



## LOCKDOWN REPORT SPRING 2020



# MARGINALIZATION AND SPACE IN TIMES OF COVID-19 LOCKDOWN REPORT

HERA Project: Governing the Narcotic City

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With this newsletter, our aim is to inform you regularly about developments and events related to the joint research project “Governing the Narcotic City: Imaginaries, Practices and Discourses of Public Drug Cultures in European Cities from 1970 until Today.” The ongoing coronavirus pandemic and resulting crisis conditions have already had a profound impact on this project, as well as the people and places at the heart of our activities and research – as is true for people, places and projects of every kind, across the globe. As a result, this special issue of our project newslet-

ter has been expanded into a lockdown report, with contributions in various forms. Please proceed to the introduction for a full account of the context of this decision and the contents of this report.

More info about “Governing the Narcotic City” (GONACI) can be found on our website: [www.narcotic.city](http://www.narcotic.city). You can also Follow our project on Twitter [@Narcotic\\_City](https://twitter.com/Narcotic_City)

# CONTENTS

<b>Introduction:</b>	
<b>Vulnerable Bodies and “the Public” in Public Health</b>	
<i>Louise Fabian and Gemma Blok</i>	3
<b>Homeless during the “Intelligent” Dutch Lockdown</b>	
<i>Gemma Blok</i>	12
<b>Care and Homelessness in the Shadow of Planetary Crisis</b>	
<i>Louise Fabian, Anders Lund Hansen and Mads Engholm</i>	19
<b>“If I Get It, I Bet You, I Will Not Survive It”: Homelessness and Drug Use in Wuppertal during the Corona Lockdown</b>	
<i>David O’Neill</i>	34
<b>Sex, Drugs and Corona</b>	
<i>Jenny Küinkel</i>	39
<b>Adressing Intimate Partner Violence against Women* during and beyond the Pandemic</b>	
<i>Frederieke Westerheide</i>	51
<b>Queer-Feminist Party Collectives in Times of Corona: Between Loss and Solidarity</b>	
<i>Jenny Küinkel</i>	59
<b>Notes and Pictures from a Shutdown Christiania</b>	
<i>Anders Lund Hansen, Emmerik Warburg and Louise Fabian</i>	62
<b>Associated Partner: Fixpunkt e.V.</b>	
<i>Thomas Bürk</i>	68
<b>Social Work in Drug and Addiction Care in Times of the Corona Pandemic</b>	
<i>Thomas Bürk</i>	70
<b>Volume 2 of the Lecture Series “Intoxication, Governance and The City: Drug Policies in Berlin and Elsewhere”</b>	
<i>Thomas Bürk</i>	73
<b>“Takeaway Weed” in the Netherlands during COVID-19</b>	
<i>Daniel de Ruiter</i>	75
<b>XTC at Home: Changes in Recreational Drug Use during COVID-19</b>	
<i>Lukas van der Sman</i>	81
<b>Research on Public Space under Lockdown: A Brief Summary of the Impact of the Corona Crisis on the GONACI Research Project</b>	
<i>Sage Anderson and Stefan Höhne</i>	86
<b>Imprint &amp; Contact</b>	87

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# INTRODUCTION: VULNERABLE BODIES AND “THE PUBLIC” IN PUBLIC HEALTH

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*Louise Fabian and Gemma Blok*

In different ways, the working papers in this report explore how transformations of public space during the COVID-19 lockdown affect the conditions of particular groups of vulnerable and/or marginalized citizens (homeless people, drug users, people with intellectual disabilities, sex workers, women\* suffering from intimate partner violence, queer and trans\* people etc.). All of the working papers are documents of the times that address and speak to this moment of crisis. Many of them also reflect potential long-term consequences and new possibilities for mobilizations of solidarity and care. The lockdown measures are a specific governing of space. With this report, we explore not so much the virus itself, but social and political reactions to it: namely the lockdown on public spaces and the connected celebration of the idea of “the home” as the space that is supposed to keep people safe.

The global COVID-19 crisis started with a medical problem. Its transmission followed the paths of global capitalism, through trade, business, tourism and travel, and the pandemic is now a major global economic, political and social crisis across the world. It is now predicted that we will experience a deep global recession and high levels of unemployment. The COVID-19 crisis is predicted by some to cause collapse not only to current financial growth but to the very idea of financial growth. Whether the COVID-19 crisis is just a temporary disruption or the threshold for a new anticapitalist imagination remains to be seen. We know from former crises that

historic rupture and catastrophes can set society on a new paths and create wide-ranging shifts in ideology.

The COVID-19 crisis has so far been tackled mainly as something that demands epidemiological and medical solutions. Societies and governments look to science and have high hopes regarding methods that can predict, monitor, prevent, care and cure. But the COVID-19 crisis is also a social crisis that calls for political and sociological analysis, along with mutual care and solidarity. As the working papers in this report show in different ways, the COVID-19 crisis highlights and deepens already existing inequality; it has severe harmful effects on people who were already in crisis before the epidemic.

This is a time that demands global solidarity. We now see a spreading demand for universal health insurance. It is ironic that just as Bernie Sanders is stepping out of the US presidential campaign, some of the positions and demands that he has defended for decades are being put on the agenda by the corona crisis. There might be a dominant narrative that says we are all in this together, but the reality is that the coronavirus is exacerbating existing social, economic and political inequalities. Some of these inequalities are the themes of this special issue of our newsletter.

In our HERA project, Governing the Narcotic City (GONACI), we study the ways in which drug use as a contested cultural practice impacts public space in European cities in the late 20th and

early 21st centuries; conversely, we also investigate how public spaces have contributed to the production of cultures and politics of drug use and the identities, practices and conflicts that come along with them. The COVID-19 crisis has not only problematized our practical research options, with archives closed and possibilities for fieldwork and interviews limited for obvious reasons; it has also temporarily tweaked our focus and research questions in major ways. Collectively, we have had to rethink and adapt to the new specific situations that the COVID-19 crisis has caused. In many cases, we have strengthened connection to the NGOs we are working with and established contacts to new relevant NGOs reacting to the crisis. This report is also a result of these interactions and cooperations.

First of all, drug use in public space has taken on new meaning now, and a new set of questions is being generated by the radically altered living conditions we temporarily all find ourselves in. While many countries are in lockdown, or semi-lockdown, the ability to be present in public space at all is severely limited, especially in groups. Traditional public or semi-public places and spaces of drug use, such as clubs, bars and parks, are closed or offer limited access. What does the changing governing of public space during the COVID-19 crisis mean for the practice of drug use and the availability of drugs, either in recreational or problematic forms? Are people using fewer drugs or more drugs in this crisis? Are new rituals of use taking shape, hidden from public view? How does social distancing affect homeless drug users, who do not always have safe places to stay inside? What does addiction treatment look like during the corona crisis, and how is drug tourism affected? What new conditions and measures of care work does COVID-19 demand and create?

With this report, we expand our focus on drug use in public space to include drug users and public health, as the new pandemic brings this matter urgently to the fore. We ask the important questions: How “public” is public health during the corona crisis, in the sense of inclusiveness and accessibility for all citizens? To what extent are the particular needs and vulnerabilities of drug users addressed during this health crisis?

