

Projections

A Right to the city? Harm reduction as urban community development and social inclusion

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ABSTRACT

In cities across Latin America, community-based harm reduction and drug policy activists are ushering in a new, broader understanding of harm reduction for drug use, which they place within a banner of a “right to the city.” This new frame of understanding drug use transcends the traditional harm reduction focus on blood-borne infection and discrete medical interventions to one that better encompasses the complexities of their urban geographies, political economic drivers, and drug and health policies. Importantly, this emergent frame reflects their collective praxis to make and hold a claim to the neighborhoods in which they reside by building their own collective political and social power. The groups leading this approach ground themselves in strategies of resistance and social cohesion that try to address the consequences of the war on drugs and to contest the claims of the state to police and organize urban poor neighborhoods. In doing so, this approach calls forth a new harm reduction designed to meet the needs of those communities most impacted by the war on drugs in urban spaces and to safeguard and enhance their health, rights, power, and survival.

Introduction

Urban Latin American harm reduction and drug policy activists are ushering in a new understanding and approach to drug use and harm reduction, which they place under a banner of a “right to the city.” Drawing upon their critical reflection and action to address the realities of their communities, such a move transcends the traditional harm reduction focus on blood-borne infection and discrete medical interventions to one that better encompasses the complexities of their urban geographies, political economic drivers, and drug and health policies. Importantly, this emergent frame for harm reduction also captures their collective praxis to make and hold a claim to the neighborhoods in which they reside by building their own collective political and social power. The groups leading this approach ground themselves in strategies of resistance and social cohesion that try to address the consequences of the war on drugs and contest the claims of the state to police and organize urban poor neighborhoods.

When we consider various approaches to respond to drug use, it is essential to recognize that place matters. Drug use and the criminalization of people who use drugs (PWUD) both happen in places. Patterns of law enforcement are shaped and influenced not only by the stigma of drug use, but also by place-specific confluences of class, race, and other factors that influence how stigma is enacted and felt. Neighborhoods that are impoverished, underserved by government services, and underrepresented politically are, additionally, often the places where the most marginalized drug users tend to congregate in public space, seeking to benefit from relative safety in the context of social “invisibility” in the absence of individual private space (Ramos et al. 2009). Drug use in a private home or party is less frequently policed and considered a private matter, whereas consumption by poor

people, those who are homeless, or people of color, is treated as a public problem. Even in countries that have decriminalized personal drug possession—for example, in Mexico, Brazil, and Colombia—police regularly profile people for drug-related offenses based upon “homeless appearance,” tattoos or “hip hop clothing” (Borquez et al. 2018; Volkmann et al. 2011; Uprimny and Uribe 2013; Langeani and Silva 2018). In addition, it is common for police to use proxy violations—petty offences such as vagrancy—in order to target people who they assume are using drugs (Borquez et al. 2018; Yepes, Guzmán, and Norato 2012). Often, this is done in the name of maintaining “order” or “quality of life” for certain city residents and so that public space remains public for them rather than being usurped by “undesirable” residents (Mitchell 2003, 2-3).

This type of profiling and enforcement of PWUD extends to the larger context of place. Whole neighborhoods, particularly low-income or informal ones and ones with significant numbers of people of color, are targeted in the same manner as PWUD, with policing of people and place becoming mutually reinforcing (Mitchell 2003, 4-6). This is especially seen in the ways in which drug enforcement and urban space converge in Latin America. Neighborhood-level profiling is used to justify exceptional security interventions, such as the deployment of the Brazilian army in Rio de Janeiro’s favelas and the police-led and army-backed raid and clearing of the open-air drug scene in Bogotá (Ignacio Cano and Ribeiro 2016; Tovar et al. 2017).

An alternative understanding and approach to problems associated with drug use—and especially with vulnerable or marginalized PWUD—is found in an emergent and insurgent harm reduction effort underway in the Complexo da Maré in Rio de Janeiro, Brazil. While harm reduction as a set of public health interventions and ethics has an established history around the world in response to drug use, it has traditionally focused on injection drug use and the prevention of blood-borne infections through specific medical interventions such as needle and syringe programs and medication-assisted addiction treatment. Such a focus is insufficient for the complex challenges and social determinants of health in Latin American cities where real and perceived problems associated with drug use are tied to challenges of spatial representation, social exclusion and marginalization, violence and power, and a fight for common goods and citizenship. In this article, through a review of convergent dynamics shaping how drugs and place are used and enforced in Latin American cities and an examination of the case study found in Complexo da Maré, we share a new harm reduction practice as one that holds more relevance for the people and their conditions not only in Maré, but with relevance and power for cities elsewhere in Latin America and internationally.

