¿Allá en Nueva York Todo es Mejor?:

A Qualitative Study on the Relocation of Drug Users from Puerto Rico to the United States

by

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Abstract

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Puerto Rican officials have found that relocating injecting drug users to the United States is a convenient form of drug treatment and preferable to the expansion of services on the island. This study investigates the socio-psychological forces that shape and maintain this current migration and its consequences.

Participant observation data provides a basic understanding of this relocation while thematic and narrative analysis of interview data reveals specific dynamics of stigmatization, the impact of drug treatment on the state-side, and intricacies about this population's drug use, migration patterns, and treatment experiences. A life-history narrative analysis demonstrates that an understanding of the impact of relocation requires a deeply contextualized and life-course perspective.

Stigmatization and marginalization dynamics on the island foster and maintain the systematic relocation of drug users to the United States. These dynamics are based on and sustained by specific moral evaluations of drug users. Participants' treatment narratives reveal that different drug treatment paradigms have different scopes of justice. Treatment paradigms differ in where practitioners set the psychological boundaries for inclusion into or exclusion from their predefined moral community. In many instances,

the relocation in geographical boundaries marks a shift in psychological boundaries of justice. Participants find the harm reduction treatment approach, more frequently employed on the state-side, offers them access to more broadly defined moral and service communities than do abstinence-based treatment programs prevalent in Puerto Rico.

A relocation from Puerto Rico to the state-side for treatment begins with a story featuring New York alleys and the relocation of a child from New York to the island-colony. A life-history approach exposes a man's life-long contention with structural limitations and human possibilities. The concept of *contending with* allows an intimate depiction of the complex ways a life is impacted when relocated and an individual's continuous negotiation of the intersections of service delivery, public policy, blurred state-lines, lack of resources, and a colonial version of the American dream. Theoretical implications and policy recommendations are discussed.

Para Güeli.

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Chapter I – Introduction

Portada / Cover

On a chilly spring day, as I was doing harm reduction outreach at the corner of 148th Street and Bergen Ave., I received a phone call to interview for a syringe exchange program coordinator job. I debated how taking on a full-time job working alongside active drug users would influence my doctoral studies here in New York City. Yes, I had a less than part-time job doing outreach in the middle of the South Bronx, but a full-time job would be a different thing. After thinking about it for less than a day, I said yes and went to the interview. This decision would greatly shape this dissertation.

Some weeks after that phone call I began to work at a direct service provision and management position which soon revealed many details about the lives of drug users who came to receive services from the program I eagerly began to coordinate. The most striking revelation at the time was that there was a constant stream of young people from Puerto Rico that needed syringes to inject illicit drugs in the South Bronx. This, at its surface, is nothing striking, especially with all the studies about Puerto Ricans selling crack in Spanish Harlem or injecting in shooting galleries in the infamous Boogie Down Bronx. What was striking about this seemingly "normal" event was that this constant stream of individuals was mostly Spanish mono-lingual speakers and came from a relatively specific area in the island. They all seemed to come from semi-urban areas located in the north of the island, west of San Juan. Most had only been here in the United States for a few months and were "deserters" from a particular treatment program they had grown sick of, decided it was not for them anymore, or felt someone was doing business by sending them to the state-side.

Within the first week at work I enquired about this particular population. I, informally, began to form a vague conceptualization of the social phenomenon I here explore. To my disbelief multiple people responded to my inquiries with a: "Yea, in this area we have a bunch of young people from the island who get sent here for treatment. The ones you are talking to just left the program that brought them here and are now homeless." Soon I wanted to know more about this program that was bringing people from Puerto Rico, their treatment modality, and what type of work they were doing that addressed the needs of this particular population. It was not long before the participants of the syringe exchange program began to let their feelings be known about the new influx of young Puerto Rican males and the treatment program. Some of the news was good and some was bad; but it was certainly controversial. As it turned out, I had walked into a job that not only worked closely with the daily reality of being an active drug user, but it advocated for increased HIV/AIDS and Hepatitis-C prevention services for this at-risk population from multiple perspectives; a clearly social justice geared community-based organization.

Roughly about the same time, in my academic life, I had come to the point when I had to choose a dissertation topic. Perfect! I thought to myself. I here could marry the access to this information from service provision, the social justice perspective that I sought in my research, and the final project which I needed to complete my degree. I continued to provide services and to learn more about how these Puerto Rican males typically in their 20's and 30's who had recently arrived state-side. After all, they were a population I was providing services to and many of them had strong feelings about being

some of the newest residents in The Bronx. So, I began to talk to my advisor, draft a dissertation proposal, and write up the IRB application.

Literature Review

The relocation of drug users from Puerto Rico to the United States sits at the juncture of three major areas of study: Puerto Rico and Puerto Ricans, drugs and drug users, and migration. Each of these areas has its own vast history, complexity, and fuzzy boundaries. But there is a catch that explains, in part, the shortage of attention to this particular migrant population: Puerto Ricans are sometimes understood as 'migrants' and other times they are thought of simply as a United States domestic (ethnic) population. This hesitant classification of Puerto Ricans as migrants is due to the confusing and highly debated colonial relationship between Puerto Rico and the United States. This impacts how this population is conceptualized (or not) from a (im)migration/transnational standpoint (Duany, 2009). That being said, there are informative writings about the Puerto Rican communities in the United States and how these became and continue to be part of the drug world (e.g., Barrios & Curtis, 1998; Bourgois, 2003; Curtis, Friedman, Neaigus, Jose, Goldstein, & Idelfonso, 1995). These studies range from well known ethnographies to journal articles that describe the various realities of drugs in state-side Latino communities.

Some studies specifically focus on the patterns of migration and its relation to at-risk populations seeking health resources across borders (Bastos & Barcellos, 1995; Lau & Tsui, 2003; Lurie, Williams, Zuma, Mkaya-Mwamburi, Garnett, Sturm, Sweat, Gittelsohn, & Abdool Karim, 2003; Sánchez, Lemp, Magis-Rodriguez, Bravo-García, Carter, & Ruíz, 2004). In general, this focus seeks to understand the movement of populations and how this affects health resources by tracing risk behaviors linked to illnesses. Some focus on the movement of individuals and illnesses across national

borders (e.g., Mexico-United States), others within national boundaries (e.g., South Africa, Brazil), and yet others explore the porous and more controversial ones (e.g., Hong Kong – Mainland China).

Another approach to this line of research investigates the physical and geographical displacement of drug users (Kerr, Small, & Wood, 2005; Rhodes, Kimber, Small, Fitzgerald, Kerr, Hickman & Holloway, 2006) and how it relates to law enforcement. Specifically, how

> increased surveillance and the installation of barriers … have also been increasingly used in recent years (Rhodes et al., 2006). However, such approaches generally fail to prevent drug use and typically displace drug users to other locations (Rhodes et al., 2006; Kerr, Small, & Wood, 2005). (Kerr, Kimbers, & Rhodes, 2007, p. 2)

While these studies link local displacement of drug users (e.g., Bastos & Barcellos, 1995; Curtis, Friedman, Neaigus, Jose, Goldstein, & Idelfonso, 1995) to alternative environments for safer injection practices (e.g., Rhodes et al., 2006), they explore the issues of drug use and the movement of these individuals.

In the early 90's researchers became particularly interested in the Caribbean island-colony of Puerto Rico because

> AIDS is inflicting a heavy toll throughout America, but nowhere is it heavier than among Puerto Ricans. It continues to grow fastest among intravenous drug users; it is these addicts, their sex partners and their children who make up the vast majority of Puerto Ricans with AIDS. Today [1990] the island has the nation's highest per capita rate of new cases, more than three times the national average.

> On the mainland, research shows that AIDS is striking Puerto Ricans harder than other Hispanic people, blacks or non-Hispanic whites. (Lambert, 1990, p. B1)

The movement of people from Puerto Rico to the United States (and back) was deemed an "Air Bridge." Many adopted this term to characterizes how this population shifted between the two locations (e.g., Brett, Yamamura, Kam, Rios, Rodríguez, & Marconi, 1996; Deren, Kang, Colón & Robles, 2007; Menéndez, 1992).

> Air travel "made it one epidemic," said Dr. Nicholas A. Rango, director of the New York State Health Department's AIDS Institute. Today, the air bridge carries the medical and societal casualties of AIDS. Patients come to the states desperate for medical treatment they cannot get on the island. Those in terminal stages return home to die. Grieving relatives arrive for funerals. Orphaned children are dispatched to grandmothers across the water. (Lambert, 1990, p. B1)

Since the early 90's, because of the HIV/AIDS epidemic, the attention paid to migrating Puerto Rican drug users increased. Not surprisingly, most of this attention came from the HIV/AIDS risk behavior angle (e.g., Deren, Kang, Colón, Andia, Robles, Oliver-Vélez, & Finlinson, 2003; Deren, Kang, Colón, & Robles, 2007; Deren, Shedlin, Decena, & Mino, 2005; Lambert, 1990; Menéndez, 1992). Overall, this perspective highly informs many studies because it describes some of the basic experiences of migrating Puerto Rican drug injectors, especially to the New York City area. For example, Deren, Kang, Colón, Andia, Robles, Oliver-Vélez, and Finlinson (2003) describe how injection drug users (IDUs) who migrate from the island to the state-side had higher levels of risk when compared to Puerto Rican IDUs in New York. Yet, the level of risk incurred by these new migrants was less than those IDUs in Puerto Rico.

The authors, as well as other researchers, point towards contextual factors in New York – more access to syringe exchange and treatment programs – to explain these differences.

Specific recommendations have also been made from this HIV/AIDS risk perspective. These further reveal the disparity in resources between the island and the state-side and move towards proposals to address risk. Mino and Deren (2004) recommended the: increased availability of methadone programs, treatment services, street outreach, syringes and injection equipment, and HIV medical care; development of an HIV surveillance system and a prevention and treatment task force; exploration of different interventions and the influence of prison associations and gangs; and the education of syringe merchants as prevention workers.

Through the HIV/AIDS risk lens, the disparity of resources between the island and the state-side becomes clear, but the complex social and political landscape of drug users in Puerto Rico remains only a backdrop for the study of risk. A notable exception is Hansen (2006) who describes the impact of politics in the lives of drug users in Puerto Rico. She also explains the tensions in the island between the protestant social reform that places great importance on temperance and alcohol prohibition and the alternative of harm reduction that has "the goal of regaining control of one's life rather than complete abstinence from drugs" (Hansen, 2006, p.443). This informative article – alongside a stream of newspaper articles and editorials – describes the macro-context from which migrants who use drugs come and not just the risk factors which they engage in (Longo, 2008; Negrón Velázquez, 2008; Pérez, 2008; Santiago Negrón, 2008; Santana, 2004).

One of the goals in this dissertation was to answer the call for "repopulating the depopulated pages of social psychology" (Billig, 1994). As a researcher, I was

positioned to and strived to (re)populate the study of migrant drug users with the social and political context of the everyday lives of relocated drug users. The issue was how to explore this migration and repopulate the pages of social psychology with the participant's own experiences.

Discourse psychologists and analysts spoke about the importance of discourse, power, and the (re)shaping of social reality. Two ideas were particularly useful in the conceptualization of this research project. First was the Bakhtinian notion that "any text is part repetition, part creation, and texts are sites of tension…" (Fairclough, 1995, p. 7). From this notion it can be understood that texts are potential sites of social psychological research. For example, the space where social knowledge acquired through repetition meets the creation embodied in an individual life can be investigated as a site of tension. More importantly, this conceptualization of texts and discourses also made me – the researcher – an integral and active part of the research. I, as a co-creator of this text, was also crafting the research findings alongside the participants.

The second idea from the discourse field that influenced me was that "utterances and accounts should be considered in themselves: they are the phenomena of social psychology, not the second best approximations for the 'real', but hidden, psychological events" (Billig, 1997, p. 219). This quote emphasizes the importance of discourse (or more precisely, the utterance) for social psychology. By marking utterances and accounts as having meaning in themselves (and playing these against the critique of discourse as a second best approximation for the 'real',) Billig can be interpreted as critiquing positivistic experimental social psychology, those who utilize the concept of false consciousness, and those who negate the utterance for the structure (such as structuralist

thinkers like Althusser, Foucault, and Lacan). Billig makes the case that discourse is where psychology can find the common knowledge. This type of knowledge is of paramount importance and it is not within some schema in the mind, but in everyday discourse and utterances between people in society. Although not all within the field of discourse analysis agree where knowledge resides (i.e., utterance or structure) or how the field is to interpret talk and textual data (Antaki, Billig, Edwards, & Potter, 2003), the field does look to discourse as the location of knowledge. Discourse psychology, here exemplified by Billig, focuses on the daily communication of people – or common knowledge – in order to understand the process of ideology (re)creation and how it is contested through language. This conceptual framework further located my research within the context of texts and discourses as data and within the bounds of socio-psychological theory. Conceptually, I had grounding for investigating relocated drug user and their social reality through texts and discourses.

Martín-Baró (1990) defines social psychology as a social science that explores the moment when the personal and the social converge:

> La psicología social examina ese momento en que lo social se convierte en personal y lo personal en social, ya sea que ese momento tenga carácter individual o grupal, es decir, que la acción corresponda a un individuo o a todo un grupo. (pp. 16-17)

The discipline he began to develop before his execution in 1989 by a death squad of Salvadorian soldiers, Liberation Psychology, is primarily concerned with the transformation of knowledge and reality to create positive social change. Implicit in this transformation is psychological change. In many of his studies, Martín-Baró focused not

on the structural composition of the (oppressive) process of ideology, but in the ways in which the process can be challenged by increasing, and I quote:

> critical consciousness through a process of de-ideologization [*desideologización concientizadora*] – to which social psychologists can and should be contributing. What this involves is introducing into the ambience of the collective consciousness elements and schemata that can help dismantle the dominant ideological discourse and set in motion the dynamics of a process of de-alienation. (Martín-Baró, 1996, p. 189; Spanish version in brackets in original)

From this structural and politically engaged approach, discourses are conceptualize as fluid; that is, not residing in individuals and society, nor just in minds and/or structures, but in the tension between these that can be maneuvered politically. Martín-Baró's goal of social change was through politically and psychologically maneuvering discourses *with* and *from* (Pacheco & Jiménez, 2002) the popular majorities. He specifically understood that alternative societies were still to be created *with* and *by* these majorities. Conceptually then, this framework contributed to this research the fluidity, or better said, the fragility of structures and the possibility to create as of yet undiscovered answers to social problems.

Authors like Gutierrez, Rymes, and Larson (1995) linked the concepts gathered through Liberation Psychology to the field of discourse by theorizing "the possibility of a "third space" – a place where two scripts intersect, creating the potential for authentic interaction to occur" (p.445). Yet, it was another field that overlaps with psychology that caught my attention. Narrative inquiry brought together the ideas that texts are sites of tension, accounts should be considered in themselves, and the possibility for social

change. It achieved this while continuing the "movement away from a position of objectivity defined from the positivistic, realist perspective toward a research perspective focused on interpretation and the understanding of meaning" (Pinnegar & Daynes, 2007, p. 3).

Narratives can be used in different ways to conduct research. They explore the individual within her or his social context; narratives are connected to the individual's understanding of society. As Andrews (2007) puts it:

> We understand, live, and recount our lives to others in ways which are culturally accessible not only to others, but to ourselves. Even while we may resist certain frameworks of meaning as we spin the tales we tell, we cannot help but weave our stories in relation to these very frameworks. (p. 53)

While the link between individuals and the social can be explored in many ways, "narrative inquiry is a profoundly relational form of inquiry" (Clandinin, 2007, p. xv). One example of such relational closeness is expressed by Lykes (1994) when she explains how

> the multiple truths of Maria Izabel's story reveal the particularity of one life while contributing to our understanding of a larger reality. She creates a multilayered text through her account of particular experiences of exile and return, of deeply felt often contradictory emotional responses, and of subsequent efforts to make meaning of her life in a context of continuing war. (p.98)

Here enters another methodological approach that deeply influenced this dissertation and my particular version of 'repopulating' socio-psychological research: the study of lives. "Writing a life requires developing a relationship with one's subject, a relationship both

transferential and real" (Hornstein, 2004, p. 62). Importantly, these relationships, texts, and lives provide a closeness that can also be used to create that possibility of a third space. In the present research, social change possibilities can be seen in those spaces created in lives and these spaces can be investigated through narratives. Greene (1988) described through the concepts of freedom and space a parallel process to the one I here investigate:

> We might think of freedom as an opening of spaces as well as perspectives, with everything depending on the actions we undertake in the course of our quest, the *praxis* we learn to devise. For Jean-Paul Sartre, the project of acting on our freedom involves a rejection of the insufficient or the unendurable, a clarification, an imaging of a better state of things. He wrote of a "flight and a leap ahead, at once a refusal and a realization" (1963, p.92). There has to be a surpassing of a constraining or deficient "reality," actually perceived as deficient by a person or persons looking from their particular vantage points on the world. Made conscious of lacks, they may move (in their desire to repair them) toward a "field of possibles," what is possible or realizable for them. (p. 5)

Conceptually, I wanted to know more about the constraints or forces that shape the lives of relocated drug users and the possibilities that emerge. I was particularly "interested in the meaning people construct as they talk about their lives, as well as in the social context and resources that enable and constrain those meanings" (Chase, 2002, p. 81). To collect data on the specifics of the relocation itself was a goal, but more importantly was to explore how this affected how the participants understood their lives and how they created new possibilities. I wanted to qualitatively explore the "phenomenological

texture" (Singer, 2001, p. 273) of how a person experiences and contends with life. To understand the "basic human inclination to see actions together, as temporal patterns, configurations of meaning, and to situate these configurations within larger wholes – whether myths, histories, or what have you – that serve ultimately to organize and make sense of temporal existence" (Freeman, 1997, p. 175).

I also contended with what Josselson (2004) calls the hermeneutics of faith and suspicion and what Smith deems two extremes of a "range of theoretical positions when one is conducting an interview study" (Smith, 1995, p. 9). That is, as a researcher I was conscious I could "believe that one is uncovering a factual record" (Smith, 1995, p. 10) or "assume that a person's responses form a part of a locally organized interaction structure" (Smith, 1995, p. 10). On one hand, I did not understand myself as a researcher with greater knowledge and depth who could decode the life of the relocated drug user. I believed, and still embrace the idea that 'they' are the experts. On the other hand, I could not deny my privileged vantage point which could provide more depth to the voices of the research participants in a field where 'they' have been denied access. By working together, the participants and I facilitated the decoding of the relocation process. In essence, through this research I also struggled with my hermeneutic positions so as to not be simply telling a story nor excavating for truth; rather crafting this study and its findings alongside the participants.

Research Questions

In general I wanted to explore how this relocation from the island to the state-side was experienced and understand its effects on the lives of these individuals. Yet, this

experientially attentive question is also broader that the relocation itself. Because as Chase mentions (as cited in Chase 2002):

> when we listen carefully to the stories people tell, we learn how people as individuals and as groups make sense of their experiences and construct meaning and selves. We also learn about the complexities and subtleties of the social worlds they inhabit. We gain deeper understanding of the social resources (cultural, ideological, historical, and so forth) that they drew on, resist, and transform as they tell their stories. (pp. 80-81)

Focusing on the life of the research participants and how the relocation is viewed from their perspective, the researcher allows the individual research participants to locate their words and actions in context. This takes into account the experiences in their lives and the complexity with which the participants answered the question: What do you think about the movement of injecting drug users from Puerto Rico to the United States? In some instances the response would be a simple: “it’s good, because there is no real treatment over there.” This response is telling; the response echoes the point made by prior research on the lack of resources available on the island and begins to outline the reasons for relocating. At the same time, this response barely scratches the surface of the effect this relocation has on the life of many drug users. A glimpse into the life of people was afforded to me when they answered the same question by telling the multiple reasons why they first used drugs. Many also included details about the family lives they once led before they revealed how they arrived in the state-side and how this affected their lives.

Beyond the experience and the effects of this relocation I also wanted to explore what shaped this social phenomenon. What were the forces that shaped their lives and how did they struggle with these? How did 'they' get to be a population worthy of relocation from the island to the state-side? I also knew that I wanted to discuss these forces not only at the individual level of who experienced the relocation, but from a deep understanding of their context explained through multiple levels of analysis; a polyphonic view of their understanding of their experience and of their lives.

Chapter II – Methods

Data Collection

I used two qualitative methodologies: participant observation throughout the length of the study and individual interviews. This methods section defines the research population, participant observation, individual interviews, and the iterative process these stimulated throughout this dissertation. I conclude with a short section on timelines in this study and my relationship with the research participants and the agency where I conducted the research.

Defining the population. My research population was made up of individuals who were sent from Puerto Rico to the United States for drug treatment or who had grounded knowledge about this phenomenon. Most participants who provided information for both qualitative data collection methods were part of this relocation process directly. Others attended the same treatment program as those who were relocated or were drug users who had knowledge of this social phenomenon. The majority were male although some females also contributed and the participants' ages ranged from 18 through 55 years. An estimate of the size of this population is not currently known and its establishment was not an aim of this project. Informants mentioned that groups of relocated individuals were as small as 2 or 3 or as large as 20. These groups were relocated depending on the need on both the island to send as well as the state-side to receive individuals. Therefore, the population of drug users who have been relocated *to this specific site in The Bronx* from the time I began to collect data could be as small as five hundred to many thousands.

Experience with treatment programs and migration patterns between Puerto Rico and the United States were also taken into consideration. Specifically, I asked potential research participants about their experience with different drug treatment approaches both in the United States and Puerto Rico, gauged how many times and for how long their stays had been in the United States, and how long they had been actively using drugs. This assured that varied experiences with treatment, location of treatment, and experience with active drug use through time were represented in the interview sample.

Not all research participants were relocated directly from Puerto Rico to the United States although all had experiences with drug use, all had gone through some type of treatment either in one of both locations, and all were part of one harm reduction agency on the state-side. They have been viewed by others as "problematic" or "chronic" active drug users who have varied experience with drug treatment. The population selection criteria were not meant to gather all the possible scenarios or to even approximate all the population of drug users who are relocated from Puerto Rico to the United State for drug treatment.

Participant observation. The purpose for participant observation in this study is twofold: First, it provides a broad context to the stories told through the interviews and second, it provides a starting ground for interview participant recruitment. For example, information gathered through participant observation revealed something about the number of individuals and the areas in the island the groups come from. Additional information include details of what happened to people once they got to New York, how much they were charged upon arrival, when they were picked up at the airport, and the detoxification unit they attended. Participant observation also revealed that different

programs from the United States recruited participants in different areas of Puerto Rico. While all this information was collected anonymously and it does not provide the specificity of the interviews, it did provide a sketch of the relocation patterns between the island and the state-side.

Participant observation proved indispensable to recruitment interviews participants. All those interviewed provided information through participant observation except for one potential interviewee who showed much interest when scheduling our meeting times but failed to show after multiple attempts. The participant observation allowed me to gain and maintain a high level of rapport with the drug using population and other stakeholders in this community because they knew my interest in discussing the issues related to the relocation of drugs users from the island to the state-side and general issues in this community.

Individual interviews. I developed a protocol for ten to twenty semi-structured hour-long interviews to complement my participant observation data. I sought to investigate the relocated drug user's social context and interviews were suited for this task because I had relationships with these participants that were grounded on conversations and disclosure of experiences through sharing stories. I wanted to collect the experiences of interviewees that Bevan and Bevan (1999) mention "as being pragmatically and performatively constructed within a variety of local social contexts" (p. 16). My comfort level and experience with interviews as a way to collect data also made me see this method as a way to further understand the context of this population.

Originally, I thought the interviews would "provide an occasion where a relatively standard range of topics can [*sic*] be explored with each of the participants" (Potter &

Wetherell, 1995, p. 84). Yet, the 13 individual interviews I conducted varied greatly in length and depth. Some of them were as short as 45 minutes and kept close to the interview protocol while others extended over multiple hours and covered a broad range of topics.

