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Memory, Forgetting, and Economic Crisis:
Drug Use and Social Fragmentation in an Argentine Shantytown

Closely linked to the increase in psychotropic pill consumption, forgetting and remembering emerged from devastated social scenarios as a new local idiom among poor youth in the late 1990s and the new millennium. Drawing on ethnographic fieldwork carried out during the years of the deepest economic crisis in Argentina (2001–03), I argue that psychotropic pill consumption is associated with not only deteriorating economic conditions but also changes in the quality and price of cocaine, and in the scarcity and subsequent change of status of medications during the economic breakdown. Taking into account developments in the field of memory studies, I examine the relationship among political economy, social memory work, and changing drug-use practices. Regarding memory as a social practice, I argue that the growth of psychotropic pill consumption in the late 1990s can be understood through the interplay of Paul Ricoeur's notions regarding different kinds and levels of forgetting. By analyzing changing survival strategies, social network dismantlement, changing mortality patterns, and abusive police repression, I discuss how social fragmentation engendered by structural reforms has modified social memory work.

Keywords: [drug use, Argentine economic crisis, memory and forgetting]

In the devastation created by the Argentine neoliberal regime, forgetfulness and remembering emerged as a local idiom among the poor, marginalized youth of the many shantytowns adjacent to the city of Buenos Aires. Linked to the consumption of psychotropic pills mixed with alcohol, memory disturbances began to be part of everyday life in shantytowns of Greater Buenos Aires. This mode of drug use spread in those southern areas where smoking freebase cocaine had not yet become a widespread practice (Epele 2003; Intercambios 2004).[1] The loss of capacity to recollect specific past events and the fragmentation of memories into flashes are frequent images that both drug users and their relatives, as well as other residents, correlate to psychotropic pill ingestion.

Cocaine was the most extensively consumed illegal substance in Argentina during the last decades. However, psychotropic pill use has had a long and complex history in impoverished neighborhoods surrounding the city of Buenos Aires since the early 1980s (SEDRONAR 1999). In this article, I analyze drug users' perspectives and

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local accounts to see how psychotropic consumption not only increased rapidly but also became legitimized as a particular mode of drug use in these shantytowns, from economic breakdown in 2001 to the political and economic recovery in 2003 (Svampa 2003, 2005).

Changes in patterns of drug consumption in different regions and countries are a central issue in anthropological studies about drug use (Agar 2003; Bourgois 1995; Ciccarone 2005; Curtis 2003). Based on this perspective, I suggest that changes in modes of drug use are connected to structural reforms and related social experiences in Argentina's recent history. Thus, the changing characteristics of psychotropic pill consumption and its association with forgetting and memory are addressed not only from changes in the macro and local economies but also from the particular social suffering due to social fragmentation during the economic breakdown (Epele 2003, 2008).

According to drug users living in these shantytowns, the increase in psychotropic use during this period is connected to several processes: the progressive scarcity and deterioration of the quality of cocaine, the deficiency of economic resources obtained by legal or illegal means, changes in the informal rules of impoverished neighborhoods, the generalized criminalization of drug use coupled with compulsory rehabilitation, abusive police repression, and the changing status and expansion of informal strategies of getting and exchanging medications in local settings.

Considering the notion of memory to be a social practice, I analyze how memory and forgetting are at stake in these social scenarios. The progressive legitimization that this kind of dissociation during the most critical years (2001–03) shows how structural changes intersect patterns in modes of drug use and social dynamics in everyday life. The main argument of this study is that the devastating consequences of structural reforms and Argentina's collapse had on vulnerable populations affected not only drug-use patterns but also the microdynamics of social bonds and the processes of building, disassembling, and reconstructing social networks. Finally, the idiom of forgetting and memory links both processes and integrates them in the historical and local ways of living and experiencing tensions, ruptures, and fragile forms of repairing social bonds in moments of extreme uncertainty, terror, disillusion, and desolation.

Subjects and Methods

This ethnographic research was conducted from 2001 to 2003 with active drug users in a shantytown that I call "El Fuerte," located in southern Greater Buenos Aires. With the overarching goal the articulation of political economy, social suffering, and drug use, the specific objectives of this study were to determine the characteristics of and changes in drug-use practices as well as how they relate to the logic of HIV/AIDS. Using the ethnographic approach, I immersed myself in El Fuerte's everyday life during the major political economic crisis in 2001–02 and the postcollapse period until late 2003.

Like many impoverished shantytowns, El Fuerte is made up of two combined architectural structures. One is a settlement in the typical pattern of Latin American *villas de emergencia*; this one consisted of 12 blocks of unstable houses made of bricks, scrap metal, and cardboard. The second is a group of buildings that were

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part of an unsuccessful state housing project whose objective was to eradicate impoverished, precarious neighborhoods. The majority of the inhabitants of El Fuerte belong to the first, second, or third generation of migrants from the interior of the country. Immigrants from Bolivia, Peru, and Paraguay also have settled in specific zones of the neighborhood.

Most residents used to work in factories, at low-level jobs (like cleaning or security positions) in state departments, or in organized sections of the informal economy (e.g., street vendors). However, as a result of the economic crisis, most of them survived precariously on state social programs and informal economic activities like the collection and sale of bottles, paper, and cardboard. Moreover, because of the rising unemployment rate, many residents began to participate in a variety of illegal activities to overcome hunger, sickness, and despair caused by the lack of resources to meet the most basic needs.