Methodological note

This article emerges from two decades of work and research the authors have undertaken in the fields of harm reduction and security sector reform in countries across the globe. It is anchored in our work over the past nine years to facilitate and evaluate harm reduction and community safety initiatives in

multiple countries and cities, and between 2014 to 2019 within Latin America, namely Rio de Janeiro, São Paulo, Recife, Bogotá, Cali, Pereira, Cucuta, Ciudad Juárez, and Tijuana. In addition, we draw upon relevant academic and practitioner-based literature related to harm reduction and to the notion of a *right to the city*. Chiefly, we utilize interviews and site visits conducted with key stakeholders working in these cities. This includes a number of community-based and grassroots organizations – such as Temblores ONG and CPAT in Bogotá, Colombia; Programa Compañeros in Ciudad Juárez, Mexico; and Movimentos and Coletivo Papo Reto in Rio de Janeiro, Brazil – who are leading and creating the new paths forward relating to drug policy, health and harm reduction, and racial, economic, and social justice in Latin American urban centers.

In particular, we draw from the groundbreaking work of Associação Redes de Desenvolvimento da Maré, or “Redes da Maré, a local non-governmental organization (NGO) and community development institution based in Complexo da Maré, Rio de Janeiro, which works to improve the lives of the 140,000 residents of Maré’s 16 favelas. Redes da Maré began in 1997 as a community-driven process of current and former residents, many of whom had attended university (less than 0.5% of Maré residents had) and had a history of involvement in social and community movements for basic rights and freedoms. Over ten years they engaged in a number of different campaigns that yielded specific victories, which led them to formalize the initiative as “Redes da Maré” in 2007 in order to support “the exercise of citizenship” (Redes da Maré, n.d.). The organization has since grown to over 180 regularly employed staff and a budget of over \$2.5 million.

The cofounder and Executive Director of Redes da Maré is local activist Eliana Souza Silva. In 1984, Silva became the first woman elected to the Residents’ Association of Maré and co-founded Redes along with three fellow activists. At the time, Silva was among the less than 1% of favela dwellers who was able to pursue post-secondary education. Following her studies, she and her fellow activists formed Redes as a vehicle and expression of their ongoing personal and political commitment to their community. Silva, who has a PhD in Social Services, has led several academic projects linked to the group’s work. As part of their praxis, Redes da Maré has published volumes of research on the conditions they have faced and strategies they have developed. In addition to this work, we also draw upon a three-day convening, and subsequent engagement, of harm reduction and drug policy advocates and practitioners from multiple Latin American cities held in December 2018. Indeed, through their leadership and daily campaigning, the local, community-based NGOs with whom we have collaborated and supported have established much of the analytical foundations and reckoning represented here. Their grassroots organizing and activism have reconceptualized what participation and power in urban neighborhoods mean in the places where they live and work and have generated new visions for what harm reduction can and must mean for them and their constituencies.

In large part, our approach emerges from the methodology of participatory action research (PAR). While PAR has a number of antecedents and definitional focus, at its essence, PAR seeks to understand and improve the world through a cycle of action and reflection that engages both researcher and participant (Baum, MacDougall, and Smith 2006). For the field of public health, PAR has increasingly been used in health research over the past two decades, and serves as a potent methodological approach that combines data collection with reflection and action that “aims to improve health and reduce health inequities through involving the people who, in turn, take actions to improve their own health” (Baum, MacDougall, and Smith 2006, 854). There is a significant importance of recognizing and engaging community member and activist knowledge when designing and implementing harm reduction, public health, and planning interventions. Indeed, such an approach embodies fundamental principles of harm reduction including “meeting people where they are at” and seeking to support people directly impacted by drug use to take measures to improve their lives (“*nothing about us without us*”) (Springer 1992; MacMaster 2004).

The spaces of drugs and enforcement

Security, law enforcement and administration officials in Latin American cities regularly contend that they do not direct their enforcement toward PWUD, but rather prioritize homicide and violence reduction, which correlate with places with public drug consumption. Through crime analysis, so the story goes, they identify an objective link between drug consumption and higher incidence of violence and target PWUD as a strategy to reduce violence. There are several immediate problems with these types of analyses, including selection bias and mistaking correlation with causal relationships. For instance, in Bogotá, the data that informed one analysis was based on officer-initiated contacts and arrests, and in Cali, another analysis was based upon complaint calls from the public (Stakeholder interviews, 2017 and 2018). These types of enforcement strategies are self-fulfilling; the police only see something where they look and, likewise, strategies based upon public complaints only capture drug consumption that happens in public and from calls for service (Harcourt 2009; E.B. 2015).

