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# The social logic of naloxone: Peer administration, harm reduction, and the transformation of social policy

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ABSTRACT

This paper examines overdose prevention programs based on peer administration of the opioid antagonist naloxone. The data for this study consist of 40 interviews and participant observation of 10 overdose prevention training sessions at harm reduction agencies in the Bronx, New York, conducted between 2010 and 2012. This paper contends that the social logic of peer administration is as central to the success of overdose prevention as is naloxone's pharmacological potency. Whereas prohibitionist drug policies seek to isolate drug users from the spaces and cultures of drug use, harm reduction strategies like peer-administered naloxone treat the social contexts of drug use as crucial resources for intervention. Such programs utilize the expertise, experience, and social connections gained by users in their careers as users. In revaluing the experience of drug users, naloxone facilitates a number of harm reduction goals. But it also raises complex questions about responsibility and risk. This paper concludes with a discussion of how naloxone's social logic illustrates the contradictions within broader neoliberal trends in social policy.



## 1. Introduction

It is widely recognized today that the War on Drugs has not only failed to reduce drug use in America but has also produced a host of harmful consequences. In response, alternative strategies are gaining ground. A major challenge to the prohibitionist consensus has been mounted by proponents of harm reduction, which seeks to ameliorate the negative consequences of drug use without prioritizing abstinence (Marlatt, 1996; Des Jarlais, 1995). Harm reduction is at once a public health strategy, a dimension of drug policy, and a health social movement (Brown and Zavestoski, 2004; Ezard, 2001; Inciardi and Harrison, 1999; Rhodes, 2009). Supporters of harm reduction have sought above all else to establish that drug users are "deserving of caring and life rather than punishment and death" (Small et al., 2006: 74). Far from being a static and prescriptive program, harm reduction is fluid, reactive, and evolving, molding itself to the contours of existing drug laws and treatment options.

This article examines one of the newest and fastest-growing harm reduction interventions: peer-administered naloxone, a drug that reverses the effects of opiate overdose and, when administered correctly and in time, can prevent death. Such strategies distribute naloxone kits and train users to administer the drug to their peers. Evaluations and meta-analyses of naloxone programs suggest that they can be effective in preventing drug-related death and may have other public health benefits (Breedvelt et al., 2015; Giglio et al., 2015; McAuley et al., 2015; Clark et al., 2014; Walley et al., 2013; Green et al., 2008). But most studies of naloxone have been limited to evaluating its specific medical and public health effectiveness. Naloxone has not so far received the same critical analysis as other recent drug policies such as syringe distribution or methadone. The epistemic, social, and political innovations upon which naloxone depends, and the complex policy changes wrapped up in the practice of peer administration, have not yet been fully explored from a social-scientific perspective.

Analyzing sessions for training users in administering naloxone on their peers in the Bronx, New York City, this article investigates the social logic of naloxone. It argues that peer-administered naloxone depends not only upon the chemical properties of the drug itself, but also upon a distinctive approach to the social context of drug use. Whereas prohibitionist policies seek to isolate users from the spaces and cultures of drug use, in contrast, harm

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reduction strategies like naloxone see the social networks of drug users as sites and tools for intervention. As a public health strategy, naloxone depends upon the experience and expertise gained by users in their careers as users. This social logic is as central to the success of naloxone as is the medication's pharmacological potency.

The social logic of naloxone facilitates a number of harm reduction's political and social goals. In exploiting the experiences and knowledge gained by those who consume drugs, naloxone contributes to the destigmatization of users, which is both a means and an end of harm reduction (Gowan et al., 2012). It formalizes a new relationship between drug users and the state, affirming users not as criminals or patients but as "indigenous public health workers" (Bennett et al., 2011) who are part of the public health project itself. Peer-administered naloxone, like the harm reduction movement more broadly, seeks to transform users from passive objects into more active political subjects (Friedman et al., 2004; Henman et al., 1998).

But in targeting and exploiting the social worlds of drug use, naloxone is also representative of recent neoliberal trends in public health (Ayo, 2012). In deputizing the user as a public health agent, naloxone constructs a "responsible subject" charged with the job of "self-care" (Dean, 1999; Lemke, 2001). While acknowledging that new forms of surveillance might be the price to pay for access to life-saving resources, some critics have tied the new roles and responsibilities that emerge with harm reduction interventions like syringe exchange or naloxone to new forms of discipline of deviant populations (Bourgois, 2000; McLean, 2011; Moore, 2004; Roe, 2005). Yet, as Gowan et al. (2012) argue, not all social policies that promote responsibilization should necessarily be seen as antithetical to social rights. "To the contrary, if such attempts simultaneously foster recognition of a collective, or relational, selfhood, they may create the preconditions for claims to social citizenship" (Gowan et al., 2012: 1258). The case of naloxone points to these sorts of conflicting potentials within contemporary social policy.

