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HARM REDUCTION IN COSTA RICA: CONSEQUENCES FOR THE LGBTQIA+ POPULATION FROM A TERRITORIALIZED PERSPECTIVE

REDUCCIÓN DE DAÑOS EN COSTA RICA: CONSECUENCIAS PARA LA POBLACIÓN LGBTQIA+ DESDE UNA PERSPECTIVA TERRITORIALIZADA

REDUCÃO DE DANOS EM COSTA RICA: CONSEQUÊNCIAS PARA A POPULACÃO LGBTQIA+ DESDE UMA PERSPECTIVA TERRITORIALIZADA

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Objective: to analyze the gaps and debts that the homeless, drug-consuming Costa Rican LGBTQIA+ population faces from the perspective of Harm Reduction. Method: Phenomenological reflection that is circumscribed in the macro-project "Experiences of homeless people who consume psychoactive substances: An approach from the Harm Reduction Model." Results: The health of the LGBTQIA+ population living on the streets and drug users is understood as a complex and multidimensional phenomenon. Given this, thinking about political strategies that allow this human right to be realized becomes fundamental. It is understood that there are multiple debts present with this population, consequently, the intersectional and territorial perspective must be considered as a praxiological north. Final considerations: Harm Reduction must focus on guaranteeing human rights and providing territorialized, person-centered care, with a public health perspective and mainstreamed in principles of equity and justice.

Descriptors: Housed Persons. Harm reduction. Drugs abuse. Sexual and Gender Minorities.

Objetivo: analizar fenomenológicamente los vacíos y deudas que la población LGBTQIA+ costarricense en situación de calle, consumidora de drogas, enfrenta desde la perspectiva de Reducción de Daños. Método: Reflexión fenomenológica que se circunscribe en el macroproyecto "Experiencias de personas en situación de calle consumidoras de sustancias psicoactivas: Una aproximación desde el Modelo de Reducción de daños". Resultados: La salud de la población LGBTQIA+ en situación de calle y consumidora de drogas se comprende como un fenómeno complejo y multidimensional, ante esto pensar en estrategias políticas que permitan efectivar ese derecho humano se torna fundamental. Se comprende que son múltiples las deudas presentes con esa población, consecuentemente, se debe considerar la perspectiva interseccional y territorial como norte praxiológico. Consideraciones finales: La Reducción de Daños debe enfocarse en garantizar los derechos humanos y brindar una atención territorializada, centrada en la persona, con perspectiva de salud pública y transversalizada en principios de equidad y justicia.

Descriptores: Personas en situación de calle. Reducción del Daño. Abuso de Drogas. Minorías Sexuales y de Género.

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Objetivo: analisar fenomenologicamente as lacunas e dívidas que a população LGBTQIA+ costarriquenha em situação de rua, consumidora de drogas enfrenta desde a perspectiva de Redução de Danos. Método: Reflexão fenomenológica circunscrita no macroprojeto "Experiências de pessoas em situação de rua consumidoras de substâncias psicoativas: Uma aproximação desde o Modelo de Redução de Danos". Resultados: A saúde da população LGBTQIA+ em situação de rua e consumidora de drogas compreende-se como um fenômeno complexo e multidimensional, diante disto, pensar em estratégias políticas que permitam efetivar esse direito humano torna-se fundamental. Adicionalmente, compreende-se que são muitas as dívidas presentes com essa população, consequentemente, deve-se considerar sempre a perspectiva interseccional e territorial como norte praxiológico para garantir o cuidado. Considerações finais: A Redução de Danos deve garantir os direitos humanos e oferecer uma atenção territorializada, centrada na pessoa, com perspectiva de saúde pública e transversalizada pelos princípios de equidade e justiça.

Descritores: Pessoas em Situação de Rua. Redução do Dano. Abuso de Substâncias. Minorias Sexuais e de Gênero.

Introduction

Analyzing the Costa Rican Harm Reduction (HR) model[2] implies placing its principles as a central axis in the drug phenomenon, which unfolds inexorably in the minimization of prejudices and risks of a biological, political-structural, psychosocial and economic nature. , which can be caused by the use and abuse of psychoactive substances, without necessarily intervening in the user's desire for abstinence.