Certainly, there are legitimate safety and crime concerns that residents want to see addressed. However, routinely the chief forms of interventions offered to these low-income communities are *mano dura*-style interventions (aggressive and zero tolerance-style enforcement) that rest on perpetuating an equation between drug users and violent crime. The accompanying use of exceptional power and force, at times deadly, affects both drug users and non-drug users in the community. This violence appears to be growing. Shortly after assuming office in 2019, Rio de Janeiro’s governor Brazil’s introduced a package of “shoot-to-kill” reforms intended to combat the illicit drug trade and protect public order, which yielded an increase of four deaths per day in Rio de Janeiro alone (Londoño and Andreoni 2019). Authorization of this approach broadly extends the understanding of self-defense by police to include situations of fear, violent emotion or surprise, as well as situations of armed conflict or perceived imminent risk of armed conflict. These types of policies mean that police and public

security officers are seen as acting within their rights when they act violently to prevent possible future aggression (Gardiner 2019; Soares 2019). In this way, the “drugs” label criminalizes particular spaces and anyone within those spaces.

This dynamic nature of the meaning of space in Latin American cities, such as Rio de Janeiro, invoke what Jones, among others, refer to as a “contested space” (Jones 1994). Place matters significantly when it comes to understanding and addressing the harms associated with drugs and drug prohibition. The stigmatized and criminalized rendering of drugs is selectively applied to distinct people, neighborhoods, and communities in the city. Thus, place (or “space”) does not carry a fixed, neutral, or objective meaning, but rather reflects social determination and includes the “less fixed categories of symbolism and ideology.” As Jones outlines and as invoked by community activists with whom we engaged, space is both something where “things happen” and a “socially informed concept in which social relations are reproduced, invented, identity constructed, and power exercised or opposed.” Further, in order to understand and act in regards to space it is necessary to see both the “*spaces of representation*”, which refers to the lived world and reality and the “*representations of spaces*”, which refers to the conceived (Jones 1994, 1).

Recognition of the currency of symbolism and ideology is not to ignore material conditions and lived realities. Rather, such symbolism and ideology are catalyzed and grow stronger through coercive, or negligent, state action. Thus, these neighborhoods are both under-resourced by social and health services and over-resourced by punitive law enforcement measures—they are at once underserved and over-policed, in a self-reinforcing and self-justifying cycle. Lack of adequate health and social services leads to visible homelessness and drug use, which are then cited to justify strong-arm tactics. In turn, punitive law enforcement practices interrupt services that may exist and break up support networks within marginalized and impoverished communities.

Race plays a strong role in how these spaces are imagined and policed, particularly in the context of the war on drugs. This is especially the case in the favelas of Rio de Janeiro. The way place functions in Brazil’s war on drugs, is intimately dependent upon who inhabits that place and the symbolic and ideological rendering of race, and more specifically anti-Black racism. A substantial amount of work has analyzed and tracked the deeply historical underpinnings of race and white supremacy in Brazilian society, the political economies of favelas, and the development and deployment of the drug war and other forms of police violence (Perry 2017; Cano 2010; Vargas and Amparo Alves 2010). Likewise, researchers, such as Perry and Smith have detailed the ways in which Afro-Brazilians, especially women, have radicalized communities to advance a new urban politic and social movement in response to state violence and land dispossession (Perry 2013; Smith 2016).

In many Latin American cities, urban space and drug enforcement converge in two dominant ways:

1. Drug enforcement is used as a pretext to “cleanse” a neighborhood of certain undesirable people and behaviors in the city center for the purpose of urban development and gentrification
2. Drug enforcement is used as a pretext to invade informal neighborhoods in the periphery of the city and further marginalize them from city services

The latter of these is the focus of our case study while additional research continues to increase our understanding of the former (See for instance, Tovar et al. 2017). What each intervention has in common, though, is that the label of a “drug-ridden neighborhood” functions to justify the criminalization of the space and anyone within it. *Mano-dura* enforcement, in turn, interferes with health and social programs that would enhance *all* residents’ ability to remain and thrive in their neighborhoods, not just those programs serving PWUD.

Such processes are emblematic of the force and symbolism of social exclusion. By social exclusion, we refer to “the dynamic processes of being shut out, partially or fully, from any or all of several systems which influence the economic and social integration of people into their society” (Commins 2004, 68) It is both a process and an exercise in state power (Beall and Piron 2005, 9).

