption to prepare for an upcoming trip to Vegas: "I won't be able to do any of my pills out there because I get too high, so Klonopin and Xanax are going to have to wait for a while. And my parents drink a lot, so I'm nervous about how the pills will react with that anyway. But I'm going to try not to disappoint my mom and dad."

Another member, Kevin, was working on moderate "partying." "To practice harm reduction," he said, "you have to want to party the right way and not go crazy on the using and all that. Like for instance, this week I split a pitcher of beer with a friend and I shot a little methadone and that's it."

"Great!" chorused several group members.

By supporting hundreds of similar "small steps" at every meeting, the group continually rejected and refuted the trope of the enslaved, possessed addict and asserted their capacity for agency, control, and restraint. Carla, for example, saw the users' group as the source of her revelation that she could exercise some control:

> The reason I keep going to Connection Points is because I learn a little bit more about how I am triggered into shit, and how I can make my own boundaries, and I like that. That's what I learn in users' groups—I've learned how to balance it all out. I didn't have to have drugs every time I was sad. I could do it when I felt like it and leave it alone when I didn't want to do it, you know?

For many members, practicing the strategies of incremental control they learned in the harm reduction group reinforced a new sense of self. Jason, a 32-year-old methamphetamine user, started frequenting the exchange for clean syringes in his mid-20s. He eventually moved first into a volunteer coordinator position, and eventually into a paid position, his first legal employment. Jason attributed his success to internalizing the philosophy of harm reduction, which gave him the freedom and flexibility to enact important changes in his life while he continued to use drugs:

> I got rid of some of those feelings that were associated with my use, that I was a bad person. Harm reduction, to me, was empowering… No matter where I was at, there were things that I could accomplish to help make my life better. It was empowering in the fact that it gave me options, and a sense of accomplishment, like I had done something to help myself or to maybe make my life a little bit better. And I'm not just an irresponsible junkie who doesn't have any type of responsibility.

Non-judgment and self-evaluation

It is the idea that progress comes in small steps and diverse forms that most distances harm reduction from abstinence-based interventions. Connection Points refused to promote total sobriety as the point through which all drug users *must* move to improve their life conditions. Rather, they encouraged self-evaluation free from the judgments of others, as Leslie told the group:

> This is harm reduction. It is a non-judgmental approach to drug use. We can't tell someone not to use, and we can't tell someone they should be getting sober or they have to get sober. What this is about and what we're for is for you to get honest with yourself. You need to be honest with yourself about how many drugs you do, what kinds of drugs you do, and what your consequences are – so that you can be real with yourself about how you need to change.

"Non-judgment" was a core principle of the support group. In fact, avoiding judgment of others' statements and behaviors, no matter how seemingly destructive, constituted the only explicit rule of play. The very worst feedback one could receive for a "check-in" was a lukewarm silence. Together with the voluntary character of the group, this rule created the structure for a process centered on the member's own perceptions of control and progress. Drug users might not be able to claim sobriety, but had to be allowed to conceptualize themselves as exercising control in a myriad of other ways.

Re-thinking addiction, relocating the addict

Connection Points' philosophy of everyday drug management departs from the binding logic of conventional rehab by permitting group members to conceptualize drug use as a continuum where "addict" and "sober" are not clearly defined states. Little distinguished individuals who had used last night from those who had last used fifteen years ago, which is very different from Alcoholics Anonymous' valorization of those with longer periods of sobriety. Rather than representing a potentially devastating transgression from a normalized state of abstinence, using was interpreted across a continuum from "safer" to "more harmful."

The safer/more harmful continuum destabilized notions of addiction and sobriety, which instead became part of a looser vocabulary to describe degrees of control. It was quite possible to equate sobriety *with* drug consumption. For example, the users' group responded to one woman's worry that she "wasn't really sober" on methadone by saying "Being on methadone *is* being sober—it is a step in the right direction!"

Others recognized the value of abstinence, but asserted their right to pursue "quality of life" without complete sobriety. "A clean person wouldn't use anything, but not everyone needs to be a clean person," said Nick, a thin, white-haired man who had been using heroin since the 1960s. "Someone can stop using something and use something else and have a better quality of life."

