

Gender, Place and Culture
Vol. 13, No. 5, pp. 509–527, October 2006



Spatial 'Folds': The entwining of bodies, risks and city spaces for women injecting drug users in Melbourne's Central Business District

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ABSTRACT *How do street-based injecting drug using women negotiate the myriad day to day risks of injecting in public urban space whilst, at the same time, negotiate the gendered discourses surrounding space and drug use, which work to both limit their bodily movements and position them as 'dirty', 'diseased' and 'dangerous'? How do they avoid overdose, violence, arrest and disease, whilst at the same time avoid becoming—and being treated as—a 'leper' or 'junkie'? In this article we draw on the interview narratives of 14 women who regularly inject in various public city spaces in Melbourne, Australia, in order to explore their negotiations of this complex gender/space/drug-use nexus of risk. Using Deleuze's concept of the 'fold', along with Butler's concept of 'performative' identity, we explore the ways in which women injecting drug users, through their embodied performances and their narratives of space and risk, enfold and unfold the spaces and discourses they encounter. We suggest that the ways in which these foldings are negotiated by women, impacts upon their experiences of risk in street-based drug-use environments. Understanding these folded relations will have important implications for how we might begin to make city spaces safer for women injecting drug users, and for city users more generally.*

Introduction

Women who inject drugs in public city spaces occupy a fraught socio-cultural position. Historically embedded gender discourses, surrounding both drug use (Leigh, 1995; Denton, 2001) and the use of public urban space (Weisman, 1992; Brown-May, 1998), continue to operate upon and censure women's bodies. Though less overt now than in decades past, social and moral discourses regulating what 'good' women should and shouldn't do with their bodies, and where 'good' women should and shouldn't be seen, continue to shape women's spatial practices and bodily movements. These discourses combine with both the built environment (Weisman, 1992; Boys, 1998) and the social production of fear

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(Valentine, 1989; Pain, 1991; Mehta & Bondi, 1999) to influence the ways in which women move through urban space: their posture, eye movements, bodily motion and the types of places they traverse. And, as contemporary theorists have shown, these socio-spatial relations also have important implications for how women construct and reconstruct their gendered social identities (Bondi & Rose, 2003).

The ways in which space and place impact upon gendered identities has been shown to be a dynamic, rather than deterministic, process; one that is simultaneously complied with and resisted (Probyn, 1995; Woodhead, 1995; Koskela, 1997; Mehta & Bondi, 1999). It has also been shown to be mutually constitutive: gendered identities shape spaces, just as those spaces shape identity (Bondi & Rose, 2003). For women who inject drugs, particularly those who do so in public city spaces, this reciprocal gendering of socio-spatial relations is especially important: since it is a process which is laden with risk.

Women's street-based injecting, in Melbourne as elsewhere, involves the negotiation of multiple, simultaneous risks. These include the risk of police intervention or arrest, the risk of violence and stand-overs (theft of drugs, equipment or money), as well as public health risks such as: overdose; blood borne virus contraction; infection; and vein damage. Researchers in Melbourne have shown how the reduction of one risk, such as avoiding arrest, may entail an increase of other risks, such as not being found in the event of an overdose (Dovey *et al.*, 2001; Fitzgerald *et al.*, 2004). These researchers, along with others in Australia and overseas, have demonstrated the significance of spatial context in mediating such risks, and the importance of developing a nuanced understanding of the complex interplay between personal, social and spatial factors (Maher & Dixon, 1999; Darke *et al.*, 2001; Dovey *et al.*, 2001; Weeks *et al.*, 2001; Fitzgerald *et al.*, 2004).

Researchers have also shown that gender plays an important role in the negotiation of risks for street-based injecting drug users (Friedman & Alicea, 1995; Denton, 2001; Miller & Neaigus, 2001). When balancing different competing risks, women have been reported less likely than men to use alone, and more likely than men to share injecting equipment with others (Connors, 1992). Women have also been reported more likely than men to favour hiding from public view during injecting (Weeks *et al.*, 1998), and more careful than men in taking measures to avoid being caught by police with injecting equipment (Maher & Dixon, 1999). These differences have important implications for overdose and blood borne virus risk. They may also help explain why the rate of incident hepatitis C (HCV) infections in Australia—possibly the most significant blood borne virus problem for current Australian public health—is increasing at a faster rate among young women injectors than young men injectors (Dore, 2001). Yet despite this concerning trend, health promotion and education efforts rarely seem to address women injectors in particular. Most interventions are implicitly targeted at, or developed in relation to, the generic 'male' injector, and lack any gender sensitivity or specificity. Understanding the ways in which women negotiate gendered risks will have important implications for the success of public health and health promotion efforts.

