

## Can a Neighborhood Fall Sick? Opioid Addiction, Collective Violence, and Currents of Death in Contemporary India

### *Introduction: An Etiology of Ecological Variations*

Beyond the immediacy of death tolls, how might we better understand opioid abuse as an increasingly global phenomenon<sup>1</sup>? Comparative diagnostics often begin with national and cross-national metrics. In India, for instance, the prevalence of opioid use is three times the global average (NDDTC 2019: 3) **[Figure 1]**. India has lower figures than the United States at present **[Figure 2]** but this may change in years to come as pharmaceutical companies more aggressively target “emerging” economies, and obliging governments, such as the one currently in power in India, gradually widen the range of available opioids<sup>2</sup>.

Besides national metrics of opioid consumption, what measures, maps and readings of symptoms might anthropologists offer? I use the term symptom here as a form of etiology that may occur outside the realm of biomedicine, as Gilles Deleuze describes it, for instance, in the naming and investigation of psychiatric symptoms in literary texts (1997: xv). In what ways do anthropologists diagnose symptoms? A potential analytic trap for “social” diagnostics is the assumption, often implicit, of psychic life as a mere epiphenomenon of economic and institutional shifts. This occurs in different ways, for instance, when the highly variable trajectories of opioid substitution treatment-seekers are reduced to a “normalizing” technique of neoliberal governmentality (Harris 2015). Even in an exquisitely experience near ethnography like *Righteous Dopefiend* (2009), the etiology rests on a disappointingly

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<sup>1</sup> The *British Medical Journal* has begun an online discussion forum on the global opioid crisis:

<https://blogs.bmj.com/case-reports/2019/06/25/the-global-opioid-crisis/>

<sup>2</sup> India’s Narcotic Drugs and Psychotropic Substances (NDPS) Act was amended in 2014 to create a new class of “essential narcotics”, including fentanyl, codeine and hydrocodone, many of the stars of the American opioid epidemic, gradually becoming more widely available in India.

<https://www.theguardian.com/world/2019/aug/27/india-opioids-crisis-us-pain-narcotics>

standardized diagnostic: the “collapse of the industrial economy” (2009: 150) and the resulting emergence of a “lumpen” residue (2009: 243).

Rather than uniformly global etiologies such as neoliberalism or post-Fordism, consider instead the diagnostic problem posed by ecological variation. As Robert Sampson, a leading voice in the contemporary sociology of neighborhoods, asks: “Why are so many health-related outcomes concentrated ecologically?” (2003: 132). In one of the first in-depth studies of neighborhood ecologies of opioid addiction, Juan Gamella studied the sharp rise of heroin injectors in Spain: “In 1978, there were only a few dozen in Spain; by 1982, there were already tens of thousands” (1994: 131). Studying patterns of initiation and spread with pioneers, recruiters, and friendship networks in Valdemina, a neighborhood in Madrid, Gamella asks how heroin comes to be...“massively adopted, particularly during some periods, and why by some groups rather than others.” Ecological variation is not simply a question of local context. Rather, what is at stake are sharp variations within the “same” context such as adjacent, socio-economically similar neighborhoods. As Gamella further points out, a significant obstacle to focusing on these forms of variation lies in the term “epidemic” itself: “In providing a fiction of an explanation, the epidemiological metaphor (epidemic) hinders the understanding of some forms of drug use, especially those more tabooed and destructive forms.” (1994: 154).

How might we approach questions of ecological variation in relation to addiction trajectories? I use term *ecology* here as derived from its root word *oikos* (dwelling space) (Simpson 2013). Taking urban neighborhoods as a viably “emic” unit of analysis<sup>3</sup>, in this

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<sup>3</sup> The epistemological problem here in defining the unit of analysis would be what Appadurai had famously called the “production of locality” (1996). Scholars within the tradition of neighborhood studies in sociology have long asked, “what is a neighborhood” (Sampson 2013: 136), if this is not to be taken simply as a census tract. In this article I take the neighborhoods of Trilokpuri and Sundernagri to be viable units of analysis based on the way in which my ethnographic interlocutors

article I examine a stark variation in the form that heroin addiction takes in two demographically similar and proximate resettlement colonies<sup>4</sup> in Delhi, Trilokpuri and Sundernagri. Further, I contend that addiction trajectories are better understood not as isolated pathologies, but as one among other forms of life and death within specific ecologies. As such, I consider a second ecological variation between these two neighborhoods, their sharply differing propensity for collective violence. Rather than being causally related, I take these two phenomena, heroin addiction and collective violence to be differential expressions of what Durkheim in *Suicide* called “suicido-genetic currents” (1951: 325). *Suicide*, I argue, is a founding text in the study of ecological variation, as Durkheim compares administrative districts in Europe, to ask, “how a definite number of people kill themselves in a particular way, repeatedly over time” (1951: 48), and how these forms of death vary, sometimes quite sharply, between proximate and seemingly similar areas.

The first part of this article sets out the empirical puzzle of the two neighborhoods in Delhi. I then clarify an anthropologically oriented idea of “suicido-genetic currents” as distinct from neighborhood “effects”, as a way of approaching the study of ecological variation. I then examine potential causes for the sharp variations between these two neighborhoods in Delhi. I emphasize compositional differences of caste that result in seemingly minor but consequential differences in local economies. I show how these compositional elements are differently activated by currents animating particular forms of life and death, for heroin addicts, and in the expression of political violence in these neighborhoods. I conclude by suggesting that this form of anthropological diagnostics, an etiology of ecological variation, is not “merely” local. Further, I suggest that the idea of

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would self-identify and locate themselves as residents of these neighborhoods in narrating their lives and form of urban experience.

<sup>4</sup> “Resettlement colony” is a government term for settlements where slum-dwellers were displaced from more gentrified parts of Delhi (Tarlo 2003; Bhan 2016; Das & Walton 2015).

currents, as a way of sensing the pulse of ecological variations, might allow for a more fine-grained picture of psychic distress rather than monolithic explanations of pain relief or neoliberal alienation.

