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THE GENDERS OF URBAN DRUG POLICIES: SECOND EVENT IN THE “DRUGS, GENDERS, CITIES” CYCLE

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(Translated by Zoe McNamee)*

January 21, 2021, marked the second event of the “Drugs, Genders, Cities” conference cycle. Given the public health situation, the event was held via videoconference. From 14:30 to 16:30 there was a conference chaired by Sarah Perrin of the Centre Emile Durkheim featuring contributions from three young researchers. From 19:00 to 20:00 Anne Coppel led a participative conference on those left behind by risk reduction, chaired by Alice Magot of the Université Populaire de Bordeaux.

The Genders of Urban Drug Policies

Our first guest was **Elsa Koerner**, PhD student in sociology at ESO, the Laboratoire Espaces et Sociétés (Spaces and Societies Lab) in Rennes. Her thesis deals with gender and urban nature, questioning the way in which public action links the greening of cities with gender equality. Her contribution explored the regulation of green urban spaces, specifically with regard to drugs and gender in parks and public gardens. Her findings were based on the results of an exploratory investigation into the relationship between policies promoting urban greening and gender equality. Her interpretation of the study, hinging on feelings of security and insecurity, provoked a discussion of the spaces occupied by dealers and consumers of illicit substances. Parks and public gardens host the sale and use of drugs; dealers and consumers must share these spaces with non-users. The groundskeepers

working in these green spaces may wish them to be open to everyone, but uses of the space are still categorised according to how well they conform to the social order (or not). The issue of drugs and deviant practices is considered masculine, while feminine practices are held up in debates as supporting gentrification. Groundskeepers coordinate adjustments to the space in order to replace the deviant section of the population, and certain security-related alterations are presented as feminist. Elsa highlighted the concept of “green order” as well as that of situational prevention in parks and public gardens. One possible way to improve the sharing of these spaces may be the inclusion of drug dealers and consumers in the planning of improvement projects.

Our second guest was **Maïa Neff**, PhD student in sociology co-supervised by the ENS in Lyon, Triangle Laboratory and Université Laval in Quebec. Maïa is also a professional researcher at the Ecole Nationale d'Administration Publique (National School of Public Administration) in Montreal. Her thesis analyses professional approaches to addiction from a gender perspective, focusing on the assessment, care and support offered to drug users, especially women, within institutions specialised in the science of addiction and harm reduction in France. Her contribution focused on emotional labour within CSAPAs (Addiction Care, Support and Prevention Centres) with analysis of pro-

fessional reactions to maternity. She analysed the discourse and practices of 25 professionals working within CSAPAs, and questioned the creation and communication of the emotional dimension of their work from a gender perspective. Emotions were presented in an analysis grid for operations of classification, categorisation and judgement of feminine and masculine, as well as for dynamics defining social relations. The maternity of female drug users frequenting CSAPAs was the specific focus of these questions. It became clear that emotions may steer professional evaluations and judgements against drug-using mothers. Maïa’s contribution generated many questions from the audience, with some professionals visibly surprised at the impact of emotions and personal judgements on the maternity care of female drug users.

Finally, our third guest was **Florent Schmitt**, PhD student in sociology at the Triangle Laboratory (Université de Lyon 2). He is currently writing a thesis on the regulation of drug users by “low-threshold” medical-social institutions. His contribution focused on the way in which gender mixing creates single-gender spaces, using as a key example hospitality areas in social centres for users of psychoactive substances. His contribution was based on three years of observation and 40 biographical interviews with drug users, carried out in a Parisian addiction support centre/CAARUD (Centre d’accueil et d’accompagnement à la réduction des risques pour usagers de drogues) and a small town on the outskirts of the capital. Spaces that welcome drug users are essentially devoted to specific groups of marginalised people. These spaces encourage gender mixing and equal presence as part of their equality principles. However, some persistent forms of sex separation result in the recreation of single-gender spaces. Within the CAARUDs, many women limit their

visits, linger less than the men, and/or remain on the margins of social events and collective exchanges between users and professionals. This unequal use of the space is the result of gendered social relationships affecting all social groups. Two recurrent processes of partial eviction emerge from these social relationships. The first of these can be linked to the differentiated socialisation of different genders which tends to alienate teenage girls and women whose careers are judged deviant and, in the same way, economically vulnerable drug users and dealer networks. If men dominate hospitality areas, it is because this enables them to prolong the masculine camaraderie of drug use as it exists among the economically vulnerable outside institutions. Secondly, the reduced presence of women is related to another element of gendered social relations: male violence aimed at controlling women’s bodies and sexualities. The reduced presence of women in mixed hospitality settings therefore results from a self-preservation tactic comparable to that employed in public spaces in the face of gender-related violence.

The Left-Behinds of Risk Reduction

Our guest for the evening’s participative conference, chaired by Alice Magot (Université Populaire de Bordeaux), was **Anne Coppel**, a sociologist, field actor and activist. Her 45-minute contribution exploring “The Left-Behinds of Risk Reduction” was followed by a discussion with the audience.