I *intended* to talk about the relocation phenomenon with people affected by it through a set of topics. I emphasize my intention because as my ethnographic research progressed, it shifted. When I created the semi-structured interview protocol, there were some general issues/themes that I wanted to discuss with each research participant. These were: demographics, leaving the island, arriving in the United States, living conditions, services, and effects of relocation. As the ethnography shifted, the interviews became much more extensive and covered more than just these six issues/themes.

Participants did not simply answer my questions but provided stories about this relocation and much more. They, in part because of the relationship they had with me and because of the local social context in which the interviews were conducted, provided deep excavations of the relocation of drug users from the island to the state-side. They also revealed much about their complex lives as drug users as well as the day to day ordinary aspects of their lives. This provided a glimpse of their lives within a broader context.

For example, Jimmy (all participant's names used are pseudonyms) was my fourth interviewee. We had known each other for a few months and he had provided some valuable participant observation data. He was one of my main informants and he always said he would be willing to provide more information if and when I needed it. He always said there was much more to tell. So when it came time for the interviews, we

were both eager to discuss the issue thoroughly. What ensued was a deep discussion of not only the six issues/themes I intended to discuss, but a life-history interview which afforded me a long look at what Jimmy's life is like; way beyond any relocation. The interview changed from a semi-structured question and answer discussion to a conversation about life and the forces he contends with. This experience contrasted deeply with that of my first interviewee, Juan. Although the rapport was good, the situation was difficult. We both felt pressured and in haste to finish the interview. Between my preoccupation with the interview being audio recorded adequately and his churning stomach that was not quietly accepting the food he had just received from a charity who serves the homeless, this, the first interview was quick, with few probes, and relatively close to the protocol. Yet, summed up, the thirteen interviews as a whole talk about lives in which these individuals endure and struggle with issues that seem familiar, but are very much to a scale that challenged my perceptions of how life is perceived and lived. Specifically, when I asked about the fifth item on the protocol, about the services they received both in Puerto Rico and in the United States, I wanted to know how these individuals felt they were treated and served. As an HIV/AIDS prevention service provider, I knew this could be a difficult subject to discuss because of the many barriers there are to receiving services. Yet, I was not prepared for the wealth of information I gathered through the interviews. It became apparent that this specific topic, this so called relocation, is but another traumatic and enlightening, liberating and solitary turn in the life of many of the research participants, another opportunity taken. This dissertation, and in particular the data gathered through the interviews, is then not simply about this 'relocation' phenomenon. While I gathered much information about this specific

movement of lives between some fuzzy state boundaries, this dissertation is also about how drug users view this as one of the many occurrences in their lives, albeit an important one. What is discussed in the chapters that follow describe more than just the lives of these people during or because/despite this relocation. The chapters are an attempt to capture how these individuals are, for multiple and complex reasons, different and the same as everybody else. Or as Kluckhohn and Murray (1953) best described it: "EVERY MAN is in certain respects a. like all other men, b. like some other men, c. like no other man" (p.5).

I present these points of view on topics that are about, yet broader, than the(ir) relocation from one place to another. The chapters that form this dissertation are dedicated to describing the forces which these individuals - here addressed as research participants - contend, cope, and struggle with before and during this relocation.

Timelines. Two general timelines were also developed for each interview participant. One timeline outlined drug treatment experience and location while the other captured the individual's migration pattern between the island and state-side. In many cases the timelines were collapsed into one, while in other cases they were independent from each other. These timelines were used as a way to refer back to the themes and to focus on how different treatments and/or difference in location affected the individuals. The timelines helped to refocus the interview in time and theme.

One example of how the timelines were used is my interview with Héctor. At the time of the interview, he was in his late twenties and had migrated from a rural area in the south-east section of the island. His family had urged him to enter once again into treatment, and through information provided by police officers in his municipality,

relocation to the New York area became an option. At the beginning of our interview I asked him if this was his first time in the United States, he answered "yes." As the interview progressed through different themes, he mentioned, in the passing, he had visited the United States as a child. He had left out this information because he understood it was not relevant to our topic. And in some ways it was not. Yet, he had been to the United States three times prior to his relocation for drug treatment to the state-side and that gave him an experience filled with expectations and with the English language.

Héctor's timeline also shows his numerous visits to a broad range of treatments in the island as well as his various times incarcerated in Puerto Rico. In Héctor's case, the two timelines of migration pattern and drug treatment are integrated into one and show the interplay between treatment and incarceration. This integrated timeline shows how he was court mandated to some treatments while others, at different times in his life, he volunteered with no pressure from the courts. The timeline also shows how in some cases the family and his personal life influenced his choices of when to engage in certain treatments and their results. For example, after being incarcerated for a year he enters a Christian abstinence-based program. After being there for 6 months his life takes a turn and he is reunited with his family, including his wife and children. With the timeline, as the interview progressed and he told about how his life became more stable family-wise, I was able to focus with him on what happened afterwards. The interview, which was increasingly moving towards a discussion of family relationships and how this affected him emotionally, was shifted after the family discussion was completed, to treatment and how he was re-incarcerated because of a bureaucratic procedure that was ignored.

Ultimately, the timeline re-centered the interview in the process of his life through the lens of drug treatment, family relations, and his movement throughout the island. The timeline ends with his relocation from the island to the state-side in mid-2005 to a Christian program. Héctor has been in the United States since.

Doing community research where you live and work. All of the interviews for this study were conducted with participants of a program that I coordinated at the time. Specifically, I coordinated a syringe exchange program within a harm reduction agency. I also lived close by. This way of being close to the community at multiple levels provided great data and a level of nuance which evoked for me a sense of connectedness. This feeling was at the time of data collection and now best described as an organic connection between different facets of life and between the participants and myself. The result chapter titled *Two salient and seemingly opposed treatment narratives* and in particular my analysis on how Pipo views his own drug use well illustrates this. He was interviewed at a point in time when he was not actively using heroin or cocaine. Yet I describe how he, after the interview, began to use once again. This, I emphasize in the chapter, is important for various reasons, but I only knew that he began to use heroin a few weeks after the interview because I was engaged with the community at various levels. I also happen to know that he has once again stopped using heroin based on our most recent encounter. Conducting research in the community where I worked and still live afforded me the vantage point which I hope is here expressed throughout this research project. This relationship is also palpable when in some interview sections the interviewees relate to me by my first name when they wanted to make sure I understood their point of view. This connectedness or intimacy I understand aided the flow of

different points of view and deepened the discussions between the research participants and this researcher. On the other hand, it also afforded me a look at a very large and complex issue from a very specific angle. Yet, I here make no claims of providing a complete understanding of the phenomenon that I here only begin to explore.

An example of this specific angle is made clear when Manuel, in an interview passage says that "…this program is like the [magic] touch". The magic touch is that program that I coordinated. In other words, the closeness and intimacy that I had with the participants that I argue is a strength at times may also lead to blind spots of the research. But the fact that the program that I managed at the time was important in the life of this particular research participant does not mean that he was pandering to me and simply providing me the data that I sought. It does mean that when he narrated this "[magic] touch" to me, it had a very specific meaning and texture because he was talking to me the researcher who he also knew as the coordinator of the program that was dear to both of our hearts.

On a less personal level and more geared to set in motion my research project, I went with full IRB approval, a Certificate of Confidentiality from the National Institutes of Health (NIH) for the project, and a letter of cooperation from that agency to a meeting with the directors of the agency. The directors were concerned about the dual role I would play in the life of the participants and the potential coercive power this would have. I explained the procedures and it was resolved that there were multiple points of entry for services at the agency and this allowed for participants to receive services without having to interact with me personally. I was to interview participants during non-working hours, and use a separate location at the agency for the interviews.

Following this agreement, I specifically designated one day a week in which I did not work for the agency and only collected data in a vacant and private location (not my office) that provided a high degree of confidentiality for the participants and distinguished between the research role and the service provision role.

Collecting the data at that specific agency had expected and unexpected benefits. Unexpectedly, because I was a common figure who constantly met with the agency's participants, no one would assume the person I was talking with was either a potential research participant or someone who had just been interviewed. This assured participant confidentiality to a high degree. Conducting the interviews at the agency also assured that I would have a sample of participants to approach; and most importantly, that they did not have to travel to a different location and negatively alter their common daily activities. We didn't have to risk timely arrival at the methadone program, having participants exposed to different neighborhoods where they are either seen as persona non-grata, or being exposed to different police officers and possible harassment.

All the participants were given two consent forms, one to sign and return and one for themselves. Just like the entire interview process, the consent form was available in both Spanish and English (double-sided and participant's choice). After the consent form was presented, the main goals of the research were highlighted, and the difference between the roles of service provider and researcher were explained, I asked if there were any questions or comments. All approached participants signed the consent form and agreed to be audio-taped. No participants reported any discomfort or asked for the interview to be terminated. All participants were compensated with $20 for their time.

Analysis

After conducting the interviews I began to transcribe all this data myself. I soon recruited a willing friend and finally reached out to a professional to complete the job. While transcribing and reading the professional transcriptions, I noticed the intensity with which the participants and I delve into the complexity of what was 'being a drug user.' After reading the interviews and listening to the recordings again, I decided that this issue was important enough to be a theme to analyze. But what was it? How would I presume to name "it" and continue on? After a couple of insightful sessions with an invited lecturer at my fellowship, Dr. Bec Young, and with a definition of stigma by Link and Phelan (2001) based on the seminal work of Goffman (1963), I decided to set a theme which would loosely describe the phenomenological experience described by the participants as drug users. This was the basis for my stigma chapter.

Link and Phelan (2001), elaborating on the idea that stigma is "the situation of the individual who is disqualified from full social acceptance" (Goffman, 1963, Preface), specifically mention:

> We chose to define stigma in the convergence of interrelated components. Thus stigma exists when elements of labeling, stereotyping, separation, status loss, and discrimination occur together in a power situation that allows them. This is a definition that we derived, not one that exists in some independent existential way. As such, its value rests in its utility. (p. 377)

Relying on this fluid definition of stigma to anchor my theme, I proceeded to look for the experiences that spoke most directly and eloquently about stigma. I was guided by Room's article titled *Stigma, social inequality and alcohol and drug use.* In it, he

describes the stigmatization as a process that "include intimate [*sic*] process of social control among family and friends; decisions by social and health agencies; and government policy decisions" (2005, p. 143). This not only outlined a way to understand stigma as a process, but also a way to trace it through different levels (i.e., family, social agencies, and local government).

I focused on two themes that addressed stigma from different perspectives and described qualitatively different experiences. These themes were identified by reading through and re-listening to the interviews and looking for parallels with the process described by Room and the definition provided by Link and Phelan (2001). These two additional emergent codes parallel to different degrees the process of stigmatization described by Room (2005) and provide the foundation for an exploration of the dynamics through which stigma operates in the lives of research participants. The first theme, on the intersection of stigma and knowledge, is specifically told through the voice of Andy and the second, moral judgment as an underlying force, is told through Ricky, Andy, and to a lesser degree Pipo's point of view. Through this analysis I do not claim these voices represent the entire range of experiences of stigma expressed by the research participants. Yet, they do express critical and specific descriptions that resonate through the interviews. These three research participants eloquently describe the dynamics of stigma in their lives and capture the feeling that most participants described when discussing what being a drug user felt like and how it related to the relocation of drug users from Puerto Rico to the United States.

The next results/analysis chapter presents the two salient and seemingly opposed treatment narratives found in the data about treatment services and their consequences in

the lives of the research participants. I analyzed the data by searching for the different descriptions of treatment by research participants that appear to be in contradiction. This was done to better understand the different drug treatment options available to research participants and how these contrasted in terms of services. Specifically, I focused on the comparison of the harm reduction and abstinence-based treatment services as described by participants. I explored the individual experiences of participants as well as the treatment narratives they used to describe the services they received.

The approach of seeking narratives that contradict each other was borrowed from the rhetorical approach to social psychology. This approach focuses on "the argumentative aspects of language, for in discussions or arguments it is possible to observe thinking in operation" (Billig, 1995, p. 70). While I do not take the full methodological approach provided by Billig, Condor, Edwards, Gane, Middleton, and Radley (1988) and Stanley and Billig (2004) to investigate ideological dilemmas, I analyze the thinking employed by the research participants. I do this by exploring the treatment narratives some research participants use to describe their treatment experiences and to examine why these two treatment methodologies are often depicted in contradiction with each other.

After locating stigma within the lives of drug users and conducting the analysis from said perspective I gained a better understanding of the connections between the research population I engaged, social injustice, and morality. Through the analysis of stigma I had a better grasp on how the social dynamics of injustice operated in the lives of relocated drug users. It can be said that through this analysis I contextualized in the lives of drug users Goffman's (1963) opening words: "The Greeks, who were apparently

strong on visual aids, originated the term *stigma* to refer to bodily signs designed to expose something unusual and bad about the moral status of the signifier" (P. 1). With this in mind I once again moved to the data. One passage that prompted this shift from evidence to theory (and back to evidence) and that helped me to re-engage the data and deepened the analysis was:

> Many social issues and controversies, such as aid to school drop-outs, illegal immigrants, "welfare moms," people who are homeless, substance abusers, and those infected with HIV are essentially moral debates about who deserves public resources, and thus, ultimately, about moral inclusion. When we see other people's circumstances to be a result of their moral failings, moral exclusion seems warranted. But when we see others' circumstances as a result of structural violence, moral exclusion seems unwarranted and unjust. (Opotow, 2001, p. 103)

I decided to use the concepts of scope of justice and moral exclusion to further analyze the data about the two seemingly opposed treatment narratives. These concepts proved useful in further exploring how morality underpins the different treatment methods as narrated by the research participants. Scope of justice is defined as "the psychological boundary of one's moral community; a narrow conception of community results in a constricted scope of situations in which considerations of justice govern one's conduct." (Opotow, 1990, p. 4) Moral exclusion, building upon the definition of scope of justice,

> occurs when individuals or groups are perceived as *outside the boundary in which moral values, rules, and considerations of fairness apply*. Those who are morally

> excluded are perceived as nonentities, expendable, or undeserving; consequently, harming them appears acceptable, appropriate, or just. (Opotow, 1990, p. 1)

Opotow contributed to the analysis insights into the dynamics of moral exclusion and how these link to a wide range of social issues that depend on who is included in or excluded from our moral boundaries.

In the final results/analysis chapter, I engage a single life from a narrative perspective. This life narrative analysis was selected because of specific dynamics and rhetorical turns the participant and I engaged in throughout the interview. A brief discussion of this is presented in the opening pages. While this approach to the data departs from the two previously described results/analysis chapters, I have placed Jimmy's life narrative as the last results/analysis chapter because of its depth and ability to flesh out and describe in intimate detail the context of a relocation. Jimmy brings to the common daily-life level the phenomenon presented and analyzed in this study.

Jimmy's life history is specifically approached from different perspectives. The first is through the lens of "contending with" that I discuss as the particular narrative angle crafted between Jimmy and me. His narrative is also analyzed from two different perspectives simultaneously: that of a marginal person as well as an ordinary person (Plummer, 1995). The narrative is described as that of a marginal person because he portrays himself from such a position. This is a strength he maneuvers. But marginality is not the whole story. Jimmy's life narrative resists being framed from such a singular marginal perspective precisely because he is also an ordinary person. It is within this interplay of 'marginal' and 'ordinary' that Jimmy narrates his life to me, the

researcher/confidant/syringe exchange coordinator, and from this position I engage the analysis.

All three results/methods chapters are prefaced by a general results chapter entitled *a sketch of the phenomenon*. In it I present the reader with some key results that describe the 'basics' of the phenomenon. This section provides a glimpse of what might be a 'standard' relocation, a description or feel for what is occurring in the lives of relocated individuals. This standard narrative is not presented as a norm for all participants, but more of a recognizable example which most research participants described as emblematic of the Christian-based treatment program and relocation dynamics I focus on.

A macro-political frame of the situation is also provided is this section. This contextualization from a more structural angle is presented so the reader better understands the broader context before looking into the daily lives of the participants. I finalize this first results/analysis chapter by providing a table that delves deeper into each of the interviewed participants by briefly showing the different drug treatment program categories each one has attended along with some other general demographics.

Taken together, the methods in this study explore the experiences of those drug users who for better or for worse were relocated from Puerto Rico to the United States for drug treatment. Through the participant observation and the interviews I sought to investigate the phenomenon while also providing a deep context as offered by the participants through their recounts.

Chapter III – A sketch of the phenomenon

Introduction

To provide the reader with a basic understanding and feel for what I here refer to as relocation, I begin this, the first of four results/analysis chapters, with a "standard narrative" of such a movement of lives from the island of Puerto Rico to the state-side. I also provide a section on the phenomenon from a socio-political angle and finalize by presenting some basic data that further describes the experiences of the participants along with a table that outlines some basic demographic information and treatment services experiences.

A standard narrative of relocation

Many things change in their lives of individuals who are gathered in different Puerto Rican municipalities and relocated to the United States to receive treatment for their drug use. Their families and the elected officials who either paid for and/or coordinated the relocation of these individuals might assume that their drug habits change and the person becomes increasingly socially responsible (e.g., finds a job, finds a place to live, stops using drugs, and perhaps even returns to the island some day). For some, this might happen, but not for others. What is certain is that the relocation and the hoped for change will challenge the person who migrates outside of the island in different ways (e.g., build a new social network, understand the new structure of the social services, perhaps learn a new language, etc.). The story of relocation of many of those whom I talked to starts with their recruitment in Puerto Rico by elected officials, police officers, and/or their families to come to the United States. In the state-side cities the services, they are told, abound and certain treatment facilities are waiting for their arrival. For

most, prearrangements were done from the island and there was someone waiting for them at JFK airport. Others did not have this luxury.

At the end of a long trip from their rural or semi-rural homes on the island, and after paying the admission fee they had brought with them from Puerto Rico, only then were they taken to a detoxification (detox) unit. Some started to feel the pains from heroin withdrawal before they got to the detox unit; others were better prepared and hid some extra heroin to minimize this feared ordeal. After some days in the detox they once again got picked up and taken to their new home and treatment center. When they arrived at the center, they found anywhere from 50 – 87 men crammed into one 3-family brownstone building. Once inside you are told you must not leave unless approved by the Christian minister who is the proprietor of the center/business venture and the person who "holds" all your identifications and moneys. If for any reason you choose to leave, you are considered to have dropped-out of the program. Your bags are thoroughly checked when you arrive to the center and you are to sleep in one of the up to 8 wooden bunk beds per room. Bathrooms are shared (one per floor) and the only treatment in this "treatment center" is the work of god applied through the methods of shaming that are designed to lead you to fear the wrath of god and the devil's tool – drugs. Many, after understanding that the treatment and services that were promised are not to be had, leave the program and prefer to deal with the unknown.

On the phenomenon from a socio-political angle

When I began to conceptualize this study and hear about the first-hand experiences of these relocated drug users outside of the geographical boundaries of Puerto Rico, this basic story of the movement of bodies and lives seemed to vacillate

between the second and third sources of stigmatization and marginalization described by Room (2005). That is, between the "decisions by social agents and agencies, which tend to focus attention on the most problematic cases and to amplify their marginalization" (pp. 147,149) and the "policy decisions at the local or national level" (p. 149). It seemed that some local governments in the island were experimenting with relocating some of their most problematic local drug users to some service agencies willing to provide them with services on the state-side. More recently, the relocation of these individuals is less of an emerging policy/experimentation and is becoming a more formal structure resulting from policy decisions. Yet, these policy decisions at the local level seem to be mostly un-written and hard to substantiate as policy (except for municipalities publicly claiming in their official web-sites or news articles that they are helping addicts go to the United States for treatment like the Municipalities of Fajardo and Yauco (see Municipality of Fajardo and Santana (2004) in reference section). Said differently, this is not a collection of isolated incidents in some isolated municipalities or towns in Puerto Rico, but quite the opposite. Many municipalities were named by participants as having this type of relocation as a viable option for drug users. In some cases the agreement with the state-side service provider is directly brokered by the municipality or even by the mayor of the town, others might be done indirectly through another larger and better connected town. Yet another way the link might be made is informally through knowledge within communities where the municipality might have just provided the basic information to families in need. Some of the municipalities and/or towns mentioned by participants as involved in relocating individuals or where research participants come from are Arecibo,

Aguadilla, Barceloneta, Bayamón, Ciales, Cidra, Dorado, Fajardo, Humacao, Naguabo, Maunabo, Morovis, Vega Alta, Vega Baja, and Yabucoa.

When executed by the municipality, these policy decisions at the local level are a sort of out-loud secret that everybody knows and have directly affected an unknown number of individuals, families, communities, and municipalities on the island and on the state-side. In essence, it is an official policy at the local (and perhaps national) level, but it exists within a fuzzy context that because of its un-substantiated and silent way of being implemented (and funded) it resembles a wide-spread and well-known 'secret' which relocates drug users outside of the geographical and social landscape of the island-colony.

From the two brief descriptions presented above, one from the participants' perspective and the other from the socio-political vantage point, a sketch of what I elaborate in this study as a relocation begins to emerge. I now present additional data to compliment and deepen the information provided above and better depict for the reader the landscape of the relocated from Puerto Rico to the New York City area.

First and foremost, when I began to ask people about this so-called relocation, there was a feeling of urgency described by the participants. A certain need to take advantage of a unique opportunity that was full of hope when on the island-side. When first discussing the issue, key informants expressed how these expectations of treatment were created by those who recommended the program to them or by those who recruited them on the island. This began to speak to the dearth of services for drug users on the island-side, the motivation to relocate, and how the state-side was perceived by drug users in Puerto Rico.

Elected officials and police officers were commonly mentioned as forming an important part of this relocation process. Specifically, in many of the cases the democratically elected town mayors would act as the go-between persons; the link between the user him/herself and the state-side individuals who provide these services. It was also commonly reported that the mayor would pay for the one-way airplane ticket from the island to the chosen location. What part of the budget do these moneys to pay for these airplane tickets come from? This is still an unknown to this researcher. In other cases, the family would be responsible for this cost. In many occasions, the police provided escorts from the different areas throughout the island to the San Juan airport.

This relocation is an option used in Puerto Rico to provide drug treatment services for those in need. After a few discussions with those directly affected by this relocation, I was informed that New York City was only one of the multiple locations in the United States where different municipalities from across the island use as destinations to send people who use drugs. Other destinations on the state-side mentioned were the states of New Jersey and Ohio and the cities of Philadelphia and Boston. This current migration acts or serves the function of an outlet for a surplus population by providing services either non-existent or overwhelmed by the present need in the island. The barren island landscape described by research participants points to a silent coercion to relocate to the comparably resource-rich and accepting state-side. Moreover, there is the loud echo of the feeling of needing to take this unique opportunity. In essence, most of the participants say they came to accept their relocation out of free will, but how much of this free will was determined by their context seemed to always frame these difficult discussions.

Once on the state-side and only after they pay a fee that ranges from $100 to $250, the new arrivals are taken to a detoxification unit. After their short stay, an average of 4 to 5 days, they are housed in cramped and dilapidated spaces from which they are not to leave (except for special cases). If they decide to leave, because they can physically walk out, they would be considered as deserters of treatment at that point. Some decide to continue to build the safety net they had only known for a few days, others decided to venture out into homeless New York City. Yet others may try to reach some unknown family member they have only heard about and whose number they were entrusted with in case anything went wrong.

One of the rules while at the center is that all forms of identification and moneys are taken from all individuals and handed over to the owner of the center. This includes but it not limited to driver licenses, voting cards, birth certificates, cash, and money orders. All participants must also apply to Medicaid, food stamps, housing assistance, and any other type of welfare benefits that apply (e.g., social security income – SSI). The owner of the locale keeps all these moneys and benefits to run the center or for safekeeping (e.g., like the cash a new arrival from Puerto Rico might have for toiletries, etc.) Many report that all the surplus money is destined for the owner's personal use.

