The injecting 'event': Harm reduction beyond the human

Authors accepted manuscript, published in *Critical Public Health*.

Find publication at: Dennis, F, (2017) The injecting 'event': harm reduction beyond the human. *Critical Public* Health 27(3): 337-349. http://dx.doi.org/10.1080/09581596.2017.1294245

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ABSTRACT

Since the 1980s, the primary public health response to injecting drug use in the UK has been one of harm reduction. That is, reducing the harms associated with drug use without necessarily reducing consumption itself. Rooted in a post-Enlightenment idea of rationalism, interventions are premised on the rational individual who, given the right means, will choose to avoid harm. This lies in stark contrast to dominant addiction models that pervade popular images of the 'out of control' drug user, or worse, 'junkie'. Whilst harm reduction has undoubtedly had vast successes, including challenging the otherwise pathologising and often stigmatising model of addiction, I argue that it has not gone far enough in addressing aspects of drug use that go beyond 'rational' and 'human' control. Drawing on my doctoral research with people who inject drugs, conducted in London, UK, this paper highlights the role of the injecting 'event', which far from being directed or controlled by a pre-defined individual or 'body' was composed by a fragile assemblage of bodies, human and nonhuman. Furthermore, in line with the 'event's' heterogeneous and precarious make-up, multiple ways of 'becoming' through these events were possible. I look here at these 'becomings' as both stabilising and destabilising ways of being in the world, and argue that we need to pay closer attention to these events and what people are actually in the process of becoming in order to enact more accountable and 'response-able' harm reduction.

KEYWORDS

Becoming; event; harm reduction; injecting drug use; posthuman

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INTRODUCTION

> We assert our attachment to the species as if it were a matter of fact, a given. So much so that we construct a fundamental notion of Rights around the Human. But is it so? (Braidotti, 2013, p. 1)

The privileged position of the Human is evident in Public Health, with its place in harm reduction being no exception. Indeed, much of harm reduction's authority is based on a human right to health (Jürgens, Csete, Amon, Baral, & Beyrer, 2010). Exploring harm reduction's past, present and potential future, this paper hopes to outline and disrupt a reliance on the human and where it may be limiting a more open approach to drug–body relations and their effects. Through participants' narratives of injecting drugs, I aim to explore where the human unravels and new forms of relations and subjectivities come into being. Drawing on two concepts in particular – 'the event' and 'becoming' – I will highlight the many bodies, human and nonhuman, involved in injecting events, and the more-than-human bodies enacted, to the point that disentangling these oscillating processes becomes almost impossible. Following this disruption, I will then use the concepts of 'contingency' and 'care' to rebuild optimism in a harm reduction that no longer requires a bounded human, and instead strives to attune to these human and nonhuman *processes*, to reconfigure bodies in 'healthier' ways.

HARM REDUCTION: A 'RATIONAL' DRUG POLICY AND ITS CRITIQUE

At the *First International Conference on the Reduction of Drug Related Harm,* in Liverpool, UK, in 1990 (Erickson, Riley, Cheung, & O'Hare, 1997, p. 7), delegates called for drug policy with less moralism and more *rationalism* (O'Hare, Newcombe, Matthews, Buning, & Drucker, 1991). In keeping with the new Public Health movement of the time, harm reduction activists called for the approach to be rooted in evidence (Erickson et al., 1997, p. 7). Indeed, the title of the book that emerged from the third conference on drug-related harm was entitled 'Psychoactive Drugs and Harm Reduction: *From Faith to Science*' (Heather, Wodak, Nadelmann, & O'Hare, 1993, my emphasis).

Importantly for this paper, the rationalism of the approach has produced an anthropocentrism. It is widely felt that if people who use drugs are given the correct evidence-based information and equipment they will make rational decisions based on internal cost/benefit analyses to reduce the harms associated with their drug use (Rumbold, Kellehear, & Hamilton, 1998; for critiques, see Mugford, 1993; O'Malley & Valverde, 2004). As such, The Human Rights Act has been used increasingly to substantiate these aims (Ezard, 2001; Hathaway, 2001; Hunt, 2004; Kerr, Wood, Betteridge, Lines, & Jürgens, 2004; Stevens, 2011), including specific calls for needle exchange programmes, opiate substitution treatment and, more recently, supervised injecting clinics and drug consumption rooms (e.g. Malinowska-Sempruch & Gallagher, 2004; Release, 2016; UNAIDS, 2015). Summed up in a review of the evidence on human rights

abuses and vulnerability to HIV infection in *The Lancet*, Jürgens et al. (2010) states that a rights-based response to drug use must be taken.