The coronavirus is now spreading globally, and we need to make sure that the circumstances and needs of more vulnerable people are recognized in response to the situation. We know from history and from studies of previous disasters that catastrophes affect vulnerable populations disproportionately, with much harsher and more long-lasting consequences. Whether disasters come as floods, hurricanes or epidemics, we know that groups with strong social and economic positions are better able to hide, protect themselves, and bounce back. In the case of the corona crisis, besides groups that are specifically at high risk of negative outcomes with COVID-19 – including elderly people and people with underlying health issues – people with disabilities, marginalized, homeless and displaced people and drug users are at greater risk of suffering and death. Therefore, we need to take extra social protection measures to help these people. The way we respond to the crisis must include attention to inequality, vulnerability, gender, intersectionality, etc.

Below we list some of the issues and factors that must be taken into account when we look at how the corona crisis might deepen inequality, and which vulnerable populations require our awareness. In keeping with the central theme of the GONACI research project, we look specifically into the needs of people using drugs and/or alcohol. At the same time, we address these issues in the con-

text of other connected parameters of inequality.

### **Self-Isolation for Those Who Do Not Have Stable Homes**

As the pandemic spreads, people living in homelessness, informal settlements and emergency shelters will be more likely to catch the virus. Self-isolation at home is one of the most important preventative measures taken all over the world. This policy is obviously difficult or impossible for people who do not have a home, and for those with mental illnesses for whom self-isolation may be particularly stressful and anxiety provoking. Self-isolation and virus protection are especially challenging for homeless people, who also have limited access to sanitation. Furthermore, many places that formerly offered temporary refuge are now closed. Many social support services for homeless people and/or people who use drugs are either shut down entirely during the crisis, or they rely on areas where social distancing is difficult to maintain. However, in many countries we are also seeing new temporary facilities opening up for homeless people, including hotels (e.g., France) and hostels (e.g., Denmark). Some countries have made quarantine shelters for people with symptoms or confirmed cases of COVID-19.

People with disabilities may need extra support and guidance to understand and cope with the pandemic. For people who are dependent on other people to get through their everyday activities, social distancing and self-isolation pose particular difficulties. Some have different capacities to analyze and comprehend the situation and act accordingly. Some have mental health problems that make social isolation especially damaging and stressful, and many suffer under the widespread cutdown in community services. Additionally, when hospitals are forced to ration lifesaving

equipment such as ventilators, patients with disabilities and people with dependency issues risk being moved to the end of the line because they may have a smaller chance of survival. The different workpapers in this report bear witness to a variation of solutions to these challenges in a number of countries.

### **Disasters Affect People Disproportionally**

Already, research on the impact of corona shows that people in lower income strata are both more likely to get the virus and to die from it. As the crisis unfolds, we see how some people are privileged to live in conditions where social distancing is much easier to implement. People who live in more crowded locations are much more likely to be infected, as evidenced by reports from New York, Spain and Italy, amongst other places. Some have resources that make it possible to remove themselves from danger zones. Some are better insured than others. People with lower incomes have higher rates of chronic health conditions such as heart disease and diabetes, which make the coronavirus much more deadly.

People with lower incomes also tend to develop chronic illness earlier in life. In many countries, people who are employed informally cannot count on social services if they do not go to work, and they are therefore at a greater risk of transmission. In most countries, there is unequal access to healthcare. Whether a country has state-mandated sick policies with paid sick leave is obviously also a factor in the spread of the virus. In connection with the focus of our research, knowing what we know about the socio-economic distribution of drug and alcohol use, this crisis also raises questions about how increasing economic inequality will affect drug use in the near future.

Men are more likely to die of the coronavirus. However, globally, 70 per cent of frontline workers in the health and social sector are women. According to the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), women are being hit harder by the health, economic and social impacts of the outbreak (<https://www.unwomen.org/en/news/stories/2020/3/news-checklist-for-covid-19-response-by-ded-regner>). Women constitute a majority of those working in health care, elderly care, maternal care, child care, social work, grocery stores and pharmacies. This is also true when it comes to those working with homeless people and addicts. These days a lot of families find themselves indoors under economic stress. We know from earlier situations where movement has been restricted, such as the Zika and Ebola epidemics, that domestic violence against women is likely to increase. Frederieke Westerheide, in her essay in this report, explores how we face a “shadow pandemic” with regard to violence against women. Furthermore, Westerheide shows how violence against women is a structural global problem that receives dangerously little public, media and political attention, especially in non-pandemic times; she also shows how the expected increase in cases of violence during the pandemic currently gives the topic a comparably high level of attention in the German media landscape as an urgent matter. In many countries, fewer women have health insurance and tend to have lower pensions than men. In the poorer countries of the world, we know from earlier similar crises that when there is strong pressure on the health system, maternal care comes under extra pressure as well, creating circumstances that are less safe for staff, mothers and children.

Elderly people – especially people over 80 years old – make up the group

most likely to have complications if they catch the coronavirus, and they are much more likely to die from the virus than the rest of the population. Many elderly people are isolated and lonesome in these times of social distancing. In many countries, elderly people currently cannot receive visits in their private homes or in elder-care centers because of the risk of transmission. In some countries – amongst others Italy – where hospitals have had to make rationing decisions about who they can help and who not, age has been a factor. In May 2020 it was reported Madrid hospitals are not giving respirators to people over 65. In connection to research into drug use, we might ask how the coronavirus is affecting Europe’s ageing populations of users of different hard drugs, such as opioids or cocaine. In contrast to the United States, Estonia or Norway, the countries we study in our HERA project (Denmark, France, Germany, the Netherlands and Switzerland) are not currently struggling with wide-scale “epidemics” of hard drug use. In these countries, the use of opioids and crack cocaine has stabilized or diminished since the late 20th century, harm reduction measures have become widely accepted, and a majority of hard drug users receive some form of care. However, their health situations are vulnerable nevertheless. Opioid users are at a higher risk of overdosing during the corona crisis, but the help they need might not be available. Although the situation in most European countries is not nearly as bad as it is currently in the US, where in 2017 more than 70,000 people died from drug overdoses, we have to be extra careful here as well.

### Corona and Drug Use

The European Monitoring Centre for Drugs and Drug Addiction has issued a report on the impact of corona for drug users and addicts: <http://www.emcdda.europa.eu/system/files/publications/12879/emcdda-covid-update-1->

25.03.2020v2.pdf

As the EMCDDA writes, risks are increased for drug users during the corona crisis, because chronic drug users suffer at higher than average rates from physical and psychological problems, such as COPD, cardiovascular disease, depression and so on. Moreover, drug problems are often more common in some marginalized communities, where additional risk factors are also present. Additionally, sharing drug-using equipment may increase the risk of infection. Corona also affects addiction treatment in a number of ways. Some facilities are still operating, but others are being closed down. This can affect people on methadone maintenance, for instance. Europe's ageing population of opioid users are particularly vulnerable because of lifestyle factors and a high rate of pre-existing health conditions. Drug users face a risk of reduced access to opioid substitution therapy, medications and clean drug-use equipment. Access to both medication and drugs becomes more difficult for those who are self-isolating, under lockdown or in quarantine. Furthermore, social distancing can be particularly difficult in drug treatment centers.