There is no structured or formal treatment at this 'treatment center' where most of the research participants attended. The location is said to be based on a Christian treatment method, but a method does not seem to be used to provide services and this particular center is not certified by any accreditation board. Multiple daily *devocionales* or Christian prayers are mandatory. Many of the individuals leave the program in haste because of the treatment/living conditions and most have problems attaining their

identification materials and moneys back from the treatment center's owner. Many are unsuccessful and when they step out to homeless New York, they do so with no money and no identification.

A glimpse at the services

Additional demographic characteristics and treatment experiences that begin to outline the interview research population are showed in Table 1 below. A majority of the individuals who provided information for this study, and certainly those who were interviewed, had varied experiences with different treatment modalities and varied in age. These characteristics enriched the perspectives from which the participants critically talk about the treatment services in Puerto Rico and in the United States. Ricky, for example, who was relocated to the aforementioned Christian-based program in New York, had multiple experiences with treatment in Puerto Rico and the United States. He was in his mid 30's when I interviewed him. On the other hand, Juan, who was also relocated to New York, had no experience with treatment before coming to the United States and was in his mid 20's. Both participants provided insightful information, one from a more experienced view point and the other from a relatively novice approach to treatment services.

Most participants were male, although reports of females being relocated to the state-side for treatment was mentioned as a practice that was either rare or was tried a few years before I began to collect data. Apparently, the relocation and treatment of both male and female drug users in one location gave rise to complications that the program many of the research participants attended did not want to (or were unable to) attend.

Nonetheless, I did interview two females, Lola and Isabel, who provided important information.

Table 1
Interview participant demographic information and treatment modality experience by location

Pseudonym	Juan	Manuel	Jimmy	Luis	Ricky	Héctor	David
Age	Mid-20's	Mid-30's	Mid-30's	Early-30's	Mid-30's	Late-20's	Late-40's
Gender	Male	Male	Male	Male	Male	Male	Male
Where from?	North-Central	North-East	NY and North-Central	North-West	Metro-North	South-East	South
Abstinence – PR		X	X	X	X	X	X
Christian – PR			X	X	X	X	X
MMTP* – PR			X	X			X MTAP**
Harm Reduction – PR							
Abstinence – USA	X	X	X	X	X		X
Christian – USA	X		X		X	X	
MMTP* /Bupe*** – USA	X	X	X		X		X
Harm Reduction – USA	X	X	X	X	X	X	X

*MMTP – Methadone Maintenance Treatment Program
**MTAP – Methadone To Abstinence Program
*** Bupe – Buprenorphine Maintenance

Table 1
Interview participant demographic information and treatment modality experience by location

Pseudonym	Andy	Javier	Pedro	Lola	Isabel	Pipo
Age (Aprox.)	Early-30's	Mid-30's	Late-30's	Mid-30's	Mid-30's	Early-40's
Gender	Male	Male	Male	Female	Female	Male
Where from?	Central	Metro-North	Metro-North	NY and South	Central	North-Central
Abstinence – PR	X	X			X Detox only	X
Christian – PR	X					X
MMTP* – PR	X				X	X
Harm Reduction – PR						
Abstinence – USA	X	X		X		X
Christian – USA		X				X
MMTP* /Bupe*** – USA	X	MMTP and Bupe	Bupe Only	MMTP and Bupe	X	X
Harm Reduction – USA	X	X	X	X	X	X

The data presented above provides the reader a first glance into what I argue in this study is a relocation or 'escape valve' for both drug users and policy makers on the island. This chapter sets the stage for a deeper exploration of a phenomenon that is at the crossroads of service delivery, public policy, blurred state-lines, desperation, hope, lack of resources, and a colonial version of the American dream.

Chapter IV – Stigma and the life of relocated drug users

Introduction

This results/analysis chapter begins with a brief description of how stigma is an evaluative force in the life of relocated drug users. Two additional themes are used to describe the particular dynamics of how stigma affects this population. Finally, the analysis focuses on how stigma and marginalization are underpinned by moral evaluations of drug users and how these evaluations influences drug treatment models.

Stigma as an evaluative force

Research participants spoke passionately in their interviews about how they were perceived as drug users. The weight of being labeled a drug user and the stigma this carries was described by participants as a force to struggle with and that fosters the relocation from the island to the state-side.

> If before they would exclude you and they would leave you outside, with the plate of food in front of your house. Now there is [a]: "I am going to buy you an airplane ticket so I can throw you to the United States." How many people do you not see right now, young people, that the family has sent them to the United States without having anyone here? "Look for help over there, because I know there is some over there, because they sent so-and-so over there and he is supposedly doing well." You understand me? Because they don't know how to deal with the situation. They don't know what is doing on. (Andy)

Andy is a lively and very resourceful 30-some year old Puerto Rican male from a rural area on the central region of the island. He here provides a glimpse into how he understands people in Puerto Rico perceive drug users and how they deal with finding

them treatment. There is much frustration in this short passage, a sense of desperation when he says that individuals are relocated from the island to the state-side. Andy mentions how in the past he was excluded from certain spaces as if reminiscent of times passed only to assert how now many drug users are relocated outside of the island. Andy's words helped me conceptualize as stigma and marginalization the forces participants described when saying they were treated differently when perceived as drug users.

In general terms, a person is stigmatized when their attributes discredit them in the eyes of society and earn them rejection and marginalization. More precisely Link and Phelan (2001)

> define stigma as the co-occurrence of its components – labeling, stereotyping, separation, status loss, and discrimination – and further indicate that for stigmatization to occur, power must be exercised. The stigma concept we construct has implication for understanding several core issues in stigma research, ranging from the definition of the concept to the reasons stigma sometimes represents a very persistent predicament in the lives of persons affected by it. (p.363)

Link and Phelan developed this definition of stigma by elaborating ideas and definitions expounded many years prior by Goffman (1963). For example:

> The term stigma, then, will be used to refer to an attribute that is deeply discrediting, but it should be seen that a language of relationships, not attributes, is really needed. An attribute that stigmatizes one type of possessor can confirm

> the usualness of another, and therefore is neither creditable nor discreditable as a thing in itself

Room (2005) provides a useful application of the concept of stigma specific to "the lives of persons affected by it" (p.143). He focuses on how stigma affects the lives of alcohol and drug users and mentions that "psychoactive substances can be prestige commodities, but one or another aspect of their use seem to attract near-universal stigma and marginalization" (Room, 2005, p.143). He makes the link between stigma and alcohol and drug user plus describes a process by which stigma and marginalization operates in the lives of this population.

> If we focus on processes in an ongoing society, we can conceive of stigmatization and marginalization as proceeding from three main sources:
>
> There are the intimate processes of social control and censure among family and friends which are frequently effective, but which may also result at length in the family and friends becoming fed up and pushing the user out of the family or into treatment.
>
> There are the decisions by social agents and agencies, which tend to focus attention on the most problematic cases and to amplify their marginalization. Even official actions intended as positive steps toward social reintegration may result in marginalization if the case does not 'succeed'.
>
> There are also policy decisions at the local or national level which result in marginalization. For example, the US law that a family should be evicted from public housing if any member of the family is associated with drug dealing has the result of increasing marginalization. More generally, policy decisions to be

> ‘tough on drugs’ always carry the potential to stigmatize and marginalize those who do not conform. Marginalization of those defined as having alcohol or drug problems is thus a process which can have both elements which are personal and interactional and elements which are institutional and structural. (Room, 2005, pp.147, 149)

With Room’s description of the process of stigma and his differentiation between three sources, it is possible to differentiate between the micro-, meso-, and macro-social levels. I here use this defined process of how stigma and marginalization operates through these three sources to understand how it applies to the lives of the research participants. In listening for this process through the data I also seek to explore how this force shaped the phenomenon of relocation; to describe the dynamics that maintain stigma and marginalization and encourage the relocation of drug users from Puerto Rico to the United States.

Theme One: On the intersection of stigma and knowledge

Andy expressed his personal view of how stigma affects his life and eloquently described the social structures and dynamics through which stigma operates. He does this critically and, while I only use his voice, he echoes a feeling voiced by many research participants. In the following section of my interview with Andy he talks about how he understands stigma is related to knowledge and the relocation of drug users outside of Puerto Rico:

> Andy - But that the state is, when the government does this, what it does is teach it to the family. The lets get rid of the problem; throw it [over] there. So, they

don't teach you that, it can change. And let's help him so he can more forward. No, we kick you out and get rid of you. Stay over there!

Interviewer - You are telling me that when the government is getting rid of the people, they are showing what needs to be done with drug users?

A - Exactly.

I - Remove him, if not from the society, from the country?

A - Exactly.

I - Or from the island at least?

A - Well, exactly, because they don't know. That is what they are seeing, that they are offering the-. Supposedly. Remember that human beings look at those who are running the government as the intelligent people. Those who are running the country are those who know. You understand?

I - And where does that leave the drug user?

A - And if they [the government] are kicking you out, sending you to hell, they cannot deal with you, what am I going to try to do? I know nothing!

I - You are saying that the lower levels of society are seeing the government as the intelligent, in quotation marks, people.

A - The polloplastos, how they call them over there.

I - Exactly, that is, kicking the [drug] user out, how they say, the *tecato (junkie)* lets get rid of him, the people are simply learning this type of behavior. The ones that would already leave you outside and would and would kick you out and would tell on you in front of other people?

A - Exactly. So, that is what they already know how to do, you understand. In Puerto Rico there is terrible ignorance, you know. There is such ignorance in Puerto Rico. It is sad. And it is sad because as I said, there are many people that don't have the means to come over here. There are many people who are afraid of coming over here. There are many people that really don't know. Hopefully not, but this guy told me this, and later if I go there alone, with this vice, I die, you understand. Look, my friend died there, that so-and-so, kicking the vice, now I am going to die too. Or what am I going to do when I come out, do you understand, because there is that fear. You understand, you cannot tell a person who has been using heroin for 20 years: I am going to send you to the United States so you can withdrawal and live a life other there. He is going to be afraid. Because he is going to say: Hell, I have never been there, I don't know how to live, what am I going to do?

I - What they know is over there.

A - Exactly. Ya'know, all that I have done all my life is this, how are you going to kick me out to over there? Plus the fear that most of the people, how I said, your family, forget about that, I mean, they say, man, once you leave for over there.

Andy here makes a socio-psychological analysis of how stigma and marginalization affects the injecting drug users' lives. Much can be said about the dynamics he describes here and the emotional and physical effects this has on the people who it is directed towards. Andy starts by directly talking about the government. He quickly locates his critiques at the macro-state level by directly accusing the government of conducting the relocations. He claims that in Puerto Rico many people look at the government as a type

of expert; a body who is knowledgeable about how to treat drug users. Maintaining that the problem with drug users in Puerto Rico is a problem of ignorance, a lack of knowledge on behalf of those who do not have the same problems with using drugs, people look towards the government for a clue of what to do when they don't know where else to turn for help. Andy understands that out of frustration the civilian population by and large looks at how the government, instead of helping the drug user in-situ, ships or 'relocates' the users out of the geographical boundaries - out of the island of Puerto Rico. The general population, following what could be understood as a out-of-sight-out-of-mind situation becomes part of a process that suggests that Puerto Rican society can/should think and act towards problematic drug users by locating them outside of the geographical and (insular) social boundaries.

Andy specifically locates the labeling and stigmatization of drug users as deriving from the government, the macro-social structures. A top-down approach of how ideas flow from the macro to the individual, a trickle-down of information from a body of expert knowledge to frustrated receptors. This flow of information, as Andy explains it, is loaded with knowledge informed or anchored in negative labels and stigma about drug users. This stigmatized knowledge is then put into action utilizing an account of marginalization. Andy here emphasizes how people, because of their lack of knowledge and frustration are influenced by what the local governments are doing: relocating drugs users outside of the geographical landscape. In describing this, Andy also defines the dynamics of downgrading some sectors of the population and the feeling of people as if they posses no usable knowledge: "And if they [the government] are kicking you out, sending you to hell, they cannot deal with you, what am I going to try to do? I know

nothing!" The sense of frustration is palpable because of the relegation of the drug issues to a group of experts. Herein are some important dynamics and assertions. First, the labeling and stigmatization of drug users stems from the government. Second, the government is labeled as possessing expert knowledge about drug users. Third, the drug users are deemed, by the expert entity as a group worthy of relocation. Fourth, there is a feeling among the general population that they have no usable knowledge regarding the complex and frustrating drug issues around the island. In explaining the frustration he feels, Andy has provided a description of the dynamics of marginalization. Yet, he stops short of criticizing people as being dumb or not critical, but rather he sees them as lacking knowledge and seeking for it in the perceived experts on the subjects.

Andy also focuses on the feelings of fear which are set in motion when individuals are relocated to the state-side: "he is going to be afraid" and "now I am going to die." The labeling and downgrading that foments the relocation of users also produces fear of the unknown. This locates drug users in a position where they are not seen as worthy of voicing an opposition. They are even seen as non-persons; as objects worth of exporting to hell. This downgrading to the level of sinners in hell further limits their ability to speak-out against their marginalization because of the lack of power in relation to society at-large.

Andy continues by explaining the source of the harshness he had expressed in a previous statement:

> I believe the largest problem that [Puerto Rico] has is that of knowledge, I mean, the knowledge, because if in Puerto Rico, there are many people who I am sure that if they knew what we know, people who are not addicts. Nor have anything

> to do [with drugs]. I am sure they would help, that they would extend a helping hand, that they would do anything. Because in Puerto Rico there are many good people. If Puerto Rico has anything is that there are many people who are good from the heart. (Andy)

Andy here suggests drug users have useful knowledge that can be used for good. He advocates for the importance of the knowledge gathered through the lives of active injecting drug users and how this, if used in conjunction with the well-meaning people who are willing to help drug users, he understands, things would change in Puerto Rican society for the better. In essence, Andy is calling for adding drug users as an expert body that possesses useful life-experience knowledge. Understanding drug users as an expert body of knowledge is currently not occurring because of their labeling, stigmatization, and marginalization. This specifically excludes active drug users from participating in co-creating, choosing, or even evaluating different types of services geared to serve them. This active drug user body of knowledge, as argued by Andy, should be used to improve the structures that are said to be in place to better the lives of active drug users.

What Room (2005) names "the intimate processes of social control and censure" (p. 147) at the micro-social family and friends level and the "decisions by social agents and agencies … to focus … on the most problematic cases and to amplify their marginalization" (pp. 147, 149) at the meso-social level describes the dynamics of how drug users are prevented from being viewed as experts. These processes of stigmatization and marginalization then detract from creating any solidarity with the drug user, preventing them from sharing the construction of a knowledge base on how society can provide adequate avenues to alleviate the social risks (e.g., HIV/AIDS, hepatitis-c,

etc.). Through dynamics of stigmatizing and marginalizing, an active drug user's expert voice is silenced. New perspectives on how to help drug users in-situ are negated.

Drug user stigma is to a large extent based on the idea that people who use drugs are 'under the influence' of psychoactive substances and by definition unable to have critical opinions. This a priori notion about drug users rests on an understanding that there is a gap between those who are 'under the influence' and those who are not. This is surely a fuzzy boundary, but the gap demarks a lack of a shared reality between these two real or perceived groups. This gap is most poignantly exemplified by what is understood the active drug users needs to transform their lives into what many consider the lives of productive members of society. These dynamics of a person being disregarded because they are 'under the influence' are also very complex and beyond the scope of this essay. Yet, at the macro-social level the stigma and marginalization of drug users acts as a way to silence/subjugate the knowledge of active drug users and undermines their validity as thinking beings, as people. This silencing is many times met with defiance and drug users negotiate some attainment of power. Andy is an example of this resistance and the search to find ways to maneuver the stigmatized landscape. It can even be said that I, as a researcher writing this essay, am trying to understand and amplify 'his/their' voice and counter the dominant stigmatized narrative. More importantly, Andy's is a statement on how active drug users do have a critical understanding of their context and how it affects their daily lives.

Theme Two: Moral judgment as an underlying force

Ricky is also a very articulate 30-some year old male, but in contrast to Andy, he is from an urban location in Puerto Rico. He describes how he feels his family and Puerto Rican society understand his drug use.

> Ricky - I am going to tell you the truth, in my opinion, I have a big opinion, one that is very general, but I am going to try to, to, to, that you see what is most important. In Puerto Rico, for example, people have to give an opportunity to, if they see people, a person who is battling that illness, that they don't see it like actions of a *charlatán*, because many people see the user as a *charlatán* that what he wants is just to get drugs into his system, they don't see the truth, that the person has a certain type of problem, that this is way deeper that *charlatanería* (acts of a *charlatán*).
>
> Interviewer - It is not easy.
>
> R - Or a *pocavergüenza* (act of shamelessness)…At least I am talking in Puerto Rico, I lived through that…
>
> I - Yes, I understand.
>
> R - Even with my own family I lived through that. My grandparents don't speak to me, even, even now, because they think that is it just *pocavergüenza* (shamelessness) on my part.
>
> I - And that it that. That [using drugs] is something that you could just leave behind whenever you wanted to, but it is that you just don't want to.
>
> R - That I have been a *charlatán* all my live and that I don't love them. Do you understand? When in all reality, my addiction has not been because I am a

charlatán, but because I have some big emotional problems that I apparently drag with me. And, and, I think that people should see, the society, in Puerto Rico should look at the addict from a different perspective. Umm, and, and, not judge him so much. I know, that OK. But if they [look] from the illness perspective, well, they are going to be more conscious of the issues at hand, and they are going to have better, umm, thoughts, and perhaps even look for better alternatives for, for the situation.

I - When you said judged, how do you feel judged by your drug use over there?

R - In Puerto Rico, very bad, I feel (…) judged because they think that many people, like I said, see this as a *charlatanería* and I feel bad because if it were by me, I know this is killing me, that this is destroying my parents, it is destroying my children, it is destroying all I love and it hurts that they think I do it because of *charlatanería*. This is not an issue of *charlatanería*, this is an issue…

I - You say even like to hurt them, or because you don't want or…

R - Or do you think that I like that my Dad hides $500 in a whole and I go to steal it? I don't like doing that, an example, to give you one. Or I like to take and, and see that my son sees me on the floor, suffering, crying because I don't have drugs [heroin], suffering that dependence and him seeing that traumatizes him? Or that I like that they tell my son: hey I saw your father jumping the fence of the public housing complex to get some drugs? I don't like it because I know that that affects him emotionally.

I - Yes, you are conscious of that.

> R - I am conscious of that, but this illness that I have is strong and it has not been easy for me and there are times that I don't even understand how I have gotten to these extremes. … Because in my family I had no examples of this. Do you understand? Nor were there these situations that I am living and I have brought to their home, to their relationship, and I myself don't understand. Because my father was not an addict, my mother was not an addict, and I did not live close to drugs, but this is not about that, this is something deeper than that.

Key in Ricky's passage is the word *charlatán*. This word carries more or less the same connotation as in the United States: an impostor, a fraud, a swindler. As with many words, when they are used more frequently, the meaning changes and takes different tones and subtleties which I here discuss from the research participant's perspective. I use the concept of *charlatán* and others to contrast different models of understanding drugs and to explain how moral judgment underpins drug user stigmatization. I also emphasize how drug users navigate this evaluative force and its negative consequences.

Ricky begins by describing the depth in meaning of the word *charlatán* and how it is used in Puerto Rico to refer to injecting drug users. He points out how being labeled a *charlatán* is used to explain his initiation into and continued use of illicit substances. Ricky understands himself as a person who has problems with his drug use, that he would not deny! He himself deems it an illness, an addiction that he does not fully understand. He even identifies the root cause of his drug use as an emotional one. While he realizes he needs help, the point is that it is not his lack of trying, not his lack of love for his family, not his lack of morals – *charlatanería* – that led him to be an 'addict'. The

culprit, he understands, is the big emotional problems that still needs to be explored and not that he is a *charlatán.* Ricky feels misinterpreted by his family as to what the root problem is. His family sees the drug use as the main problem along with his weak moral character. In essence, Ricky describes a clash between two different standpoints regarding the origin and continuation of drug use.

Ricky also equates *charlatán* with the concept of *pocavergüenza*. Literally translated this means "person with little shame". This concept is also commonly used in Puerto Rico to negatively describe those who lack morals and do not feel shame while disrupting a prescribed social order. Herein are some important dynamics of how stigma, emerging directly as a moral force, affects the daily lives of active drug users. Through the concepts of *charlatán* and *pocavergüenza* Ricky describes, in a common every-day life way, how power is exercised through stigma and how this (re)defines him as morally weak. Moral evaluation underpins the dynamics of stigmatizing and marginalizing the drug user while it downgrades his/her moral worth. This delineates the boundaries of those who are moral and those who are impostors, frauds, and swindlers of little or no shame. In the words of Room (2005): "alcohol and drug use and problems are heavily moralized territories, often resulting in stigma and marginalization, and that these factors are important in the adverse outcomes" (p.143).

While Ricky explains he is an ill individual, the family, he describes, is not available or wanting to hear his plea. His urging to be understood as a person with an illness, that the main reason he uses drugs is because of some concealed issues that have not been explored is countered with a simple accusation: *charlatán*. This clash between a drug user's plea and a family who argues that he is not trying hard enough (or simply

does not love them) is quite complex (and common). On one side of the argument there is a drug user and on the other a family frustrated with having to deal with Ricky the drug user.

Ricky supports his argument by using the disease model to explain his drug use. This model of understanding drug use is becoming more prevalent in the life of drug users and their families. Some understand that "the disease model pervades addictions research and practice, despite evidence that addictive behaviour is not inevitably progressive, degenerative, or incurable" (Larkin, Wood, Griffiths, 2006, p. 208). Yet, it cannot be said that this model is accepted by most in society at large. This model, which understands drug use as an illness, seeks to, among other things, deal with the negative consequences of stigma by shifting drug use from a singularly moral realm to a medicalized one.

From my interview with Ricky, it is apparent that he has acquired this knowledge of the disease model through his extensive experience with various drug treatment modalities (see Table 1). Ricky is trying to tell his family what he has learned from his drug treatment experience: drug use can be understood as an illness and it has certain treatments. The family seems to take a different approach to what is occurring with Ricky. Calling him *charlatán*, the family negates illness and counters his argument using a moral model. Ricky asks for his family to provide more opportunities for him by understanding his drug use as an illness. This disease model, by definition, seeks to move away from unitary moral rejection and opens up spaces for treatment. "The disease model may have represented a kind of ethical improvement of the […] moral model" (Larkin, Wood, Griffiths, 2006, p. 208) but as Baumohl, Speiglman, Swartz, and Stahl

mention (as cited in Room, 2005, p.146) “in spite of two centuries of claims that addiction is a disease, and more recently that it is similar to other chronic diseases, the idea that addiction is rooted in repeated bad choices remains widely compelling.” The family, as Ricky understands, feels that only by using a moral model will he once again become abstinent and on his way to recovery. But because he has again actively been using drugs, the family accuses him of being a *charlatán*: an impostor, a fraud, a swindler that does not keep his promises.

The level of difficulty faced by a drug user who tries to attain treatment opportunities by changing the paradigm or model from which his family (and himself) operates emerges clearly. It can also be said that Ricky’s attempt to change the way his family sees his drug use problem has negative consequences by re-asserting his role as a *charlatán.* He lives-up to and reinforces the stigma and marginalization by trying to sell a point of view that the family might simply view as another way to ‘just not try hard enough,’ of not loving them enough to change. In essence, Ricky might not have had enough power to overcome the moral-based stigma and sell to his family his illness-based understanding of the root-cause of his drug problem. I maintain that one of the major reasons why alternative models from which to understand drug users are not more generalized is because the subject, the drug user, is stigmatized at a moral level and this keeps him/her in this marginalized position not giving way to models that move away from a singular moral stance (e.g., disease model, public health model, harm reduction).