However, a focus on *human* rights as a productive recourse for harm reduction has not been accepted by all. Keane (2003) cautions us that 'human rights may not be politically efficacious in the arena of drug use' (p. 227). In fact, she argues, 'they may work to reinforce a universal model of the "normal" sovereign individual ["at the core of what it is to be human"] that pathologises and marginalises drug users' (2003, p. 228). Instead, drawing on Isabelle Stengers (with Olivier Ralet, 1997), Keane argues for an 'ethical perspective based on open-ended debate, practices of freedom and a respect for difference' (2003, p. 228). I will return to this important interjection towards the end of the paper, but, for now, it is important to note that Keane's critique can be seen located in a wider counter-narrative concerned with how harm reduction could be perpetuating an individualising neoliberal agenda. For example, even as early as the third *International Conference on the Reduction of Drug Related Harm*, Mugford (1993) questioned the 'naivety of "liberation"' and 'limits of "reason"' (p. 31). Taking up a Foucauldian governmentality perspective, Mugford and other commentators in the social sciences criticise harm reduction policies and technologies for their disciplining effects (Bergschmidt, 2004; Bourgois, 2000; McLean, 2011; Miller, 2001; O'Malley & Valverde, 2004). In response to this critique, a 'social science *for* harm reduction' seeks to account for the social, economic and political influences in people's lives and decision-making (Rhodes, 2009) using concepts such as 'situated rationality' and 'risk environment' (Rhodes, 2002; Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005).

More recently, researchers have worked to dismantle the individualising tendencies of harm reduction even in its strategic and situated capacity (Moore & Fraser, 2006). Indeed, influenced by actor–network theory (ANT), and science and technology studies (STS) more broadly, the field has been said to be experiencing a 'material turn' (Duff, 2013; Seear & Moore, 2014). Ontologically, flatter conceptualisations of drug taking have emerged that seek to displace the 'drug taker', traditionally at the heart of research and policy, with wider notions of agency and who/what acts. For example, notably, Suzanne Fraser and colleagues look at how drugs, bodies and services in different space–time produce new subjectivities (Fraser, 2006; Fraser & Valentine, 2008), substances (Fraser & Valentine, 2006), conditions and diseases (Fraser, 2004; Fraser & Seear, 2011) and call for responses to be receptive to these collaborations and differences (Dwyer, Fraser, & Treloar, 2011; Fraser, Rance, & Treloar, 2016; Fraser, Treloar, Bryant, & Rhodes, 2014).

Although some of these 'posthuman' interests are long-standing (e.g. Gomart & Hennion, 1999), they are still not widespread or uncontroversial. Thus, I hope to help substantiate these trends in offering case examples from my research on injecting drug use to show: first, where the individual becomes undone; second, how other more-than-human formations emerge; and third, what alternative forms of policy and practice are therefore required.

THEORETICAL APPROACH

> We believe in a world in which individuations are impersonal, and singularities are pre-individual. (Deleuze, 2004, p. xix)

Gilles Deleuze's philosophy of transcendental empiricism underpins my approach to 'the event' and 'becoming' taken in this paper. For Deleuze, life does not start with forms or organisms but these differences are produced in the process of life. 'The event' speaks to these moments where individuations come into being. Where the rationalism of harm reduction is based on the anterior human, an events perspective is underpinned by a relational and processual ontology, with the human always caught in the ebbs and flows of becoming. Those researching within the sociology of drug use have utilised 'the event' predominantly through Bruno Latour (e.g. Demant, 2009; Dilkes-Frayne, 2014; Duff, 2012; Gomart & Hennion, 1999; Race, 2015), and less so, through Gabriel Tarde (Bøhling, 2014; Vargas, 2010), Alfred Whitehead (Race, 2014), and Deleuze (Duff, 2014; Malins, 2004).

In Mike Michael's reading of Mariam Fraser's (2011) analysis of the 'event' at the intersections of STS and Deleuzian philosophy, he suggests there are two versions of the event at play:

> In one version, the event is characterized by a 'being with', where the constituents of the event 'co-habit' in the process of that event, interacting with, but not changing in relation to, one another. Alternatively, the event is marked by a 'becoming-with', where constituents themselves mutually change, or intra-act as Barad (2007) phrases it. (2015, p. 88)

Where drug events have been traced according to ANT, attention is paid to 'mediation' (e.g. Demant, 2009; Dilkes-Frayne, 2014; Duff, 2012; Race, 2015), and the moments these relational activities occur. This is seen to shift attention from 'who acts' to 'what occurs' (Dilkes-Frayne, 2014; Duff, 2016; Gomart & Hennion, 1999). For me, thinking with Deleuze shifts this focus to 'what becomes'. So a new question arises in terms of 'what becomings' or 'becoming-with drugs' (Michael & Rosengarten, 2012) *move* through the event?