In these contexts, as this paper will show, harm reduction efforts aim to develop community capacity and self-concept, to strengthen community solidarity and the sense that PWUD are a part of the community rather than a threat, and thus to dismantle the stigma and social exclusion that contributes to entire neighborhoods being over-policed and underserved. Such an approach demands, and in fact creates, a new harm reduction enacted under the banner of a right to the city and realized through insurgent and enacted citizenship.

New practices of health and harm reduction

Harm reduction refers to a set of pragmatic policies, programs, and practices that aim to minimize negative impacts associated with drug use, and its criminalization, including programs that distribute sterile needles and syringes for drug injection; peer-to-peer distribution of the opioid overdose antidote, naloxone; medically-assisted treatment with methadone and buprenorphine; supervised drug consumption centers; and other health interventions (Harm Reduction International, n.d.; Harm Reduction Coalition, n.d.). At its genesis, the field of harm reduction grew out of efforts to prevent the transmission of HIV and Hepatitis C among PWUD (Hagan and Jarlais 2000; Stark et al. 1997; Alter 2002; Van den Hoek, Van Haastrecht, and Coutinho 1989). The evidence shows that approaches such as those listed above have positive impacts on individual and community health. However, this focus on harm reduction as a set of technical interventions aimed at infection control—and specifically, on the supply and distribution of particular materials, such as syringes and medication—has limited applicability for places where drug users face multiple threats to health and human rights beyond injection practices or HIV, where stimulant drugs such as crack and other cocaine derivatives

predominate, or where environmental risks include factors such as lack of housing, urban redevelopment, aggressive and often violent policing tactics, and mass incarceration.

Of course, harm reduction practitioners have long supplemented these technical interventions with attention to the impact of structural risks that undermine harm reduction efforts and the health and rights of people who inject drugs. For example, practitioners have sought to address the negative impacts of the criminal justice system on health outcomes by developing work on reform of police practice and access to justice, recognizing that a program where users can access sterile needles and syringes is meaningless if these same users are then arrested around the next corner for carrying paraphernalia. In recent years, harm reduction approaches have deepened and expanded to address factors such as homelessness, racism, and poverty. This programming has emerged in part in response to intensifying political rhetoric justifying harsh drug enforcement and recognition of the disproportionately negative effects of enforcement on poor people and people of color.

We argue in this paper that these more recent programmatic developments have demanded a greater overall emphasis in harm reduction work on *place* and *community*. As our understanding of harm reduction interventions expand “beyond the needle,” they have come to mean local efforts that emphasize community inclusion—including stable and supportive housing and economic livelihoods—and that help to minimize risks for PWUD, and, in addition, enhancing their access to health and civil and human rights as well as that of the community at large.

Indeed, the need to consider urban space and its political rendering as a social determinant of health is increasingly recognized within the public health field. Recent commentary in *The Lancet HIV* journal, for instance, notes that due to prohibition-oriented national and international drug policies, the local level serves as an opportunity to launch reforms. Cities in particular are increasingly meaningful sites of action for drug policy reform due to the concentration of people, and the convergence of both major challenges and opportunities and innovations to address them. To be sure, “major world cities are focusing efforts on the reduction of inequalities and social integration for marginalized populations. Local policies can address local needs, with better resilience to adapt to changing priorities. Moreover, local authorities often have legal leeway to implement pilot programs before national legislations are adopted” (Tinasti et al. 2016).

In face of these challenges, some groups are focusing on long-term investments in local community development, the kind that builds and fortifies resilient familial, neighborhood, and community networks and institutions. Residents are staking a claim to the neighborhoods in which they reside by building their own collective political and social power to demand and secure services that promote their individual and collective health, safety, livelihoods, and social cohesion. They are using strategies of resistance and social cohesion to replace the consequences of marginalization and the war on drugs. Importantly, they are building inclusive connections between those residents who use and do not use

drugs because they see that this is the way to build a safer and healthier community for all. The repressive dynamics used to control, marginalize, and expropriate certain urban neighborhoods, and consequently new forms of responses from community members, demand a new focus for urban planners and public health practitioners, especially those working in the field of drug policy and harm reduction.

Harm reduction as social inclusion and community development – right to the city

In December 2018, harm reduction and drug policy advocates and practitioners from cities across Latin America convened in Bogotá, Colombia to share experiences, analyses, and envision a future harm reduction that would meet the needs of cities within the Americas. During this gathering, the notion of a “right to the city” emerged as a central call to action and theme for reflection. While we remain curious about the extent to which this frame fully represents this new movement, particularly given the deep attachments it carries, we have assumed the frame of a “right to the city” a provocation for broadening how the harm reduction field views itself, particularly in Latin American cities, and to more precisely reflect our understanding of the contextual challenges and solutions for them. Indeed, as Lefebvre evocatively described it in his seminal work, “the right to the city is like a cry and a demand” (Lefebvre 1996). It is a transformative idea grounded in an imagined and desired future reality of urban social relations. Nonetheless, as we assume the right to the city as a banner or even as what Hintjens and Kurian call a “suggestive notion”, it is worth some brief discussion on the concept and its relevance for Latin America (Hintjens and Kurian 2019).

