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**MAPPING “DRUG PLACES” FROM BELOW. THE LIVED CITIES  
OF MARGINALIZED DRUG USERS**

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# MAPPING “DRUG PLACES” FROM BELOW

## THE LIVED CITIES OF MARGINALIZED DRUG USERS

### Abstract

#### Purpose

On top of their legal, economic, social and institutional marginalization, marginalized drug users also experience political marginalization: drug policies shape their lives without their political participation. From a scientific as well as a political perspective, the inclusion of their various viewpoints and situated knowledge is a major challenge, and one to which this paper aims to contribute in light of the experiences and imaginaries of marginalized drug users urban spaces in several German cities.

#### Approach

Following a socio-geographical approach, this paper interrogates how marginalized drug users appropriate and imagine the city, drawing on Lefebvre’s *Production of Space* and mixing critical cartographic with grounded theory, in the attempt to both understand and reconstruct the world from the situated perspective of marginalized drug users based on their own words, drawings and emotions.

#### Findings

The narratives and drawings of participants show another cityscape, radically different from the hegemonic discourses and mappings antagonizing marginalized drug users and making their existence a social problem. Space appears as a means of marginalization: there are barely any places that marginalized drug users can legitimately appropriate – least of all so-called “public space”. By contrast, marginalized drug users’ imaginaries of an ideal city would accommodate their existence and address further social justice issues.

#### Originality

The notion of “public places” appears unable to express marginalized drug user’s experiences. Instead of focusing on the problem of public spaces, policymakers should tackle the question of place-making for MDUs, beyond the level of solely drug-related places.

#### Keywords

drug use, public space, grounded theory, critical mapping, geography, marginalization.

**Article classification:** Research Paper

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## Introduction

The use of illegalized drugs exposes marginalized drugs users (MDUs) to the stigma of addiction and the vulnerability of illegalization (da Silva *et al.* 2020). In Germany, the possession, dealing and cultivation of some drugs is prohibited, with low-level possession at the prosecutor's discretion. Each of the 16 German federal states is responsible for the implementation of drug policies, leading to regional discrepancies (Schäfer and Paoli, 2006). States like Hamburg or Berlin are known for their comparatively liberal and accepting drug policy, while Bavaria (Nuremberg, Munich) takes a more repressive approach.

On top of legal, economic, social and institutional marginalization, MDUs also experience political marginalization: drug policies shape their lives without their political participation. Meanwhile, *“without the relevant input from the drug user’s perspective, the relevant agents and policy makers may not (...) adequately understand critical unresolved issues that will enable effective treatment processes and outcomes”* (Hellman, 2012, p. 1655), and the same goes for effective harm reduction. Users' voices as political subjects are largely ignored. From both a scientific and political perspective, the inclusion of their various viewpoints and situated knowledge (Haraway 1988) is a significant challenge.

Following a socio-geographical approach, this paper interrogates how marginalized drug users appropriate and imagine the city as a lived space, particularly in regard to so-called public spaces. As such, the research approaches the journal’s special issue from a situated perspective and observes the construction and experience of “drug places from below”. Moving away from the construction of drug places by hegemonic actors (around concepts such as “conflicting use of public space”) and geographical spatial analysis (relying on criminological or epidemiological models), we draw on Lefebvre’s *Production of Space* (1991) to research MDUs' complex place-related subjectivities in order to gain a new understanding of urban drug issues. The methodology mixes critical cartographic with grounded theory in the attempt to both understand and reconstruct the world from the situated perspective of MDUs, based on their own words, drawings and emotions.

After explaining our theoretical, conceptual and methodological approach and its roots in critical geography, we show how MDUs appropriate urban places through their practices and emotions, and how they imagine a future ideal city. This mapping is based on 300 encounters with MDUs in seven German cities.

