

Narcotic Cities

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(Eds.)

Narcotic Cities Counter- Cartog- raphies of Drugs and Spaces

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Introduction

Mélina Germes,
Luise Klaus,
and Stefan Höhne

Drugs are fascinating—not only because of their effects on mind and body, but also because of our ideas and conceptions of them. While they have been part of human culture and everyday life for millennia, it is only recently, during the twentieth century, that the term “drug” has acquired a moral overtone combining fear of harm and addiction with contempt toward those who yield to it (Koram 2022). Psychoactive substances are used for a variety of purposes, such as exploring the self, altering moods, enhancing the senses, but also treating disease, escaping boredom and despair, enhancing social interaction, stimulating artistic creativity and performance, or coping with peer pressure (Rosen and Weil 2004). Yet what defines drugs is not their chemical properties but the way substances are categorized and labelled, and some uses condemned. While some products such as alcohol and tobacco are largely accepted and consumed all over the world, others are framed as dangerous and vile—from production to trade and consumption. Urban discourses associate drugs with crime, vice, and sickness, so much so that we share an urban imaginary consisting of neighborhoods eaten up by drug use and trafficking and of shiny party miles of ecstasy in the night-time economy.

By exploring drug maps, we question the relationship between drugs, spaces, and their representation, thus dealing with both issues: the representation of drugs and the representation of space—most particularly cities. While the title *Narcotic Cities* evokes images of urban spaces of crime, repressive law enforcement, and violence, our aim is rather to investigate these discourses and reframe the term *narcotic* by establishing and solidifying alternative images and knowledges, thereby representing a diversity of viewpoints. *Narcotic Cities* traces the complex entanglements of drugs, institutions, and experiences with spaces and places, thus shedding new light on our cities.

HISTORIES OF PROHIBITION AND HARM REDUCTION

The way we deal with psychoactive substances is rooted in specific histories, beginning with ritual substance use and traditional farming. These include the history of war, genocide, and colonial regimes, including slavery and the exploitation of land, rural economies, and resources. They also include the history of the commodification and industrialization of what became an extremely profitable merchandise in the entertainment and well-being industries as well as in the enhancement of workforce productivity, so that nowadays, powerful industries and illegal organizations thrive on the exploitation of these commodified substances.

The history of drug regulation also plays a significant role, by prohibiting, decriminalizing or legalizing substances, or introducing harm reduction approaches. Drug prohibition emerged a little over a century ago, with the International Opium Convention of 1912, enacted by the US to stop the British export of opium to China (Scheerer 2019). Further legislative measures quickly followed and were consolidated into the 1961 United Nations Single Convention on Narcotic Drugs, which still remains the most important legal basis of international drug control. It is shaped by international power and trade interests, colonial ownership claims, and denial of Indigenous knowledge (Daniels et al. 2022, 4). This Single Convention failed to reduce international drug trade and use, and more substances such as cannabis, LSD, and heroine became popular in Western societies particularly after World War II (Hobson 2014). The US government responded in the nineteen-seventies with the War on Drugs campaign at an international level, fostering repression, as well as economic exploitation with major impacts on human rights worldwide. Illegalization lays the foundation for illegal economies, often entangled

with other criminalized activities, leading to a high concentration of profits on one side, and harsh working conditions, forced labor, and violence on the other.

Yet prohibition is aimed less at chemical substances—that can be used, for example, in prescription medication—and more at social practices of drug use. Depending on the broader historical and geographic context, but also on the concrete circumstances and the recipient, the very same substance can be considered a harmless stimulant, a helpful pharmaceutical, or a dangerous narcotic. Law enforcement varies greatly depending on the criminal legislation in each country, but also on the social tolerance of law enforcement agencies, for whom the context of use and the attributed class, gender, race, and health of the person using—or “abusing”—such substances matters. These processes show that the prohibition and condemnation of each substance is less a matter of objective harms and more a matter of politics and power relationships. Drug prohibition and control has massively reinforced the global “color line” (Koram 2019) by impacting disproportionately on oppressed races, and serves as a way to govern the poor. It forms the means by which police access marginalized, racialized, and criminalized groups, that are stigmatized as deviant. The War on Drugs leads to millions of deaths, shapes social inequalities, and increases “havoc among vulnerable populations while extracting profit for the powerful” (Bourgois 2018).

Despite these long-standing phenomena, the last few decades have marked a crucial moment in the history of psychoactive substances. Punitive approaches are increasingly regarded as ineffectual or even counterproductive. Similarly, the medical understanding of addiction as a disease and abstinence as a cure, has partially evolved with the HIV crisis, leading to an understanding of (public) health whereby the eradication of substance use is no longer the goal—or not the only one: instead, harm reduction has become a new tool of drug policies. Harm reduction is based on the acceptance of drug use, whether legal or not, and aims to minimize sanitary risks by containing the real epidemics that are AIDS, hepatitis, and many more. Today, activists, organizations, and researchers try to change the way we see and think about drugs, drug users, prohibition, and so on. Medical and legal approaches to drugs frame their use with moral reprobation as deviance from law and medicine, as a matter of crime and of sickness—and often, they result in controlling policies. In recent decades, there has been a shift away from this perspective. Sociologists, political scientists, anthropologists, and many others in the realm of social sciences and humanities now understand drugs as a social, historical, and political construct, as well as the object of multiple social practices, around which power relationships unfold. Growing movements such as the International Network of People who Use Drugs (INPUD) or the International Drug Policy Consortium (IDPC) advocate for social justice around drugs on a global scale. There have been calls for an end to crop eradication as well as for consultation of local farming communities on land uses. Under the leadership of field activists in some Western European countries for example, different strategies for prevention and harm reduction are being increasingly mobilized to address health issues, such as substance and health information, drug checking, safer use campaigns, and distribution of sterile materials, in combination with street work by social and medical personnel. Different initiatives are emerging, working in favor of decriminalization of cannabis or psychedelics, but also against prohibition in general. These developments have uneven geographies: in other countries, activists are fighting the death penalty for sole drug possession.

All these phenomena indicate an evolution in the way that many psychoactive substances are perceived, used, and governed. They vividly demonstrate that the laws, regulations, and imaginaries surrounding

drugs, for example with regard to their legality and effects, are historically dynamic, subject to social power relations, and therefore changeable.