Restrictions on movement can lead to the disruption of drug markets and a reduced supply of illicit drugs, making life more difficult and more dangerous for dependent drug users. As borders close and cities are isolated, the distribution and supply of drugs is being restricted; some drugs are becoming scarce as a result, especially those that are imported. We might see people turn to drugs that can be made in laboratories, such as MDMA, LSD and DMT. Some will turn to less dangerous drugs, while some will turn to new drugs that are more lethal in case of overdose (Hamilton and Stevens 2020). The drug market is an unregulated market, and buyers mostly have no idea of the strength of doses or the specific

chemicals they are being exposed to. Just as people are buying up other items in panic, some people are stockpiling drugs, which can lead to price escalation. Already, there are reports of prices for weed and coke going up (Hamilton and Stevens 2020). Users might have to buy from unknown dealers, and drug market supplies might run low.

We still do not know if drug use will increase in times of corona or not, but it is likely to get more risky in any case. For instance, as Lukas van der Sman shows in his contribution on MDMA use in the Netherlands during lockdown, testing facilities for XTC pills in the Netherlands were temporarily shut down during the corona crisis, which did not stop some users from organizing small-scale parties at home. This is also a good time for countries to put up safe drug consumption rooms, both to reduce the number of deaths from overdose, and to create more safe surroundings for drug users. At the same time, for regular users of hash and weed – so-called “soft” drugs in the Netherlands – nothing much changed during lockdown. The famous Dutch coffee shops transformed into takeaway points for cannabis products, but as Daniel de Ruiter argues, hash and weed were already picked up at the shops previously and smoked at home. If there is anything that has changed in reaction to the corona crisis, it is the quantity of weed being smoked. The amount people buy did increase. The self-run “free-town” of Christiania in Denmark decided in a common meeting to close down on March 21; it opened again beginning on May 16, but in a somewhat new form. During the months Christiania was closed, the drug market largely moved to the surrounding neighborhood of Christianshavn.

### Corona and Alcohol

In many countries, we have already seen how people are drinking more alco-

hol than usual during the corona crisis. Social distancing, social isolation and the lack of a daily schedule may lead to more loneliness and depression, which for some people result in higher alcohol consumption. People with a history of substance abuse are at higher health risk. Excessive alcohol abuse affects and disrupts the immune system, making the body more susceptible to pneumonia, for instance. Alcohol can damage the epithelial cells that line the lung surface, where COVID-19 can attack. The COVID-19 crisis differs from earlier similar crises in the amount of time that it is expected to last. Addiction researchers have raised concerns as to how this might factor into increased alcohol intake, both for people with a recognized alcohol-use disorder and for people whose alcohol intake increases during the crisis (<https://www.globalhealthnow.org/2020-03/hold-quarantinis-alcohol-and-novel-coronavirus-might-not-mix>). In relation to the themes of this report, the heightened use of alcohol intake has also been related to the heightened amount of domestic violence that Westerheide writes about in her contribution.

### Corona and Global Inequality

These days the epicenters of the corona epidemic are in relatively rich countries. The virus is likely to have even more devastating consequences when the coronavirus spreads to financially more disadvantaged nations with weak health systems, huge debts and poor capacity to mobilize internal funding. Consequences may be even worse for people in conflict zones and refugee camps, where social distancing might be impossible, clean water less available and doctors far more scarce.

The supply disaster in medical equipment is putting health workers in danger all over the world. Countries are currently fighting for materials like masks, test kits, gloves and gowns. Europe and the US are collecting huge reserves, while

countries in Latin America and Africa are being told by manufacturers that it will take months for them to receive test kits, for example (<https://www.globalhealthnow.org/2020-04/rich-countries-get-supplies-poor-ones>). For poor countries to have any chance, it is necessary to enact immediate debt cancellation, access for humanitarian workers, massively increased aid and a global public health plan. This must include agreements on free healthcare, testing, treatment and vaccine development on a global scale (<https://oxfam.app.box.com/s/d6ogo3gl7pia7yn5poliv6y9px40n8r9>).

This report brings together reports from involved researchers and associated partners from different countries. While we report from the countries, we live in ourselves for practical reasons, we are interested in the intersectionality and relationality of the crisis, the impact of corona in different settings, and the many ways in which the crisis affects our globalized societies. Countries all over the world have very different structures of healthcare, different political traditions and systems, and different traditions of dealing with population-wide crisis. The measures and restrictions that are being imposed on people are strikingly similar in many ways. However, we do see differences in how different political systems react, as well as how the measures are being enforced and with what degree of stringency. Countries are also making different decisions about whether to close their borders or not.

### “The Public” in Public Health

There are clearly many questions directly related to the medical response to the coronavirus, such as what role testing and contact tracing might play in reducing spread. But the global COVID-19 crisis also raises important philosophical and sociological questions that call for exploration. What is this thing called



public health that transcends the individual? We have created a global public health apparatus that can track, record, calculate, predict and define. The logic produced by this apparatus is now being internalized in the behavior of individuals who need and want to contribute to the “flattening of the curve” of accumulated cases. The corona crisis is now unfolding in people’s homes all over the world. Workplaces are shut down, public services are severely cut down, streets and plazas are more or less empty. As a result, we are forced to look differently at sociality. Hopefully we will not accept the narrative of the other as a contagious threat, but rather see the other as somebody we also need to care for and connect to.

What kind of democracy can care for us in this kind of trouble? How do we understand the contract between the state and its citizens under these circumstances? What responsibilities does the state have for its citizens? How will the state protect or stigmatize people who are not the idealized well-behaved citizens sitting at home during the COVID-19 crisis?

And what about the role of public space in people’s lives during and after the corona crisis?

This report delivers a range of critical analyses of a radical transformation of how public spaces were produced and governed in European cities during the first corona lockdown in spring 2020 – and by whom. The report offers a variety of perspectives relating to drug use and public space in a broad sense and context. We look at XTC use in the Netherlands during the lockdown; the situation of homeless people and drug users in Denmark, Germany and the Netherlands; the experiences of sex workers in Berlin; and problems with domestic violence in Germany. The report also focuses on specific places

and investigates how they were affected by the COVID-19 crisis, such as the self-run community of Christiana in Denmark, queer-feminist party collectives in Berlin, women’s shelters in Germany, homeless people living on the streets of Wuppertal, coffeeshops in the Netherlands, and shelters for homeless people in pandemic times across Europe.

Finally, working papers, essays and interviews in this report address important questions. How can we perform solidarity in a time where the vast majority of us are officially asked to stay at home, and how can we support those who are specifically affected by this current crisis? The rhetoric of viral containment plays on the idea of a human “we.” But who are the “we”? Who are included or excluded?

Several articles show how the lockdown made existing social inequalities more visible and pronounced, in particular the problems of homelessness. Moreover, even within the homeless populations itself, inequalities were sharpened as well: as David O’Neill shows, for homeless heroin users such as Marcus in Wuppertal, the lockdown was a particularly horrible period. Sleeping rough and making a living through begging, he suddenly had to make do with much less money, personal attention and care. At the same time in the Netherlands, in some cities the most stable and independent among the homeless were allowed to stay in luxury hotels, in rooms with chandeliers and Jacuzzis. However, most of them remained on the streets, with day shelters having to close down or being severely downsized, sleeping in newly improvised night shelters in sports halls. Our Amsterdam Associated Partner (AP), MDHG, an interest organization for drug users and homeless people, also had to shut down their “walk-in” facilities during the day.

Throughout the lockdown, they were very active in bringing the plight of the homeless to the attention of politicians, relevant institutions, and the media.