The hyphen in 'becoming-with drugs' is important as it highlights that there are no pre-defined bodies – 'the body' or 'drug' – but these come to 'matter' (in its dual sense) in relation to each other. As Deleuze points out, 'mixtures are in bodies, and in the depth of bodies':

> A body penetrates another and coexists with it in all of its parts, like a drop of wine in the ocean, or fire in iron. [...] But what we mean by 'to grow', 'to diminish', 'to become red', 'to become green', 'to cut', and 'to be cut' etc. [...]. These are no longer states of affairs – mixtures deep inside bodies – but incorporeal events at the surface which are the results of these mixtures. The tree 'greens'. (Deleuze, 1990, pp. 5–6)

Using the infinitive form, Deleuze is distinguishing the event – 'greening' – from the tree and greenness. Therefore, as Stagoll points out, 'the event is not a disruption of some continuous state, but rather the state is constituted by events "underlying" it that, when actualised, mark every moment of the state as a transformation' (2010, p. 90). 'Becoming' moves through events, produced by and producing a connectivity in which participants express a certain 'becoming-together' or (noted by Michael above) as Karen Barad (2007) says, 'intra-action'. Where an 'interaction' suggests an encounter between two predefined bodies, an 'intra-action'

acknowledges the relationality of those bodies that are pre-individually relational, so that, crucially for this paper, living singularly is always a product of multiplicity.

AIMS AND METHODS

The overarching aims of the PhD project drawn upon in this paper were to explore experiences and embodiments of injecting drug use that surpass cognitive, rational decision-making, whilst also complicating a dominant scientific narrative of addiction that erases much of the associated complexities. These aims have specific relevance to the current paper because as I explored these 'a-rational' (neither non-rational nor rational but simply otherwise to rational) accounts further, 'the human' subject started to dissipate, moving beyond its boundaries that proved porous, into the 'outside' and back in again. Participants described a unique exposure to the world as both painful and pleasurable: a discomfort or awkwardness with the 'outside' in experiences of being 'on edge', feeling that environments were 'too close' and/or '[sensorially] overloaded', but also an unrivalled affinity with the 'outside' that made people feel 'at one', 'blissful' and even like they were 'floating on air' – a truly dissipated state where boundaries between the outside and inside become almost entirely removed.

Even though I employed mostly conventional 'representational' methods to address these aims, in the liveliness of the research, they took me in nonrepresentational directions, which de-centred the subject, dislodged meaning-making and elided subject/object dualisms. These methods included interviews with 30 people who inject drugs, interviews with 10 managers and workers in two drug services, and a six-month placement in one of the services carrying out participant observation. Here, I draw mostly from the former interviews. These lasted approximately 1.5 hours and participants were reimbursed £15 for their time and travel costs. All participants identified as current injectors (having injected within the past four weeks), with the vast majority regularly injecting heroin and/or crack cocaine. I spoke to both men (n20) and women (n10), who were aged between 24 and 60 years, and from a range of social and ethnic backgrounds. Ethical approval was granted by the London School of Hygiene & Tropical Medicine Ethics Committee (ref. 7039) and the National Health Service Regional Ethics Committee (ref. 14/LO/0184).

Through these methods, my attention was drawn away from the 'individual' and towards a relationality of bodies, including genetic, material (nonhuman), imaginary and even institutional bodies, and how these more-than-human bodies were enacted through these assemblages. As such, the primary unit of analysis shifted from the spoken word of the drug user to the drug-using event. These directions were particularly aided through the use of body mapping. Whilst body mapping has been used to describe a number of practices, from a trauma therapy tool (Crawford, 2010) to 3D computer imaging (Tarr & Thomas, 2011), it refers here to a creative drawing method.

