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## Guest editorial: Drugs Places Between Knowledge and Representations

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**Drug places between knowledge and representations**

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## Editorial: Drug places between knowledge and representations

The attention to the spatialization of drug practices is not new in the social science academic area. Ethnographic research work in the context of heroin or crack used in public spaces in the 1980's and 1990's has emerged in North America and Europe with the formation of open drug scenes (Bless *et al.*, 1995, Bourgois, 1992). Later, spatial sciences started contributing to drug research with geo-criminological and geo-epidemiological approaches to drug-related issues (Gruenewald, 2013), but also a growing body of geographical research (Jayne *et al.*, 2016). The ways in which a variety of stakeholders (including residents, people who use drugs, police officers, harm reduction workers) share public urban space led to more attention to socio-spatial analyses in social drug research. Drug-related studies dealing with space and place range from subjects, e.g. the NIMBY ("not in my backyard") phenomenon as a form of spatial stigmatization of people who use drugs (Smith, 2010; Bernstein and Bennett, 2013; Davidson and Howe, 2014 ; Davidson *et al.*, 2014; Jauffret-Roustide et Cailbault 2018; Bancroft and Houborg, 2020), strongly linked to the implementation of harm reduction services in urban areas to the significance of campsite environments or 'classical' nightlife spaces for recreational drug use and associated practices and meanings (Dilkes-Frayne, 2016; Bøhling, 2014). The framing of places related to drugs is often reduced to public safety issues, such as the notion of "risk environments" for drug use (Rhodes, 2002) and repressive responses (Belina *et al.*, 2021), but some authors also found that the experience of such places by different stakeholders can be more ambivalent (Kammersgaard, 2020). Other research explores emotional aspects of spaces of drug practices (Duff, 2008; Duncan *et al.*, 2019; Duncan *et al.*, 2020). Some scholars published programmatic and theoretical texts in order to integrate the dimension of space and human geography into social drug research (Cooper and Tempalski, 2014; Potter *et al.*, 2018), some of which refer to 'new materialism' approaches like actor-network theory (Duff, 2012). In any case, when considering 'space' and 'place', these cannot be understood as factors on their own, but as social constructions and productions and subject to permanent change in related ascriptions. Following Jayne *et al.* (2016), we assume that place is neither "a passive backdrop" (p. 118), nor an autonomous actor. After a few decades of broader interest in space for social sciences and the so-called "spatial turn", space is definitively more than a mere dimension, a given landscape, a passive environment or an established structure of localizations. Spaces and places are constructs, and so, no place is predestined to be the scene of drug practices. Why particular (drug) practices happen here and not there is the result of social construction. Why such drug uses (and places) are in the focus of policies and research, while other are at the margins is also the result of a social construction, embedded in local and global histories and constantly changing. Places materialize and thus reproduce social