Nick's ambivalence about the desirability of "the sobriety thing" was echoed in a rambling meditation by Andy on the meaning and desirability of "clean."

> I don't consider myself to be clean because I'm on methadone. However, I see it as a great big step in the right direction. Other people, that's up to them if they think they're clean and they're on methadone. If they think they're clean and they get Klonopins from their doctor, fine. They can be clean, call it what you want. Your life, your rules. But then don't impose your fucking rules on me. That's all I'm saying.
>
> There's a big debate over that, and I think you're not clean unless you're off of fucking drugs completely. Don't drink a cup of coffee, that's a drug…Nobody's clean. You're breathing air, aren't you? There's dirt in the air… One of the problems with the sobriety thing is there's this thing called moderation that's completely ignored in American culture. You can drink two beers. There is such a thing.

Where Andy is consistent, though, is in his argument that being truly "clean" is close to impossible. According to Andy, we are all living somewhere along a messy continuum, and the most important principle should be to allow people to find their own point of moderation.

An expansive notion of "harm"

At this point, let us return to the concern of Bourgois and others that harm reduction with homeless users may represent a "band-aid," a low-cost micro-intervention which obscures the profound structural marginalization that many addicts face. It seems undeniable that "works" exchange and user education do resemble numerous contemporary health and social capital initiatives, by constituting "at risk" groups and "empowering" them to work on themselves to solve their own problems. But what this actually means in practice depends enormously, on the character of the practice, and on its role within radically different political and cultural settings.

One question is whether the intervention is directly replacing more substantial services for drug users, or is ideologically employed to justify withdrawing such services. This may be an important concern in situations where harm reduction has become mainstream, but seems rather remote in the US context, given the continued domination of the field by abstinence-only institutions. A second question, and maybe a more crucial one, is whether or not US harm reduction's dependence on public health funding

ultimately imposes on marginalized users an overly narrow emphasis on infection prevention which underplays their other sources of suffering and discourages broader claims on the state.

So how did Connection Points staff and members conceptualize the relationship between the addicted individual, the welfare state, and the criminal justice system?

In our site at least, practitioners of harm reduction seemed to be a step ahead of their academic critics. Rita, a Connection Points volunteer and board member, suggested that the organization tried to actively pre-empt the dangers of pathologization within public health discourse.

> Yeah, all of these funders, they just seem to treat injecting drug users in such an "epi" way—like some sort of vector of disease or something. Not as a real human with real feelings… We address people as whole individuals, not as pathogens.

Far from ignoring questions of structural inequality, Connection Points staff saw themselves as advocates, activists, and end-of-the-line supports in a field devoid of options for active drug users.

By rejecting the idea of the "addict" as a master status which obscured other causes of poverty, suffering or marginality, Connection Points discourse shrank addiction into one problem within a web of other common difficulties, including homelessness, criminal involvement, legal problems, poverty, family dysfunction, and living with HIV or Hepatitis.

> Part of what we do here is that we find people resources. We help people improve their lives, whatever that may mean. If I find someone housing today, then great! That might help them manage their drug use better and more safely… We try to treat people's lives holistically, like they *are*, you know. It isn't just about one thing—- It could be any number of things that people are facing… What we do is we make people feel like human beings.

In this case, the potential discursive effects of public health funding were mediated by a strongly politicized staff committed to pushing back against contemporary trends towards, either heavily moralistic or narrowly medicalized interpretations of poverty (Collins & Mayer, 2010; Gowan, 2010; Hays, 2003; Peck, 2001). In effect, encouraging members to apply the concepts of risks and harms both flexibly and holistically, the staff members actively warded off *both* narrow medicalization and moral judgment to create space for attention to structural deprivation and injustice.

Solidarity and politicization

By identifying as drug users rather than pariah "addicts," and claiming basic rights and respectful treatment, the users' group opened up ground for energetic complaints. Members recounting stories of frustration and negative interactions with police officers were generally met with words of sympathy from others with similar experiences.