Most drug users and former drug users over age 25 had finished not only elementary school but also had had some experience working in formal settings (construction, cleaning services, supermarkets, restaurants, low-level positions in state institutions, etc.) or informal settings (peddling, recycling, scavenging, etc.). In contrast, drug users who grew up in the 1990s had no work experience, dropped out of the early years of elementary school, or never attended school at all. The few who did have work experience described it as extremely precarious, informal, or temporary, working as gardeners or at menial jobs in the construction industry.

The recruitment of active drug users for this project was carried out in two phases. The initial phase of the research consisted of contacting drug users who were residents of El Fuerte and were undergoing HIV/AIDS treatment in health centers. After the initial phase, I conducted a total of 40 interviews with cocaine users—29 men and 11 women, including six injecting cocaine users. Although all of them consumed cocaine by sniffing, six people over the age of 28 had injected cocaine and changed their drug-use practice. All of them had had experience with psychotropic pills in the past, and approximately one-third of them had increased their pill consumption in the late 1990s and during the economic crisis, even though they introduced themselves as cocaine users. I also conducted interviews with 20 drug users who exclusively used psychopharmacological pills mixed with alcohol. They generally used drugs on a daily basis or several times a week. However, during the study, the active drug users' rhythm of consumption depended on a complex combination of availability of resources or money and drugs. Participants' ages ranged from 18 to 43 years old. Approximately half of the interviews were recorded, and the other half were documented in field notes.

During fieldwork I also interviewed—or had informal conversations with—members of the users' extended social networks such as relatives, friends, former drug users, and acquaintances. I carried out participant-observation in public places where drug users usually met—street corners, open spaces, and alleyways—as well as inside their homes and in specific hidden spots where drugs were consumed. I formed close relationships with roughly a dozen drug users (men and women). Interview design, field-note recording, and data analysis were guided and encoded by a set of categories: among the most important were type and characteristics of the drug consumed, consumption practice, trajectory and mode of use, effects

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and consequences of the substance to one's health and well-being, strategies for survival, characteristics of user social networks, diseases, suffering and causes of death, gender relationships and sexual practices, family structure and changes within it, strategies of police repression, type and characteristics of voluntary and compulsory treatments, and health systems available to users. This research followed the guidelines for the protection of human beings in a qualitative study. Participation in the study was contingent on people's informed consent. Confidentiality and the preservation of identities were guaranteed by changing the names of the participants and of the neighborhood where the study was conducted.

Changing Patterns of Drug Use: Seeking Theoretical Understanding

Changes in drug-use patterns are a recurring feature within different social contexts, regions, and countries. Recognizing shifts toward different substances and their modes of administration as common, widespread processes has promoted the development of theoretical perspectives on the modifications in drug consumption trends (Agar 2003; Dunna and Laranjeira 1999; Hunt and Baker 2001; Strang et al. 1992). These theoretical understandings propose that changes in the patterns of preferences and modes of drug use in local contexts are linked to larger macro structural, cultural, and historical processes (Bourgois and Bruneau 2000).

Diverse authors have emphasized and analyzed some of the several processes and dimensions that play a part in these modifications. First, changes in the international illegal drug trade (which regulates the supply, demand, availability, variety, and price of substances) affect trends of consumption in specific areas (Ciccarone 2005; Wodak et al. 2004). Second, modifications in political economy—in terms of the increase of poverty, unemployment, territorial segregation, discrimination, and inadequate state services—generate pockets of vulnerability where the use of the most harmful, destructive substances reach the highest rates of consumption and addiction (Bourgois 2003). Third, shaping the patterns of drug use in specific areas are: local historical substance use, its transitions, the structures of the community, and local social networks (Curtis 2003). Fourth, the oppositional cultures these populations produce also foster consumption of substances that are included directly or indirectly in their lifestyles. Last, certain time variations in drug-use patterns result from younger generations of users having learned the consequences of consuming certain substances (Bourgois 2003; Epele 2003). Within this theoretical framework, the pharmacological effects, choices, specific damage, and modes of drug administration have a minimum potential for explanation as compared to structural, historical, and cultural processes. Only variations in oppositional cultures, and new generations of users' forced education about the consequences of intensive consumption of certain substances, could intervene in the local variation of the lifestyles.

In recent years, however, there has been some debate on the issue of differences and similarities in patterns of drug consumption and changes over time in both highly developed and developing countries (Aceijas et al. 2006; Ciccarone 2005, Lurie et al. 1995; Wodak et al. 2004). Changes in the international drug trade, which regulates supply and demand, and modifications in regional and local economic policy help to explain not only the rapid rise of drug use but also the trend

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toward the riskiest methods of administration, as well as the subsequent alarming rise in harm linked to drug use. This perspective on the international market provides a preliminary understanding of regional and worldwide flows of—and variations in—drug supply and demand. To be precise, the growing availability of drugs and variations over time in developing countries such as Argentina are directly linked to the inclusion of these countries within a globalized international market. On its fringes, illegal trade would come to operate under the same rules of supply and demand. In this sense, the arrival of cocaine, its quick dissemination throughout the poorest neighborhoods in southern Greater Buenos Aires, changes in practices and consumption patterns during the 1990s, and the crisis (2001–03) are connected to structural reforms that transformed Argentina into a dependent, marginal, unequal, and globalized economy (Epele 2008; Intercambios 2004; Rossi and Rangugni 2004).