Consequently, his study draws the possibility of drawing an intersection between the social and the individual, since HR could (and should) be considered a pragmatic public health policy that, in turn, establishes various procedures aimed at recognizing the human rights of consumers. Thus, as a policy it is clearly opposed to what is advocated by the prohibitionist model of combating drugs, based on criminalization, with its guiding axis of elimination. On the other hand, as a public health practice, it is in harmony with health experiences that seek to defend and protect health and life [(1)].

In line with the above, when we consider the HR from an intersectional perspective [(2)] we recognize the debts that must be remedied mainly between the transversalizing elements of the Costa Rican model and the self-identified populations within the Lesbian, Gay, Bisexual, Transgender, Intersexual spectrum, Queer, Asexual among others (LGBTQIA+)[3] in a street situation who are drug users. The above is affirmed by accepting that there are systemic relations of domination, oppression and subordination structured through social institutions such as families, schools, hospitals, workplaces and government agencies, which represent the structural dimension of violence and stigmatization. evidenced through practices of discrimination, silencing and superlative, sexist, patriarchal and LGBTQIA+phobic vulnerabilization [(3-4)].

In this way, for the latter to be combated, social, political and academic interest is necessary, in addition to the territorial approach with LGBTQIA+ actors *in situ* to whom attentional action in HR matters would be directed. Indeed, in the interstices of these approaches lies the genuine generation of public health links focused on the popular particularities of people as social protagonists and political actors important for the realization of the constitutional principles of the Costa Rican health system.

Meanwhile, mainly in moments of political-institutional crisis and reduction of the social role of the State, it is common for territorialized and particularized HR policies to exclude or secondaryize other realities – mainly those of diverse populations in gender-sexual terms that

[2] The Costa Rican Harm Reduction model is presented as a pragmatic and humanistic concept that is aligned with the principles of public health and human rights. It includes the entire population as formulators and recipients of health policies, regardless of whether they are consumers of psychoactive substances or not[(1)].

[3] I consider the LGBTQIA+ acronym as the most inclusive political representation of the various sexual and gender identities and terms related to non-cisheteronormativity, which includes an infinite and polyphonic contestatory gray zone of the traditional binary and dichotomous spectrum. I do not omit to point out my awareness and recognition that language – and consequently terminologies – is alive and evolves. Therefore, this acronym is still susceptible to variation, with the aim of representing, recognizing and affirming the existence and resistance of human diversity.

consume drugs in street situation. For this reason, judging by the historical process and especially by recent policies, the current model sometimes coexists and sometimes does not coexist with territorialization [5].

In line with the above, the premise presented defends the inherent complexity when addressing aspects related to homelessness, drug use and diverse populations in their practical realities and territories (which not only have the meaning of geographical space, but also materialize in their physical bodies, the understanding of their pulsating, dynamic dimensions and related to the tangibility of the economic, physical, political and cultural conceptions of their non-places).

The vision supported by this paradigmatic positioning of HR for diverse populations in the territory consists of implementing the principles of the Costa Rican health system that are linked to the universality, equity and comprehensiveness that also comes together with the Primary Care proposals. Principles that must necessarily consider general socioeconomic, cultural and environmental conditions, with a critical view, based on the voice and knowledge of the local population and, on collective well-being and, capable of equitably addressing health demands, being that the conjunction of these factors are instruments that have made possible action in the territories as forms of productive inclusion and mitigation of social inequalities [6-8].

Given this succinctly described panorama, the objective of this manuscript is to analyze the gaps and debts that the homeless, drug-consuming Costa Rican LGBTQIA+ population faces from the perspective of Harm Reduction. The above, considering the history of implementation of this public policy since 2017. It should be noted that the analysis carried out was born as a product of a phenomenological reflection promoted within the framework of the macroproject entitled "Experiences of homeless people who consume psychoactive substances: An approach from the Harm Reduction Model", which was approved by the Scientific Ethics Committee of the University of Costa Rica according to protocol B9349 in 2020.

