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UNIVERSITY OF LAPLAND

RAMIRO ENRIQUE BORJA MARTÍNEZ

PEOPLE WHO USE DRUGS, HARM REDUCTION, AND ONTOLOGICAL  
ECSTASY: ON PHILOSOPHICAL ARCHAEOLOGY  
AS A BIOPOLITICAL METHODOLOGY

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RAMIRO ENRIQUE BORJA MARTÍNEZ

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on philosophical archaeology as a biopolitical methodology

Thesis presented before  
the *Master's degree*  
*programme in Global*  
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*Social Sciences,*  
*University of Lapland* in  
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Approved by

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Julian Reid

University of Lapland

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**Abstract:** There is a whole mode of thought emerging through international networks of sex workers and people who use drugs: harm reduction. How is it that harm reduction is formed as an object of the *People who Use Drugs* perspective?

The study begins by proposing a reading of Jarret Zigon's ethnography of the anti-drug war movement centered on his notions of *differential repetition* and *liberal progress*, which offer an account of harm reduction as the horizon of anti-drug war struggle. Then it detours through Michel Foucault's *History of Madness* to outline how philosophical archaeology can be used as a methodology for the description of modes of thought. With basis on this methodology and in parallel to Zigon's argument, the objectivation under study is analyzed as it happens in selected documents.

The procedure evidences certain regularity that characterizes this formation of harm reduction and possibly other modes of thought situated on marginalized populations: activism is its surface of emergence, testimony is its authority of delimitation, and agency is its grid of specification. The thesis concludes by grounding Giorgio Agamben's argument from *Homo Sacer* and *State of Exception* on this particular objectivation; its very description contributes to opening it to dangerous intervention.

**Keywords:** Harm reduction, people who use drugs, sex workers, philosophical archaeology, camp.

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## 1. HARM REDUCTION AND PROGRESS<sup>1</sup>

United Nations has recommended to cease compulsory treatment for drug users and provide voluntary services based on human rights and local communities throughout the world (International Labor Organisation et al. 2012). Harm reduction is often the strategy that drives the suggested type of interventions. It does not aim to treat drug abuse, but to reduce associated harm (Albers 2012, 125; Curtis 2016, 41). Typically, it includes distribution of sterile syringes and substitution therapies (e.g., heroin for methadone) (Albers 2012, 126; Curtis 2016, 43-44).

Some networks of drug user activism have promoted harm reduction, while advocating increased participation of people who use drugs ('PUD'), and criticizing reductive attention on health issues (Albers 2012, 124-125, 129). Eliot Albers has advocated for a "*strong rights version of harm reduction*" that places attention on the harmfulness of drug prohibition and on increasing participation of PUD (Albers 2012, 127-128). He argues drug-related harm is not an inner property of substances, it happens along heterogeneous relations. Prohibition would be the key assemblage in rendering drugs harmful (Albers 2012, 124). Rights of PUD have been violated by prohibition, therefore -according to the principle of engagement implied in human rights- PUD ought to participate on harm reduction and struggle against prohibition itself (Albers 2012, 126, 129).

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<sup>1</sup> Parts of this chapter were and adapted from a previous publication to which the author contributed (Borja, Góngora and Sánchez 2017)

## 1.1 Drug war, harm reduction and situation

The article *What is a situation?: An Assemblic Ethnography of the Drug War* (Zigon 2015) sustains contemporary prohibition constitutes a phenomenon that traverses political and ideological borders (Zigon 2015, 501-502). The way prohibition is conceptualized in Zigon's article adjusts well to Albers' understanding of prohibition as a key harm-producing assemblage (2012, 124), and so lies parallel to his argument. Phenomena as diverse as the persecution of drug users in American streets, missions in Afghanistan, military interventions in Mexico and Colombia, and therapeutic interventions in Russia or Denmark are sites of a global-scale *situation* called "*War on Drugs*". Allegedly, this war has no head, on the contrary, its agency is dispersed, takes different shapes and is adapted to varied universes and political circumscriptions, being an assemblage with potential effects on every human being on earth. (see Zigon 2015, 501-502) Thus, regardless of differences between, say, a *ghetto* in Vancouver and the former *Bronx* street in Bogota, there are persons who share certain referents and experiences, lives marked by fear and persecution (see Zigon 2015, 509):

*"The concept of situation, then, allows us to analytically recognize that in the current global configuration, complexity is at least as knotted nonlocally as it is locally, and thus increasingly —so I contend— local complexity emerges within the shared conditions set by this diffused*

*complexity*" (Zigon 2015, 502).

Zigon's stakes are ethnographic and political. First, on the ethnographic side, he elaborates analytical tools to describe the War on Drugs as a situation, to show how the assemblage is made of further assemblages -or "*nontotalizable*" (see Zigon 2015, 504-506)-. Its open and adaptive architecture is closer to a socio-technical network (a mesh of moral and scientific discourses, governmental artifacts, psychoactive plants, pharmacological agents, and countless actors and scales overlapping in differing times and spaces) than a structure (see Zigon 2015, 505); for that reason the effects of this entanglement are chaotic and unpredictable, continuously generating surprising appropriations (see Zigon 2015, 506-507, 521). Persons affected by the situation possess a native theory that would help anthropologists rethink their own research objects; it is the very agents of the anti-drug war movement who best know their enemy, a political ghost -so to speak- ready to materialize differentially (Zigon 2015, 502).

The anthropologist recounts his participation at a meeting Vancouver. He tells one of his associates from New York was not able to present his work on harm reduction in Vancouver, due to his visa being denied because of a prior drug-related judicial matter (Zigon 2015, 508). Then in America, Zigon was shocked by a poem recited by a local activist summarizing the condition of drug users who inhabit big city streets: prohibition "*reduces to nothingness*" (2015, 509). According to Zigon both the poet and the activist traversed singular situations but "*nevertheless recognized them as part of the multiplicity that constitutes their*

*shared condition of being-in-the-world"* (Zigon 2015, 509).

Then a political strategy can be formulated: how to delineate and articulate the movement, strength and limits of the threads to begin their transformation? (Zigon 2015, 507, 519, 521). The key would be to understand drug users are political actors, or -along Albers- to pass from a weak rights version of harm reduction, in which the customer is an atomized individual who suffers harm and needs remedy or relief; and move toward a strong rights version of harm reduction, decentered from patients or service users, and whose end is to question and change the source of harm, that is, drug war-spawned criminalization and suffering (2012, 124-125).

Let us reiterate the former through Zigon's case: In 1997 a drug user organization came to public light in Vancouver, when it came to public knowledge that the area called "*Downtown Eastside*" had the highest HIV infection rates in the world (2015, 517). In the face of this epidemiologically demonstrated situation, the suggestion was not to enlarge the syringe exchange program, what would amount to an intervention on the most proximate cause: but to answer by changing the situation as a whole, that is, by building a whole world (Zigon 2015, 518-519):

*"This world consists of, among other things, a neighborhood bank organized specifically for the needs of active drug users and those with precarious housing, social enterprises that employ drug users and*

*adapt to their schedules, art studios and galleries where users and other neighborhood inhabitants can create and show their works, and increasing amounts of public housing, some of which is combined with private housing (...) various health and therapeutic services in the neighborhood, such as the safe-injection site Vancouver has become famous for, a trial heroin prescription program, a health and dentistry clinic, and a detox clinic" (Zigon 2015, 518).*

Such interventions would be a kind of response-situations largely created by an anti-drug war movement (see Zigon 2015, 502, 519), interventions which are textured as a situation just like their antagonist (see Zigon 2015, 517-519), the War on Drugs. But this is no uniform texture, on the contrary, it has got key fibers, it is configured like a specific pattern that ties certain points of the thread: the conjunction of public health, state control and inclusion of user organizations that participate in a relatively autonomous form of government. What would have been achieved in Vancouver is to actualize the repertoire of stitches, leaving uncovered a strategic point from which to undo the prohibitionist knitting. (see Zigon 2015, 507, 516-517, 519, 521)

## **1.2 Harm reduction and intersectionality**

Building on the former arguments, human rights and the study of assemblages or situations can be useful to think strategies of drug user activism that lead to

strong rights harm reduction. The following document also works in that direction, plus it is useful in order to think about the challenges and limits of strong rights harm reduction, because it introduces the topic of intersectionality and political actors who face comparable situations. This subsection presents the document, strategic and philosophical discussion is raised afterwards.

The International Network of People who Use Drugs (INPUD) and the Global Network of Sex Work Projects (NSWP) coauthored a policy briefing on the needs and rights of sex workers who use drugs (2015). The briefing was elaborated by means of consultations made to local bases of both networks, which included case studies in Kenya, Indonesia and other countries about projects where both kinds of communities worked together. (INPUD & NSWP 2015, 2). The first part of the document highlights intersectional needs (INPUD & NSWP 2015, 2-8), while the second part proposes certain principles of response (INPUD & NSWP 2015, 8-12).

Precisely which needs do current violations to human rights imply? Sex workers and people who use drugs are not recognized as experts of their own lives and lived experiences; law and policy are made about them, not with them. Specifically, they face criminalization, police control and stereotyping, and other legal forms of surveillance and bodily harassment; drug-userphobia, sex-workerphobia, double stigma and discrimination, increased vulnerability to infections, barriers on the access to health services, self-marginalization; *and lack of harm reduction* and other services. (INPUD & NSWP 2015, 2-8)

¿How would adequate responses be? The most successful have been community-based, peer-driven policies, which improve self-organization and formation of intersectional networks, and offer services specific to sex workers who use drugs. (INPUD & NSWP 2015, 8-12). This largely coincides with strong harm reduction as presented by Albers (see 2012) and Zigon (see 2015, 502, 517-519), but potentially specifying it for sex workers who use drugs, as well as extending it to sex workers in general.