In this context, representing issues around drugs appears a sensitive task. Mapping drugs is probably never a neutral gesture, but rather a stance. What kind of discourse do drug maps convey? What are the conceptual, technical, and ethical issues of representation that arise while mapping drugs? How can drug mapping contribute to these debates?

IN SEARCH OF NARCOTIC CITIES AND SPACES

Before we delve into cartography, let's establish what mapping drugs is about: a way of tracing geographies, a way of figuring spaces.

While the production and commerce of drugs involve a diversity of scales and places from rural areas to global trade, cities—understood as spaces of consumption—tend to be the last link of the value chain. They are a major scene of retail and use and, as such, are at the forefront of narcotic spaces. The display of drug practices attracts public attention, which leads to urban discourses of insecurity. Urban stereotypes such as “ghettos”, red-light districts, or other “spaces of fear”—and also stereotypical, often highly gendered and racialized characters such as “junkies”, migrants, sex workers, or dealers—permeate our cultural representations of the narcotic city. Drug maps often perpetuate these stereotypes.

In response to the neoliberal appeal for public order in terms of drugs and the danger they pose, urban and mostly public spaces are monitored, inhabitants are controlled and space is governed by both repressive but also social policies. It is less a question of what *drugs* do to cities than of what *drug policies* do to cities. As institutions, cities, and metropolises—increasingly in charge of security, health, and social policies—are major enactors of drug policies and hence able to frame local landscapes. As centers of economic growth, cities are also places of colliding inequalities—a growing phenomenon which is mirrored by the geographies of drug consumption. These range from upper-class, private places of sociability and almost riskless use to impoverished neighborhoods where there are high rates of homelessness, little to no access to privacy, and sanitary and safety risks. Meanwhile, there is hardly any aspect of society not touched by drugs—even in the form of communities or spaces that define themselves by abstinence from psychoactive substances, be it for moral reasons or in the interests of recovery from addiction. In most countries, we can expect drug use, in one form or another, to occur almost everywhere, from universities and parliaments to offices and retirement homes. Indeed, a large majority of people use a psychoactive substance of some kind, be it for performance enhancement, recreation, or pain relief.

Yet drug use doesn't happen just *anywhere*—rather, where and how it happens reveals social structures and collective cultures. Zinberg (1984) shows that three different factors matter: *drug*, *sets*, and *setting*. The first (*drug*) refers to the substance and its mode of application, frequency, and dose. The *set* is the physical, psychological, and social makeup of individual users. But it is the *setting* that significantly affects how we experience, perceive, and categorize drug use. The notion of setting encompasses a multi-scalar understanding of space: political, legal, and economic frameworks; socio-cultural milieu—where, again, class, gender, race, and ability play a huge role; and also the actual place and time of consumption. To a great extent, it is the setting that explains

why the use of one specific substance can be either prescribed, recommended, tolerated, or prohibited and why the same product, used in different contexts, is not perceived, conceived, or handled in the same way.

As such, this book is not an atlas giving answers to the question of where drugs are found, but much more an attempt at understanding the relationships between drugs, space, and their representation. Our understanding of space—as developed in the next chapter—is a constructivist one. Space is neither a given, nor an empty container, nor a determinant, nor an essence. Rather space, places, and cities are to be understood as multifold constructs, built by history, economies, power relationships, everyday life, emotions, and imaginations (Lefebvre 1991). There is no objective space, but rather a multitude of ways to describe and depict the ways social relationships exist within spaces and fold spatialities in their own way. Cartography is one of the countless possibilities of doing so, and offers infinite potential for the representation of space.

Yet the cartography of drugs seems to be particularly problematic. Our spatial representations revolving around drugs are often structured by polarizations between Global North and Global South, domestic and foreign, private and public spaces, rural and urban, or citizens and deviants. Dominant discourses make space a part of the “drug problem” and, by spatializing it, make it appear tangible and more real. In their turn, cartographies make the “drug problem” visible and contribute to the questionable construction of drugs as a problem. Common cartographies of trade flows, of dangerous urban areas, or of regions affected by overdose epidemics often fail to map structural contexts and power relationships. They tend to make us believe that “the problem” is the ghetto, the South, or the substance itself. Yet we know that there would be no ghetto without the capitalist production of urban space and labor exploitation; no South without uneven development and postcolonial heritage; and no such spread in opioid overdoses with the existence of an intact and accessible healthcare system. Critical cartography is very helpful for the deconstruction of such maps.

Our approach to the issue of representing space and cities is rooted in critical cartography, understood as, firstly, a praxis of critique of maps and, secondly, a praxis of mapping other maps. We aim to interrogate in depth what is at stake in a drug map and also how to engage in mapping drugs. We also ask how we can learn to discover new cities, new appropriations of space and new geographies with, or contrary to, drug maps. Since maps are instruments of power, they can also become instruments of counter-power, by overwriting dominant discourses about drugs and highlighting dissident perspectives, displacing the gaze, and visualizing other objects through other lenses. Concepts and tools from critical cartography as a discipline and counter-mapping as a set of practices are invaluable in order to understand what is at stake when one engages (or declines to engage) in drug cartography.

Conceiving of this book as an experiment, we attach great importance to clarifying and reflecting on mapping processes. For this reason, we have developed something called a *paramap*. The paramap is the story around, about, and beyond the map that reflects how and by whom it was produced. It gives an insight into the sources, context of production, and methodologies of research, and explains graphic or conceptual choices. Each chapter includes a paramap; in order to distinguish it from the more thematic text, it is printed in a distinct layout and recognizable font.