Discussion

The territorial and intersectional HR: a political act demanding LGBTQIA+ rights

The HR does not only imply guaranteeing access to health with equity, social justice, food and overnight stays for different human beings, it also proposes expanding life through affection, empathy, care and presence, understanding the needs of users, inserted in their life context and in this way, form and build more flexible and realistic actions in which practices in the field of care for drug users can enable humanized and comprehensive care.

In this sense, when it comes to caring for human beings it is important to work with singularities, I am talking here about diversity and the subsequent existing sample of individual choices. In this way, health practices must take into account gender-sexual diversity and embrace, without prejudice, what is presented in each situation, with each user and what is being demanded, thinking together about what can be possible and necessary, stimulating active participation and appealing to their autonomy [9-10].

Despite the above, territorialized and intersectional HR for self-identified people within the LGBTQIA+ spectrum encounters structural barriers, since care for these populations is still mediated by a stigmatizing and segregationist imprint [7]. Although it is true that the Costa Rican HR Model places (discursively) the phenomenon of drug use from a dialogic perspective, valuing the voice of the subjects and their knowledge (life worlds) for the production of their own care, it still becomes difficult find in-depth training for professionals that allow LGBTQIA+ people to express themselves safely and free of accusations in the different devices that make up the HR network [7].

In this regard, it cannot be ignored that to meet the demands of the population, the Costa Rican Health System is organized in an

articulated manner, starting from Basic Care with low complexity demands, with medium and high specificity services also existing. Thus, the health care network is made up of health professionals, who should seek to address the demands of the population without stigma or discrimination through community and territorial-based actions that promote human dignity and non-exclusion.

In this sense, access to HR services should be free, without exclusions so that it is developed in an environment that guarantees human rights and occurs through the establishment of links and the construction of co-responsibility for care. However, this is still far from happening when it comes to addressing the LGBTQIA+ population who are homeless and substance abusers [11-13].

Cumulatively, through my experience in the research field, I recognize that institutional LGBTQIA+phobia is present and naturalized, removing individual identities and denying this population a full existence. Furthermore, the possibility of disrespect for diverse identities arises with certain constancy in daily itineraries and life-worlds when they refer to health care, mainly in dormitory facilities, where the same peers carry out verbal and psychological violence, mostly.

By logical extension, the health of the LGBTQIA+ population living on the streets and drug users is understood as complex in its needs and demands. Through this, it becomes important to adapt the service network of the Harm Reduction System to respond to them in a manner proactive, comprehensive, with quality and equity. In Costa Rica, it is known that this specific population suffers superlative exclusion, sometimes being left without access to basic civil rights and the recognition of their identity. Furthermore, it is known that these people systematically fight to materialize the guarantee of their basic rights such as simply living and having the minimum of dignity.

Considering the issue under these aspects, the Costa Rican evidence has been pointing out issues that affect the LGBTQIA+ population living on the street, mainly related to health care and attention, the above linked to the linearity of heterocisnormativity, therefore, only A territorialized and intersectional HR practice will allow a better condition for treatment to be assisted, respecting their identity and understanding, based on their experiences, their specific demands [7] .

By logical extension, the five devices that are part of the HR network (listening centers, tents, coexistence centers, dormitory centers and shelters) that already have as their proposal the territorial action of bringing basic supplies and knowing the demands of the territory, They must be prepared to understand the singularities of the LGBTQIA+ population living on the streets throughout the country and their spaces of enunciation, not only as very disparate geographical places, but also to allow recognition of their demands with the aim of promoting social inclusion , autonomy and the exercise of citizenship.

Indeed, although the Costa Rican HR Model shows us the importance of providing territorialized care for all populations without distinction or discrimination, *in situ practices* and the experiences of LGBTQIA+ people indicate that the old paradigms are far from being fragmented. The HR Model also presents a principle that ensures direct care to citizens free of discrimination, but it seems that this does not yet occur in daily practices.

In the face of this complexity, it is recognized that harm reduction is also a political act, since it entails identity and citizen recognition for LGBTQIA+ people in vulnerable situations. Therefore, making this public policy viable is an act of resistance guaranteed by the principle of equity advocated by the Model itself [14-15].