Although these processes and theoretical articulations are indispensable for understanding changes in patterns of consumption in particular contexts, they are not sufficient to capture the ways that historical and political contexts shape practices, experiences, and their meanings in developing countries. In the case of Argentina, these structural reforms are expressed locally in terms of processes and events of historical and political transformation in which they were carried out (dictatorship, repression, hyperinflation, defaults, popular uprisings, pressure from the International Monetary Fund and the World Bank, unemployment, bank closings, political patronage, corruption, neocolonial application of repressive models such as zero tolerance, shortages of food and medical supplies, devaluation, lootings, etc.), and community and individual experiences that accompanied them (terror, fear, solidarity, mistrust, protection, isolation, death, social organization, social fragmentation, dissociation, somatization, starvation, memory, and forgetting; see Calveiro 1995; Centro de Estudios Legales y Sociales [CELS] 2005; Svampa 2005; Zeballos 2003). With these historical particularities, memory and forgetting have become social and political practices that cross over and shape certain experiences, social bonds, and social mobilization aimed at repairing harm and restoring justice in popular sectors.

Therefore, the steady increase of psychotropic pill consumption—specifically Clonazepam—along with its progressive legitimatization as a mode of drug use and its strong association with forgetting and memory disturbances—in shantytowns of Greater Buenos Aires are addressed by considering not only changes in the macro political economy but also microdynamics of social bonds and social suffering in local settings. The analysis of this consumption practice attempts to capture viewpoints of the users themselves, their experiences of dissociation and alienation, and the structural and historical contexts in which they take place.

Social Memory Work, Drug Use, and Social Fragmentation

The consumption of psychotropics in general—and Clonazepam in particular—escalated in the 1990s. Initially, its growth was because of a marketing ploy of pharmaceutical companies that intended to establish this type of medicine mostly for the diagnosis of "panic attack." As evidenced by its growing availability in state mental health services, the use of Clonazepam spread quickly among the general population in the 1990s.[2] In a setting of sudden contraction of the Argentine pharmaceutical

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market during the 2001–02 collapse, there was, paradoxically, a sharp rise in psychotropic pill consumption among the middle class, specifically of antidepressant medications (rising approximately 13 percent in four months), and anxiolytic drugs (around 3 percent; see Stagnaro 2003). Although this paradoxical situation has been explained by the commercial tactics of pharmaceutical companies—including gift giving to doctors—as well as the prescription of psychotropic drugs as treatment for the suffering associated with the critical social situation (Lakoff 2004), other long-term processes have been operating within the Argentine middle class—frequent self-medication and loose controls on sales of psychotropics—that contributed to these numbers. Even when Clonazepam has been an important component in anxiety treatments and cocaine withdrawal rehabilitation, its use among poor youth goes beyond the rationale of new pharmaceutical strategies to increase sales to the middle class (Lakoff 2004; Stagnaro 2003).

Argentina's political and economic crisis of the late 1990s and its collapse in 2001–02 revealed characteristics of violence that exceeded the routine, chronic everyday violence that usually comes with poverty and social exclusion. Argentina became a paradigmatic case for understanding the relationship between state terror and economic transformations under neoliberal capitalism. The external debt "alchemy" (with the hegemony of financial capital over national industries) implemented by the military dictatorship (1976–83) conditioned Argentina's political economy to the decisions of international monetary organizations (Barbeito and Lo Vuolo 1992; Rapoport 2000). Social and economic indicators showed that the decay engendered by the debt paradigm was deepened by the neoliberal reforms of the early 1990s: the international control of local resources and the economy, the privatization of state companies, the destruction of national industries, the internationalization of the banking system, and flexibility in labor laws (Barbeito and Lo Vouolo 1992; Beccaria and López 1996). Inflation, hyperinflation, devaluation, overvaluation, changing currencies, lack of credit, loss of bank deposits, a soaring country risk index, unemployment, unmanageable debts, volatile monetary rate, recession, and default were the tactics of this neoliberal system (Svampa 2005).[3]

The economic crisis in Argentina has been associated with social distress, mental health, suffering, somatization, and self-medication yet has rarely been addressed in association with studies on social memory (Rapoport 2000; Stagnaro 2000, 2003). Closely associated with the steady increase of pill consumption among poor youth both during and after the political and economic collapse, the emergence of forgetting and remembering as local emotional idioms provides us with an understanding of some aspects of the relationships between politics, economy, and memory work. In his analysis on AIDS in post-Apartheid South Africa, Fassin points out that traditional ways of understanding politics and memory are insufficient to deal with the "everyday politics of life and death" and to show how bodies affected by AIDS reveal memories that were supposedly overcome in post-Apartheid political reconstruction (Fassin 2007). In certain historical and political contexts, the main problem is the production of a voice and of people being heard (Das 1997; Tonglet 2002). Specifically, as Biehl (2005) states about the case of social psychosis in vulnerable populations in Brazil, it is presumed that subjects operate outside of memory, and that their narrations fall outside of the criteria for truth and falsehoods or evidence.

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Based on this perspective, and taking into account Ricoeur's differentiation into types and levels of forgetting (Ricouer 2000, 2002), I considered two of these notions as a guide for my analysis. The first is the kind of forgetting that refers to those things experienced, known, or learned in the past but not available at the present time. The second is the notion that forgetting refers to a failure to communicate very disturbing, traumatic, painful, and even shameful experiences. Based on Primo Levi's analysis of memory distortions and forgetting among Holocaust survivors and of the paradoxical experience of witnessing, Ricoeur's type of forgetting points out the difficulties in narrating or listening to those experiences within social relationships supported by an ordinary, commonsense world.