Participants were asked to draw their bodies in relation to how they felt before, during and after injecting drugs, and the people and things around them at the time. It was soon clear that rather than merely reflecting injecting experiences, the mapping process was actively involved in producing these realities – reorganising temporal patterns and bodily arrangements. Where

talking in interviews largely forces events into a linear narrative, drawing allowed for alterative forms. Time, for instance, became rearranged topologically as spaces like the 'crack house' slowed time down. One participant said: 'the "gouching" [relaxed intoxication] time depends on … if I'm with people in a crack house, I don't really know them and that, then I can't relax in there'. Such findings tie in with other explorations of drug contexts in which time and space are seen as co-constitutive (e.g. Bøhling, 2014; Duff, 2007, 2012; Farrugia, 2015; Fraser, 2006; Race, 2014). The drawings also rearranged the classic body with new boundaries drawn up between the inside and outside, where substances, for example, could be part of the inside (see Dennis, 2016b). Participants commented on an epidermal breakdown when they were drug-free: 'I'm a complete nervous wreck. I'll be jumping everywhere'; 'I don't want to be in my own skin'. One participant expressed feelings of 'disembodiment', of not feeling in his own body. Consequently, in the mapping process, bodies got redrawn *with* substances as well as other materials. To use Lury and Wakeford's (2012) heuristic, the body maps provided a 'device' into these more-than-human worlds.

> Devices act as a hinge between concepts and practice, epistemology and ontology, the virtual and the actual, [and help us] to recognise that knowledge practices, technical artefacts and epistemic things are encoded in everyday and specialised technologies and assemblages in which agency is no longer the sole privilege of human actors. (Lury & Wakeford, 2012, p. 9)

Therefore, from my starting point with an interest in going beyond the 'rational', I was *moved* through the research process yet further away from these human processes to the point that the human started to make little sense. Far from controllable or rational, the injecting event was a fragile sociomaterial achievement, involving both human and nonhuman processes, where new more-than-human bodies were also made. The remainder of the paper will deal with these two key findings and how they disrupt and reorganise our approach to drugs that rely too heavily on a distinction between drugs, bodies and environments, and the rational/irrational *drug user* who 'successfully' or 'unsuccessfully' navigates this interaction.

'ON THE TILT': THE INJECTING EVENT AS A FRAGILE ACHIEVEMENT

> I suppose it's like having the worst hunger or anything and, or, you haven't had a drink for days and then you get water, and it's almost as if it could *drop over* at any minute, so you're really thirsty, so *it's on the tilt,* but if you get it then you're replenished, but if you miss it then it's on the floor. So it's the same if you miss a hit. (Lucy)

Lucy's narrative and body map, which has also proved useful in highlighting the trigger assemblage that moved her towards using drugs (see Dennis, 2016a; body map republished with permission), is used here to describe the fragility of the injecting event itself. She uses the analogy of the tilting water glass to describe a situation in which the 'success' of injecting is beyond her control ('could drop over at any minute'). Whether the injecting event comes together to enact 'success' – 'then you're replenished' – or failure – 'it's on the floor' – is, she goes on to explain, dependent on the precise coming together of a vast array of things, which she attempts to explore in her drawing (Figure 1).

Figure 1: Lucy's body map

In the picture (Figure 1), Lucy writes the words 'long term use, success, wonderful', by which to sum up a long discussion on the fragility of the injecting event. She makes clear to me that its 'success' is made up of several tentative bodies, body parts, substances, things, thoughts and words. Here, I look at the role of her hands, 'boyfriend', citric, blood, syringe and the techno-corporeal skills involved in keeping these connections together.

Lucy draws two pairs of hands. She explains that her hands play a vital role in the injecting event as the only area where she is able/willing to find a vein. She also notes the role that her boyfriend plays in helping her to inject.

> Because I always had problems injecting myself, I found it easier for him to do it for me. It was weird. I could do everything, but from that perspective, I had more luck if he was doing it […] It's almost like a wasted skill. He really should be in the profession of nursing, or something.

'Blood' is also prominently written in the body map, and is said to be a key actor in the 'success' of the injecting event. That is, she explains, a flush of blood in the syringe lets Lucy *know* that the needle is in the vein so the syringe can be plunged and its load released. The itchiness of the citric acid is similarly noted in the picture, which she uses to dissolve the heroin into an injectable solution. Although it is uncomfortable, it is necessary for indicating that the mixture has gone into the vein, without which she would be unsure and not fully able to enjoy it.

> Citric gives an itchy sensation, but you *know* when you get this itchy, it's weird, it's actually uncomfortable, but you *know* that you've had a successful hit. Even if you go, 'oh itchy, I need to go and wash my hand', it's like intense pins and needles, you know that the citric has gone in, it's gone in, it's worked, so you know that soon after you're starting to do that (nod off). Even though you're annoyed, it's a horrible itchy feeling, because it's the citric going into your veins. With Vitamin C, it's less itchy, but what I've noticed with the itchy feeling is the success. It always means it's pulled well, it hasn't hurt and it's worked, so success. So 'itchy, success', and then I'd go to water cos I'd wash my hands because they feel itchy but then 'success', so I'm smiling.

