



Public injecting drug use and the social production of harmful practice in high-rise tower blocks (London, UK): A Lefebvrian analysis

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ABSTRACT

This paper presents, qualitative findings relating to specific environments hitherto unrecognised as settings used for the injecting-use of illicit drugs in an urban setting. This concerns the temporary appropriation of communal space within high-rise social-housing by injecting drug users (IDU); specifically those settings used by tower-block residents for garbage disposal ('bin chute rooms').

These environments were found to be used on daily, habitual bases by all IDU interviewed during the study. Such settings were found to contribute to a wide range of injecting-related harm and hazard. These findings further debate concerning the negative effect of place on health risk in the context of 'public' injecting drug use.

These results are situated within Lefebvre's theoretical framework concerning the 'production of space'. It is contended that the 'representational spaces' shaped by IDU creates a dialectic between wider 'spatial practice' and 'representations of space'. Accordingly, it is further suggested that particular 'spaces' of harm reduction (such as 'safer injecting facilities') should be considered in UK settings in order to address injecting-related harm.

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1. Introduction

The term 'public injecting drug use' is perhaps paradoxical. Although it is an expression used to describe the injecting use of illicit drugs in places frequented by a wider (non-drug-using) population, typically within public settings (such as public toilets, parking lots, shopping malls and railway sidings), the paradox lies in the *concealed* and marginal nature of the actual injecting episode. The overall motivations for participation in public injecting have been established as a response to 'situated necessities' (such as homelessness, drug cravings/dependency, and/or opportunity) (Rhodes et al., 2007, p. 276). Similarly, the rapid, concealed practise of drug preparation and ingestion have also been described as logical responses by injecting drug users (IDU) to avoid interruption and detection by members of the public and police, respectively (Fitzgerald, 2005). Public injecting sites therefore occupy zones of liminality (Dovey et al., 2001, p. 324) that are essentially away from a 'public gaze' whilst simultaneously situated within a public space. As such, public injecting drug use is, paradoxically, *hidden* whilst in *open view*.

2. Public injecting: hidden harm in public settings

Numerous studies have found that public injecting is positively associated with a variety of drug-related harms (e.g. Klee and Morris, 1995; Darke et al., 2001; DeBeck et al., 2009; Hunt et al., 2007; Marshall et al., 2010; Parkin and Coomber, 2010). These harms include fatal (and non-fatal) overdose, cerebral hypoxia, as well as needle trauma and vascular damage following inappropriate administration procedures. Other harms and injuries relate to those associated with femoral/neck injecting, peer-injecting (and peer-mediated injecting injury) and by poly-drug use (involving mixtures of heroin, crack-cocaine, benzodiazepines and alcohol) or of solutes containing environmental adulterants (such as soil and cigarette ash) that produce so-called 'dirty hits' (Fry, 2002; McKnight et al., 2007; Parkin, 2009; Parkin and Coomber, 2009b, 2010). Public injecting sites (PIS) may also be settings considered unsuitable for conducting sterile injections. In such conditions IDU may share injecting paraphernalia (cookers, filters and water) and distribute drug solutes to injecting partners with previously used syringes (Bourgois and Schonberg, 2009; Gossop et al., 1997; Rhodes et al., 2008; Taylor et al., 2004, 2006). Others have noted that IDU accessing PIS may also receive used needles and syringes from other injectors or re-use discarded equipment found at such locations (Friedman et al., 1998; Green et al., 2003; Klee and Morris, 1995; Navarro and Leonard, 2004; Parkin, 2009) with such behaviour posing significant

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opportunities of viral transmission (Green et al., 2003), in which ‘persistent public injection (is) independently associated with elevated HIV risk behaviour’ (McKnight et al., 2007, p. 319).

3. Public injecting and theoretical contributions

Despite this corpus of research that specifically describes harm associated with public injecting, there have been relatively few attempts at theorising this injecting drug use phenomenon. Notable exceptions to this critique, however, would include the ‘risk environment’ thesis (Rhodes, 2002; Rhodes et al., 2005) and a ‘theory of lumpen abuse’ (Bourgois and Schonberg, 2009) in which various scholars frame harm and hazard as a consequence of various social structures impacting upon human agency. Similarly, in previous papers, we have presented empirical research findings that demonstrate similar structuration theories put forward by Pierre Bourdieu; most notably that of *habitus, field and practice* (Parkin, 2009, 2010; Parkin and Coomber, 2009b, 2010). In this paper, however, we prefer not to draw once more upon previously applied Bourdieusian theory, and instead consider the work of Henri Lefebvre (1991) to demonstrate that socially produced spaces *construct* harmful practice. This contribution has been informed by ethnographic research situated within shared public spaces of residential tower blocks throughout a London Borough during 2010. In providing this interpretation of Lefebvre’s thesis of space and place, we aim to make explicit the social production of health harm associated with concealed environments of public injecting drug use.