*The Empirical Puzzle: A Tale of Two Neighborhoods*

My starting point for this article was a seemingly local difference between Trilokpuri and another resettlement colony, Sundernagri [Figure 3] where the hosts for my research, the All India Institute of Medical Sciences (AIIMS, Delhi)<sup>5</sup> run Opioid Substitution Therapy (OST) clinics, begun in 2003 with funding from the Ministry of Health, the National Aids Control Organization and the United Nations Office of Drug Control. A strangely compelling ethnographic imperative was posed to me, with some urgency, by my hosts, psychiatry faculty and residents at AIIMS, as I focused primarily on Trilokpuri in the first few months of my research. “You must also visit our other clinic,” some said, “and tell us why it is so different from Trilokpuri!” “Different in what way,” I asked. “It’s more dangerous,” my hosts replied intriguingly.

This other, more “dangerous” clinic was in Sundernagri [Figure 4], twelve kilometers away, settled in the same year as Trilokpuri, in 1975-76. On first impressions, the Sundernagri clinic did have an edgier atmosphere. Patients occasionally threatened the clinic staff verbally or with knives. The patients, all male, were gaunter and had hollower eyes of a kind I had not seen in Trilokpuri. There were fewer accompanying mothers and wives. Rather than only a psychiatric construction of risk, the difference between the two clinics could also be posed in more “emic” terms, in the language and experiences of addicts themselves.

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<sup>5</sup> This article is based on five years of ethnographic fieldwork that I began in 2015-16, when I spent the year as a Visiting Faculty member at the Department of Psychiatry, AIIMS (Delhi), with regular follow up visits since.

As most *nashe-baaṛ* (addicts) describe it, there are three ways to ingest heroin. It can be smoked or chased (inhaled) by heating on a tin foil (*panni*) (Strang 1997), costing roughly Rs. 250 a “piece”<sup>6</sup>. In a downward hierarchy, in a different category from smokers and chasers come the injectors with their “set”, *sui* (needle and syringe) and *sheeshi* (small glass bottles with buprenorphine and avil, an antihistamine), available from “secretly” known chemist shops for Rs. 50 or less, one-fifth the price of a smoker or chaser’s habit. As most addicts put it, “a chaser’s life is ten years long, an injector’s life is two years at most”. In addiction psychiatry, the heightened vulnerabilities of injectors are well known, including the risk of contracting HIV or Hepatitis B through shared needles, with mortality rates up to ten times higher than the general population (Solomon 2009).

So we have two quite different modes of consumption, with smokers and chasers on the one hand, and injectors on the other. Methodologically, based on interviews, patient files, days and nights that I spent in both neighborhoods with treatment-seekers, addicts, residents, and through household surveys<sup>7</sup>, the initially intuitive difference emerged more sharply: Trilokpuri had barely a single injector. In contrast, in Sundernagri, injector groups and the detritus of used injections were commonplace in neighborhood spaces such as parks. The difference in clinic figures is quite stark **[Figure 5]**, with only four injecting drug users (IDUs) and six HIV+ patients in Trilokpuri out of a total of 3138 patients. In Sundernagri out of 1773 patients, 300 are IDUs and 137 are HIV+. On a national scale **[Figure 6]** IDUs in India show a much higher rate of HIV than for instance Commercial Sex Workers, often assumed to be the primary drivers for the spread of HIV.

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<sup>6</sup> One “piece” can produce twenty-two “lines”. A *panni* typically requires at least two lines.

<sup>7</sup> In collaboration with Dr. Ravindra Rao (AIIMS, Psychiatry) I carried out three phases of socio-demographic and psychiatric instrument based surveys between January – June 2016, in one hundred randomly selected households respectively in Trilokpuri and Sundernagri.

As such, I arrived at the guiding question for this article: can a neighborhood fall sick in ways different even from a proximate locality? Injecting is one among other forms of self-injury. Inhabiting daily life in these localities, it felt unavoidable to also consider a second ecological variation, where the balance sheet of injuries between these two neighborhoods undergoes a sharp reversal, namely, collective violence. Trilokpuri, the healthier neighborhood from the perspective of heroin addiction, is known in Indian news media as the “Riot laboratory” of Delhi with the highest death tolls in the city during the 1984 anti-Sikh riots, a major Hindu-Muslim riot in 2014, and periodic outbreaks of violence since (Sharma 2018). In contrast, there has never been a riot in Sundernagri, as news archives<sup>8</sup> [Figure 7], interviews and surveys confirmed. Like Trilokpuri, Sundernagri is a mixed Hindu Muslim neighborhood, according to census data and our household surveys [Figure 8] that show a number of demographic similarities, including religion, place of birth, home ownership, possession of state documents, and levels of crime reported in neighborhood police stations [Figure 9] which I closely tracked over the course of 2015.

The striking ecological difference that interests me here is between two different forms of self-harm. Trilokpuri does not inject itself, but it produces periodic riots. No such riot has ever occurred in Sundernagri. This is not to say that inter-religious animosity or the potential for violence does not exist in Sundernagri. Since 2015 I closely followed and interviewed key players in three incidents of Hindu Muslim disputes (one of which is discussed below) in Sundernagri, but which stopped short of explicit violence each time, such that Sundernagri residents could still say “ours is not a *danga-grast* (riot-prone) area like Trilokpuri”. How might we find our conceptual bearings for what is being compared here?

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<sup>8</sup> The most common social science method for comparing variations in collective violence is through news archives. The largest such database, the Varshney-Wilkinson dataset for Hindu Muslim violence is based on *Times of India* archives from 1950-1995.

*Suicido-Genetic Currents vs. Neighborhood Effects*

As Robert Sampson describes it in *The Great American City* (2013), there is a century long tradition of neighborhood “effects” studies in sociology. To anthropological eyes, in this genre of analysis, a forbiddingly large sample often leads to disappointingly reductive comparative diagnostics. As an overview of neighborhood studies of mental health puts it: “better neighborhoods are associated with better mental health” (Truong & Ma 2006: 151). How is “better” measured? Is it simply a function of socio-economic advantage? How would the idea of “better” be conceived when comparing two demographically similar urban poor neighborhoods? As Sampson describes it, there have been a range of sociological theories in response to this question of variation across economically and demographically similar neighborhoods, drawing on social disorganization theory, ideas of social capital, degrees of state “desertification”, spatial segregation, stigma, and comparisons of collective efficacy or “felt cohesion among community residents” (Sampson 2013: 367).