The questions are how, why, and to what ends particular policy logics are used, not merely whether they are used. Peer administration requires rethinking the subjects and objects of public health strategies. Leveraging the expertise of drug users forces a reevaluation of their life experiences. The ways in which users are charged with administering drugs on others and thus with life-saving power decenters the authority of credentialized medical professionals, and raises complex questions about risk and responsibility. The social logic of naloxone therefore speaks to more general issues regarding the politics of social and public health policy today. As social interventions and network-based thinking become more common in social policy and the "new public health" (Petersen and Lupton, 1996), these issues have broader relevance.

### 1.1. Site and methods

This article adopts a qualitative and ethnographic approach to studying social policy (see Stevens, 2011; Schatz, 2009: Yanow, 1996; Spradley, 1970). Using participant observation and interviewing, this approach relies upon "in-depth fieldwork … in order to analyze the concrete practices through which a policy is enforced in everyday life" (Dubois, 2009: 222). The goal is to examine the relational and iterative dimensions of policy formation and implementation, and to interpret the meanings and taken-for-granted categories that policies rely upon and operationalize. Critical policy ethnographies also connect the policy process to broader political-economic changes (Fischer, 2016). This approach is therefore well suited to interpreting recent trends in overdose reversal, evaluating the assumptions upon which this form of policy relies, describing the techniques that it mobilizes, and explaining its relation to the broader context of neoliberal public health policy.

Data for this study were gathered over a two-year period from January 2011 to December 2012, as part of a larger study on the diffusion and institutionalization of harm reduction in New York City. Fieldwork involved participant observation at three syringe exchanges in the Bronx and 40 semi-structured interviews with agency staff and peer volunteers, employees of the New York City Department of Health and Mental Hygiene (DOHMH), the New York State AIDS Institute, and harm reduction advocates working at three New York City harm reduction and drug policy organizations. Participants were recruited based on their positions within these organizations or other involvement with naloxone training. After explaining the nature and purpose of the research, verbal informed consent was obtained from each interviewee. Fieldwork also included observation of ten overdose prevention trainings, a majority of which ($N = 8$) took place at a syringe exchange here referred to as South Bronx Harm Reduction (SoBroHR). In addition to trainings aimed at active drug users, naloxone training for staff of New York City-area social service agencies were also observed ($N = 2$). In accordance with Institutional Review Board protocol, names of the organizations have been changed and interviewees are here referenced with randomly selected initials.

Opioid overdose fatalities have nearly quadrupled since 1999, and are now the leading cause of accidental death in the United States. An estimated 91 Americans die every day from an opioid overdose (Rudd et al., 2017). In line with national trends, overdose has become a leading cause of death in New York City (see Piper et al., 2007, 2008). Heroin overdose more than doubled between 2010 and 2013, and overdose from opioid analgesics rose by 256% between 2000 and 2013 (DOHMH, 2014: 3; Siegler et al., 2014). The South Bronx, where data for this study were collected, has persistently had the highest rate of opiate overdose in the city (DOHMH, 2011).

The South Bronx is also home to some of the city's oldest and most established harm reduction agencies. These agencies grew out of the work of activists who initiated underground syringe distribution in the early 1990s in response to the HIV/AIDS crisis. Overtime, activist groups professionalized and began offering harm reduction and other health services in partnership with City and State health departments. Today, SoBroHR provides a variety of programs and services to its more than three thousand participants, including syringe exchange, case management, employment training, onsite primary health care and pharmacy, soup kitchen, showers, laundry, and social space. More than just a needle exchange, SoBroHR is a service provider and community space that has come to play a vital role in the "geography of survival" (Mitchell and Heynen, 2009; McLean, 2012) of many of it homeless and drug using participants.

SoBroHR was one of the first agencies in the city to offer overdose reversal training and access to naloxone. In 2005, New York passed legislation authorizing opioid antagonist administration programs, and the state health commissioner established standards for overdose prevention programs and the use of naloxone by non-medical personnel. Naloxone programs are now licensed by the NYSDOH and abide by the regulatory framework set out by the law (Beletsky et al., 2009). As HIV/AIDS rates among injection drug users have declined, established agencies like SoBroHR with deep roots in the community have been instrumental in developing programs for overdose prevention as a new epidemic has taken hold.

### 1.2. Naloxone as a harm reduction strategy

Before the development of formalized overdose reversal programs, drug users engaged in various do-it-yourself strategies to