New problems arose as well. In the Netherlands, for instance, there are signs of a shortage of opiate supplies on the streets (illegal methadone, heroin), which raised concerns among police and some drug experts that heavy users might start looking for alternatives like Fentanyl or Oxycontin. Health policy measures in the context of the coronavirus pandemic have also led to serious cutbacks for the social work offering of one of our APs, Fixpunkt e.V. in Berlin, and to the short-term development of a crisis management system to maintain basic support services. Fixpunkt has also had to adapt to the new regulatory and hygiene policy regime. For this report, Thomas Bürk conducted an interview with Sebastian Bayer, a long-standing employee of the Fixpunkt organization, on the current situation at Kottbusser Tor (Kotti) in Berlin at the beginning of May. Yet, as Jenny Künkel shows, the crisis also opened new windows of opportunity. For instance, during the German lockdown, the lobbying of sex workers and social workers led to the suspension of a rule introduced with the so-called prostitution protection law (Prostituiertenschutzgesetz) in 2017 that forbids living in brothels.

In Fabian, Hansen and Engholm's working paper, they report some of the challenges that many homeless people, drug users and people with mental illness in Denmark are facing because of the COVID-19 pandemic while they are in quarantine or isolation, in care sites or still living on the street. The working paper is based on interviews with homeless people, care workers and activists from shelters in Denmark, insights provided by mental health NGOs, as well as literature reviews and reports from NGOs and government reports. The

paper places the current crisis into a broader discussion on how the city and its public spaces unfold and are regulated through material phenomena, economical tools, discourses, laws and policies such as policing, surveillance, privatizations, urban design and stigmatization that aggravate existing global patterns of socio-spatial exclusion. The paper argues that living in the shadow of the planetary COVID-19 crisis teaches us that accepting our vulnerability and interdependence is the key to our survival. When the stranger is potentially turned into the contagious Other, we need more than ever to insist on our capacity to care, to relate and to be in common.

### Lessons for the Future

Finally, the current crisis also leads us to look forward to the future. For some of our sub-projects, the COVID-19 crisis has strengthened our corporations with activists and emergency aid organizations. As of this moment – as both Westerheide puts it in her piece on domestic violence, and Fabian, Hansen and Engholm point out in their working paper – some vulnerable groups and some essential workers seem to be receiving more attention and appreciation than usual, but we will have to make sure that this appreciation turns into real political action in post-corona times, rather than just occasional clapping from a balcony. Several contributions in this report point to the fact that established emergency measures could be implemented on permanent basis, but also that fundamental structures causing inequalities and social unjust have to be changed.

Moreover, the crisis raises acute questions regarding inclusion and exclusion. In Europe, refugees and homeless people were present in all countries pre-corona, yet they experienced structural stigmatization and marginalization. And now a virus comes around, at the same time exacerbating existing

inequalities and showing us that these people are actually an inseparable part of society. If we want to contain the virus, we cannot ignore them. Over time we will simply have to pay more attention to the situation in homeless shelters, drug consumption rooms, and other places where the virus might easily spread, moving towards inclusion out of both solidarity and necessity.

However, the trend has been otherwise in recent years. The “gentrification” of urban areas in the West since the 1980s, has – as mentioned in many of the working papers – in fact generated social spatial exclusions that are often implemented through, for instance, innovative urban design that keeps the disadvantaged population away from specific urban spaces, like shopping areas and gentrified middle- and upper-income neighborhoods. What will the post-corona situation be like for hard drug users, homeless people, and other groups on the margins of society? In which ways will their use of health care and public space be affected?

Our HERA project will be sure to keep a close watch on developments, and keep you updated as our project runs along. Finally, we want to thank all of the NGOs

we are working with, as well as the affected people who have kindly shared stories from their lives during lockdown with us. Without you this report would not have been possible.

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# HOMELESS DURING THE “INTELLIGENT” DUTCH LOCKDOWN

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*Gemma Blok, Open University of the Netherlands*

## Abstract

**This working paper shows how the decentralized approach of the Dutch “intelligent lockdown,” as prime minister Mark Rutte calls it, has impacted the homeless population. During the coronavirus pandemic, the homeless population has become extra visible in the Netherlands: literally, since with many day shelters being shut down out of necessity, they were out on the quiet Dutch streets a lot; and figuratively, since much was written about them in the media. Meanwhile, there are signs of a shortage of opiates (illegal methadone, heroin) on the Dutch streets since the corona crisis. Also, the expected large influx of new homeless people due to the economic consequences of corona will likely cause problems in social care, a field that was already experiencing a crisis in pre-corona times.**

## Introduction

Around the world, the response to the COVID-19 virus has hit homeless populations hard. How to stay home when you don’t have a home? How to avoid dangerous situations in overcrowded shelters? And how to survive on the streets when bars, shops, food banks and soup kitchens are shut down, and begging is impossible with most people locked down safely inside their homes?

Like in other countries throughout the world, the COVID-19 virus and responses to it have made existing problems with homelessness extra visible. Indeed, it has potentially made these problems even worse. In the Netherlands, during the past months of the lockdown, many day shelters were shut down or could welcome fewer visitors because of corona measures. Meanwhile, on the relatively quiet streets during the lockdown, homeless people stood out more, and were fined regularly. The initiative to create opportunities for care and shelter remained with volunteers, private initiatives, relief organisations, church

organizations and local and regional governments.

The Netherlands, a densely populated small country of about 17 million inhabitants, has been relatively severely struck by the coronavirus pandemic. Looking at statistics showing numbers of deaths per 1 million inhabitants, we hold the number 6 position in worldwide rankings. Today, with close to 6,000 official coronavirus deaths of tested people to mourn (the actual number of deaths from COVID-19 is probably higher), the epidemic seems to have passed its peak. The Netherlands is now proceeding with an exit strategy from the so-called “intelligent lockdown,” as prime minister Mark Rutte has labelled it, which started on March 15.

On that day, schools, universities and colleges were closed down, as well as bars, restaurants, clubs, sports facilities, sex clubs and so on. Citizens were called upon to keep to the advice of “social distancing,” and meetings of 100 people or more were prohibited. On March 23, measures were strengthened. Meetings

of any kind were now prohibited, regardless of the number of participants, with the exception of religious encounters, which could still take place with a maximum of 30 visitors. Also, the possibility was created to fine individuals, shops or employers who did not respect the rules on social distancing, which were specified as maintaining at least a 1.5-meter distance.

The Dutch government has never wanted a complete lockdown. Shops were allowed to stay open if they respected hygienic measures and rules on social distancing. Travel into the Netherlands has remained possible, except for inhabitants from Italy and Spain. Dutch people who had visited other risky countries or areas, and who showed signs of possible coronavirus infection, were requested to go into home isolation for 14 days. Rutte referred in his speeches to the Netherlands being an “open society.” In his first speech, on March 15, he also mentioned the need to build up “herd immunity.” Later, he mostly emphasised each citizen’s responsibility to behave responsibly. Together, we should create an “intelligent lockdown,” with relatively limited measures.

### **“Abandoned by Society”**

At the start of the corona crisis, the Netherlands counted about 40,000 homeless people; their number has doubled over the last ten years. In pre-corona times, during the winter of 2019/2020, Amsterdam care organizations such as the MDHG, an interest organization for drug users and homeless people, had already signalled a crisis in the social care for this group. The waiting lists for help and housing were historically long. One pronounced effect of the corona crisis has been that it has put this fact firmly on the map for the Dutch media. They are paying regular attention to the plight of the homeless during the lockdown, while at the same time referring to the recent rise in the number of homeless

people. Many of these people have a migration background, psychological problems, or – increasingly – economic problems. The number of intensive users of alcohol and/or drugs among the homeless is relatively high.