While the significance of spatial context and gendered relations have been separately acknowledged in relation to street-based injecting, few researchers have considered how gender and space actually work together in this field. In this article, we draw upon qualitative interviews with 14 women who regularly inject drugs in public spaces in Melbourne, Australia. In order to explore the complex relationships between gender, space and risk for these women, we draw upon

both Butler's concept of 'performative identity' and Deleuze's concept of 'folding', which together provide a useful framework for thinking through these relations. We experiment with this framework to explore the types of specific socio-spatial thought that it makes possible and, more specifically, the ethical responses it opens up for the health of women injecting drug users in Melbourne's Central Business District (CBD).

Performativity and Folds

Butler and Deleuze are unlikely conceptual partners. Yet despite their ontological disparity and the differences in their disciplinary and theoretical histories and allegiances, their works are not incompatible. Many of their concepts produce similar resonances and affects, and can be used together productively. In this article we draw predominantly on Deleuze's concept of 'folding', and draw on Butler's (1990, 1993) concept of gender 'performativity' to give this folding a specifically gendered dimension and to open it more directly onto the domain of discursive utterance.

Deleuze's poststructural philosophy provides a language through which the body's direct affective relationship with the world—with spaces, other bodies, imagery, language, sounds, and smells—can be explored. It provides a way of rethinking the drug using body outside the limiting and deterministic languages of medicine, law and public health, and instead as a body capable of forming new complex connections and assemblages; as a body capable of becoming-other (Malins, 2004a, 2004b). It also provides a way of conceptualising injecting drug users' relationships to space, and other people's spatial relationships to injecting drug users, through sensory, rather than rational, terms (Fitzgerald & Threadgold, 2004).

Deleuze develops the concept of 'folding' in relation to the work of two philosophers: Leibniz (Deleuze, 1993) and Foucault (Deleuze, 1988, 1995). Drawing on Leibniz's writings on the Baroque, Deleuze suggests that all matter is made up of complex folds. These folds complicate distinctions between inside and out, thought and matter, mind and body, organic and non-organic, self and other. The body can not, for Deleuze, be understood as an autonomous, bounded entity. All bodies are shaped by the assemblages and connections they form with other bodies and with the spaces around them. Each new assemblage alters, however slightly, a body's contours and folds.

Deleuze identifies four specific types of folding in the work of Foucault: (1) the 'folding of bodies'; (2) the 'folding of forces'; (3) 'truth enfolded in relation to the self'; and (4) 'the fold of the line outside', which together constitute the production of bodies in space (Deleuze, 1988, 1995). The first type of fold, the folding of the body, concerns the body's material relationship with space: the ways in which bodies become embedded in the spaces around them and the ways in which spaces simultaneously become embedded in the body. The second type of fold, the folding of force, concerns the ability of a body to act upon itself, and to produce itself as a subject. It involves a bending back of power: a force of self upon self which enables a relation to oneself—a self-governance—to emerge. This relation to the self is necessary for any resistance to occur; in fact, it is necessary for the very construction of a self through which to act.

This second fold can also be thought of as that which, within Butler's concept of performativity (Butler, 1993), enables a subject to actively construct and shape their own gendered bodily relations to the world. For Butler, the gendered body is something that is produced, reproduced and naturalised through everyday

embodied performances. By participating in particular spatial assemblages, and by folding force back upon itself, each body has the capacity to creatively shape its own performances and folded self. However, the potential for bodies to performatively determine their own gendered social identities is extremely limited. For performative articulations of gender only gain their power and effect to the extent that they cite, or draw upon, historically embedded discourses or 'truths' (Butler, 1993).

Deleuze's third fold, the folding of 'truth' in relation to the self concerns the ways in which knowledge, or discourse, folds into the body and takes affect 'in so far as it constitutes a relation of truth to our being' (Deleuze, 1988, p. 104). Against a concept of discourse as something which acts directly and deterministically upon the body, the concept of 'enfolding truths' enables an appreciation of the way in which discourse becomes embedded within the body to the extent that it becomes a tool for that body to articulate and enfold its relations with the world. As has been noted by many theorists, particularly feminist theorists, it is this imbrication of discourse in the self that enables the speaking subject from which narrative articulations emerge (Threadgold, 1997a, 1997b). And, as Butler makes clear, a body's performative potential, that is, its potential to successfully construct itself in new ways through bodily performance or narrative articulation, is limited by the particular discursive resources that are available to be enfolded. For women injectors in Melbourne, the discourses surrounding city spaces themselves (particular streets, laneways, toilets, etc.) entwine with various discourses of gender, public health and morality to limit performative bodily potential. Yet a body does retain a potential for creating itself outside of these discursive resources. This potential for transformative change, and for the creation of the new, is encompassed by Deleuze's fourth fold: the 'folding of the line outside'.