In comparing Trilokpuri and Sundernagri through household surveys, health and morbidity surveys, vignette-based and psychiatric instrument-based surveys, on the face of it, most comparators were surprisingly similar. This was the case for a number of indicators, including the presence of medical facilities, schools, public amenities, shops, the number of Below Poverty Line residents, possession of state documents and homeownership. We also undertook vignette-based surveys to study levels of social cohesion, akin to the methods described by Sampson, where a description of possible incidents and ongoing exchange relations are used to study feelings of whether or not “people in this neighborhood can be trusted” (2013: 156) **[Figure 10]**. Psychiatric comparisons such as the Perceived Stress Scale and the WHO-Quality of Life instrument also yielded surprisingly similar results across both neighborhoods. **[Figure 11]**

How else might we conceptualize the study of ecological variation? The difference here is not between quantitative and qualitative methods. Anthropological comparisons of ecological variation may also be quantifiable. Consider a striking instance of an anthropological approach to ecological variation in Veena Das's *Life and Words* (2007) in the chapter, "The Force of the Local", set in the resettlement colony of Sultanpuri in Delhi, in the aftermath of the 1984 anti-Sikh riots. In order to document forms of state complicity and as part of relief efforts, Das and her colleagues surveyed 523 Sikh households in thirteen blocks of Sultanpuri (2007: 143). In creating block-wise tallies of the loss of property and persons killed per block, Das encountered a striking ecological variation. Within Sultanpuri, in Block A4, which had 145 Sikh households, 79 persons were killed. In contrast, in the neighboring two blocks, which had a total of 180 and 40 Sikh households respectively, zero persons were killed (2007: 148). Das asks: "if the riots were simply an expression of blind rage [...], how did the crowds act to differentiate the kinds of persons against whom violence was unleashed? [...] How do we account for the particularity of the choices that seem to have been made?" (2007: 148).

Das demonstrates how a national event folds into everyday relations, in this case, neighborhood inter-caste rivalries between Chamars and Siglikar Sikhs. Rather than being a spontaneous expression of social tensions, Das emphasizes the ways in which acts of violence are differentiated and "authorized" through local connections with representatives of the state. In relation to ecological variations, what may be said to vary here? In his foreword to *Life and Words*, the philosopher Stanley Cavell suggests that these forms of violence (as a mode, however distorted, of collective action) might be read not so much as forms of life in the Wittgensteinian sense of the term, but as "forms of death" (2007: xvi). How might we study ecological variations in forms of death? My focus here is on mundane

and yet nationally and globally significant forms of death such as heroin addiction and forms of collective violence that remain below the threshold of a riot, for instance in what news media periodically report in Trilokpuri as “skirmishes”. How might we study ecological variations in forms of death? Here, I turn to Durkheim as a founding theorist not only of social structures, but also of currents, a concept that recurrently appears at the margins of Durkheim’s texts and is thus often ignored, although it may also be received as a key to rereading Durkheim as a thinker of energies in ways resonant with but distinct from Bergson’s “elan vital”. For instance, the commonly taught interpretation of *The Elementary Forms of Religious Life* is of religion as society “worshipping itself”, resulting in the creation of collectivities with shared moral norms. A less taught theme in the *Elementary Forms* is of religion as an engagement with a vital animating principle, “an anonymous and impersonal force...none possesses it entirely and all share in it.” (2001: 140). And further: “When we say that these principles are forces, we are not using the word in a metaphorical way: they behave like real forces...If an individual comes into contact with them without taking precautions, he receives a shock that can be compared to an electric charge” (2001: 142).

In continuation with these energetic preoccupations, *Suicide* marks Durkheim’s move from a kind of collective Eros to Thanatos, a death drive in a non-Freudian sense. *Suicide* is not just a comparison of death tolls. Rather, Durkheim is interested in how social formations are “predisposed to contribute a definite quota of voluntary deaths” (1951: 51). As Durkheim puts it, these “predispositions” is the main subject of *Suicide*. These predispositions are activated by “collective forces of a definite amount of energy, impelling men (sic) to self-destruction.” (1951: 299). Durkheim calls these forces “suicido-genetic currents” (1951: 325). Such currents vary in “intensity” and “form” (1951: 363). Currents are not deterministic. They may encounter varying “degrees of resistance” (1951: 323). This flux

notwithstanding, certain forms of death repeat with relative regularity. Such regularities might be understood, not as a form of “imitation”, as Durkheim argues contra Tarde<sup>9</sup>, or as a quirk of “individual psychology” (311), but in relation to forces “...in their common environment inclining them in the same direction...” (305). As such, I mark two openings for empirical investigation: compositional elements of a milieu (“their common environment”) and the ways in which these elements are activated by specific forms and intensities of suicido-genetic currents, as these are conducted or resisted. Let us take this formulation a step closer to Trilokpuri and Sundernagri by examining a compositional difference, after which we will consider how these differences are differently activated by suicido-genetic currents in relation to heroin addiction and collective violence.

#### *Compositional Differences in Trilokpuri and Sundernagri*

Alongside administrative spatial categories, how might we understand the composition of neighborhoods? My earlier work in rural India (xxxx: 2015) made me look at Indian cities differently, better understood, like villages, primarily as caste-based clusters in poor and elite neighborhoods. The seemingly anonymous slum-dwellers who were relocated to “resettlement” colonies in Delhi<sup>10</sup> belong primarily to the lowest castes of the Hindu and Muslim hierarchy. That said, rather than a unified category of Dalits/Scheduled Castes,

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<sup>9</sup> A debate I want to flag here, but maintain my distance from, is the rediscovery of Gabriel Tarde in recent social theory (Candea 2010; Latour and Lepinay 2010), as a supposedly more radical alternative to Durkheim. The reason I avoid this debate is because it tends to present a caricatured picture of Durkheim as simply an institutional powerbroker and pseudo-scientist of “social facts”. Tarde’s well-wishers are perhaps still chagrined by Durkheim’s own caricature of Tarde’s work in *Suicide*. In a very different rendering of this article I could have taken Tarde’s ideas of “waves” and “imitation” (Thomassen 2012) as the conceptual anchors for this analysis. I will save my contribution to the Durkheim-Tarde debate for another occasion. For now I contend that the difference is much finer if we receive Durkheim not only as a thinker of structures but also of currents. For reinterpretations of Durkheim as a thinker of currents, see Olaveson (2001), Singh (2012), Mazzarella (2017), and Coleman (2019).