The citric disrupts any clear sense of boundaries between the 'real' (ontological) and 'known' (epistemological) event. It acts to both constitute and know the 'success' as inextricably bound. The drugs, heroin and crack cocaine, are also drawn (in brown, centre), but perhaps in a less marked way than the syringe (in red, centre-left), or cooker (in green, centre-left). I highlight these substances and 'things' here to show the many nonhuman bodies involved in the injecting event that get noticed through these drawings.

Moreover, the body mapping captured a sense of muddle and uncertainty in the event, where things seem to suddenly come together (or, as one participant put it, 'it will just happen'), but can just as easily shift, and fall apart (or 'drop over' as Lucy puts it above). Highlighting this fragility further, Lucy says 'there's this 50/50 if it's going to work: 50 heaven/50 hell'. However, this is not to suggest a lack of agency, just a different kind. Following Annemarie Mol:

> Once it is singled out as a topic of study, even undergoing appears to have little to do with being passive. It is hard work. Ask amateurs – of music, *of drugs*, of wine – and follow what they do in practice. They do a lot: their pleasure depends on preparations. (Mol, 2010, p. 256, my emphasis)

The collaborative 'success' of the injection is based on a finely attuned balancing act of bodies, so to assume Lucy and other participants a hierarchically more active role than their nonhuman partners (mastery over their tools/environment) would be to underplay their coproduction. Accordingly, the 'success' of the injecting event was permanently at risk or 'on the tilt' and required, to extend Lucy's metaphor, constant work to 'keep it upright'.

One participant, Simon, illuminates some of this work.

> Now, what I tend to do. It has to be when I'm ... it'd have to be in the evening. I will have to have eaten. I'd have to have had a few drinks to relax me, definitely will have to have eaten. I mean, you know, I used to do it in the morning before I'd even woken up kind of thing, you know what I mean, so I would have had no blood pressure what so ever. But because my veins were so good it would still work. Now that, no way, it has to be the whole thing of hot water, do the washing up, make sure I've eaten and you can see the little tiny marks. So what it is now, is that I'll see a tiny little one, or I'll just do it by feeling, you just rub very, very, very gently, rubbing your hand around like that (rubs his hand delicately), and I'll just feel something that gives a little bit and I know that's a vein.

The timings for when Simon injects are important. It has to be in the evening. He has to have had something to eat and drink. He has to increase his heart rate to raise a vein. Other participants talked about exercising, such as fast cycling, to stimulate the venal system. Simon also mentions 'the whole thing of hot water', that is, he explains, he does the washing-up so that the hot water and activity helps a vein to swell and make itself visible and viable. He then performs the delicate operation of feeling his hand for a slight change in texture and give in a vein which indicates there is blood and the vein is large enough to hold the needle steady without piercing through the other side causing a 'miss hit'. The *success* of the injection is reliant on all these practices – to make something happen, or 'occur', to use Gomart and Hennion's (1999) term. But where Gomart and Hennion suggest a 'passing' – what might be called 'mediation' in other ANT accounts of drug use – between 'subjects and objects', 'control and loss of control', 'the body and the head', I feel this is incongruent with the shared agencies expressed here, where the divisions were never so clear cut and the points of seizure were already co-produced. In other words, the connections shown above were only ever partial, in a process of 'staying upright'. Or, to follow Deleuze (1993), the event is only ever 'happening'.

In this sense, whether, how, and to what ends an injection of heroin and/or crack cocaine has an effect was far from chosen. With the individual entangled in the event, it depended on the coming together of an assembly of heterogeneous bodies, human and nonhuman, made possible through an equally complicated set of techno-corporeal preparatory practices. Thus, participants expressed an intra-corporeality, that is, an emergent embodiment of human and nonhuman processes. This is perhaps also where the events perspective most departs from earlier attempts to go beyond the individual in notions of the 'risk environment' (noted in the introduction). Where the 'risk environment' takes contextual

influences seriously through an appreciation of how social, economic, political and discursive structures *interact* with the human subject to result in harmful consequences, here, in reconfiguring the boundaries between the subject and object, inside and outside, and body and environment, I want to think about how the 'human' body itself comes into being through these injecting events. That is, how the injecting event produces more than affects and effects ('what occurs') as pleasurable, in coming together in 'successful' ways, and painful, in coming together in unsuccessful ways, but also the ways it produces new bodies ('what becomes').