### **1.3 Harm reduction as a political strategy, differential repetition of progress and sex workers who inject drugs**

The concept *differential repetition of progress* synthesizes a problematic evidenced throughout the former documents and specially the briefing. It is now introduced through Zigon's work on differential repetition of sameness, liberal progress and human rights (see 2013); where he analyzes his fieldwork in several places in Russia.

Harm reduction has been posed to the Russian State as a human right (Zigon 2013, 716-718, 723-724, 726-730), it has also been posed as an instrument to improve the growth of its declining population as well as security and stability (Zigon 2013, 718, 726-730). Using both lines of argument, this kind of policy has gained some space: a low-cost needle exchange program in Saint Petersburg is

tolerated by the State (Zigon 2013, 717, 725). On inference, activists have found a legitimate place for their demands and they are able to project into the future a full realization of harm reduction as a human right. Then they have compared State security and stability, and the criminalizing policies through which it also pursues them, with that future of full commitment to harm reduction, and have marked the former as a barrier to the future. Nevertheless the State persists in the criminalization of drug use, and activists continue to pose harm reduction as tool for security and stability, parallel to criminalization. (see Zigon 2013, 730-731)

Let us make an abstraction of the post-soviet State and transpose the former to other cases of the same situation. Different States or other entities could take that position of *agent* to whom a demand of progress is posed. For instance, how to think relations between drug users, activism as agent, and strong rights harm reduction as demand?

The tactical value taken by harm reduction services happens in a network with all the other elements that traverse and configure the agent -the anti-drug war movement for instance- opening the services to other agencies for potential instrumentalization (e.g., State security). The former point is trivial and adds little to what can be inferred when conceptualizing the anti-drug war movement as *situation* (see Zigon 2015, 502). The issue is how to interpret that condition whereby the tactical value of a practice remains open to capture by other agencies, which could be called 'tactical polyvalence' following Foucault (see

1978, 100-102). What Zigon calls 'fantasy of progress' can be understood as a way to interpret tactical polyvalence (see Zigon 2013, 731-732). The following explores the limits of fantasies of progress.

Let us engage in a thought experiment. The starting point of the experimental fantasy is consumption rooms' status as harm reduction tools. It is not that the improvements that such rooms can entail by themselves are ignored; but if they are suggested to the anti-drug war movement in general it is because reassembling them would be adequate to achieving integral harm reduction zones (see Zigon 2015, 517-521; 2013, 729-731). Somehow similarly to the Russian State in the former case, the anti-drug war movement would then be in a position of agency in relation to the demand for harm reduction: full actualization of human rights or global strategy would entail that the movement takes the establishment of harm reduction zones throughout the planet as its central task, by means of promoting and widening something like consumption rooms. That is the first aspect of this fantasy of progress, where progress is allegedly moving towards.

But what is it leaving behind? The horizon that the very rooms draw -integral zones- would then be compared with the polyvalence entailed by their existence as tactics of the anti-drug war movement; as a result the potential capture by alternative agencies would be understood as defect or negation of integral harm reduction zones and backwardness. That is how the line that constitutes this fantasy of progress is arranged.

Very well, suppose progress happens: consumption rooms, needle exchange services and so on are taken as the central tool of the anti-drug war movement for establishing harm reduction zones. What about the needs shared with other populations, who also constitute the movement, but have distinct problems, solutions and ways of experiencing them? From the perspective of the policy briefing (see INPUD & NSW 2015), sex workers who use drugs pose a demand to international networks of people who use drugs and also to those of sex workers. The content of said demand would be the analysis and promotion of joint responses to intersectional needs (see INPUD & NSW 2015, 2-8); and their agents would be the international networks, it is they who are able to analyze and promote the right responses (see INPUD & NSW 2015, 2, 8-12).

Now suppose the demand implicit in the briefing succeeds. Would that mean full inclusion of intersectional needs in international networks? That is the horizon deployed by the demand, but it cannot be fully realized at once. The demand has posed this horizon in relation to sex workers who use drugs, because international networks and their intersections have certain magnitudes, rhythms, priorities, projects, etc., which prevent the full and immediate inclusion of all intersections with equal emphasis (see INPUD & NSW 2015, 1). Moreover, the briefing itself insinuates the next step is consideration of needs of sex workers who *inject* drugs:

*"Notably, sex workers who use drugs (particularly those who inject drugs) experience stigma and discrimination from within sex worker communities and communities of people who used drugs. Even among sex workers who use drugs, some non-injecting sex workers actively distance themselves from the stigma of injection drug use".*

(INPUD & NSWP 2015, 1)

After identifying a series of fantasies of progress, the moment comes to consider repetition of differential sameness. Having moved to the perspective of what for the Downtown Eastside model (see Zigon 2015, 517-519) and the anti-drug war movement could end up as lacks, obstacles, the premature, mere additions, or the local, a distinct set of demands has emerged. Perhaps the agent of the new demands is not the anti-drug war movement but the international networks related to sex work and drug use, and their content is not harm reduction as such, but consideration of intersectionality with sex workers (see INPUD & NSWP 2015). But there would be a demand, an agent, a horizon, and hence obstacles from which yet another line could be drawn, this time from the perspective of sex workers who specifically *inject* drugs (see INPUD & NSWP 2015, 1). A distinct but repetitive fantasy of progress would then come to be; a differential repetition of progress. Elements for the next repetition are already laid: eventually, mere sex workers who inject drugs may no longer suffice, excluding for instance *LGBT sex workers with HIV who inject drugs* (see INPUD & NSWP 2015, 4).

Let us conceptualize how this series of differential repetitions is happening: The conditions that allow and realize “former” demands -such as those of integral harm reduction zones, sex worker-centered harm reduction, and harm reduction for sex workers who use (and specifically inject) drugs- turn out to be backwardness in the next horizon -of *LGBT* sex workers *with HIV* who inject (or for yet a further step, *inhale*) drugs-. New iterations in this series of fantasies always wait on its cracks to project a forwardness and backwardness, and so constitute a modality of progress. Thus, in the midst of all this change, the drive towards progress finds continuity.

Zigon suggests a research practice that would not have the aim of organizing progress in more inclusive ways; it would attempt to avoid differential repetition of progress as an interpretation of the polyvalence of the movement’s tactics (see 2013, 721, 733). This thesis aims to contribute to that endeavor by problematizing differential repetition of progress in relation to harm reduction as deeply as possible.

## **2. OBJECTIVATION OF MADNESS IN MODERN PSYCHOPATHOLOGY**

Is Foucault and Agamben's philosophical archaeology (see Agamben 1999, 138-150) relevant to the problematization of differential repetition of progress in relation to harm reduction? This is one of the central discussions the present thesis seeks to open, but for the second and third chapters we just take for granted this methodology is indeed relevant. By passing directly to experiment how philosophical archaeology works, we provide ourselves with proper elements to open discussion of its relevance in the fourth chapter.

We take as a working hypothesis for the second and third chapters that philosophical archaeology is relevant because its merely descriptive ambition allows to pose the units on which thought is organized as a central problem, it is consequently arranged for the description of continuities and discontinuities of thought. Then, once continuity or discontinuity are not regarded as methodological assumptions, they can be tested as hypotheses, as well as differential repetition (see Foucault 2002, 23-33).

Since the aim of this thesis is the problematization of an instance of differential repetition of progress, it is useful to begin by providing a methodology of description that avoids tautology, not presupposing that instance as such. Specifically, a methodology that can test whether differential repetition of progress accurately conceptualizes how the kind of harm reduction under

discussion is, by describing the unit or units which encompass or traverse it. The exclusive purpose of this chapter is to provide a methodological introduction to philosophical archaeology as a basis for later analysis.

## **2.1 Objectivation**

When beginning to describe modern psychopathology through its objects, one can wonder: Is there a single object that defines it? e.g. 'modern psychopathology is the scientific study of mental illness'. Foucault attempted to find and describe such object. What he found was distances that hardly composed a series. Then he hypothesized modern psychopathology is not unified around a single object, but some kind of space where discontinuous objects can take place; or some other kind of regularity in their taking place, in their appearance, transformation, coexistence, divergence, disappearance, etc. (Foucault 2002, 35-36, 41) Modern psychopathology was not unified around an object but perhaps it did offer some regularity in the formation of its objects, so that those and no other appeared (Foucault 2002, 30).

Since objectivation is the first topic on Foucault's practice and methodological reflection (see 2006; 2002, 44-54), it seems like a good spot to begin probing. His practical work on the topic is the engagement with modern psychopathology, which mainly corresponds to the *History of Madness* (Foucault 2006; 2002, 44-49). The description of objectivation may begin by analyzing specific rules of

objectivation; he suggests three categories for that purpose: *surfaces of emergence*, *authorities of delimitation*, and *grids of specification* (Foucault 2002, 44-47). The author first uses these categories in his *Archaeology of Knowledge* (Foucault 2002), when sketching a methodology by reflecting on his earlier work, where he had not used them explicitly (Foucault 2006; 2002, 44-49).

