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A hell of a life: addiction and marginality in post-industrial Detroit

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Abstract

Drawing on concepts from Foucault and Agamben, we maintain that the lives of daily heroin users provide a prime illustration of bare life in the zone of indistinction that is contemporary Detroit. First, we consider the case of Detroit as a stigmatized and racially segregated city, with concrete consequences for its residents. We then present evidence from in-depth ethnographic and economic interviews to illustrate the various spaces of confinement—that of addiction, that of economic marginality, and that of gender—occupied by these men and women, as well as the indeterminacy of their daily lives, captured through their descriptions of daily routines and interactions. We examine their expressions of worth as expressed in economic, emotional and moral terms. Finally, we draw connections between the sustained marginality of these individuals, as a contemporary category of homo sacer, and the policies and powers that both despise and depend upon them. Heroin, we contend, helps to fill and numb this social void, making bare life bearable, but also cementing one's marginality into semi-permanence.

Keywords

heroin; bare life; biopolitics; marginality; Detroit

Introduction: Detroit as devalued space

In his 1993 book *AfterCulture*, Jerry Herron described Detroit as a site of *humiliation*, a place that represented the dead end of American middle-class dreams, as well as a denial of their emptiness:

This may be why Detroit presents so frightful, yet irresistible, a challenge. The perpetual *othering* of this place—the consignment of its too familiar terrors to another world—makes it possible not only to evade responsibility for our own worst fears, but also, perhaps more

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crucially, it preserves for us the belief that our culture does not carry within it those seeds of death, which are come to such terrible fruition here. (1993: 27)

As DuBois (1903) wrote more than a century ago concerning the experience of being black in America, the very topic of Detroit—the quintessential 'Chocolate City' (Farley et al. 1993)—tends to elicit the question, spoken or unspoken: 'How does it feel to be a problem?' Media portrayals consistently describe Detroit as a 'Third World City,' a place to be feared (Neill 2001), a worst-case urban scenario and a symbolic warning to other cities of the fate that may await them (Chafets 1990; Kunstler 1993). Like the 'inner city' or 'ghetto' itself, Detroit is an *internal other*, that serves perpetually as a source of distinction, reminding middle-class white Americans of their own status and superiority, of that which they *are not* and do not wish to become (Baeten 2004; Craddock 2000; Pearson 1995; Wilson and Wouters 2003).

The devaluation of the city is not merely symbolic. Detroiters literally pay an added price for their urban residence: home and auto insurance rates are much higher inside the city than they are in surrounding areas, even though crime rates and socioeconomics vary widely across various neighborhoods (Galster and Booza 2008). Estimates for fair market housing costs for the poor vary between 40 and 60 percent of income (Acs and Turner 2008). At the same time, city residents often receive less from their local government, a fact revealed in mundane but telling stories about the lack of adequate lighting in much of the city (Gorchow 2009). Other city services such as trash removal or fire response are sporadic or absent. According to a 2007 series in the *Detroit Free Press*:

Neighborhoods exist seemingly outside of the establishment's consciousness, held together by longtime residents who refuse to give up and are helped by grassroots efforts to keep them going. But all the while they face the harsh reality of a municipal infrastructure crippled by too little money, too few human resources and too large an area to oversee. (McGraw 2007)

Detroit has elsewhere been described as a derelict landscape (Jakle and Wilson 1992); a ruin (Vergara 2003); or a site of disaster (Draus 2009; Herron 2007; Katz and Bradley 2009; Reese 2006). Like those living within other disaster zones (Erikson 1976; Sims, Medd, Mort and Twigger-Ross 2009), Detroit residents are traumatized by the devastation of the material and social landscape.

Davis (1992, 1998) has described post-industrial Los Angeles as stratified by layers of dread and containment, with urban ills confined to dedicated zones, and privatized affluence dedicated to the building of walls and gates rather than parks and bridges. Davis's schema implies that this stigmatization and exclusion apply to all who reside within areas so categorized: their homes, their votes, and their lives are *worth less* because of where they live. There are certain central aspects of citizenship or participation in contemporary societies which are not equally available to all, and are categorically denied to some: things such as legal employment, education, housing, adequate legal representation, medical care, or voting rights. If one is deprived of one or more of these elements, one is less able to either fully benefit or fully participate in the workings of that society—one is, in essence, a lesser

category of citizen. You have the right to be fed, at a soup kitchen, or to be housed, in shelter, or treated, in a free clinic or emergency room—but only to maintain biological life, not to promote flourishing. To the degree that the *likelihood of lacking* these essential elements corresponds to one's geography, we contend that space is a fundamental component of social exclusion (Gough and Eisenschitz 2006; Mitchell 2003; Peace 2001; Sibley 1998; Takahashi, Wiebe and Rodriguez 2001). Nowhere is this more evident than in the city of Detroit.