Utilizing the first level described by Room (2005) as a micro- (yet very social) level of analysis provides a glimpse of the dynamics of how Ricky’s family avoided or did not take a “(look) from the illness model perspective” as Ricky would have liked

them to. Ricky's family simply seems to deem his behaviors as "just *pocavergüenza* (shamelessness) on [his] part…." Said differently, Ricky describes the feeling of being censured by his family when they do not approach his drug use from an illness perspective; a version of not being listened to because you are a shameless individual. The intersection of knowledge disenfranchisement and moral judgment inform the impact stigma and marginalization has on the life of active drug users. The first theme points to the intersection of stigma and knowledge and opens up the dynamics that lead to the understanding that the moral judgment is the underlying force at work here.

The difference between Ricky's posture and that which he understands his family assumed when calling him *charlatán* is one of intensity or concentration of moral judgment. In other words, all responses to drugs contain certain type of moral tone, none are done from an amoral posture. Specifically, the medical model of drug use identifies drug use behaviors as symptoms of an illness called addiction. This model seeks to suspend moral judgment towards the drug users by identifying the culprit as an illness that came to be in the drug user through no fault of his/her own. I argue that this model does not suspend, but somewhat displaces or deflects a portion of the moral load away from Ricky. This displacement or deflection of the moral load lowers the tone by which the drug users are evaluated and stigmatized. Yet, this does not come with the assurance that in times of severe frustration (and specially when coupled with lack of options and/or resources as is the case in Puerto Rico) the deflected morality is not once again brought to bare – full strength – against the drug user.

Both Andy and Ricky's describe Puerto Rican families as being very harsh against drug users. While this might be true in the life of many, it is interesting how they,

and specifically Andy, do not simply blame the family or its individual members for their lack of understanding. There is a more nuanced critique of the issues which explores the dynamics of stigmatization and marginalization while also describing the moral blame game of responsibility.

> You cannot blame an addict for being an addict, I mean, you cannot say: "It is your fault you are an addict." I mean, because in all reality, it is not just his fault. Yes, he influenced it. Yes, he made some decisions, you know. He committed, a big part is his fault, but not all of it, because I am sure that if the society would not be the way it is, you would have made other choices, do you understand what I am telling you? I mean, the same way I cannot blame the society for the existence of addicts. Because it is not society's fault either, I mean, but you are also not doing anything to solve the problem. (Andy)

In a highly contextualized personal situation, Andy is able to critique himself, his family, and society. Reflexively, he is able to look at his situation and locate part of the 'blame' for his drug use on himself while at the same time, he is able to distance that 'blame' and locate it on the society. He has in a paragraph synthesized a socio-psychological critique. First, he has taken the standpoint of a drug user. Second, he describes the role of the individual and how he/she affects the social, by accepting blame for personal actions that can be construed as fomenting other (re)actions. Thirdly, he locates the society as an entity which is also to accept 'blame' for co-creating the drug use paradigm he finds himself in. Andy locates the issues in the intersectional space between (and larger than both) the society and the individual. He does this within the complex web of locating blame and responsibility between a drug user and her/his behaviors and the social system

for criminalizing and not providing an adequate network of understanding, care, and support. Basically, drug users are not powerless individuals who seek exoneration from any and all responsibility. Alternatively, Andy looks towards a collaboration of both blame and responsibility to look for a betterment of the situation. In doing so, he challenges the conceptualization of stigma "as something *in the person* rather than a designation or tag that others affix to the person" (Link & Phelan, 2001, p.366). These arguments, rather than relieving drug users of blame or responsibility for their actions/behaviors, seeks to engage in a critical moral balancing act between the drug user (personal responsibility) and the available services/resources (social responsibility) that does not occur under the current socio-political climate.

A more concrete example of how stigmatization and marginalization is experienced by Andy's was provided in another section of the interview:

> Well, for example, in Puerto Rico, you can be living in the street, but anyone will give you a plate of food. Anywhere you go… (even if they don't know you) there are plantains here, bananas there. In Puerto Rico, you eat. … In Puerto Rico, I am in my mom's house, and the neighbors cook, do you want food? (Andy)

This statement seems to, at the surface, be at odds with the strong and shoving-away tactics he described earlier. Yet, he also mentions that:

> Andy - they treat you different in the sense that right now, over there [in Puerto Rico] once you are in the vice, in this…, the people sort of close the door on you. They close their houses, they close the help.
>
> Interviewer - But they give you a plate of food just the same.

> A - They give you a plate of food, but they give it to you outside of the house. Because remember that the thing in Puerto Rico is that there is more religion. … there are more churches. There is more seeking God out. And the people are more influenced by what other people think.

With this example the dynamics which led to the following comment can be better understood:

> If before they would exclude you and they would leave you outside, with the plate of food in front of your house. Now there is [a]: "I am going to buy you an airplane ticket so I can throw you to the United States." (Andy)

Andy in these examples and in his description of the personal versus social responsibility does not use the drug-use-as-an-illness model to argue that drug users are not to bare the entire moral burden. Rather, he opens up the "social" as a stakeholder in the blame-game; a moral receptacle which he names only to assert: "you are also not doing anything to solve the problem." In this way Andy deflects some of the moral weight and judgments away from the drug user (without exonerating them/himself) and looks towards the social as a moral player that is often neglected in conversations about blame. Andy here can be understood as following the same critique as Link and Phelan (2001) when they say:

> Stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labeled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination. (p.367)

Andy is also saying that he critically opposes the disapproval, rejection, exclusion, and discrimination by asserting that the social is also a place where responsibility for drug users should lie.

While stigma is as a force that is inextricably connected to power, this does not mean that it goes unchallenged. Drug users' voices might be silenced and their knowledge disenfranchised by moral judgments, but resistance and resilience is still present when they talk about their lives. Link and Phelan (2001) remind us "that people in stigmatized groups actively use available resources to resist the stigmatizing tendencies of the more powerful group and that, to the extent that they do, it is inappropriate to portray them as passive recipients of stigma" (p. 378). In that vein, I bring Pipo into the conversation.

Pipo, understanding the structures that sent him not once, but twice to the United States for treatment, had enough of what he deemed subhuman conditions and set out to challenge the system that relocated him. He mustered all the social and political power he had and set out to change the tide of stigma and marginalization and the systematic relocation of injecting drug users from Puerto Rico to the United States. Pipo went to the mayor of the town who sent him to the New York City area for treatment, but:

> They already had knowledge of everything because they already had -, before me there had been many that had returned to Puerto Rico and had (talked). And I talked with him and told him, no… that what that guy [who runs the treatment center] was doing was profiting from the people. The guy was profiting from the people. In the sense that he was asking for social services, enrolling people into Welfare. And then, the conditions in the place were subhuman. (Pipo)

Pipo exemplifies how while stigmatized knowledge regarding drug users suggests that these are morally weak and shameless individuals, this is manufactured knowledge that label and try to render the stigmatized "other" powerless. While in this study I recognize the limit in social, economic, and political power, it should not be understood that these persons, as individuals or as a stigmatized group, are without *any* power and incapable of asserting their point of view from a user's perspective. Actually, that is quite the problem at hand. Both Ricky and Andy were explicit about how they themselves are not understood by their families or by the system. Rather than following the ideology recreated by the stigma - that they are morally weak and that drugs are both a cause and a symptom of their weak state – social science should strive to listen and understand drug users within their structural contexts. The fact that 'they' are people who use drugs does not mean that they are not able to provide a critical perspective on the system which claims to provide help for them. I would argue, as both Ricky and Andy did, that they have much to offer in critical terms.

Alternatively, it could be understood that stigmatized individuals are telling us that the system is not set up to help them, but rather to keep them at the margins as examples to further social control techniques. The main problem again is the power which the drug users do not have or have not been able to attain. This power can be used as Pipo used it, to demand better services as Link and Phelan (2001) mentioned: as an active challenger versus a passive victim.

The dynamics that occur when relocated individuals are conceptualized as passive victims fits the stigmatized conceptualization of 'them'. This conceptualization of the drug user 'other', as a person who needs to be contained or treated is in contradiction to

that of an active challenger of a broken system who is battling to find a way to attain services which are either unavailable in their context or sets them up to fail.

Chapter V – Two salient and seemingly opposed treatment narratives

Introduction

The narratives of abstinence-based and harm reduction treatment emerged from the interviews and participant observation data as opposing themes. What follows is an analysis of how research participants, who had various degrees of experiences with both abstinence-based and harm reduction treatments, understood these two approaches and how these affected their lives. I first address harm reduction and how it is opposed (or not) to abstinence through descriptions of two participants. Second, I analyze the narratives of two other participants with an abstinence Christian-based program that relocates drug users from Puerto Rico to the state-side.

Different types of treatments

In re-listening to and re-reading the interviews I conducted with the research participants, I began to develop a feel for how they told their stories of how people perceived them as drug users and how they were treated as such. I here use the term 'treated' to signify both how people carried out day to day interactions with drug users and in the more formal way of how they were provided with drug treatment services.

To discuss how drug treatment are part of the daily lives of drug users, I asked participants to describe the different types of services they had experienced (both in the island and in the state-side) and what they perceived to be the best and worst things about each. They also described what they understood the main goal of each treatment to be. The different categories I enquired about were abstinence-based, Christian-based, maintenance, and harm reduction. For each of these I provided a short example if the participant did not plainly recognize each of these categories. For instance, when I asked

about abstinence-based treatment and the participant had been in the state-side for some time, I mentioned the treatment community (T.C.) or the rehabilitation methodology. When I asked about the Christian-based approach to drug use, I emphasized the need to attend services and using Christ as a main motivator for recovery so the distinction between this particular method and the better known 12-Step (and its undefined higher power) would be clear. When inquiring about maintenance treatment programs, I probed about their knowledge or use of methadone and/or of buprenorphine. With harm reduction, well, all of them, I knew were familiar with some aspects of this type of treatment because the recruitment of the participants was done in a harm reduction agency. That was the main way though which the relationship between myself and the research participants developed.

The distinction between the first two types or modalities of treatment, abstinence- and Christian-based seemed to elude many participants. This pointed to my naïve intellectual understanding that there was a clear and definite distinction for people who received services between these two types of methodologies. I soon understood that in contrast to research findings on the island-side (Hansen, 2006), these two treatment methodologies were not seen as mutually exclusive but slightly different versions of the same abstinence-based treatment alternative. This finding is revealing in it of itself. It shows a combination of concepts which for many of the interviewed spelled the same: abstinence/sobriety regardless if it included a Christian approach or not. There were some who spoke eloquently about the differences between Christian and non-Christian abstinence treatment approaches when probed, but they did not stand out as innately different ways to understand drugs or drug users. On the other hand, maintenance and

harm reduction programs, while not seen as mutually exclusive, were easier for the participants to differentiate. Yet, the maintenance programs were not expressed by the participants as a specific treatment method. Some were eloquent about their experiences with this type of program, but it somehow did not stand out as a different or unique way of providing and receiving treatment services. Interestingly, when probed, most research participants had experienced maintenance programs and they did express how useful and effective this approach was. Furthermore, there was almost unanimous agreement that if this type of program was widely implemented in Puerto Rico (and adequately supported by ancillary services such as transportation), drug users would be much better off (and perhaps in no need to relocate to the state-side). That being said, the three narratives of abstinence, maintenance, and harm reduction seem to coexist; research participants utilized them simultaneously and at different times to achieve different goals. Nevertheless, the most discussed meeting point or clash is the difference between the two extremes of actively using drugs and not, the gap between the dirty and the clean; between harm reduction and abstinence-based.

I asked each person about their experience with the different methods of receiving services and the goals of each. In exchange they provided me with stories and anecdotes of both the services received and how this affected their lives. I describe the treatment narratives that emerged from the voices of the participants. Specifically, I present the narratives about the two treatments that were more clearly differentiated by the participants: harm reduction and abstinence-based. I analyze these narratives, not because these were the only ones available to the participants or because these are the

only contradictory ones. I present and compare these two in order to analyze the dilemma the research participants are in and the narratives they utilize.

The term narrative is used in this chapter as a way to characterize and make sense of the experience the research participants had with the different treatment methodologies. By using these narratives I seek to describe the events, responses, goals, and consequences described by the participants; a description of how individuals portray their experience with treatment models. I understand these narratives are not only discursive practices which participants use to tell their experiences, here as research participants, but descriptions of the forces with which they contend as individuals who received services. These experiences with the different types of treatment methodologies are populated by counselors, Christian pastors, treatment peers, and fellow heroin users who live their lives in complex ways. In this section I analyze how research participants weave people, service agencies, and concepts related to their drug use in their treatment narratives.

Harm Reduction: Different phases, different needs, and the scope of services

Pipo, the individual who went back and confronted the mayor of the town who sent him to the United States for treatment here describes his experience with harm reduction after he left the Christian program that brought him to New York City:

> This [harm reduction] program helps you in both phases of your illness. In the active phase and in the non-using phase, of you not using. [In] the active phase, you visit the program. Here no one will turn their back on you. Here they will help you, you are using or not using, they are going to help you just the same and with the same love and with the same great care. Because I already put it to the

> test. Being active, you know that I was here and they would treat me just the same. My clothes, my food, they gave me what I needed. My syringes. That they worry about my health. Because when you are active, at least, while you can resolve your problem they provide you with a tool so you don't acquire an illness, so that you don't get HIV, don't get sick out there. You understand? In that part, they help you in all that area. In the part that I am now, like I have told you, that I keep visiting, I still have my counselor here and I am still on methadone. Any problem that I have, legal, or paper-wise. Ya`know, my mail comes here. You understand? And any problem that I don't understand, he helps me. For whatever I need, he helps me, he tells me, whatever you need from here. I am welcomed if I am using or not using. (Pipo)

Pipo here makes an important distinction between two phases in his life that provides a good vantage point from which to discuss both the harm reduction and the abstinence-based services. In this passage of our interview he makes reference to his active use stage and the "*quitao*" or not (actively) using stage. First, I will remark on his language and the way he decided to define these phases because it speaks to how he regards both harm reduction and abstinence.

The terminology of active versus non-active use provides insight into how Pipo sees his own personal use as well as that of other drug users. There is an important and far-reaching difference in saying someone is 'actively using' drugs versus saying that she is 'not clean' or 'dirty'. For example, 'dirty urine' is what many people call a positive result for a toxicology test of urine, a common practice used to medically monitor the use of drugs (versus a self-reported account). The active and non-active range of possibilities

provided by Pipo challenges the ‘clean’ versus ‘dirty’ dominant narrative more commonly used by proponents of abstinence. The ‘clean’ versus ‘dirty’ narrative carries a grave moral tone that defines the correct way (as drug-fee/abstinent) and drug use as negative and akin to being soiled. On the other hand, a narrative that defines an ‘active’ versus ‘non-active’ phase is a less morally loaded way of describing drug use that deflects the moral judgment away from the drug user. By depicting the ‘active’ versus the ‘non-active’ range of possibilities and naming them as ‘phases,’ Pipo makes drug use more fluid. That is, Pipo provides a more flexible approach to drug use and breaks with a linear and fixed conceptualization proposed by the dominant abstinence narrative. A definition of the Principles of Harm Reduction provides a contextual understanding of Pipo’s reference to phases. Harm reduction:

- Accepts, for better and for worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
- Establishes quality of individual and community life and well-being--not necessarily cessation of all drug use--as the criteria for successful interventions and policies.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.

- Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirms drugs users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
- Does not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use. (Harm Reduction Coalition)

Pipo, not drawing these distinctions just as ideas that have meaning by themselves, uses these two different phases to explicate how he proved the worth of a harm reduction agency and found that the treatment he personally received was respectful and non-judgmental both while he was in his active as well as in his *'quitao'* phase. He specifically mentions that when he was actively using he was provided with the basic needs of clothes, food, attention, and health care tools such as syringes. The specific mention of clothes and food punctuates the level of his needs which were being met at the time only by this agency with a harm reduction approach. He also focuses on the importance of the syringes and how they help him maintain his health and prevent illnesses, such as HIV.

The main point for analysis here is how he involves what I recognize as empowerment. That is, while the active drug user works on self-empowerment – "while you can resolve your problem" – tools are provided to avoid harm. The metaphor of

harm reduction techniques and interventions as tools that help the active drug user to avoid harms while he can find ways to create change in his or her life is rather potent in supportive services terms. This is especially true when it comes from an individual who at the time of the interview was non-active, retained his services during this phase, and felt that he was treated through a non-judgmental approach. He later went into his active phase and continued receiving services in the same location. Basically, he went from active to non-active (when he was interviewed) and then he cycled to active once again and he continued receiving services in all phases. This was the key point of Pipo, that there was a continuum or care in his life regardless of which phase he was in at the time; this is the reason why he explicates his use through the narrative of harm reduction which he populates with the setting of both use and non-use, the characters of the service providers, and the goal of saying that harm reduction worked for him because he put it to the test.

From the service provision perspective it is important to maintain contact with and delivery of multiple services to the treatment participant throughout the cycling between active and non-active phases. Knowing the history of the person at the various phases provides adequate information of how to meet that individual's needs regardless of where they are at with their drug use. This type of fluid approach to drug use takes into account a broad rage of experiences and accepts the importance of providing services through viewing drug use as cyclical and not as linear and static, all while working to empower individuals. This speaks particularly to the principle of harm reduction that drug use is based on a continuum from abstinence to severe abuse.

It is within this conceptualization of continuum of behaviors and understanding them as cyclical that a broader so called 'scope of services' is created and delivered so that a treatment participant has a broad continuum of care regardless of drug phase. Following this train of thought then it can also be understood why: "Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, *there is no universal definition of or formula for implementing harm reduction* [italics added]" (Harm Reduction Coalition). The importance of understanding and approaching with services this one individual in both phases, for him, played a key role in helping him avoid drug use related harm. This was achieved because there was an approach which did include him within the scope of services regardless (not despite of) his drug use (regardless how chaotic or moderate it became).

Also important in Pipo's interview is the connection he makes, rarely openly voiced, between harm reduction and abstinence-based programs. Despite the typical portrayal of harm reduction as opposed or mutually exclusive to abstinence-based treatment, Pipo mentions how a syringe exchange program (an emblematic representation of harm reduction) encouraged and facilitated his entrance to an abstinence-based program. This encouragement and direct referral was done because the participant saw that abstinence-based treatment was a viable and positive alternative in his life at that time. In short, abstinence-based and harm reduction programs are not necessarily mutually exclusive, nor are their narratives. Alternatively, abstinence can be understood as one of the many treatment alternatives that harm reduction provides as treatment. Again, drug use is conceptualized as a fluid and cyclical continuum from severe abuse to

total abstinence. Then, why do these continue to be seen and discussed as opposed and discrepant by many of the participants? Why did I frame them as different? The discrepancy appears to be more closely related to how drugs themselves are understood.

Pipo clearly did not have any problems maneuvering from one type of service to another and combining these two into his narrative. In Pipo's versions of harm reduction and abstinence there is no contradiction between these services because he personally displaces the moral judgment on drugs. The two treatments are not mutually exclusive and coexist to provide him, the active or non-active drug user, with services that he uses when the need arises; Pipo's narrative reflects this fluidity. This critical maneuvering of seemingly opposed treatments can be seen in action as he weaves the different services and ideas, such as in Pipo's interactions with his counselor (who delivers his mail and lets him have his clothes and syringes) and through concepts of active versus *"quitao"* (that also shift as he uses a bit more or a lot less). Yet, not all people can so easily maneuver the highly moralized drug treatment landscape. If the judgment on drugs is not displaced and an understanding of drug use as innately bad is adopted, a moral claim is made a-priori. This claim is in direct contradiction with accepting that drug use is part of his/our lives. This creates a moral rift or gap that renders the two treatments as opposed and contradictory.

To further complicate this fuzzy boundary between abstinence-based and harm reduction, Pipo also mentions his experience with methadone. He specifically describes his experience with a methadone maintenance treatment program (M.M.T.P.) that provides this synthetic analogue (or replacement) to heroin on an ongoing basis (as opposed to seeking abstinence as a final goal – methadone to abstinence program or

M.T.A.P.). This also breaks with the abstinence-based dominant ideological discourse, but it is seen by Pipo as by many others, as a prescribed drug therefore it 'does not count' as a drug that makes you 'dirty'. From a fundamentalist or hard-core abstinence-based point of view, even this type of medicalization with methadone is conceptualized as an escape from seeking abstinence or a crutch; a type of untrue way to achieve abstinence-based recovery. Once again, Pipo did not have any issues with understanding himself as being in a non-active phase while being treated with methadone; the point was reducing his heroin use and stabilizing his life how he saw fit.

So how to explain the dynamics which create the gap between the at times opposed and discrepant treatments? I find useful the concept of scope of justice. "Deutsch defines the scope of justice as the psychological boundary of one's moral community; a narrow conception of community results in a constricted scope of situations in which considerations of justice govern one's conduct" (Opotow, 1990, p.4). With this concept it is possible to begin to describe the psychological boundary of the harm reduction moral community as defined by the research participants. For example, as previously discussed by Pipo, individuals who are either actively using drugs or *"quitao"* are within the boundaries of this moral community. Furthermore, the psychological boundary of harm reduction is also inclusive of other stakeholders beyond active and non-active users which are more loosely defined as the "communities in which [drug users] live" (Harm Reduction Coalition). These communities are populated by treatment agencies, counselors, and other service providers and are found alongside police officers, drug dealers and the drug user's families and friends. These boundaries are then rather broad and point towards the understanding of drug use as an individual

micro-level issue as well as a community macro-level one. Specifically, the definition of Harm Reduction mentions "addressing conditions of use along with the use itself." These broad strokes of the portrait of who and what the moral community of harm reduction includes makes explicit and gives more importance to the macro social-context or conditions that affect drug use as well as the micro-context of the individual.

Harm Reduction as "real life," the dialogue between needs and services and a complication of boundaries

Manuel is a quiet and cautious 30-some year old who has more experience with different types of treatment programs that his age and demeanor would suggest. He has a different angle on harm reduction.

> This program is like the [magic] touch, you understand. This program teaches you, if you want to keep using, how to use and protect you body. That you do not contract illnesses. (Manuel)

Later in the interview he not only elaborates on how he learned to better use syringes and to protect himself while actively using drugs, but he also describes how important the medical equipment and the know-how to deal with the negative consequences of drugs use are to him.

> Manuel - Then, well, here I have learned more because you people, you know, through this program I have learned more because you people have explained how, you know, we should not inject in a certain spot, you already know, how to work more with the syringe, how to clean them. [You also taught how to use] Narcan [an opiate overdose reversal medication], because that was not taught in Puerto Rico, you know. In Puerto Rico they would inject you with salt [to try to

reverse the overdose] or they would let you die, you understand me, you know. No, here, in a practical way, you know, they have helped me, see, because I don't use the syringe twice. In Puerto Rico I would use it three and four, a fucking nail, you understand.

Interviewer - Which are the motivations you understand are behind the harm reduction program, I mean, what is the difference from the 12-step, and what is different to the, the T.C. [Treatment Communities] for example?

M - Is… it is real life. I would say that this is real life. Do you understand? In 12-Steps, there are people who do not want to go through them, you know, they want to keep on living their real life. You are an addict, if you want to keep being an addict, well at least you know how, you know, how to protect yourself. You understand? And I did not know that before. And I would say that this, for me, is real life man! Je…

I - Which is more of the basics.

M - It is realistic, it is realistic because you don't have to hide that you shoot up! You understand? You know, you know, the states always talk shit, OK, you know, but here in New York it is different, you understand, but it is not so we talk shit of others, … but here you don't see the same, here they help you, see, you know. Wow, here one learns how to save lives! It is like a few days ago, it is like a friend, he was overdosing and they had to give him Narcan. Here I… I have seen many things, many things. Plus the cold, I was sleeping in cardboard boxes for three years.