This book gathers together scholars and activists from a variety of backgrounds, working hand in hand with a team of cartographers, illustrators, designers, and artists. While scholars brought to bear their academic culture and the habits and methods of their discipline, activists shared a knowledge rooted in their political statements, expertise, and commitments. Map makers brought their imagination, their gift for seeing beyond mere words, and their numerous skills. Some contributions scrutinize drug maps from the perspective of critical cartography. Other contributions were devised and produced by map makers themselves. Around half of the contributors worked with a map maker for the first time. The result of an intense creative and scientific labor, this book presents a series of graphic essays exploring urban stories as well as histories, policies, communities, digital spaces, and pleasures associated with drugs. Graphic techniques range from satellite images and spatial analysis to amateur hand drawings and artistic weavings, with the idea of experimenting with different graphic languages. Writing styles range from personal memories, stories, and reports to essays and scientific papers. Contributors interpreted our editorial request to compose a paramap in their own ways, showing that there are incredibly diverse ways to do so. Providing reflexivity and explanations, the paramaps deal with issues linked to critical cartography and counter-mapping, granting a look behind the scenes of the maps, enhancing them as a contingent product, exposing mapping processes to questions, doubts, and criticisms, and laying bare their pitfalls. They explain the contributors' intentions and methodologies as well as the background to their contributions. This rich mosaic of drug-related topics, perspectives, and knowledge shares the common denominator of non-judgment toward drug use, endorsing neither criminalization, nor medicalization, nor moralism.

Paradoxical though it may seem, the first chapter "Don't Map Drugs!" (→ 22) explains why and when it is crucial *not* to map drugs. It addresses more systematically the issues around critical cartographies of drugs and spaces outlined above. Based on our own experiences with mapping both in field research, in the editing of this book, and on accounts from critical cartography and counter-mapping, it presents the traps and pitfalls of mapping drugs, as well as what one should consider when mapping drugs.

De-/Reconstructing

The first part of the book investigates drug maps and the processes of their production, undoing, or even redoing. Questioning their construction, de-, and reconstruction, the chapters also suggest new ways of reading drug maps. Delving into the European context from the nineteenth to the twenty-first century, they problematize technicity, politics, and power. They address the way drug maps are embedded in the making of urban and regional policies, depicting "wet" and "dry" neighborhoods in London ("Numbering Babylon?" by James Kneale, → 42), revealing the failure of prohibition but also the issue of racism in Germany ("What's in a (Police) Drug Map?" by Bernd Belina, → 54), and highlighting the fetishization of discarded needle maps in Berlin ("Behind a Berlin Needle Map" by Mélina Germes, → 60). Technical and ethical issues around drug mapping are addressed through discussions of how spatial algorithms handle drug crime data ("The Hotspot" by Boris Michel and Frederieke Westerheide, → 72), and how research participants create blank spaces during mapping interviews ("Blanks in the Maps" by Mélina Germes et al., → 84). Altogether, these analyses rooted in critical cartography outline the way (urban) drug maps tend to depict cities as dangerous spaces, and are a means of securitization

that nevertheless involves prejudices, revealing numerous pitfalls and defects.

Policies and Spaces

That said, cartography and GIS (Geographical Information Systems) can be enlightening in terms of understanding drug policies and their impact on spaces—both in urban and rural contexts. Satellite images allow interpretation of built or cultivated landscapes, and are embedded in problematizations of the role of legislations and state institutions. Two contemporary case studies, on the cultivation of coca and environmental issues in Columbia (“Coca, Cattle, and the Forest” by Paulo J. Murillo-Sandoval et al., → 96) and on killings of drug users in the Philippines (“Anti-Drug Vigilante Killings in the Philippines” by Francis Josef Gasgonia and Ragene Andrea Palma, → 106) offer two contrasting insights into how the global War on Drugs creates different spatial patterns, whether in rural or urban spaces.

Urban History

Because the way we engage with drugs today has a long history, the third section of the book explores practices and representations which draw on European urban cases studies from the eighteenth to the end of the twentieth century. The regulation of intoxicants—colonial products such as tea, coffee, or tobacco—was first introduced back in the eighteenth century, when smoking bans in public spaces were issued (“The Stockholm Smoking Bans” by Hanna Hodacs and Sarah Falk, → 122). Class and gender make a difference: in places such as taverns, nightclubs, or at home, the consumption of substances by women contravened the gendered expectation of a masculinist society in nineteenth- and early twentieth-century Lisbon (“Taverns, Clubs, and Homes” by Cristiana Vale Pires, → 134). Such dominant discourses were also led by the media, such as the Madrid newspaper *ABC* spreading discourses of fear in a context of gentrification in the 1980–90s (“Media and the Dystopian City” by María José León Robles, → 142). As a counterpart, in 1995 the artist Peter Pontiac painted a complex and intriguing map of Amsterdam (“Map of Junkie Mokum” by Gemma Blok, → 154). Meanwhile, at-home dealers in eighties/nineties Paris were managing earnings and risks by doing precarious deals in the city (“Small-Time Dealing” by Aude Lalande, → 164). This third section highlights the social and cultural embedding of drugs through a series of maps that re-interpret the urban landscape of deviance from the eighteenth to the twentieth century, focusing on the way specific urban spaces are associated with the use of legally prohibited or morally reprovved substances.

Online Geographies

In the twenty-first century the rise of the internet, by allowing massive peer-to-peer communication between remote, anonymous people, has transformed our geographies and cities, creating infinite possibilities of connecting people worldwide. So does the darknet, a hidden and secret, yet huge part of the internet, with platforms used for online drug end-user supply (“A Global Digital Market?” by Meropi Tzanetakis and Kai Reisser, → 174). But this trade has mostly concentrated on the Global North darknet, and the internet mirrors already known geographies of consumption. Other platforms build spaces of knowledge-

sharing, like the self-reported psychedelic experiments of amateur psychonauts collected in the Erowid Vault (“Substantiated Spaces” by Francesca Valsecchi et al., → 182). These infrastructures provide North American users with knowledge about—and a marketplace for—kratom, a herb used to meet their (medical) needs (“Using Kratom” by Elli Schwarz, → 194). The internet has its own geography, which is closely interconnected with non-virtual geography and with digital divides, more often than not linking together those who are already geographically and relationally close. These maps reflect distance and proximity within or despite the a-spatial promises of the internet.