## 1. Approaching places and social relationships from below

### 1.1. Place-making

Drug geographies (see extensive reviews by DeVerteuil and Wilton, 2009; Wilton and Moreno, 2012; Williams and Warf, 2016; Williams, 2016) and spatial approaches within drug research are incredibly diverse, from spatial analysis inspired by criminology (Weisburd and Mazerolle, 2000) or epidemiology (Gruenewald, 2013) to the microscale of drug use

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3 environments within acceptance-oriented research. The latter studies address the role of  
4 drug use environments or spatial contexts in the explanation of drug use, introducing spatial  
5 complexity and contingency and breaking with individual or medical explanatory models of  
6 drug use. Thus, the notion of “risk environment” (Duff, 2007; Rhodes, 2009) shows how  
7 harm is contingent upon context. Places have an influence on harm (Parkin, 2013) and on  
8 drug practices (Showalter, 2020). These studies contribute to new knowledge in order to  
9 foster harm reduction on a microscale. Present research differs on three accounts: it focuses  
10 on the mesoscale of cities, on drug users' lives in the broader cityscapes beyond places of  
11 consumption, and on the subjective spatial experiences and meanings for marginalized drug  
12 users.  
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17 In this research, space is understood neither as a pre-existing dimension of social behavior,  
18 nor as an acting factor. It is the result of social construction and is multidimensional,  
19 associating representation and practices. Following the philosopher and sociologist Henry  
20 Lefebvre (Lefebvre, 1991; see also Butler, 2009 and Parkin and Coomber, 2011), we consider  
21 space (and therefore place) to be both the result and means of complex social production  
22 processes – as well as a means of (re)production of the social. Lefebvre distinguishes three  
23 kinds of space production that are closely intertwined through dialectical relationships:  
24 “*representation of space*” means a society's hegemonic approach to depicting and producing  
25 space – typically from the viewpoint of city planners, drug policymakers or criminologists, as  
26 cited above. The second kind is “*spatial practice*” or lived space, meaning people's everyday  
27 routines, governed by social rhythms and expressing our diverse positions in society. The  
28 third kind is “*representational space*”, the capacity to imagine new spaces that would  
29 counter the hegemonic “*representation of space*” and foster social resistance.  
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35 Materializing Lefebvre's abstract conceptual triad, the concept of “place” denotes physical,  
36 social and immaterial constructions in which the different perceptions, experiences,  
37 memories, emotions and meanings associated with different social positions and agencies  
38 overlap. “*One way of thinking about place is as particular moments in such intersecting*  
39 *social relations, nets of which have over time been constructed, laid down, interacted with*  
40 *one another, decayed and renewed*” (Massey, 1994, p. 120; see also Williams, 2016). This  
41 concept shows how a variety of subjects contribute to place-making, and is particularly  
42 suitable for researching the situated perspective of marginalized subjects. For MDUs, it  
43 comprises their relationships with the locations they inhabit and visit, and where they  
44 interact and intersect with others; how they make places for themselves, and also how they  
45 imagine alternative spaces. This research aims to identify MDUs' “*spatial practices*” and  
46 “*representational spaces*” – from their own perspective, city-wide, and throughout their  
47 everyday activities.  
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### 52 53 1.2. Situated perspective of (some) marginalized drug users