When compounded with the state of physical addiction to an illicit substance such as heroin, daily existence in and around the city of Detroit is characterized by a self-reinforcing, semipermanent marginality. Like the residents of Brazilian *favelas* or 'brown zones' described by Garmany (2009), heroin users in Detroit occupy a hazy realm of uncertain rights and resources. As Cresswell (2001) has argued, marginality is a *relational* term—it can only be understood alongside a core of 'normality' or 'centrality' that it is *excluded from or marginal to*. In the case of Detroit, we see the relation between margins and core being played out in *physical* space, albeit with the social and symbolic margins of the metropolitan region residing at the spatial core—in the central city. More specifically, the margins are located *within* the city of Detroit, but *outside* of certain recognized sites—ballparks, museums, college campuses, corporate and government-controlled buildings—where the mostly suburban (and white) middle classes are likely to frequent. Illicit drug-related activities have much freer play throughout the other parts of the city, where the drug trade is widely acknowledged as a source of both income and identity, and the coming and going of addicted 'customers' is a fact of daily life (Bergmann 2008; John 2010; Tourigny 2001).

In this paper, we utilize narrative accounts drawn from thirty ethnographic interviews, conducted with active heroin users who reside in and around Detroit between 2006 and 2008, to describe the constrained social spaces that these individuals occupy, and the sense of diminished worth that accompanies this exclusion. We also incorporate findings from economic surveys of these same individuals, which detail their actual reported earnings relative to their expenses, and we draw on seventy-nine additional such surveys to provide context for these results. As we explore the interconnections between individual behaviors, local social contexts and social structures within these interviews, we also consider how the experiences of this marginalized group relate to the power of the state and the social geography of the region as a whole. Finally, we employ concepts drawn from the work of Foucault and Agamben to address the peculiar symbiotic relationship between the margins and the core, between powerful social institutions and those who are defined by them as pariahs or outsiders (Feldman 2004; Wright 1997).

Detroit's restrictive racial geography

Detroit's particular stigma is closely linked to race; the city is more than 80 percent African American, and a high proportion of the population is regularly unemployed and poor (Booza and Metzger 2006; Thomas 1997). As Bunge (1973) and Sugrue (1996) have extensively documented, the roots of Detroit's economic decline and its segregated geography are intimately entangled with the dynamics of racial inequality as they played out at the neighborhood level. The combined economic and moral devaluation associated with *ghettos*

in general (Chaddha and Wilson 2008; Wilson 2006; Zukin 1998) are also commonly assigned to Detroit as a whole and are reflected in concrete outcomes. Racial segregation across the metropolitan area correlates strongly with indices of neighborhood instability and severed social networks, and with lack of access to supermarkets, adequate health services, and opportunity structures (Allard, Tolman and Rosen 2003; Kirby and Kaneda 2006; Schulz and Lempert 2004; Schulz, Williams, Israel and Lempert 2002; Schulz et al. 2006; Zenk et al. 2005).

The flight of residents and resources from inner-city Detroit, and the continued *extraction* of capital by non-resident landlords and business owners (Bunge 1973), effectively created a seed bed for a thriving illicit drug trade that has persisted and evolved over several decades. A similar process is described by Aalbers (2006) in low-income neighborhoods of Rotterdam. Many of the participants in the present study were men in their forties or fifties, and the experience of residential segregation was simply part of the backcloth of their adolescence, as was exposure to heroin users and markets. The account of one 54-year-old African American man is fairly representative:

All the guys I was hanging around, I come from, you know, like the projects ... Most of the people around there they use and sell dope or just use. I was doing a little bit of both. I just, you know, hanging with the different guys I growed up with I just started, at first it started off as just getting down weekends. Just doing it on the weekends. That's because I didn't know what I was doing. I didn't know it was habit-forming. Nobody never even broke it down to me, tell me it was habit forming til I caught a habit off it.

Even so, many participants looked back with fondness on their early years in the city, especially compared to what happened in the following decades. A 55-year-old white woman described the neighborhood where she grew up, inside the city of Detroit, in terms that equated drug markets with the city's progressive devaluation:

I won't live in that neighborhood. I'm born and raised there ... I don't like even going there looking for drugs. Which I really try not to. It's just, it's changed terribly.