Since Lefebvre’s declaration in 1968, a considerable body of work, study, and activism has emerged on the notion of a “right to the city.” In context of a new harm reduction, it represents an analytical framework, a demand for action and change, and a conflictive process that is rooted in community justice and power. It speaks to the conflictive relationship between those who produce and inhabit the commons and those who appropriate them. Rather than something to be co-opted and contained by the state in legislation, it serves as a vehicle for imagination and contestation, a transformative praxis, outside the reins of state. As Schiavo et al reflect, this is especially so for the case of Latin American cities as a result of neoliberal and post-neoliberal systems of governance and development (Schiavo, Gelfuso, and Vera 2017). With a drive toward “urban development” through gentrification and security, many Latin American cities have been viewed as “laboratories” and “blank geographies” through which financing of public services is reduced through privatization, resulting in a decreased availability and accessibility of common goods (Schiavo, Gelfuso, and Vera 2017, 302).

Central to the invocation of a right to the city is a combination of common goods, or public services, and the ability of city residents to participate in the city and its governance. Thus, the right to the city involves questions of justice as well as power. Critical to its relevance here is an understanding that the

right to the city cannot be captured fully through formal policies or laws despite attempts to do so. In Brazil, a “right to the city” legislation has been on the books for nearly two decades. This emerged during a period in Latin America and Brazil where there was a shift to public investment in common goods and public services, as well as heightened citizen participation. In July 2001, this coalesced in Brazil in the attempt to formalize a “right to the city” with the passing into law of the Statute of the City. As Friendly details, this legislation built upon the history of social movements in Brazil and focused in particular on Lefebvre’s emphasis on a right to habitation and participation (Friendly 2020). However, even during these reform decades, and certainly more recently with the emergence of a more right-wing and authoritarian government, this effort has not been fully realized and indeed it has maintained a paradoxical, incomplete, and conflictive dynamic. More fundamentally and to the point, a right to the city cannot be contained or captured by the state within legislation or neoliberal policies of accommodation and absorption. It is not the function of the state to deliver this right, but rests precisely on the self-determined and collective power and action of the city’s residents and community. As Harvey notes, the right to the city is “a collective rather than an individual right” based on the “right to change ourselves by changing the city more after our heart’s desire”, and thus “inevitably depends upon the exercise of a collective power over the processes of urbanization (Harvey 2008, 23).”

As a contestation, a right to the city is predicated upon the action and insurgency of those residents deemed marginal, socially excluded, denied active citizenship, or simply put, oppressed. It is not the state’s responsibility to realize the right to the city, but rather becomes manifest in community action and reflection. Such action has been referenced in alternating ways, not without important distinctions, including “enacted citizenship”, “insurgent citizenship”, or “transgressive citizenship” in order to draw attention to the necessity of local, urban collective mobilization and action (Isin and Saward 2013; Holston 2009, 245; Earle 2017). This action not only represents a strategy for rights, but a strategy for individual and collective survival (Hintjens and Kurian 2019, 76).

With these brief considerations laid forth, we can begin to see how the case study below represents a form of contested space and a contest for space. The actions taken by local community members and the community organization articulate through action a right to the city in which marginality and social exclusion are rejected through making the invisible visible, creating and holding space, and a process of social inclusion.

Case study: Complexo da Maré

Background

Complexo da Maré, in the northern part of Rio de Janeiro, Brazil, is the most populous favela (“slum”) complex in the city, composed of 16 favelas and with approximately 140,000 inhabitants. A city within the city, it is also home to a large number of homeless people. In recent years, Maré has seen an

increase in public drug use, particularly crack smoking, as homeless drug users have been pushed out of surrounding neighborhoods by the UPP (the Pacification Police Unit of the Military Police designed to occupy and “pacify” select favelas). Today, Maré is a place struggling with daily damage from armed urban violence due to the drug war. Three armed groups regulate the territory, comprised of two large gangs and a “militia” of retired and current military police officers who each occupy portions of the complex. Meanwhile regular military police counternarcotic interventions and the inevitable resulting crossfire with gangs have ended in numerous civilian casualties.