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56 Marginalization is a social process leading from affiliation to disaffiliation (Castel, 1994) in  
57 terms of employment, social relationships, housing and access to welfare. It is also a  
58 “*process of subordination*” expressed through “*relegation to perilous and undesirable*  
59 *places*” (Showalter 2020, p. 5). We recruited drug users in marginalized positions from drug  
60 help facilities as well as on the streets. They met many or all of the marginalization criteria,  
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3 representing different trajectories on the drug users' spectrum of marginalization (Côté *et al.*, 2002). Their situated perspective on the cityscapes differs radically from the  
4 representation of other actors and experts in the field, reflecting different bodies,  
5 experiences, interactions, interests and languages. Kammersgaard showed the different  
6 ways local authorities problematize MDUs, who *are seen as* "in place" or "out of place"  
7 (2020); here, we will investigate when MDUs *feel* "in place" or "out of place". Even if drug  
8 policymakers sometimes invite users to participate actively in very local environmental  
9 design projects (such as Leopoldplatz or Kleiner Tiergarten in Berlin), in Germany they have  
10 shown little interest in participatory projects beyond the "problem hotspot". In drug  
11 research, a growing attention to users' perspectives is noticeable, mostly through  
12 ethnographic methods of observation and immersion (Bourgois, 1995; Bourgois and  
13 Schoneberg, 2009) or participatory concepts (Gilbert *et al.*, 2018), and there is a call for  
14 sensitive inclusion of biographical narratives in drug policymaking (Valentine *et al.*, 2020), as  
15 well as for users' participation in policy design (Ti *et al.*, 2012). As things stand, users'  
16 perspectives on the city as a whole/more widely and their various interactions with it are  
17 barely regarded.  
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25 Recruited participants show a limited heterogeneity not representative of the diversity of  
26 MDUs. German men are overrepresented while women and migrants are in the minority  
27 (Malins *et al.*, 2006; Bernard, 2013), and non-binary people almost invisible. German  
28 nationals have access to social benefits and basic health insurance, and can more easily  
29 access housing support. Non-Germans, particularly newcomers to the city who lack German  
30 language skills, do not have these rights and are often unaware of the existence of drug help  
31 schemes (Narimani, 2019).  
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### 35 1.3. A toolbox of qualitative methods

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37 This set of diverse qualitative and visual methodologies putting MDUs at the center of the  
38 interaction dispositive aims to depict, through narratives and drawings, MDU experiences  
39 and emotions across the city, as well as the meanings and imaginaries attached to their  
40 everyday places. We believe visual methodologies such as cartographic language to be  
41 particularly useful as an alternative means of expression for marginalized positions (Rhodes  
42 and Fitzgerald, 2006). In contrast to mainstream cartography, which aims to objectify from  
43 an expert perspective, critical cartography and counter-mapping allow the expression of  
44 subjectivities (Sletto, 2009; Kim, 2015; Mekdjian and Olmedo, 2016; kollektiv orangotango+,  
45 2018). Two critical mapping methods were conceived (extensively discussed in: Germes,  
46 Klaus, 2021; results published in: Narcotic City Archive, 2021). First, individual Emotional  
47 Mapping interviews (EMs) focused on participants' experience of spaces and places and their  
48 associated emotions by letting them draw their own map of the city – the places where they  
49 live, make money, find support, buy drugs – and color it based on six emotions (worry,  
50 disgust, hostility; relaxation, joy, desire). Second, participatory Ideal City Workshops (ICWs)  
51 invited MDUs to discuss and draw their ideal city in focus groups, imagining what housing,  
52 health, safety, mobility and drug use might look like in that context. Additionally, qualitative  
53 semi-structured interviews (QSIs) based on Grounded Theory Approach (Strauss and Corbin,  
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1997) aimed at a better understanding of MDUs' everyday experiences, and of the meaning of the places in their everyday lives.

#### 1.4. Case studies

Fieldwork was conducted during 2017-2019 by a team of researchers from the DRUSEC project in multiple and diverse neighborhoods of Frankfurt, Berlin, Hamburg, Nuremberg, Munich, Hanover and Bremen. These cities have half a million to 3.7 million inhabitants. The case-study neighborhoods are similar, being places often considered hotspots of the drug problem and, as such, stereotypical “drug places”; they are also European city centers with mixed populations in terms of income, lifestyle and origin as well as strong gentrification processes. In Frankfurt and Nuremberg, drug use is largely concentrated in one place, the main station (district), while in the other cities consumption, dealing and help facilities are spread around different neighborhoods and also near the main station. While federal German law authorizes Drug Consumption Rooms (DCRs), not all federal states implement them. Nuremberg, Munich and Bremen provide help facilities but no DCRs, in contrast to Frankfurt (with four DCRs), Berlin (six, three of them mobile), Hamburg (four) and Hanover (one) – at the time of the study. This article discusses the findings from encounters with over 300 MDUs during QSIs, EMs and ICWs, considering hundreds of combined hours of observation. In the following, we illustrate our findings with textual and visual citations.