The *History of Madness* (Foucault 2006) stands as a worthy historical analysis of objectivation by itself, without depending on reconceptualization. This is important because it suggests an analysis of objectivation does not require the specific categories this chapter introduces, because it has been carried as well with different ones. For instance, the doctor-patient couple is later presented in this thesis as a relation between medicine as *authority of delimitation* and the soul as *grid of specification* along later reconstruction (see Foucault 2002, 46-47); but it was first described as *critical experience of madness* on the doctor's side and *medical experience of madness* on the patient's side (Foucault 2006, 510). Therefore, what defines an analysis of objectivation regarding categories of rules is not certain set of notions or definitions, it is how and what for they are actually used.

The *History of Madness* (Foucault 2006) undertakes analysis of objectivation in its second and third parts. Throughout the second part Unreason is defined as the system of relations between certain forms of experience of madness, such as medical and critical, which predominated throughout the seventeenth and early-eighteenth centuries, when madness appeared in a reversible relation to reason

as a rational and maliciously deliberate delirium. The third part describes Alienation as a system of relations where madness is experienced as mental illness, its description works through the same categories used in the second part, which is convenient for comparison between Unreason and Alienation. (see Foucault 2006, 163-174, 176, 198, 206-207, 231-233, 241-244, 249-250, 295-296, 320-321, 379-380, 516, 522-528) Two functions for categories of rules of objectivation can be drawn from the former: They should allow to compare distinct systems of objectivation, and to describe dispersion within a system.

## **2.2 Rules of objectivation**

What follows is not set to be exhaustive, but just enough to understand the method for a different endeavor. For that reason, it only considers the easiest examples of rules of objectivation to identify and describe from Foucault's *History of Madness* (2006): *criminality as a surface of emergence*, *medicine as an authority of delimitation*, and *the soul as a grid of specification* (see Foucault 2002, 44-47).

As a *surface of emergence*, criminality, art, family or religion were sites where certain differences could become an object of designation and analysis as madness (Foucault 2002, 45-46). Foucault shows criminality was at work as surface of emergence in the lawyer Bellart's 1792 defense of Gras from charges of murder; the accused had lost his reason to the momentum of a passion, which

was so intense as for him to become irresponsible of his actions (Foucault 2006, 453-458). The same problematic can be recognized in the movie *Primal Fear* (1996); after snapping into a different and aggressive personality during the trial, the accused is deemed insane and for that reason exempted from a death sentence. Likewise, Bourgeois was declared mad by the court in 1783; though this did not change the meaning of the crime, it did modify its legal consequences (Foucault 2006, 451-452). Thus, at some point during the late XVIIIth century the problem of the interiority and exteriority of madness in relation to crime came to be: madness could change the legal effects of the crime yet leave its meaning intact, or it could make the crime less real as a behavior and instead hold it as the appearance of an excessive conformity to the truth of a passion (see Foucault 2006, 453). This problem did not always exist, it emerged through the protests made by XVIII century prisoners against being mixed with some who featured certain difference (Foucault 2006, 396-400).

Madness was delimited, designated, named and established as an object with certain authority, be it that of medicine or criminal law (Foucault 2002, 46). Medicine indeed operated as *authority of delimitation* around the time Foucault's friend, Roger, was under observation and treatment at Sainte-Anne Hospital (Foucault 1994, 671-672). It was also in operation one century earlier in Cabanis' and Tenon's asylum model; but of course not in the sense of a definitively formed doctrine, as often existing theories were rejected (see Foucault 2006, 441). Cabanis recommended an asylum journal by means of which madness was observed regularly on each individual; this allowed to theorize observations of

madness –whose episodes had so far been taken as accidental- as a progressive knowledge of Man (Foucault 2006, 441-443, 526). As a tool to measure the progress of the cure, the journal assumed a continuum where madness appeared as a negation of liberty (see Foucault 2006, 438-439). All of this was afforded by the Asylum because –Tenon explained- it was closed to the world of reason, and to the effects it provoked on the mad, to the end of opening an empty space where madness could be free to express its true nature (Foucault 2002, 435). By that fact, because such freedom forced the mad to face reality continuously, the Asylum did not just offer pure observation but at once cure (Foucault 2002, 436). Madness is authoritatively delimited as an object through such “medical” arrangement. During the early XVIIIth century physicians could neither observe nor treat the mad because they were locked away in houses of confinement, or entrusted to empirics and their recipes; but later in the century the Asylum integrated observation, treatment, and theorization, medicine thus became an authority of delimitation (Foucault 2006, 305-306).

The body, the soul, and individual history are systems of differentiation of madness or *grids of specification* (Foucault 2002, 46-47). Here *soul* is not used in its common meaning, but as “*a group of hierarchized, related and more or less interpenetrable faculties*” (Foucault 2002, 46). The operation of the soul as grid of specification can be noticed in Foucault’s earlier account of psychoanalysis; mental illness is understood as the substitution of modern adult behaviors by simpler ones characteristic of childhood and primitive peoples, for instance issues with the mother during the oral stage of libidinal development may cause

neuroses of abandonment (Foucault 1987, 17-24). Early XIXth century psychiatry also used a notion of hierarchized mental faculties to specify mental illness; the mental symptomatology of general paralysis was understood as the sequential and irreversible loss of every mental faculty (Davis 2012, 266-267). The soul became a grid of specification of madness at some point towards the end of the XVIIIth century, it is already present in Bellart's defense operating the distinction between good and bad madness, as partial or total loss of reason respectively (see Foucault 2006, 455-458). But the soul was not present in the classical understanding of dementia; this illness was specified in relation to the mechanics and physical qualities of the brain's spirits (Foucault 2006, 253; see 252-257). Classical thought specified mental illness using only the body as grid, XIXth century psychopathological thought used the soul as well as the body as grids of specification.

### **2.3 Relations and system of objectivation**

After going through rules of objectivation, Foucault's archaeological analysis consists of a second moment at least: The description of *relations* between rules of objectivation (Foucault 2002, 47-49). It should yield precisely how each system of objectivation is, and how they are or not different from each other and unique. But comparison between Unreason and Alienation as systems of objectivation is not the purpose of this thesis; therefore we only describe *some* of the relations

between rules that *partially* define the objectivation of madness for modern psychopathology, in order to understand the analytical procedure.

The Gaze came to be the virtual point where the judicial and the medical intersected as authorities of delimitation. Along the moral dimension of the Gaze linked to public conscience, scandal and judicial authority, the problem of the relation between madness and crime was raised (Foucault 2006 447-450), or more precisely criminality functioned as surface of emergence of madness. Once the problem of the specification of madness from crime arose, the soul was used as grid along the epistemic dimension of the Gaze linked to medicine and the Asylum; it specified crime as madness, and at once madness itself into good and bad madness matching a partial or total loss of reason or liberty (see Foucault 2006 455-458). A moral perception of madness by the Gaze was thus enabled by the interplay between the medical and the judicial as authorities of delimitation, criminality as surface of emergence, and the soul as grid of specification.

Medicine as authority of delimitation and the soul as grid of specification were as well brought together at the doctor-patient couple and positivistic interrogation of its efficacy (see Foucault 2006, 502-503, 508-509). By that very movement, the doctor, -with his powers of judgement and punishment to enforce a morality deemed natural and therapeutic- worked as metaphor of the judicial as authority of delimitation. Similarly, by that very movement the soul -in its specification between good and bad madness- worked as metaphor of the issue of the specification of madness from crime, that is of criminality as surface of

emergence. Criminality and the judicial so understood were not involved in this doctor-patient couple other than through this precisely metaphoric relation. (see Foucault 2006, 502-503) The interplay of medicine as authority of delimitation and the soul as grid of specification -in their work as metaphors of judicial authority and criminality so understood- was immanent to perpetual judgement of madness through the doctor-patient couple and positivistic interrogation of its efficacy.

As madness came to its truth through modern psychopathology, madmen "*bore more truth than their own truths*" (Foucault 2006, 519); they spoke of "*the being of man, of the content of what he is, and the forgetting of that content*" (Foucault 2006, 516). On this system of objectivation, men as they were in social life, with all of its artifices, were not at their truth to begin with. But even then, part of them lost their social truth, this left them nothing but the loss of their moral truth –their madness-. (see Foucault 365-379, 516, 518-519, 526, 528-529) The moral and the social truth of Man nevertheless did not quite coincide; the cure of madness did not lead back to the artifice of society and its vices (see Foucault 365-379, 516, 518-519, 526, 528-529): "*Man will thus not speak the truth of his truth other than in the cure that will lead him from his alienated truth to the truth of man*" (Foucault 2006, 521). Nevertheless the moral truth madness revealed on its cure was valid as such not only for madness, but even for men in their social life (Foucault 2006, 495, 502).

Foucault concludes by considering mobile relations between rules of objectivation –exemplified here by the former two relations- and discerning in them recurring elements as we just did (see 2006, 519-522). These three elements are what defines ‘Alienation’ as a system of objectivation: “*man, his madness and his truth – which replaced the binary structure of classical unreason (truth and error, world and fantasy, being and non-being, Day and Night)*” (Foucault 2006, 522). Specific antinomies were linked to those relations, here are some Foucault notes: The mad found themselves set towards the primitive precisely by society’s progress away from the primitive. But madness was not a matter of advancement or retreat, it was the triumph of the organic upon liberty. Madness however was not a sickness of the organs, but of freedom and instincts. (see Foucault 2006, 519-522) Theoretical conflicts that embodied said antinomies constituted modern psychopathological thought (see Foucault 2006, 508-509, 519-522) for instance throughout the nineteenth century:

*“A conflict between a historical, sociological and relativist view of madness (Esquirol and Michéa), and an analysis of a structural type that looked at mental illness as involution, degeneracy and a progressive slide to the vanishing point of human nature (Morel); a conflict between a spiritualist theory that defined madness as an alteration in the mind’s relation to itself (Langerman and Heinroth), and materialist efforts to localise madness in a differentiated organic space (Spurzheim and Broussais); a conflict between the requirement for a medical judgement that measured the degree of irresponsibility of the*

*mad against the degree of determinism of the mechanisms at work within them, and the immediate appreciation of the insane character of their behaviour (the polemic between Elias Régault and Marc); and a conflict between the humanitarian conception of therapeutics witnessed in the methods used by Esquirol and the infamous 'moral treatment' that used confinement as the major means of submission and repression (Guislain and Leuret)". (Foucault 2006, 521-522)*

What appears as advancement in psychopathological theory is now understood as happening of Alienation as system of objectivation.