Ambivalent Emotions

While policies, histories, and infrastructure contribute to the production of space, subjectivities are also at play. Furthermore, emotions such as pleasure and relief are central to the question of why drugs are used and how. Five urban case studies ranging from Western Europe to Bogotá map what happens within us and also between us, dealing with risks, hurting, and healing, but also with harm, both to oneself and others. Self-representation in the context of addiction (narratives) is highlighted in the body map artwork of a London workshop participant (“Counter-Addiction Stories” by Fay Dennis, → 208) and in a childhood memory taking place in Belgium, between light and shadow (“The Secret across the Street” by Eli, → 218). Pleasure and the social construction of risks are addressed in the context of lasting changes following the COVID-19 lockdown in Bogotá (“(Post-)Lockdown Mapping” by Maria Alejandra Medina et al., → 224), or of gendered approaches in two French cities, with the cautious itineraries of the partygoer Marie (“Party, Emotions, and Gender” by Roxane Scavo, → 234) contrasting with the more entitled itineraries of Charles (“Traces” by Roxane Scavo and Mélina Germes, → 244). These maps experiment with representations of body, self, and subjectivities, and of intimate and social relationships. As such, they show very clearly how social positions and privilege matter, as exemplified by issues of gender and age, the status of urban night-time economy workers, or the effects of the COVID-19 pandemic. These chapters call for participants and interviewees to be allowed to draw and map their space, their city, how they feel, and what they think.

Urban Struggles

Contemporary cities are inhospitable places, the scene of growing inequalities where increasing ground rents foster homelessness. Despite large differences in legislation, law enforcement, and socio-medical intervention throughout the world, drug users—when they are visible in public and bear signs of their use—are marginalized, stigmatized, and repressed. What is seen by outsiders as a frightening “open drug scene” is a space of sociability, survival, and everyday life from an insider perspective. Referencing case studies from three continents, this section deals with urban struggles and attaches great importance to understanding these perspectives, which are often silenced or misrepresented, and also to showing what marginalized drug users make possible against all the odds. Their struggles relate not only to legislation and the issues of stigmatization and rejection, but also to city planning: urbanism is a tool of open drug scene displacement, as seen in Milan (“Displaced” by Sonia Bergamo et al., → 254). In Abidjan, the open drug scene is structured by informal yet well-established smoking rooms which are simultaneously protected and raided by the police (“Open-Air *Fumoirs*” by Jérôme Evanno and Ahouansou Stanislas Sonagnon Houndji, → 266). The creation of spaces of sociability is proving to be of the utmost importance, giving marginalized drug users real agency. In Ukrainian cities, *pyataks* were meeting places structuring everyday life (“*Pyatak* Drifters” by Vladimir Stepanov and Alexandra Dmitrieva, → 274). In Vancouver

and Paris, the dynamics of encampment and decampment, emplacement and displacement are captured through weaving “Weaving Drug Users’ Spaces of Care and Sociality in Vancouver and Paris” by Céline Debaulieu et al., → 286). In these circumstances, it is more important than ever to invent new futures and imagine a hospitable city—and why not an ideal one?—built on a claim to rights and dreams (“An Ideal City for Marginalized Drug Users in Germany?” by Luise Klaus and Mélina Germes, → 298). These last maps illustrate the city once more as a site of struggle and everyday resistance.

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Don't Map Drugs!

Mélina Germes
and Luise Klaus

There are many very good reasons not to map drugs. As outlined in the Introduction, the numerous issues around psychoactive substances make drugs a sensitive topic. Moreover, our visual culture loves to essentialize maps. Therefore, we would strongly advise against mapping drugs. Or, at least, not before learning about the harms that cartography can cause and not without engaging in cartographic harm reduction. For the same reasons, we recommend caution in the way we look at drug maps: to learn to see them less as depictions of places and spaces, and more as the result of contingent practices and situated decisions.

The following chapter exposes drug map harms and their reduction through two intertwined texts: on one hand, we explain our critique of conventional drug maps, followed by some cartography principles which underpin this book, and which we have learned from the inspiring movements of critical geographies and counter-mapping.

On the other hand, we describe our first venture into drug cartography, illustrating the relevance of the cartography principles through our own experience. We embrace an understanding of mapping as a process, as a spatial practice (Kitchin and Dodge 2007), and reflect the cartographic experience with particular attention to social relationships within the process. The episodes lay bare our thoughts, mistakes, and hesitations, giving an insight into the black boxes of cartography in research. These episodes are laid out in the form of what we call a paramap (see Introduction).

Episode 1: THE MAP BEGINS BEFORE THE MAP

Back in 2017, at a meeting in Frankfurt, we outlined a French-German research project called DRUSEC to partners from the non-academic world, including drug support associations. One aim was to realize an urban cartography of, and with, drug users. Among the partners, the reactions to the cartography project could not have been more polarized. One drug users' association for self-support in party contexts objected straightaway that the very idea of mapping with drug users was highly problematic. They warned that it would happen at users' expense and feared it would facilitate their surveillance, control, and policing. Their strong disagreement led them to refuse to take part in this mapping initiative. Directly after, a drug support institution organizing projects on behalf of local government expressed enthusiasm, with the hope that improved knowledge about the rapidly changing drug scene could inform local policies, and might help to decide where street workers should reach out to drug users still isolated from the institutional support network. They proposed a cooperation, which led to a series of unexpected experiments presented in this book (such as "Blanks in the Maps", → 84, *An Ideal City for Marginalized Drug Users in Germany?*, → 298).

Following the lead of numerous counter-atlases as well as counter-mapping initiatives, our aim is to produce a conceptual and methodological reflection on the mapping of drugs. While *An Atlas of Radical Cartography* emphasizes the artistic aspect (Mogel and Baghat 2007), *This Is Not an Atlas* (kollektiv orangotango+ 2018) invites the desacralization of the technique and its opening up to new contributions. Both the electronic *antiAtlas Journal* and the *Atlas of Migration in Europe* (Clochard and Blanchard 2012) are incisive on the topic of mapping migrations as a geographical and political issue. They inspired our reflections on drugs and space and encouraged us not to fear experimentation—while our readings in critical cartography sustained a certain suspicion towards cartography.