Instead of memory as a reservoir full of obscure fragments of past events, memory and forgetfulness are understood, from this perspective, as social practices; they are produced out of experience, reshaped, and embodied in social and individual bodies (Lambek and Antze 1996). Viewing memory and forgetfulness as social practices points toward the importance of social networks and larger settings in which all of this is embedded. Thus, the characteristics of the social contexts in which the events, their retelling, and their interpretation take place create the conditions for the possibility of remembering and forgetting. In other words, memory emerges from specific relationships and social settings; it is unthinkable without interlocutors and without social and individual bodies. These scenarios allow us to recognize different models and politics of memory and forgetting disguised in every trace of everyday life; they become components of survival strategies and social identities to endure, resist, or capitalize on affliction and distress.

Changing Drug-Use Practices during the Crisis

The use of psychotropic pills has a long, complex history in the southern neighborhoods of Greater Buenos Aires. Nevertheless, its dissemination and modes of use have been overlooked in local studies. They are always included in the vague category of "polydrug use." The analysis in modes of psychotropic consumption and their variations over time allow the recovery of a dimension of the rapid changes in drug use, the modifications in social networks, and the articulations among historical and political processes and the dynamics of everyday life.

In the 1980s and the early 1990s, the medication dominating the drug scene was Rohypnol.[4] Older, former drug users considered its consumption to be the most efficient way to water down the effects of intensive cocaine use. The consumption of psychotropic pills at the time was seen either as a supplement or replacement for cocaine, or as the main substance consumed by very marginal users who lacked economic and social resources. According to older and former drug users, pill users were marginalized by cocaine users because this practice was associated with poverty and having no resources, style, or any way to get "high." The stigmatized character of these practices meant that it had never been legitimately recognized as a mode of drug use.

Many of the older former drug users I interviewed narrated several experiences about the effects of these pills. Most of their accounts focused on the strange experience of losing their memory for a period of time. Forgetting in the Rohypnol era was related to the loss of memories of past experiences and events in personal

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life stories, mostly with involvement in violent and illegal activities. The characteristics related to this type of drug use engendered some local terms and expressions: *rocheado, cabeza de rophy, empastillado,* or *empastado*. Although Rohypnol was the most prominent, users also consumed other pills, depending on their availability. The type of dissociation put psychotropic pill users in the lowest, most marginal rung in the drug-user hierarchy. According to long-term drug users, this pill was available in impoverished neighborhoods until the mid-1990s, when Clonazepam and other psychotropic pills started to spread.

In the late 1990s, poor-quality cocaine—with a high grade of impurity—was an affordable product for populations most affected by widespread poverty and indigence. Since I began my fieldwork in 2001, and during the crisis and collapse of 2001–02, I have been able to document a number of changes in drug use. In some areas and neighborhoods there was little change in the availability and price of cocaine during the crisis. However, in other areas, there was a progressive shortage of cocaine available for the poor. Most users snorted cocaine, because injection had become a marginal practice. The drastic reduction of modes of obtaining resources through both legal and illegal means and the dearth of cash and goods that could be traded for drugs have fostered its substitution by other substances that were already part of the consumption scene, albeit secondarily. This cocaine was replaced by or combined with other substances: psychotropic pills, marijuana, *paco* (a form of cocaine), and alcohol (beer and low-priced red wine). According to users, the progressive substitution for cocaine by other substances was tied to the fact that cocaine was of poor quality, brought about no "high," was expensive, and produced many ailments because of its high toxicity. Although varying in location, users' age, gender, and the capacity to produce at least some resources, psychotropic pills, marijuana, alcohol, and cocaine defined new modes and styles in drug use.

Having only made its appearance recently, cocaine base paste—generally called "paco"—was distributed irregularly in this area in 2001. It was sold only in some neighborhoods and with no territorial continuity. Paco gradually replaced the intensive use of psychotropic pills, cocaine, alcohol, and marijuana in these areas. Some older, more experienced cocaine users continued to use these other substances, as they quickly recognized the highly destructive nature of this new drug. Only after the collapse of 2001–02 did paco experience rapid expansion. Today, paco dominates the consumption scene in shantytowns as well as working-class and lower-middle-class neighborhoods. It is even beginning to seep into middle-class urban areas (Touzé 2006).

Economic Collapse and Pills

Paradoxically, psychotropic pill use increased with the progressive withdrawal of government support in public health and health services for the poor during the worst period of the crisis. It is linked to the multiple damages in health and survival that the crisis and collapse caused, particularly to socially vulnerable populations such as that of El Fuerte. Because Argentina defaulted on its foreign debt, medicine imports were suddenly halted. Currency fell sharply after the financial system collapsed. The credit system for local business broke down in 2001–02. Most current medicines ceased to be in supply or became very difficult to obtain in hospitals and

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primary care health centers, many located in Greater Buenos Aires' shantytowns (Lipcovich 2002a, 2002b).

Despair, disorientation, frustration, and the lack of resources caused many deaths. Statistics show a sharp rise in murder and suicide rates. In the Province of Buenos Aires, the number of murders doubled in a decade. Robberies increased 40 percent and the murder rate rose 28 percent in the first half of 2002 as compared to the same period of 2001. The suicide rate also increased from 6.4 percent to 8.6 percent in the five years between 1996 and 2001. It became the second leading "non-natural" cause of death in Argentina after traffic accident-related deaths (Dirección Nacional de Política Criminal 2004). Additionally, an increase in avoidable deaths were caused by a combination of some or all of the following: malnutrition, fainting spells, stomach ailments caused by hunger, lack of access to healthcare and certain medication, suspended or delayed surgery, a combination of infectious and chronic diseases. Unfortunately, these deaths were directly observable in everyday life but forgotten when counting victims in official statistics (Biasotti 2001; Carvajal 2001; Lipcovich 2002a, 2002b; Zeballos 2003).