### 3. OBJECTIVATION OF HARM REDUCTION IN THE PERSPECTIVE OF PEOPLE WHO USE DRUGS

This thesis is not about people who use drugs themselves, but about their *perspective* on harm reduction, which it is set to describe. For that reason it begins by probing Albers' suggestively titled essay: "*Harm Reduction: contribution to a critical appraisal from the perspective of people who use drugs*" (2012). It would be naive to judge this article by its title or its author; if Albers is an active drug user, or if he uses drugs at the very moment of writing, does that make whatever he writes a contribution to the perspective of people who use drugs? Does the text belong to this perspective if it makes an argument about the same things and in the same ways as all texts related to prohibitionism? Suppose diverse writings claim to develop the same perspective on harm reduction, but they contain conflicting arguments, some do even within the same article; then the issue becomes more pressing: Do they make their contradictory assertions in the same way? Is *perspective* even a useful category of analysis, or how could one notice and describe other modes of unity or dispersion constituted by them? (see Foucault 2002, 23-33)

The aim of this chapter is to define *the perspective of people who use drugs* ('PUD perspective'); not in terms of its authors or its arguments, but its objectivation of harm reduction (see Foucault 2002, 44-54). To that end, two texts are analyzed through the frame of philosophical archaeology: Albers (2012) and

INPUD & NSW (2015). It was specifically those two texts that were selected, because their stance runs parallel to what Zigon's ethnography offers –the description of PUD strategic thought- (see 2015) but in a condensed and militant way, thus offering this mode of thought's definitory traits. These traits may otherwise remain in the background, perhaps figuring subtly in many contemporary writings linked to harm reduction and drug use; but definitory traits are likely to be prominent in such condensed and militant embodiments, making easier the task of describing them.

The procedure begins by considering an abstract that describes each text's main argument and the main assertions upon which it is premised, then listing the most central objects of those assertions. Those objects are relevant as both linguistic and logical objects. Objectivation is described in terms of rules of formation of those objects, specifically three categories of rules: surfaces of emergence, authorities of delimitation and grids of specification (see Foucault 2002, 44-47). A description of relations between rules concludes the procedure (see Foucault 2002, 47-49); the presence of those relations defines what belongs to PUD perspective.

### **3.1 Harm reduction as an object in the data**

Which objects can be outlined in each document? Which objects are shared by all documents? Here we have an outline of some of the objects of each text. Only

the list is transcribed in this part –not the abstracts- because the texts were already presented in the first chapter:

**Albers (see 2012):** participation, drug-related harm, harm, assemblage, principle of engagement, human rights, human rights of PUD, PUD, prohibition, harm reduction, harm reduction policies, public-health committed harm reduction, human-rights committed harm reduction, weak rights version of harm reduction, strong rights version of harm reduction, harm-producing drug policies, prohibitionist drug policies, biopower.

**INPUD & NSWP (see 2015):** needs, human rights, violations to human rights, sex workers, people who use drugs, sex workers who use drugs, key HIV response populations, peers, communities, peer-led policies, community-based policies, participation, self-organization, networking, services, sex work, drug use, harm, risk, interconnected layers of harm and risk, criminalization, police control, stereotyping associated to police control, state-sanctioned forms of surveillance and harassment, drug-userphobia, sex-workerphobia, double stigma, discrimination, increased vulnerability to infections, healthcare service barriers, self-marginalization, harm reduction, consultations, global networks, case studies, joint work, positive outcomes, the situation of sex workers who use drugs, intersectional needs, minimum principles of response.

The following list organizes the former objects preliminarily in registers considering their partial overlapping, isolated objects were discarded. All of the

following are proposed as viable targets for an analysis of objectivation:  
**Constituencies:** people who use drugs, sex workers who use drugs.  
**Challenges:** prohibition, discrimination. **Calls:** harms, needs, rights, issues, violations, stigma, risks. **Responses:** *harm reduction*, policies, interventions, participation, networking. **Apparatuses:** activists, organizations, networks. (see Albers 2012; INPUD & NSWP 2015)

Quite unsurprisingly, the former exercise validates the coordinate that was chosen preliminarily to delimit the data: harm reduction is indeed an object with linguistic and logical relevance to the data. Because of the previous engagement only that object is considered onwards.

The register list also shows a full analysis of the objectivation of PUD perspective -considering all of the viable objects- would require a larger endeavor, and therefore this thesis is merely a tentative and partial exploration of a sizable potential. (see Foucault 2002, 35-36, 41-42) If the texts were chosen otherwise, for instance due to reference made by informants in ethnographic fieldwork; then, having no preliminary object whose objectivation is to be analyzed, the former procedure would be more useful to identify potential targets of analysis

### **3.2 The objectivation of harm reduction as defintory of PUD perspective**

If belonging to people who use drugs is not what renders PUD perspective distinct, nor consensus around an argument (see Foucault 23-33), what about its manner of taking harm reduction as an object of thought? Harm reduction may be thought of in many ways, but it has not happened to be thought of in every possible way; not everything or anything that is logically and grammatically possible about harm reduction has been asserted. (see Foucault 2002, 35-36)

There is a third set of conditions distinct from logical and grammatical rules, certain regularity immanent to what has been asserted, which may offer a good enough definition of PUD perspective (see Foucault 2002, 30). PUD perspective seems better defined by regularity in the formation of possibly contradictory or disperse series of *harm reductions*, immanent precisely to those that were formed and no others, certain *rules and relations of objectivation of harm reduction* (see Foucault 2002, 44-49).

### **3.3 Rules of objectivation**

**3.3.1 Activism as surface of emergence:** What does it mean to assert: “activism is a surface of emergence that contributes to the formation of harm reduction as an object”? (see Foucault 2002, 45) It means there is a way of thinking about harm reduction, which takes certain discussion around its relation to activism for granted: whether activism can count, or not count, wholly or in part, as harm reduction. A mode of thought may offer open questions or closed answers, but

whenever that discussion is at hand, even if merely as a final answer to an implicit question, we can affirm activism is being a surface of emergence of harm reduction.

This is similar to how criminality was the surface of emergence of madness. The relations between madness and criminality were debated throughout XIXth century psychopathology; possibly there was not a single proposition which ruled throughout the century, but the debate did happen. (see Foucault 2006, 521-522; 2002, 46)

A discussion on why activism came to be a surface of emergence of harm reduction -that is by which causes- is not what this thesis seeks, it has no explanatory goals. The argument is not that activism so works because it is a linguistic or historical necessity. "There is a mode of thought that takes certain discussion about activism and harm reduction for granted"; this claim is purely descriptive. (see Foucault 2002, 27-28) But, even as the search for a cause is set aside, how can anyone know if this or any other description of said thought is correct? Is it a good description of a way of thinking that can be evidenced in the data?

We know it is because the data shows the relation between activism and harm reduction being problematized. Harm reduction is certainly being thought about; the question *can activism be or not be harm reduction?* often becomes an active

issue. Thus we know that activism truly is a surface of emergence of harm reduction.

The former conclusion can be achieved by means of certain procedure: it begins by checking the instances where harm reduction is being taken as a logical and grammatical object in the data. Then, what is being taken as harm reduction, or as non-harm reduction is listed preliminarily: which were the things available to be or not be harm reduction? Later one must simplify the list to the minimum possible set of categories by considering only the most encompassing and distinct. The resulting categories are surfaces of emergence at work in the data.

Let us engage the data through an example where activism is not at work: “[harm reduction industry] *in its statutory (that is to say state provided) and voluntary sector (charity run) manifestations has become increasingly professionalised*” (Albers 2012, 128). This quote tells of a harm reduction that emerges on public policy, but that can also emerge on a non-state ground; certain charity-run intervention may as well be considered harm reduction. Here the surface of emergence is not just public policy; both policy, and charity and volunteering, can give way to the same kind of harm reduction –harm reduction industry- and both are becoming professionalized. To capture this idea of both policy and charity-sponsored harm reduction, one can pose *professional intervention* as a surface of emergence: Certain professional interventions may count or not count as harm reduction.

In the following examples no professional intervention is at stake, yet something is available to count as harm reduction, hence a different surface of emergence must be at work.