The fold of the line outside is the fold that forms when a body connects with the creative potential of pure matter energy, which Deleuze and Guattari also call the virtual: a very real, yet not yet actualised, field of potentiality. This fourth folding is, in other words, the folding in of that which lies outside of discourse and thought, and which forms an indeterminate space of potential *becoming*. Connecting with the line outside involves opening the body up to new ways of thinking and being. It is an inherently risky practice, for it unravels those stable knowledges of self and identity that allow us to move through the world, and to speak, with certainty. Yet it is also a practice which opens up the space for bodies to create and fold themselves anew.

It is with this transformative potential in mind that we now examine women injecting drug users' narratives of space and risk in Melbourne's CBD. Through the four types of folding outlined by Deleuze, together with Butler's concept of gender performativity, we explore, via women's situated narratives, how bodies are spatially negotiated in relation to risks. Our ethical framework, from Deleuze, is to interrogate not what bodies *mean* in relation to space, but what they can *do*; what possibilities and connections are closed off and what connections are enabled. To rethink, in other words, how women injecting drug users in Melbourne's CBD live their bodies and their spaces in relation to risk.

The Space of Melbourne's Central Business District: Setting and methodology

Since around 1995, multiple open street drug markets have been operating in various locations around greater Melbourne. Of these, the street-level market

in Melbourne's Central Business District has been both the largest and most active. During 1999 and 2000, Melbourne's CBD experienced one of its highest recorded levels of public space injecting and overdoses, with 36 fatal heroin overdoses recorded in 1999, and 42 in 2000 (Victorian Institute of Forensic Medicine, 2004). Large numbers of non-fatal overdoses were also recorded in the CBD, with an average of 81 attended to by paramedics each month (Department of Human Services, 2002). And although the levels of both injecting drug use and heroin overdose dropped substantially during 2001–2002—a period that has often been referred to as Melbourne's heroin 'drought'—rates of fatal overdose have begun rising again, with 10 deaths recorded in the CBD in 2003, and 11 in 2004 (Victorian Institute of Forensic Medicine, 2005).

Fieldwork for the present study, which formed part of a broader three-year project examining injecting drug-use spaces across greater Melbourne, took place in the winter of 2000 in Melbourne's CBD.¹ At this time, the high levels of injecting and overdose were visible not only in statistical data, but in the streets themselves. Buying, selling and injection of drugs, often in public view, was occurring around the CBD in spatial trajectories that began within the pedestrian camouflage of busy shopping strips and continued to a range of public and semi-public (publicly accessible, yet privately owned) spaces. Regular, yet largely unregulated, injecting drug use could be seen taking place in alcoves, lanes, parks, toilets and car-parks, many of which retained the visible signs of repeated use: discarded needles, syringes, swabs, spoons, and body fluids. Local responses to these trajectories of consumption were conflicting and varied. A mobile outreach needle and syringe programme (NSP) was providing injecting drug users with free sterile injecting equipment (needles, syringes, spoons, swabs and water), as well as safe disposal, condoms and an information and referral service. At the same time, a saturation policing operation was underway, involving large numbers of uniformed, plain-clothed and undercover officers. And situational crime prevention measures—including closed-circuit surveillance cameras, security fencing and sensor lights—were also being used in certain sites of high injecting.

Within this milieu, and following extensive ethnographic fieldwork, we conducted a series of semi-structured interviews with 14 women who were regularly injecting drugs in the CBD. Recruitment took place through the mobile NSP between midday and 7 pm. A selection of women who contacted the service during the study period were invited to participate in a one-hour interview about injecting drug use in the city. The participants were purposefully sampled, and were chosen to ensure that they included a range of ages (17 to 35) and ethnicities (two Aboriginal or Torres Strait Islander; one Asian-Australian; two Euro-Australian; eight Anglo-Australian).² The sample also encompassed a range of employment categories (nine unemployed; one student; one sex-worker; two hospitality workers) and participants came from a range of areas around Melbourne (three CBD, six outer suburbs, four inner suburbs). However, no suggestion is made that this sample is representative of all women who inject in Melbourne or elsewhere. Indeed, it is recognised that this group of women are all NSP users, and as such, may be more health conscious than other injectors. In this study, however, we are more interested in exploring rich, singular experiences of space, than in searching for generalisable or exhaustive patterns of experience.

Interviews took place immediately following recruitment and were conducted by two of the authors and by a third trained qualitative interviewer. Participants received \$20 for participation in the study. Each interview was audio-tape-recorded

and transcribed; with pseudonyms used in the transcripts to protect participant confidentiality.