Consequently, the “HR for all human beings” from an intersectional perspective (considering all the social mediators of difference) and in the territory, has (or should have) the objective of maintaining and strengthening the cultural and community ties of the users. , know their context and their community networks, where at first the human rights involved are carefully evaluated, and then begin the search for alternatives that respect the person and the physical-geographical/

temporal environment in which they are inserted. In practice, this logic has been shown as a set of possible and effective actions that contributes to the vision of the Costa Rican health system [1].

On the other hand, the public health perspective based on the model of social determinants/determinations of health becomes fundamental. The above by recognizing that structural, intermediate or proximal conditions act in the life and health of LGBTQIA+ people, potentiating vulnerability and suffering and generating situations that produce illness, suffering and death for that population. Furthermore, it is known that the violence materialized by the causes behind the causes are limits to the exercise and enjoyment of human rights or at least the non-recognition of gender-sexual diversity that restricts this last category in the cells of binarism. necropolitical (1.7).

Furthermore, a crucial aspect to understand the type of social determinants, devices and technologies of necropolitical discrimination of the LGBTQIA+ population in contemporary street situations is the understanding that the frameworks that seek to legitimize violence continue to be based on modern notions such as hygiene and conservatism, all facts that cause this population to suffer from a continuous process of exclusion and social marginalization. Certainly, the social determinants/determinations of health reinforce exclusion and contribute to illness and impairment of the comprehensive health of this population.

At this point, it becomes important to mention that the social determinants/determinations of health corroborate the interaction between living conditions and their associations with the context, in which socioeconomic inequalities have their potentialized negative effects. For this reason, understanding that they can be part of the health process of people and communities leads us to admit that social exclusion through unemployment, lack of housing and food insecurity, as well as the difficulty of access to education, health, leisure and culture directly interfere with the quality of life and health of the homeless LGBTQIA+ population [5].

Faced with this panorama, some factors, such as the territorial disposition of HR devices in Costa Rica and social discrepancy, promote extreme difficulty in implementing the political premises of the HR in a comprehensive, intersectional and territorial manner, even more so in times syndemic (COVID-19, mental illnesses and psychoactive substance use). Thus, in this context, recognizing and establishing relationships with social mediators that expose the multiplicity and specificity of this phenomenon could respond and expand care strategies.

The above shows that the LGBTQIA+ health of homeless people who consume psychoactive substances requires attention from the perspective of primary care and demands a necessary articulation of other areas of the health system to address the gaps of this public and thus become a real and transversal care policy.

From this statement, it is perceived that homelessness in the LGBTQIA+ population is made up of a mixture of forces that cohabit, considering here that the street is a space that produces exclusion but could also be a space of life, if it were resignified by the community. vision of the Costa Rican HR Model. Furthermore, we cannot ignore that the social phenomenon of homelessness in the LGBTQIA+ population is structured around capitalist societies and its development goes through economic, political, social, historical and cultural nuances. Consequently, the importance of working on its underlying phenomena – such as drug consumption – by blurring the oppressive myth, makes it possible to reveal other vulnerability factors experienced by this public that deserve highlighting.

Thus, the guarantee of rights through the territorialized methodology of harm reduction invites us to think about other care strategies for homeless people who use drugs, which encourage the creation of stronger community, family and social ties. solid, respecting individualities, improving quality of life, access to services and escaping hygienic and repressive logic.

In this new paradigm, the fight against complex social dichotomies is evident: Repression vs. Visibility and Oppression vs. Rights and, the importance of the political act of the HR as a technology to reinforce the recognition of citizenship and other human rights is highlighted. Thus, addressing this population as a social group for priority intervention translates into recognizing the importance of working with those who are far from enjoying what rightfully belongs to them [15].

In the same line of reasoning, thinking about dimensions such as drugs that permeate the lives of LGBTQIA+ people living on the street, exposes the existing stigma in society that inexorably produces suffering, exclusion, social distances and vulnerability, and can also translate into difficulties in accessing public services and, expressing that not every subject who consumes drugs is able to identify their therapeutic alternative in abstinence.