Although many strategies addressed this emergency—ranging from state agencies, NGOs, resistance and protest movements, organizations of the unemployed, and informal help from spontaneous volunteers—the real impact of the crisis in health and survival is yet unknown. Even though medical supplies and the availability of medications were reestablished at the end of 2002, a shortage of several months had consequences for impoverished populations. Local, informal mechanisms of medication provision and exchange within the neighborhood grew. Residents of El Fuerte progressively categorized most available pills under several main labels (antibiotics, pain killers, etc.) that refer to the type of physical ailment, social distress, or unhappiness for which they are intended. Following these categories, most medicines circulate by residents' exchanging some pills for others. Psychotropic pill availability and consumption experienced similar modifications. Associated to a local exchange mechanism, the progressive spread of psychotropic pill consumption had a double, contradictory effect: the obscurity and occasional illegality of accessing these substances was erased engendering their local categorization as "drugs." Even when pill users occasionally took other drugs—cocaine, marijuana, and alcohol—the medical origin of psychotropics made its use socially acceptable.

In a setting characterized by rising prices and decreased quality of cocaine, psychotropics—specifically Clonazepam—meant taking some "drugs" more affordably thanks to the lower price and the option of buying by unit. Although the price of cocaine fluctuated between five and ten pesos per gram—US $2 per gram—in impoverished neighborhoods, one, two, and sometimes more pills could be had for one or two pesos ($0.30–$0.50) depending on the seller and pill type. In one of the many spots in El Fuerte where 15 years ago discarded syringes lay on every muddy street corner and five years ago cocaine sniffing was a part of everyday life, during the crisis young drug users met daily to take pills. Besides smoking marijuana and drinking beer, they bring pills to share or trade. Although arguing over names, young drug users explained to each other and to me how they get pills and what their effects are. One day, Luis brought pills he had stolen from his grandfather. He asked the others if they knew them and whether they might have any "drugging" effect. One of them answered, "I don't know, but I think it might destroy my liver,

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which doesn't work very well after the hepatitis." With low expectations as to the effect of the pills, Luis distributed some among four other young men. Laughing at my useless explanation that nothing good could come from ingesting the pills, Luis said, "We can turn a rock into a drug. We know how to do it."

The practice of substituting one medication for another (which happened with most medicines during the period of extreme scarcity) promoted the consumption of other psychotropics and new combinations of pills with substances like marihuana and alcohol. Yet in comparing psychotropic medications and the quality of cocaine currently available to the poor, many drug users explained that they chose to take pills to actually prevent serious health damages caused by the toxic substances mixed in with cheap cocaine. Modes and contexts of pill use vary according to gender and age groups. Young people frequently take pills at gathering places (at home, on the streets, etc.) and at "bailanta" nightclubs, which are typical of popular sectors. On occasion, psychoactive drugs are consumed alone. Yet others mix the pills with alcohol, by crushing them into glasses or bottles, or by taking pills and alcoholic beverages in succession. During fieldwork, I verified that one trade name for Clonazepam is used in reference to other types of benzodiazepines (alprazolam, bromazepam, etc.). Most pill users I interviewed stated that they sometimes took pills without knowing what they were called or what their possible effects would be, although they rapidly learned to recognize them. Most vulnerable were children who at times took pills and, being illiterate, would frequently recognize them from their size and color. Most adult—men and women—ex-drug users took pills in regular bases. The majority of women without a history of drug use would take benzodiazepines and specifically Clonazepam—with or without medical prescription—to "calm down." They expressed that these pills are useful for anxiety, phobia, panic attack, "nervios," insomnia, anguish, and despair. Even though psychotropic pills mixed with alcohol are constructed locally as a male style of consumption, several women, mostly partners and friends of drug users, also took these pills regularly.[5]

Changing Local Rules and Social Fragmentation

In the 1980s and early 1990s, social networks of drug users contained a large number of members and were associated with other neighborhood networks. During my fieldwork, drug users were organized into small social networks (with three or four members) that were usually in conflict with each other while also prone to losing members to imprisonment and death. In this scenario, the progressive fragmentation of drug users' social networks was associated with the dissolution of mechanisms that were locally used to regulate violence, rising death rates among drug users, and the dismantlement of social support networks (Epele 2008). How drug users obtained income varied during the study. Most survived partially—or exclusively—on illegal means such as dealing drugs on the street, petty theft, robbery, automobile theft, and selling stolen goods. Around half of them combined illegal and legal means for obtaining resources, performing odd jobs as street vendors or cardboard scavengers, among others. Roughly 10 percent had steady, low-wage employment. In the most critical months, the survival strategies of younger drug users became more individualistic, precarious, unstable, and unsuccessful as well as centered around petty stealing.

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According to local accounts, increased psychotropic pill consumption justifies actions and activities that used to be traditionally sanctioned by the informal rules of the local economy. In this sense, taking pills that include a wide variety of chemical components has itself become a resource to explain certain characteristics of drug-user activity. Drug users say—and their relatives, neighbors, and residents agree—pill consumption and robbery are closely interconnected. According to Enrique,

> If you take *pastillas,* it pushes you to steal, even if you don't want to. It pushes you, it makes you do things you'd never do if you were normal. One day I was in the grocery store (actually a shack where groceries are sold), where I always shop with my child . . . and I don't know why I was carrying a gun and I said "give me the money." El Cholo gave it to me because he knows what it's like to be high, because his son is a junkie. The next day, he grabbed me in the street, kicked and punched me, he wanted his money back. But I told him I didn't know where the money was, I couldn't remember at all. Now, I can't go back anymore, everybody sees me as a *"chorro jodido"* [fucking thief]. What do they want from me? There's nothing I can do. I don't know how I spent it.