Manuel emphasizes how he understands that harm reduction deals with the "real life", the daily reality of drug users. This takes the shape of not having to hide from those who provide services the fact that he continues to actively use drugs. He is appreciative that harm reduction, here represented by the same agency as the one Pipo describes, provides syringes and tends to his health. I again focus on the relationship between this active drug user and the agency that helped him to reduce the negative consequences, emphasized his positive accomplishments, and empowered him to take care of his health (regardless of his active use). Manuel emphasizes how the knowledge and tools he gathered through a harm reduction agency helped him and others. Specifically, he talks about how the use of an opiate overdose reversal drug called Narcan (Naloxone) kept his friend alive. This relationship between Manuel and the agency is a key issue because it illustrates the connectedness between the needs of an active drug user and the services provided by those who support harm reduction treatment. It brings to life the dialogue between needs and services and in a very specific way there is empowerment; an empowerment through health care tools to which Manuel understand he now has access and through which a life was saved. This reflection of harm reduction as being "real life" or "realistic" can be seen as paralleling the cyclical nature or fluidity that Pipo was talking about when he delineated the two different phases of drug use. In this case, Manuel mentions people having to attend abstinence-based programs on one side of the equation – Pipo's "not using" – and on the other phase cycling thorough the "real life" of drug users as active and at risk for an opiate overdose and needing the tools provided by harm reduction. What Manuel has brought to the fore is once again the metaphor of knowledge and health equipment as tools. He calls what Pipo deemed the active stage a

continuation of being an addict, yet, he focuses on the importance of having access to life-saving tools and the knowledge of how to use them.

Manuel's narrative about treatment is populated by a counselor who provides safe injection education, individuals who do not want to be in abstinence, and overdosing friends who are saved only by techniques he found on the state-side. His narrative about harm reduction exemplifies what Manuel understands as being 'here' in New York versus 'there' in Puerto Rico. This is a shift of both geography and psychological boundaries for Manuel; a complication of the boundaries between island/state-side and abstinence/harm reduction.

Using the concept of scope of justice, the shift in psychological boundaries from the island to the state-side can be analyzed to define different moral communities. Manuel and Pipo were able to relate their experiences with harm reduction because they experienced it 'over here' on the state-side. 'Over there' on the island-side there are very few areas which receive *some* harm reduction services. They experienced little or no formal harm reduction prior to relocating to the state-side (see Table 1). The shift in geographical boundaries is then also a shift in psychological boundaries of justice. Many of the interviewed research participants found acceptance on the state-side within a moral community that they did not have on the island. In other words, the narrow conception of moral community with constricted psychologically defined boundaries of Puerto Rico was expanded when they arrived in New York and found a harm reduction service agency.

Manuel also brings a different type of feel to the research by being less secure in how he expresses himself, when compared to the clear and confident way Pipo narrates

his experience and view of drugs. Manuel addresses more directly what he finds useful to survive and how people around him have died or come close to death; a disclosure of his fears, and how he struggles between these emotions and his drug use. For all the positives that Manuel here mentions about the state-side and harm reduction that is better equipped to help him, he also continues to wrestle with wanting to be more stable in life, with his drug use, and not being able to return to Puerto Rico.

Pipo and Manuel's narratives about harm reduction revealed this treatment modality to be useful and important in their lives. Their narratives are populated by settings, events, and consequences along with the goals of harm reduction. While describing their views of harm reduction, they also described how abstinence informs their lives and how they contend with it alongside (and sometimes in contrast to) harm reduction. Now, let's turn to other references to abstinence in participants' narratives about the treatment they received when they were relocated from Puerto Rico to the state-side for services.

Abstinence as Leña

Juan was my first interview participant. I was anxious to see how my interview protocol covered the desired themes and if my new digital recorder did a good job at picking up both our voices and the nuances of our interaction. When I re-listened to the interview I remembered how the food he had for lunch was not settling well in his stomach, but he did not want to stop the interview, he wanted to go through it and let me know how rough his life was. Not in the "I am tough and unbeatable way", but in the "you should hear this" way of wanting to communicate and complete an interview we had been trying to set up for a few weeks already. Looking back I wish I had probed

certain things more in the hopes that he would have been more expressive, but that probably would have not happened because he is one to express himself more with gestures than words. With his XL jeans and sweatshirt covering much of his skinny body, his 'hoodie' over his head, and his arms on his knees while staring forward, I began by asking about the program that relocated him from a rural town in the north-central area of the island to the state-side:

> Interviewer - How did it feel to be in there? Was the atmosphere a positive one, was it negative, what was the vibe?
>
> Juan - There was everything, there was everything, it was like every other place that there are good people, there are bad ones, there are people that truly want to change, that want to keep on …
>
> I - And what type of treatment would you receive in there? Was there treatment, would they give you medicines, would they give you...?
>
> J - *Leña* they (would give you) as treatment! Treatment is all mental and *leña*. If you farted we are going to sit you in the chair to give you a *leña*…!
>
> I - What do you mean by giving you *leña*?
>
> J - A beat-down… you know, frustration.
>
> I - But how severe was it?
>
> J - The, from *charlatán* to the worse….
>
> I - But yelling or, or?
>
> J - Yes, intense like, like a (.....) on the chair.
>
> I - They would sit you down and all of them would start shouting.
>
> J - Yes, that would be (…….) also.

I - But how, I don't understand?

J - Well, like, like CREA, sitting down on the floor, there… you know… because you did (…….) because you did this…. Drugs, you are a *charlatán*, are you not ashamed? That your family there… (……..) that is why I left last time, because he mentioned my family and that just sidetracked me.

When I asked Juan about the type of treatment he received in this Christian abstinence-based program, he said he was treated with disrespect - that *was* the treatment. At first, his response struck me as odd, as I was asking about if the treatment was respectful or not, if they received adequate medical treatment services or not. I soon realized that what he called *'leña'* was the description of the treatment method he received. *'Leña'* is used in Puerto Rico to signify a physical beat-down, Juan used it to mean an emotional beat-down and to define the type of treatment services. Juan's remarks here also echo what Ricky, in the stigma chapter, referred to as not being taken seriously and being morally evaluated. In fact, he uses the same word: *charlatán*. Juan is regarded as an impostor, a fraud, a swindler, and that was only the beginning, it only got worse from there. As I continue to inquire about this emotional/moral beat-down he links it to a specific technique practiced in Puerto Rico and elsewhere. This section of the quote is important because he specifically mentions and parallels this treatment to that practiced in *Hogares C.R.E.A. – Casa de Re Educación de Adictos* (House of Addict Re-Education), the main abstinent-based treatment corporation in the island. *"Leña"* in this tradition consists of sitting in a small chair in the middle of a room and being shamed by calling you names by what are considered your "clean" peers. The peers shamed him to the point where they were calling his family names and making him feel guilty because of his attitudes

and behaviors, at which point he decided he had had enough and simply walked out of the program and into the streets of homeless New York City.

There are particularities in the description of how Juan experienced treatment when relocated from Puerto Rico to the state-side that were specific to this one program. This is not to say this treatment was unique to this location or that it was the treatment that all those relocated outside of Puerto Rico to the United States received. Many of those whom I interviewed experienced this treatment explained by Juan in this specific treatment location. Juan's main point is that this is not the only location that delivers treatment in this shaming manner. When he adds that it is like C.R.E.A., he is saying that it is very similar to the abstinence approach used in the island-side, a sort of exportation of the Puerto Rican model to the state-side. Interview participants commonly described this as Christian abstinence-based treatment.

Abstinence: Ricky's confrontation with the Sanedrín

Ricky, in the following quote, provides a more detailed description of the same treatment (and in the same location) that made Juan quit and decide to venture into the cold streets and cycle into an active drug using stage:

> Ricky - Most of the time, everyone, but, in these three chances, when you failed, there was a confrontation, there was a group he [the pastor] had that they would call it the *Senedrín (Sanedrín).*
>
> Interviewer - The *Sanedrín*?
>
> R - Yes, this was about four peers that, apparently, spiritually, had a commitment with God, they had demonstrated being clean for a few months, and through these

peers, well, they would confront you, and, and, and they would make you see your fault.

I - OK. You mean, that it was confrontational…

R - Strong and verbal.

I - Strong? In a group?

R - Yes, yes.

I - In front of everyone or only the *Sanedrín*?

R - Only the *Sanedrín*.

I - Ok, and was there, like, like, I don't know, like, um, a confrontation that, that, what is the word I am looking for?, um, shaming, that type…

R - Yes, there was…

I - … Or was it more like rectifying, please brother…

R - . . . There was humiliation. Surely a confrontation. In fact, um, excessive humiliation because sometimes they would order you to stand in the chair, throw yourself to the floor, to drag oneself across the floor like a worm till you reached where they were at… Because they said that that specific fault involved that you drag yourself across the floor… Because they would say that your fault entailed that you dragged yourself…

I - You mean, that physically you had to recreate that…

R - Yea.

I - Oh, ok.

R - Yea, and I found that that was not a professional mechanism for treatment as such.

Ricky provides an understanding that this type of treatment has a system and a structure. In essence he operationalizes the treatment that Juan described as "*leña*". Ricky provides the name that is used to distinguish this specific version/technique of the abstinence treatment: *Sanedrín*. In this biblical named/referenced event, the person who had committed (or was suspected of committing) some type of wrongdoing is confronted by four peers that were 'clean' for some months. This group, the *Sanedrín,* then "made you see your fault" and decided your punishment.

To better understand the intensity or moral tone with which Ricky relates this confrontation and excessive humiliation, a brief recount of what is referenced by *Sanedrín* in this treatment center is helpful. In the gospel according to Matthew, just after Jesus is kissed in the cheek by Judas and in this form captured by the Roman authorities the scriptures continues:

> Those who had apprehended Jesus led him off to Caiaphas the high priest, where the scribes and elders were convened. Peter kept following him at a distance as far as the high priest's residence. Going inside, he sat down with the guards to see the outcome. The chief priests, with the whole Sanhedrin, were busy trying to obtain false testimony against Jesus so that they might put him to death. They discovered none, despite the many false witnesses who took the stand. Finally two came forward who stated: "This man has declared, 'I can destroy God's sanctuary and rebuild it in three days.'" The high priest rose to his feet and addressed him: "Have you no answer to the testimony leveled against you?" But Jesus remained silent. The high priest then said to him: "I order you to tell us under oath before the living God whether you are the Messiah, the Son of God."

> Jesus answered: "It is you who say it. But I tell you this: Soon you will see the Son of Man seated at the right hand of the Power and coming on the clouds of heaven." At this the high priest tore his robes: "He has blasphemed! What further need have we of witnesses? Remember, you heard the blasphemy. What is your verdict?" They answered, "He deserves death!" Then they began to spit in his face and hit him. Others slapped him, saying: "Play the prophet for us, Messiah! Who struck you?" (New American Bible, pp. 43-44)

With this biblical passage it becomes clear the moral tone and the sense of shaming and powerlessness with which Ricky narrates when he was taken in front of a group of peers who apparently had a commitment with God. He quite literally meant that he was on trial. Specifically a trial that parallels that of Christ where he was ultimately sentenced by the Roman authorities, represented by Pontius Pilate, to death by crucifixion. The mere intensity of naming the group of peers *Sanedrín* and to have them perform a judgment that recreates this intense passage of the Bible sets up the accused in a situation that is nothing short of imbalanced in power. Ricky's and Juan's words exemplify and tease out how their peers act out this abstinence treatment and how it is experienced by many who are relocated from Puerto Rico to the New York City area. The experiences described here provide a glimpse of how those who are "clean" view active users as "dirty" drug using creatures who barely deserve a trial. It is not difficult to describe the moral tone as grave and place the drug user in the role of Jesus: The *Sandrín* willingly listen to false testimony and look for evidence to condemn the accused as a blasphemer because he has used drugs and God (and the judges) see this as a moral failing. It is not difficult to also picture, after the judgment and the guilty verdict, a homeless drug user

injecting in the streets of the South Bronx because of the weight of the accusations: his recurrent moral failings, not just to his peers, but to God itself.

Within this narrative of biblical judgment – *Sanedrín* – intermixed with dehumanization and sanitation – naming others as worms and 'dirty' – the concept of scope of justice again proves useful. The psychological boundaries that Ricky and Juan so passionately describe here define the scope of justice or a moral community that is rather narrow. It can be said that this "narrow conception of community results in a constricted scope of situations in which considerations of justice govern one's conduct" (Opotow, 1990, p.4). These considerations of justice govern one's conduct as far as to command individuals to drag themselves across the floor like a worm. These dirty drug users, being outside of the defined moral community (because of their moral failing), are stripped of some part of their humanity and seen as a worm-like creature. Meanwhile those who compose the *Sanedrín* surely retain their humanity (and even retain the literal position of moral judges). Here the dichotomy between the worm – the 'dirty' active drug user – and the human – 'clean' and sober peer – exemplifies in a rather dramatic way the abstinence treatment experienced by research participants. These specific dynamics of who is within and who is outside the psychological boundaries that define the moral community and the scope of justice have been further elaborated by Opotow in degrees:

> Moral exclusion can be mild or severe. Severe instances include violations of human rights, political repression, religious inquisitions, slavery, and genocide. The person or group excluded ("the other") is perceived as a plague or threat, and harm doing can take such extreme forms as torture and death. Milder instances of

> moral exclusion occur when we fail to recognize and deal with undeserved suffering and deprivation. The other is perceived as nonexistent or as a nonentity. In this case, harm doing results from unconcern or unawareness or others' needs or entitlements to basic resources, such as *housing, health services, respect and fair treatment* [italics added]. (Opotow, 1990, p. 2).

Moral exclusion is useful for the analysis of the presented abstinence-based treatment narratives. It defines the boundaries and describes the dynamics of the moral dichotomy drawn by these narratives. First, it describes the moral separation between being sober versus active drug use. The former is equated to good while the latter to bad. Second, this moral dichotomy, as poignantly seen in Ricky's narrative, has humanizing/dehumanizing analogues (e.g., human/worm) which are at the center of Opotow's description of moral exclusion; specifically the "othering" dynamics.

Beyond describing these inclusion/exclusion dynamics experienced by research participants, I also point to their consequences. When 'the other' is understood as a nonentity, as bluntly pointed out by Ricky's experience with the *Sanedrín*, this also results in harm doing or acceptable harm to others. Here the voices of Pipo describing the living conditions (*housing*) as "subhuman" and Juan's recollection of the back yard as "no more garbage would fit because the place wasn't larger" come to mind. I am also reminded of Manuel's emphasis on the importance of the syringes to keep safe and the value of the Narcan when his friend survived a heroin overdose (*health services*). It is the moral divide that renders some outside of the scope of justice and permits the (*respect and) fair treatment* of some to be suspended. I here use treatment in both the day to day interactions and in the more formal way of how they were provided with drug treatment

services. That is, exclusion from the moral community allows these individuals to be treated differently than people who might be considered within or – deserving of being – within an abstinence-based moral community.

For the participants of this study, their narratives of abstinence-based treatment more narrowly defines moral community when compared with those of harm reduction. This has important consequences in the daily lives of drug users. For example, there are many positive repercussions of harm reduction treatments that are broader in scope of justice and services. I have here mentioned the safety of using sterile syringes and the implementation of life saving services (beyond the reduction of contracting or spreading HIV and/or hepatitis-c). Opposite of this are the abstinence-based treatments, which I claim have more detrimental consequences because of issues of excluding those who are not 'clean' and judging them in harsh punitive ways. Yet, abstinence-based treatments are here not conceptualized as entirely bad or negative. As discussed, a full range of treatments – as that sponsored by harm reduction –accepts that there are times when abstinence-based programs are needed and in fact recommended, but this should not consist of morally exclusionary treatment practices as those here narrated.

The cusp of the problem does not lie in the treatments used by individuals to accomplish different goals, but in the moral framework from which they operate. It is not a problem of how some people maneuver treatments, but the moral exclusion that occurs when a person is thought to be 'on the outs' of a certain moral community that detrimentally affects individuals and communities. What is more exclusionary than when in seeking basic services such as housing, medical services, and fair drug treatment being excluded from the geography of the island where you reside?

Chapter VI - Jimmy's Life History Narrative

Introduction

While I elsewhere have discussed how the data buttress analysis regarding stigma, marginalization, and moral exclusion, I will here focus on how a life history narrative analysis provides telling information that would otherwise be overlooked. The type of analysis presented in this chapter differs from the two preceding ones. I locate Jimmy's life narrative analysis at this point in the dissertation because of its ability to expand on and animate the phenomenon of relocation from a much more intimate and daily-life level. My hope is that this will help the reader, now informed by discussions on stigma, marginalization, and exclusion, to end the results/analysis chapters with an intimately populated phenomenon; to enter the conclusion section of this dissertation with an up close and personal feel of what the experience of relocation is and what it felt like to conduct this study.

This chapter specifically seeks to understand the background and deep context of one individual life and how he contended with a myriad of life issues including his relocation from Puerto Rico to the state-side. I use life history narrative analysis not only as a methodology, but also as a way to view the individual life within a broad framework. That is, life narrative as a position that goes beyond a method, an alternate framework/theory from which to engage a life.

Although this method/theory was previously known to me, it was Jimmy, through the way he engaged my interview questions, who prompted me to shift the interview style and analyze the data from a life history framework. I had known Jimmy for many months before I set out to interview him. He formed an integral part of how I was

continuously crafting my dissertation. He was one of the many syringe exchange participants who provided invaluable participant observation data that informed the semi-structured interviews. Jimmy is a man who keeps to his own, but once he feels comfortable with you (and this most definitely means that he finds you trustworthy), he is open, frank, and trusting. It is no surprise then, that when I asked him if he would be willing to be interviewed, he responded with a resounding: *Seguro Rafi, lo que tu necesites* (Sure, whatever you need Rafi). It is also not surprising that when we began to discuss the general themes of the interview I had so eagerly crafted, he launched into his very personal family life beginning with his childhood.

Jimmy did not vacillate in taking me all the way back to his first memories as a child. He brought back to life the neighborhood where he was born in New York City through the stories of a child who was often left alone with his little brother to his care, while their parents went to have a beer at the bodega or to cop drugs down at the alley around the corner. It was with those intense stories and vivid recreations of his childhood that Jimmy opened the interview. At that time I, as the interviewer, realized that the best thing I could do is let go of the "semi-structured" interview methodology that I had written in my dissertation proposal. I engaged him, listened, and braced to receive this very intense and complex set of data that provided me with a long stare into his life. I specifically describe this experience between Jimmy and I as a "stare" instead of a glimpse or a simple look, because of the intimacy this description brings. There are curious stares, angry stares, and certainly flirting provocative stares, but here is a stare between people who find themselves in a constant communication, but here just for a moment. This stare is that moment of intimacy shaped through a life history narrative.

Methodologically speaking…

To engage Jimmy's life through a life history approach is also to recognize that both Jimmy and I are together crafting this narrative. It was within the first five minutes of the interview, when I began to engage him more intensely and more decisively as a life narrative. It was also then when I understood I was in this narrative with him. I was present not in the same way that I was with other interview participants, but in a more contextualized and more open-format manner. Jimmy's interview was certainly open-ended and at many levels guided by his own view of how he wanted to tell his story to me at that particular time of his life. Also, there was the interplay of those expectations that both he and I had of each other; the expectation between people known to each other who were now researcher and participant, interviewer and interviewee. In other words, at the time of the interview there was, as there is now, a level of understanding that this is the life that he narrated to me at that moment, a moment when he provided me a stare at what he was contending with at that moment. It is also with that level of understanding in mind that I now retake and describe to you sections of the life narrative that Jimmy and I crafted.

Certainly Jimmy did not create this life narrative just to have something to talk to me about. Things, critical things, happened in Jimmy's life. This life narrative tells the story of how Jimmy contends with different issues in his life. This is not a redemption story. This is not a: Wow, look at what he has gone through and what he has accomplished to be the glorious and sober man he has become type-of-story. This is also not an oppression story that shows the angst and the pain of a person who battles and struggles only to not be provided with a chance or a way out. Jimmy's life is narrated

through the lens of ‘contention’: a story of striving against difficulties. This key notion or focus of this narrative is not intended to provide an average or a midpoint between the success and failures of his life, but a depiction of the conflicts and points where life had been difficult but also rewarding. This “contending with” lens here adopted comes from how I also understood Jimmy was portraying himself, how he was sketching his life before me. I here now sketch his life for you, the reader.

What are we going to eat?

In (re)listening to Jimmy’s interview I now encounter various spaces in the length of the conversation where he mentions he had to contend with difficulties. The first, which was early in the interview, is a fairly strong passage where Jimmy lets me know how hard it was just to grow up.

> There were times [when my parents] used to go out to the alleys and they will get together with [other] people. The only thing I would see was beer drinking, smoking and, well, that was it. Those were the people I would see. There were times that my brother and I were for many, many hours alone in the apartment. … One time, I almost set the apartment on fire, I put that popcorn that you [cook on] the stovetop. [Well,] I put it in the oven, and the smoke [started to come out], and the fire department got there. [At that same moment, my mother] was coming up the stairs and *“¡Ay Dios mío!”* but nothing else happened so that [the authorities] would take me away. But a few times, you know, I would see things. … You know, I remember. I was small, but I would say, “there is nothing to eat and I will need to open … a can of Chef Boyardee and eat it cold with my brother.” A Campbell’s can, open it and eat it between the two of us. I learned how to open

> [cans with] a can opener. To take bread and put some jelly on it, something, you know… I was already seeing that. And all of a sudden, well, they felt like moving to Puerto Rico and we left. (Jimmy)

Jimmy starts by presenting me with the protagonists and antagonists of his early life. The simple fact that he began to narrate his life from this point is telling because he was aware that what I wanted to talk about was his experience with being relocated from the island to the state-side for drug treatment services. As protagonists there is Jimmy, the narrator, closely followed by his brother who he must take care of. The graphic nature of his description – the Campbell's soup can and the cold Chef Boyardee – coupled with the passivity of his brother begin to shape how Jimmy contended with life from a young age and sets a tone of solitude and striving to achieve his basic needs. As antagonists Jimmy presents his non-available parents, but more importantly he presents the antagonist of the New York City alley that so quickly evokes images of urban decadence filled with beer drinking and smoking.

All of this, he recalls, happened before the age of 4 as he asserts "I remember". By saying this Jimmy claims being well grounded in memories and that few of these narrated memories are (miss)interpretations or simply conjured up. Jimmy can be heard as saying that these are the situations life put him through at this young age and he contended with them as best he could in order to survive; a contending with being launched into adulthood in a preemptive manner if you would.

Other revealing and impactful life-scenes that Jimmy used to further solidify the intensity of his early life revolved around drug use and once again, the lack of his parents as concerned caretakers:

Jimmy - That is why, I would see that he would leave the [marihuana] joint there, but it did not have a filter like the cigarettes. And I would say, but if this cigarette has a filter and not this one, what is the difference? So, I would take a puff of the regular cigarette. And then I would cough. And then, what does this one do? And I would get a bit lightheaded… Ah, this is weird. And then I would puff on it twice more, oh, here they come, pum, pum, I would put it out.

Interviewer - Three years, this is a young 3 year old kid.

J - And then they would look at me like: What are you doing? And I: What? What? But they would see my eyes all twisted. Ah…this guy just… You *charlatán*, sit there and watch some TV!

I - And did they know that you were high?

J - Yeah. But they did not… you know, it was not like they said: Hey, don't do that or I will slap you! There was none of that.

I - It was not a lesson. They laughed. But they told you no. But nothing, whatever.