BECOMING-WITH DRUGS

> The posthuman condition urges us to think critically and creatively about who and what we are actually in the process of becoming. (Braidotti, 2013, p. 12)

So far, I have highlighted the injecting event as a fragile modality of connection, which goes beyond any one controlling or agentic component, instead, held together through a complex collaborative effort. This disrupts previous accounts of the rational individual in harm reduction and in other areas of sociology where, for example, the 'controlled loss of control' model has been prominent (see Poulsen, 2015). On the other hand, it also unsettles addiction narratives that centre on the power of the controlling, disempowering drug. In extending this account of

the injecting event, I want to consider the various ways participants depict 'becoming-with drugs' (Michael & Rosengarten, 2012), which shifts corporeal boundaries yet further.

These points of transformation were felt both as stabilising (in becoming-normal, see Dennis, 2016b) and changing the self (in becoming-other). However, there is a fine line between the two as both are underpinned by process, that is, 'stabilising' should not be confused with anything static. This sociomaterial performativity is captured by one participant who says 'a lot of people want the up, the buzz as well, as lots of people go to work, working, living relatively normal lives, y'know, they have *things to keep together*'. Beyond the event itself, drugs can be seen here to play a wider role in 'keeping things together'. This is also described by another participant, Sandra, who depicts (Figure 2) the role of injecting heroin in enabling 'functioning for the rest of the day', 'shopping', and 'daily life'.

Sandra, who was 48 years old, and had been injecting heroin on and off for the past 25 years, spoke of how, like her friend Gwen (who I also spoke to), injecting heroin played an important role in not only enabling everyday activities but in easing her health problems.

Figure 2. Sandra's body map

> What happened is, me and Gwen both got the same thing, we've got COPD [Chronic Obstructive Pulmonary Disease], so we can't breathe without gear [heroin], it suppresses your breathing which really helps. We can't breathe without the gear. And also, I've got a degenerative back problem so I can't walk without it. I could not walk. *I couldn't walk at all.*

Gwen too tells me how heroin helps her to feel better. Or to appropriate Cameron Duff's Deleuzian notion of health, to become healthier. For Duff (2014), health is defined by one's capacity to affect and be affected, or 'power of acting'. Health, Duff says, 'may be understood to involve those forms of bodily activity that extend a body's range of action' (2014, p. 75). Drugs therefore, for some, in some instances, may contribute towards this power, which disrupts a dominant discourse on harm.

> At the moment I'm happy to carry on because I'm not very well anyway and it helps me. It helps me through the day, I can admit that I actually like doing it, because I'm having a miserable life with my illnesses. I've got Crohn's disease and the thing about Crohn's disease is that you have constant diarrhoea and pain, heroin and morphine constipates you so it stops the diarrhoea so I'm actually using it medicinally as well. They say that 'if we could prescribe you morphine for your condition we would but we're not allowed to'. (Gwen)

Furthermore, as Gwen hints to, in admitting 'I actually like doing it', becoming-with drugs does not only bring bodies together in a stabilising, normalising, or health-giving ways, but for some participants was intimately involved in *enhancing* life or becoming some*body* else. For example, participants talked about how drugs enabled them to become friendlier, more energetic, tolerant, and sociable. To this effect, Dimitri says:

> My mates say, when I haven't had nothing I'm quiet, and then as soon as I've had something I'm completely changed, my mood's like up, and I'm taking the piss and everything like that, complete, like you can spot it, you can, the complete change is like yeah, totally different.

Another participant depicted this change of self in drawing a picture of herself as superwoman, overtly signalling the role of drugs in making her into something more-than-human, with, she says, enhanced energy and tolerance of others.

However, as Peta Malins warns, through a reading of Deleuze's assemblage:

> Within each drug assemblage, the body connects up not only to the drug (its texture, its smell, its taste, its appearance, its speed) but also to other bodies and machines – people, substances, knowledges, institutions – any of which may redirect or block its flows of desire. (2004, p. 89)

Therefore, becoming-with drugs was not only life sustaining and enhancing, but could also be constraining or containing, in particular, when connecting with bodies that have 'stratifying tendencies'. In Deleuze and Guattari's words:

> *Strata* are Layers, Belts. They consist of giving form to matters, or imprisoning intensities or locking singularities into systems of resonance and redundancy, of producing upon the body of the earth molecules large and small and organising them into molar aggregates. (2004, p. 45)

Participants give vivid accounts of how, in being linked up to, to use Malins's phrase, the 'junkie image', and the syringe, especially, they were constrained in these ways: prevented from becoming 'legitimate', 'worthy' or 'trusted' patients, friends, daughters, employees, customers etc. These shifts in boundaries get exemplified in Lucy's recount of an incident in which her boyfriend's step-mother found their disused syringes. He 'was wacked around the face' and 'we were told that we should have labels put on us saying that we're dirty junkies'. As these connections to the syringe were not visible, the step-mother, in her rage, demands that they should where a sign to literally transfix or 'lock' (to use Deleuze & Guattari's words above) the 'junkie' identity and block other ways of becoming, such as, one can guess, being able to walk down the street unnoticed, get a job, etc.