These comments and many others establish the stark segregation and inequality as basic elements of the social geography of Detroit that are linked to both patterns of illicit drug use and the systemic economic and moral devaluation of the city and its residents, evident in their keen awareness of their neighborhoods and themselves (Bergmann 2008; Schulz and Lempert 2004). Though this paper does not directly address the role of race *per se* as a factor limiting the lives of heroin users, we note the racial identification of our participants (Table 1), and the segregation of the metropolitan region serves as an unstated backdrop to the actions described. White users who live in the city of Detroit are also affected by both the perception and the reality of the city as whole. 'Detroit' itself is often employed as a kind of code word for 'poor, black, inner city', or 'ghetto,' and the city's economic decline is symbolically equated with its dramatic demographic shift from majority-white to majority-black. This is a powerful subtext in the interviews discussed below.

The war on drugs and the state of exception

As Agamben (2005) has noted, the rhetoric of war is crucial to the establishment of a state of exception from constitutional protections or guaranteed rights of citizenship. In the USA, this is evident in the so-called 'War on Drugs,' initiated by President Nixon in 1969 and waged for more than thirty years without success (Davenport-Hines 2001). The ban on illicit drugs simultaneously produces the lucrative illicit drug market and its many associated criminal organizations, as well as the complex system of institutionalized treatments and punishments that compose the drug enforcement industry today (Buxton 2006, 2008; McCoy 2004; Schneider 1998; Waterston 1993). While drug dealers may exercise power within this murky realm, drug users are more often subjected to the power of others, both in the 'legitimate' economy and in the underground drug economy (Bergmann 2008; Dunlap 1995; Tourigny 2001). For those under state surveillance—on probation, parole, or under supervision of a drug court or treatment program—disciplinary power is an unavoidable reality. However, the state of exception linked to drug use and drug market participation is fluid and permeable—people slide in and out of spaces where they are, or could be, subjected to state power or control. The prison-industrial complex is, in a sense, the visible, institutional reflection of the shadow institution of illegal drug markets.

Perhaps nothing captures the accumulation of stigma and disadvantage, and their entanglements with state power, so well as a series of maps created by the Pew Center on the States (2009) illustrating the concentration of individuals under correctional control within Detroit city limits. Those individuals who are caught in the gears of law enforcement may become mired within nearly inescapable categories of prisoner and felon. They may be denied even the most basic democratic political rights (Uggen and Manza 2002). Incarceration disproportionately affects urban minority communities, on multiple levels (Golembeski and Fullilove 2008; Wacquant 2001). Most immediately, people of working and child-rearing age are essentially absent from those communities for years on end (Hagan and Coleman 2001). The onus of integrating returning prisoners is also borne almost solely by those same communities, which are more burdened with poverty and social ills to begin with (Peck and Theodore 2008). The US Census Bureau records prisoners as residing in their place of incarceration, not their home community, a fact which then transfers political power to rural and white communities where mostly urban and black individuals are warehoused (Lotke and Wagner 2005). Intensified incarceration, as a form of 'structure in action,' results in a mass degradation of status similar to that which states enact upon 'illegal' or undocumented residents, or refugees with no state to claim them (Western 2006). The concentration of ex-offenders within the city itself contributes to the stigma of the area as a whole. The stark racial segregation evident across the city and suburban areas ensures that stigmatizing associations between race, place of residence, substance abuse, and crime will thus be reproduced.

Agamben (1998) has utilized the ancient concept of *homo sacer*, or 'sacred man,' to designate a category of people to be avoided, whose segregation, imprisonment, poor health and early death are largely unquestioned by the larger society. In its original usage, the *homo sacer* was a category of person who could be killed by anyone, with no punishment, but at the same time could not be honored with sacrifice. In contemporary societies, Agamben

(1998) argues, the category of *homo sacer* is epitomized by the prisoner in the concentration camp, who is at once both *within* and *outside* of a society—nakedly vulnerable to its power, but with no right to protection, and no defense or recourse other than the physical resistance and struggle for survival that any animal in captivity would exercise (Coleman and Grove 2009). The *homo sacer* occupies a 'zone of indistinction' (Diken and Lausten 2002), not recognized by political institutions as a constituency, but rather seen as a kind of deficit or problem to be controlled, managed, or corrected, as Scheper-Hughes (1997) has argued of 'people who get rubbished.'