J - Yeah. Well, that is nothing bad. And they would sometimes leave beer open like that. And I (would take) a small drink. And they would laugh. (Jimmy)

Once again Jimmy's tone as he relates this passage delivers a sense of solitude and struggling with the lack of boundaries that the parents did not set. In this prototypical experimentation scene Jimmy can be understood as beginning to place the blame of the presence of drugs in his life on his parents. He clearly attributes the presence of and the ability to experiment with drugs at the age of 3 on them. He strongly critiques the parents for not scolding him or taking some kind of role of safeguarding this 3 year old curious child from drugs. As if this scene was not enough to clearly understand that he feels that

his parents were not only permissive but did not care for his wellbeing, Jimmy then tells me how his parents

> had, like a monitor. Those old movies that you would put them [on a reel] … Yes, well, there were pornographic movies. I would see them. And I would say: "Why do those women put that in their mouth…and the guy is doing that to them…but I would ask him, and he would not answer me. He would say: "Shut up, look. That man…look." And you know, sometimes my mom would come out and say: "That kid it too young to be watching that." To which he would answer: "You shut up too. You are telling me. You have two kids already. You are telling me you have not seen this either?" She would laugh and say: "But don't talk to me that way." (Jimmy)

Why does Jimmy tell me about these troubling memories? For him to talk about the relocation from Puerto Rico to the United States and how this affected him, he had to tell me about his life and his most fundamental experiences with drugs to make sense of what being relocated meant to him. There is also the fact that Jimmy and I already had a relationship before I asked if I could interview him, he knew I wanted details. He decided the details he was to provide for me were those of his life which he began to narrate in this manner.

When Jimmy begins to narrate his first experiences of himself, his brother, and both parents after relocating to Puerto Rico the solitude, lack of supervision, and sense of introverted isolation described as his life in New York City made more sense in his life history and in relation to my question of his experience with relocation.

A new place, a different tone to the narrative

> We went to Puerto Rico to my grandmother's house. There I began to meet my aunts and uncles, because there were many of them. And I: "Wow! Who are all these people?" And we began to go to the neighbor's house. And I saw the place was like more tropical. And so many people, there was a baseball field, and I would no longer see that atmosphere where, I would see weird people or that they were smoking all the time, and none of that, there were more kids that I could play with. … There they would come [over] and cook for everyone. You know, it looked different. (Jimmy)

Jimmy's narrative tone changes, he is surprised by all the people, both adults and children. The feeling of isolation that permeated his narrative in New York is now replaced by one of company, family, openness, and elation. This is a counter-point to New York: not only was there company which dissipated the feeling of solitude, but there was no longer the lack of food or of a caring hand. Most important to refer to here is the baseball field Jimmy mentions. It is only in the passing that he mentions the field, but for Jimmy baseball has great meaning in his life. Here he only provides us with a quick glimpse that foreshadows that importance, but it is no simple random thought that made him mention a baseball field in describing the open and tropically populated scene of his first memories in Puerto Rico. He populates his life now with multiple people as he pushes wide open the alley walls of New York City with the baseball field imaginary only to then directly declare that he "would no longer see that atmosphere" which he had previously described as a place were "weird people … were smoking all the time." It is at this point in the narrative that I can begin to appreciate the broad strokes with which

Jimmy is painting his life-narrative in our interview. It is here when I can begin to appreciate that a question of relocation from Puerto Rico to the United States can begin to be answered by a set of memories that take new meaning only when talking about a child being relocated from the alleys of New York City to the baseball fields of Puerto Rico. By Jimmy discussing all these important moments in his life he is telling me that being relocated from the island to the state-side for treatment is not a simple matter of geographical movement. It is a complex shifting of a life from one location to another that does not begin with him moving from Puerto Rico to New York, but rather with his life experiences as a child in New York – and how these experiences shaped his young life – and his adolescence in Puerto Rico. By Jimmy reaching back into his own personal history and contextualizing it as a broader relocation narrative than expected he speaks to the structures that already existed in his life that buttressed his understanding of his latest relocation.

Within the frame of "contending with" it can be said that Jimmy is narrating a life which is contending with relocation from the time he is a child. Along with this he is contending with how this child's world is populated. At the beginning, his cosmos is populated by a child and his brother who are not particularly cared for by his parents who seem in some way to have a stronger connection to the alleys of New York City than to their two sons. Later, after relocating to Puerto Rico, it is populated by an undefined number of familiar strangers who openly provide what he once lacked from his two inaccessible parents.

Different protagonists

Another large shift of protagonists in Jimmy's narrative occurs when I asked him why the family moved from New York City to Puerto Rico. He understands that the main reason for the abrupt move was because both of them were heavy into their drug use. This explication, beyond providing me with yet another way in which relocation between the island and the state-side can be understood, is a prequel to family structure changes.

> They were both using, they were smoking, they were, mmm, how can I say, they were butting heads, they were fighting. You know, and sometimes I would, say that in the morning I would wake up and wow, mom's face is swollen, her nose is broken, but last night she did not go to sleep like that. You know. And I was seeing that, I would look and either my dad was not there, or my mom was not there. Sometimes I was with one and sometimes with the other. (Jimmy)

This instability that he highlights through the parent's use of drugs and multiple instances of domestic violence is then countered by the new home he found with his grandparents.

> When I got to my grandmother's house I well, wow, this is another person. How nice. And in a moments notice, pan, pan, my dad is out of the picture. I did not see his face again. That is when he seemed to have said, 'I am out of here'. And I would say: "But, where is dad, I don't understand, where is he? And I found it odd. But since they were giving us love, one does not… It's ok. … Then, the gentleman who married my grandmother, you know, the one who brought me up. He is not my blood grandfather, but… he was an alcoholic, but during that time, well, he decided to stop drinking, it was during that same time when I go there.

> And he said, this is going to be something new to me. I am going to bring up this kid, then, well … that is why, then, it that place there was never beer there in the refrigerator. He never demonstrated anything that there would be an addiction or nothing. He wanted me to be brought up with that there was nothing bad inside the house and all. … Yeah, they knew more or less [my situation], but he did not want me to see all of that. He used to say that I could have become a doctor or something like that. He wanted that. He would say: "Man, that kid". Because I knew both languages already, Spanish and English. My grandmother started to teach me to write and read Spanish. She taught me to read, you know, to understand a few things and I: "Wow, I am learning to read and write, soon I will be going to school." So, he would see that potential in me and would say: "Wow, this kid is good, this one I am going to…" And I, well, ok, let's go. And so, you know, I continued to grow and then they put me in school, and I liked it. (Jimmy)

With his grandmother and her husband, Jimmy here relates to us how he now had a new and quite different family structure. From a description of a chaos in his New York City a new home in Puerto Rico defined by love, education, and belief in his great potential begin to (re)shape his life. Noteworthy is the transformation that he describes his grandfather (albeit not his blood relative but through marriage) engaged in at the same time he arrived to that new home. This transformation, from what Jimmy calls an alcoholic to a grandfather who was dedicated to believing in him, narrates the importance that Jimmy gives to having someone believe in him. At the same time, it also tells us how alcohol was framed in his new home; as an addiction to contend with. In New York

there was an alley with beer and smoke, now in Puerto Rico there is the opposite, a home with caring grandparents and “there was never beer there in the refrigerator.”

It also needs to be highlighted that Jimmy’s newfound family shows dedication and belief in him and what he can become. This dedication is exemplified through the mentioning that he “could have become a doctor or something like that.” On one hand, I must admit that there was a sense of longing of what he could have been but has not achieved in Jimmy’s voice while he mentioned this to me. On the other hand, the dominant feeling is one of relating how he finally had someone who saw value in him and in his future. This is the point to this story and why it is contrasted with the New York alley.

Up to this point in this essay I have mostly set out to express what I have come to understand through this exercise as Jimmy’s “basics.” These stories that are featured so prominently in his life narrative inform how he understands his life. The themes of location, family, love, trust, sustenance, and experimentation define how Jimmy at the time of the interview understood his young and current life. It is his contending with degrees of these and often their absence that fill the rest of the life narrative that he entrusted in me.

Putting some stuff together

At around the age of 11, Jimmy received a surprise visit from his mother who had not been in touch for a long time. Her visit is due to a death of a family member, but Jimmy is shocked because his mother comes with another child whom he knew nothing about. He is told that this baby was his sister; he barely understood this since his mother and this child were quite distant and unknown to him and his life in Puerto Rico.

Jimmy - …something is happening that she does not want to talk. And I, I am not liking this. Then, now she has another baby and keeps on having more and more and more.

Interviewer - And leaving them.

J - And leaving them like that, like that.

I - And you want to have your younger brother close, right?

J - And I don't know any of them. What is happening? Something is happening. I want to know. Why did she abandon me over here? And why is it happening here. But my grandmother did not know how to talk to me. She would say: "I don't want to tell you something and then be confused later, that you would become rebellious." You know. And I, well, it's ok, leave it at that. Then, during that time I had a serious injury. It has serious consequences and that frustrated me also because I could no longer play baseball.

I - And that was, I mean, when you were young? In Puerto Rico, when you were twenty-some years old? More or less?

J - No, that was when I was 11 years old.

I - At eleven? You mean it was an accident.

J - Yes. At school, at school while playing, well, I had that accident. So, I already had that hope that, wow, I could one day could be part of the big leagues. You understand? So that inspiration went to hell because of the accident, then, at the same time that happened to me, I would say, wow, I also have the family problem. And that all affected me. Then, I, you know, then I knew that that thing that I smoked when I as little with my dad was that [marihuana].

I - There you put two and two together.

J - Yes. And because I would see the guys at the school. The cousin of that one smoked that. Then, my neighbors always drank, and they were right there outside smoking. Well, I used to look at them through the window and I would already know. … Then, by 12, well, I then passed onto the town's school. Then, there I am meeting people from the *caserío* (public housing complex), people from other larger towns. Then, I say, wow, started to meet all those kids in the school that already know what it is, this…

I - Yes, the older ones.

J - That they already know what it is to *capear* (buy or 'cop' drugs) and to buy. Then, I would also see the addicts. You know, I always had that thing to get to know addicts. And I would say, wow, this is an addict. But, why do they get, some of them are really beat up? And why do others use and are fine? Well, if I ever fall into that, I want to be of those who work and are ok, not one that is all fucked up in the streets, you know.

I - You mean, that if you use, to be able to keep doing your things. Not simply being a user fucked up begging.

J - That is what I thought. Well, if one day I fall into this I want… then, well…

I - But did you ever tell yourself I am not going to fall into it? Or, because it seems that for a kid that age to say, there is something of that, you understand, I mean…

J - No, I never told myself I would never fall into it. I always thought that I could, that there could be a first time. Then, what affected me the most was that the kids

> that I met in the school, well, they were, ah, I fight and such. Then, I would say, wait, I have a disability from the accident, but I won't say much about it because then they are going to take advantage of that.
>
> I - Yes, that they would not treat you like low hanging fruit (mangoes).
>
> J - Yea, like this one is abnormal, this one is busted.
>
> I - Let's abuse him.
>
> J - So, I freaked out, my grandmother was over-protective, you know, she would protect me a lot. Then, she did not want me to fight. She did not want me to hang with people that would use drugs. She did not want me to do this. She did not want me to do that. You know. I did not curse at home. If I was to say a bad word, I would say: "Look, forgive me, pardon me, but I heard this kid saying this bad word."

In this passage of the interview Jimmy reveals much of his contending with fears as a pre-adolescent. He presents a young kid with various dreams, insecurities, and hopes. Yet, this aspirations and dreams are short lived as he tells how he became disabled at roughly the same time his mother visited and left once again. He relates how he questioned why his mother abandoned him many years prior – he had a feeling of something being wrong, a clear foreshadowing in the narrative of more to come. As Jimmy narrates questionings relating to his mother coupled with his debilitating injury, he brings back the basic memories he had presented and describes their significance. At age 12, when he encountered a rougher crowd at his entry to the town school where they were kids from more urban areas, he tells that some in this new crowd were from the *caseríos* (public housing projects). He emphasizes their exposure to and experience with

drugs. Jimmy's insecurities from the injury collided with his insecurities from his family and became two big problems that he felt were immense liabilities. He feared that his peers, the tough crowd, would take advantage of his injury and make him look weak.

Alongside this discussion, Jimmy narrates how he always was attracted to knowing more about drug users. "I always had that thing to get to know addicts." He wanted to know why some were worse off than others. Why could some use and look fairly ok while other did not. Jimmy here discloses that at that young age he told himself that he would never be fucked up in the streets. As I probed if he ever had told himself that he would never used drugs, Jimmy then brings together in his narrative his formative experiences as a child, his experiences as a pre-adolescent, and his current life as an injecting drug user. This elegant description of his life and how it fits together demonstrates a level of insight that I was not expecting when I asked if I could interview him. It can be said that Jimmy, to contend with these dramatic turning points, has searched for insight and different ways to understand his life.

Up till now…

The narrative that Jimmy is constructing is that of a person who from a young age contended with many different issues in life. Specifically, he has focused on the hardships in life and how from a young age he had to rely on his abilities to troubleshoot and make ends meet; such is the passage of him finding a way for him and his brother to eat. More interesting is the turn in the narrative where he weaves the past experiences of experimentation with drugs with those social pressures present through his tough peers in school. It is at this point where it is more apparent that the narrative is that of contending, managing, and maneuvering within the contexts of abilities and disabilities. This is

qualitatively different from telling a story of hardships with no escape. The narrative here is of a balancing act between the oppressive hardship which comes in the form of careless parents and strangers in alleys and the encouraging love and support provided by newfound grandparents. The narrative is of contending with being scared of being perceived as weak and realizing that he could actually manage his image and manipulate how he was perceived by others. It would be too easy to present this as a story of failure and oppression set in a dilapidated context populated by dark protagonists. This chapter would then become another story of how things are bad for those who have to endure drug use. On the other hand, this is not a narrative of redemption or of victory over those bad moments in life nor is it a narrative of victory over addiction. This is a narrative of 'contending with' because Jimmy must maneuver all these past experiences which are present when he deals with his current life. In other words, Jimmy is dealing with, or contending, with maneuvering the personal and social aspects of being an active drug user. It is through his narrative of what his life has been that we, as voyeurs of his life, can better understand what he struggles with, much like everyone else, but his is a narrative that includes drug use, a highly stigmatized behavior.

So Jimmy told himself "I have a disability from the accident, but I won't say much". It was at this moment that he also, because he came into contact with what he described a tougher crowd and from a more urban setting, which includes "kids from public housing" that he once again experimented with drugs. Why is Jimmy telling me the narrative of how he "put things together"? Why is he revealing that his family problem was very salient at the same time he sustained a debilitating injury while the social pressure to conform to a tough crowd increased? Once again Jimmy was leading

me into how he understands drug use in his life. It was with this background that he confided in me that he, for the first time, shot up a speedball. In other words, he injected a combination of heroin and cocaine. It is important to note that Jimmy was setting up the stage for this in a very specific manner by narrating how he never told himself he was *not* to become a drug user. Quite the opposite, he clearly stated that he told himself: "if I ever fall into that, I want to be of those who work and are ok, not one that is all fucked up in the streets." This is quite telling, once again providing me with the feeling that Jimmy has a certain level of self-awareness about where he understands the roots of his drug use are and where he has been from a drug user perspective. This disclosure is also very much related to the expectations Jimmy and I had of each other. Jimmy, at this point of the interview knew I was interested is his life details and how he was telling them. He knew I wanted to hear the intricacies of his childhood, how this affected his former and current drug use, and how he was relocated to the state-side for treatment.

"Welcome to hell" the other youngster told him when they for the first time shot up the drug combo he said put him in a "cloud" at about 13 years of age. Although he liked it and enjoyed it, at that point, he told himself he would not shoot up again, but Jimmy does admit that after that experience there was an attraction to once again have that feeling.

At age 15, Jimmy recounts, he was doing well in school and his grandmother, although overly protective, would allow him to go out with friends, the only conditions were that he would do well in school and not go out at night.

> Then, my mom called, and she (my grandmother) was the one who talked. And my mom told her that she had an illness. That she was going to die. That an HIV, that this new thing. (Jimmy)

Once again, Jimmy here asserts that when things were going well, then there was an event outside of his young life's control that forges a new crisis.

> Yeah. Then, I freaked out. My mom has this because she is a junkie or because of prostitution, I don't even know how she got it. Then, I tried to find out. The people used to say, no, that is a junkie disease. Oh, well, I am going to be a junkie too, I would say, you know, but I would not do it. I would say that, like hating life. Blah, then I am going to be a junkie too. Man, I can't believe my mom is going to die. What is this? And I was 15 years old. Then, well, that is when I started to go to high school. When I got to high school, then, well, we started to cut school. And we would go to the beach, and would go surfing. And that one guy would do boogie boarding, and the other one would surf, and I would skateboard. And we would lift some weights. And we would go play basketball. And we would play baseball. And that one wants to get to the major leagues. And the other wants to get to the NBA. And then there was another environment in which everybody wanted to be famous. And they did not want to be… And they did not want to be the one that was easily picked at, that if you are going to be an addict, don't be one that has no money. Because, you know, the artists also use drugs, and the musicians use drugs. And Hector Lavoe was a *tecato*. (Jimmy)

While Jimmy as an adolescent certainly took the news from his mother harshly, in the narrative there is a certain tone that although things were bad, there was also much to

enjoy and strive for. Specifically, Jimmy mentions going to the beach, surfing, skating, but still, drug use was not seen as a bad evil lurking, but a manageable aspect of life that could be enjoyed to some level, but respected because of the possibilities of dire consequences.

At this point in the narrative, Jimmy takes us to a scene were he is playing pool with his friends and he realizes that the older men that were there a few days before now sounded different. Specifically, their voices were deeper and they pronounced things in a different way. Here Jimmy once again links this to his experience playing basketball while high on heroin and cocaine at age 13.

> "Oh, wait a moment, yes, that day when I shot up one… but, no, no, no. I won't do that again." (Jimmy)

While the knowledge that you could be a drug user and still have a full life was there, Jimmy still told himself he would not shoot up again. Here Jimmy is contending with if to use again or not, to shoot up or not. In the narrative he provides examples of people who actively used drugs and led full lives and were very successful at what they did, but this did not give way to unchecked use of drugs. Actually, he did not turn to drugs then, but the time did come and he effectively managed his use for many years.

> I would be doing pretty good. But I would fake it well. Nobody would notice. For years and years. Nobody would say he is using heroin, nobody. I stayed at doing it one Friday, one Friday or once a month. (Jimmy)

For many years Jimmy was able to manage his drug use to a level that one rarely hears about. This level of active drug use management is not commonly heard about because it is a taboo. It is against the current of the standard dominant narrative of drug use

(addiction) to the point of the term active drug use management almost sounding counter-intuitive. I do not mean to say that Jimmy achieved something out of the ordinary, but something that researchers rarely give voice to and that Puerto Rican and United States society rarely engages critically. In Jimmy's narrative it can be clearly picked out and analyzed. Why? First, because the narrative is told to a person who he knew understands and supports active drug use management. Jimmy tells me about this aspect of his life because he knows I am interested and willing to listen; it is part of our relationship. Jimmy also manages, for at least the duration of this interview section, to displace or deflect some of the stigma and discrimination which commonly falls upon any person who would openly attempts to challenge the dominant abstinence narrative. Again, this space of intimacy and trust, that reveals this aspect of the narrative, is in part based on our relationship.

There are countless examples of active users in our societies that can be documented by researchers, of course. It is also true that many times these "examples" are reframed as self-diluted individuals who are denying their addiction. Other times, they are simply exoticized; such is the way a prohibitionist society modifies the voices of the persons who use drugs. Yet, Jimmy provides us with a narrative that admits that during multiple years he actively used drugs and led a full life, not that of a stereotyped junkie. Furthermore, Jimmy narrates that during this period he lived some of the most empowered times he ever lived and that it was a life lived to its fullest.

Jimmy narrates a story of empowerment, resilience, and of "seeing drug for what they are"

From a 'contending with' perspective, Jimmy narrates a story of being in control of his life, in part, through his job (yes, selling drugs). Yet, is not a narrative which glorifies drugs, nor does it seek to normalize drug use, but to portray drug use as a manageable issue which can be contended with rather than ignored or glorified: a relationship. The following passage relates how a friend and colleague of Jimmy, while they were on a trip to buy cocaine, found out that Jimmy was a heroin user.

> There I would take advantage of the situation and buy *tecata* (heroin). I would buy one or two bags of *tecata*. He looked at me. Fucker, you bought heroin! I saw you. Do you use *tecata*, you fucker? Pfff, I have for many years! Damn, I did not know you were a junkie Jimmy, where are your track marks?! I, I am not, not shooting. No? Be careful. One day you are going to get there and you are going to be fucked. That, that is worse than my (cocaine) vice. (Jimmy)

Notice how Jimmy here comes close to taking pride over not having to shoot the heroin and how he had it under control. Also it must be mentioned how Jimmy brought up this issue: as an absurdity of his friend criticizing and warning him while he was using a substantial amount of cocaine. Finally, this passage is also a transition of heroin from protagonist to antagonist. Jimmy creates a moment for foreshadowing what is to be revealed:

> And then, well, I started to go to jail over and over. And going in and out and in and out. And then I gathered a fame of, 'this guy has been in jail'. He has been here, this guy is, forget about it, he is a killer, this guy is crazy, this is the main

> man from this neighborhood. And in jail I saw heroin and cocaine as it is. That many of those who would say they were killers out there in the streets, that they were this, but in prison, pap, they would fall, and that, they will be caught up in it, that was to kill the time that you had to do in prison. I also started to shoot it up. (Jimmy)

Jimmy reveals here that he started to shoot up in prison. This was done to pass the time you had to serve, but there is an important remark where there is a shift in his way of *narrating his relationship with drugs*. Jimmy here mentions that "And in jail I saw heroin and cocaine as it is." Is this a generalized statement about what drugs are (not) in his life or is this a comment on how drugs are in the jail/prison context? This is confounded by the comment "that was to kill the time that you had to do in prison." Here it can be appreciated how drugs are a complex protagonist in Jimmy's narrative. During part of his life this protagonist is controllable, a substance could be handled and maneuvered, but as soon as he had to serve time in prison, he saw it "as it is," as a thing to help pass the time and be "caught up in it" while you are caught inside the prison. For Jimmy this protagonist/antagonist then can be said to presents a dilemma, something that was too difficult for Jimmy's parents to handle (and prevent them from paying attention to the children), but something that Jimmy never discarded from his life. It was something to be controlled but when there was less control over life, it could be said to control him. Certainly this is a passage makes me wonder why I did not probe deeper; how did I not hear the strong contradiction? Why did I not follow up?

A turn in the way Jimmy's life narrative is interpreted

I will now add a different approach to how Jimmy's narrative can be interpreted. Up to this point I have stayed close to Jimmy's voice. Yet, this is not the only type of analysis that could be applied to this complex and elaborate life. In her article, *The hermeneutics of faith and the hermeneutics of suspicion*, Ruthellen Josselson (2004) elaborates from a narrative psychological point of view "two forms of hermeneutics: a hermeneutics of faith with aims to restore meaning to a text and hermeneutics of suspicion which attempts to decode meanings that are disguised" (p. 1). The hermeneutic enterprise or the process of interpretation, as explained by Josselson (2004) can be conducted in two generally defined ways: with the aim to restore – a type of hermeneutics animated by faith – or to decode or demystify – animated by suspicion. Yet she warns us that this distinction

> refers not to a property of texts but to the stance of the interpreter: whether he or she conceives of the interpretative process as being one of distilling, elucidating, and illuminating the intended meaning of the informant or of discovering meaning that lie hidden within a false consciousness. (Josselson, 2004, p. 5)

Up to this point in the life narrative analysis, I have engaged in distilling, elucidating and illuminating the intended meaning of the informant. I now introduce a form of suspicion to decode or demystify some of what Jimmy is also narrating. I will add this suspicion to the analysis animated by faith to further examine Jimmy's life narrative.