This is what the Indonesian Drug User Network (PKNI) responded to the consultation initiated by the global networks of sex workers and people who use drugs:

*“Currently our organisation does not have a specific strategy for addressing the needs of sex workers who use drugs. However, we have co-organized a joint training with the National Sex Worker Network to investigate cross-cutting issues and possibilities to work together”. (INPUD & NSWP 2015, 8)*

Consider what the Kenya Sex Worker Alliance (KESWA) responded to the same consultation: *“KESWA played a critical role in the establishment of ‘High Ladies’ to take the lead in services delivery and advocacy for sex workers who use drugs”. (INPUD & NSWP 2015, 9)*

Both PKNI’s and KESWA’s interventions are presented as *“inter-organisational networking”* (INPUD & NSWP 2015, 8) on the conclusive and prescriptive part of the policy briefing, where a *“baseline of minimum requirements”* (INPUD & NSWP 2015, 10) for harm reduction is set, immediately before requirements (INPUD & NSWP 2015, 10-12). Interventions are themselves preceded by a call to

acknowledge self-proficiency of sex workers and people who use drugs (INPUD & NSWHP 2015, 8). The placement of the quotes tells of their relevance in the perspective on harm reduction being set: part of acknowledging self-proficiency is understanding inter-organizational networking as a fundamental aspect of harm reduction for sex workers who use drugs. An additional detail allows us to take the content of the quotes as examples of activism, and as such being available to count or not as harm reduction; the conceptualization of compounded drug-userphobia and sex-workerphobia as a *self-mediated* harm:

*“People can internalise stigma, coming to believe negative generalisations and misconceptions about themselves. People can also distance themselves from stigmas, and members of stigmatised groups can stigmatise other members of their communities. This is the case for some sex workers, who distance themselves from other forms of sex work, and for some people who use drugs, distancing themselves from other people who use drugs, or from various patterns of drug use and/or drugs. As a result, some sex workers and people who use drugs are wary of discussing both communities in the same context, since discussion can feed incorrect assumptions that all sex workers use drugs, and that all people who use drugs sell sex. It should be stressed that generalising all sex workers as using drugs, or all people who use drugs as selling sex, is reductive and inaccurate, but discussion of intersections between these communities is*

*important and thus discussion should be led and informed by sex workers who use drugs". (INPUD & NSWP 2015, 4)*

Granted that compounded drug-userphobia and sex-workerphobia (INPUD & NSWP 2015, 4-5) is a modality of harm, PKNI's joint investigation with Indonesia's National Sex Worker Network on intersectional needs must be understood as a harm reduction intervention by itself, just like KESWA organizing High Ladies (see INPUD & NSWP 8-9). Evidence of activism as surface of emergence lies in those actions that may be harm reduction, but which are not state-sponsored or charity-run, or strictly professional, and instead reveal a density of activism as such. Albers' commentary also contains evidence of activism as surface of emergence:

*"one of the pioneering harm reduction interventions and a key event in the early history of the movement was the opening of a needle exchange, the world's first, in Rotterdam in 1985 by activists of the MDHG Belangenvereniging Druggebruikers (Interest Association for Drug Users) in response to a hepatitis-b outbreak amongst the injecting community of that city". (Albers 2012, 124-125)*

Activism and professional intervention are evidenced in the data as surfaces of emergence (INPUD & NSWP 2015, 8-9; Albers 2012, 124-125). Both surfaces can also intersect; *service user activism* refers to a kind of professional intervention which also involves the activism of people who use drugs (see Albers

2012, 127-128). Albers' criticizes service user activism for being "*delimited by a medical model of drug use, and the operational requirements of host organisations*" (Albers 2012, 128), which would imply a rights-weakening acceptance of a sick identity (Albers 2012, 128), and therefore would amount to false harm reduction (see Albers 2012, 126). How and why this type of activism can be delimited and specified as harm reduction, and as such true or false, is considered in the following subsections; for now it is clear that in Albers' critique we also find *activism* working as a surface of emergence.

**3.3.2 Testimony as authority of delimitation:** What does it mean to affirm "testimony is the authority of delimitation of harm reduction"? (see Foucault 2002, 46) Much like in Foucault's account of madness, it does not mean an organization or doctrine -in his case Medicine- is given, and then it extends its grasp on mental illness or harm reduction (see Foucault 2006, 441). Medicine is said to become madness' authority of delimitation when a particular arrangement comes to be: close observation of the mad is put in relation to treatment at the Asylum, and this is then crystallized in an abstract theory that tells the truth of man (see Foucault 2006, 436, 442-443, 526). A similar point is made in this section regarding *testimony as authority of delimitation*; not that there is a given authority named Testimony who delimits harm reduction, but *which was the reach or authority that a particular arrangement happened to afford to some ways of delimiting harm reduction?*

When reading the data, one can notice not everything that claims to be harm reduction is deemed worthy of the name. Certain modes of harm reduction are specifically judged to be false or true and criteria to judge this are explicitly posed. These judgements and criteria are legitimized through an analytical operation; the effects of the purported harm reduction on harm are considered: if it actually decreases harm or the risk of its occurrence it counts as true harm reduction, but if it increases harm or risk it counts as false harm reduction. (see INPUD & NSWP 2015, 10; Albers 2012, 126) This is why Albers judges service user activism to be false harm reduction; on the long run he fears it will increase harm suffered by people who use drugs (2012, 126).

But precisely how is this operation carried through in the data and what is the reach of its claims? What does it take for Albers' stance to become authoritative and with which implications? The example of an activist who goes to the doctor provides the way to the answer:

*“Accepting that under prohibition we have to engage with health services for assistance is a strategic necessity, indeed acceptance of the patient role is the only one that is functional within the medical paradigm within which most harm reduction services function. The supposedly objective criteria of harm that institutionalised harm reduction services work with is one that is questioned by the movement of people who use drugs who, resisting the moralising implicit in the construction of addiction, insist that harm is only present*

*when the drug user herself deems that her habit is becoming problematic*". (Albers 2012, 129)

As the quote shows, whether some policy or activism truly is harm reduction does not ultimately depend on the nature of the service received, but on its negative effects on the user's experience of harm. The service may "objectively" reduce harm from a medical perspective or in Albers' opinion, but for PUD perspective it may still be false harm reduction unless the person who uses drugs confirms it does reduce harm. For PUD perspective it becomes "objectively" known that the service reduces harm *when the person who uses drugs so confirms*. Albers' judgement of service user activism can only become authoritative when a person who uses drugs reports on the effects of said activism on her experience of harm. It is obviously implied that this person's report is valid for herself, and its authority on others would depend on their own account of their experience of harm and intervention.

Self-reporting as described by Albers affords an authority structured in a specific manner, which is similar to the structure of the authority of judgements on harm reduction afforded by global consultations (see INPUD & NSWP 2015, 2; Albers 2012, 129). For the present effort we name this structure 'testimonial', and name the authority it adjectivates 'testimony'.

The policy briefing sets requirements for true harm reduction when aimed at sex workers who use drugs, and it does so in a general way, addressed to any and

all sex workers who use drugs (see INPUD & NSW 2015, 8, 10). It legitimates this gesture on the scope of its consultations; which encompass intersections of communities of sex workers and people who use drugs throughout many countries in several continents (see INPUD & NSW 2015, 2, 8-9). It does not legitimate the generalization on the "objectivity" or *purity* of observation; this generalization works remarkably different from that of XIXth century psychopathology, which –under a shorter empirical reach- was validated by the purity of observation and treatment in the Asylum and the unity of the soul (see Foucault 2006, 436, 442-443, 526); in our case what validates generalization is the aggregation of case studies of joint actions, the magnitude and internal coherence of aggregation (see INPUD & NSW 2015, 2, 8-9) rather than the humanity of the soul and the purity of The Gaze. Global consultations afford a validity different from that of the representative sample of a given unit; it extends only to the aggregation itself; hence the emergence of the category *sex workers who use drugs*. Conflicting collective testimony need not be subsumed into a coherent frame but marks the emergence of a distinct aggregation; authoritatively, the briefing contains talk of harm reduction for people who use drugs, and for sex workers, and for sex workers who use drugs, but not talk of a -for instance- *human* harm reduction which would subsume them uniformly by necessity. (see INPUD & NSW 2015, 1)

Whether collective as in INPUD & NSW consultations (2015, 2) or individual (Albers 2012, 129), self-report is what authorizes truth on the nature of activism or professional intervention as harm reduction. What circumscribes this authority

is the magnitude of self-reporting and the possibility of further and contradictory self-reporting. Rather than aggregating into a coherent frame, contradictory abstract judgements may thus be valid, but each for its own testimonial source. Thus we conclude testimony is the authority of delimitation operating in the data.

**3.3.3 Agency as grid of specification:** What does it mean to affirm "agency is the grid of specification of harm reduction"? (see Foucault 2002, 46-47) It amounts to posing certain trait as definitory of the mode of thought evidenced in the data. Precisely which trait? discussing *agency* as an understanding of harm. Instead of considering harm in terms of mental illness on the soul -the lack or regression of certain faculties typical of modern adults- as would be done under XIXth century psychopathology (see Foucault 2006, 452-458, 491-497, 501-503, 516, 518-519, 521 526, 525-529; 2002, 46-48; 1987, 17-24, 44-47); the perspective under study understands harm as lack of holistic healthcare, as human rights violations (see INPUD & NSWP 2015, 1, 5; Albers 2012, 124-126), or most distinctively as non-recognition of agency -e.g., of self-expertise, self-management, autonomy- (see INPUD & NSWP 2015 8; Albers 2012, 127-129). There is certain obviousness in considering agency in order to analyze harm; focusing analysis on the harms made on the agency of target populations, intervening to protect and recover their agency, evaluating interventions according to their effects on agency, judging them to be true harm reduction if agency increases (see INPUD & NSWP 2015 8, 10; Albers 2012, 126-129).