## 2. Lived urban geographies

The research results collected in Germany are congruent with the international state of the art on this issue, and with its interpretation and explanations of behaviors, challenges and obstacles in MDUs' everyday lives, whether drug intake, interaction with facilities, access to healthcare or confrontation with police. The novelty of this research lies in understanding MDUs' lived geographies in the city as a whole, both in- and outdoors.

Their urban landscape is marked by predominantly negative feelings of non-belonging, of being “out of place”: streets, places and open-air locations are places of worry. Well-known drug dealing and consumption places – such as train stations – are surprisingly repulsive to MDUs, who avoid them because of the police presence (Fig. 1) and the risk of being tempted to use or get into fights. Encounters with passers-by and residents are linked to negative emotions because of condescending or hateful behaviors including hostile looks, words and gestures of avoidance, and even the risk of assault. MDUs cite non-users calling them “trash” or “antisocial” on the street in front of their kids:

*“Because we're all lumped together in their view. Junkie means dirty, antisocial, thief, criminal, but it isn't like that. There are people who don't finance their addiction by crime.” (Man, Bremen) [1]*

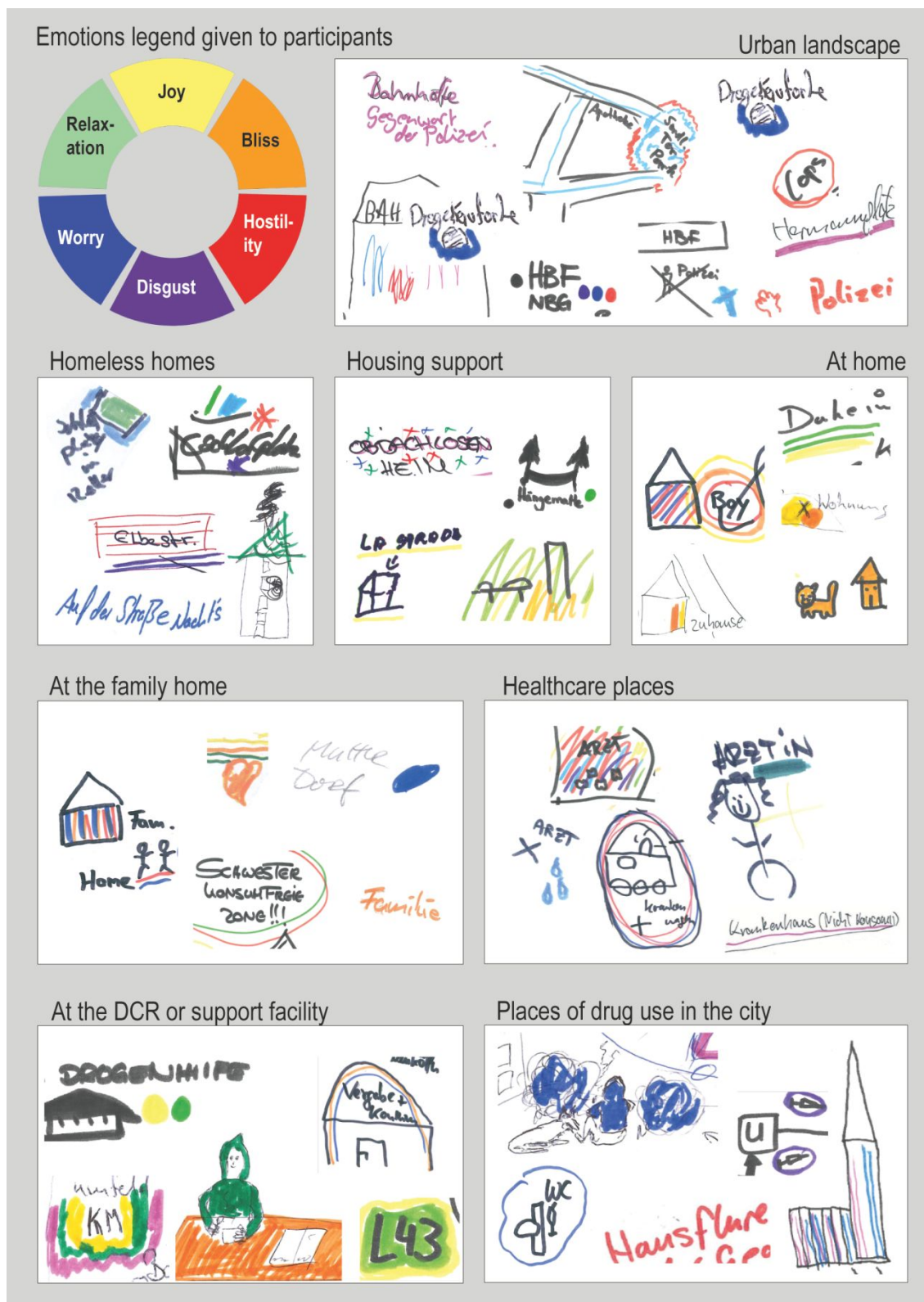


Figure 1 – Graphic citations from the Emotional Maps including legend. (Collage: Germes, 2021, Source: Project’s interviews)

Despite being subjected to antagonization in urban spaces, many participants report the importance of informal outdoor places for peer socialization – sometimes related to drug dealing or use – in giving them a certain sense of belonging.



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3 *"I meet a lot of people here, I've known them for ages. And sometimes, when you feel*  
4 *alone, it's somewhere you can come."* (Man, Hamburg)

5  
6 *"We meet there and talk. Unfortunately, for many it's the only family they have."*  
7 (Man, Bremen)

8  
9  
10 Some MDUs gravitate toward these informal places as a substitute for socialization with  
11 family, friends or colleagues – without being *"friends as such"* but rather loose  
12 acquaintances or partners of convenience, and still at risk of violence or conflict. Here again,  
13 they are antagonized as undesirables, and subject to public intervention in the form of social  
14 work, environmental design or attempts to displace them. Urban space is the opposite of a  