Here, for example, Tyrone told the group about a recent victimization at the hands of law enforcement.

> Tyrone: "I wasn't doing nothing, and they (the police) came all up on me and took me by the arm and were pulling me… Next thing I know, they had me down in this room in the ground with no windows and they threw me up against a wall and slammed me into it. And then they were both standing over me, beating me and kicking me and punching me all Rodney King style!"
> Several members exclaimed.
> Mick: "…These fuckers do this all the time to people who they just don't like the look of. Sometimes, they just want to fuck with you."
> Doris: "I'm sorry, but if you're living life and doing the right things… If you're not drinking and drugging and thieving, then nobody is gonna mess with you!"
> Leslie: "Hold on! No, that's for *you*… Some people will get messed with just because of the color of their skin or because they have a punk hairstyle or something, you know. They just don't have the right look. And we have to realize that, and acknowledge that that is part of Tyrone's experience here."

Note how, drawing on the group's values of non-judgment and collective support, Mick and Leslie blocked newcomer Doris' evocation of "personal responsibility" to affirm Tyrone's dual vulnerability as both a drug user and an African-American.

It was in relationship to local law enforcement, in fact, that the users expressed the strongest solidarity, vigorously encouraging each other to fight back against the criminalization of addiction. This in itself, is not surprising, vehemence against "the system" being the primary common denominator among illegal drug users. Yet the tone of these conversations departed from the usual resentment and plotting. Instead members shared information about "hot spots" or undercover operations, taught basic legal rights, and discussed how to deal with police officers in everyday situations. With an often reiterated argument that body searches and arrests sabotaged effective harm reduction (see Cooper, Moore, Gruskin, & Krieger, 2005), the group stretched the potentially limiting "health" trope to include a broad critique of the war on drugs.

Many of the exchange members and volunteers espoused politicized orientations to harm reduction, and occasionally the group mobilized, for example to make and carry a banner against mandatory minimum sentences in a municipal parade. Tammy, a 35-year-old Latina heroin user and exchange volunteer, enthusiastically laid out a plan for future advocacy.

> I believe I'm a harm reduction advocate. And one of the things that I am going to do, is I'm going to go to all of the neighborhood meetings, and I'm going to go to the parade, and I'm going to go to the Police Department, and I'm going to stand in front of them, and I'm going to say, "This is what harm reduction is. This is what you think a junkie is." And hopefully, hopefully, somewhere in the midst of all those people, someone's going to get it. Or think "My God, my cousin is that person. My brother is that person. Someone in my family is that person."

Discussion

Spaces like Connection Points offer American drug users a rare humanity in a society where the capacity for self-control is a defining mark of personhood and moral worth. The political right tries to narrow our conception of agency into a moral choice between sin and "taking responsibility," while health-based models tend to individualize both cause and cure of social problems in an aseptic vacuum. Yet our case demonstrates that contemporary social welfare institutions do not have to offer clients the bleak choice between inhabiting willful sin or powerless pathology (Gowan, 2010; Lyon-Callo, 2004; Schram, 2000). Indeed the notion of a self-managing drug user inherently problematizes the epistemological basis of the drug war (McCoy et al., 2005). On a more immediate level, by extending a capacity for self-control – a defining aspect of Western subjecthood – to those historically cast as sub-human, harm reduction lends users the legitimacy to demand fair treatment, resources, information, and access to treatment alternatives, pushing back against decisions usually controlled by medical professionals or legal authorities (Rose & Novas, 2005).

There is no doubt that the growing emphasis on self-management in relation to health, careers, and education over the last 30 years is closely tied to the resurgence of moralistic discourses on personal responsibility. Yet, we would argue that harm reduction practices which instill a sense of rational autonomy in drug users do not necessarily represent an extension of neoliberal "responsibilization" (Rose, 1998, 1999). Even if attempts to foster self-care may in many cases promote what Rose calls the "double movement of autonomization and responsibilization" (Rose, 1999), they do not have to inhibit or break down collective claims and identities. To the contrary, if such attempts simultaneously foster recognition of a collective, or relational, selfhood, they may create the preconditions for claims to social citizenship.