Addiction, biopolitics and bare life

One contemporary category of homo sacer is that of the heroin addict or 'junkie.' In her ethnography of New York City street addicts, Waterston quotes an 'old timer' named 'Lou', who states, 'the drug addict is the worm crawling under the ground of society, and this is disgusting to the average citizen. This is worse than a fly, or a cockroach' (1993: 240). Although drug addiction can affect almost anyone, those who are institutionally identified as addicts may come to occupy particular physical as well as social spaces. The extreme marginality of urban heroin addicts has been extensively chronicled most recently in the work of Bourgois and Schonberg (2009), who depict the lives of homeless heroin injectors living in informal settlements in and around San Francisco. These are lives, as Agamben wrote of homo sacer, both external and internal to society, linked to power by the official ban on drug use (in other words, always susceptible to policing and arrest), while simultaneously banished from society by a variety of formal and informal mechanisms of exclusion: educational, residential, economic, educational, and medical. The confining and stigmatizing space of heroin addiction is compounded by existence within the marginalized and stigmatized environment—the homo sacer of American cities—that is contemporary Detroit. By virtue of their illegal habits and their subsistence strategies, they are not included in most official counts or records, treading below the surface of census counts and unemployment statistics.

Though popular portrayals have often focused on heroin addicts as unavoidably 'out of control' due to their addiction, ethnographic research has consistently provided a more nuanced picture of the interrelationship between drug use behaviors and social contexts. Some research has specifically explored the ways in which heroin-dependent individuals exert control over their heroin use through their choices of social surroundings (Eland-Goossensen, Hak and Vollemans 1997; Zinberg 1984), while also using heroin as a means of mediating or ameliorating social strains, some of which are produced by social marginality itself.

There is another aspect of power to consider in relation to the lives of drug users—that based on definition of illness and the implied need for treatment. Medical diagnosis and prescription represent the model of modern disciplinary power, as described by Foucault (1973, 1979, 2007). Illegal drug use represents a violation of this power, a transgression in both legal and medical terms, and contemporary drug courts freely mingle moral and behavioral criteria with legal judgments and medical models (Burns and Peyrot 2003). Foucault's notion of *biopolitics* (1978) centers on the role of the modern state in monitoring,

suppressing or stimulating biological processes such as disease and reproduction. According to Foucault, the emergence of biopolitics occurs when the state is no longer simply concerned with suppression of resistance, exercised primarily through the *power of death* or indefinite confinement of individuals but is focused on the health and welfare of the population as a whole—as workers, tax-payers, consumers, and so on.

Agamben (1998) links this idea of the modern state's concern with the biological processes of the population to two ancient Greek terms, both of which roughly mean 'life': zoe and bios. As Agamben explains, these terms had very different meanings for the Greeks. Zoe connoted simply biological life, what Agamben calls bare life, while bios referred to life as fully constituted in the polis, or political realm—existence that was also associated with particular rights and dignities of citizenship. For Agamben, however, bare life is not something that exists outside the sovereign's power and the state's protection, but is itself at the heart of that power. Specifically, the sovereign's power is derived from the power to 'ban,' the ability to determine who is included in the polis and who is condemned to bare life. In Agamben's words, 'The ban is the force of simultaneous attraction and repulsion that ties together the two poles of sovereign exception: bare life and power, homo sacer and the sovereign' (1998: 110).

This is where the category of *homo sacer* becomes central. His very existence is a 'state of exception,' and the space occupied by *homo sacer* is described by Agamben as a 'zone of indistinction,' which exists within 'civilized' society, or the political state, but where its norms and protections do not apply (Diken and Laustsen 2002). Others have applied the concept to the situation of homeless populations (Feldman 2004), prisoners held by the US military at Guantanamo Bay (Gregory 2007), those displaced by Hurricane Katrina (Giroux 2007), nations that are labeled 'economically unsound' by international agencies (Best 2007), and British asylum seekers (Darling 2009). It should be noted that these are categories which may expand or contract alongside changing social circumstances or shifting political agendas. *Homo sacer* is thus not a fixed place or category of other, but instead represents the latent power of the state to marginalize or exclude. As Feldman (2004) has argued concerning the case of the contemporary homeless in American cities, the very fact of being without legal domicile places one within a potentially punitive field, outside the sanctioned 'norm' and subject to state control—for example, if you obstruct or infringe upon 'public space.'

Addiction, like homelessness, is a *contingent* state which may not be immediately visible to others, but may reduce one's status rather quickly in concrete and measurable ways if it is detected or revealed. A key dimension of the marginality experienced by heroin users pertains to their work status and their legal status. In part due to its illegality and in part due to its physically addictive properties, regular heroin use tends to result in increasing alienation from the 'normal' routines of life that are expected for full participation in industrial society. As one becomes increasingly captive to the demands of the body for the drug, to avoid withdrawal or 'dope sickness,' one becomes both less mindful of, and more estranged from, the routinized expectations of legal wage work. Layered on top of this is the medicalization of addiction, which positions addiction as a 'disease' that both explains behavior and justifies radical intervention (Reinarman 2005). While it may be less

stigmatizing and punitive than other approaches (Schmoke 1995), medicalization further cements the distinction between 'addicts' and 'normal' people, collaborating in the production of the segregated and confining space of addiction (Polak 2000). Because addictive behaviors are often detected through biological assays—usually urine tests or 'drops'—administered by employers, parole or probation officers, or social welfare agencies—the border between margins and core, legal and illegal, may literally be written and rewritten in the body on a fluctuating basis (Price 2000).