Participants were asked to identify at least two places in the CBD where they had injected drugs: one place they considered to be particularly risky or unsafe, and another that they considered to be particularly safe. Each interview covered a range of themes relating to risk and space, and was structured around discussion of the two different places identified by the participant. Where possible, the interviews were conducted and tape-recorded in the two injecting locations being discussed. These sites included laneways, parks, church grounds car-parks, public toilets and semi-public toilets such as those in fast-food outlets, department stores and universities. This *in-situ* interviewing enabled the interviewers to gain a clearer appreciation of the particular spatial features of each site. It also enabled the interviewers to get a rich sense of the noise (i.e. loud fans, truck noises), smell (i.e. urine, rubbish) and texture (i.e. gravel, lighting, depth) of the spaces. Most importantly, it allowed participants to locate and perform their narratives. The women were able to articulate their relationship to the space in an embodied, located way: pointing, gesturing, squatting, leaning against a wall, looking up. This enabled the interviewers to get a vivid sense of the spaces in which women inject, and the ways their bodies move through and interact with those spaces.

We do not doubt that these *in-situ* interviews have altered city spaces, and the participants' embodied relationships to them, forever. The interviewers' presence, and the types of narrative elicited, will have impacted upon the women's understanding of city spaces and their understandings of themselves in relation to those spaces. Many women had not verbally articulated their relationship to different spaces before, and many seemed to enjoy the experience. Interviewers were, however, very aware of the risk of exposing spaces which may rely on their seclusion or secrecy for aspects of their safety. The only sites explicitly named in this study, therefore, are those which are generally already known for their high rates of injecting.

Interview narratives were treated as performative articulations; as creative utterances which draw on material and discursive realities, and which have the capacity to produce that which they cite. As such, the narratives were not treated as 'truths' which could be confirmed or denied, nor were they treated as inconsequential. Rather they were treated as important moments in the production of social identity and 'truth'. Although each of the women's narratives at times overlapped and resonated with the other women's narratives, importance was not placed on narrative uniformity or variance. Each narrative was treated as having a unique productive and performative capacity in itself.

The narratives were analysed using an iterative thematic approach, which enabled the framework of analysis to be adapted as the study progressed. Theory development and analysis took place alongside, and in relation to, the fieldwork and interviews, with each informing the other. When reading the narratives, particular attention was given to sections which touched upon relationships between bodies (bodily practices, identities, appearances) and city spaces, and to those which resonated with the four types of 'folding' outlined above. This explicit connecting of theory and analysis is somewhat different to a grounded theory approach, where themes are understood to 'naturally' emerge from the text (Strauss & Corbin, 1990). In this study, theory is treated as an important catalyst that can enable new connections and possibilities to arise between thought and practice. The connection of concepts to practice is an experimental process which

necessarily changes both the field of study and the concept itself (Massumi, 2002; Malins & Hickey-Moody, 2005). It is in this experimental spirit that we explore the possibilities opened up by connecting Deleuze's concept of the fold to the participants' performative narratives of space and body. In this study, therefore, the four types of folding are not in any way exhaustive of the types of spatial interactions taking place for injecting drug using women in the CBD, nor are they exhaustive of the types of concepts that might be productively used to understand those relations. Rather, we believe they are a useful means of exploring, and opening up, socio-spatial possibilities.

Folded Bodies

Through their narratives, the women we spoke to demonstrated a nuanced spatial awareness bound up with bodily practice. For example, for one Indigenous woman who has been living and injecting in Melbourne's CBD for about five years, changes to built space were intimately related to social practices and bodily affect:

There's this one building on the corner of Collins and Swanston, it used to be a little fountain and steps ... a lot of street kids and that used to sleep there ... the rocks used to be hot and that ... and they knocked that down and I felt a bit sad about that 'cause they're building a new skyscraper there—flash buildings ... apartments and all that ... and it sort of affected me—I felt a bit down. (Ruth)

Physical changes to built structure affect more than social relations, they affect what it is possible for a body to do: what relations it can and cannot enter into. They affect a body's material constitution. In the narratives of the 14 women we interviewed, both the physical and social aspects of space were crucial to the articulation of bodily practice and risk. Built form, seclusion and visibility, cleanliness, lighting, the positioning of items such as bins, security cameras, alcoves, along with the practices of other bodies in space, all formed particular spatial assemblages which affected women's sense and negotiation of their safety. Here, a woman who has been injecting in Melbourne's CBD for the last seven or eight years describes one of her preferred injecting sites, a laneway near Flinders Street Train Station (Figure 1):

There's a series of bins and they used to be all up against the wall, so there was plenty of room to walk up the side and then go round behind them, which means you're virtually unseen as people walk up and down the laneway, which isn't a very frequently used one anyway, so you were pretty right. (Tamsin)

The spatial assemblage evoked here is one which can be understood to provide the body with an ability to evade police, other drug users, and the gaze of the general public. It is also one which leaves the body vulnerable to infection and disease (i.e. the proximity of the rubbish bins to the site of injecting) and vulnerable to an overdose fatality, for if an injector were to overdose here, it is unlikely they would be found quickly. This overdose risk was clearly articulated by Kim, a woman who has been injecting and living on the streets of Melbourne's CBD for two or three years. Her favourite injecting site was a hidden loft above a laneway loading bay (Figure 2) where she had also been sleeping for the last few months:



Figure 1. Flinders Court (note bins lined up to the right) (image courtesy of the author).