Ever since the Dutch government closed down all bars and restaurants on March 15, and many shops closed on their own initiative, the homeless have had a hard time. Popular places they would normally visit during the day to sit in a dry, warm place, have a coffee and use the toilets, were no longer available to them. Libraries, restaurants offering cheap breakfasts, and so on, were closed. A simple preventive measure against the coronavirus, washing your hands regularly, was difficult for many homeless people to follow under the new circumstances. Visiting a toilet during the day has become one of their major challenges, as large department stores with public toilets have closed down, and day shelters have had to close down or limit access because of new regulations on social distancing.

Becoming more visible on the empty, quiet Dutch streets, the homeless population met with restrictive measures as well. Supermarket Albert Heijn on Dam Square, for instance, has filed a complaint with the police against the use of their stairs by homeless people. These stairs are normally used frequently by both tourists and homeless people, but with the tourists gone, the use of the stairs by the homeless was seen as problematic. All stairs were taped off so that homeless people could no longer use them. As the MDHG critically wrote in their weekly reports on the corona-situation in Amsterdam, apparently tourists were “more desirable than the homeless.”

Many day shelters and walk-in houses, and also night shelters, shut down or downscaled because of regulations on social distancing. Remaining night shelters quickly became overcrowded.

Preoccupied with emergency health care and economic damage control, the national government did not do much to address the situation of the homeless.

On March 23, the Amsterdam MDHG called upon the Amsterdam city council to start using empty hotels as shelters for the homeless. MDHG Director Dennis Lahey wrote a letter to the Amsterdam alderman of social affairs, stating his worry about the safety of the homeless in overcrowded night shelters. The COVID-19 virus could easily cause an outbreak in this situation. Homeless people called the situation a “ticking time bomb,” and were quoted to say they felt abandoned by society.

The city council of Amsterdam reacted on March 28 with the promise to create 273 new beds for the homeless, for instance in sports halls, where professionals and volunteers of relief organization The Rainbow (De Regenboog) would provide care, but also in hostels throughout town. On March 26, Valente, the national branch organization for social relief, rallied with the MDHG and wrote a letter to the ministry of public health, also arguing for more beds for the homeless. They urged the government to start using hotels for this purpose, and to thus follow the shining examples of France, Ghent (Belgium), Denmark and London.

Moreover, also on March 26, the Dutch Salvation Army started a national campaign called “Stay at home: but, how?!” (Thuis blijven, hoe dan?!) to direct attention to the situation of the homeless and demand at least 10,000 more beds for them, preferably one-bedroom apartments with private facilities. Many cities had created extra beds in sports halls, but, as the Salvation Army argued, this is not enough. It is hard to maintain social distancing there, and it is also hard to keep up the required standards of hygiene when there are 2 toilets per 50 people, for instance.

The Dutch government reacted by

publishing a directive on April 1, intended as “guidelines” for municipalities and care organizations. This directive aimed to ensure that homeless people were helped as much as possible, while at the same time minimizing the risk of infection. The main thing, according to the directive, is that there must be a place for the homeless to sleep at night. The night shelters should therefore remain open. In addition, municipalities must organize walk-in locations during the day, where homeless people could get warm and stay for a sanitary stop, a hot meal and other forms of support. In all cases, the requirement is that at least a 1.5-meter distance can be maintained anywhere in the facility. To provide the best possible protection for both clients and care providers, the guidelines provide a number of instructions. Care providers must adhere to the hygiene regulations and keep as far away from other people as possible. The guidelines also explain how to deal with homeless people who have complaints. If a coronavirus infection is suspected, the person who might be sick should be placed in a separate room.

The Dutch government did not officially commit to housing homeless people in empty hotel rooms. However, although structural shelter in hotels never materialized, in many towns hotel owners did open up their hotels to the homeless of their own initiative, often in cooperation with care organizations. In most places, guests only pay the daily contribution, less than 6 euros, which they would also have to pay for the regular night shelter. Some hotels asked for 300 euros per month, such as the Amsterdam Botel, a hotel in a boat on the water. In total in Amsterdam, at the end of May about 400 places had been created in hotels and hostels. In Arnhem homeless people were invited to stay on a luxury cruise ship hotel. In Groningen the fancy Schimmelpenninck Huys opened its doors to the homeless as well,

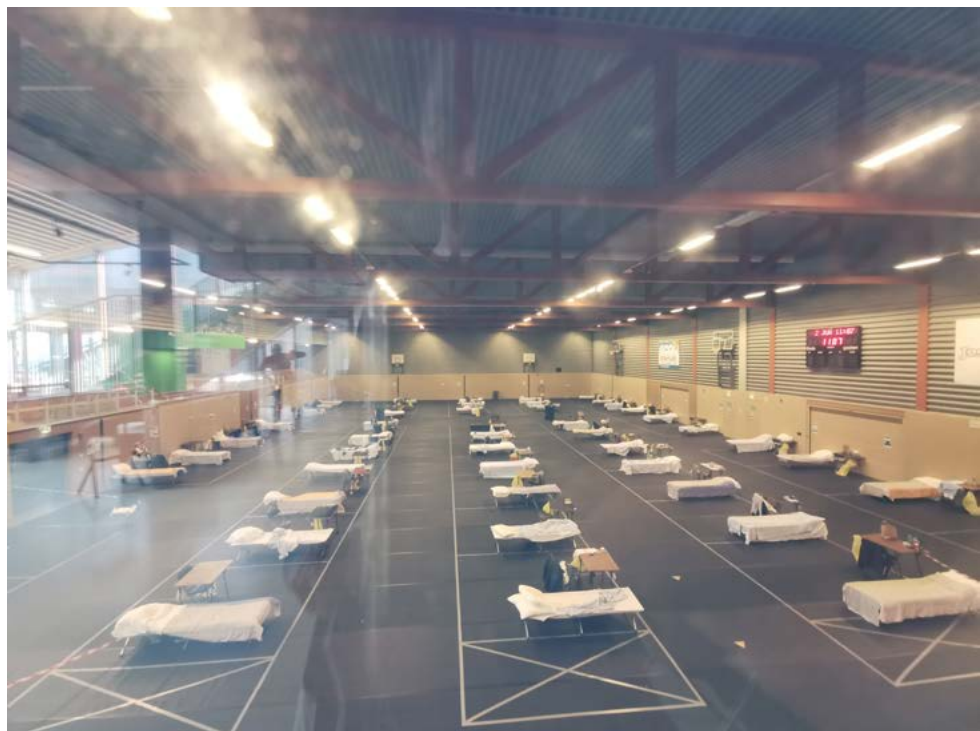
where they slept in expensive suites with chandeliers. The paintings had been removed, however, and the hotel mattresses were replaced with more fire-resistant mattresses. The minibar is nowhere to be seen. “That’s a good thing,” says Jacob, one of the homeless people staying at the Schimmelpennnicks Huys. “Some of us have problems dealing with alcohol.” The bathroom boasts a two-person Jacuzzi, surrounded by marble “up to the toilet bowl.”