Over the past forty years, some specific measures have been put in place for women within risk-reduction frameworks, but these remain rare. Anne Coppel chose to explore the historical role of women in risk reduction, the obstacles faced by female drug users, and the ways in which their situations, demands and needs can be better rec-

ognised. Her contribution was split into four parts:

1. Confronted with AIDS, the Emergence of Female Drug Users and Prostitutes

In the face of the AIDS epidemic, two categories of women raised special concern: pregnant and postpartum drug users, and prostitutes. The number of specific studies and measures targeting these two groups was relatively large, given the general lack of interest in the health of drug users outside these categories.

The struggle against AIDS profoundly changed perceptions of these two female minority groups. It contributed both to a new notion of public health and new approaches to sexuality in relation to social or gender roles. Pregnant drug users and drug-using mothers were at the root of the medical establishment’s realisation that detoxification should no longer be a prerequisite for the treatment of immediate health needs, as had been the case in specialised addiction services. What we now call risk reduction started in 1984-85, when AIDS tests began to be offered systematically in maternity units. This test flagged young female heroin users who did not necessarily fit into stereotypes – a revelation that disoriented care staff.

All of this contributed to a new perception of drug use not only with respect to women, but also men: the faceless heroin addict became a person. This seismic shift in perceptions led a certain Professor Henrion, at the request of Simone Weil, to recommend the implementation of the experimental Risk Reduction Framework in 1994 (Henrion Report, 1994).

2. The Pioneers of Risk Reduction

Women have also played an active role in the history of risk reduction. For example, Michèle Barzach promised the unrestricted sale of syringes in 1987, and in 1994 Simone Weil set up the first experimental framework for risk reduction. Nor can we forget Nicole Maestracci, president of the MILDT (Mission interministérielle de la lutte contre les drogues et la toxicomanie) anti-addiction project from 1998 to 2002, who gave a new definition to the public health services now required to protect the health of users of both legal and illegal drugs. Risk reduction was given official status with the creation of CAARUDs as stipulated in the 2004 public health law.

On the ground, many female pioneers were involved in the first risk reduction projects, for example the actions of the “Limiter la Casse” collective or the Espoir Goutte d’Or community association, the first needle exchange programme in Seine Saint Denis, the creation of street teams and the first trials of drug consumption rooms.

Women, including social workers, doctors, nurses and nonprofessional individuals (users or ex-users) have played a key role in these experimental actions. All were quick to adopt risk-reduction practices including response to immediate needs, support and care, and therapeutic alliances where service users and non-service users were put on an equal footing. Few men were involved in early risk reduction practices, probably because of the stigma attached.

3. Obstacles to the Development of Services Offered to Women

Ever since the first risk reduction initiatives, female pioneers have sought to develop specific actions for women. The European Monitoring Centre for Drugs and Drug Addiction regularly alerts European countries to the dearth of services available to female drug users. This is supported by data: while women make up around 1/3 of drug users, only 1/5 have been involved with risk reduction or care services, according to European data from the early 2000s. According to recent evaluations, this percentage is 20% in France – an average that masks some significant gaps.

Several factors might explain the deficit in services offered to women. More stigmatised than men, female drug users fear being identified, both because social norms weigh more heavily on them and because they fear losing custody of their children. Within the CAARUDs, they are less numerous than socially excluded men, and find it harder to resist the violence of the street, where prostitution is their primary recourse. The lack of research means that we do not know enough about their situations, nor their needs. Female patients in addiction services are the only female drug users that we know about, yet they represent a minority, only becoming known to these services at the end of a long process of exclusion.

These observations do not permit us to understand why the deficit is more significant in France than in the UK or Northern European countries. It stems primarily from an ideology, claiming to stand for republican equality, which argues that measures targeting specific groups would contribute to stigmatisa-

tion, leading to clannishness or communitarianism. Experience has since proven that minorities must make their voices heard if their rights are to be recognised.

4. Towards the Development of Research on Drug Use According to Gender

Over the past 20 years, several reports have dealt with the subject of female drug users. Findings have been based, on the one hand, on epidemiological studies on licit and illicit drug consumption in the general population (the nature of these studies allowing for the differentiation of men and women); on the other hand, clinical observations from risk reduction and care services have also been used. Research in more natural contexts is so rare that we know little about female users' modes of consumption (as in choice of substances, frequency, quantity, context of use). Nor do we know what their drug consumption might mean to them. Producing knowledge about what drug use means to the women who use can offer a way out of pathologisation. Only with better knowledge of female users' relationships to the substances consumed and the ways in which they try to limit risks, understood within the context of the meaning they ascribe to their drug use, can we open the way to a risk and damage reduction strategy adapted to female drug users' experiences and desires.

This second event allowed us to approach the question of gender in urban drug policies from various angles, by demonstrating how the masculine is almost always considered implicitly universal. The third event in May 2021 allowed us to further question how gender, mobility and space influence drug users in a festive context.