It's not a bad little place ... the only thing that really scares me about it is, if I do overdose here, and I'm curled up in my blanket, it could take a few hours for someone to find me, [and] if someone else was to come here and use and I was curled up in my blanket and overdosed, maybe they'd think I was just sleeping. (Kim)

Yet seclusion is an important aspect of safety for many women injectors:

I have to worry about where I go because um, like um, I'm a female, so, like, I have to be careful of a lot of the older junkie males, like, they'll rip me ... bash me, take my money, take my gear, so I also have to be careful ... where I go and like, it's hard to find a spot, sort of, where no one else knows of, but that's sort of what I have to look for, cause I'm just a young girl on the streets. (Kim)



Figure 2. Loft above laneway loading bay (at top of stairs) (image courtesy of the author).

Gendered relations affect women's movement through, and relationship to, city spaces. However, rather than thinking of bodies and spaces as distinct entities in these spatial assemblages—with women simply using space, and space simply existing as a particularly dangerous or unhygienic injecting site—it is useful here to think of the body and space as connected; as merging and changing in response to one another. The body becomes part of the space; it enfolds its relations into the space such that the space becomes, momentarily, an injecting site. And the space becomes part of the body; it enfolds its relations of seclusion, dirtiness or disease into the body such that the body becomes, momentarily, invisible or unclean. These can be understood as body–space folding which, over time and through repetition, can become sedimented and rigid.

In Baptist Place (Figure 3), at the end of a laneway leading to the back of the Baptist Church, a particularly popular injecting site has become sedimented. Located beside the church's free community lunch service, the site consists of some concrete steps, lighting, a large syringe disposal bin, and a plastic rubbish bin. Although there are extensive messages graffitied on the wall about drug use and the importance of keeping the space clean, on most days the site is littered with used injecting materials and take-away food waste. The site is not visible from the main pedestrian street, yet it is a site that is frequently populated by injectors, church and outreach workers and police. One woman, who has been injecting in Melbourne's CBD for seven or eight years, described Baptist Place thus:

it can get a bit dirty and a bit messy nowadays and there's a lot of graffiti and that, so when the police do come up it just looks, you know, like a hot-spot so it makes it worse for whoever's hitting [injecting] here.
(Nikki)

The bodily practices of those who use the site can be understood as becoming enfolded into the space, and the space as folding back into bodies, affecting their potentials for safety. Through the folding in of particular bodily practices the space has become a 'hot-spot', and through a folding back of the dirt of the laneway into the bodies of the women, a particular set of risks—here the risk of police intervention—is enabled.



Figure 3. Baptist Place (note syringe disposal bin to the right of the steps) (image courtesy of the author).

Injecting in a space that is dirty, however, risks more than an unhygienic injection or a harsher police response: it involves a risk of becoming contiguous with, or indistinguishable from, the space. More specifically, it involves an enfolding of 'dirt' and dirtiness into the flesh, such that the body itself becomes dirty. A space which is dirty can produce particular risks to identity. For one of the women we spoke to, who regularly injects in the women's toilets of the Southbank shopping centre (Figure 4) and the McDonalds on Bourke Street (Figure 5), it was important to:

just basically have the place really clean, so it doesn't look like a junkie toilet. (Amy)

For women injecting drug users, the historically embedded discursive identity of 'junkie' is a particularly powerful and negative one. The 'junkie' identity is one that encompasses all the dirtiness, disease, deviancy, dangerousness, laziness, and absence of will that are so commonly associated with injecting drug use, particularly women's drug use (Ettorre, 1992; Broom, 1994; Boyd, 1999). The material body of the 'junkie' can be understood as produced through a folding in of all the 'dirt' and 'disease' of the spaces, and social discourses, it inhabits. And this body of the 'junkie' simultaneously folds itself out into the spaces of the city. In order to avoid becoming enfolded as a 'junkie', women injecting drug users must avoid 'junkie spaces' by keeping places clean or by going somewhere else. They must also performatively produce themselves as 'clean', 'responsible, and as distinct from 'junkies'. These different forms of performative self-regulation can be understood through Deleuze's second fold: the folding of force.



Figure 4. The women's toilets at Southbank shopping centre (image courtesy of the author).



Figure 5. McDonald's on Bourke Street (image courtesy of the author).