However, sports halls remained the most important places for night shelter. Also, 24-hour facilities have been set up in cities such as Rotterdam, The Hague and Utrecht to prevent people from staying on the street unnecessarily. Although the risk of contamination cannot be ruled out in these facilities, they are preferable to sending visitors out onto the streets during the day. Still, in spite of these initiatives, many homeless people were left without a proper place to stay, meaning a place that was safe according to corona standards and regulations. In the Dutch province of Brabant, where the virus has hit particularly hard, the homeless received “sur-

vival packages” containing a tent and a sleeping bag. This way, they could avoid shelters where situations are not safe, or even put up their tents inside sport halls or night shelters in order to keep themselves safer from the coughing people in there. In some cities, people who do not want to go, or cannot go, to facilities are provided with tents and sleeping bags in order to still have a “roof” above their heads and thus achieve some form of privacy, protection and security. At Mainline in Amsterdam, “Shelter suits” can be ordered free of charge for outdoor sleepers. Regularly, the police discover ad hoc encampments in parks or next to highways or railway tracks, where people fleeing the cities are trying to survive. Sometimes they were tolerated; sometimes they were cleared out.

As the COVID-19 virus was also diagnosed among the homeless, many towns created places where infected homeless people could go into quarantine, with separate rooms. In The Hague, however, street doctors were outraged at plans to build a “corona village” for infected homeless people in a desolate parking lot outside of town, near the local ADO

Night shelter in  
Amsterdam.  
Photo: MDHG





football stadium, comparing this to the situation of lepers in colonies outside of medieval cities. So far, fortunately, no large-scale outbreaks of coronavirus have been seen in Dutch shelters for the homeless. The “corona village” that will be opened on Friday at the ADO stadium will remain without residents for the time being. There are currently zero registered infections among homeless people in The Hague.

### Homelessness and Hard Drug Use

For those among the homeless who are intensive drug users, things seem to be even more complicated. As recovering intensive drug user Martin told a journalist: “When you’re addicted, you’re only thinking of your next shot, pipe, or can of booze. Corona just doesn’t play in your head.”<sup>1</sup> Homeless people who use drugs are probably less likely to maintain social distancing and follow hygienic advice, and are thus at higher risk of infection. Also, they will have even more problems getting a bed. When relief organisations are asked to select people for shelter in hotels, for instance, drug users like Martin probably will not be selected. Usually, the most independent homeless people are selected in such cases.

Like all forms of mental health care, addiction treatment has been drastically downscaled due to corona measures, and much care work is now being done online. There is a “limited” intake of new clients. Intakes and therapy mainly take place by telephone or via video calling. Admission to clinics is also limited. Intakes and admission depend on urgency and contamination risk. AA and NA have switched to online meetings. Many institutions offer free anonymous telephone services, where experienced experts as well as volunteers who have knowledge of and experience with addiction offer a listening ear. Heroin and methadone maintenance have been

adjusted to new rules on hygiene and social distancing. Personal guidance of patients is on the back burner for a number of organizations.

In drug consumption rooms, face masks are not used at all, or only by medical personnel or in emergency situations. Gloves and disinfectant hand gel are also not used everywhere (consistently). Not all locations require the use of hand gel prior to entrance, and supervision is not always possible. Everywhere there is a strong focus on the 1.5-meter distance criterion, but keeping distance from each other is sometimes problematic because of the limitations of the space itself (with small or narrow passages), or because of the number of people hanging around the facility. People who use drugs often do not follow the measures closely; they still get close to each other and still share pipes or joints, for example. Fortunately, no situations are known as yet where this has led to a rapid spread of the virus.

Meanwhile, there are signs of a shortage of drug stocks in the Netherlands since the corona crisis, although there appear to be regional and local differences in availability. At the end of March, the MDHG signalled that illegal street methadone was harder to come by in Amsterdam, which was a problem mostly for Eastern European and undocumented homeless people. The street market is very important for this group. The illegal supply of methadone mostly consists of surplus from people who receive methadone legally, then sell it illegally to others. This market had collapsed, however, because almost no one was out on the streets to sell methadone. In some areas of the Netherlands, there were signs of a heroin shortage as well. The Dutch police and the Trimbos institute for Mental Health and Addiction have voiced their worry that this situation might have major consequences for heavy users. It will take them longer to

<sup>1</sup> This is his real name; quote translated from Dutch to English by author.



“score” drugs, so more time will have to be spent out on the streets, coming into contact with others in the process of trying to score. Some shelters have apparently even started to tolerate dealers on their premises. They hope that fewer heavy users will roam the streets as a result, preventing possible infection with COVID-19. Furthermore, more heroin users have applied for methadone maintenance since the coronavirus crisis began. There is concern that heroin users might start looking for other alternatives such as synthetic drugs like OxyContin or Fentanyl, extremely strong painkillers that have caused huge problems in the United States, where an “opioid crisis” has been going on for years now, resulting in tens of thousands of opioid-use-related deaths per year, mostly from overdose.

“Harm reduction pioneer” Mainline, in cooperation with the association of drug users MDHG and the harm reduction network of the Trimbos Institute, have been monitoring corona developments within the harm reduction field since March. They have concluded that in a number of cities, including Amsterdam, homeless drug users are sent onto the streets during the day, as many facilities are closed or offer limited access. Because of this, some people hang out more on the street and they do not really feel welcome anywhere. Some night shelters maintain strict rules on alcohol and drug use. Users are suspended and therefore have to sleep outside during the night. In addition, in Amsterdam, there are indications of a growing group of people from Central and Eastern European countries who are staying illegally in the Netherlands; because of the lack of heroin and methadone, they are increasingly found on the streets with serious withdrawal symptoms. Because they cannot provide valid documents, people in this group are ineligible for legal provision of methadone or other medications.

### Inclusion or Exclusion?

The Dutch national government set out rules and regulations in response to the corona crisis, but relied to a large extent on regional, local and private initiatives to make them work. This approach left the homeless to cope with various local situations and regulations. As we have seen, infected homeless people in The Hague were directed to a newly built quarantine shelter at the desolate outskirts of town – like modern lepers, according to angry street doctors. However, inclusive trends could be seen as well. Out of sympathy with the homeless, throughout the Netherlands, the COVID-19 virus has generated many spontaneous care initiatives by private individuals and care organizations. Also, during the corona crisis, the night shelters have worked according to the same principles as during very cold winters: night shelters that normally were not accessible to undocumented people, including Eastern Europeans, do let this group use their facilities now.

Dutch interest organisations for homeless people and drug users, such as the Amsterdam MDHG, play a key role in addressing the dire situation of the homeless, the number of which is expected to rise due to the economic crisis that will probably follow the lockdown. At the end of May 2020, the MDHG issued a press release stating that “the expected large influx of new homeless people due to the economic consequences of corona [...] lands in a place with an extremely rotten foundation. If those problems are not taken very seriously, we fear ‘un-Dutch conditions.’”

The infectious virus thus “pierces through the exclusion mechanisms of our society,” as one Dutch commentator aptly put it, exposing a structural crisis that has been taking place at the margins of our society for some time already. In Europe, refugees and homeless people are present in all countries,

yet they experience stigmatisation and marginalisation. And now a virus comes around showing us that these people are actually an inseparable part of society. If we want to contain the virus, we cannot ignore them. Over time, it might be argued, we will simply have to pay more attention to the situation in homeless shelters, drug consumption rooms, and other places where the virus might easily spread, moving towards inclusion not just out of sympathy, but also out of necessity.