Through this analysis, it appears that drugs do not have innate qualities but can be part of good and bad encounters (Keane, 2003) as bodily boundaries shift capacities to affect and be affected. That is, 'good' when linked up with bodies to become 'healthier' or somehow better than themselves (increasing capacities to act), and 'bad' when linked to bodies with stratifying tendencies, which tie bodies down and constrain them (decreasing capacities to act). In prioritising the event over forms or bodies as given, that is, in considering how bodily forms *come into being through the event* – in connecting to other bodies – harm reduction is required to shift its focus beyond the human. Where a 'social science for harm reduction' has already been influential in decentring 'the individual' with the 'situated individual' and 'risk environment', the analysis here suggests a further step is needed towards what could be considered individuals-*as*-situations.

HARM REDUCTION BEYOND THE HUMAN: WHAT DOES THIS LOOK LIKE IN PRACTICE?

In moving away from 'the human' towards *becoming through events* we can start to think about harm reduction in more open ways. I will now think about what this might look like in practice. First, as we have seen, 'events' are uncertain, fragile and precarious, and thus they invoke a need for *contingency* over fixed solutions based on causes and effects. Indeed, rigid policies and interventions could be 'blocking' rather than enabling ways of becoming-other. Second, by understanding subject formation as 'event-full', this requires 'response-ability' (Barad, 2012; Haraway, 2008) in research and policy to attend to and bring into being more *careful* forms (Martin, Myers, & Viseu, 2015; Puig de la Bellacasa, 2011). We must learn to attune to these different forms and what they can tell us about the world, as well as being accountable for what gets made, in order to bring bodies together in 'healthier' ways.

A call for contingency in drug treatment policy and practice is arguably already one of harm reduction's biggest strengths. As we saw in the abstract, harm reduction is built on accepting that people will use drugs (accepting these attachments, if you like) and, rather than judging or

moralising, working with these encounters to make them as safe as possible. Inspired by a notion of contingency, we can take these insights even further towards the level of relationality seen here, and the role of drug research and intervention in bringing about relationalities of new kinds. Drawing from Sara Ahmed:

> The word 'contingency' has the same root in Latin as the word 'contact' (Latin: contingere: com-, with; tangere, to touch). Contingency is linked then to proximity, to getting close enough to touch another and to be moved by another. (2004, p. 28)

Contingency incites an awareness to our existence in terms of the *outside within* as seen in the accounts of drug-body relations. Therefore, in light of the event, it is perhaps no surprise that when I asked one participant, Mya, about why she continued using drugs, she replied:

> *And the way of life*. You know, how can I get a methadone script when I'm not living nowhere, how can I get a doctor when I can't give no address. From when you're homeless, everything is against you. You can't get a doctor, you can't get a prescription, there's no way out. So you just go deeper and deeper into it.

It is not only in connection to drugs that she goes 'deeper and deeper into it' or experiences addiction (blocked ways of becoming-other) but in these connections with other bodies – 'the way of life' – including the legal system, institutions, knowledges and policies, which means she has no housing, doctor or prescription for an opiate substitute. Therefore, drug treatment systems that make it harder for contingency, that resist relationality or fail to be 'in touch', like making it difficult to access methadone outside 'working hours', could actually be blocking ways of becoming-other.

As well as contingency being needed within the administration of opiate substitution treatment (e.g. Fraser & Valentine, 2008; Harris & Rhodes, 2013), like other harm reduction technologies (e.g. Bourgois, 2000), for many participants, contingency was also required in the substances or technologies themselves. For Tom, buprenorphine, an opiate agonist and antagonist, did not have such contingency. Instead, where the agonist component or 'blocker' failed and he 'found' (a word that emphasises the workings of an event rather than an individual) himself using heroin 'on top' of his prescription he entered into precipitated withdrawals.

> Years ago I had terrible troubles with Subutex (brand name for buprenorphine). I sort of went to get clean, got down to about 10 mil of methadone and then went onto buprenorphine cos it's got the blocker [antagonist] in it supposedly […] But I found the transition horrible, and then I found out that the blocker only works for about 4 hours so then, when I found myself using on top, I found it fucking murder. Switching to buprenorphine, I found it really hard. It just ended up being a waste of a script. I think methadone is much easier.