Folded Force

The women we interviewed articulated, and performatively enacted, several strategies through which they might be understood to negotiate their spatial folds. One strategy was to regulate the aesthetics of their injecting sites; ensuring that injecting sites are kept clean and free of rubbish, particularly injecting rubbish. They spoke of keeping their own spaces clean, of encouraging their friends to keep them clean, and of other injectors writing messages on walls telling people to keep them clean:

For them to sit there ... and write all of that, you know, about 'please clean up after yourself' ... obviously says something. (Nikki)

These are spatial practices which involve a folding of force back on itself to enable injecting women to produce themselves as 'clean' and 'responsible', and to avoid 'dirty' or 'anomalous' foldings. Through both the physical act of removing rubbish, and the narrative act of performatively constructing themselves as responsible and clean, injecting women negotiate their spatial foldings.

Another strategy articulated by the women we spoke to involved avoiding back laneways and toilets and injecting elsewhere:

Public toilets, I find ... a bit like, sort of, 'what are you doing in there, you junkie scumbag?' ... so yeah, just trying to find somewhere that's as private as possible. (Jade)

Here, the site of the public toilets becomes a 'junkie' space, which—through the social practices of passers-by—risks becoming embedded in the women who inject there. And through narrative articulation of this risk, a performative construction of the self—as *not* a 'junkie scumbag'—takes place. Similarly, in the following narrative, the Melbourne's Treasury Gardens (Figure 6) becomes a site



Figure 6. Injecting site at Treasury Gardens (note syringe disposal box attached to tree) (image courtesy of the author).

through which Nadia, a student who has been injecting in Melbourne's CBD for four years, distinguishes different types of injectors, and—simultaneously—performatively constructs a 'self':

the difference between users and junkies in my book: junkies won't go up there because it's too far, but users who just want to have a hit and just get on with their day will ... I'll get the tram up there you know, three blocks and walk across ... there's no violence there, I've never seen anything there, which I think is just because they won't bother, like junkies don't go up there. (Nadia)

The absence of violence, other injectors, and injecting waste in the Treasury Gardens folds into Nadia's body to produce not only her identity—as a responsible 'user' rather than a lazy 'junkie'—but her very corporeality. And this corporeality, a combination of bodily comportment, social practice and narrative articulation, folds back into the Treasury Gardens to maintain it as a 'civilised' space.

Another strategy women undertake is to inject within the city's retail spaces. The increased flow of pedestrian bodies moving through retail spaces such as department stores, shopping complexes and fast-food outlets, enables a certain level of camouflage through which injecting drug use may take place. Yet this camouflaging potential is limited and requires women to performatively construct their bodies in such a way that they can fold neatly into the retail consumer spaces. As Jade, a woman who has been injecting in Melbourne's CBD for five years, explains:

There's always just security around and they just eyeball you ... so I always try and look a bit more presentable if I'm going into those areas, so I don't look out of place. (Jade)

When injecting drug users form part of the general shopping milieu, they fold within them the sociality and cleanliness of their environment. By folding force back upon itself, women injecting drug users are able to re-create themselves as 'shopping bodies' and fold themselves smoothly into the city's spaces of consumption.

Yet there are clear limits to these performative processes. Historically embedded discourses relating to gender, drug use, and public space continue to limit the kinds of creative productions of self that can occur. These discourses can be understood as becoming enfolded into the body of the injecting drug user to the extent that they operate as a narrative 'truth' in relation to the self.

Enfolded Truths

The use of drugs by women, throughout Australia's colonial history, has been viewed as particularly deviant and unforgivable (Summers, 1994). A specific set of historically embedded narratives which position women injecting drug users as more 'deviant' (Boyd, 1999, p. 6) and 'morally corrupt' (Broom, 1994, p. 199) than men, and as particularly 'dangerous', 'diseased', 'fallen', 'dirty' and 'polluted' (Ettorre, 1992), continue to be cited and recited today. For women who inject drugs in Melbourne's CBD, the fashioning of a self occurs within this powerful discursive field. Although women are able to continually unfold and refold discourse to creatively shape a subject-self, particular narrative 'truths'—limited by the discursive options available and strengthened by ongoing articulation and recitation—become enfolded and embedded in spaces and in the self:

You've got people being rude and treating, treating you like you've got a disease and, you know, you're not like them . . . just if they think you're a junkie. (Helena)

Being treated like a junkie is an inscription of social identity through the body, which enfolds the social and discursive into a sense of the possibilities for a body. It affects what a body can do: what connections it can make with other bodies and what changes it can undergo. It also has health implications, for when a body becomes a 'junkie'—a 'dangerous', 'diseased' 'dirty' or 'addicted' body—passers-by, shop keepers and police are more likely to retreat for fear of contamination:

They saw me and my friend and they just kind of like backed back like we were murderers or something, like we were going to harm them . . . it just sucks being harassed and treated like a leper. (Helena)