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# CARE AND HOMELESSNESS IN THE SHADOW OF PLANETARY CRISIS

Louise Fabian, Anders Lund Hansen  
and Mads Engholm

*“De sagde gå nu hjem og vi spurgte, hvor er det?”* Roughly translated, these famous lyrics by the late popular Danish musician Kim Larsen mean: They said, “Come on, Go home now” and we responded “Where is home?”. These lines, describing an 80s exchange between urban squatters and the police as the squatters are evicted, have a certain ring to them in the times of corona. The good citizen is asked to go home and stay home as much as possible in order to protect both him- or herself and protect others, especially those who are seen as more vulnerable citizens. Citizens are encouraged and encourage each other to stay at home. Governments declare states of emergency empowering them to make demands on their citizenry that would have provoked riots and other forms of public protest under normal circumstances, such as strong restrictions on the right to move and gather. However, the possibility of going home is not a privilege everyone has. As Judith Butler (2020) has pointed out in a recent piece, “the household” is figured as a space of protection. Yet not everyone has a home, a family or a household, and not everyone has experienced the protective aspects of belonging rooted in those cornerstones of ordinary social life. The COVID-19 crisis makes it very clear that housing is a both a physical and a mental health issue, and that health is a global and social issue.

*They said,  
“Come on, Go home now”  
and we responded  
“Where is home?”*

Even though the wide range of emergency support and economic counter-measures approved unanimously by the Danish parliament include measures to

protect and support the homeless, the ill and the unemployed, it is obvious to us that the COVID-19 crisis also exacerbates significant aspects of

already existing economic, social and political inequality. This working paper asks how we insist on and perform solidarity in a time when the vast majority of us are officially asked to stick to our individual refugium, and explores how we support those who are specifically vulnerable in this current crisis. If we want to develop a just, solidary and ethically responsible response to the COVID-19 crisis, we need to understand how different privileges smooth the path to practising “responsible” pandemic behaviour for some, and how pre-existing structures related to class, racial and gender inequality, income and mental and physical ability are placing people in very different situations.

This working paper will report from the lives of homeless people in Denmark, and touch upon some of the issues and challenges that many homeless people, drug users and people with mental illness in Denmark are facing because of the COVID-19 pandemic. The working paper is based on interviews with homeless people, care workers and

activists from shelters in Denmark, insights provided by mental health NGOs, as well as literature reviews and reports from NGOs and government reports. Furthermore, the working paper will point to important issues to be aware of when we support vulnerable people and substance users while they are in quarantine or isolation, in care sites or still living on the street in times of COVID-19 – and to be considered in the aftermath of the crisis when the long-term consequences start to show. The paper will furthermore place the current crisis in a broader discussion on how the city and its public spaces unfold and are regulated through material phenomena, economical tools, discourses, laws and policies such as e.g. policing, surveillance, corporatization, privatizations, urban design and stigmatization that aggravate existing global patterns of socio-spatial exclusion. We will explore how these different strategies for heightened urban/public space regulation, potentially strengthened by the COVID-19 have problematic implications for the disadvantaged “Other[s].” Finally we will argue, that living in the shadow of planetary COVID-19 crises teaches us that accepting our vulnerability and interdependence is the key to our survival. When the stranger is potentially turned into the contagious Other, we need more than ever to insist on our capacity to care, to relate and to be in common.

A relatively high number of homeless people engage in intensive use of alcohol or drugs (Didenko and Pankratz 2007, Purkey and MacKenzie 2019). International research shows that intensive use of substances can be both among the causes and a result of homelessness. In a 2009 report, the American organisation National Coalition for the Homeless concludes that intensive substance use often arises after people have lost their homes. Intensive use of alcohol is more

common in the older generations, and use of drugs more common among homeless youth ([National Coalition for the Homeless 2009](#)). According to street priest Morten Aagaard of the Danish charity DanChurchSocial (Kirkens Korshær), a vast majority of the homeless population using homeless shelters in Denmark suffers from mental health issues. They often use either a mixture of medication, alcohol and hash, or harder drugs, not least heroin. When interviewing users and staff from different homeless shelters in Denmark, we were informed that while some of the people using the shelter are literally homeless, without a home to stay in, others are functionally homeless: In theory they have access to a personal room or flat, but since they are not able to relax and sleep alone because of mental challenges, they use shelters as a safe space to sleep and sometimes partake in a shared feeling of homeliness.

This working paper is written as part of the HERA project Governing the Narcotic City (GONACI). However, we explore the specific issues challenging the population of homeless people in Denmark from a broader perspective, where the potential intensive use of drugs and/or alcohol is one of many factors influencing the lives of people, often in interaction with issues of mental and/or somatic vulnerability or illness, poverty, precarious housing or homelessness and limited access to the meaningfulness created by group membership and shared practices.

Citizens who are either homeless or living in shelters, or who belong to defined health risk groups because of their use of drugs and alcohol, are often specifically vulnerable and in danger of death or severe health outcomes if they catch the coronavirus. Being without a permanent home often puts pressure on both physical and mental health, and

the homeless population has a relative high rate of chronic medical and mental health conditions. Homeless people often have weakened immune systems and pre-existing respiratory diseases. Malnutrition and lack of continuous access to proper health care often make it more likely for homeless people to contract chronic and contagious illnesses.

People with addiction issues and heavy drinkers sometimes find it more difficult to register and communicate the symptoms they experience. If they do become ill and go to the hospital, they often meet different problems in care and treatment situations. We know from other instances of illness in this population that people with drug addiction or people engaged in intensive alcohol use often find it difficult to understand why treatment might be necessary, and often refuse treatment if they are not met with patience and the necessary specific understanding and procedures (Purkey and MacKenzie 2019). Earlier studies from a Canadian context have shown that homeless people often experience stigmatization in a health system that they perceive as being designed not for them but for the middle class, especially if they have a background of intensive substance use (Purkey and MacKenzie 2019).

When countries shut down important aspects of society like we have seen in the last months of the coronavirus crisis, their homeless populations are affected in a number of ways. Some of the facilities and services for homeless people are less accessible or not accessible at all, because they provide their services with strictly limited or different conditions or are closed. Otherwise accessible public spaces like libraries are also shut down. Access to water and washing facilities for those living on the streets becomes more difficult when public toi-

lets, shopping centers, cafes and similar semi-public spaces are closed. In many countries, fewer people on the streets means fewer donations of food and money, increasing the risk of starving for homeless people.

### **Responses to Homelessness in the Time of COVID-19 from an International Perspective**

All over Europe, there is warning of an unfolding crisis among the homeless. An estimated 700,000 homeless people live in the EU and UK. The consequences of economic austerity policies adopted as a response to the financial crisis in 2007 increased their numbers rapidly during the last decade. Cross-European patterns of cutting back on the welfare state and public expenditure, plus skyrocketing housing costs in many cities, are among the most important contributing factors. In the US, there were more than 552,800 homeless people in 2018, and 33 percent of these were families with children. The number of homeless people is increasing globally, as home prices and rents are rising. According to some sources, this is also the case in Denmark, where the shortage of affordable housing – especially in the two biggest cities of Copenhagen and Aarhus – is causing increasing numbers of homeless people (Kraka 2018). From an international perspective, these tendencies are intensifying in the current situation. According to UN Special Rapporteur on the right to adequate housing, Leilani Farha, housing is the “front line defence against the COVID-19 outbreak” (UN 2020). According to the UN, roughly 1.8 billion people worldwide live in homelessness and insufficient housing, “often in overcrowded conditions, lacking access to water and sanitation – making them particularly vulnerable to contracting the virus, as they are often suffering from multiple health issues.” Farha suggests that states take urgent critical measures to prevent

people from falling into homelessness, and to help people who are already without adequate homes (ibid).