Rather than setting individual autonomy and social entitlement in a zero-sum relationship, Connection Points tried to build both simultaneously. And indeed, for many of the drug users we interviewed, coming into contact with the needle exchange marked the first time that they were able to see themselves as having a valid entitlement to social resources. The notion that "addicts" had the potential to make rational and even moral decisions about their actions raised the possibility of social inclusion as civilized beings, and the reciprocity nurtured by the group took them substantially further along that road. No longer the mass media's morally-dead zombies, did they really have to accept that there was no place for them but the outsider realm of homelessness, jail, and other degradations? Once they started to see themselves as entitled to clean syringes, they began to envision other citizenship rights as well – housing support, job opportunities, and basic economic support – social citizenship, as T.H. Marshall might have observed.

Marshall defined social citizenship as the central innovation of 20th-century liberal democracies, a conception "rang[ing] from the right to a modicum of economic welfare and security to the right to share to the full in the social heritage and to live the life of a civilized being according to the standards prevailing in the society"(-Marshall & Bottomore, 1992, p. 8). Products of a world-historic compromise between labor and capital, the 20th-century social democracies reduced the inherent tension between political assertions of equality and liberal ("civil") rights to pursue economic wealth. Under the banner of social protection, social democrats developed a great complex of institutional structures to collectivize the risk of unemployment and other disasters, to protect children, the sick, and the elderly, and to broadly mitigate the extremes of inequality (Boltanski & Chiapello, 2005; Esping-Andersen, 1990; Valdivielso, 2005).

In the United States at least, these principles have long gone out of fashion. It has been several decades since "welfare" lost broad public support, reconceptualized from a safety net supporting the mass of the population to a code word for public assistance given to unmarried women. Our always patchy and incomplete welfare state has been replaced by a neo-Victorian workfare state which attacks collective rights as special privileges, expands the penal system at the expense of remaining social protection, and consistently represents the poor as incompetent and morally degenerate (Collins & Mayer, 2010; Schram & Soss, 1998; Wacquant, 2008).

Within such conditions, we might well argue, as does Marie Jauffret-Roustide in the French case, that without changes in the broader economic, legal and political conditions which criminalize and impoverish those who become illicit drug users, their claims to social citizenship may represent more of a "magic incantation" than meaningful content (Jauffret-Roustide, 2009). Despite the dedication of Connection Points' staff to locating and securing resources for their clientele, their small budget and limited traction within the local social service field afforded them little power to carry their clients into new social locations. They could not directly provide even bus passes or clothing, and only occasionally could they secure transitional housing or job training. For example, Astrid was still homeless when we left the field.

Yet the social rights of the past were never freely offered to the poor – they were concessions given in response to mass mobilization and radical demands (Katz, 1989; Piven & Cloward, 1978). The tenacious emphasis on self-respect, thoughtful self-management, and group solidarity at Connection Points shows the potential for harm reduction practice to nurture political reflexivity (Matthews & Erickson, 2005). As such, it suggests what can get missed when we stamp "bio-politics" onto the complex and multivalent field of American poverty management. Of what use here is post-structuralism's "death of the subject?" When poor and working class drug users are treated elsewhere as enslaved zombies only curable through forced treatment, projects to restore a coherent, rational self may be not only dignifying, but revolutionary. Only with such grassroots work among the suffering and dispossessed are poor people's movements for social justice likely to reappear in new forms.

Acknowledgments

Many thanks to the members, volunteers and staff at "Connection Points." Without your generosity and openness this work have been impossible. The University of Minnesota's Institute for Advanced Studies gave us vital financial and intellectual support during the fall of 2009, and Sarah's work was also supported by a grant-in-aid from the University's Graduate Division. Jessica Grape did invaluable work on transcription, while MJ Maynes, Ron Aminzade, Jennifer Pierce, Jack Atmore, Lisa Sun-Hee Park, Cawo, Abdi, and Rachel Schurman offered very useful feedback.