The pedestrians' social performance of fear cites a long narrative history of positioning women injecting drug user as 'dangerous' and 'diseased'. It is a performance that has grave implications for women who require assistance when overdosed, or when subject to violence:

for instance, like we're not too far from the end of the lane . . . near the street . . . (and) if you were to start bashing into me now, people will walk past and see (but) they'd just keep walking . . . I've had that happen a couple of times, down other lanes . . . I've been, you know, close enough for people to help, but they've just kept walking and let the person bash me. (Bianca)

Socio-spatial performative citations of 'junkie' and 'leper' narratives affect women's bodily foldings. They also affect women's sense of themselves and their ability to performatively enfold themselves otherwise. For these women therefore, a sense of self was often forged in the gaps left by discursive foldings—through articulation of another possibility:

They look at us like ... like we've got leprosy or something ... everyone thinks, don't go near them ... and that, yeah, drives me crazy, but what can you do, I mean we put ourselves in these predicaments because we use, but it doesn't mean we need to be treated any different. (Christine)

Although articulating a powerlessness to change the ways in which particular discourses are spatially performed, women still found space for articulating an agency ('we put ourselves in these predicaments') and, through this, a self. The points at which women performatively resist the enfolding of particular narrative truths, through articulation and corporeal action, are the points at which other truths may be enfolded. They are also the points at which a connection to the line outside might take place, and through which entirely new types of folding might emerge.

The Fold of the Line Outside

It is through a connection to the virtual potentialities of the line 'outside' that creative change becomes possible. Yet is also this connection which leaves a body vulnerable. We all need some folds. As Deleuze writes, 'waking life has to fold the world so we can endure it, so that everything doesn't confront us at once' (1995, p. 112). Folds are inevitably limiting, in that they narrow down a body's range of potential, assigning it a particular identity and a particular range of connective possibilities. But they are also necessary for life; for forming relations with ourselves and others.

Connecting to the fold of the line outside is dangerous because it has the potential, when undertaken too recklessly, to continue unfolding to infinity: unravelling the body until it can no longer connect back to itself, or society, at all:

no one can sort of see you ... not many people that I know, know about it ... so if I was to OD [overdose] up there, I'd be dead basically, unless I flopped over the edge or something. (Kim)

There are dangers, therefore, both in becoming too rigidly folded, such that a body becomes limited to particular meanings and connections, and in becoming too radically unfolded, such that a body can no longer go on forming new relations. The question is, as Deleuze writes: 'How far can we unfold the line without falling into a breathless void, into death ...?' (1995, p. 113). It is therefore not sufficient to simply *unfold*, but to also continually *refold*, and to remain open to the line outside such that new foldings are always possible.

Bodies are continually drawn to this 'outside' relation, and to the creative potential it offers:

people should be more open-minded ... you know, like there's a bigger world than what's in front of us. (Christine)

Deleuze suggests that our connections to this line outside can be enhanced through such means as meditation, art and—more dangerously—psychoactive

drug use. Drug use has the potential to open up new ways of perceiving and experiencing the world and the self. Yet it also runs the risk—particularly in the case of street-based injecting—of resulting in more rigid foldings, such as those of: ‘junkie’ or ‘criminal’, ‘dirty’ or ‘diseased’. And, at the same time, it also has the potential to produce an unfolding to infinity: a fatal overdose from which no new connections become possible. To avoid these extremes, other types of connections to the outside must also be forged.

Conclusions

Deleuze’s concept of the fold, along with Butler’s concept of performativity, offers a useful way of thinking through women injecting drug users’ relationships with space. These relationships occur at a more profound level than the surface effects of bodies and spaces colliding. They involve a folding of the very matter that constitutes a space, into that which constitutes the body, and a simultaneous folding out of the body into city space. Such foldings are mediated by the women themselves; limited by discursive ‘truths’, yet opened up by the possibilities that lie outside of those knowledges and ‘truths’. These folded relations have implications for how we are to understand the relationships between bodies, spaces and gendered identities more broadly. And, pressingly, they have implications for how we are to respond to street-based injecting drug use and the material risks that it involves.

The body–space foldings that take place for women who inject drugs in public city spaces affect the ways in which those women are able to interact with city spaces and with the other people moving through those spaces. This has implications for how we are to understand risk and safety in these environments. If women are injecting in dirty spaces, if women articulate and perform themselves in terms of dirt and disease, or if others treat them as though they are dirty, diseased or dangerous, then it is unlikely that the connections which form between women injecting drug users and shoppers, traders, police, residents and passers-by will be positive ones. These ‘junkie’ foldings will inevitably have an impact on the bodily practices of the general community: they are body–space foldings with material, bodily, implications.

Women injecting drug users do, however, resist negative foldings by performatively constructing themselves and their spaces as ‘clean’ and ‘responsible’, or by folding themselves into retail city space. Yet the discursive repertoire available for women to draw on, when narratively constructing a self, is extremely limited. Particularly negative gendered ‘truths’ become folded into the body and out into city spaces; and women continue to perform and articulate themselves through and in relation to these ‘truths’: through dirt and disease, and through the marginalised identity category of the junkie.