15 place of fulfilment for MDUs: their socio-spatial practices are constrained and most places  
16 represent a risk of humiliation or disruption of the fragile balance of their everyday routine.

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19 This is why indoor places matter so much to users: they should be anchors for those  
20 otherwise condemned to wandering the city. Housing situations among participants are very  
21 diverse, as reflected in the emotions associated with a precarious but homely attic camp  
22 (positive emotion arising from autonomy) or a stable home with a non-using partner  
23 (negative emotion from the conflict around consumption). Even at home or in winter  
24 shelters or supported housing, MDUs report the frailty of what should be their basic anchor  
25 in the world: a place to call their own. They comment on the absurdity of having to *"be*  
26 *clean"* to gain access to housing. The deviant status of MDUs makes them undesirables in  
27 the public health system too, which is a place of ambivalent feelings depending on whether  
28 they are welcome and listened to or discriminated against (Fig. 1). Even more painful are  
29 their reports of fading relationships with non-using friends and family – often marked by  
30 shame and conflicts (id.):

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33 *"None of this is intact... All that [showing homes of mother, boyfriend and friends on*  
34 *the map], of course it's important to me, but it's not intact. I mean it's more or less*  
35 *broken."* (Woman, Berlin)

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38 Cohabiting MDUs try to hide their use by using exclusively at other times and in other  
39 places. Fading relationships mean that certain places also fade from the lived spaces of  
40 MDUs – a very painful experience. While homes are unstable anchors in the antagonistic  
41 city, drug help facilities (DHF) are, when available, more stable and reliable places (Fig. 1),  
42 so that homeless visitors consider them daytime shelters.

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45 *"I really appreciate that. That you're not seen as a second-class person, like you are*  
46 *often pigeonholed by society. Junkie, homeless..."* (Woman, Hamburg)

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49 In Hamburg, Berlin and Frankfurt, DCRs are vital in providing safer conditions for drug use –  
50 protecting against prosecution, assisting in medical emergencies and offering a shame-free  
51 context for drug use.