Some societies such as the Netherlands and Canada have, for purposes of public health based on harm reduction principles, developed policies that allow for some controlled administration of heroin. However, this is not the case in the USA, where heroin use is still broadly stigmatized, policies are still harshly punitive and the availability of approved medical alternatives such as buprenorphine remains limited. A persistent, *de facto* status of marginality or reduced worth is affixed to any person who becomes defined as an *addict*, whether that definition is applied officially or by oneself. An addict, therefore, occupies a socially constructed and maintained space designated for those who are deviant, ill or in some fundamental sense *other*. In the following sections, we examine some of the patterns of economic and gender confinement that were either produced or reinforced by the biological daily fact of heroin addiction.

Addiction, economics and social marginality

Though many individuals in the present study were officially unemployed, nearly every participant we interviewed engaged in some kind of regular income-generating activity. The exceptions were those who relied on others—usually a spouse, partner or close family member—to supply financial resources, housing, or heroin itself. Many participants took pride in their regular work activities. At the same time, there was a strong sense of entrapment communicated by participants in the interviews. It is clear from our economic data that the demands of maintaining heroin addiction significantly depleted the resources available for necessities such as food and shelter: on average, they spent around 70 percent of their past-month income on the drug, and less than 10 percent on shelter or on food (see Table 1). The result was that, in spite of a mean estimated yearly income of \$25,860—about \$4,000 above the official poverty line for a family of four in the USA—these individuals were barely surviving economically on a day-to-day basis. Oftentimes an awareness of entrapment was communicated using a combination of emotional and economic terms. In the following section of interview, for example, a 54-year-old African American man discussed the multiple factors that contributed to his relapse and continuing heroin use:

Staggering around my old neighborhood, hanging around the same old people, you know I have been hanging around and start back using again. Because me and my wife weren't getting along. It seemed like a depression sort of sets in too. When someone in your life ain't goin'—this is my opinion—my life right now ain't been like I would like it to be. Until I step up and better for myself I'm going to still be in this world of gettin' high, you see. Well, you know, it sort of bothers me but like I'm saying I am doing something about it now because I ain't getting no younger. A person in my stage is you been gettin' high these many

years you gotta be so like tired. And right now I'm gettin' tired of gettin' high. A person ain't gonna stop till they get tired, in my opinion.

Another 49-year-old African American man related his sense of confinement to the material things he was unable to obtain or keep due to his addiction. In so doing, he equated his lowered sense of worth to his lack of possessions associated with success:

You know, I like nice jewelry, but I can't keep no jewelry on my finger, I mean I usually wear a gold ring, but it's in the pawn shop now because the minute you out of money that's where it's going to get the money. Had a nice ring, go get \$100 for it, so, that's the quickest way to get some money, then I don't have none, it'd stay in the pawn shop more than it stay on my hand. I don't wear a lot of jewelry like a lot of people, as far as good jewelry, I'd like to be able to keep my stuff out of the pawn shop. I mean I don't have much, I consider us a middle income, got some nice stuff, but ... I don't have a big screen TV, I got a 27 inch color TV, but I'd like to have, one of those big, nice TV's as long as this table, but I probably never have it while I'm still using drugs, that's the kind of stuff I'm talking about. I'd like to have a new pickup truck, but I probably won't have it as long as I'm still using drugs.

A 51-year-old African American man used more emotional terms to convey the 'whirlpool' that his life had become, describing heroin use as a kind of world of its own, with its own powerful gravity, but existing in direct relation to an external world of relationships and institutions:

I'm all alone now. That messes with me too. I feel sorry for myself, a lot of times. Kinda think about that they looking down on me, and I have to change, and got worser, and ain't done nothing with my life so far and I'm getting older—I'm just caught up in a whirlpool, the world right now, using. I ain't never had a break, you know? I tried when I got out of prison several times. In 1980 I got out and went to truck driving school and finished it. Couldn't get a job drivin' trucks nowhere 'cause all the time put the application in and put the truth down about been incarcerated and they tell me no, we don't want you, we don't want you, they always deny me, you know. That destroys me. That discourages me. So I get caught up again ... that would be my life cycles, since I was 19, when I first went in. Been out now since '02, still the same thing. I ain't never got a break. Nobody gimme a chance. I believe I woulda got a chance, I would do something with it.