Two locally-based community organizations—the Associação Redes de Desenvolvimento da Maré (Association of Networks for the Development of Maré, or Redes da Maré, or simply “Redes” for short) and the Observatorio de Favelas—have worked for decades to draw links to the ways in which the state’s anti-drug enforcement efforts negatively impact the lives of residents. Redes da Maré’s 2016 annual report noted that police drug operations resulted in 20 days with suspended public service activities and in 2017 led to 45 days with suspended activities in health clinics alone. A young student in Maré noted that in 2018 she was unable to attend classes at multiple points and at least 170 schools and day care centers were impacted by police interventions focused on drug enforcement (Silva Felix 2019).

Meanwhile, over the past few years, increasing numbers of homeless people have been pushed out of surrounding neighborhoods—such as the visible stretch of Avenida Brasil that runs from Tom Jobim International Airport—by the military Pacification Police Unit (UPP), a force specially designed to occupy and “pacify” select favelas. People have begun congregating in an area of Maré that is positioned precariously in a “no man’s land” between the territories controlled by the opposing gangs. Such zones—where congregations of unhoused people can be seen buying and smoking drugs—are popularly known as “cracklands” (cracolândia).

While residents and neighborhood associations in recently occupied or “pacified” favelas have recognized drug users only as a social problem to be eliminated—adopting the stigmatizing and punitive logic of the narrative regarding both those use and sell drugs that justifies the police interventions—Redes started organizing and mobilizing the inhabitants of their cracolândia (“crackland”), explicitly recognizing them as residents (“moradores”) with needs of their own. They are striving to center the experiences of local homeless PWUD as integral to understanding how to advance safety for the community as a whole. Such an understanding and approach has proven effective for both health and safety outcomes elsewhere in Brazil, as evident in Rattoon’s analysis of Programa Atitude carried out in Pernambuco or the Programa de Braços Abertos in São Paulo (Evans 2017). In doing so, Redes along with their constituency have initiated a deeper rendering of what harm reduction means, stands for, and can encompass through a process of community praxis, resistance, and creation.

Homeless PWUD in Maré

In 2015, Redes implemented a process of what they called their *aproximação*, or “approach,” to the homeless encampment, which was located along Flavia Farnese (Farnese Street). Over the course of six months, they established a profile of this population:

- Their average age is 31.5 years old. 30% are black, 53% brown, 25% white and 2% indigenous (some people self-identified in more than one category)
- 86% of respondents have an educational level lower than high school degree compared to Rio’s average of 47.8%. Almost half had not completed primary school.
- Seventy-six percent (76%) had been homeless for one or more years, and about 25% had been on the streets for six or more years.
- Almost entirely, they come from poor neighborhoods in the metropolitan area of Rio de Janeiro.

The sample surveyed by Redes is relatively small, but the findings are in keeping with the results of a large, nation-wide study by Fiocruz (Bastos and Bertoni 2014). The demographic commonalities among homeless crack users point to the underlying influences creating their social vulnerability, “Each has a different story; each has gone through different situations. No one is here for sheer appreciation of drugs, but due to the circumstances in which we grew up, were raised, which ended up causing us to be street children” (Sousa Silva et al 2015, 22) To put it another way, many Brazilians use drugs, including crack—but only some end up on the streets, where their drug use becomes hyper visible, making them the target of repressive or redemptive state actions.

Notably, a significant proportion (37.2%) of the people interviewed had been residents of Maré before moving onto Farnese Street, and on average, they had already been using illicit drugs for 15.5 years. Therefore, the space did not attract them or turn them into drug users, and nor are they coming from all over the country and beyond to congregate in this space. On the contrary, the drug scene on Farnese Street showed considerable demographic stability: at the time of this research, most residents had been on site for over two years. In addition, Redes found that the ease of obtaining drugs and/or drug quality was ranked only fourth in a list of the reasons for staying on Flavia Farnese.

So what does attract them to congregate there? Despite the obvious fact that Farnese Street is a violent place—caught between armed gang and a militarized police force—residents report feeling a relative sense of safety and tolerance here, which they cannot find in other locations. When asked whether or not they feel safe in the encampment, 54.8% of men and fully 75% of women responded “yes.” In the words of one resident, “We live as a family to manage to survive. We fight and we get along well, and I end up staying here too because of that. I do not want to leave here with nowhere to go. At least here, I know I have a floor to sleep on; no one here is going to kill me in a silly way.” The threat is real. In a country known for its high murder rate, this population has a mortality rate seven times higher than

the general population: six out of ten will eventually be murdered (Ribeiro et al. 2004). (It is unclear whether Farnese Street residents are, in fact, safer—or they simply feel safer).