Episode 1 reflects our collective fascination with maps: on the one hand, there is the craving for supposedly objective knowledge visualization and spatialization, the cartography of drug-related phenomena being considered a necessary instrument for improving health and social policies; on the other, an apprehension of maps as instruments of cultural domination and political and economic oppression. These contradictory attitudes both imply the common belief that a map reveals as yet hidden truths about practices which, due to criminalization and moral reprobation, must be kept secret. Maps themselves are also controversial because of their relationship to power and culture. While maps fascinate due to their cultural and social role as an expression and instrument of power and control, psychoactive substances for their part—even more when they are illegal—fascinate inasmuch as they evoke shadow worlds, potentially threatening the social order, and offering an altered (or alternative) state of consciousness, from sedation and pain management to stimulation or performance enhancement. Yet drugs and maps are both embedded in today's neoliberal culture, subjectivity, and politics. Neoliberal issues of (self-)representation and technologization are at play in cartographies, while drugs can be understood as a technology of the self, or as an indicator of a two-way society, with those governed by drug policies, whether repressive or medico-social, on one side, and on the other, those claiming an individual(istic) right to drug use and freedom from this control, as well as a liberalization of production and trade.

A detour into critical cartography will elucidate the intricate fascinations behind drug mapping, after which we will explain which challenges the counter-mapping of drugs aims to solve.

Maps, Power, and Critical Cartography

The enthusiasm of the support institution described in the first episode reveals a belief in a kind of power held by maps. Historically, the most ancient maps from Antiquity and the Islamic Middle Ages were used for orientation and navigation. The medieval Christian Church used maps as an illustration of the world as it dogmatically conceived it. Toward the Renaissance and the modern era, maps became central devices for colonization and control of territories and borders, instruments of war contributing their share to the construction and consolidation of the state. Alongside topographical maps charting the terrain of state violence, and maps as an ideological means of illustrating the desired shape of the world, the nineteenth century saw the rise of maps as a way of visualizing the increasing amounts of statistical data, and for the purpose of scientific cartographies. At the same time, printing techniques and the boom in media allowed the wider diffusion of maps as a part of a broadly distributed information culture. Then, with the rapid computerization and digitalization occurring in the last quarter of the twentieth century, new technologies arose such as GIS (Geographical Information Systems) and CAM (Computer-Assisted Mapping). In the twenty-first century, the internet and social media have made cartography a complicated, intriguing mess known as cartography 2.0. The technical threshold for making and publishing maps has decreased significantly and maps as images are now omnipresent in our everyday media culture. Through their historicity and diversity, maps remain meaningful instruments of power. That's why critical cartography is more relevant today than ever (Crampton and Krygier 2005). The aura of scientific neutrality and accuracy helps to make maps fetishized representations, in other words to present them unquestioningly as universal. The very broad and diverse movement of critical cartography goes beyond the basic pitfalls of cartography to analyze the diverse and significant effects of power embedded in maps, which may serve a

political purpose, facilitate domination and acceptance, forge (nationalistic) ideologies, etc. (Harley 1989).

In our contemporary society, maps benefit widely from a reputation of scientificity and technicity, particularly in the eyes of the broader public. It's not surprising that so many believe that mapping a social issue would help understand and solve it. Maps are often created in order to locate problems in space and thereby design better (public) policies in what are considered the "right" places. The hope that cartography can help actors to take decisions, design policies, and conduct everyday fieldwork, in order, if not to solve, then at least to reduce the "problem" is widespread in contemporary public administrations (Heiden 2018, "Behind a Berlin Needle Map", → 60). This belief in the neutrality and impartiality of maps understands them as unequivocal and authoritative ("What's in a (Police) Drug Map?", → 54), while it ignores or downplays an endless list of technical, conceptual, and political issues relating, among other things, to software ("The Hotspot", → 72), data, its production and congruence, and work cultures. As such, maps can help to reduce complex social phenomena and realities. At the same time, if lying maps are instruments of power (Monmonnier 1991), maps might also fail ("Numbering Babylon", → 42).

Drug Maps between Visualization and Voyeurism

The very idea of maps about drugs appeals through a mix of thrill and pleasure that is characteristic of our contemporary visual culture, with its voyeuristic fascination with the forbidden and hidden, the deviant and the sick. In this sense, drug maps are part of a broader visual culture of crime and illness. In the dominant contemporary culture, drugs indeed belong to the domains of both law and medicine. As viewers of drug maps depicting disease and crime, we are not unlike the viewers of TV crime series and shows, particularly those featuring scientific imagery (Gever 2005). Scientific imagery is part of the aesthetics of these shows, and is often said to play *the* decisive role in the elucidation of crime and illness mysteries, in the disclosure of truth. A range of scopic dispositives are built around technology and instruments that deliver an automated knowledge in the form of pictures—sometimes maps—as the ultimate truth that supports medical or legal intervention. While these fictions mirror evolutions of technologies and imageries in the medical and penal field, the idea that images provide unambiguous knowledge remains fictitious. Yet this popular myth has become an everyday belief in the unmediated power of scientific-looking imagery such as maps. We strongly believe that the fascination that makes us want to look at drug maps is related to the desires and emotions evoked by such shows. This mix of thrill and pleasure encompasses the voyeurism of pain and deviance, but also the spectacle of knowledge that we thought concealed until the map came along. Scientific-style imagery in the form of maps depicting distress and unlawfulness, is believed to uncover, unveil, reveal, and explain these mysteries to those who look at them. It is therefore crucial to reflect not only on maps as objects that result from a production process, but also on the perspective from which we view drug maps and the desires and emotions informing it—in other words, where we are looking from and not just what are we looking at.

Mapping Drugs as a Threat: Two Examples

Let's delve deeper into this with a closer look at two common drug map genres which illustrate the power of drug cartographies.

The first genre is the global cartography of drug flows from the Global South to the Global North. We chose as an example two maps published in a United Nations report (UNODC 2020, 8–9), representing on a

planisphere the main heroin and cocaine trafficking routes according to seizures (Figure 1). Countries are categorized as source, transit or destination, with arrows pointing from South America or South East Asia toward Europe and North America. The “routes”—actually contingent and complex but also violent and deadly itineraries—are overly simplified by the use of reductive arrows, which make the country of production look like the originator, and the destination the victim. These arrow-driven cartographies enforce the idea that drugs come from the South to threaten and harm the Global North. The global economic and political order of the international drug trade is left in the shadows: this remains a trade rooted in colonial histories, driven by a strong demand on the one hand and traders (much more than producers) on the other hand, relying on a workforce trapped in poverty and migration and targeted by racism. The destructive and cost impact of drug trading and production on the local population is erased; the global dynamics that have led to the economic deprivation of whole regions are also veiled, as are the health problems and persecution of drug users globally. The geography of inequality, violence, wealth, and power underlying the production and traffic of illegal drugs (see Introduction) is completely different from what these maps lead us to believe: on the contrary, they merely reproduce a simplistic geopolitics (Vandeburie 2006).