Enrique said he could reconstruct the event from statements from other witnesses, but most of the time he could not remember on his own. However, his way of explaining his pill-induced compulsion to steal provides an understanding of the features that the style of stealing perpetrated by younger users took on in the late 1990s. According to long-term drug users, ex-users, and residents of El Fuerte, these contemporary acts of petty thieving violated the informal rules that regulated stealing a decade ago. Former, informal rules prohibited robberies in the neighborhood as well as stealing objects of little value; attached importance to evaluating and planning robberies in terms of cost-benefit; guaranteed that the profits involved would merit the degree of violence inflicted; and attempted to reduce the likelihood of fatalities during robberies. Even considering the idealization of the past in the local accounts, these transformations show the consequences of illegal activities because of steady increase of unemployment, more precarious work conditions, and the progressive destruction of the informal economy.

In the complex scenario, in addition to today's psychotropic pills having changed their labels, pill users have gradually lost the stigma of lawless, marginal, poor individuals living in a southern Greater Buenos Aires shantytown. Even when psychotropic drug-use practice and its effects have been known for two decades, one is left with many questions: Why have memory disturbance, forgetting, and dissociation become a legitimate emotional state among the poor youth from the poorest shantytowns in southern Greater Buenos Aires?

From the young drug users' own point of view, the images most frequently associated with the consumption of psychotropic pills and alcohol are related to forgetting, a particular loss of consciousness that lacks the capacity of recollection and the fragmentation of memories into flashes. Nevertheless, memory disturbances are not solely related to this particular mode of drug use. For example, many long-term cocaine drug users frequently refer to the loss of memory of specific past events. Laura, a cocaine user, told me, "If you ask me something about when I was

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in my twenties, I don't remember. I think there's something wrong in my head from too much *merca* (cocaine) . . . It must have burnt out. If I make an effort, I can only find pieces, but I can't tell you what I did or what happened. Maybe it's for the best, (. . .) I was high all day long, I don't really want to bring that back."

There are other processes associated with intensive cocaine use that engender time and memory modifications. Intensive, long-term cocaine use—specifically injecting cocaine and smoking freebase cocaine residue—gives a "high" that lasts only a few minutes. According to this type of cocaine user, this accelerated rhythm of use causes changes in the perception of time and turns everyday life into a set of repetitive events that resemble each other.

Nevertheless, the type of dissociation and memory disturbances engendered by pill ingestion becomes the basis by which drug users justified their inclusion into the category of "drugs." Although some drug users describe these memory modifications as the effects of consumption, others use them to justify their actions, an effect that fuels their use of these pills. In local accounts there is a set of events related to this kind of forgetting. The most typical are: accidents, aggression, nonsensical action or speech, stealing from neighbors, rape, unfounded or destructive behavior, physical violence dispensed by partners and relatives, or dangerous defiance of the police and powerful locals. Most of these events correspond with violent incidents or transgressions of informal rules in everyday life, which became more frequent throughout the 1990s. Nevertheless, this 'state of forgetting' is not restricted to the facilitation or justification of the transgression; pill consumption also has a dimension related to dissociation. Drug users, men and women, say this dissociation sometimes operates to experience pleasure. For example, they state that pill consumption makes approaching women easier and helps resolve conflicts in the complex social environments of dance clubs.

The kind of forgetting involved in this setting exceeds not only the chemical amnesia described by psychiatrics but also the commonly used meaning of forgetting as losing memory of past events. The progressive legitimacy and acceptance of this kind of dissociation and memory disturbances are seen in the explanations given by relatives, neighbors, and residents of El Fuerte as to the reason why youths take drugs in the first place. Residents of these neighborhoods explain drug consumption among youths—that is, their relatives or neighbors—as a way to "escape" and "forget" their social and daily reality, which has become overwhelming and unbearable. In this sense, it seems that local perceptions embrace the theory that drug consumption is a mode of self-medication, which in this case is applied to the consequences of social oppression. However, this is only part of the description. These binary escape–forget and drug-use relationships are only fragments in more complex logics of everyday life in which only drug consumption is included. It is associated with the collapse of the local economy, changing informal rules of legal and illegal exchanges and dissolution of social networks and identities (Kessler and Goldberg 2000). In keeping with these changes, violence has taken on new forms and practices and has made its way into spaces and relationships. With changes in strategies for survival and a rise in the number of deaths among users, it has fostered a fragmentation of social networks and an increase in the number of local groups and of conflicts among them. In addition, the participation of some police officers in illegal activities—namely recruiting neighborhood youths for the purpose of stealing—fosters a more

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difficult level in the progressive upsurge of violence. All this comes in addition to open conflicts with different types of weapons, physical violence, gender violence, parental violence, and especially self-inflicted violence (cutting, various types of injuries, even suicide).

Criminalization, Repressive Strategies, and Compulsory Rehabilitation

As mentioned above, during the 1990s cocaine consumption and dealing both increased in impoverished neighborhoods. Poverty, marginalization, and social destitution spread while the criminalization of poverty and drug use became an everyday threat in the lives of the young poor of Greater Buenos Aires. Although Argentine legislation differentiates consumption and dealing, being a daily drug user—especially a cocaine user—is a typical reason to get caught up into the police and justice system.