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54 *"That's why I think it's a good thing, because it's safe from the police. But it's also a*  
55 *bit uncomfortable because, yes, too many people."* (Woman, Berlin)

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58 Nevertheless, participants indicate some negative feelings in and around facilities, due to  
59 conflictual inner-scene relationships, sexism, or DHF rules that discourage some from staying  
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3 longer or coming often. Beside the facilities themselves, the area between door and street  
4 plays a very important role. Participants prefer a DHF hidden from sight but in the city  
5 center, which ensures easy access and reduces the risk of being watched or harassed by  
6 passers-by or police. Examples are the yard areas in front of the DCRs in Hamburg, Hanover  
7 and Frankfurt, where MDUs can meet safely in the open air and feel “in place”. For most, the  
8 DHF seems to be a safe haven: open, accepting and providing essential services in the  
9 context of an unwelcoming, antagonistic city.  
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13 Overall, appropriate places guaranteeing privacy and safety for consumption are inaccessible  
14 to MDUs, DCRs being rare and mostly subject to limited opening hours. Consumption in  
15 “secluded” (Malins, 2004), “hidden whilst in open view” (Parkin and Coomber, 2011, p. 717),  
16 volatile and changing places is the only remaining possibility despite all the negative feelings  
17 associated with it (Fig. 1).  
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20  
21 *“I look for places where I can really be by myself, either in a park where there aren't*  
22 *that many people, or by the river Main. Not right here on the sidewalk.” (Frankfurt)*  
23

24 *“Not in front of schools, of course. I don't like to do that. Kindergartens or*  
25 *playgrounds or anywhere like that: that's taboo.” (Hamburg)*  
26

27 Public toilets, parking garages, cellars, house entrances and stairwells and parks are  
28 associated with haste and worry of discovery, prosecution, conflicts with residents, medical  
29 emergencies such as overdoses, and shame when in the presence of others.  
30

31  
32 *“Mostly it's in some backyard or stairway, like, where it goes down to the cellar. I*  
33 *dislike going in corridors, because the first two times I was in a corridor I got into*  
34 *trouble.” (Man, Berlin)*  
35

36  
37 *“The place is associated with disgust, aversion, worry, fear and unease, because*  
38 *there, when you shoot up [slang for injecting drugs], the police station is nearby and*  
39 *they can look over the door at any moment.” (Man, Nuremberg)*  
40

41 The predominant feeling of non-belonging, of having no safe and secure place of one's own,  
42 of being rejected and at risk of insult or assault by security services or neighbors, is typical of  
43 the MDU relationship to the city.  
44

45  
46 This mix of graphic and visual language gives insights into the city as experienced by MDUs –  
47 far from the normative concept of “public space”. Analyzing injection spaces, Peta Malins  
48 observes the entanglement of smooth spaces of creative movement and striated spaces of  
49 order and control, both of which are usually described as (semi)-public (Malins, 2004). Many  
50 studies show the complexity of consumption spaces for MDUs beyond public space: this  
51 analysis of spatial complexity should extend to other MDU spatial practices besides using.  
52 Parkin reports evasive answers and behaviors when potential interviewees are asked if they  
53 use in “public space” (2013, p. 74). The term itself provokes defiance since it suggests to  
54 MDUs their lack of entitlement to exist in a city of public spaces. This is not only an irrelevant  
55 notion, but an antagonistic one conveying undesirableness and the overall feeling of being  
56 out of place. The mobile routines of MDUs with respect to the city are marked by  
57 confrontation with exclusion and high thresholds, with a limited right to appropriate place.  
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3 MDUs are not considered inhabitants of the city, and face issues that go far beyond drug  
4 use, raising much wider planning issues (Boland *et al.*, 2020).  
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### 8 **3. Longing for change**

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10 In the research conducted with MDUs, their aspirations, wishes and visions for a better life  
11 and more welcoming places were a recurrent theme. They begin with a great desire to settle  
12 down, to be abstinent or on substitutes, or to use drugs in a controlled manner.  
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15 *“Lately I've been trying to stay away from the people here, and from the place here*  
16 *in general. [...] If you want to leave this life at some point, it's just not the best place*  
17 *to go.” (Man, Hamburg)*  
18