It is important, therefore, that we recognise that safety and risk are intimately bound up with the narrative ‘truths’ which surround women injecting drug users. Language used by the media, by social and health researchers, by service providers, and by the general public will have important implications for the types of narrative ‘truths’ available to women. Use of terms such as ‘addict’ and ‘junkie’ perpetuate unproductive and unsafe body–space foldings. We need to instead offer women other narratives and potential selves through which to become enfolded. We need to, in other words, provide the space for women who inject drugs to articulate multiple identities: as daughters, sisters, students, artists, friends, lovers, and entrepreneurs. As bodies yet to be folded or defined.

It will also be important, when developing strategies to reduce risk for those who inject drugs in public spaces, to recognise the intricacy of the foldings that such women must negotiate. Basic educational health promotion strategies, which tend to rely on the assumption that correct knowledge of risks will lead logically to action and behavioural change, can no longer be relied upon in such complex spatial environments. Street-based injecting drug users negotiate risk in relation to a range of socio-spatial factors including not only police presence, public responses, and violence, but also the construction of gendered identities. Educational strategies that fail to take such factors into consideration will have limited, and potentially even negative, results.

Likewise, simple spatial interventions which fail to take into account the material foldings that may be produced by those spaces must also be problematised. We cannot programme bodily practices via spatial intervention without thinking through the ways in which bodily practices themselves enfold into spaces, and the ways in which those spaces fold back into bodies.

The construction of clean, safe, supervised injecting facilities is a strategy that is likely to drastically reduce both the likelihood of women injecting in isolation, and the likelihood of them injecting in dirty, unhygienic laneways and toilets. However, in the programming of such spaces, it will be vital to take into consideration the potential negative foldings that they may give rise to. A facility which is too medicalised—a space for the sick and diseased—will likely result in women using elsewhere. A facility which becomes a 'junkie' space, and which sediments this identity through its violence, dirt, or even through the media's categorisation of it as a place for 'diseased' 'addicts' or 'junkies', will also prove unproductive. A service, however, which provides a level of camouflage—a space which is not too rigidly defined and which is continuous and contiguous with consumer spaces and spaces of other 'legitimate' bodily practices—will likely be far more successful. We suggest therefore that a service which opens up multiple potential foldings—a site with multiple functions such as: health clinic, public library, housing referral service, community art space—will be more likely to leave room for women to go about unfolding and refolding their identities.

Acknowledgements

This work was supported by a project grant from the Australian National Health and Medical Research Council. The authors would like to warmly thank all of the women who participated in this project. Thanks also to Mark Young, Kathy Don and the staff at Youth Projects Foot Patrol for their crucial assistance in recruitment and data collection. In particular, the authors would like to thank Melissa Dent for her research assistance with recruitment and interviewing. The authors would also like to thank the editor and three anonymous reviewers for their helpful feedback and suggestions.

Notes

1. The study was conducted with approval from the University of Melbourne Human Research Ethics Committee (HREC).
2. Demographic information was absent from one interviewee.

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ABSTRACT TRANSLATION

'Pliegues' espaciales: Entrelazando de espacios de cuerpos, riesgos, y ciudades para las mujeres que inyectan drogas en el distrito central empresarial (DCE) de Melbourne

RESUMEN ¿Cómo negocian las mujeres que inyectan drogas los diversos riesgos cotidianos de inyectar en espacios públicos mientras, al mismo tiempo, negociar los discursos generificados («gendered») de espacio y drogas, lo cual funciona para limitar movimientos corporales y llamarlas como 'sucias', 'enfermas' y 'peligrosas'? ¿Cómo evitan ellas sobredosis, violencia, detención y enfermedades, mientras al mismo tiempo evitar tratarse como 'leprosa' o 'drogadicta'? En este artículo, utilizamos las narrativas de entrevistas de catorce mujeres quien inyectan con regularidad en varios espacios públicos en Melbourne, Australia, para explorar sus negociaciones de este complejo nexo de riesgo de género/espacio/drogas. Utilizando el concepto de Deleuze del 'pliegue' y también el concepto de Butler de 'performatividad' de identidad, exploramos las maneras en que mujeres que inyectan drogas utilizan sus interpretaciones («performances») y narrativas de espacio y riesgo para envolver y develar los espacios y discursos que se encuentren. Sugerimos que las maneras en que se negocian estos envueltos las mujeres influyen sus experiencias de riesgo en ambientes urbanos del uso de drogas. Entendiéndose estas relaciones envueltos tendrá implicaciones importantes para como empezamos a hacer espacios urbanos más seguro para mujeres que inyectan drogas, y para los/las ciudadanos/as en general.