References

Acker, C. J. (2002). *Creating the American junkie: Addiction research in the classic era of narcotic control*. Baltimore: Johns Hopkins University Press.
Alexander, B. (2008). *The globalisation of addiction*. New York: Oxford University Press.
Belani, H. K., & Muennig, P. A. (2008). Cost-effectiveness of needle and syringe exchange for the prevention of HIV in New York City. *Journal of HIV/AIDS & Social Services, 7*, 229–240.
Bluthenthal, R. N., Kral, A. H., Gee, L., Erringer, E. A., & Edlin, B. R. (2000). The effect of syringe exchange use on high-risk injection drug users: a cohort study. *Aids, 14*, 605–611.
Boltanski, L., & Chiapello, E. (2005). The new spirit of capitalism. *International Journal of Politics, Culture, and Society, 18*, 161–188.
Bondi, L. (2005). Working the spaces of neoliberal subjectivity: psychotherapeutic technologies, professionalisation and counselling. In N. Laurie, & L. Bondi (Eds.), *Working the spaces of neoliberalism: Activism, professionalisation and incorporation* (pp. 104). Malden, MA: Blackwell Publishing.
Bourgois, P., Lettiere, M., & Quesada, J. (1997). Social misery and the sanctions of substance abuse: confronting HIV risk among homeless heroin addicts in San Francisco. *Social Problems, 44*, 155–173.
Bourgois, P., & Schonberg, J. (2009). *Righteous dopefiend*. Berkeley, CA: University of California Press.
Broadhead, R. S., Hulst, Y.v., & Heckathorn, D. D. (1999). Termination of an established needle-exchange: a study of claims and their impact. *Social Problems, 46*, 48–66.
Brodie, J. F., & Redfield, M. (2002). *High anxieties: Cultural studies in addiction*. Berkeley, California: University of California Press.
Bunton, R. (2001). Knowledge, embodiment and neo-liberal drug policy. *Contemporary Drug Problems, 28*, 221–243.
Burawoy, M. (1991). *Ethnography unbound: Power and resistance in the modern metropolis*. Berkeley: University of California Press.
Collins, J. L., & Mayer, V. (2010). *Both hands tied: Welfare reform and the race to the bottom in the low-wage labor market*. Chicago: University Of Chicago Press.
Cook, C. C. H. (2004). Addiction and spirituality. *Addiction, 99*, 539–551.
Cooper, H., Moore, L., Gruskin, S., & Krieger, N. (2005). The impact of a police drug crackdown on drug injectors' ability to practice harm reduction: a qualitative study. *Social Science & Medicine, 61*, 673–684.
Copes, H., Hochstetler, A., & Williams, J. P. (2008). "We Weren't Like No Regular Dope Fiends": negotiating Hustler and Crackhead identities. *Social Problems, 55*, 254–270.
Cruikshank, B. (1999). *The will to empower: Democratic citizens and other subjects*. Ithaca, New York: Cornell University Press.