Related to this thought, the practices in HR devices should weave their pragmatic operation in the premises of open-door, welcoming environments inserted in the territories, that is, providing care for all the territories in which the LGBTQIA+ population in living street situation, since it must become a political action for the entire Costa Rican society. That is, welcoming all people in their environment, with a transdisciplinary team, organizing individualized therapeutic projects, accompanying the user in their history, culture, life projects and involving social support networks, knowledge and resources of territories mainly articulation with other health devices, such as Basic Care (1,16).

However, for transformations to occur in the HR and to improve the care of this population, it also depends on transformations in the academic training process and ways of acting of the health professionals who comprise it. Together with this logic, the anchoring of the HR as an emancipatory, intersectional and territorial public policy would define a new ethical, clinical and political paradigm, which unfolds in a process of confrontation and attacks on the repressive policies established in the period of the Cold War. , which placed a panaceic response in the war on drugs.

In this last aspect, HR should be a practice built and belonging to the LGBTQIA+ population that makes its demands heard by professionals who understand it as a strategy for building relationships and as a guarantee of access to humanized health care.

When considering the potential of the HR to the LGBTQIA+ population as a political act and in the territories, we are committed to valuing the knowledge and realities of this community, taking into consideration the physical-historical, social and cultural context in which this population is inserted and, in this way, develop care strategies, as well as raise all the health demands to be addressed. That is, be attentive to the way in which the territory is used socially, given that this reveals the uniqueness of the place where the health intervention would occur [7].

Therefore, it becomes necessary to consider the territorialized and intersectional HR as a fundamental point from which to start when thinking about LGBTQIA+ health action for street drug users. It is consequently understood that this policy must be living, pulsating and dynamic, with several scenarios for the action of a multidisciplinary team and with this, also guarantee access to health for the LGBTQIA+ population who may be facing multiple violence, vulnerabilities and psychological suffering.

Thus, establishing links whether in the territory or in the HR device can happen at different times, the important thing is to remain vigilant of barrier-free reception, based on humanized care. Another important point to consider in this political commitment is the approximation of family ties in cases where they are permitted. In addition to interaction and insertion in the social context, valuing person-centered care and under the principle of freedom. Therefore, understanding – in an emancipatory way – that to face the challenges of daily work, continuity in professional training becomes vital to know the new ways in the reception and care process in this population subject to vulnerability.

Final considerations

Building an operational HR political plan that enables comprehensive care for LGBTQIA+ street drug users means building actions and strategies that must necessarily be State, provincial and municipal. The above with a territorial, intersectional sense, centered on the person, on human rights and under the logic of public health (non-psychiatrizing).

Through this narrative, it is possible to further expand the universal, comprehensive and equitable system of the Costa Rican health system. In line with the above, this Plan must be structured in four axes: Guarantee of access without exclusion, Specific territorial action of Humanized Care, Permanent and Continuing Education and finally, Monitoring and Evaluation of health and HR actions implemented for the LGBTQIA+ population homeless and a drug user.

Therefore, the establishment of a policy aimed at the LGBTQIA+ population and the articulation with other public policies, such as the HR, opens possibilities of comprehensive care guarantee, to improve access and understand the freedom of choice to the best treatment by the subject, which translates into an investment and breadth of your quality of life.

With the above, building together with the user the unique therapeutic project is extremely important, taking into consideration the entire health context and seeking proportional diversity of solutions, meeting the proposal of reducing the negative consequences of the use and abuse of drugs not exclusively directed to a decrease in consumption, especially to the damages that belong to both the social and health fields.

Finally, territorialized HR interventions can produce reflections in health professionals and lead to the identification of factors that can substantially interfere in the health process of the homeless LGBTQIA+ population, thereby building subsidies for discussions and development of health practices more focused on the needs of this population, including the possibilities of minimizing the harm that drug consumption produces in the individual and in society, encompassing social differences and the human rights of these people.

Collaborations:

1 – project conception and planning: Jaime Alonso Caravaca-Morera

2 – analyze and interpret two dice: Jaime Alonso Caravaca-Morera

3 – writing and/or critical review: Jaime Alonso Caravaca-Morera

4 – approval of the final version: Jaime Alonso Caravaca-Morera

Conflicts of interest

There is no conflict of interest.

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