The same man conveyed a sense of his own worth in the world when the interviewer asked him to clarify a statement concerning his daily routine. He had said that he would go to a casino in the afternoon to 'hustle' for spare change, and the interviewer asked if he went to an American or a Canadian casino (there are casinos on both sides on the side of the river), he responded somewhat derisively:

Need a passport to go over there. I got a passport? Birth receipt? Birth certificate? No, not a addict like me, no.

This situation of being actually *undocumented* seemed to summarize the status of being an 'addict' as someone who is objectively devalued. Of course, there is an echo of Foucault's

notion of *governmentality* here as well—that being officially recorded in a sense signifies that one is real, while having no record is a sign of impermanence, of ephemeral or devalued existence. However, rather than shielding one from the power of government, this 'invisible' status leaves one in a constant state of exposure. It effectively illustrates the position of being both inside and outside at once—having no passport or birth certificate, he is not fully a citizen of this society. At the same time he cannot escape it. While in one sense he is quite mobile, within the city of Detroit, having no formal attachments or obligations, his *mobility* in the larger society (Cresswell 2001, Cresswell and Uteng 2008) is in fact severely constrained and reinforced by his addiction. A 48-year-old white man summed up the sense of indeterminacy that he felt as a result of his confinement within a cell of addiction and economic constraint:

Yeah, it's got me locked into a routine every day. I mean I know what I'm gonna do. Until I find that dope and do it, then after that I don't know, but I know what I'm gonna do when I wake up, I'm gonna find dope, do it, and I don't know what's gonna happen after that, you know. I might go over my friends, I might find somebody slipping, I might find, you know, you never know. I'm just out there doing it.

But you don't worry about it.

No. When I'm all content, maybe at night, you know when I did my dope, when I have a full belly of food and I'm laying there trying to go to sleep, I might think what the fuck am I gonna do, you know?

The 'belly full of food' mentioned here serves as an apt description of biological survival or *bare life*; anything above that is more than can be expected.

Gender, power and marginality

Women in the study gave accounts that illustrated strongly gendered dimensions of the economy, specifically issues of child care and sexual exploitation. While also constrained by physical addiction, their confinement was often as much domestic as economic, and was reflected in their limited daily mobility (Cresswell and Uteng 2008; Naess 2008). One young white woman, age 26, lived in a small town north of Detroit and participated in a statemandated job-training program as a requirement for receiving assistance. At the same time, she was still maintaining an active heroin addiction, traveling at least once a day to Detroit to obtain her daily dose. The tension between these two demands placed stark limits around her associations. As she explained:

I don't want to get close to somebody and have 'em get into my business and ... I just ... I'm really scared of getting caught ... I don't want to lose my kids. I don't want get in trouble anymore. I could care less if I get in trouble really, but I just don't want to lose my kids.

When asked how her life would change if heroin use were subtracted from the daily routine, she responded:

It'd be so great. My life would be so much better. I wouldn't have to hide things. I wouldn't have to feel like I'm always hiding something. I am always hiding something. I wouldn't have to lie and cheat. I would, I would really like that. I wouldn't have to sneak away to come down here. To come up with excuses to come down here. And I'd probably ... I think I would actually go out and really try to find a job, instead of just like not really caring.

However, she was effectively stuck in this situation, because seeking help for her heroin addiction would amount to an admission of her incompetence as a parent, resulting in a loss of state aid as well as the likely loss of her children, to the state. Here we see *biopolitics* and *bare life* conjoined: the state's power over the parental bond, the biobehavioral bond to the daily drug, the lying and sneaking necessitated by the fear of that power as a result of that bond, the life scratched out in between these political and biological mandates. Though she did not overtly question the structures of state control that shaped her life, it is clear that heroin itself was but one component of a complicated mesh of dependency and constraint. Attending the job-training program, like being addicted to heroin, imposed a daily rigor on her life, and gave her the means to survive in the moment, but neither provided much in the way of long-term benefits. She daily repeated a gerbil-run routine that guaranteed that no surplus could be generated.

A 43-year-old African American woman, who had a long history of engaging in street prostitution (though currently supporting herself through day labor) described a relationship in which her addiction and economic dependence resulted in regular emotional and physical abuse:

There was a guy that I was involved with, that I met from the street. He wanted to take me off the street. And so, for a period of about a year, you know, he took care of me, took care of my drug habit. But he also took care of his drug habit too. So he wasn't doing it primarily for me. But he didn't want me to be out there having to prostitute or whatever and ... you know, that that worked out fine for a while, until he started abusing me. Then he would always bring up stuff that I had done in the past. And I was like you knew what I was when you met me. I'm not doing it now. You know. And then that would always escalate to violence. Because he'd already want to hit me.