For Tom, methadone, an opiate agonist, allowed for these moments when the drug assemblage might take him, where buprenorphine could not ('you couldn't use on top'), meaning that when he did, the script 'ended up being a waste', and he went back to exclusively using heroin. For Tom, methadone has more contingency, it is more 'in-touch' with these assemblic moments,

or sudden *eventful* coming togethers of bodies in which he 'found [himself] using'. This adds weight to similar calls for 'convenience' in harm reduction (Fraser, 2013).

Therefore, to return to Keane's (2003) reading of Stengers mentioned at the beginning, 'rather than promoting [human] freedom as a moral principle or universal ideal', Keane 'focuses attention on the effect of different programmes and campaigns on individuals' capacity for freedom and ethical self-formation' (p. 231). This can be seen to move the ethics of harm reduction as a matter of fact – based on the human – to what Latour (2004) would call a 'matter of concern' – where what constitutes harm (impingements to freedom and self-formation) is open to iterative debate and different programmes. Critical attention is shifted from the principle of the programme to its effects or 'what occurs'.

However, thinking about how bodies become through events perhaps turns harm reduction research and practice as a 'matter of concern', or matter of 'what occurs', made up of a negotiated apparatus beyond the human, into what Puig de la Bellacasa (2011) calls a 'matter of care', or what I have suggested can be seen as an added concern for 'what becomes'. 'We must take care of things in order to remain responsible for their becomings' (Puig de la Bellacasa, 2011, p. 90), and therefore we must be accountable for what gets made in research and practice alike, and the bodily boundaries we inevitably bring into being. As seen here, in opening up boundaries beyond the human, we can account for the many ways, including positive ways bodies become-with drugs.

I have suggested that one way care might be brought into our research is through the notion of 'touch'. Ahmed and Barad, like Puig de la Bellacasa, all draw on 'touch' to stress these collective ways of knowing and engaging with the world – to touch and 'to be in touch' is to be attuned and responsive to these different forms. For example, many drug worker accounts highlighted the need for 'intuition' and 'creativity' over protocol in order to cope with the multiple ways bodies become through injecting or drug events and thus the different ways to make them 'healthier', to use Duff's notion. For some participants, like Gwen, Sandra and Mya, this may include the continued use of opiates. Therefore, instead of favouring increasingly punitive measures (e.g. Wintour, 2015), based on assumed effects of drugs as bad, we need to increase awareness, tolerance and responsiveness to the event in order to learn from and be part of making bodies in new and better ways.

CONCLUSION

> The ethical imagination is alive and well in posthuman subjects, in the form of ontological relationality. A sustainable ethics for non-unitary subjects rests on an enlarged sense of inter-connection between self and others, including the non-human. (Braidotti, 2013, p. 190)

Responding to shifts within the social sciences of drug use, this paper has tried to move us yet further away from the human or individual, that is, even in its strategic or situated forms, towards what arepotentially more ethical posthuman injecting or drug-using collectives. By exploring injecting events as connections of bodies, substances, images and things in

participants' accounts of becoming-with drugs, not only is the heterogeneity and fragility of the event highlighted, but also what participants are actually in the process of becoming. Where some injecting events enabled positively felt experiences and subjectivities, other events – connecting with bodies with stratifying tendencies such as the syringe – materialised in negative ways, blocking ways of becoming-other. Indeed, drug treatment services were sometimes part of these formations. This calls for a more 'response-*able*' approach to drug use. To appropriate Puig de la Bellacasa words, we need to be aware and care for these events in order 'to remain responsible for their becomings'. Consequently, I argue that two such possibilities for a harm reduction in light of our posthumanism lie in the practices of contingency and care. Building contingency into our technologies and practices means we can allow for the ambiguities, differences and uncertainties intrinsic to the complexities of drug events and what becomes. In caring, we must act to increase our capacities to be affected by these events, to be part of increasing good affects ('power of acting' in becoming-other), as well as decreasing the potential for bad affects (blocked becomings). It is in this sense that we, in drug research, policy and practice, can most intimately be part of making

bodies better.

ACKNOWLEDGEMENTS

I am hugely thankful to everybody who generously agreed to participate in this study. I would also like to thank my supervisors, Magdalena Harris and Tim Rhodes, for their support, Suzanne Fraser, for her useful feedback on earlier iterations of the paper, and the two anonymous reviewers for their helpful suggestions.

FUNDING

This research was undertaken at the London School of Hygiene & Tropical Medicine, with the support of a 4-year PhD studentship from the Economic and Social Research Council.

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