Davis, M., Rhodes, T., & Martin, A. (2004). Preventing Hepatitis C: 'Common Sense', 'The Bug' and other perspectives from the risk narratives of people who inject drugs. *Social Science & Medicine, 59*, 1807–1818.
Des Jarlais, D. C., Friedman, S. R., & Ward, T. P. (1993). Harm reduction: a public health response to the AIDS epidemic among injecting drug users. *Annual Review of Public Health, 14*, 413–450.
Drumm, R. D., McBride, D., Metsch, L., Neufeld, M., & Sawatsky, A. (2005). "I'm a Health Nut!" street drug users' accounts of self-care strategies. *Journal of Drug Issues, 35*, 607–629.
Epstein, B. L. (1981). *The politics of domesticity: Women, evangelism, and temperance in nineteenth-century America*. Irvington, NY: Wesleyan University Press.
Esping-Andersen, G. (1990). *The three worlds of welfare capitalism*. Malden, MA: Polity Press.
Feeley, M. M., & Simon, J. (1992). The new penology: notes on the emerging strategy of corrections and its implications. *Criminology, 30*, 449–474.
Foucault, M. (1978). *The history of sexuality*, In *An introduction, Vol. 1*. New York: Random House.
Foucault, M. (1988). *The history of sexuality*, In *Care of the self, Vol. III*. New York: Random House.
Foucault, M. (2008). *The birth of biopolitics: Lectures at the College de France. 1978–1979*. New York: Palgrave Macmillan.
Fraser, S. (2004). 'It's Your Life!': injecting drug users, individual responsibility and Hepatitis C prevention. *Health, 8*, 199–221.
Furst, R. T., Johnson, B. D., Dunlap, E., & Curtis, R. (1999). The stigmatized image of the "Crack head": a sociocultural exploration of a barrier to cocaine smoking among a cohort of youth in New York City. *Deviant Behavior, 20*, 153–182.
Garland, D. (2001). *The culture of control: Crime and social order in contemporary society*. Chicago: The University of Chicago Press.
Garretsen, H. F. L. (2003). Guest editorial: the decline of Dutch drug policy? *Journal of Substance Use, 8*, 2–4.
Gowan, T. (2010). *Hobos, hustlers, and backsliders: Homeless in San Francisco*. Minneapolis: University of Minnesota Press.
Gowan, T., & Whetstone, S. (2011). Making the criminal addict: subjectivity and social control in a strong-arm rehab. *Punishment & Society, 14*, 69–93.
Gubrium, A. (2008). Writing against the image of the monstrous crack mother. *Journal of Contemporary Ethnography, 37*, 511–527.
Gusfield, J. R. (1986). *Symbolic crusade: Status politics and the American temperance movement*. Westport, Connecticut: Greenwood Press.
Haemmig, R. B. (1995). Harm reduction in Bern: from outreach to heroin maintenance. *Bulletin of the New York Academy of Medicine, 72*, 371–379.
Harrison, B. (1971). *Drink and the Victorians: The temperance question in England, 1815–1872*. London: Faber and Faber.
Hays, S. (2003). *Flat broke with children: Women in the age of welfare reform*. New York: Oxford University Press.
Hora, P. F. (2002). A dozen years of drug treatment courts: uncovering our theoretical foundation and the construction of a mainstream paradigm. *Substance Use & Misuse, 37*, 1469–1488.
Inciardi, J. A., & Harrison, L. D. (1999). *Harm reduction: National and international perspectives*. Thousand Oaks, CA: Sage Publications.
Jauffret-Roustide, M. (2009). Self support for drug users in the context of harm reduction policy: a lay expertise defined by drug users' life skills and citizenship. *Health Sociology Review, 18*, 159–172.
Jay, M. (2010). *High society: The central role of mind-altering drugs in history, science, and culture*. Rochester: Vermont Park Street Press.
Katz, M. B. (1989). *The undeserving poor: From the war on poverty to the war on welfare*. New York: Pantheon Books.
Kaye, K. (2010). *Drug courts and the treatment of addiction: Therapeutic jurisprudence and neoliberal governance* (Unpublished Doctoral Thesis). Department of Social and Cultural Analysis: New York University.
Kellogg, S. H. (2003). On "Gradualism" and the building of the harm reduction-abstinence continuum. *Journal of Substance Abuse Treatment, 25*, 241–247.