<sup>10</sup> According to municipal records there are fifty-five resettlement colonies in Delhi, with an average population of 150,000.

consider instead the significant differences in the political history of the two numerically dominant groups among north Indian Dalits, the Balmikis (the “sweeper” caste), predominantly centrist Congress voters until the early 2000s, with a discernible shift to the Hindu right-wing BJP over the last decade (Lee 2015; Jaoul 2011), as distinct from the Chamars (the “tanner” caste, associated with animal hides and carcasses, but also engaged in various forms of agricultural and artisanal labor), political innovators among north Indian Dalits as founders of the lower caste Bahujan Samaj Party (BSP), a major electoral force facing a decline in recent years.

As such, instead of a more generalized category of Dalit, if we consider the specific distribution of Hindu castes in these neighborhoods, in Sundernagri we find a mix of Koli-weavers, Jatav-Chamars, and other north Indian lower castes. **[Figure 12]** In contrast, the predominant group numerically in Trilokpuri are the Balmikis, arguably the lowest-ranked social group in the Hindu caste hierarchy, whom Gandhi called “Harijans”, earlier called “Bhangis”, a term that is now illegal for its pejorative connotations<sup>11</sup>. In affirmative action processes mandated by the early postcolonial state, nearly every city sweeper employed by the Municipal Corporations of Indian cities, are Hindu Balmikis by caste<sup>12</sup>. Ambiguous as this might sound given the enduring hierarchies of labor, to be a state-employed sanitation worker is a salaried profession with a middle-range monthly income, which can be life sustaining in the landscape of the urban poor, around Rs. 35-40000 per month for a *pakka* (permanent) employee and about half of that for a temporary employee.

In contrast to the salaried Balmikis, Muslim families in both neighborhoods are far more precariously situated economically, although also working within the waste, recycling

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<sup>11</sup> On the emergence of the term “Balmiki” see Jaoul (2011).

<sup>12</sup> On waste economies in urban India, see Gidwani & Maringanti (2016).

and meat economies as kabadiwallahs, butchers, and daily wage laborers<sup>13</sup>. Trilokpuri is divided into blocks numbered from 1 to 36. Some blocks in Trilokpuri are mixed by caste and religion, while some are known quite definitively as Balmiki (Block 8, Block 28) or as Muslim (Block 15, Block 27) blocks. In contrast the eleven blocks of Sundernagri are more mixed among Hindu castes and religions, without the predominance of one social group, with the exception of Block O, which is known primarily as a Qureshi-Muslim block.

A related compositional or experiential difference, harder to capture even in interviews, is a qualitative feel of Trilokpuri as a neighborhood defined by a kind of upwardly mobile Hindu Balmiki identity, as a caste of salaried employees linked to the Municipal Corporation of Delhi, in ways that creates a form of economic stability and political presence, evidenced for instance by BJP-allied Balmiki leaders dominating municipal ward and legislative assembly elections in the last decade. Hierarchies of labor are also open to renegotiation, often informally. For instance, a Balmiki MCD employee may create an informal labor arrangement with a poorer migrant (typically called “Bangladeshis” although they may or may not have migrated from Bangladesh) for more socially devalued tasks such as manual scavenging or sewage work. Other ecological hierarchies are harder to renegotiate. Balmikis are also the only caste who breed pigs and consume pig meat, in ways that remains central to Balmiki identity and neighborhoods, and is a source of stigma in the discourse about Balmikis among neighboring Hindu castes and Muslims.

As distinct from Trilokpuri’s more sharply contrasting (salaried) Balmiki (informal economy) Muslim identity, qualitatively Sundernagri is more of a mixed, daily wage

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<sup>13</sup> As social scientists (Jamil 2017; Gayer & Jafferlot 2012; Mehta 1997) and the Government of India’s 2005 Sachar Committee Report have argued, a significant proportion of the Muslim poor may be seen as Dalit by occupation, socio-economic status, and marriage-related practices. But since this social fact is denied theologically and governmentally, affirmative action programs are largely absent for Muslims and available for Hindus, in what is perhaps one of the most systemic injustices in postcolonial India, particularly sharply visible in resettlement colonies.

dependent, upper and lower caste Hindu and Muslim neighborhood, distributed across a range of professions, some of which overlap with Trilokpuri, such as shops, *thelas* (vegetable vendors), electronics and car spare parts markets, and construction labor. This compositional difference has economic consequences. It is possible to argue that Trilokpuri is a marginally better-off neighborhood. This marginal contrast appears fleetingly in household surveys, for instance in differences between the two neighborhoods in the average monthly expenditure on electricity, rents, private health care, and differences in income across similar professions [Figure 13]. Rather than a neighborhood “effect” that would allow us to determine uniformly better or worse outcomes for health and social cohesion, instead, as a more fine-grained anthropological diagnostic, I consider how these compositional differences are differentially activated, in the contrast between the prevalence of IDUs and expressions of collective violence, respectively considered not as an “epidemic” or a “culture” of violence, but as suicido-genetic currents. A crucial feature of a current is how it is “conducted” and the “degree of resistance” it encounters (Durkheim 1951: 323). I now turn to each of these currents respectively, as we come closer to the pulse of these two neighborhoods.

#### *The Afterlife of IDU Deaths*

Consider a cause and effect based answer for the presence of IDUs in Sundernagri and their absence in Trilokpuri: given that injecting is on average one-fifth the price of smoking and chasing, the marginally better off residents of Trilokpuri could perhaps afford the more expensive habit as distinct from Sundernagri, where the cheaper, quicker, more intense rush of injecting took root within a more unstable local economy. Such an answer though would beg further questions. Did potential Balmiki addicts in Trilokpuri not even try the novel intensities of injecting? Why were they not drawn further in, given that addiction trajectories do not necessarily follow economic rationality? And further, what prevented the

Balmikis' neighbors, the economically poorer Muslims in Trilokpuri from creating an injector subculture and finding their own spaces in the neighborhood?

Economic factors were not inconsequential but the answer I offer begins in a more contingent set of local events, as the *chaska* (craze) for injections first spread in both neighborhoods, beginning in 2007, as most addicts describe it<sup>14</sup>, starting from Seemapuri, further north and then spreading to adjacent neighborhoods. Among a group of injectors there is often an expert skilled at finding veins and key to initiating new IDUs. In Trilokpuri, as most ex-injectors describe it, botched injections in the first few months of 2007 led to a series of sudden deaths. These deaths, recounted with horror, initiated a strong degree of resistance to the current of heroin injecting in Trilokpuri. For instance, Suresh Balmiki<sup>15</sup>, in his mid-forties is one of the oldest patients in the Trilokpuri clinic. He lives across the street from the clinic in Block 2 of Trilokpuri. His mother worked as a sweeper in an adjacent clinic. Suresh had a key to her clinic and would use it as a “hotspot”<sup>16</sup> with friends after hours. For many years he was second in command to one of the best-known gang-leaders of Trilokpuri. As such, he initiated many young men in Trilokpuri into smack (heroin).