The second genre is the cartography of drugs as an urban security issue—of which various examples are deconstructed in the next chapters. An interesting example is a BBC News article presenting an interactive map based on the police data archive on drug crime in England and Wales (Dahlgreen 2019), showing an increase in drug offenses in periurban areas and a decrease in urban centers (Figure 2). The article attributes this surprising information to the fact that the British police identified a new *modus operandi* of drug traffic along commuting routes. Of course, the map is an illustration of police activity rather than of drug practices (see “What’s in a (Police) Drug Map?”, → 54); as such, it reflects different police practices within different districts following different tactics depending on context: increasing the number of controls thus allows officers to argue for more funding; decreasing the number of controls makes them appear as the ones who “solved the problem”. An interesting note was added a few weeks after its release, explaining that the small 650-strong village of Westhumble in Surrey was incorrectly identified as a center for drug traffic—this shows the degree of stigmatization produced by such maps.

These two drug cartography genres are powerful tools, embedded in an economy of technology and knowledge. They frame representations of spaces and of drugs at very different scales, and are used to decide and direct interventions, from policing to planning to public health, with the aim of monitoring and criminalizing marginalized groups, enforcing borders, or (re)producing stigmatizing representations of space.

Technological Pitfalls

Let’s be clear: we are not condemning GIS or technical maps per se but the use that is made of them. More powerful technological tools mean greater responsibility, particularly on the part of authoritative institutions who publish maps. The ideological context of cartographical practices and (often) silent assumptions about drugs, space, and data are decisive for the outcome of a drug map. Moreover, technology introduces new problems. Complex GIS cartography requires more than technical means: time, experience, knowledge of issues around the topic as well as mapping issues, and thoughtful gathering of, and reflection on, data. Often, these means are out of reach for many authoritative institutions that still produce maps. Even when administrations set up whole departments devoted to data analysis or when they subcontract to private companies with the aim of implementing security, health, or



Figure 1 Main heroin trafficking routes as described in reported seizures, 2014–2018

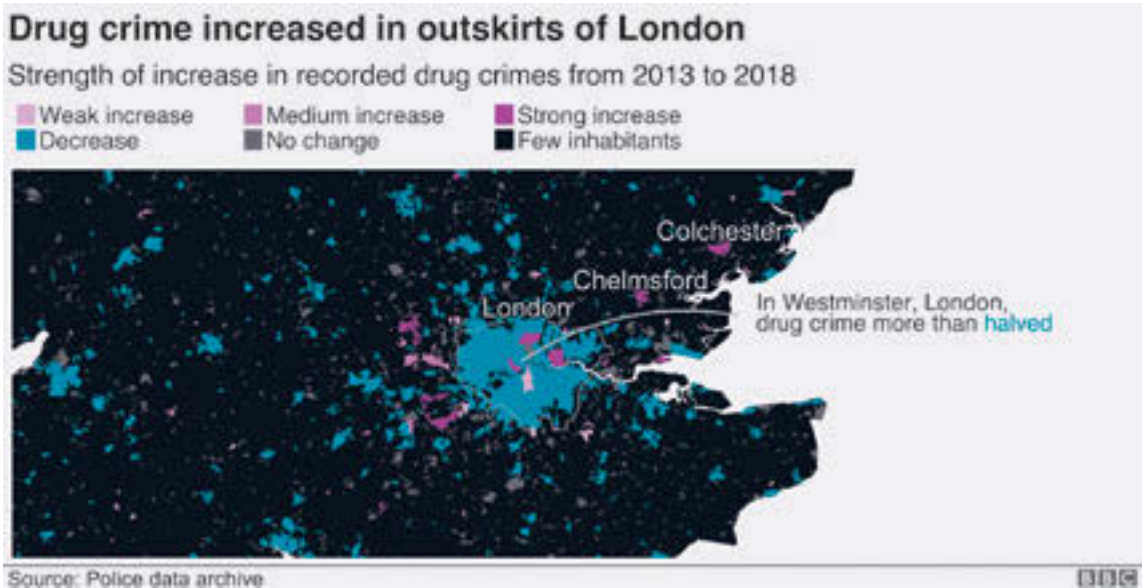


Figure 2 Drug crime increased in outskirts of London. Level of increase in recorded drug crime from 2013 to 2018

environmental policies, a trustworthy data collection and cartography process as well as the theoretical and modeling work require a great deal of time, knowledge, and retroactive workflows, and do not allow automatization. The fantasy of a scientific work being pure automatization without human intervention and authoritative truth telling makes for an effective market where GIS software can be sold widely to city administrations looking to improve their health or security policies.

The misuse of GIS is not limited to the production of maps, but also extends to the media diffusion of maps—more often than not oversimplified representations ignoring the context of their production, and appealing to scandalization in order to attract the attention of readers.

Spatial Essentialization

The fantasy of drug maps revealing hidden truths fuels a reading of maps that essentializes space with the geometrical aesthetics of exact space representation, apparently showing us the actual places where drug use happens. Common maps and readings of maps rely on the silent assumption that space is a thing, and can be essentialized in three very different ways. First, when space is considered a given, its production through complex political, economic, and social processes is erased. This leads one to believe that the use and/or production of drugs belong inherently to a space. Second, space itself can be considered an actor, masking trends, forces, and real actors—as the first map of drug flows seems to show. The implication is that some spaces “invade” others with drugs. Third, space is sometimes viewed as an empty container, when in fact spaces only exist through relationships, as changeable constructions. The second map of drug crime shows how contingent such a map is, when one knows about the contingency of police work within individual districts, with each district forming a container and fitting together into the whole like a mosaic. This encourages the belief that some spaces contain more drugs or traffic than others. Of course, all three conceptions are oversimplifications and thus misleading.

Space is viewed as the grid on which one can read clusters, an apparent correlation, maybe even a correspondence, and then suddenly “see” causality between phenomena which are either unrelated or indirectly related. A grid that invites us to misunderstand social relations, disguised as spatial ones that the naked eye can see from the map. Certain spaces, such as the cartographic silhouette of a country, are particularly prone to such fetishizations. Thus, spatial essentialization can take diverse forms, even contradictory ones.