We know this obviousness is there, not because understanding harm through agency is assumed uncritically, without argument and implicitly, but then brought to light with the help of sophisticated reading techniques. Obviousness is evidenced in the data in the sense that understanding harm through agency is explicitly argued for, reiterated, overall discussed; the texts overall explicitly strive to make obvious that agency may play a decisive role when defining harm reduction and its different kinds.

In order to see how agency plays a role, let us get back to service user activism. We already described how this kind of “harm reduction” can be seen as something that emerges on both policy and activism. Its recognition as true harm reduction can have the *testimonial* authority we described. (see Albers 2012, 126-129) Here is what concerns us now: Once service user activism has emerged and is being judged with testimonial authority, how do positions on its nature as harm reduction take place?

Different understandings of harm are the fundamental criteria for taking a position on the nature of harm reduction. (see Albers 2012, 124) Lets us examine how is it that an understanding of harm is at stake in Albers’ critique of service user activism. The problem with this kind of “harm reduction” is that its underlying understanding of harm is reductive, it only recognizes harm when it happens as lack of health, at most as lack of access to healthcare services (see Albers 2012, 127-129). Albers’ point is not that they are not real harm, they may be, but there are yet other kinds of harm. Service user activism would leave aside at least two

remarkable dimensions of harm: rights violations (see Albers 2012, 125) and non-recognition of agency (see Albers 2012, 127-129).

For Albers, leaving aside such dimensions of harm has a strategic disadvantage. He recognizes assuming a patient identity may at times be an instrumental necessity (see Albers 2012, 128-129), assuming such identity is not his exact reason for judging service user activism as false harm reduction. The problem is that because service user activism limits itself to the sick identity (see Albers 2012, 128), *it does not pose prohibition as a problem:*

*"Activists involved in the movement of people who use drugs have an unrelenting commitment to the 'strong rights' version and take it to its logical conclusion by calling for an alternative legal regulatory framework to prohibition. I would argue further that a harm reduction that doesn't do so is not worthy of the name, but is instead part of the harm-producing assemblage". (Albers 2012, 126)*

True harm reduction is the kind that concludes by abolishing prohibition. Prohibition is then being taken as the main factor of harm, rather than drugs themselves (Albers 2012, 124). If drugs themselves are the source of harm under health-reductive understandings, and they are no longer being taken as the main factor of harm, there must be a different understanding at work that instead presents prohibition as the source of harm. Such anti-prohibitionist comprehension of harm is exemplified by the remarkably named "*Harm*

*Reduction and Human Rights Monitoring and Policy Analysis Programme*” (Albers 2012, 125), which Albers mentions as highlighting the harmfulness of the punitive architecture of drug control on human rights. By taking human rights violations as the dimension of harm, for instance violation of the rights to health and to life, but also to non-discrimination and others, new examples of harm come into scope. Some of these new examples cannot be plausibly attributed to drugs themselves. Once concern is placed not only on lack of health or healthcare, but on unrecognition of many rights, including the rights to life and health, and to decide for oneself, it is harder to explain unrecognition of rights through the properties of a substance, and additional dimensions come forth. (see Albers 2012, 125)

Decriminalization and all it implies in terms of harms is a good example of what comes into consideration once harm is understood to encompass all human rights violations: Once a sex worker who uses drugs is in prison it might even be easier for the government to deliver healthcare; but that does not mean that imprisonment can be conceptualized as a harm reduction measure, because its harmfulness has an impact on most human rights which cannot simply be compensated with healthcare or ignored. Rights advocacy is thus put to work instead of healthcare as grid of specification. Decriminalization can then be thought as a harm reduction measure (INPUD & NSWAP 2015, 10; Albers 2012, 126), and perhaps truer at that than health-centered “harm reduction” like service user activism (Albers 2012, 127-129). Let us consider a quote from Albers that confirms the importance he places on decriminalization:

*"All of these groups [members of INPUD] explicitly renounce the status of being organizations of patients, insisting instead on being militant organizations of people who use illicit drugs and all of whom are dedicated to the abolition of global prohibition as a long terms goal, and in the interim the decriminalization of drug use". (Albers 2012, 129)*

The former does not only show decriminalization as one of the strategic measures for which the movement advocates, with all this implies in terms of how harm is being understood; it also makes evident an additional dimension: renouncing the status of patient and forging a "militant" identity. Likewise, INPUD's constituencies are said to be *"active in resisting the medical model of addressing drug-related issues, and attempt to forge and celebrate positive drug using identities"* (Albers 2012, 129). The quotes show yet another understanding of harm at work: harm as non-recognition of agency.

If identitarian affirmation –*"the attempt to forge and celebrate positive drug using identities"* (Albers 2012, 129)- is a true harm reduction intervention, it is because rights violations, demands and advocacy do not exhaust harm reduction, because the problem with service user activism is not only that by focusing on health-related harms and lack of healthcare many rights violations are ignored, as well as prohibition being their main factor, but because something else is ignored. Otherwise, advocacy for healthcare and decriminalization would be

enough, advocacy for the abolition of prohibition would be enough, the point would be to pose such demands effectively, without any people who use drugs having any value –within a discussion on harm reduction- in arguing, becoming activists, forming organizations and international networks, and forging and celebrating any identity.

What else can the acceptance of a patient identity or rights advocacy preclude? The capability to transform one's own identity. What the last quote shows is an intervention that corresponds understanding harm as lack of recognition of agency; it affirms the capability to intervene said identity and forge a different one. Such capability is what this thesis calls 'agency'. Being a patient would be harmful because it would hide agency; the power to willingly change one's own identity. Exerting this power openly, for instance by forming a militant organization, would therefore be a harm reduction measure. (see Albers 2012, 127-129) Thus we see agency is one of the criteria at play to identify the existence and type of a harm reduction practice; agency operates as *grid of specification* in the data.

What the following quotes from INPUD & NSWP's document (2015) show is that if, for instance, a service is described as harm reduction, it is presented as such on grounds of whether the service is recognized formally or practically in policy as a right or respecting other rights -*advocacy*-; whether they are actually accessible in their delivery and make a positive impact on health indicators - *healthcare*-; what roles do peers play, whether they are significant, whether significant peers belong to the local community, what phase and extent of control

are afforded to them, whether their input can be evidenced in actual policy design -agency-. (see INPUD & NSWP 2015, 5-6)

When summarizing how a new group contributes to harm reduction, both healthcare and advocacy are mentioned: "*KESWA played a critical role in the establishment of High Ladies to take lead in services delivery and advocacy for sex workers who use drugs*" (emphasis added; see INPUD & NSWP 2015, 9). High Ladies' lead is being precisely summarized as *services delivery* and *advocacy*.

The briefing continues describing High Ladies' activities while specifying them as harm reduction. Two grids overlap on that description. In terms of advocacy: High Ladies participates in "*advocacy activities*" aimed at "*creating an enabling environment*" for certain population or population intersection to access certain services and policy, as well as "*the creation of policies and guidelines that will streamline and provide targeted services*" in order to achieve certain result (INPUD & NSWP 2015, 10). The same fragment holds a second dimension in terms of healthcare: said advocacy is aimed precisely at "*health services*" in order to "*reduce/eliminate harm and prevent transmission of HIV through the sharing of needles and syringes*" (INPUD & NSWP 2015, 10).

Now examine the full quote; agency is not a topic of description. Some words and notions often thread together as referring to agency, but that thread is absent here:

*"High Ladies participates in all KESWA advocacy activities aimed at creating an enabling environment for sex workers to access health services and promote harm reduction (...) and the creation of policies and guidelines that will streamline and provide targeted services for sex workers who inject drugs in order to reduce/eliminate harm and prevent transmission of HIV through the sharing of needles and syringes". (INPUD & NSWP 2015, 10)*

Healthcare and advocacy overlap as grids of specification in the former quote, but not agency. In contrast, agency is clearly at the front in the following quote, specifying true harm reduction: *"programmes that do not exacerbate harm and risk, and instead focus on agency, self-determination and empowerment"* (INPUD & NSWP 2015, 10). The same agency-indicative thread is extended through concepts such as *"peer-led community empowerment service models"* or *"enhanced networking and self-organizing capabilities"* (INPUD & NSWP 2015, 10).

According to the policy briefing, for harm reduction to be the way it should, there are certain minimum requirements it must fulfill. For instance, it should consist of *"peer-led community service models"* featuring *"referral between organizations, enhanced networking and self-organizing capabilities, and advocacy by sex worker and drug user rights organizations"* (INPUD & NSWP 2015, 10). The latter fragment shows both agency and advocacy at operation as grids of specification.

When the former is compared to other parts of the briefing, one identifies at least two patterns which may be found separate or joint together. First, echoing "*advocacy by sex worker and drug user rights organizations*" (INPUD & NSWP 2015, 8): all that evokes a call for an external agent to do or not do something, all that is related to rights advocacy, decriminalization, etc. There are references to certain health service being available or reformed, or to participation being incorporated in policy formulation, etc., all throughout the INPUD & NSWP's document (see 2015). This recurrence is the grid of specification we call "advocacy".

Second, and often together but distinct: "*peer-led community empowerment service models (...) referral between organizations, enhanced networking and self-organizing capabilities*" (INPUD & NSWP 2015, 8) and all that refers to a work by activists or constituent populations on themselves individually and collectively, on their organizations, as well as the sites where this can take place. No service or third party needs to be involved, and when they are, the decisive topic is the extent of action, choice and capability they afford to activists from target populations. (see INPUD & NSWP 2015) This recurrence is the grid of specification we call "agency".