I met Suresh every few months over the last five years and visited his mother and sister, as well as the pride of their house, Pawan, a pet pig, weighing over a hundred kilos or so it was said. Knowing my interest in the comparison between Trilokpuri and Sundernagri, Suresh introduced me to many other ex-injectors. He often returned to an incident that had

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<sup>14</sup> In India, the transformation of opium into heroin or “smack” is dated to the mid 1980s (Mohan et al 1985), when it first became available via Afghanistan, according to the narratives of older addicts, and then began to be produced locally, in Uttar Pradesh, Rajasthan and Madhya Pradesh, the three states in India historically where poppy can be legally grown for medicinal purposes. Part of the legal poppy harvest is siphoned off for the production of heroin, which can be synthesized in one-room cottage industry type production units. According to most national surveys by addiction psychiatrists in India, the rise of injecting drug use began in the late 1990s (Dorabjee 2000).

<sup>15</sup> Patient names have been changed to protect their identity.

<sup>16</sup> “Hotspot” (a meeting spot for addicts) is a term from AIDS-NGO discourse, which has made its way into addict slang in Delhi.

been a turning point in his own addiction trajectory: “one of my closest friends, Guddu died in front of me, thrrr thrr thrrr... with blood spurting out of his veins. After that I decided it’s better to spend the 250 rupees for a *panni* (foil), rather than these dangerous injections. We even started beating up any injectors we saw, saying *Hat! Gandi addat phela raha hai. Karna hai tau panni pe kar.* (Shoo! Stop spreading this dirty habit! If you have to do it, then use a foil). We’d make them *murgas* (bending over like chickens, a humiliating form of punishment).” Suresh could afford this switch back to chasing because he is a municipal *safai karamchhari* (sanitation worker) in-charge of three lanes in Block 2 of Trilokpuri. Some who are worse affected than Suresh, such as his cousin Ramesh, one of the few HIV+ patients in Trilokpuri, gave up smack altogether, supported by his mother, an MCD sweeper.

What about Muslim smack addicts in Trilokpuri? While the religion, caste, and even the family of an addict are almost always known in Trilokpuri, addict groups and friendships can cross and maintain such boundaries. “Hotspots” are shared by Hindu and Muslim addicts. The emergence of a form of resistance to the current of heroin injecting in Trilokpuri, among economically worse-off Muslim addicts was not simply a form of imitation of their Hindu neighbors. Nor was it necessarily the threat of being beaten up, since this could have been resolved by finding separate spaces. Rather the resistance seemed to emerge from a kind of afterlife of particular sharply remembered deaths, and the impact that certain forms of death may leave on proximate others. As a neighborhood, Trilokpuri is in no way a stranger to violent deaths. And yet, there was something about injector deaths that was narrated as a kind of desperate, undignified fatality.

For instance, among Muslim ex-addicts in Trilokpuri, the person I am closest to is popularly known as Ashfaq Kebab-wallah, since he runs a buffalo-meat kebab shop in Block 27, the Muslim *garb* (heart) of Trilokpuri. Between 2000 and 2005, Ashfaq and two friends of

his, ran a *taskari* business (selling smack), at a teashop outside Block 15, which stopped after they were arrested. For the last three decades, the sale of smack in Trilokpuri has been a monopoly held by two Hindu *saansi* (popularly known as a “robber” caste) families in Block 31, who pay a large “monthly” to the local police. It is said that the Saansi monopoly is protected by the police, based on the understanding that their presence limits the further proliferation of smack dealers. As such, Ashfaq’s foray into *taskari* had crossed an unspoken line within neighborhood economies. Ashfaq’s brother Sultani died of an injection overdose in January 2008, as did his close friend Irfan.

Ashfaq’s father had been among the first eight plot-holders in Trilokpuri in 1975. Ashfaq and his four brothers were among the leading *badmashes* (miscreants/gang-leaders) of Trilokpuri and had been involved in a variety of violent clashes over the last few decades. And yet, nearly every member of Ashfaq’s family, his father, his mother, his brother, had described Sultani and Irfan’s deaths to me, with details that as I heard it, constituted a kind of mourning, and an afterlife that exerted pressure on the living. Here are some of the details I heard many times over, from Ashfaq and others: Sultani’s screams the night before with *tootan* (“breaking”, the Hindi-Urdu term for smack withdrawal); the hundred rupees that Ashfaq’s father gave Sultani, unable to bear the screams, how this happened two days before Eid; all that was cooked for Eid that year; the two days for which Sultani disappeared, how he died in a garbage dump; how Ashfaq overheard news of his death from smack addicts in a public bathroom; how they rushed to the nearby Guru Teg Bahadur hospital to claim Sultani’s body, how his body was about to be cremated (in the Hindu style, rather than buried) when they reached the morgue. A few months later Ashfaq gave up smack, although now ten years later, he still collects his biweekly Buprenorphine dose from the Trilokpuri clinic.

Sundernagri too, saw a number of such deaths. As I tracked treatment dropouts, comparing a hundred patient files in both neighborhoods, I found that there had been a much higher heroin-related death toll in Sundernagri than in Trilokpuri [Figure 14]. The deaths in Sundernagri were not unmarked but living companions continued along a different trajectory of currents without the emergence of a form of resistance. To offer an instance: among injectors in the Sundernagri clinic, I became fond of Imtiaz, twenty years old, said to be a talented pickpocket, adept at stealing cellphones, usually working with two friends, Waseem and Johar, both of whom died during my fieldwork. Certain routine interactions in the Sundernagri clinic would simply not have been possible in Trilokpuri. For instance, Johar often went to the clinic terrace to inject himself right after consuming his daily dose of Methadone. Some of his peers grimly murmured that he had begun to inject himself on his *ling* (penis). “*Yeh last stage hota hai* (this is the last stage) when there are no other veins left”. Kamlesh-ji, the clinic’s needle-exchange outreach worker, in her early 60s, whom many patients affectionately called “Mummy”, still treated Johar warmly. “*Apni chain tau upar kar le*” (at least zip up)” she would yell, as he returned from the terrace after injecting himself. It came as no surprise, one evening in October 2016, when we heard from Kamleshji that Johar’s mother had called late at night to tell her that he died of an overdose.