This kind of spatial essentialization fuels the masking of long-term processes, structural trends, and overscaled power relationships such as the forces of capital that underlie a city map, or the colonial and global history behind a world map. As we elaborate later, space is not a thing and a map is never its picture. Adopting a stance common in geography, we aim to understand space as a construct, or even as a product: of history, of policies and politics, of economics, of social relationships. And, at a time of mass consumption, tourism and media, even a product of our imaginations. Spatialities are complex phenomena and maps tell only one specific story about them. These all too common stories of drugs as a spatial threat, lacking in social and political complexity and abstracting from experiences and agents, don’t need to be mapped once again. Alternative maps are needed to tell alternative stories from a broader diversity of sources that this book embraces but doesn’t exhaust.

We hope that the following chapters, and most particularly the first book section on “De-/Reconstructing”, will help to introduce readers to a critical reading of drug maps.

The previous critique of dominant drug maps is not a wholesale rejection of drug mapping, which would be a mistake. Alternative maps are needed and they are possible. Skepticism and reflectivity are crucial, as well as a critical attitude to graphic representations and what they hide or distort.

Counter-mapping practices, coming particularly from activism, show that maps are not per se doomed to be only instruments of domination, but can aid critique, emancipation, resistance, imagination, and counter-power. They may amplify voices that are otherwise unheard, illustrate narratives that are untold, and plan new and more just worlds that do not yet exist. Counter-mapping can also be a tool for intervention in public debates, a medium for exploring the political dimensions of visibility and visibility, and a field of aesthetic experimentation. It is a means of expression rooted in creativity: GIS or computers are not mandatory, and some prefer to work with objects, finding inspiration in arts and crafts. Projections, proportions, and measurements do not always matter. More important are the meanings, the interpretations, and insights a map gives. We aim for cartography practices that consider space as a construct at the crossroad of structures, practices, representations, and imaginaries. Counter-mapping attempts to look at the power relationships behind the map and those represented by the map.

Maps are very contingent representations: depending on the position of those involved in the production of the map, on data collection, data analysis, graphic language and representation, they may show or hide different facts. Both mapmakers and viewers have to avoid essentializing maps. Instead of fetishizing maps as objects, counter-mapping understands them as the result of a production process that should be openly discussed and critically reflected upon (Kitchin and Dodge 2007). Counter-mapping seeks alternative data sources and aims for a high level of reflexivity with regard to data and knowledge production, as well as transparency about (carto)graphic processes and the actors involved. Lastly, counter-mapping is not merely a stance but a practice. On the following pages, we explain core principles of the experimental drug counter-mapping practices described in this book, from aesthetics to situating the origin of the map, to the handling of blanks, unknowns, and approximations.

Aesthetics and Crafting

The temptation to map drugs as soon as some data is available is hard to resist. Instead, drug counter-mapping invites us to think about social or power relationships that are built around drugs and to map these. For example, mapping social representations of spaces and people as found in the media ("Media and the Dystopian City", → 142) or literature ("Taverns, Clubs, and Homes", → 134) without reproducing these representations. Or mapping drug policies and police activity in space, showing how they produce space ("Displaced", → 254). Or mapping everyday life, experiences, and relationships with others, highlighting the importance of emotions ("Party, Emotions, and Gender", → 234), sociability, memory ("The Secret across the Street", → 218), and projection into a common future ("An Ideal City for Marginalized Drug Users in Germany?", → 298).

Mapping relationships invites us to open our imagination as to what drug counter-cartography might look like. Conventional and scientific-style maps are not the only option: there are plenty of aesthetics and ways of making sense that drug counter-maps could use. Drawing, collaging ("Traces", → 244), even weaving ("Weaving Drug Users'

Spaces of Care and Sociality in Vancouver and Paris”, → 286) are sometimes the most meaningful ways to map relationships around drugs and the way discourses, policies, and emotions sketch the world we live in. Crafting also invites us to work, speak, think, and debate together; it offers a language of things, of signs, of colors, beyond the language of words. Whether figurative, metaphoric, or symbolic (“*Pyatak Drifters*”, → 274), representation is first and foremost a work on materials, even when digitalized.

Episode 2: THE CHOICE OF QUALITATIVE AND SUBJECTIVE CARTOGRAPHY

The discussion described at the beginning of this chapter served for us as a constant reminder of our responsibility as cartographers. We wanted to embrace counter-mapping in order to explore the possibilities opened up by decades of experimentation, activism, and conceptualization. Inspired by a long tradition, we used mental mapping, the practice of letting participants produce their own hand-drawn qualitative maps of their everyday space as they see it (Lynch 1960). Within the DRUSEC project, we elaborated an emotional mapping method in order to understand participants’ relationship to urban space through positive and negative emotions, by letting them draw the spaces of their everyday life from scratch (Germes and Klaus 2021). While Christian Nold’s Bio Mapping project attempts to draw emotions based on the objective measurement of the skin’s electrodermal activity, we let random participants draw their own map. As such, we embrace not only a qualitative but also a very subjective aesthetic. The individual maps look somewhat similar because of the white paper and pens in seven carefully chosen colors that we brought. Beyond that, forms and structure vary greatly.

A Gaze from Somewhere

One of the first challenges of drug counter-mapping is to situate the map itself. Like any other media, maps are images, discourses, whose authors and practices are situated in society and in space. Science is traditionally considered to be something objective, whose truthfulness relies on logic and facts, regardless of the social position of the scholar: a “gaze from nowhere” (Haraway, 1988, 581), disembodied, insensitive, and a-sensory. For decades, the history and sociology of science and technology, feminist, and race studies, and many other disciplines have been telling us that knowledge is dependent on the social positions of those who produce it, in terms of cultural and spatial context, socio-economic structures, and identity, as well as in relation to their themes and subjects, and has to be elucidated and reflected upon.

If the cartographic gaze is paradigmally a top-down view that flattens social life, playing with bird’s eye views (“Map of Junkie Mokum”, → 154), oblique views of a closed space (such as in “(Post-)Lockdown Mapping”, → 224 and “Open-Air *Fumoirs*”, → 266) and a horizontal, landscape view of the city (“The Stockholm Smoking Bans”, → 122) makes it possible to give more depth to the representation of social practices and spaces, and even show the embodiment of space through highly personal accounts (in “The Secret across the Street”, → 218) verging on portraits (“Counter-Addiction Stories”, → 208).