19  
20 *“I just want to leave. I have to change my social contacts somehow. (...) I just need a*  
21 *new and stable environment around me. (...), you going back to the places you*  
22 *know. And you keep meeting the people you know. That's very difficult.” (Woman,*  
23 *Nuremberg)*  
24  
25

26 Merely being present in these places can lead to drug use and the continuation of daily drug  
27 habits. Change implies moving to another place and leaving the setting of their drug  
28 practices behind. Change would also mean not being considered a “junkie” anymore. Both  
29 changes are almost impossible.  
30  
31

32 This fact led us to organize three Ideal City Workshops in Frankfurt and Berlin where  
33 participants were invited to elaborate their ideal city collectively – with regard to safety,  
34 housing, transportation, healthcare and drug use. Run over 3 to 5 days, the workshops  
35 allowed participants to discuss what an ideal city might look like from their perspective and  
36 experience. ICW participants devised measures to fight social exclusion and marginalization,  
37 from housing and transportation for all to a structural reform of medical services and police  
38 (Fig. 2). During the workshops, similar imaginaries emerged, while at times participants’  
39 disagreements signaled explicit practices of distinction among them (Bourgois and  
40 Schonberg, 2009) and reproduced social hierarchizations (Copes, 2016). In Berlin, the  
41 organization of a women-only workshop led to discussions about sexual harassment that  
42 were largely absent from the first workshop where almost only men were present. The over  
43 two hundred resulting suggestions and ideals can be reduced to three main issues. First, the  
44 creation of new places for housing, socialization and consumption (some of them women-  
45 only), but also the fundamental transformation of existing places such as pharmacies,  
46 doctor’s offices and hospitals, train stations, police stations, etc. to accommodate the needs  
47 of MDUs. Participants taking substitutes called for places to meet with their peers – the only  
48 places they can go at present are DCRs or drug support facilities. Second, the necessity of  
49 (self-organized) awareness, information and training campaigns for the public and  
50 professionals users encounter, in order to foster acceptance of MDUs and prevent violence  
51 and institutional discrimination by health, housing and security personnel. Third,  
52 decriminalization of drugs and an end to prison sentences, which disrupt lives and lead to  
53 the loss of housing, social relationships and (health) care resources.  
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*"I must get more insight into the world of normal, working people who think differently from me, in order to be able to understand them better and give these people more insight into my world, into my situation, so that they can become more understanding toward me." (Man, Hanover)*



Self-renovation of old homes for occupation



Resting place for women only



Shelters open during the day



Free public transportation



DCR for women only



Universal health insurance



Decriminalisation of drug use



No sexual blackmail by security services



Meeting place for people on substitution therapy



Legalized drugs in pharmacies



Substitution for everyone



Better medical care with drug awareness



Social services instead of imprisonment



Car pooling service for addicts



24/7 DCRs with front yard across the city

*The colors refer to the five issues of the ICW: drug consumption (yellow), housing (green), transport (pink), safety (blue), health (orange)*

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2  
3 Figure 2 – Some results from the Ideal City Workshops (Collage: Germes, Source: Workshops  
4 Berlin/Frankfurt 2019)  
5

6 In Frankfurt, participants called for an end to sightseeing trips to the area around the main  
7 station, a red-light district often visited by students and tourists – or at least for the right to  
8 be informed and asked for their consent before pictures are taken. Ideas such as free public  
9 transportation for all and carpooling for MDUs in need arose in Berlin, where drug sites are  
10 scattered around the city and where unpaid public transport fines see many MDUs end up in  
11 jail. Other measures considered necessary were improvements to the health system with  
12 unconditional insurance and better drug awareness and acceptance among health  
13 professionals. Also critical was an awareness among policymakers of the sexism encountered  
14 by women, who experience repeated sexual blackmail when they are caught by security  
15 services in shops or on public transport, and who don't always feel comfortable in DCRs due  
16 to the fact that they are dominated by men.  
17