As we spoke after his death, Imtiaz praised Johar: “He wouldn’t steal wallets, only mobiles (phones). If it was a small mobile he would throw it back down and tell the person they’d dropped it. He was a real artist.” Contrary to possible assumptions of familial abandonment, Imtiaz and Johar both had relatively supportive families. In 2015, Imtiaz’s parents took a loan for Rs. 80000 and bought him an e-Rickshaw, but this was stolen, and Imtiaz relapsed. Some months after Johar, Waseem also died. I met Imtiaz at the clinic, two

day's after Waseem's death. Having known Imtiaz for a year I requested if I might record our conversation, punctuated though it was by his tears. Here is a brief excerpt:

Imtiaz: Waseem died day before yesterday. He was my closest friend. We were both in the Janta Flats school together. His marriage had been arranged, just a few days ago. He died at the Tahirpur ditch where I sit with *chacha* (an older injector, a leading initiator in the neighborhood). "*Injection laga reh gaya.*" ("The injection remained stuck"). That day he had "earned" a big mobile, a Samsung. So he went to celebrate with Zulfikar (another initiator friend). He had just started. A brother of his died similarly, learning to do smack. It is Zulfikar's fault too. He should have known that Waseem wouldn't be able to take it. He should have given him a "five point" (half a syringe), but he filled it fully, *tau usko overdose ho gaya* (he overdosed).

Imtiaz himself had a near death experience six months ago with *chacha*. Imtiaz's account of the event had been quite chilling for me:

Imtiaz: *Chacha* just left me there and went home. He didn't even tell my family. He thought "*akad gaya thand me?*" ("I had died/stiffened in the cold"). A rickshawallah from my neighborhood came to the ditch to pee, *naseeb tha mera* ("it was my fate"), seeing me, he informed my family. The gypsy-vale (a police car) took me to GTB (a local hospital). My mother saw my slippers at the ditch and rushed to the hospital. She was prepared for a postmortem. They said I wasn't breathing. My mother arrived and hearing them say that, she started wailing. They gave me an injection. My mother went on pressing me. Then *upar vale ki dua se saans aa gayi* (through a divine blessing, I began breathing again). All the doctors were amazed. One leg of mine had become huge. The SHO (police officer) asked me – who left you there? But I didn't give them *chacha's* name.

I met Imtiaz's mother a few times as well, since she would occasionally accompany him to the clinic. Imtiaz's family belongs to the Mansoori (weaver-artisan) caste among Muslims, making *rajai* (comforters) in the winter and running a sugarcane juice stand in the summer. Two days after Waseem's death, in mourning, or so he said, Imtiaz rejoined *chacha* at the ditch, having avoided him for six months after his near-death abandonment.

Is there a way to compare mourning and the afterlife of particular forms of death? I hesitate to call Imtiaz's tears for Waseem "death without weeping", as Nancy Schepper-Hughes famously put it. Maybe there is no way to compare Imtiaz's tears with Ashfaq and his family's grief for Sultani, or what Ashfaq might have become had he lived in Sundernagri rather than Trilokpuri. Instead we might say that in Trilokpuri a form of resistance

developed to this current, in a way that it did not in Sundernagri, where this form of life and death took root and grew, leading to the sharply different comparative figures between these two neighborhoods. These local differences can also be nationally significant, as we see with the figures for HIV in India. Let us now to a different form of life and death, in understanding the quite similar potentiality but very different actuality of collective violence across these two mixed Hindu-Muslim neighborhoods.

### *Currents of Collective Violence*

As with the prevalence of IDUs, there could be a simple causal explanation for the different levels of collective violence in these two neighborhoods, as an effect of their distinct political formations. In modern Indian politics, castes are often linked as a bloc to particular political parties. Sundernagri remains competitively dispersed among Hindu castes, each linked to a different political party, with the Kolis associated with the Aam Aadmi Party<sup>17</sup>, said to have begun in Sundernagri where a party leader and the current Chief Minister of Delhi, Arvind Kejriwal co-founded an NGO, *Parivartan*, with an assistant from the neighborhood, Santosh Koli. The Jatavs/Chamars are allied primarily with the Bahujan Samaj party (BSP)<sup>18</sup>, while the Hindu right-wing BJP in Sundernagri retains its upper caste base, characteristic of the BJP nationwide until the early 2000s, with two Baniya shop-owners in conflict with a Brahmin for the seat of ward councilor.

In contrast, as I argue above, Trilokpuri is strongly defined by the increasingly Hindu right-leaning Balmikis. The epicenter of the “riot laboratory” in Trilokpuri is a marketplace situated between two blocks **[Figure 15]**: Block 28, an entirely Hindu Balmiki block known

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<sup>17</sup> Grounded in civil society and anti-corruption initiatives, the *Aam Aadmi* party was founded in Delhi in 2012, see: <https://aamaadmi.org/about/our-history/>

<sup>18</sup> The BSP is often described as a Dalit political party. However, for many Dalits, especially the Balmikis, the BSP is strongly associated with the Jatavs/Chamars, as the caste of its principal founders Kanshi Ram and Mayawati.

for its pig-meat shops and Block 27, the Sunni Muslim heart of Trilokpuri, dotted with Muslim-run buffalo meat shops. This spatial proximity of the pig-breeders and buffalo-meat sellers is not necessarily a recipe for violence. As anthropologists of collective violence in South Asia have recurrently shown, latent tensions can only escalate with the support of state mechanisms. Till even a decade ago, relations between Block 27 and 28 could have been described as a form of “agonistic intimacy” (Singh 2011). At times, Muslims of Block 27 still invoke agonistics in relation to the Balmikis, “*humne unko kabhi haavi nabi hone diya*” (“we never let them subjugate us”). In recent years though, with the affiliation of the Balmikis with the more brazenly violent Modi-led BJP, a former agon has given way to a networked form of state supported subjugation.