In this case, the link between lowered worth, due to addiction and economic factors, conjoined with gender and power to produce an outcome of physical oppression. Under the guise of helping her—by sustaining the economic cost of her addiction and 'taking her off the street'—he imposed power that ultimately reinforced her marginality. One confining space was substituted for another, and at the same time justified by it.

A 44-year-old white woman's story illustrates how women are valued differently within the local economies formed by the parameters of state policy and the necessity of survival. She lived illegally in an abandoned house with a male African American partner and a couple other African American men, all of whom she had known for at least a decade. She spent most of her time between this house and another house on the block, where her daughter, her niece, and her niece's mother live. They used the other house to get water for cleaning and cooking, because they had no running water in the house where they were living. The

niece's mother was, she said, 'like a mother' to her—she had no contact with her own biological family. During the day she did odd jobs, cleaned houses, and occasionally traded sex for money or for drugs. Sometimes her partner arranged for one of his young nephews to have sex with her. She was plainly disgusted by this, but did it because she needed heroin. After explaining this to the interviewer, she paused and said with weary resignation, 'It's a hell of a life.'

Conclusion: heroin, biopolitics and bare life

As Reinarman (2005) has argued, the concept of addiction arises in Western history at about the same time as the emergence of the ideal of the individual as a self-regulating economic entity. The interest of the state in regulating this particular type of behavior was justified as a form of regulating economic function as well as protecting the self and society from disease—hence the logic of sentencing individuals to treatment (Reinarman 2005: 314). Successive drug control regimes have employed differing rationales, from early efforts which explicitly targeted particular immigrant groups, to later mandates that were justified by goals of preserving population health and productivity, as reflected in their names: The Anti-Drug Abuse Act of 1986, the Drug Free Workplace Act of 1988, and so on (Buxton 2008). In this sense, the drug war represents Foucault's notion of biopolitics *par excellence*—a radical extension of state power into the affairs of the body and the care of the self.

Though most of our participants managed to avoid detection and stigma, and actively skirted known risks, patterns of elusive behavior were hammered into their days so thoroughly as to be unconscious. For example, they specifically avoided behaviors that might land them in jail or prison, and when they did engage in criminal behavior, it was usually of a kind that posed no direct physical harm to an individual—retail theft, illegal scrapping, or scams, for example. They lived in the shadow of implicit threats, and behind them all lurked the absolute fact of state power—the power to reduce them to nothing but a body with a number attached. Like billions of others worldwide, their informal economic status also effectively placed them outside the law and without the human rights protections that accompany 'legal' labor (Bowe 2007; Miller 2006; Murray 2008). This confinement is reflected in the constrained emotional geographies (Davidson and Milligan 2004) consistently described by our participants. Like the African American women described by Gilbert (1998), their extensive knowledge and connections within these very particular blocks, communities, or neighborhoods, simultaneously represents both entrapment and rootedness, enabling survival but limiting access to other resources and opportunities.

While some might claim that addiction itself is the cause of this perpetual marginality, we contend that there is a symbiosis between these conditions that is both fed and maintained by structural factors. An increased exposure to addictive substances and economic insecurity, on the one hand, and a narrowing of opportunities and heightened barriers to societal integration, on the other hand, are both largely shaped by what Body-Gendrot (2000: 29) calls the 'new geography of inequalities' as well as spatially targeted policies of repression. Inside the city of Detroit, the illicit drug economy is a widely acknowledged fact of life, a perpetual 'night space' (Williams 2008) where the rules and laws of society both *do* and *don't* apply—one is both more likely to suffer violence or victimization, without protection

from the law enforcement system, while one is also more likely to face incarceration as a result of one's substance use. Heroin addiction within the city of Detroit may be viewed as both normative and transgressive to the extent that is it at once both 'in place' and 'out of place' (Cresswell 1996): 'in place' because it is occurring in a marginalized area that is highly identified with drugs and the drug trade; 'out of place' because it is a violation of legal and social norms that places one at continuing risk of arrest, incarceration, social stigma and associated personal and economic losses. Recent coordinated arrests of suburban heroin users riding buses into Detroit to 'cop' reveal both the interconnections between stigmatized and non-stigmatized spaces and the potential for the punitive field to expand and envelop those who had been engaged in 'normal' daily routines of heroin addiction (ClickOnDetroit.com 2009). At the same time, the city as a site of transgression is reaffirmed by these choreographed and publicized police actions.