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3 relationships that would not exist without the practices of distancing, belonging, imagining,  
4 evicting, etc.  
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7 The aim of this special issue is to focus on the spatiality of drug practices and policies, in order to  
8 question how practices and policies are spatialized, and how common perceptions of social space  
9 influence social practices and associated meanings of particular drug places. By *drug places* we  
10 mean places characterised by the consumption of psychoactive substances. However, drug use by  
11 itself is not sufficient to characterise a drug place: it requires some other factors and actors such  
12 as public, media and political discourses; the intervention and action of drug policy stakeholders  
13 like prevention and harm reduction services, municipalities, police; the organisation of residents'  
14 initiatives; the underground, (sub)cultural knowledge or hearsay narratives specific to certain  
15 groups, and the emotional atmospheres *et al.*. So, drug places might be public, private, semi-public  
16 or institutional spaces; they might be geo-localised areas as well as imaginary or digital spaces;  
17 they might be very mobile and changing or persistent over decades. Drug places are neither  
18 determined by their urbanistic design or localisation nor by their social characteristics. Drug  
19 places emerge as the result of a complex social production, since they are populated by people  
20 who use drugs, residents, professionals and workers, intertwined with health and public safety  
21 issues, appropriated for many uses, designed and managed by public and private landlords. Their  
22 history, the power relationship they are into, their configuration, the manner in which they are  
23 named, their localisation and the scales they are embedded in all matter: all this contributes to  
24 their construction, at a specific moment, in a particular configuration, as a drug place. With the  
25 notion of drug place, we don't mean that there would exist places *per se* related or dedicated to  
26 drug practices. The intent of this special issue is to show how drug places are socially constructed,  
27 why and how actors interact with these constructions. Therefore, the question raised by the  
28 notion of "drug place" is not the one of the localization of (public) places where people do drugs  
29 (no matter if this refers to open drug scenes, alcohol-related nightlife settings or other places),  
30 usually referred to as places that require public intervention by political actors and public  
31 attention by media. A huge part of the state of the art in drug research and urban studies already  
32 deals with this question. Our question is the one of the spatial knowledges and representations  
33 about places associated with drug practices. How does knowledge about where and what drug  
34 places are emerge? What are the actors, the methods, the processes involved in the construction  
35 and circulation of knowledge and representations about drug places? From regular drug users to  
36 residents and professional stakeholders, everyone has a particular perception and representation  
37 of drug places, which influences the places people are visiting or avoiding, as well as the spaces of  
38 public intervention.  
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3 The practices of knowledge about drug places vary from hearsay in specific settings to  
4 geographical studies ordered by cities, social workers' long-time experience on the street, GIS-  
5 supported data treatment to empirical ethnographic data collected by social scientists  
6 (anthropologists, geographers, sociologists). Expert knowledge about drug places ranges from  
7 rather organisational knowledge such as the implementation of collected data, e.g. in treatment  
8 or regulatory policies, to a more vernacular and personal knowledge, gained in day-to-day  
9 experiences and interactions– e.g., by local traders and businesses, residents, social workers or  
10 the people who use licit and/or illicit drugs.  
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13 The idea for this issue arose from a joint bi-national (German-French) research consortium called  
14 "Drugs and Urban Security" (DRUSEC). Funded by national security research programs (run by  
15 the German Ministry of Research and Education, BMBF, and the French National Research Agency,  
16 ANR), the main focus of this consortium was to identify security risks for people who use alcohol  
17 or other drugs, residents, passers-by or society as a whole, and to give recommendations for  
18 improvement. The main areas of concern were 'open drug scenes' and environments of drug  
19 consumption rooms, nightlife settings and areas with public drug dealing. The research done in  
20 this project consortium made clear how complex and manifold social processes in these different  
21 settings may be, fueling the idea of not only presenting research from the DRUSEC consortium,  
22 but also inviting other scholars to present findings from other perspectives or other social-  
23 geographical areas. Three articles in this special issue were prepared in the frame of the DRUSEC  
24 project. These papers deal with tolerance zones supported by social work in Bremen (Schmidt-  
25 Semisch *et al.*), marginalised drug users' representations of several German cities (Germes *et al.*)  
26 and self-perceptions of socially marginalised cannabis dealers in public spaces in Frankfurt  
27 (Werse). Other articles address drug places in UK prisons framed by gender (White), emotions in  
28 open drug scenes in Vancouver, Canada (Stallwitz), needle exchange programs framed as a  
29 "melancholy" intervention in Budapest, Hungary (Danyi and Czak) and the sociological and spatial  
30 evolution from a 'blank' place to an open crack cocaine users' scene in Paris, France (Jangal *et al.*).  
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33 Clearly, drug practices spread in many places that are less known or even unknown, far from the  
34 sight of the public eyes and the public knowledge. But all the contributions of this special issue  
35 focus on archetypal places for drug use and selling in urban contexts. The geographical places such  
36 as downtown Eastside Vancouver (Fast *et al.* 2010, Collins *et al.* 2019), Frankfurt-Bahnhofsviertel  
37 (Sultan and Werse 2020, Belina *et al.* 2021), North-Eastern Paris (Cadet-Tairou *et al.* 2021,  
38 Jauffret-Roustide 2020), Berlin-Neukölln (Huning and Schuster 2015, Ecke 2019) or the 8<sup>th</sup>  
39 district of Budapest (Rácz *et al.* 2015) are already publicly known and intensively studied for  
40 being places of drug practices. Apart from one contribution about prison (White), all other papers  
41 deal with inner-city neighbourhoods in Europe and Canada, most of which are characterized by  
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3 economic deprivation and stigmatised in many ways. They are also the stage for very intense  
4 interventions by public institutions, sometimes through area-bound urban policy programs, as  
5 they are in the focus of police surveillance and intervention and/or subject to intensive social  
6 work and harm reduction. These archetypal places are at the core of the construction of “drug  
7 places” as an (urban) problem, nurturing the idea that it is a place that needs interventions,  
8 including deviant persons who need regulation. Often, the focus on places as given instead of  
9 constructs drifts away from a broader scaled perspective (and intervention) on the processes of  
10 criminalisation and urban marginalisation. The conception of places as historical and multi-scale  
11 constructs highlights the structural factors leading to social marginalisation of some users of  
12 illegalised drugs and its spatial form. The contemporary neoliberal governance of cities expresses  
13 the paradoxical efforts of a morally regressive and repressive approach with aggressive policing  
14 and reinforcing marginalities, while often pursuing a harm reduction approach that partly accepts  
15 drug use, thus, performing life-saving services but at the same time cleaning the streets from  
16 individuals that some voices regard as “undesirable”.

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19 Nevertheless, this issue reflects a wide range of perspectives, including different research  
20 methods (ethnography, semi-directive interviews, archives), different modes of (re)construction  
21 of places, different kinds of drug places and respective actors, and different political contexts with  
22 regard to drug policies (Germany, France, UK, Hungary, and Canada). In this respect, the papers  
23 deal with negotiations of preconstructions and knowledge, scales and boundaries, changes in  
24 spaces, actors, practices and perceptions of drug places. The authors take into account how people  
25 who are present in such places perceive themselves, their emotions relative to places and people,  
26 and the ways they use and handle psychoactive substances, or how they deal with people who do  
27 so.

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