



## Editorial

## Situating drugs and drug use geographically: From place to space and back again



It is imperative that the spatial aspects to drug phenomena are understood and harnessed for the purpose of policy development. Indeed, a recent special issue of the *International Journal of Drug Policy* showcases research that explores drug use and drug users' health as they are constituted in and through place (Tempalski & Cooper, 2014). Such work progresses a tradition of analysing drugs and drug use *in situ* wherein place does not simply provide them with a location or setting but is seen instead to comprise 'risk environments' (Rhodes et al., 2006; Rhodes, 2002) and 'enabling environments' (Moore & Dietze, 2005) or to offer 'context' to embodied practices (Duff, 2007) and the 'lived experience' of drug users (Parkin, 2013; Rhodes et al., 2007).

This focus on place continues to widen (see, for example, Duff, 2011, Duff, 2012; Fraser, 2016). Analyses of heroin markets, injecting drug use harms, and needle and syringe programme provision, for example, have thus been afforded sophisticated insights (Ciccarone, 2009; Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005; Rhodes et al., 2006; Rhodes, 2009; Rosenblum et al., 2014; Tempalski & McQuie, 2009; Tempalski, Friedman, Keem, Cooper, & Friedman, 2007). Still, such place-based research can be and, we suggest, needs to be developed further in examining other drugs and drug use practices (and responses) in assorted settings, and as influenced by and, in turn, shaping factors both nearby and from afar.

This issue of the journal brings together scholarly work that analyses drugs and drug use through an explicitly spatial lens. The notion of situating drug use geographically as it might range from place to space and back again reworks (with apologies) an argument made by David Harvey in his book *Justice, Nature and the Geography of Difference* (1996). He suggests there, in the chapter 'From space to place and back again' (Harvey, 1996, 291–326), that the explanation and mobilisation of social difference in the modern era has reified and fetishised place (as *genius locii*, local character, sense of community and so on) at the expense of seeing how our highly variegated and ever-shifting landscapes are the result of, and wholly implicated in, the territorialising logic of advanced capitalism.

The contributors to this issue do not necessarily adopt Harvey's political-economic stance. But they do recognise the intertwining of social and spatial relations as significant and not least because the locally particular and contingent manifestations of drug phenomena are always already situated within broader, multi-scalar contexts and linked to other structures and networks, forces and flows. This introductory editorial firstly sets out some

examples of drug geographies with specific policy relevance; it then provides a relational explanation of space and place; develop an ethico-political case for research and policy development to comprehend drugs and drug use as geographically situated; and lastly summarises the key insights of the contributions that follow.

## Geography, drugs and drug policy

Geographical concepts and tools have already been effectively deployed in aiding how we understand and respond to the many, complex issues associated with drugs. They continue to be valuable as the particularities, processes and patterns of drugs and drug use are constantly altering. Geographers have therefore conducted their own research and compiled and reviewed others' work in relation to the many, multifaceted geographies of drug phenomena (Moreno & Wilton, 2014; Steinberg, Hobbs, & Mathewson, 2004; Taylor, Jasparro, & Mattson, 2013; Thomas, Richardson, & Cheung, 2008; Williams & Warf, 2016; Williams, 2010a; Williams, 2014; Wilton & Moreno, 2012). They (like others) note how the production, circulation and consumption of drugs, and the regulation, treatment and prevention of drug use, occurs not only within those bounded areal units conceived as places but also in the dynamic unfolding of socio-spatial relations.

There are many examples of the fluidity and flux characterising drug geographies. Consider, for example, the continuous reconfiguration of new psychoactive substances (NPSs), which avoid regulation and are readily available for purchase in the virtual spaces of the Internet's dark web (Taylor, 2015). The status of other, familiar drugs or drug plants such as cannabis and poppy has altered varying through criminalisation, decriminalisation or legalisation in landscapes that are sharply differentiated by jurisdictional boundaries (Polson, 2015; Warf, 2014; Williams, 2013). With the transformation of natural environments and traditions that have long supported rural livelihoods, new recreational habits and novel affects are now sought in the sub-cultural practices of urban lifestyles and consumerism (Jayne, Valentine, & Holloway, 2010; Measham, 2004; Steinberg et al., 2004). Meanwhile, in order to be effective, health service provision needs to anticipate and follow changes in the types and availabilities of drugs and how they are being used, by whom, where and to what effect (DeVerteuil & Wilton, 2009).

Moreover, the connection and disconnection of different places to and from each other in space is critical. For example, local drug markets (most immediately, but not solely, illicit ones) are linked

to trafficking, organised crime, corruption and global wars on drugs and terror, with implications for legislation, legitimacy, power, territory and international relations (Evered, 2011; Gregory, 2011; Rengert, Ratcliffe, & Chakravorty, 2005; Williams, 2010b). Relatedly, efforts made at one scale of governance to deliver public health services such as opioid substitution, needle and syringe programmes and drug consumption rooms are influenced in different ways by actors operating at other levels of jurisdiction. For example, the formation internationally of law reform alliances, the networking of drug-user groups, and the global circulations, adoption and re-appropriations of harm reduction knowledge, models and policies all necessarily take place somewhere; their impending presence materialises support and opposition, of which one or other will prevail with its success secured just as effectively through the amendment of local zoning laws as the subjection of any place to international drug control conventions (Bernstein & Bennett, 2013; Longhurst & McCann, 2016; McCann & Temenos, 2015; McCann, 2008; Tempalski et al., 2007; Williams, 2016).