4. The social production of space

Lefebvre’s (1991) thesis on the construction of place contends that ‘(social) space is a (social) product’ (Lefebvre, 1991, p. 26) in which the use of space serves to shape thought and action—as well as provide a means of social control via the re/production of accepted practice within place *per se*. This control is maintained by ‘a conceptual triad’ (Lefebvre, 1991, p. 33) of ‘spatial practice’, ‘representational spaces’ and ‘representations of space’. ‘Spatial practice’ determines social cohesion and informs social membership within particular settings due to the wider-recognition of social boundaries and accepted behavioural norms (i.e. *how space is actually used*). ‘Representational space’, however, is that which is conceptualised by individuals, involving *independent* perceptions, conceptions and contestations of space (i.e. *how individuals believe space should be used*). Whereas these constructs of space relate to ordered and appropriated behavior, respectively (Mitchell, 2003; Hockey, 2009), the ‘representation of space’ corresponds to the way in which places are designed, controlled and furnished (*why space is made*). In short, the acceptance of these spatial codes of conduct creates a ‘spatial economy’ that ‘valorises certain relationships between people in particular settings’ (Lefebvre, 1991, p. 56) and establishes consensual behaviour deemed appropriate (or otherwise) for such locations.

As noted by Mitchell (2003) the ‘right to the city’ is a slogan that is closely associated with Lefebvre and relates to the view that cities are shaped and formed by the participatory actions of citizens. In this manner, public spaces are ‘produced’ by the heterogeneity of citizenship and, by definition, are characterised by social exchange and, more significantly, by social ‘difference’. Lefebvre further notes that for such a heterogeneous project to succeed (and for difference to co-exist), struggle and conflict will emerge in relation to the contested ownership and control of ‘public’ environments. From this struggle however, ‘new modes of living and inhabiting are invented’ (Mitchell, 2003, p. 18) and

‘city-spaces’ evolve from the respective rights (and responsibilities) of citizenship.

This theory of the production of space is illustrated by Mitchell’s (2003) account of People’s Park (Berkeley, California) in which public space that had become a refuge for the city’s displaced and dispossessed was subject to ‘reclamation’ and made more accessible to (and for) a more ‘appropriate public’ (Mitchell’s, 2003, p. 122). At the core of Mitchell’s account is the Lefebvrian notion of a right to the city in which homeless people are denied access to public space, active citizenship and intimate conduct within appropriated places. That is, representational space is seen to conflict with representations of space in which the former becomes subject to regulation, restriction and social control by more dominant structural forces.

Mitchell is not unique in this respect and several others have provided similar Lefebvrian critiques of city space and/or urban design. Such accounts typically relate to social/political sectarianism (e.g. Nagle, 2009; Fawaz, 2009), and/or racial/cultural division (e.g. Layard, 2010; McCann, 1999) but each typically serve to demonstrate the heterogeneity and multi-faceted *productions* of space in contemporary settings. Perhaps a more succinct interpretation may be noted in Beltrano’s (2009, p. 42) visual depiction of a vendor selling produce from makeshift cardboard tables on the sidewalk of urban Toronto (Canada). With Beltrano’s image, Lefebvre’s notions of urban heterogeneity and ‘rights to the city’ are made apparent as are the concepts of contested and appropriated space.

5. Demonstrating socially-produced harm within public injecting sites

Lefebvre’s interpretations of space and the right to the city therefore appear pertinent to the issue of injecting environments that are situated in the shared public spaces of residential tower blocks. Accordingly, presented below is an account of injecting drug use within ‘bin chute rooms’ (communal areas used for waste disposal) and how these settings produce a consistent and particular ‘social space’ (Lefebvre, 1991) for local IDU networks. More significantly, we seek to further demonstrate the effects of *place* (environment) on health risk with the application of Lefebvrian theory. This demonstration of *socially-situated* harm concerns the contestation and appropriation of shared public space within the residential settings of a particular working class area of London (UK).

6. The study

The findings described below have emerged from an initiative known as the *Public Injecting Rapid Appraisal Service* (PIRAS) within the University of Plymouth (Parkin et al., 2010). PIRAS aims to conduct localised studies of public injecting drug as applied, research with service value. Similarly, PIRAS-related findings aim to be translated into intervention and initiatives that prioritise community safety/public health development.

In March 2010, Barking and Dagenham Drug and Alcohol Action Team (DAAT)¹ commissioned a six-month evaluation of public injecting as part of the PIRAS initiative. The London Borough of Barking and Dagenham is one of 32 local authorities (throughout London) responsible for organising, commissioning and managing local services for local people. Although separated by a physical distance of approximately 4 miles (6 km) the two distinctly different communities (socially, spatially and culturally) of Barking and Dagenham together form a single area of

¹ A body that is responsible for the management and delivery of the national Drug Strategy (HM Government, 2008) at a local level

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