Using a hermeneutics of suspicion, I can assert that Jimmy is an individual who at some points also seeks to be abstinent from drugs. This longing can sometimes he heard

when he uses some of the dominant ideological discourses of "achieving sobriety" to tell his life story. When I asked Jimmy which was his first treatment experience he mentioned that is was one that

> …you had to give urine, but they do not give you methadone. What they give you is that combo thing, the *"tripleta"*, the pills. So, I told myself, well, I have to experiment with something, because I am already getting sick (withdrawing) even when I am using heroin. Already my family was suffering. Now I am beginning to know what this addiction is. … Then, I was there struggling with that, and wow. I worked it at that place. I went into that place for about seven, eight days. Then, I, I. Here what we are going to give you are pills. We are going to give you cataplex, different types of pills, sinequan, vicodin, things like that, so you don't have some much pain, but with all of that, ufff. Then, well I would finish the treatment. They would prescribe pill to take home. … I would ask for them and take them. I would get high at home, sort of speak, with they pills. But I would say, it is not the same, it is not the same, it is not the same. I have this anxiety and I cannot get rid of this fucking anxiety. … But the time would come that I would start to have money in my pocket. … My godfather would come and give me 20 dollars. Then my aunt would give me 40. Wow, I have $200. And the guys from the drug spot would ask: Jimmy, What happened to you? Where have you been at? (Jimmy)

Jimmy's narrative here is populated by doctors and other health care professionals that he (in another section) mentions were practicing *"medicina conductual"* (behavioral medicine). Another protagonist is that of the pills; those that did not quench the anxiety

that he narrates once again – in conjunction with having money – drove him to use drugs once more. I here want to point out how Jimmy appropriates a discourse which closely parallels that of "people, places, and things". This tri-partite discourse, is based on abstinence and focuses on relapse preventions by focusing on avoiding or becoming knowledgeable of those individuals who enable your use – the guys at the drug spot, – the locations which reminds him of his use history – the same neighborhood - and the things that trigger the anxiety/want – money. This example of how Jimmy utilizes this abstinence discourse can be analyzed as his seeking to "be clean" and "fight an addiction". Here, a glance animated by suspicion, reveals that he maneuvers and places together knowledge acquired from different treatment methodologies perhaps to cope with his multiple treatment failures and what some would deem as rationalizing away his continuing relapsing episodes.

Jimmy's life narrative is populated by multiple treatment examples and abstinence-based language that challenge or counter the key notion of "contending with" that I here elaborate. In this apparent contradiction between analyzing that Jimmy is telling a story of contending with his life versus how he, in many instances can be heard as saying that he does seek out abstinence, that I find the richness of the multiple analytical angles. It is in this application of both an analytical gaze animated by faith *and* suspicion that I can better appreciate the richness of how Jimmy narrates his life. For example, when Jimmy said:

> And in jail I saw heroin and cocaine as it is. That many of those who would say they were killers out there in the streets, that they were this, but in prison, pap,

> they would fall, and that, they will be caught up in it, that was to kill the time that you had to do in prison. I also started to shoot it up. (Jimmy)

Animated by suspicion I can hear how Jimmy is recreating the lessons learned from the multiple abstinence-based treatment centers. They can be best described as those voices which are summarized by the tenant of 'a drug is a drug and that spells addiction' and the emotional description of an addict as 'sick and tired of being sick and tired.' Both of these basic tenets of the dominant abstinence discourse found throughout the drug treatment field inform Jimmy's way of framing drugs while in prison. This seems to be in direct contradiction with how I interpreted Jimmy's description of his use while in Puerto Rico when he said:

> I would be going pretty good. But I would fake it well. Nobody would notice. For years and years. Nobody would say he is using heroin, nobody. I stayed at doing it one Friday, one Friday or once a month. (Jimmy)

This duality of interpretative stances is not contradictory but complimentary. Sometimes Jimmy's life is informed by moments when he wants to contend with his drug use as well as times when he wishes he were abstinent and he could leave all drugs behind. Because when Jimmy tells his life story there is no discourse which is air-tight and fully cohesive. I picked up on his at-times slight tone of disappointment and far away longing for not having to contend with drugs. This prompted me to engage in an analysis animated by suspicion that helped me better understand that Jimmy also understands the value of abstinence based treatment; Jimmy does not simply disregard that abstinence-based treatments are irrelevant in his life. Rather, there are multiple and complex ways to bring together knowledge to make sense of life.

One more relocation

> [The mayor of my town] had heard that over here [in New York] there are more alternatives to treatment. He, at least, he could not research it well, but he heard, there were more programs, there are Christian programs, there are methadone programs, and there are outpatient programs, there are detox(ification) programs, there are rehabs (rehabilitation programs). That you are not going to be, you go in today, ay, I don't like this, and you went to. Because you are in New York. You are going to give yourself the opportunity of being three of four days. … But that was the understanding that he [,the mayor] had. Then, they had explained to him that it was easy to be admitted to any of the programs. Then, if you left [the Christian place I relocated to,] he would say, forget it, then they can go, he is going to get in a train or he is going to go to any office or to any hospital and from there they are going to send him over there or over there or over there. … I know that they used to take a certain amount of money and that was for the tickets. Then, there was a certain amount of money that it was precisely for that, but when he [the mayor] was looking for mine, the funds for that month had not arrived. So, he used to say, well, if I have to put it from my pocket, I will put it, because he is coming to ask me for help (Jimmy)

Here Jimmy begins to relate how he understood the mayor of his town thought about relocating drug users from Puerto Rico to the United States. Jimmy truly understands that he was looking for alternatives for people with few other options. In other words, Jimmy believes that the mayor thought he had found a true and convenient way to provide much needed help that he was unable to provide on the island, or at least in his

community. Without verifying then, the mayor started relocating users like Jimmy to the New York City area thinking this was a good path to recovery. Jimmy, understandably found a helping hand in the form of a mayor. Yet, how adequate is the form of relocating, across state and budget (geographic and social) lines, individuals to receive drug treatment? How much is this a problem of the mayor finding a way to provide immediate help for those who ask for it and how much is it a long-term strategy not to increase the amount of available help in the communities where the drug users go for treatment? Jimmy does not answer these questions at this point. On the other hand, the way individuals, who are injecting drug users like Jimmy, are recruited for relocation is clear. The narrative provided by Jimmy tells of a mayor of a particular town as helping drugs users then and there, and this was valuable for Jimmy.

> They told me, at this time you call us. We are then going to send a police officer to pick you up. Then you are going to be taken to the police precinct in town and from there you are going to be escorted all the way there, to the airport. And they [over there in New York] have to pick you up in the airport. (Jimmy)

The extent to which the municipality makes available their resources is here exemplified by the police escort from Jimmy's house all the way to the Christian treatment center in The Bronx. The narrative here takes on a formality which not only includes cooperation, good will, and help towards the drug user, but also a formality which is reserved for politicians, diplomats, and those labeled as VIPs. This formality that Jimmy reveals suggests that this relocation is a policy driven migration process. In the use of public funds to pay for the airplane tickets, in the deployment of police officers and police

escorts from a semi-urban location to the San Juan international airport, this is now a concerted effort on the part of the government to make this relocation happen.

> Then, well, four of us arrived over here [to New York City]. At the airport, everybody was the - the four of us were disoriented because the bus was not there, we did not see the bus. They said that a bus was going to come pick us up. Like I say, it is NEW YORK. I was expecting a bus, like one of those, the ambulettes that go, that they are some really nice vans … that the door opens up and it is very luxurious and a well dressed guy gets out and, god bless you, and he ushers you in. And he was going to talk to me about things. And he was going to… (Jimmy)

With this arrival scene, Jimmy's narrative begins to shift. The confidence that he had in the mayor is now left behind in the distant Caribbean island and the context transforms to one of disorientation and wondering what is to happen with the small group of four who were sent for treatment (and would soon feel the withdrawal symptoms as they wait for an unknown bus at JFK airport). At this point a clear distinction is made by Jimmy. He has some expectations about what he is to find, and they are quite high: a version of *allá en Nueva York todo es mejor* / over there in New York everything is better. This can be said to be an encapsulation or synthesis of how a person living on the island-colony might falsely regard those resources available for him or her on the metropolis-side as vastly superior. Jimmy here can be said to go from an American Dream to a *Tecato Dream* if you would.

More expectations

> Well, I thought I was going to find a very nice place. A luxurious house or a welcoming building with rugs, air conditioning, television, mmm, you are going

> to be there the first day. You arrive. They meet with you. They assess how you feel. Well, they had told us in the down low, the people who had come and gone, we had heard that they would provide, in the best of cases, a bag [of heroin] so you could get fixed. (Jimmy)

Jimmy's expectations of the location where he is to be treated for his drug use is echoed by others who were interviewed for this study. The expectations are high, specifically regarding the amount of resources available and the quality and specificity of the treatment. In the descriptions of the expectations of the transportation and the housing, Jimmy mentioned treatment. In the transportation expectations he alludes to the driver or person in the van who courteously picks them up to say "God bless you" and "he was going to talk to me about things." These "things" are what sets the tone for treatment. These things, which Jimmy here alludes to, are the tale-tale signs or cues which he has, through time, learned to read and from which to base his evaluations. Jimmy here is once again narrating the story based on both his past experience of multiple treatment centers, because this is the basis for his evaluation, and his need to fend for himself, a way of contending with the situation.

> I expected something very luxurious. When I look, that fucked up van approached. I, oh shit! What the fuck is this? These people are ghetto, ghetto. … And I would say, it's ok, maybe they use this van just to pick up these, but over there is a different story. When we are in the van, well, you guys smoke cigarettes? Yea man. Ok, then smoke. But over there don't say that you have been smoking. But I saw them already smoking cigarettes. And I, wait. This already. I already saw what I saw in *CREA* and what I saw in the other programs.

> This is prison style. Here they use drugs. Here they smoke cigarettes. Here they do everything. But I, from that moment on, then, I closed up. I am not going to talk to anyone. I am not going to let anyone know me. I don't want anybody to know much about me. I came here alone and I am leaving alone. Because already, everything fell apart here. When I arrived and saw that, I said, this is already not how they had said it was. So, it is real. Now we are over here [in New York]. It is for real that now we are going to a location. I don't think this is how they said it was. This is looking bad. Then, I remembered that I had family over here. Then, my family over there had talked with the one over here and anything that happened, well, for the last time, they were going to have the obligation that, then, this time, to do something for me after so many years. (Jimmy)

Jimmy here clearly marks the distinction between the trust he had on the intentions of the mayor who sent him for treatment in New York City and those who were to provide the treatment. This shift is marked by a strong turn of Jimmy's attitude; from trust (in Puerto Rico) to disorientation (at the airport), to disbelief (when he meets the van), to solitude (when he is determined to close up to all), to contending with the available resources (when he entertains the idea of contacting his long-lost New York family members). This segment of the narrative pertains only to the arrival of the van and the trip to The Bronx, it does not include his views on seeing and experiencing the locations itself. This is important because Jimmy is narrating that this was an almost instantaneous realization for him as he got picked up at the airport. The feeling and tone of this segment is as if Jimmy's expectation were shattered and he reverted to that solitude consciousness he so

vividly had described as a child: protagonists faded to the background, antagonists took on a mayor role, and the main goal is survival.

> When I got there, that I saw the building I said, what is this? Well, I saw a small building, I said, there aren't many people here. Here, there are only two or three cats then. So there is not going to be so much pressure, like of having to wake up for the cult [religious service], because they aren't so many people. Because it looked like a small building. So, this is a room per person or a room for two, I thought. I then, we go to the church at night. And if you feel sick, you keep sleeping or watching television, I thought. When I walk inside, when I begin to see the tiles more or less fucked up, I begin to see that one with cornrows, one with the cap sideways, with a du-rag. And I, oh shit, this is tough. Then, I look around to see if I saw drug spots, but I didn't see like drug spots. Oh shit, NEW YORK isn't how they say it is either, that there are drug spots in every corner. I didn't see any movement around. And I would look down and I would not see a line or anyone passing stuff between hands. You know, I was looking. I did not see it. Because a lot of people, [say] New York, its tough. That they sell it right there in you face, that they don't care if the cops are coming or not. It's a lie! Then, I tell myself, I want to smoke a cigarette. No, you cannot smoke here. When you come in through that gate, there is no cigarette. I remained quiet. But the guy that was with me, almost, but, but if these guys smoked in the van. Man, the guy noticed, the guy noticed. The director and all of them did, you do you say, this guy is going to talk, this guy is going to rat us out, you know. They cannot have a bad concept of what I know. So, we will talk with you two later.

> When I saw him that he told them we are going to talk to you two, I knew he knew what was going on. Wait, there is something strange here. But I left it there. Then, everybody starts to complain. No, I am sick, I want heroin, I want this. I began to see familiar faces, that are from my town. People that I have seen in other towns. I, oh shit, this is prison style. Here there are peers. Like how they say, this is a group. These are from here, these, then, um. Hey man, you are fucked up, you are looking bad. And I, all that I wanted was a bed. I feel bad. Now you are going to start. (Jimmy)

Here, finally, Jimmy describes the situation he found himself in and lets go of any hope for treatment and change. It is in the tone of disbelief and contradiction between what he thought he would find and the disheartening yet extremely familiar context he finds himself in. Jimmy here then reiterates how discouraged he is and the narrative is one of contending with the context. Now relying on his skills to attain what he needs, Jimmy not only narrates to us what he was seeing, but how he was understanding the place and how he was going to survive or contend with the situation of being "over here" in New York City, yet being very close to what he knows in Puerto Rico. Jimmy even describes how he knew many of the people from his towns and from others near his as well. To understand this simply as a description of how he was sold a bill of goods through his faith in treatment and on that of the mayor would be shortsighted when it comes to the narrative presented. Jimmy here describes these multiple scenes with very specific details. For different details he uses different types of knowledge that he has acquired through time. Just to name a few, he reads the contradictory messages of the cigarette smoking as clear cues to know he needs to remain vigilant. This comes from knowing

Christian treatment centers and how they operate. The same can be said for the baseball cap which is tilted sideways, the cornrows and the du-rag. There descriptions very much point Jimmy to better understand that what has been sold to him is a sham. Confronted with this, he must read the context and contend with what he has found to be his new home and treatment center in The Bronx.

Jimmy also uses his prison knowledge to read the situation. In the quotes he says "this is prison style". This has very specific definition when you are talking about the Puerto Rican prison systems. When he mentions that "this is a group" and "these are from here", in a few words he has articulated that he finds himself in a microcosm of inmate associations and ready-made alliances.

> Jimmy - So, they put us in a room. When I look in the room, a bathroom that is all fucked up, the ceiling all fucked up, the window all fucked up.
>
> Interviewer - About how many people would you say were in there?
>
> J - There were about fifty-some people. In a building of four small floors. Living one on top of the other. One bed of two levels, another bed of two levels over here on the other side. Another slept in a small bed, underneath one bed, like this.
>
> I - So there were two or three?
>
> J - Yes, yes. A lot of people for one room. Do you understand? Then, the rooms were divided into two. A small room divided into two.
>
> I - You mean that a room was divided into two and that in each one there could be four people? You mean that there were eight or nine per room?
>
> J - Yes, I would say, this is fucked up. But that I would say, I want to get out of this. I am going to go to a detox to do away with this vice and I then go with my

> family. You know, but they were checking me out more because I was the quietest. I didn't talk to anyone. They gave me cigarettes. They gave me that bag [of heroin]. The guy that was next to me snorted his and, he said, I am still sick, this is not worth anything, I come hooked from Puerto Rico and, give me a bit of yours. I say, of mine? You are crazy bro. They gave you a whole one and you want to take of mine? What the fuck, he comes with the bad habits from Puerto Rico so, they look for… I worked them so much that they had to give me a syringe. They found one, I cooked it, I injected it. I returned the syringe and I don't know what they did with that syringe. I returned it.

Jimmy's began to tell his life narrative with how resourceful he was to provide food for himself and his brother; the can of Chef-Boyardee, the opener, the popcorn and the fire department. The context was that of a lone New York City apartment and the solitude of this one child. It is only fitting that I here close with a scene which also remarks on Jimmy's resourcefulness and skills to read and contend with the situation. Yet, this was not how Jimmy closed the narrative of his life. I here provided this last passage as a way to provide a sense of circularity that would point to why Jimmy started his narrative the way he did. When I began the interview he was very much aware that what I wanted to talk about was the relocation of drug users from Puerto Rico to New York City. Jimmy started with a story of solitude and contending with whatever life threw his way. Along the life narrative that Jimmy and I crafted, he painted with at times broad strokes and others with painstaking detail those people and places which became protagonists and antagonist. He crafted, better said, we crafted, with his life as subject and both our expectations as forces to contend with, a life which here I have tried to convey as full,

complex, and polyphonic. This chapter speaks to how Jimmy's life is not simply a life of a Puerto Rican injecting drug user, but that of a full person which need not be fragmented only to be reconstituted through research. Jimmy's life, here appreciated through the use of life history narrative should convey to the reader that life, irrespectively of what substances are used and what services are provided (or withheld), is filled with countless emotions and experiences that shape our entirety. Jimmy, in this last scene is still using drugs and contending with how to find a way to deal, not necessarily with his drug use per se, but with life – which includes the use of drugs. The descriptions of how he was promised one thing, the expectations that he had, and the level to which he had to endure are certainly telling of a system which let's drug users down and comfortably relocates the "problem" across geographical and social boundaries. Yet, Jimmy is not daunted by this and his narrative is one of continuing to contend with as best as he can.

Chapter VII - Discussion

To do a socio-psychological investigation of the relocation of drug users is to explore the meeting point between the individuals who use drugs and the society they populate. This dissertation examines the stigmatization of drug users in Puerto Rico and their moral exclusion that extends to society's relocation of them outside of the geographical and social landscape of the island-side to the state-side. This relocation phenomenon is here addressed from the drug user's perspective as this study describes the dynamics and consequences experienced by those relocated.

A starting point for this discussion is how the participants describe *why* they understand they are seen as a population "worthy" of relocation. The emphasis on stigma presented in this study emanated from experiences participants had throughout their lives, even prior to their relocation to the United States from Puerto Rico. Many had previously felt stigmatized and marginalized there and here, in Puerto Rico and the state-side. Relocated individuals explain how they, being part of a real or imagined group, 'deserve' relocation in the eyes of (at least) some people. This deservedness explored in this dissertation affirms, explores, and expands on studies that describe a scarcity of resources for drug users on the island-side when compared to the state-side (e.g., Mino & Deren, 2004). First, it *affirms* the imbalance of resources because the participants consistently describe the scenario of lacking services on the island-side while being promised (and at times finding) more on the state-side. Second, it *explores* the dynamics of how this individual-social interaction operates because it is not a simple equation of none/less on the island and a wealth of resources on the state-side. Yes, the stateside at some points might provide a larger quantity and more diverse set of services, but the arrival of an

individual to the state-side does not assure them access to these services. The service landscape must be maneuvered or contended with to render some results; albeit not necessarily the desired ones. Third, this study *expands* on the literature that emphasizes the imbalance of resources between the island and the state-side by asserting that this imbalance acts as a catalyst for this particular migration.

Taken together, these assertions depict some dynamics of dependence and discovery. Manuel is a good example of this. He very much describes a barren resource landscape on the island while on the state-side he finds the "magic-touch". One way to approach this is from the socio-political perspective of the relationship between Puerto Rico and the United States: between the island-colony and its metropolis. This perspective is useful to understand certain macro-dynamics that directly affect the lives of the research participants and some major treatment modalities:

> To understand the Puerto Rican legislature's attraction to a spiritual definition of addiction, however, we have to look at the history and politics of Puerto Rican evangelism. Puerto Rico was under Spanish colonial rule until the United States invaded and claimed the territory in 1898 in the Spanish-American War. Suddenly, the Catholic Church, which was inextricably linked to the Spanish colonial government, no longer had the legal means or power to exclude Protestant sects from missionary work on the island. Protestant denominations such as the Methodists and Baptists quickly pounced on Puerto Rico, envisioning it as their portal to the rest of Latin America. Pentecostals soon followed, and Puerto Rico became a training ground for ethnic Puerto Rican Protestant missionaries who, after establishing the independence of their island churches

> from their original North American church leadership, went on to found Protestant missions in the rest of Latin America (Milham, 1951). Puerto Rico was thus evangelized earlier and more completely than its Latin American counterparts, a product of its political and geographical proximity to the United States. (Hansen, 2006, p. 438)

From the socio-political level Hansen (2006) describes how the history of political and religious colonialism affects the official definition of drug addiction on the island: in short, a metropolis to colony top-down definition of drugs in Puerto Rican society. Alternatively, this study, while recognizing the strength of colonial relationships, focuses on an influence which geographically flows opposite to the one described above because

> since Puerto Rico is a territory of the United States and Puerto Ricans are US citizens, Puerto Ricans customs procedures are minimal compared to those other island and nations bordering the United States. … Historically and up to the present we can see Puerto Rico, *Rich Port* in English, as a port of entry for Latin American narcotics and rum to the United States and, conversely, as a port of entry for North American ascetic Protestantism to Latin America. Thus it is fitting that contemporary Puerto Rican evangelism should fixate on addiction treatment as a specialized ministry and professional niche. (Hansen, 2006, pp. 438-439)

This dissertation further elaborates the cycle of influences defined by Hansen. The data speak to the exportation of a Puerto Rican model of drug treatment specific to the island (which Hansen also defines) now implemented in the Latino communities on the state-side. Some examples of this are the experiences of Juan and Ricky: how they

endured what Juan called *Leña* and Ricky so vividly described as his encounter with the *Sanedrín*. This treatment experienced in The Bronx was described as similar to the island-based treatment from *Hogares C.R.E.A. Inc.* (*Casa de Re Educación de Adictos, Inc.* - House of Addict Re-Education, Inc.) The voices that describe the specific abstinence-based Christian treatment in this research substantiate another wave of colonial influence and dependence: a reverse flow of influence. Specifically, an evangelical drug treatment model now exported from the island to the state-side that is an amalgamation of the early flow of Protestant influence to the island and what has developed within the insular/colonial context. From this point of view, the interviewed participants are not just relocated individuals with specific stories to tell, but social agents who maneuver and re-create drug treatment narratives across geographical and social borders. They offer a phenomenological description of how drug treatment modalities cross multiple borders.

A conclusion for this research is a state-side assertion analogous to the island-side statement of:

> A major limitation of evangelist programs is that not everyone can benefit from them, because they can be experienced as coercive by those who do not accept their dogma. The key to thinking about evangelism and equality, then, may rest in recognizing the power of evangelism as a revolutionary movement with voluntary membership, one not reified into public institutions. (Hansen, 2006, p. 449)

While this research does not demonstrate how this model is reified into public institutions on the state-side, I do conclude that the relocation of drug users from Puerto Rico to The

Bronx is fostered by public institutions such as elected officials and police officers in Puerto Rico. I also maintain that this current migration has become a structure formed by policy decisions at the local municipal level in the island. The systematic relocation of drug users outside of the geographical borders of the island is also flexible and responsive to its context. That is, it responds to the needs of the individuals who relocated the individuals out of the island as well as those who provide them with "treatment" on the state-side.

Relocation is in this project is at once, the movement if individuals across geographical and social borders as well as a movement of treatment modalities. The relocation concept used in this study proved more complex than expected. That is, when first used to describe the movement of individuals within different social contexts, it proved useful as it not only clearly meant a movement from one geographical location to another, but it allowed for the openness to talk about social dynamics and the context these relocated individuals navigated. By the end-stages of the writing of this study, the relocation concept also acquired a depth that included an ideological level: the shifting of the definition of drug use and the role this has for society (e.g., implication for treatment and for individuals as drug users). At this level, relocation is then better understood as a social control exercise that re-marginalizes a population who already challenges society to deal with the complexity of drug use. Relocation, at the ideological level, is here understood as a way to re-center society on a non-democratic path on which drug users are re-criminalized, re-stigmatized, and re-disenfranchised. Of course, this is not simply a one-sided oppression exercise, but a struggle for resources, social spaces, and the ability to define the role of drug use and drug users within our societies.