There can now be a line of continuity between the ex-addict Suresh Balimiki above, to the formerly ill-reputed but now turned respectable MCD councilor Kamal Beniwal [Figure 16], a Balmiki leader of Block 28, and a step higher to the former Member of the Legislative Assembly (MLA), Sunil Vaid [Figure 17], a Balmiki resident of Block 8, who in the widely reported 2014 Trilokpuri violence, in a move that is perhaps an element of all major riots and pogroms, is said to have told the police to stay out of Trilokpuri for three hours to give the Balmikis an opportunity to “teach the Muslims a lesson”. Sunil Vaid died of a heart attack some months later, onstage during a speech, in divine retribution for his crimes, as the Sunnis of Block 27 insist. His wife, Kiran Vaid has now emerged as a neighborhood political leader. In step with the current regime, she is more brazenly anti-Muslim than Sunil Vaid was.

The activation of these compositional differences into forms of violence requires a closer examination of the movement of suicido-genetic currents, namely, the circuits through which a charge may travel and the forms of resistance it might encounter. As the

comparative table of police reports above shows, both neighborhoods have very similar figures for petty crime. With this similarity in mind, I offer examples of currents from each neighborhood specifically in relation to Hindu-Muslim violence. In Trilokpuri it felt like every few days I would hear of a potential or actual *balva* (skirmish). After staying there intermittently for two years, I began to more acutely sense the circuits through which currents of violence travel, for instance, rumor. At times, my two main hosts in Block 27, Ashfaq (the ex-addict) and Sufiji (a healer, in his early 70s) would voice misgivings characteristic of more widespread Hindu Muslim “regions of rumor” (Das 2007: 112): “our water supply is contaminated...by the Balmikis and the Jal (Water) Board (hinting at Balmiki clout in municipal systems). Only Muslim households get this darkish water.”

On 3<sup>rd</sup> July 2017 I arrived in Trilokpuri at night and heard from Ashfaq and others that a *balva* had been narrowly averted earlier that day. Sufiji described the events: a married Balmiki man from Block 28 had begun living with a Muslim woman. Enraged, the Balmiki man’s wife put the “*jungli janvar’s*” meat (Sufiji follows the Muslim etiquette of referring to pigs euphemistically, as the “wild animal”), in front of the Muslim woman, saying: “If you are living with a Balmiki then eat this!” An irate group of Muslims from Block 27 gathered as news of this incident spread. Sufiji and other members of the *Aman Ekta* Committee (an inter-religious neighborhood committee, created through government/police initiative in the aftermath of the 2014 Trilokpuri riots) convinced the enraged group to file a police complaint rather than seeking direct retribution against the Balmiki family. The police responded by arresting the Balmiki man and wife, and the crowd quieted down, “*nahi tau balva ho jata*” (“otherwise there would have been a riot”).

I spent that night in Sufiji’s one room apartment in Block 27, which doubles as a healing space. The next morning, I went to get a shave at the barbershop downstairs, in the

“riot laboratory” marketplace. The barber’s assistant, a young Muslim man, was narrating the previous day’s events with added incendiary embellishments. This time the Balmiki woman threw pork in front of the Muslim woman during her morning *namaaz* (prayers). The listeners, ten in all, waiting for a haircut or a shave, seemed unconvinced. Even as an outbreak of violence was averted, one could still feel the circuits through which a charge is conducted.

In contrast, in Sundernagri violence remained a more distant possibility, although this might change as public expressions of anti-Muslim animosity become more permissible under the current Modi government. In June 2016, for the first time in the neighborhood’s history since it was founded in 1975, Sundernagri had a curfew. The chain of events was as follows: a group of Muslim women in the mixed Hindu-Muslim Block J approached a temple priest asking him to turn down the volume of the temple loudspeaker and not to do the evening *arti* (prayers) at the same time as the *azan* (the Muslim call for prayer), a classic Hindu Muslim sonic conflict (Khan 2011). The priest responded sharply and the women shouted back.

A few days later, the priest, Pandit Parvesh Sharma, helped produce an inflammatory Youtube “documentary” **[Figure 18]** on “the threat to Hindus in Sundernagri”. “I wanted to make this an international *mamla* (issue)”, Sharma asserted, when I interviewed him a few days after the curfew, “I called the Prime Minister’s Office. And I called someone I know in Yogi Adityanath’s office (the rabidly right-wing Chief Minister of the neighboring state of Uttar Pradesh). The next day Yogi-ji sent two hundred Hindus for the evening *arti*, shouting *Har Har Mahadev*.” The women also called for help and fifty or so Muslim men arrived from the Qureshi Block O, although in his narrative the pandit pitched the number of Qureshis at two hundred, and had them shouting “*Allah ho Akbar*.” The police, by all accounts, arrived

almost immediately, with the Assistant Commissioner of Police there in person to announce a curfew, and install a police post at the temple for the next one month.

As a longtime participant in local electoral politics, Kamleshji, the outreach worker from the Sundernagri clinic knew most local notables and the neighborhood police. One afternoon I asked her if we could visit the police post at the temple. We went and Kamleshji introduced me to the two beat constables, Hindu OBCs (Other Backward Castes/“middle” castes), in-charge of protecting the temple. As we chatted, the constables laughingly praised the priest Sharma for his rousing speeches. We were joined by Mr. Arora, owner of a local milk supply business, and a contender for BJP leadership in the neighborhood. I had interviewed Mr. Arora a few weeks before. He had severely criticized his rivals, including the current BJP councilor, a local shop-owner, for their lack of acumen in forging alliances in the neighborhood. Today Mr. Arora outdid himself in his ironic praise for “Panditji” (Sharma), as the newfound *rakshak* (defender) of the Hindus of Sundernagri. Sharma responded to this ill-intentioned praise with nervous laughter, “*Arey itna bhi mat chadhaiye, Arora-sahib*” (“don’t raise me so high, Arora-Sahib”). Sitting in this temple, I speculated: no Dalit had a place within these particular upper caste neighborhood machinations.

Kamleshji (herself, I realized, from the Sharma, Brahmin caste) joined this menacing banter, making what felt like a feeble anti-Muslim joke “they breed like chickens, they bleat like goats...” Her listeners, including the policemen, guffawed. As we walked back, I tested the waters, in terms of our political views. Gifted with sharp social acumen, Kamleshji often subtly prompted our interlocutors in Sundernagri, including heroin dealers and police informants whom she was introducing me to, into sharing information that they might be averse to offering an outsider. “Sir is one of us”, she would say, referring to me. I thanked

her for stoking the policemen, in order to show me how partisan they are. She responded with surprise, “No sir, I wasn’t joking! That is what I believe. I am very *kattar* (hardline).”