Klingemann, H. K. H. (1996). Drug treatment in Switzerland: harm reduction, decentralization and community response. *Addiction, 91*, 723–736.
Kramer, F. D. (2010). The role for public funding of faith-based organizations delivering behavioral health services: guideposts for monitoring and evaluation. *American Journal of Community Psychology, 46*, 342–360.
Krisberg, K. (2010). Funding ban repeal a step forward for needle exchange: support could bolster HIV prevention. *The Nation's Health, 40*, 1–13.
Ksobiech, K. (2006). Beyond needle sharing: meta-analyses of social context risk behaviors of injection drug users attending needle exchange programs. *Substance Use & Misuse, 41*, 1379–1394.
Lenton, S., & Single, E. (1998). The definition of harm reduction. *Drug and Alcohol Review, 17*, 213–220.
Lovell, A. M. (2002). Risking risk: the influence of types of capital and social networks on the injection practices of drug users. *Social Science & Medicine, 55*, 803–821.
Lyon-Callo, V. (2004). *Inequality, poverty, and neoliberal governance: Activist ethnography in the homeless sheltering industry*. Peterborough, Ontario: Broadview Press.
MacCoun, R. J. (1998). Toward a psychology of harm reduction. *American Psychologist, 53*, 1199–1208.
MacMaster, S. A., Vail, K. A., & Neff, J. A. (2002). The Xchange point: a drop-in center for African American active injection drug users. *Health & Social Work, 27*, 227–229.
Marlatt, G. A. (1996). Harm reduction: come as you are. *Addictive Behaviors, 21*, 779–788.
Marlatt, G. A. (Ed.). (2002). *Harm reduction: Pragmatic strategies for managing high-risk behaviors*. New York: The Guilford Press.
Marshall, T. H., & Bottomore, T. (1992). *Citizenship and social class*. London: Pluto Press.
Matthews, J. S., & Erickson, L. (2005). Public opinion and social citizenship in Canada. *Canadian Review of Sociology, 42*, 373–401.
McBride, D. C., Terry-McElrath, Y., Harwood, H., Inciardi, J. A., & Leukefled, C. (2009). Reflections on drug policy. *The Journal of Drug Issues, 9*, 71–88.
McCoy, K., McGuire, J., Curtis, R., & Spunt, B. (2005). White chicks on dope: heroin and identity dynamics in New York in the 1990s. *Journal of Drug Issues, 35*, 817–841.
McKeganey, N., Morris, Z., Neale, J., & Robertson, M. (2004). What are drug users looking for when they contact drug services: abstinence or harm reduction? *Drugs: Education, Prevention and Policy, 11*, 423–435.
Miller, W. R. (1998). Researching the spiritual dimensions of alcohol and other drug problems. *Addiction, 93*, 979–990.
Moore, D. (2008). Erasing pleasure from public discourse on illicit drugs: on the creation and reproduction of an absence. *International Journal of Drug Policy, 19*, 353–358.
Moore, D., & Fraser, S. (2006). Putting at risk what we know: reflecting on the drug-using subject in harm reduction and its political implications. *Social Science & Medicine, 62*, 3035–3047.
Peck, J. (2001). *Workfare states*. New York: The Guilford Press.
Peck, J., & Tickell, A. (2002). Neoliberalizing space. *Antipode, 34*, 380–404.
Peele, S. (1989). *Diseasing of America: Addiction treatment out of control*. Lexington, MA: Lexington Books.
Peele, S. (1998). *The meaning of addiction: An unconventional view*. San Francisco Jossey Bass Publishers.
Peretti-Watel, P., & Moatti, J.-P. (2006). Understanding risk behaviours: how the sociology of deviance may contribute? The case of drug-taking. *Social Science & Medicine, 63*, 675–679.
Piven, F. F., & Cloward, R. A. (1978). *Poor people's movements: Why they succeed, how they fail*. New York: Vintage Books.
Radcliffe, P., & Stevens, A. (2008). Are drug treatment services only for 'Thieving Junkie Scumbags'? Drug users and the management of stigmatised identities. *Social Science & Medicine, 67*, 1065–1073.
Reid, R. J. (2002). Harm reduction and injection drug use: pragmatic lessons from a public health model. *Health & Social Work, 27*, 223–226.
Reinarman, C. (2008). The social construction of drug Scares. In P. Adler, & P. Adler (Eds.), *Constructions of deviance: Social power, context, and interaction* (pp. 92–104). Belmont, California: Wadsworth Publishing.