So far the analytic hypothesis we have put forward is that there are at least three grids of specification of harm reduction for PUD perspective: healthcare, advocacy and agency. Let us assess an alternative hypothesis to open some

critical distance from the former: actually, the grids of specification at work in the data are: sex work, drug use and sex worker drug use. That seems to be the case, at least in the policy briefing, because there is talk of harms specific to sex workers who use drugs, and of services targeted at them which are not reducible to those of either sex workers or people who use drugs (INPUD & NSWP 2015, 1).

But on a closer look, entire new categories of harm and intervention are not devised for each population or intersection. An intersection's harms are analyzed in in categories that bear some resemblance to other populations'; they would be harms on *health, rights* or *agency* (see INPUD & NSWP 2015, 1). For the mode of thought under study populations or intersections are not grids of specification themselves, essentially they are singular series of harms specified through any, some, or all of the grids of specification we evidenced: healthcare, advocacy and agency.

### **3.4 Harm reduction intersectionalization as relation between rules of objectivation**

How is the relation between rules of objectivation that the intersectionalization of harm reduction to sex workers who use drugs embodies? We begin by finding activism as a surface of emergence: The Kenyan Network of People who Use

Drugs (KeNPUD) directly organizes forums for sex workers who use drugs (INPUD & NSWP 2015, 9). Are KeNPUD's forums true harm reduction?

One can then meet testimony as authority of delimitation: Perhaps many opinions sprung on the global networks regarding that matter. What we do know is that KeNPUD answered the global consultations with case studies of their partnerships with KESWA (INPUD & NSWP 2015, 2, 5, 7, 9). The studies evidenced the nature of their activism, of their forums, as true or false harm reduction. Were they evidenced as true? The first logical step is to analyze some of the harms sex workers who use drugs experience:

*"Being a drug user and female in our community is bound to attract stigma and discrimination, both from the general community, and also from the drug using community. Women are not expected to use drugs. Combined with sex work, this is bound to make one socially isolated from their family and friends and the community generally".*

(INPUD & NSWP 2015, 5)

Harm analysis showed sex workers who use drugs experience harm in particular ways, not reducible to the experiences of sex workers or people who use drugs when considered separately (see INPUD & NSWP 2015, 1, 5). For instance, the drug using community may isolate a sex worker who is a woman, while they would not isolate a person who uses drugs with a different occupation and gender.

Harms were found to converge on a register: "*an associated undermining of agency, choice and self-determination*" (INPUD & NSWP 2015, 1).

If our analytical hypothesis regarding testimony is right, in order for the nature of KeNPUD's forums as true harm reduction to be demonstrated, their outcome on those particular harms on agency had to be experienced by sex workers who use drugs themselves as positive. The following is what KeNPUD reported:

*"In our organization we have specific days that we meet with sex workers who use drugs whereby they get space with the other sex workers and share their experiences (...) this helps with referrals in case[s] of complicated issues. Organising for sex worker specific forums also helps to get them to share their issues more openly. We also work closely with other sex workers organisations like KESWA".*

(emphasis added, INPUD & NSWP 2015, 9)

As the quote shows, where there used to be isolation from the drug using community toward sex workers who are women, now there are forums where they can share their issues openly, and the forums facilitate cooperation with sex worker organizations through case referral; therefore harms have been reduced and agency affirmed. As a result it has been demonstrated that KeNPUD's forums are true harm reduction for sex workers who use drugs; clearly along agency being the grid of specification.

### **3.5 Agency Freestyle as system of objectivation of harm reduction in the perspective of people who use drugs**

What defines the system of objectivation are elements that recur in various relations between rules of objectivation (see Foucault 2006, 519-522). The final step requires discerning which are the recurring elements between two practices that are immanent to the data and relate rules of objectivation: *harm reduction intersectionalization* (see INPUD & NSW 2015) and *criticism of service user activism* (see Albers 2012, 127-129).

Service user activism happens on the overlap between professional intervention and activism as surfaces of emergence. Albers poses this kind of activism may be false harm reduction, but this is open to testimonial authorization; in other words judging so would need validation by the activist's report of her experience of harm, and such validity is circumscribed to the report itself. Anyhow, if service user activism seems to be false harm reduction it is because its effects on the activist's agency are feared, hiding this entire dimension of harm, and its associated sources and measures. (see Albers 2012, 126-129)

Regarding harm reduction intersectionalization: Activism worked as surface of emergence at the moment KeNPUD's forums appeared to be harm reduction for sex workers who use drugs. Testimony worked as authority of delimitation as consultations were set to evidence the nature of those forums as harm reduction.

They were evidenced as true harm reduction for sex workers who use drugs because outcomes on their agency were positive; of course agency worked there as grid of specification. Harm reduction for sex workers who use drugs was thus instantiated as true harm reduction; harm reduction intersectionalization took place through the relation between rules of objectivation that was just described. (INPUD & NSWP 2015, 1-2, 5, 7, 9)

In general the recurring elements are the values or normative situation both relations present. It seems the condition of existence that defines PUD perspective on harm reduction is for people who use drugs, through their activity in setting organizations, forums, networks, investigations, criticism, written polemics, international briefings, etc., that is through their activism, to demonstrate their agency socially but most distinctively to themselves. (see INPUD & NSWP 2015; Albers 2012) Again, the being of PUD perspective on harm reduction is grounded on activism proving itself that its practices are a result of a self-determination it already has, that activism itself is a matter of self-determination, and in general its identity.

One is thus tempted to declare that the mentally ill are on the verge of cure: People who use drugs and sex workers are themselves setting liberty as their own moral compass! (see Foucault 2006, 491-497, 501-502)

But Alienation and Agency Freestyle feature a significant discontinuity, which dismisses the latter as a culmination of the former. Alienation postulated a natural

and ideal Human Being, whose rule transcended both the society that distanced itself from its nature, and the negation of society madness operated. Both madness and social life often seemed to be at lack when compared to the full Man at the End of Progress. (see Foucault 2006, 365-379, 436, 442-443, 491-497, 501-502, 518-519, 521, 526, 528-529)

Agency Freestyle holds agency as grid of specification. For that reason it does not project such Man beyond, its utopia is a social recognition and self-recognition of individual and collective autonomies that already rule, a recognition that is not beyond, a plenitude in agency as it is already becoming recognized. In other words, Agency Freestyle does not project a static human identity to the culmination of progress; the recognition of agency operated by harm reduction intersectionalization is understood as recognition of emerging subjects of harm into a progressively inclusive and diverse movement.

In addition to agency as grid of specification, Agency Freestyle holds testimony as authority of delimitation. Testimony does not project a coherent Agent; it does not aggregate agency like medicine does human being, the possibility of further intersectionalization opens agencies that need not be subsumed into a unified and progressively known entity. Inclusion in Agency Freestyle does not lead to a target, but to a movement forward that keeps extending the Agent by pushing beyond itself through its own cracks.

Nevertheless the movement does not push beyond Agency Freestyle as system of objectivation! instead cracking the Agent within the same movement forward. A former name drafted here for this system of objectivation was 'Agency Poetry', where *poetry* alluded to the open-endedness of the figures of agency (e.g., people who use drugs, sex workers, sex workers who use drugs...) that get deployed along harm reduction intersectionalization. But in order to highlight that this open-endedness is set *within* this system of objectivation, the word *freestyle* is preferred; it alludes to improvisation in the chants of hip hop's masters of ceremonies, which allows a surprising albeit *recognizable* creativity.

**3.5.1 Differential repetition of progress:** The promotion of harm reduction as a human right appeared to set the path towards progress in Russia, but this horizon was denounced by Zigon as actually being repetition of differential sameness. (see 2015; 2013) This philosophical archaeology of PUD perspective similarly takes distance from harm reduction intersectionalization as the movement of emergence of the marginalized peoples' surprising agencies or any form of cumulative or open progress (see INPUD & NSWP 2015; Albers 2012); instead grasping it as a practice that actualizes and relates the same rules of objectivation, as movement within the same, differential repetition of the sameness of Agency Freestyle; *reconceptualizing harm reduction intersectionalization as a happening of Agency Freestyle as system of objectivation*. The remaining part of the thesis continues to reconceptualize the

problem of differential repetition of progress, but now *in relation to the beyond of Agency Freestyle*.

#### 4. THE ARCHAEOLOGICAL GAZE AND ECSTASY AS CAMP

The present thesis has attempted to criticize the conceptualization of *harm reduction intersectionalization* as a movement of emergence of the marginalized peoples' surprising agencies or any form of cumulative or open progress in strategic formulation of the anti-drug war movement; instead grasping it as a relation that actualizes the same rules of objectivation, as movement within the same, as differential repetition of the sameness of Agency Freestyle. This argument can be extended to other relations such as *criticism of service user activism* and probably *Downtown Eastside model*.

The remaining part continues to reconceptualize the problem of differential repetition of this system of objectivation, but now in relation to its beyond. To that end it proposes a reading of Agamben's diagnosis of the global camp (see 2005, 1998) that interprets *camp* as the structure of the beyond of Agency Freestyle.

This chapter grounds Agamben's diagnosis *in relation to this particular objectivation*. The task at hand is neither to investigate how might Agamben's diagnosis apply to "our" current relation to every system of objectivation, nor to any objectivation or philosophical archaeology in "Human" or "Western" history. The present effort must not culminate on any or every camp, or on the "current" being of camps, not even "for us", but on *this camp* and in analytical categories adequate to it. The resulting contribution is an analytical ground that facilitates

agambenite approaches to multiple populations and social movements whose objectivation is or used to be Agency Freestyle -however it may be called-.