In subsequent conversations the priest Sharma had some introspective moments: “If it was a Congress government, like in the old days, they would have said “Pandit *mabaul kharab kar raba hai* (he is ruining the atmosphere). Put him in jail. I’ve been with the BJP since the 1980s, since the Jan Sangh time (the electorally marginal precursor to the BJP). When we first started collecting *chanda* (political/religious contributions) people weren’t willing to give even fifty paisa. We’ve done a lot of *sangharsh* (struggle). The police here are in cahoots with the Qureshis (a Muslim caste) because of the car market (in Sundernagri, notorious for stolen car parts). The Qureshis give the police huge monthly payments. That’s why they turn up so quickly to protect them. I am working to get the car market shut down.”

Drawing on these instances of near-violence, I contend that the contrast is not between a riot-prone Trilokpuri and amicable cohabitation in Sundernagri. Instead, I hope to have drawn out the ways in which compositional differences and political alignments matter to the actualization of potential violence, and further, the specific circuits, resistances, and forms of Hindu-Muslim hostility in Sundernagri and Trilokpuri, which result in their sharply differing cumulative pictures of collective violence so far.

#### *Concluding Discussion: Varieties of Suicido-genetic Currents*

I began by asking how we might better understand the global nature of the opioid crisis. The form of comparative ecological analysis I offer here is not “merely” local. I hope to have offered a possible answer to Gamela’s concern above, on the dangers of the term “epidemic”, and his question of why certain, more tabooed forms of addiction take root in certain areas and not in others. This form of ecological analysis can be continued across other geographies and vectors of significance. For instance, recent opioid research in the

United States has found variations between seemingly similar demographic areas to be significant enough to ask whether or not this is an entirely physician induced iatrogenic epidemic (Wright et al 2014), and if rather than a single opioid epidemic in the US, the phenomenon is better understood as a series of three intertwined but distinct waves (Kiang et al 2019), animated by different types of opioids and diverse geographical, temporal, and socio-demographic patterns of mortality<sup>19</sup>.

Further, I asked what kinds of diagnostics anthropologists might offer for questions of ecological variation beyond global invocations of neoliberalism or predictable effects that a similarity of context might have on outcomes related to health and wellbeing. Trilokpuri and Sundernagri could both be classified as urban poor neighborhoods. I enumerated a number of similarities between these neighborhoods including access to state services, levels of reported crime, vignette-based investigations of social efficacy, and psychiatric comparators of stress, somatoform disorders, and quality of life indicators. Within this seeming similarity of context, rather than uniform effects, I foreground the sharpness of ecological variations, depending on the form of death under consideration. As such, either neighborhood could be seen as “better” or “worse” depending on the optic, if either heroin addiction or collective violence or a generalized idea of neighborhood disorder had been considered in isolation. The currents of addiction and violence are not causally related, but might be understood as “divergent series” (Deleuze 1993: 110) within a milieu, with each series composed of specific events, networks, trajectories, and forms of life and death<sup>20</sup>.

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<sup>19</sup> This research includes tracing neighborhood level variation (Visconti 2015) and rural-urban and regional differences across neighboring states in North American patterns of opioid abuse (Unick 2017; Ruhm 2017).

<sup>20</sup> In relation to “social network” analysis in medical sociology and public health, I find it helpful to differentiate my method here from the analyses of “social contagion” and “cascading behavior effects” associated with the work of Nicholas Christakis (2009; 2014). The main resonance would center on how “physical proximity or co-residence” can enable particular psychic states to spread.

Rather than a standardized explanation of social or psychic disorder, I have tried to offer a more fine-grained form of ecological diagnostics. This involved a focus on compositional elements, including differences in patterns of livelihood, related to caste, and the continuing salience of caste hierarchies and differences in contemporary India. While these compositional elements are ecological in a Batesonian sense, as “recurrent patterns” (1972: xxvi), the recurrences are not static forms of repetition without difference. Even within stably inter-generational movements such as the Balmiki’s status as the pig-breeding “sweeper” caste, we might read their relative economic stability and relatively recent turn to the Hindu right as a crucial part of the political ecologies described above.

Within these forms of stability and dynamism, Durkheim’s idea of suicido-genetic currents offers a diagnostic tool to understand the entanglement of forms of aspiration with forms of death, as with the political rise of the Balmikis leading to an intensified expression of currents of hostility in their relations with neighboring Muslim communities. The concept of suicido-genetic currents also allows us to diagnose the conditions under which Imtiaz, Waseem and Johar’s heroin addict peers in Trilokpuri, economically and demographically similar to them in so many ways, are not injectors. These specific differences of life and

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(Fowler & Christakis 2008: 342). A key difference would rest in the degree of generalizability that network analysts like Christakis aim for, for instance, in arguing that happiness can spread and reliably be traced in dauntingly large data sets across “three degrees of influence” (2008: 337). As an anthropologist, I would say that the disciplinary difference here is not that anthropology is content with a “smaller” scale or a “lesser” degree of generalizability. Rather, as I see it, the difference hinges on what a specific form of empiricism might hope to achieve. For instance, in Christakis’ analysis of the spread of “happiness” across three generations, published in the *British Medical Journal*, as he qualifies, “our data do not allow us to identify the actual causal mechanisms for the spread of happiness.” (2008: 240). In contrast, in this argument, I have attempted to follow specific patterns (why x or y phenomenon exist here and not there) and the causal chain of events that led to those patterns, even if these rest in ethnographic singularities (e.g. the “afterlife” of a contingent set of deaths in a neighborhood, and particular configurations of caste). As such, the anthropological engagement with singularities and patterns helps illuminate the experience and embodied movement of currents of vitality and negativity, and forms of life and death within particular ecologies. I thank the anonymous reviewer of *MAQ* for inviting me to make this important clarification.

death, I contend, are best understood as a mode of conduction and resistance to specific suicido-genetic currents, rather than a uniform epidemic. This is not to say that at a national level India is not in the midst of a deepening opioid crisis, and a crisis of democratic life and cohabitation, in ways described above. Within these crises, an attention to at times sharply varying “ecologies of experience”<sup>21</sup> (Simpson 2013) might allow for a deeper understanding of contemporary forms of psychic distress and the human “predisposition to self-destruction”, as Durkheim presciently called it.

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<sup>21</sup> Recent scholarship in urban geography has also sought to explore more disaggregated ecologies of psychic life beyond homogenizing experiential categories like alienation and stress (Richaud & Amin 2019; Rose et al 2016).

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