Even more common is the risk of arrest. Following 2006 amendments to the drug law, drug use was partially decriminalized in Brazil, and instead of prison PWUD were referred for treatment or community service. Up to that point, the use and sale of drugs had been part of the same section of the criminal law. However, the amended law did not spell out exactly what amounts were considered as personal use. This uncertainty has given police an opportunity to decide arbitrarily whom to detain and convict and who could be released—with darker-skinned PWUD bearing the brunt of enforcement efforts. Discrimination against PWUD based on their economic status is another problem. If a detained person has not been previously convicted of drug related crimes, he/she will await trial at liberty, provided that he/she is registered. However, if the detainee lives on the street, it will be a long wait for the court in a detention center. This explains why, despite the decriminalization, many people are locked up in prisons for possessing small amounts of drugs for personal use. In Brazil, prison sentences for drug trafficking (a charge that does not clearly distinguish between trafficking and possession) rose 123% between 2007 and 2012 and is still rising, with strong evidence that tens of thousands of poor black young men are behind bars for simple possession of banned substances.

The intervention

In October 2016, a representative from an Eastern European harm reduction organization visited a public toilet on Farnese Street. She explains,

As I was headed to a meeting to exchange experiences with the Brazilian Harm Reduction program, I expected to hear about syringes, HIV prevention and informational materials. But what I heard was a story about deep immersion in the traditions and rules of life of people who use drugs; how they built their contact with the outside world and how these relationships affected the life of the community.

At first glance, it may seem that the construction of a toilet is a mundane task that can be completed in a couple of days; it is simply a matter of gaining access to the sanitation system and getting construction tools and materials. However, in the reality of Maré this task turned out to be a sequence of complex negotiations. At first, there were lots of discussions and concerns within the PWUD community: some wanted the toilet, others feared that it would contribute to violence and toughen rules within the community. The next steps included obtaining permission from criminal groups as well as coordinating this issue with government agencies and consulting with local residents.

The observer from Eastern Europe concludes, “the construction of the toilet thus became an example of an integrated approach to harm reduction programs” (Belyaeva 2018).

Here is the backstory. When the organization began working with people who use drugs, at first they were talking to people one on one, and it was difficult to understand what needs these community members had in common. After their initial research and data gathering, Redes wanted to engage in some sort of intervention with the residents of Farnese Street. However, traditional tools of harm reduction did not seem to apply in this context, since those center on tools (such as sterile needles and syringes) aiming to prevent HIV and Hep C infection, whereas the most salient issues with this population seemed to center on homelessness and violence. They listened for a collective request. The first such experience was a discussion of the need for a toilet. Therefore, they worked together with the community to build a facility on public land.

For her part, the Project Coordinator in Rio explains the meaning of the intervention this way: “Building a toilet in a favela inhabited by people who use drugs has become a symbol of reduced violence in the area; a symbol of negotiations with criminal leaders; and a recognition of the right to services for PWUD, and of their acceptance as neighbors by other favela residents” (Gabriel 2019). Other favela residents with whom Redes worked with expressed concern initially regarding the bathrooms as they represented making permanent, visible, space for the homeless people who use drugs. However, Redes’ intervention not only focused on those homeless people who use drugs, but also other favela residents in a process of social inclusion that tried to reduce social stigma through providing shared social events, informal and formal workshops and learning on drug use, health, and addiction, and efforts to deescalate and remediate conflict. Such an approach opened space for engagement and acceptance to the point where other community members began addressing concerns related to their own or family members’ drug use. Indeed, Redes is known for its prior work in co-creating a map of Maré with the community, which had previously been shown as a blank zone on the map of Rio de Janeiro. Through its *aproximação* project and the construction of this restroom facility, Redes put Maré’s homeless PWUD “on the map”—both metaphorically and physically—as part of the broader community.

New understandings of harm reduction

Other neighborhood associations in recently occupied or “pacified” favelas have recognized homeless people who use drugs only as a social problem to be eliminated, thereby adopting the logic of the narrative that justifies the police interventions. In contrast, Redes started organizing and mobilizing the inhabitants of their “cracolândia,” seeking to understand and respond to their particular needs and explicitly recognizing their right to belong. Their intervention—the collective construction of a toilet—publicly recognized the inhabitants of Farnese Street as residents. As Maira Gabriel explains,

That the so-called ‘cracolândias’ are a true hell on earth has become a currency in Brazil: [stories of] dens of ‘zombies’ ruled by drugs, violent, unpredictable, disgusting and devoid of any ability to choose or judge... The lack of knowledge on these spaces and their occupants plays a central role in the

reproduction of stereotypes. In turn, the prejudice... becomes a central part of the problem, adding to the already extremely high social vulnerability of drug users living on the streets. The stigma closes doors, reduces alternatives and blocks horizons. Deconstructing clichés around the cracudos [crackheads] and cracolândias is, therefore, an essential task if we want to effectively pave the way to deal with population issues related to the homeless and drug abuse in the country (Sousa Silva et al 2015, 5).