#### **4.1 Agamben's legal theory**

The very first precaution one must take when working through Giorgio Agamben's thought is to be aware of the metaphorical dimension of words. Agamben approaches ontology by drifting through entities such as law, language or life that stand as metaphors of being. If he engages in extended theoretical elaboration of legal concepts, obviously it is not because he is attempting to adequate his thought to professional litigation; those are his means to investigate being.

Agamben studies exceptions in the Event of Being by comparing it to a legal regime, likening such ontological exceptions to legal states of exception. Recourse is made to dictatorship as a case of legal states of exception, and metaphorically as ontological exception. Not all about dictatorship is recalled, but only an aspect of the concept of dictatorship that is the best case of a state of exception: sovereign dictatorship. (see Agamben 2005, 32-35)

Comparing the sovereign kind of dictatorship to the commissarial kind (Agamben 2005, 32) allows to understand why the *sovereign* is the best to the end of understanding legal states of exception as a metaphor of ontological exception. Sovereign dictatorship is distinguished from the constitutional or commissarial

dictatorship in that it is not a special or “concrete” exception -like the Congress authorizing particular powers on the President for a war according to the Constitution- but encompasses the totality of the juridical order (Agamben 2005, 33). In that sense Nazism is the best instance of a sovereign dictatorship because it came to the Weimar republic as a constitutional commission, but developed as a *permanent* and *willed* state of exception (see Agamben 1998, 167-168).

Allegedly “*Both commissarial dictatorship and sovereign dictatorship entail a relation to a juridical context*” (Agamben 2005, 33). How is it that a minimum of constitution remained even under dictatorship of the Führer? Carl Schmitt’s role in Agamben’s argument is conceptualizing that relation between sovereign dictatorship and law:

*“The specific contribution of Schmitt’s theory is precisely to have made such an articulation between state of exception and juridical order possible. It is a paradoxical articulation, for what must be inscribed within the law is something that is essentially exterior to it, that is, nothing less than the suspension of the juridical order itself”.*

(Agamben 2005, 33)

The operator of the outside within the state of exception is the distinction between constituted power and constituent power (Agamben 2005, 33). Sovereign dictatorship is not *constitutional* like the commissarial (Agamben 2005, 33), it is

*constituent* in the sense of being aimed at a constitution that remains outside (see Agamben 2005, 34):

*“Constituent power is not, however, “a simple question of force”; it is, rather, “a power that, though it is not constituted in virtue of a constitution, is nevertheless connected to every single constitution in such a way that it appears as the founding power, ...and for this reason it cannot be negated even if the existing constitution might negate it” (...) it represents a “minimum of constitution” (...) inscribed within every politically decisive action and is therefore capable of ensuring the relation between the state of exception and the juridical order even in case of sovereign dictatorship”. (Agamben 2005, 33-34)*

Sovereign dictatorship belongs to the legal order not as a constitutional norm, but as a constituent decision (Agamben 2005, 34): *“The sovereign, who can decide on the state of exception, guarantees its anchorage in the juridical order”* (Agamben 2005, 35).

## **4.2 Agamben's camp**

Discussing the purposes of a philosophical archaeology, Foucault suggests an ontological state of exception is useful in order to open a system of objectivation to calculated intervention:

*“by freeing them [facts of discourse] of all the groupings that purport to be natural, immediate, universal unities, one is able to describe other unities, but this time by means of a group of controlled decisions. Providing one defines the conditions clearly, it might be legitimate to constitute, on the basis of correctly described relations, discursive groups that are not arbitrary, and yet remain invisible”.* (Foucault 2002, 32)

Let us move between law and ontology. What is the “sovereign dictatorship” of a normative philosophical archaeology or *archaeonomics* constituent of? The empty form of objectivation (see Agamben 1998, 49-53, 59-60). Any mode of thought (‘bare life’) does not arrive at a new system of objectivation because it finds objectivation already in state of exception, the empty form of objectivation already in force. The emptiness captivates bare life, yet it captures it outside the former system of objectivation and any other; hence in state of exception. (see Agamben 1998, 49-51, 54, 56-57).

Particular new systems can come to rule, but after Michel Foucault’s work they can be reopened to intervention by further philosophical archaeology. Philosophical archaeology has not just suspended Agency Freestyle as system of objectivation, it has emptied the *former PUD perspective on harm reduction* (or ‘bare life’) of any system of objectivation, while leaving the empty form of objectivation in place. Such arrangement falls into what Agamben conceptualizes

as a *camp*; an ontological site where archaeonomics rules over the being of bare life. (see Agamben 1998, 168-171, 174)

Following Schmitt's conceptualization of the relation between sovereign dictatorship and law into ontological thought: *Force-of-objectivation* is not a system of objectivation but an archaeonomic decision to negate a system of objectivation. (see Agamben 2005, 32-35) It is constituent of objectivation in the state of exception precisely as the contrast against a system of objectivation; the very suspension is what performs the suspended system as ~~norm~~:

*“In this sense, the state of exception is the opening of a space in which application and norm reveal their separation and a pure force-of-law realizes (that is, applies by ceasing to apply [...] a norm whose application has been suspended. In this way, the impossible task of welding norm and reality together, and thereby constituting the normal sphere, is carried out in the form of the exception, that is to say, by presupposing their nexus. This means that in order to apply a norm it is ultimately necessary to suspend its application, to produce an exception”.* (Agamben 2005, 40)

In this case force-of-objectivation is mediated by this thesis; your present reading exerts this force, so to speak: *“What threatens thinking here (...) is that it might end by itself assuming the role of the doorkeeper who, without really blocking the entry, shelters the Nothing onto which the door opens”* (Agamben 1998, 54). The

most intense archaeonomic dictatorship is enabled through the present philosophical archaeology, precisely once this kind of description has provoked or enabled suspension in the objectivation it so describes: 1. Agency Freestyle was the system of objectivation of the PUD perspective on harm reduction. 2. The resulting bare life no longer has Agency Freestyle as its system of objectivation. 3. Bare life has no system of objectivation, it is under a suspensive decision constituent of objectivation instead of a system. 4. Hence, objectivation is not abolished, it persists in the camp; bare life is respect to the empty form of objectivation and to the force-of-objectivation.

Objectivation persists in the camp both because this site is a remaining ontic ground of Agency Freestyle (though negated), and because bare life respects the empty form of objectivation and the force-of-objectivation, thus being open to archaeonomic dictatorship:

*“this zone –wherein lies a human action without relation to the norm-coincides with an extreme and spectral figure of the law, in which law splits into a pure being-in-force [vigenza] without application (the form of law) and a pure application without being in force: the force-of-law”*  
(Agamben 2005, 60)

### **4.3 The last figure of progress**

The juridico-political structure of Nazi camps (Agamben 1998, 166-168) is a metaphor of the being of bare life under archaeonomic dictatorship. What sets Nazi camps as a metaphor is their nature as “protective custody”: a secondary exception within a primary state of exception that is both willed and permanent (see Agamben 1998, 168-170). Bare life is PUD perspective on harm reduction that gets excepted from being Agency Freestyle by a suspensive archaeonomic decision, to which it is abandoned –Führer’s word (see Agamben 1998, 169, 172-173)-. The resulting empty form of objectivation –German body (see Agamben 1998, 171-174, 179)- excepts bare life from “full life” because of its emptiness – primary exception-, but it –now Jewish body (see Agamben 1998, 170-171, 173-174, 179)- cannot simply return to being Agency Freestyle, and so is left as “*life unworthy of being lived*” (see Agamben 1998, 173) abandoned to the very suspension –secondary exception-.

While being under archaeonomic dictatorship, bare life has no permanent essence as either body that later archaeonomics uncovers; its ambiguous partition between those two bodies coincides immediately with archaeonomics:

*“Just as the word of the Führer is not a factual situation that is then transformed into a rule, but is rather itself rule insofar as it is living voice, so the biopolitical body (in its twofold appearance as Jewish body and as German body, as life unworthy of being lived and as full life) is not an inert biological presupposition to which the rule refers, but at once rule and criterion of its own application, a juridical rule that*

*decides on the fact that decides on its application*". (Agamben 1998, 172-173)

The last figure of progress is possible as a "reduction" of the "harm" inflicted by the very PUD perspective being Agency Freestyle, so to speak; as advancement from Agency Freestyle to a "Post-Agency", from the former PUD perspective on harm reduction to bare life. Bare life ambiguously encompasses both the former PUD perspective, and a sort of positive-yet-empty life whose "system of objectivation" would be Post-Agency in its emptiness; progress appears as the overcoming of this ambiguity by the reduction of the former PUD perspective to the empty life of Post-Agency. The camp is that structure, that specific arrangement of repetitive progress, that repeatable partition: Being in the camp means even if the former PUD perspective might eventually hold Post-Agency as "system of objectivation" in spite of its emptiness -to become "German"-, in turn Post-Agency would remain available to archaeonomic suspension and becoming force-of-objectivation in relation to yet another form of objectivation left empty. It would be paradoxically emptied of its emptiness, yet empty; the German might become a Jew in relation to the Other German. (see Agamben 1998, 176-180)

Agamben summarizes his diagnosis in a reading of Franz Kafka's *Before the law* (1971): A man from the country cannot have the doorkeeper open the castle's door for him to enter because the door is already open. The doorkeeper does not stop him, it is the openness of the door that prevents his entry, forcing him to live

in the village at the foot of the castle, outside the castle itself and also away from his country. (see Agamben 1998, 49, 53, 55)

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