When contemplating the process of criminalization, the strong association between psychotropic pill consumption and breaking informal everyday rules can be understood from a different perspective. Paula, a 40-year-old drug user who occasionally injects cocaine but also consumes other substances, explained:

> A few days ago, Poncho was arrested by the police. He was robbing a telephone service store. He is fourteen, just a kid. El Poncho, like the other kids, says that the pills are to blame, they force him to steal . . . I don't think so. I've tried everything, even injecting alcohol because I did not have a *peso*. . . . but I have never stolen anything, nothing ever made me a *chorra* (slang for "thief"). Well, sometimes I might take some cocaine off a friend, but that's it.

Like other drug users over 30 who are mostly long-term cocaine users, Paula not only rejected the fact that "pills make thieves" but also blamed the vicious cycle of poverty, police persecution, and court-mandated rehabilitation as the main producer of pill users. Because of unemployment and poverty, some young people have been forced to participate in illegal activities to obtain resources, which exposed them to frequent police arrests. When drug use was verified, specifically cocaine use, they were subjected to compulsory rehabilitation treatments that included psychotropic pills, specifically Clonazepam, to treat the symptoms of abstinence. Once they either completed or escaped from treatment, they carried out a variety of strategies for obtaining these medications from health centers. According to older drug users, these processes made young ones convince themselves they were not drug users because they do not consume cocaine; instead, they use pills. From the older drug users' point of view, psychotropic pill consumption was still associated with poor, marginalized, and less educated drug users.

Even though this cycle offers an understanding of how the criminalization of drug use has participated in the generalized use of psychotropic pills, specifically Clonazepam, the majority of drug users obtained them through other means such as buying them at certain pharmacies and on the illegal substances market in impoverished neighborhoods.

However, there were other ways in which the criminalization of poverty and drug use is articulated through the progressive spread of this mode of consumption

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in this area. Moreover, the changes in repressive police strategies during the last decades include frequent abusive practices and mistreatments toward poor youth (CELS 2005; Méndez 2001; Tiscornia 2000).[6] Some of the former cocaine users I interviewed stated that nowadays they mostly use pills because it allows them to be less exposed to illegal and abusive imprisonment. In the first place, psychotropic pills are not only cheaper than cocaine but also easier to consume. In the second place, they are also easier to obtain through different legal and illegal means, as one is not dependent on only one dealer. Finally, pill consumption reduces the criminalization of drug use because possession is not illegal. For as they say, "They look just like pills."

Even when considering the link between psychotropic pill consumption and the strategies drug users employ to survive in perilous conditions, many understand that the pills' effects expose them to riskier activities, greater harm, and even death. However, placing the danger and threats that youth face every day within the larger political and economic context illustrates how the specific effects of these pills are secondary. Memory disturbances are also associated with changing patterns in violence engendered by rapid social transformations among socially vulnerable populations including the fragmentation of extended social networks of drug users and the stronger dependence on illegal activities to obtain resources.

Lost between Memory and Forgetting

As some authors have pointed out, drug use in socially vulnerable populations can be understood as a strategy to relieve the suffering associated with chronic oppression and trauma caused by social destitution, the dissolution of the working class, stigmatization, and the reality of an uncertain future (Baer et al. 1997; Bourgois 1995). However, the legitimization of this sort of dissociation that involves memory disturbance, emerged during the most critical period of economic crisis, in which availability of different drugs as well as informal rules that regulated local exchanges experienced rapid changes.

Juancho was a drug user who introduced me to friends who were pill users. At the age of 12, Juancho dropped out of school. He began to use different types of drugs, and after a while started to use psychotropic pills mixed with alcohol. Although his grandmother provided for him, he explained that deprivation pushed him to first engage in petty thieving and later robbery. As he was tall and thin, his apparent fragility seemed to contrast with his resistance to bodily pain and suffering. He had three gunshot wounds that had healed with no medical assistance to avoid the mandatory police report. His body also showed different scars and marks, possibly from beatings or self-inflicted wounds, mostly done during imprisonment.

Unlike other drug users who are, on occasion, able to give detailed accounts of their life stories, he only had blurred images of being wounded: "it was because of the pills." A blurred past, flashes of memory, uncertainty whether memory flashes are real and the inability to remember have become part of the daily lives of drug users, their relatives, and neighbors, and also a part of their narratives and identities. The day after Juancho was wounded in the middle of the night, in his presence his grandmother said to me, "he says that he doesn't remember, he says he doesn't know what happened, he doesn't want to tell me, he doesn't remember." Despite

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the evidence, she was able to continue living with her grandson thanks to that lapse in memory, not knowing what happened.

During my fieldwork, I documented different interpretations of these memory disturbances among local residents and drug users. Some said that young users on pills had a life history of suffering about which it is excruciating to speak and difficult to be heard. Others, feeling guilty or blamed, fearing legal consequences and society's accusations, were unwilling to open up to their family, friends, and myself and to talk about everything that really happened. Others expressed that they simply do not remember. Finally, some of them explained this kind of dissociation by a combination of the different statements mentioned above.

All the interpretations that emerged during my fieldwork, as positions taken by both drug users and people related to them, indicate how memory and forgetfulness operate in the local setting. The disruption of everyday life the crisis brought about not only modified strategies for obtaining resources, practices of exchange, the intensity of violence, and the availability of substances, but also affected the very social bonds, the local conventions in relationships, the strategies for survival, and the dimensions of social networks. Among residents of El Fuerte and users themselves, the idiom of forgetting and memory also has progressively become a form of acknowledging how young users take part in the deterioration of everyday life without labeling them actively responsible for the breakdown and destruction of conditions.