The concepts of Foucault and Agamben sensitize us to the mutual interdependence of power and marginality—how the continuing evolution of processes of normalization requires an accompanying reconstitution of the *other* in relation to the norm. Just as changes in transportation systems and geographies first created, then dissolved, the category of 'the tramp' in American history (Cresswell 2001), so the category of 'the addict' has morphed along with the social and political landscape. Heroin epidemics have historically flourished within conditions of 'open marginality' (Agar and Schacht Reisinger 2001), where significant gaps have opened between widespread aspirations and likely outcomes for particular groups, either because new barriers emerged or because previous conduits to achievement were closed off. This open marginality is also evident, we contend, within individual lives. This gap does not produce heroin addiction in a deterministic manner, any more than heroin addiction itself produces the inequalities of society. However, by anesthetizing the wound, heroin also serves to preserve it unhealed. In this sense, it may help to make 'bare life' bearable.

Sayer (2009) has argued that a key task of critical social science is to evaluate existing policies and practices in terms of their promotion of human flourishing. The geographic perspective on heroin addiction offered here, supplemented by key concepts from Agamben and Foucault, requires us to examine the multiple ways in which processes of exclusion play out in social space, and how these processes may ultimately reinforce and reproduce themselves, in the same sense that 'the problem of drugs' and 'the problem of the ghetto' are inseparable and incomprehensible when examined in isolation. While recent work on the geography of substance use has focused on the 'activity spaces' associated with high-risk behavior (Mason, Cheung and Walker 2004; McLafferty 2008), we would also emphasize the importance of 'positive' spaces—not simply 'drug-abstinent' or 'dry' areas, but *places* within a person's life and environment that promote flourishing. This would return us to the enduring questions of the 'geography of human survival' as articulated by Bunge (1971, 1973).

More recently, the concept of resilient cities (Pickett, Cadenasso and Grove 2004) has addressed the need for urban spaces that foster both economic and social subsistence. Other researchers have explored the potential of alternative spaces of sociality, such as public markets (Watson 2009) and sports programs (Sherry 2010), as means of both building social

capital and bridging the gaps between margins and core or 'mainstream' society. Such pockets or bubbles of accessible, non-criminal activity and achievement *within devalued zones or areas* may serve as buffers to the dominance of illicit markets (and corresponding regimes of control) and disrupt the self-reinforcing dichotomies imposed by bans or one-dimensional norms (legal/illegal, inclusion/exclusion, core/margins, work/nonwork) emphasizing instead the continuum of meaningful and productive activity that human beings engage in, regardless of their status relative to a static category ('addict', 'criminal', 'homeless', 'unemployed', or 'ghetto resident'). As Valdez and Cepeda (2008) have argued concerning heroin practices in San Antonio, Texas, the geographic segregation and confinement of disadvantaged minority populations creates a layering of marginality that may ultimately amplify addictive behaviors. In future work we will consider the question of the larger landscape, of heroin's place in the urban metabolism, thus posing the question of how social structure and community-level conditions articulate with the various dimensions of the heroin economy. Ultimately, we must look beyond the heroin *per se* to see the holes that it helps to fill, however unsatisfactorily, in the lives of those who are in its thrall.

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Table 1
Sample characteristics: age, ethnicity, gender, and monthly expenditures (% of total estimated income), ethnographic and economic samples

Ethnicity	N (%)			Monthly expenditures (% of total estimated income)			
	Total	Male	Female	Heroin	Food	Shelter	Estimated past 30-day income (mean)
Ethnographic sample							
African American or biracial	17 (57)	13 (43)	4 (13)	\$1285 (63)	\$141 (7)	\$242 (12)	\$2045
White	11 (37)	7 (23)	4 (13)	\$1822 (80)	\$85 (4)	\$32 (1)	\$2264
Hispanic	2 (6)	1 (3)	1 (3)	\$1050 (46)	\$100 (7)	\$100 (7)	\$1475
Total	30 (100)	21 (70)	9 (30)	70%	6%	7%	\$2088/month
Economic sample							
African American or biracial	64 (59)	46 (42)	18 (17)	\$1485 (71)	\$132 (6)	\$133 (6)	\$2085
White	38 (35)	30 (28)	8 (7)	\$1686 (74)	\$110 (5)	\$106 (5)	\$2282
Hispanic	7 (6)	6 (5)	1(1)	\$1767 (83)	\$93 (4)	\$72 (3)	\$2119
Total	109 (100)	82 (75)	27 (25)	73%	6%	6%	\$2155/month