Reinarman, C., & Levine, H. G. (1997). Real opposition, real alternatives. In C. Reinarman (Ed.), *Crack in America: Demon drugs and social justice* (pp. 345–366). Berkeley University of California Press.
Rekart, M. L. (2006). Sex-work harm reduction. *The Lancet, 366*, 2123–2134.
Roe, G. (2005). Harm reduction as paradigm: is better than bad good enough? The origins of harm reduction. *Critical Public Health, 15*, 243–250.
Rose, N. (1990). *Governing the soul: The shaping of the private self*. London: Routledge.
Rose, N. (1998). *Inventing our selves: Psychology, power, and personhood*. New York: Cambridge University Press.
Rose, N. (1999). *Powers of freedom: Reframing political thought*. Cambridge, U.K.: Cambridge University Press.
Rose, N. (2006). *The politics of life itself: Biomedicine, power, and subjectivity in the twenty-first century*. Princeton, New Jersey: Princeton University Press.
Rose, N., & Novas, C. (2005). Biological citizenship. In A. Ong, & S. Collier (Eds.), *Global assemblages: Technology, politics, and ethics as anthropological problems* (pp. 439–463). Malden, MA: Blackwell.
Samson, C. (2004). The disease over Native North American drinking: experiences of the Innu of Northern Labrador. In R. Coomber, & N. South (Eds.), *Drug use and cultural contexts 'Beyond the West': Tradition, change, and post-colonialism*. London: Free Association Books.
Sante, L. (1991). *Low life: Lures and snares of old New York*. New York: Vintage.
Schram, S. F. (2000). In the clinic: the medicalization of welfare. *Social Text, 18*, 81–108.
Schram, S. F., & Soss, J. (1998). Making something out of nothing: welfare reform and a new race to the bottom. *Publius: The Journal of Federalism, 28*, 67–88.
Simon, J. (2007). *Governing through crime: How the war on crime transformed American democracy and created a culture of fear*. New York: Oxford University Press.
Skoll, G. R. (1992). *Walk the walk, talk the talk: An ethnography of a drug treatment facility*. Philadelphia: Temple.
Stivers, C. (1993). Reflections on the role of personal narrative in social science. *Signs: Journal of Women in Culture and Society, 18*(2).
Stoever, H. (2002). Consumption rooms: a middle ground between health and public order concerns. *Journal of Drug Issues, 32*, 597–606.
Tiger, R. (2011). Drug courts and the logic of coerced treatment. *Sociological Forum, 26*, 169–182.
Valdivielso, J. (2005). Social citizenship and the environment. *Environmental Politics, 14*, 239–254.
Valverde, M. (1998). *Diseases of the will: Alcohol and the dilemmas of freedom*. Cambridge: Cambridge University Press.
Valverde, M., & White-Mair, K. (1999). 'One Day at a Time' and other slogans for everyday life: the ethical practices of alcoholics anonymous. *Sociology, 33*, 393–410.
Van Solinge, T. B. (1999). Dutch drug policy in a European context. *Journal of Drug Issues, 29*, 511–528.
Wacquant, L. (2008). *Punishing the poor: The new government of social insecurity*. Durham, North Carolina: Duke University Press.

Weatherburn, D., Jones, C., Freeman, K., & Makkai, T. (2003). Supply control and harm reduction: lessons from the Australian heroin 'Drought'. *Addiction, 98*, 83–91.
Weinberg, D. (2000). "Out There": the ecology of addiction in drug abuse treatment discourse. *Social Problems, 47*, 606–621.
Wieloch, N. (2002). Collective mobilization and Identity from the underground: the deployment of "Oppositional Capital" in the harm reduction movement. *Sociological Quarterly, 43*, 45–72.
Wolfe, D. (2007). Paradoxes in antiretroviral treatment for injecting drug users: access, adherence and structural barriers in Asia and the former Soviet Union. *International Journal of Drug Policy, 18*, 246–254.
Young, J. (1999). *The exclusive society: Social exclusion, crime and difference in late modernity*. London: Sage Publications.
Zurhold, H., Degkwitz, P., Verthein, U., & Haasen, C. (2003). Drug consumption rooms in Hamburg, Germany: evaluation of the effects on harm reduction and the reduction of public nuisance. *Journal of Drug Issues, 33*, 663–688.