This forgetfulness emerges from—and offers a fragile answer to—the complex failure of society engendered by economic decay and breakdown for those who were already the most vulnerable in these populations, progressively subjected to deep, isolated suffering caused by rupture in social bonds, broken life stories or narratives of painful events, and a fragmented social identity.

Final Words

On several occasions, many authors have pointed out the destructive, violent, and often silent erosion that poverty, social destitution, and marginalization cause to social bodies and individuals. By analyzing changes in psychotropic pill consumption from the late 1990s to the present, this article provides a preliminary understanding of how political economy bears subtle models of remembering and forgetting that modify social memory work and diminish the possibility of social reaction against oppression. While many organizations and movements of resistance and protest were fighting for basic rights (Auyero 2004; Svampa 2003), daily survival was suddenly infused with hunger, sickness, and death in many of the *barrios pobres* of Greater Buenos Aires such as El Fuerte, neighborhoods that are highly stigmatized because of drug trade and illegal activities.

Only by considering the interplay of two notions of forgetting is it possible to clarify some aspects of the relationships among political economy, social memory work, and changing drug-use practices. Increased pill consumption was closely attached to changes in cocaine quality and prices, scarcity of medicines during the economic collapse, and changing strategies of police repression. Poor youths that take drugs have been associating pill consumption with forgetting for two decades. However, it is only when poverty, unemployment, indigence, malnutrition, the

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expulsion from the educational and health system—along with the increasing number of deaths among the young—modified the everyday life of these communities that a new type of dissociation called forgetting encompasses structural deprivation and social fragmentation. The limited notion of forgetting as the lack of recall of past events and experiences that dominated the era of Rohypnol has changed. Along with the spread of psychotropic pills (mostly Clonazepam) during the economic decay and collapse, forgetting and memory disturbances became a dimension of everyday life in these shantytowns. Tied to the obstacles of listening to and holding painful and shameful accounts, the second notion of forgetting refers to fractured social bonds. It highlights the fact that sharing experiences and speaking about the unbearable present requires a social environment where words become meaningful to others and are also used in building up emotional capital and social memory.

Finally, the changes in drug consumption patterns and the devastating consequences of cyclical economic and political crises in the neoliberal era are frequent, recurrent processes in several developing countries and regions. Yet, attempting to understand how the use of certain drugs is connected in these countries with historical and local ways of living, suffering, and dying in times of extreme crisis can contribute to the progressive construction of a view of these processes from the inside, within marginality.

Notes

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1. Paco, also called "base" and "pasta base," is a powder whose color ranges from white to brown. Because of the lack of specific research on its composition, paco is considered to be the leftover residue from processing freebase paste, or the freebase paste with occasional additives. Therefore, its chemical composition is uncertain, depending on which substances are used and on the particular process by which it is made. Most agree that the proportion of cocaine is minimal, although it does include a wide range of toxic substances (kerosene, insecticides, etc.).

2. Clonazepam is a benzodiazepine used to treat anxiety and panic disorders, with or without agoraphobia (Rosenbaum et al. 1997). According to the drug's prospectus, Clonazepam is an "anxiolytic and antiseizure medication, indicated for anxiety disorders and panic attacks, with or without agoraphobia" (exact quote). In Argentina, the use of benzodiazepine and Clonazepam to treat anxiety and panic disorders has grown in the last decade. Also, in the same period, there has been a rise in its misuse and abuse by the general population for several reasons including the lack of continuous medical training and the characteristics of public and private assistance structures that chose profits over health. Although prescription is mandatory for psychotropic medicines, they are easily attainable at some pharmacies, among others places (Kalina 1996).

3. Tied to the cyclic external debt defaults, the catastrophic power of political economic crisis is shown in the statistics: in 1974, only 4.7 percent of the population in Greater Buenos Aires was living under the poverty line, while in 2002, 54.3 percent of the population in the same area was poor (Instituto Nacional de Estadísticas y Censos de la República Argentina [INDEC] 2003). In 2001–02, Argentina experienced the worst economic crisis in its history

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with more than half of the Argentine population living in poverty. In Greater Buenos Aires, the poverty rate increased by 20 points during that period. Although the unemployment rate reached 21.5 percent, demanding underemployment was 12.7 percent, and nondemanding underemployment remained 5.9 percent (INDEC July 2003). According to statistics, over the last decade reported crime has increased 140 percent. Sixty percent of the increase is classified as "petty thieving and robbery," with around one-quarter of the total number taking place in the province of Buenos Aires.

4. Rohypnol is a benzodiazepine originally formulated for sedation and insomnia. It has a long story of abuse among heroin and cocaine addicts. In various types of misuse, it can cause lack of control and loss of consciousness. It is also used to commit sexual assault, because of its amnesic effects. Even though Rohypnol use has been reported in few Argentine epidemiological statistics on drug use, there is no extensive research on this matter among socially vulnerable populations. Studies of juvenile delinquent populations show that Rohypnol use is related to "very aggressive behavior" (Daderman et al. 2002; Maxwell 2004; Maxwell and Spence 2005).

5. During 2008, psychotropic pill consumption mixed with alcohol, specifically Clonazepam, became one of the most important reasons for compulsory and voluntary treatment in health centers of Buenos Aires.

6. CELS (Center of Legal and Social Studies) has collected all the available information about human-rights violations perpetrated by police in Argentina. They include abuse of power; execution and death under police custody; threats and retribution against witnesses, relatives, and victims; cruel or inhuman treatment; and torture. In regard to minors in the Province of Buenos Aires, CELS has shown that not only has the number of arrests of minors tripled but also that there has also been a steep rise in reports of torture and physical abuse (738 cases; see CELS 2005).

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