Like the creators of the map, the informants, institutions authoring the data, interview partners, and workshop participants should be situated. The processes of production of the qualitative ethnographies or quantitative data is crucial. From satellite imagery models to contributive statistics, online self-reporting, and interviews: each methodology involves different individuals in various settings, with specific relationships to and dependences on the researcher and mapmaker.

Self-reports and interviews, as well as participative research designs, or contributions arising from decades of cooperation in communities, are helpful in representing perspectives that are seldom considered. Reflection on the social position of the participants is also helpful, particularly in regard to class, race, and gender. Often, drug research centers on masculine accounts, men being the most visible participants in production, trade, and all settings of consumption, from online to parties and open drug scenes, which is why masculinities and gender have to be interrogated, and femininities highlighted. Class divides are also significant throughout, and rather complex: between those made wealthier, those who just get by, and those whose poverty is exploited by the drug economy; between those who can legally and economically afford their consumption, and those who risk repression and the loss of everything (Bourgois 2018). Altogether, maps are situated in multidimensional social landscapes, and are thus complex objects mixing subjectivities and different positions.

Episode 3: ABOUT SUBJECTS AND OBJECTS

While embracing this very qualitative and subjective method of mapping, we were also departing from the popular “fear of crime” contributive maps, where citizens are invited to show where they experience feelings of insecurity. These maps pose a series of problems, including the exclusive interest in “fear”, and the exclusive interest in established citizens, excluding de facto from the research anyone who cannot be recognized as such. It is interesting to note that, behind these citizens’ maps of fear, the silent object of the picture remains the “undesirables” who stand to be evicted from public space. What made us break with this tradition was the question of “where does the map originate from?” We decided to counter this narrative of threatening neighborhoods and no-go areas with a representation of the city from the most ignored perspective, and a collective work on hospitality and hostility. This is why we decided to interview mostly marginalized drug users (“Blanks in the Maps”, → 84), even though we applied the same method to the other users and the setting of partying (“Party, Emotions, and Gender”, → 234 and “Traces”, → 244).

Situating this Book

As well as situating the maps, we need to situate where this book project came from. Originally, the three editors worked together within two interdisciplinary and international research projects on drug policies and culture in the Western European context. Luise, Mélina, and also Roxane Scavo experimented collectively with counter-mapping practices in fieldwork during the DRUSEC project (→ Episode 1), while Stefan, Mélina, and also Gemma Block, Boris Michel and Frederieke Westerheide researched drug cultures in urban public space as part of the GONACI project. The encounter between the two projects, rooted respectively in social science and humanities, and questioning drug use, drug policies, geographies, histories, and representations in the Western European context, gave rise to this book. Our research interests reflect our position as white Western European academics, whose network extends mostly across Germany and France but also throughout Europe and North America. As such—and despite our efforts to reach out to other networks—the book presents an unintended focus on the Global North and drug use (as opposed to trade and production).

The list of drug-related topics and issues that the present book only touches on is huge, and we can but encourage further counter-cartographical experiments engaging in depth with these further questions.

Once we had a common methodology, interview guidelines, six emotions, and the associated legend (see Figure 50), our research team met participants and organized interviews in our respective cities. We met drug users in the setting of drug support facilities for marginalized people, while reflecting actively on this research (Germes and Klaus 2021), being very aware of the entanglement of power relationships and our own behavior. We were approaching the interviewees from a rather privileged—if precarious—position but, maybe most importantly, representing a collective project, with specific methods and requirements. In this way, we gathered a few dozen maps in five cities, in the form of drawings, lists of places, lists of topics, landscapes, etc., as well as recordings of the interviews, which we transcribed. It happened sometimes that an interviewee declined our invitation to draw or mapped reluctantly, stopping after just a few strokes.

Blank Spots

Not drawing, not mapping, and leaving blanks in a map may limit the knowledge gained, but it reminds us that not every story has to be told, and also that the stories that are told are distorted. Counter-mapping calls for the abandonment of the pretense that there exist holistic, objective, and accurate maps. Instead, gaps, blank areas, and missing information as well as creative aesthetics and subjective drawings that distort distance, size, scales, and projections are allowed, and indeed welcomed (“Counter-Addiction Stories”, → 208). Some facts should not be revealed because of the right to privacy and, when mapping illegal drugs, the social and legal consequences of disclosing illegal activities. Erasing place names from the map is often an ethical requirement. Not everybody has to know where the places are. As we learned early in our research, missing spots in maps are part of the mapping practice (as analyzed in the chapter “Blanks in the Maps”, → 84).

Accepting blank spots in the maps leads accordingly to the acceptance of blank spots in this book. Whereas the modern conception of knowledge demands exhaustivity, as illustrated by the modern yet obsolete publication genres of encyclopedias, dictionaries, and atlases, we endorse a poststructuralist conception of a knowledge constituted by the variety of its sources and forms—one that recognizes its fragmental structures and partial accounts. *Narcotic Cities* is conceived as a collection of cartographic essays, fragmentary and incomplete, with a focus on urban stories, and not as an atlas of drugs, like the *Atlas Mondial des Drogues* (Koutouzis 1996). It doesn't strive for exhaustivity: as explained above, a whole range of issues and regions are not covered. We regret that, despite our efforts, topics such as race or the decolonizing of drugs, for example, don't appear at all, a fact which shows our own limitations. This one situated experiment with cartography is less about knowledge production and more about attempts at expression, representation, and mediation.

Episode 5: DELETING THE BASE MAP

The DRUSEC project continued. The maps we gathered from marginalized drug users in Berlin and Nuremberg were about emotions and places, representing how each of them felt about their lived space. We wondered what to do with these very different maps, sometimes drawings, sometimes mere lists of words, sometimes full, extending over two pages, sometimes containing just a few strokes. While presenting and analyzing individual maps is very common in the mental map tradition, it didn't seem an appropriate thing to do in our case, since most of our maps showed personal details and place names. Furthermore, this multi-sited research was designed