This account—while hyper-local—is relevant beyond the context of Maré, and to other communities in Brazil and beyond, where prejudice against PWUD (or at least, the homeless, visible ones) closes doors, reduces alternatives, blocks horizons—and perpetuates the status quo of the war on drugs. Redes’ initiative acknowledges that the homeless may develop drug use problems, while at the same time understanding that the difficulties faced by these people extend well beyond drugs, related to social vulnerability and poverty.

The approach that Redes used was in keeping with the fundamental tenets of harm reduction: Do not require abstinence from drug users as a pre-condition for participating in programs, and listen to users and value their autonomy.

However, it looked different from what we would normally consider to be harm reduction activity. The approach based on social inclusion offers Brazilians and others new prospects for thinking about “extended harm reduction practices in contexts of violence, enriching discussions over the reform of drug policies currently in place.”⁹ Redes anchored their harm reduction praxis within the lived political reality of their urban geography, deeply marked by class and race, and set it forth as a demand for a right to the city realized through a collective, transgressive citizenship.

The most recent project of Redes is *Espaço Normal*, the Normal Space (Redes Da Maré n.d.), launched as a continuity of their *aproximação*. It is a landmark for street-entrenched PWUD, an entry-point to services, care and social protection in Maré, and a laboratory for developing and strengthening formal and informal networks of care for and among PWUD—and those who sell drugs. As of this writing, the Normal Space serves approximately 200 people and coordinates with more than 30 public institutions, civil society organizations and non-governmental that operate in Maré, including armed criminal groups. The space has emerged in Maré as a place for the development of approaches to drugs, alternatives to both the violence and to religious institutions pushing coerced treatment and institutionalization. Such local efforts by grassroots organizations and their allies are essential in mediating conflicts and reducing harms, including the mental health impacts of living under armed powers. This project makes it clear that Redes is planning to bring PWUD inside in many ways—inside a physical space, inside all the work that Redes is doing, and inside the heart of the Maré community. Research that was underway at Espaço Normal has been interrupted—hopefully temporarily—by the COVID-19 pandemic, but Redes has continued their street-based activities, recognizing both the

importance of maintaining this work as well as the fact that their harm reduction approach is more than a physical space alone, but rather manifests in their constant engagement and relationships with residents and neighbors. Nevertheless, we remain hopeful that we will be able to add to this analysis in the future.

Conclusion

As part of our work to advance harm reduction December 2018, we convened three-day exchange in Bogotá, Colombia with activists from Brazil, Colombia, and Mexico, to interrogate the potential associations and meaning of urban space, community development, and harm reduction, focusing on the connections between individualized drug enforcement and policy with urban gentrification and peripheral marginality at collective levels. Refreshingly, these discussions focused mostly not on drugs, but rather aspects of community development and inclusion. Among the general takeaways, participants reported seeing the links between lack of services, abusive policing, displacement, and/or gentrification, on the one hand, with drug use, drug enforcement, and lack of harm reduction services, on the other hand. Participants noted the need to build efforts focused on inclusion and cohesion of all residents, including those who use drugs, within these neighborhoods as a way to strengthen their ability to support one another, and to advocate for positive policy and practice in regards to health and rights.

Drawing upon the example of Redes da Maré in Complexo da Maré, and additional experiences elsewhere, urban Latin American harm reduction and drug policy activists are ushering in a new, broader understanding of harm reduction, which activists in Latin America place within the banner of a “right to the city” and see as encompassing complexities of urban geographies, political economic drivers, drug and health policy. This frame captures the enacted, insurgent, or transgressive citizenship of residents who make and hold a claim to the neighborhoods in which they reside by building their own collective political and social power to demand and secure services that promote their individual and collective health, safety, livelihoods, and social cohesion. Notably, this approach is characterized by groups that use strategies of resistance and social cohesion that try to address the consequences of the war on drugs and contest the claims of the state to police and organize urban poor neighborhoods. Locally based services draw on the principle of solidarity between organizations and individuals to offer creative strategies to resist violence and marginalization from a neighborhood level, and they ensure that this claim expressly includes PWUD as legitimate community members. This insurgent approach calls forth a new harm reduction model to meet the needs of those communities most impacted by the war on drugs in urban spaces and roots itself in a strategy and process of social inclusion to safeguard their health, their rights, and their survival.

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