Responding to these sorts of issues for law enforcement and public health alike requires a spatial comprehension which is increasingly assisted now with GIS technologies and related models (Field & Beale, 2004; Cooper, Bossak, Tempalski, & Des Jarlais, 2009; Scott et al., 2016). Policy makers and practitioners in medicine, health services, community welfare, crime and policing can benefit from the nuanced insights of geographical research as well as its methodological approaches and techniques. Understanding drugs and drug use as geographically situated opens up the development of policies and practices to a world of possibilities, but does require us to think a little more deeply about space and place.

### A relational approach to space and place

The geographical situatedness of drugs and drug use invites reflection on place and space as conceived in relational terms. This invitation has been extended by others with respect to health research generally, but their concluding observation is equally valid here:

‘There is little doubt that existing empirical research has been highly effective in putting “place” back on the agenda for population health and investigating how social inequalities in health are created and maintained. However, advancing our understanding of how places relate to health will require moving beyond existing conceptualizations of “place” in empirical research. This development is necessary in order to fully comprehend the complex relational spatial interdependencies which exist between people and places. Recognizing that individuals can become relationally embedded in multiple health damaging and health promoting environments, across time and space, and at multiple scales is crucial if we are to further understand the importance of “place” in the generation of health inequalities.’ (Cummins, Curtis, Diez-Roux, & Macintyre, 2007, p. 1835).

Cummins et al. (2007) focus most on place in terms of context, environment, neighbourhood and action space. Alongside place-based characteristics, they do also consider more extensive social structures such as education, employment, ethnicity and race, implicating multi-level analyses. Likewise, drug researchers have identified these and other structural factors and forces, including the influence of political institutions and systems such as government, public health departments, healthcare providers, community agencies, the legislature, police, judiciary and prisons (Ciccarone, 2009; Fraser, 2016; Rhodes et al., 2005; Tempalski et al., 2007; Tempalski & McQuie, 2009). However, there remains a

risk of underplaying the key relationships between place and space.

Place is predominantly imagined as an enclosed locale with a singular, fixed identity that is internally derived and contrasted against others located ‘outside’ in the empty, abstracted surface space of *res extensa*. But within such a space of limitless extension, places are now also seen to be connected to each other as points of convergence where materials, symbols, values, interests and power are brought together for use by actors in the making and remaking of those places through their continuous contestation and negotiation (Massey, 1994; Massey, 2006; Murdoch, 2005).

Adopting a relational approach to space and place reminds one that any drug or drug use phenomenon encountered *in situ* inevitably has origins or influences and impacts or outcomes extending from and to elsewhere, respectively, with the relevant relationships and attendant opportunities and challenges linking ‘here’ and ‘there’ in variously similar or different and sometimes unexpected ways. It likewise alters how one might then think about drug policies. Such policy becomes framed and emplaced by variously distant and proximate actors drawing on (local and global) networks of formal and informal institutions, organisations, knowledges, practices and technologies as each aspect is uniquely assembled or dissembled at any moment in some particular local configuration (McCann, 2008; McCann & Temenos, 2015). So, drug policy is considered mobile even when limited in practice to the jurisdictional territory over which it might be enacted (Longhurst & McCann, 2016; McCann & Ward, 2011). More generically, as Cochrane and Ward (Cochrane & Ward, 2012, p. 7) state:

‘Policy-making has to be understood as both relational and territorial; as both in motion and simultaneously fixed, or embedded in place. Rather than merely seeing this as an inherently contradictory process, however, what matters is to be able to explore the ways in which the working through of the tension serves to produce policies and places, policies in place. The conventional distinction that is often made between the two misses the extent to which each necessarily defines and is defined by the other – territories are not fixed, but the outcome of overlapping and interconnecting sets of social, political and economic relations stretching across space, while the existence of identifiable territories shapes and in some cases limits the ways in which those relations are able to develop (in other words relational space and territorial space are necessarily entangled).’

### On ethics and political responsibility

From the perspective of a spatial relationality, the geographical situatedness of drugs and drug use connects them to other places elsewhere, distant peoples and an array of different policies and practices. Those places in which one encounters drugs are local assemblages that have been constituted from within and without, albeit perhaps only momentarily, and each is thereby affixed an identity which ‘derives, in large part, precisely from the specificity of its interactions with “the outside”’ (Massey, 1994, p. 169). However, Massey’s ‘global sense of place’ is not only the local product of external forces and flows, which research tends to ‘turn inwards, towards an appreciation of the internal multiplicities’, because, as she explains:

‘there is another side to the geography of the relational construction of identity, of a global sense of place. This concerns the relations that run *outwards* from that identity. And that in turn raises the question of a wider, distanced, ethics and politics’ (Massey, 2006, p. 93, original emphasis).

This ethico-political stance is enabled by a relationality ‘attuned to the ways in which its performance through territorialized, bounded, moments of encounter within place help to create those

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