18 MDU visions of an ideal city imagine a radical social and urban transformation by producing  
19 new relationships and places. Such changes would not be for the sole benefit of the group,  
20 but also life-changing for broad sections of the population. Since the marginalization process  
21 is systemic, only systemic changes to society and urban space, including but also extending  
22 beyond harm reduction and legislation, would guarantee the possibility of social justice and  
23 a better life for everyone.  
24

## 25 26 27 28 29 30 31 32 **4. Conclusion** 33

34 Based on many encounters organized by various researchers with different methodologies,  
35 this study shows another cityscape, radically different from the hegemonic discourses and  
36 mappings antagonizing MDUs and making their existence a social problem. The methods  
37 used allowed verbal and graphic expression on the part of MDUs, who are a diverse group  
38 with sometimes contradictory interests, opinions, experiences and positions – diversity this  
39 paper could only very partially reflect. In the spirit of critical cartography and in order to use  
40 this experimental research in the public debate about drugs, we made the results of the EMs  
41 and ICWs public through a travelling exhibition in 2020 using window displays in Berlin and  
42 Frankfurt and available online (Germes *et al.*, 2020), accompanied by a series of public  
43 events fostering a local discussion. Through the partnership with the NUDRA study in Berlin,  
44 the results of the Berlin case study led by Mélina Germes were published in the final report  
45 requested by the Berlin Senate.  
46

47 Looking beyond the microscale of consumption spaces, the research emphasizes on one  
48 hand the systemic nature of the marginalization experienced by MDUs and the role of space  
49 as a means of marginalization: the webs of discrimination, violence, repression and  
50 conditional support characterizing users' lives form a vicious circle exacerbated by the  
51 scarcity of places they can legitimately appropriate and make their own – least of all so-  
52 called "public space". This insight into MDUs' perspectives on the broader socio-spatial  
53 contexts of cities shows how unwelcoming they are. Even when they spend time and  
54 resources on place-making, they seldom feel "in place": a temporary lodging in an empty  
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3 attic may feel like home for a while, but only until something goes wrong. At the same time,  
4 we see what MDUs' imaginaries of better, if not ideal, spaces and practices would look like,  
5 accommodating their existence, making places for them and responding to many social  
6 justice issues, such as creating women-only places to address inner-scene sexism. Also key to  
7 making MDUs feel "in place" are multiple awareness and information campaigns designed to  
8 achieve genuine social acceptance.  
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11 The results show how, from MDUs' and the authors' perspective, the issue of harm  
12 reduction should be imbricated with health, transportation and housing policies aiming to  
13 provide unconditional support. Drug use should be treated as a matter of urban policy and  
14 politics, in which MDUs have to be listened to. There is a need for new knowledges and a  
15 methodological shift towards empowering study designs (Germes and Klaus, forthcoming  
16 2021). There is a need for broader, situated but not individualized research and theorization  
17 on the mesoscale of MDUs' lived spaces, as well as urban-scale policies of MDU participation  
18 in all fields of urban policymaking such as housing, transportation and health, including a  
19 rethink of MDUs' need for safety. At this stage in our reflections, it appears that the problem  
20 drug and urban policymakers face is less that of "public places" than of places for drug users  
21 – places to live, to access social services, for drug use, counselling and other services, free  
22 (non-profit) places, places where users are not at risk of discrimination, and so on. All this  
23 would allow MDUs to take and make their place in the world: an end to eviction, restraint  
24 and confinement. "Public space" has been shown to be a very normative concept, enforcing  
25 a binary understanding of space and structurally erasing those marginalized groups who lead  
26 their social and intimate lives in plain view (Wehrheim, 2019; Massey 1994) while being  
27 regularly evicted and despised. In conclusion, we would like to see an end to the concept of  
28 "public space" in social science and expertise, and a switch to policy approaches that seek to  
29 create more places for MDUs and show more awareness and acceptance of them. For MDUs,  
30 "in public" means in plain sight of vulnerable groups such as children or conflictual parties  
31 such as police; it means a lack of intimacy and security. Instead of focusing on the problem  
32 of public spaces, policymakers should tackle the question of place-making for MDUs, beyond  
33 the level of solely drug-related places.  
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