One salient conclusion of this research is that stigma and marginalization experienced by the participants on the island-side play a major role in their relocation. Stigma is here viewed as force the participants contended with, a constraint within the island-side context that they constantly maneuvered and resisted. As such, stigma is a catalyst for relocating drug users from Puerto Rico to the United States because "people in stigmatized groups actively use available resources to resist the stigmatizing tendencies of the more powerful group" (Link & Phelan, 2001, p. 378). While it is true that there are structures in place (and increasingly so) that use the relocation of drug users as an 'escape valve' for the overwhelming need of drug treatment services on the island, it is also true that many of the interviewed used this resource to avoid the known stigmatization and marginalization on the island-side. This speaks to the opposite force of a 'coerced' relocation and serves as a testimony of the resourcefulness and willingness to 'contend with' of the relocated drug users.

In regards to drug treatment services, the dependence metaphor I bring to this discussion (drug dependent individual relocated by a socio-politically dependent colony to the state-side for drug treatment) shows a paradigm shift. Specifically, the exportation of the evangelical model from the island to The Bronx is not a mere reflection, but a recreation of this model informed by and within a different social context. Beyond the specific differences of this particular recreation of the island-side model on the state-side, the social context in The Bronx offers alternatives in drug treatment for those who relocate (and leave the program that relocated them to the state-side). While Hansen describes harm reduction on the island as "a small group of politically progressive often highly educated Puerto Rican health activists … promoting a third alternative in addiction

treatment" (Hansen, 2006, p. 442) on the state-side, Mino and Deren (2004) described harm reduction as a much more established way of providing services to drug users. The authors specifically commented that

> East Harlem had four needle exchange programs (NEPs) at the start of the study, while in Bayamón there was one mobile program. In addition, the East Harlem NEPs operated for more hours per week and had less restrictive exchange policies. Study findings also show that drug users in Puerto Rico received fewer services from needle exchange programs than their counterparts in New York. Drug injectors in both locations used needle exchange programs at similar rates … There were, however, significant differences in the number of needles they obtained and in the percentage who received referrals to other programs. … These differences are particularly striking in view of the findings that drug injectors in Puerto Rico injected drugs more than twice as often as those in New York. (Mino & Deren, 2004, p. 15)

This comparison of a harm reduction as a "third alternative" is further elaborated in this study. Because on the island it is a "small group" and on the state-side it is a more institutionalized treatment option, the shift from island to state-side has an impact on the lives of relocated drug users. Specifically, harm reduction in the state-side is described by research participants in this study as a viable third alternative provided *for and with drug users* and not just a third alternative *for progressive health activists*. Andy, in his discussion about where knowledge resides and his call for the government to be accountable for the social problems of drug use talks about the need for such a third space. It is Manuel, and his description of how harm reduction helped save the life of his

overdosing friend, who best exemplifies this realization of an alternate space. The fact that this third space is geographically located in the United States and that it is embodied in harm reduction agencies is of great importance because it shifts both the geographical locations and the narratives used by individuals to understand their lives as drug users. This shift in physical spaces broadens the range of possible treatments, but more importantly it opens alternate psychological spaces from which to understand drug use itself. Pipo speaks directly to this when he describes his 'active' and his 'non-active' or *quitao'* drug use phases and the continuity of services received through harm reduction.

These third spaces are also locations from where to scientifically explore the meeting point between the individuals who use drugs and the society they populate. For example, Montero (1998) mentions that:

> applying participatory action-research, community social psychology achieves the merging of ordinary knowledge and scientific knowledge, producing a third form of knowledge that enriches both. But not in the sense of searching for the truth, as such a concept being conditioned by space and time, is relative, but to produce a knowledge that emerges from the action of what Martín-Baró called 'the popular majorities', which, through reflexivity engenders new transforming actions. (p. 68)

This parallels, from a participatory research stance, the point made by Ricky when he said:

> And, and I think that people should see, the society in Puerto Rico should see the addict from another perspective. Eeee, and, and not judge him so much. I know, that OK… But if they look from the illness perspective, then they will be more

> conscious of the problems and they are going to have better thoughts and ideas and maybe even look for better alternatives for this situation. (Ricky)

It could also be part of what Ricky ponders when he asserts that his drug use and difficulty of contending with it "is something deeper than" being a *charlatán* or *pocavergüenza*.

To create these third spaces / third form of knowledge / better alternatives for the situation is also a formidable task because of the many constraints or forces which work against this type of social change. In this study I explore stigma and marginalization as one of such forces as well as the treatment individuals contend with. But these forces can be maneuvered and they in themselves are not the impasse or main constraint. I conclude that it is neither the stigma nor marginalization the participants deal with nor the lack of harm reduction as an available narrative in Puerto Rico, nor the lack of resources on the island versus the state-side. It is all these forces together underpinned by the moral dilemma of how to understand drugs and their effects. The impasse to creating these third spaces, third form of knowledge, and finding better alternatives for the situation is how drugs (and drug users) are morally judged.

My findings describe two *seemingly* contrasting ways to understand drugs: the abstinence-based approach (which includes the Christian) and the harm reduction approach. I analyze how neither is amoral and individuals who refer to these in their narratives about treatment wrestle in different ways with the moral conceptions of drugs. Understanding that moralities are based on different ideas or conceptualizations of drugs, this impasse can be qualified as an ideological dilemma as proposed by Billig et al. (1988). Yet, "the point about such dilemmas is that they are not resolvable, because they

are framed within a wider, contradictory ideology" (Stanley & Billig, 2004, p. 2). In essence, we are caught between (at least) two arguments which are highly contestable but both are framed within a broader set of knowledge, ideas, and values.

Using Billig et al.'s (1988) ideological dilemmas to conceptualize the impasse, I present the notion of the scope of justice to draw the conclusion that drug users, as a real or perceived group, are thought of outside of moral communities. This can be said to apply in Puerto Rico as well as in the United States, but to different degrees and with different consequences. In Puerto Rico this exclusion from the moral community influences and acts as a catalyst for the relocation of drug users outside of the geographical and insular social bounds. What could be more emblematic of exclusion than being exported outside of an island as if these individuals were items to be fixed outside of their social context? Physically locating the concept of moral exclusion and tracing how it shifts in different moral communities geographically provides a theoretical geography of moral exclusion. In this specific case it follows the dependence metaphor between the island and state-side embodied in the lives of drug users. It is a social-geographic story of the shifting moralities concerning drug use.

Beyond locating moral communities and how/where moral exclusion occurs, this research also points to the uncomfortable angles of inclusion: the spaces where the individual is included only to be then further stigmatized and marginalized. The dynamics by which this uncomfortable inclusion occurs are complex and not fully within the scope of this project, but they are certainly noteworthy as most of the participants did not like many aspects of the treatment they received on the state-side, yet, many felt this was an opportunity they could not pass. I refer to this as a silent coercion to enter a

treatment program, in part based on the barren treatment landscape on the island. Noteworthy here is the lack of a cohesive plan to remedy this scarcity of treatment in the island and the presentation of this same scarcity as one of the major reasons as to why relocate drug using (and in some cases HIV +) individuals to the state-side for treatment. This uneasy inclusion pigeon-holds individuals who seek some basic health care to accept this relocation, to do otherwise would be analogous to being ungrateful or a *charlatán*. These relocation spaces are then spaces of oppression, social control and human trafficking while also being spaces that can be appropriated as sites of resistance, locations of liberation, and junctures of/for social movements. While I do not fully engage the issue of inclusion in these pages, I urge further research in this area. Specifically, harm reduction, as pointed out throughout this dissertation, is in its conceptualization more inclusive than abstinence-based models alone. Harm reduction understands drug use and treatment as a range of possibilities, from total abstinence to severe abuse, from Christian-based treatment to heroin prescription and safe injection facilities. Further investigating the motivations and effects of uncomfortable/coerced inclusions and comparing these to the inclusion spaces provided by harm reduction and its wider moral communities would be valuable research that would further the ideas that are in this dissertation only briefly engaged.

The analysis of the data also points to the conclusion that the moral landscape participants maneuver engages them with much shaming. This shaming is in this study most clearly depicted by participant's encounters with the *Sanedrín*, a clear judgment structured to morally shame the individual under the guise of treatment. While authors have explored this intersection of the individual and the social through the use of

stigmatized drug user identities (Radcliffe & Stevens, 2008; Rhodes, Watts, Davies, Martin, Smith, Clark, Craine & Lyons, 2007), I find useful the concept of shaming rituals used in this literature. Specifically, Rhodes et al. (2007) use this concept to discuss how police and drug-related helping services (i.e., pharmacies in Europe) disclose or make public that certain individuals are injection drug user and effectively shame the individual. While in this study the case of the *Sanedrín* is a more private shaming affair amongst individuals who are in treatment, it is useful to understand such dynamics as shaming rituals because of the structured way it is conducted and the finality of such shaming: behavioral and spiritual change/relocation. When shaming occurs within the broader context of being relocated outside of the geographical and social bounds of the island it becomes that much more intense as it clearly outs (literally from the island) marks each individual as a problematic drug user worthy of relocation/exportation.

These shaming rituals can be understood as dynamics that pressure those relocated outside of Puerto Rico for treatment to change. The pressure comes first and foremost from the mostly unrealistic expectations that simply because of the comparatively more resources on the state-side the "addicts" will change their drug use to become permanently abstinent people. Secondly, and no less important, that this relatively rare opportunity of receiving treatment outside of the island is help provided by those who work for God through providing Evangelical treatment.

These multiple layers of ritual shaming, the being relocated outside of the island for treatment and later the shaming within the treatment program(s) in front of peers and through the word of god, can be seen as a way to set the stage for failure for the relocated drug user: a self-fulfilling prophesy. In this vain, Villa Rodríguez (2006), who

investigates the connection between drug users and how they are labeled as criminals within Puerto Rican society says:

> A raíz de una enfermedad se estigmatizan a las personas como inmorales, peligrosas, perversas, malignas, enfermas, inservibles, etcétera. Todo ello se ha resumido en una palabra: criminales. Ser criminal no solo se trata de un estigma, sino de una actitud o rol asignado a las personas dentro de la sociedad. El asunto seria, ¿qué sentido puede tener querer integrarse a una sociedad, cuando las expectativas sociales son precisamente que se comporten como criminales? Así actuar de acuerdo con las expectativas sociales pasaría a ser una profecía que se cumple así misma. La expectativa social es que reincidan en su dependencia a sustancias controladas y cometan actos delictivos. (p. 196)

Villa Rodríguez (2006) also makes another link between self-fulfilling prophesies and drug use by saying: "se trata de deterioros en los patrones de conducta, salud mental y física incompatibles con sus posibilidades de integración social" (p.197). Villa Rodríguez adds to this study the understanding that the societal role assigned to drug users is precisely that of being a criminal who relapses. In the present study, while there might be an expectation that simply because he or she is relocated outside of Puerto Rico the individuals will make a pro-abstinence change, this social role does not change. The morally-based shaming makes sure that the role of the drug user stays relatively intact.

One way that such a role can be shifted (and contended with) is to reintroduce the once-addicted and soiled individual into society as a new person: to be reborn. It is here that the broad acceptance of the Christian abstinence-based model in Puerto Rico has logic. It is from this vantage point that one of my dissertation committee member, Rev.

Luis Barrios, poignantly mentions that moral entrepreneurs can be understood. Furthermore, comments like those of a dear friend and syringe exchange coordinator, Rafael Torres Laureano, acquire more depth:

> "Rafi, just think about it, if you are using drugs every day, are homeless, the state provides you with nothing, service agencies are overburdened, and treatment inaccessible, what do you have left?! The only thing left is God. You cannot take that away because then the drug user in Puerto Rico would truly have nothing left!"

From the barren Puerto Rico treatment landscape moral entrepreneurs sell *'tecato'* dreams of being a person who is born again into a society that might just give, the purchaser, a chance of leaving behind their troubled *tecato* past. As the word entrepreneur implies, it is a venture, a way to both make profit as well as to peddle a type of morality. From this angle the *charlatánes* are not Jimmy, Ricky, or Andy, but these moral entrepreneurs who are the impostors, frauds, and swindlers. In this way it can be further understood how stigma is underpinned by morality while contextualized within a landscape where god – and divinity itself – is marketed as quite possibly the only way into treatment and to achieve some reintegration to society as a whole (person). This is the power of stigma and marginalization and how it enables such a phenomenon as the relocation of drug users from Puerto Rico to the United States.

In closing the discussion on stigma and shaming I would ultimately say that in continuing to explore this issue I would focus on the latter rather than the former. Stigma has proven a challenge to investigate because of its large scope and the many ways it can be analyzed in relation to this population. Shaming, on the other hand, comes closer as a

concept to the daily reality described by the participants. As participants related their experiences, stigma was effective in describing the broad story, but it lacked specificity to describe what became more apparent at the end of the entire project: the traumatic effects of being labeled and marginalized as a drug user and the resistance and resilience these individuals revealed as they contended with the ritual shaming. Shaming as a concept seems to allow for closer examination of these dynamics that are somewhat more elusive when using stigma as a process.

Using the concept of scope of justice to analyze the data about the consequences of relocation on the state-side also add to these conclusions. Instead of simply asserting that drug users are morally excluded, the state-side data explores how participants navigate this moral landscape. The interviewed are not passive receptors of treatment modalities or of situations that seem insurmountable. Pipo's story of resistance and his pragmatic maneuvering of both the abstinence and harm reduction narratives exemplify this maneuvering. In other more abstinence sounding words, "addicted people use treatment program and religious practice pragmatically fitting them to their daily, lived needs" (Hansen, 2006, p. 444). It is in this maneuvering of stigma, marginalization, treatment modalities, and the moral landscape where we can see 'thinking in action'. Take Jimmy, a person who is not narrating his life in search for redemption or counseling, but rather to say, as I have argued, that his life is one of contending with these forces and the moralities that underpin them; all these, above and beyond a life filled with family, friends, baseball fields, New York alleys, and tropical islands.

The concept of 'contending with' is one of the most important conclusions in the dissertation because it sits at the crossroads of exclusion, inclusion, resistance, stigma,

theory, and methodology. As a drug user Jimmy has certainly lived through many intended and unintended effects of drug user stigma and exclusion. It is also true that he would disagree with a simplistic read of his narrative. The narrative is complex because he contends with stigma as he creates spaces where he can be secure and provide for himself, his brother, his family, and even a friend who asked him to talk about his experience with his relocation from Puerto Rico to El Bronx. 'Contending with' is that space where an individual both accepts some or part of the roles that society assigns him but at the same time resists them and redefines them. Contending with treatment in Puerto Rico is also taking various opportunities and striving through them, even if it means once again feeling that you are not been treated as a full human being, but a representation of what a drug user is in our societies.

A limitation of the present research is that data was only collected in New York City and it mostly explored the specific dynamics in this geographic area and of one relocation program. To address this limitation, future research should explore different areas and programs where Puerto Rican drug users are relocated to. Specifics about treatment services and their funding sources are of paramount importance to better understand if and how participants are provided with basic services. As this study asserts, many relocated individuals are sold a bill of services and goods that are never provided and further exploration of this is warranted.

A second limitation of this study is that no data regarding how this relocation is affecting drug users or the treatment landscape on the island-side was collected. Only one side of the migration pattern was assessed. Future research should focus on return relocation migrants in Puerto Rico. This would open a rather large and much needed

exploration of how drug users, who have been relocated to the state-side, once again on the island, understand this circular pattern of migration and the forces that sustain it.

Another related investigation that would greatly help understand the life of relocated drug users is the study of Puerto Ricans drug users from – born and/or raised on – the state-side that have relocated to the island-side. Very little is known about these return migrants and how they view drugs, drug use, and services once on the island context. This view of drug use from the state-side Puerto Ricans relocated to the island-side could also provide deep insights into stigma relations and dynamics of exclusion on the island as drug user return-migrants might be further marginalized when compared to island born/raised drug users.

A third and more comprehensive recommendation is to gather and analyze data of the scale and needs of all those drug users who relocate for treatment between the island and the state-side. This would facilitate a better understanding of the patterns of recruitment, areas of relocation, service availability on and off the island, and policies that affect these patterns and who profits from them. For example, from this study it is known that some municipalities/town in the North-Central section of the island (e.g., Barceloneta, Dorado) and on the East (e.g., Humacao, Maunabo, Naguabo) relocate individuals to The Bronx. On the other hand, Fajardo, on the North-East relocates drug users to Philadelphia, Pennsylvania. Which other areas of the island relocate individual and where are they relocated must be furthered explored as well as how these channels of relocation are established and sustained. This comprehensive research will also help answer the important underlying question of who is benefiting/profiteering from relocating these mostly poor and working class individuals.

A final limitation, as well as a strength, of this research is that it was conducted exclusively from a drug user perspective. I strongly argue this is a strength of this study because it is a perspective that does not receive much attention and provides critical data that leads to the understanding of many important and ignored dynamics. I here also deem this a limitation because future research would greatly benefit from adding alternate perspectives from multiple stakeholders (e.g., service providers, policy makers, police officers, public health officials) to further inform the context in which these dynamics of relocation, stigmatization, and moral exclusion occur.

Regarding policy recommendations, this study strongly points out how Puerto Rico needs to reassess its priorities towards active drug users and drugs themselves. Currently, Puerto Rico's policy is to criminalize any and all drug use. As a second and distant alternative it uses an outdated drug treatment service strategy. Throughout this study, participants talk about the barren treatment landscape on the island and how those services that are available are outmoded and in many instances not science-based. As such, this treatment sphere works as a façade of available services. While there are many people and agencies providing high quality services and care, it is also true that all these efforts, on the whole, are ineffective in covering those under- and un-served areas on the island. In this context, the relocation of drug users then acts as a politically reactionary 'escape valve' once again resting on a colonial dependence metaphor that, as shown in this study, very inadequately addresses the needs of drug users in Puerto Rico.

The almost blind following of the United States imperative to criminalize any and all unregulated drug use has greatly contributed to relocate, stigmatize, marginalize, and morally exclude countless individuals. This shortsighted and obtuse way to deal with

drugs and the people who use them prevents any coherent policy that concretely and effectively serves the daily lives of drug users and their loved ones. A coherent drug policy that seeks to reduce the amount of drug users who are relocated to the United States for treatment requires immediate short, middle, and long-terms goals and actions.

In the short term, as research participants almost unanimously mentioned in the interviews, Puerto Rico needs to create a broad and accessible network of methadone programs throughout the island. Although the current state-operated methadone programs are mostly regarded as extremely limited in scope, inaccessible from most areas, and badly managed, those individuals who did manage to receive methadone maintenance treatment found this medication to be vital for the management of their drug use and betterment of their lives. A broad and accessible network would allow many of those in need of methadone to have access to this science-based treatment that has been proven as helpful in the treatment literature. It was also mentioned by the participants that methadone would also aid those individuals who are affected by the current and increasing xylazine (veterinary anesthetic) use in the island (Torruella, 2008).

A more progressive and asserted approach to opiate treatment that would also be lower in cost than creating a new methadone treatment network would be the concerted use of buprenorphine. This medication provides a more advanced level of maintenance treatment for opiate users and can be prescribed by primary care doctors in regular practice (versus in specialized methadone treatment centers). The main barrier to the effective implementation of buprenorphine on the island is that this medication is not covered under the state health care system. Many who desire this treatment even call it *la milagrosa* (the miracle) pill because of its welcomed and well researched benefits for

drug users. Yet, it is only available to those who can afford it and therefore negated to those poor active drug users in need. A simple incorporation of this much needed medication to the state-funded formulary would prove greatly beneficial to many in need.

Another immediate change that would greatly benefit the daily lives of drug users in the island is the modification of detoxification services. Beyond having to greatly increase the amount detox services, the required laboratory tests, which are an intentional barrier to the scarce detox services should be eliminated or at least the cost should not be carried by the drug users.

Regarding prevention services, the limits to the amount of syringes available to syringe exchange participants must be reassessed along with increasing funding for these science-based prevention programs. Currently, the amount of syringes that can be exchanged by certified programs are set by a group of syringe exchange programs in conjunction to the Puerto Rican Department of Health. This syringe limit along with the lack of adequate funding and the delay of payment for services rendered by organizations creates a syringe gap that fuels the HIV/AIDS and Hepatitis-C epidemics on the island. These simple, immediate, and inexpensive changes would also prove greatly beneficial and begin to seriously address science-based risk reduction prevention interventions and lessen the need for individuals to relocate.

Overall, these short-term recommendations would begin to move the issues in an inclusionary direction towards policies that provide services to drug users and benefit the population at large. This short list of services is by no means exhaustive nor a deep discussion of the possible short-terms goals achievable immediately to address health disparities experienced by drug users in the island.

In the middle and long-term, policies that include the expansion of treatment services with an increase of treatment variety need to be set as a goal. Currently, the relocation of drug users to the United States serves as a mid and long-term policy along with the immediate reactionary 'escape valve' function. Relocation as a policy cannot be tolerated as it does not provide any real, on the ground, solution but for 'shipping people' out to the island as if they were surplus population. The goal is then not to halt all relocation of drug users to the United States immediately, but to immediately create real alternatives in Puerto Rico that directly provide services to drugs users *in* the island. These alternatives need be science-based treatment methods such as methadone, buprenorphine, harm reduction services, treatment communities, and others of the participants choosing and in which they have a voice. This would begin to ease the dominance of faith-based treatments in the island and the relocation of drug users from Puerto Rico to the United States.

As a matter of policy, active drug users must be brought into the decision making process. Little if nothing is currently being done in the way of integrating the voices and experiences of these morally excluded and marginalized people. As a matter of policy, the island of Puerto Rico is currently exporting drug users while they have no official say in the matter. Furthermore, active drug users do not have a say on the types of treatment they receive if and when they choose to engage in treatment. This does not seem to be a democratic and ethical manner by which to deal with people, who like the rest of the population, require basic health services. Prevention and treatment are basic health needs. Active drug user voices, not a representation or facsimile of them, must be included in decision making processes though organizing drug user unions. These unions

need to have power to design anti-stigma campaigns, help determine new services and treatments, and help guide drug policies. This singular yet complex example would help to foster those dialogues that are currently not occurring. A drug-user's union would not only serve the purpose of voicing the concerns of active drug users, work against stigma, and have an active voice in policies concerning drug user treatment and services, but it would also serve to challenge society to reevaluate the role of individuals who use drugs and how drugs themselves are understood in society. A drug user's union would, in essence, fight for drug user's civil and human rights in multiple forms and fronts.

A policy recommendation for community based organizations (CBOs) and political activists on both sides of the island-state divide is to further develop the harm reduction movement on the island. This would help balance the current expansion of the dominant Christian abstinence-based treatment programs that are not science-based and have fueled the relocation of drug users. The Harm Reduction movement on the island could provide that third space or alternative that will facilitate adequate science-based treatment services and help drug users gain the political capital needed to affect drug policy. Harm Reduction has the potential for positive inclusion for active drug users in Puerto Rico and ameliorate the devastating effects of the war on drugs we currently live on the island as it works from the ground-up and intimately with the daily lives of drug users.

In the broader sense, unless the wellbeing of the drug user – not simply defined as abstinence – is sought after *alongside* drug users and not *for* them, the inclusion of these persons into a society that excludes them cannot be achieved. It is by engaging in an open and frank dialogue of the societal dilemmas of drug user exclusion versus inclusion

(or the more moralist version of tolerance versus condemnation) where we might find "the possibility of a "third space" – a place where two scripts intersect, creating the potential for authentic interaction to occur" (Gutierrez, Rymes, & Larson, 1995, p. 445). Only from within this interaction a society can transform for the better and merge

> ordinary knowledge and scientific knowledge, producing a third form of knowledge that enriches both. But not in the sense of searching for the truth, as such a concept being conditioned by space and time, is relative, but to produce a knowledge that emerges from the action of what Martín-Baró called 'the popular majorities', which, through reflexivity engenders new transforming actions. (Montero, 1998, p. 68)

At the individual and the societal levels, drug use must be contended with – seen as a relationship rather than a moral deficiency. If not, our societies seems to be bound to continue to increase the negative collective and individual harms drug prohibition sponsors, and continue to recreate this self-fulfilling prophesy that stigmatizes, marginalizes, and excludes.

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