Some countries have developed different ways of supporting and accommodating homeless people during the COVID-19 crisis. According to Ruth Owen, Deputy Director of the European Federation of National Associations Working with the Homeless, as the COVID-19 crisis spreads, there have been positive moves in many cities such as Paris, London, Prague and Barcelona, where hotels and Airbnbs – among other locations – have been requisitioned for the accommodation of homeless people. Yet she also points to the fact that separating the healthy from those infected with COVID-19 is a major obstacle, and therefore asks for targeted outreach in testing for homeless people (Boffey 2020). In many places, shelters are being kept closed during the day. In France and other countries, there are reports of homeless people being herded into gymnasiums, cultural facilities and other locations to keep them off the street, yet in many cases not in facilities that provide safe living conditions. In Pretoria in South Africa, at least 1,000 homeless people have been crammed together in a soccer stadium. Some cities have put up portable toilets and hand-washing stations for the homeless. In cities like Los Angeles, COVID-19 has already spread among the homeless population in the densely populated skid row. Skid Row's Union Rescue Center, which can house more than 1,000 homeless people a night, has reported an outbreak of corona as a result of overcrowding.

In Italy and France police have been handing out fines to homeless people that they are unable to pay, for staying on the street, even though they have nowhere else to go. In San Francisco, with an estimated 60,000 homeless residents, community activists such as ReclaimSF

and homeless people have occupied vacant houses and hotel rooms in order to demand housing for all, and the right to a safe and healthy shelter in the time of COVID-19. A coalition of homeless advocates and organisations in California – with the name No Vacancy! – has demanded that hotel rooms should be used to house the more than 150,000 homeless residents in the state (No Vacancy! California 2020). Even before the corona crisis, some homeless people were avoiding shelters because of bedbugs, rats, harassment, unpleasant smells and poor lighting. In many countries it is also often a problem that rooms are shared and people with different issues (e.g. screaming due to psychosis) are put in one room. And, not least, it is often forbidden to smoke, consume alcohol, drugs etc. So the shelters are often experiences as high in control and rules while low in autonomy and security. The spread of corona has added extra weight to already existing needs for more permanent solutions for the homeless population.

### **Being Homeless in Denmark during the COVID-19 Crisis**

While writing this report, we see that some of the challenges homeless people are facing in Denmark due to the COVID-19 crisis are slowly starting to change for the better, as the government is implementing its piecemeal “opening up” of Danish society. This points to the fact that whatever observations we are able to make in this turbulent situation may rapidly change – for better or for worse.

Denmark has a relatively high population density of 137 people per square kilometre, and during the first days of the COVID-19 spread in Europe at the beginning of March 2020, a comparatively high and growing portion of the population contracted the disease in a way that demanded hospital treatment. However, the number of COVID-19 patients in the

hospitals has since decreased in general accordance with the aims of the chosen strategy of quick and robust measures, and Denmark is now in gradual phases of reopening society. Since Denmark adopted a strategy of not testing people with only mild symptoms relatively quickly, we have little knowledge of how widespread the virus actually is. That decision was criticized by both the WHO and part of the Danish public, and the strategy has now shifted towards testing more people, with plans for even more intensive testing.

As of now, the Danish population of homeless people shows no signs of a large-scale outbreak of COVID-19. By mid-April, 300 of an estimated 750 homeless people in Aarhus, the second largest Danish city, where the majority of the empirical research for this report was conducted, were tested for the coronavirus and none of them were infected. A likely reason for this is that the Danish homeless population in general lives remarkably isolated from the rest of society. In many ways homeless people can be seen as a population to which people already before COVID-19 performed social and physical distancing and treated them as potentially contagious. But as the pandemic continues to spread, there is concern that homeless people and people living in precarious housing conditions will be more exposed. If the coronavirus starts to spread among homeless communities, it will likely spread quickly and with fatal consequences.

Collective and individual fears of contracting the virus, and the decisions on how to control and contain this risk, have obviously added new layers of complexity to the lives of citizens whose living conditions are already shaped by often closely interwoven vulnerabilities: mental and somatic illness, unemployment and low income, precarious or in-

sufficient housing or homelessness, use/abuse of alcohol and drugs, and last but not least, loneliness, social isolation and severely limited choices to participate in social groups and social practices that add to and express life's meaningfulness.

The services and activities of both governmental and non-governmental non-profit service providers and caregivers, as well as the many NGOs providing volunteer-based communal activities such as sports, cooking and eating together, walk-and-talk buddies, etc. have temporarily either completely stopped or severely limited the range of activities and services normally available to the homeless, the socially marginalized and those suffering from mental health conditions.

In Denmark the demand of social distancing in public space, and the ongoing demand not to gather with more than 10 people in public, is also especially difficult for people living on the street. For homeless people, gathering in specific places in the city is often a very important part of their everyday and social lives.

Even though the first steps towards normalisation of the situation have been taken, most Danish housing facilities for the homeless are still limited to maintaining only the most necessary functions, not the normal support for the development and empowerment of people living there – and there are strict limitations on receiving visitors. The social practices connected with doing something meaningful or pleasant with friends, peers, family, volunteers or professionals are severely limited. There are various examples of non-profit service providers and NGO volunteers trying to establish alternative ways of keeping in contact with “their” citizens, such as calling them on a daily or weekly basis, yet this is at best a somewhat meagre

compensation for the wide range of services that many homeless people and otherwise socially and mentally vulnerable people depend on. Many facilities supporting the homeless population have during the COVID-19 crisis often had restrictions as to how many people are allowed in the facility or they are closed altogether.

After the initial closing down of Denmark because of the coronavirus pandemic, a number of initiatives have emerged to help and accommodate people experiencing homelessness in Denmark. A range of organisations have mobilised public support to show solidarity and support people who experience homelessness in these times, and both the organisations as well as the homeless people we have talked to confirm an increase in private donations to help homeless people during the crisis. According to the representatives we have interviewed from NGOs working with homeless people in Denmark, the relatively high amount of private donations makes it possible to deliver food to the homeless, so that in these times it may actually be easier for a homeless person to get a proper meal than it used to be.

At the same time, there are worrying indications that the COVID-19 crisis is leading to an increase in the number of homeless people who suffer from loneliness and mental insecurity since the places they go to in the daytime were temporarily shut down when local governments implemented the national government's decision to close down all but the most essential public services. Since physical distancing is also a new condition, many shelters also provide far fewer beds than they used to, thus excluding many homeless people for whom the shelters provide a bit of rest from an otherwise often chaotic, lonely and insecure life.

The street is the context of everyday life functions for homeless people. Already before COVID-19, we saw increasing criminalisation of the strategies of homeless people living on the street in Denmark. In March 2017, despite protests from a number of NGOs like DanChurchSocial, Gadejuristen and the Danish Institute of Human Rights, a new law forbade people "to establish and stay at camps that are likely to be found intimidating by people in the local area," in places that are normally accessible to the public (Danish Government 2019). Police started to hand out fines for sleeping rough. We have now seen the first examples of police enforcing a close-off of certain public areas due to the risk of increasing the spread of COVID-19, and fining people violating the demands for social distancing. If fining and other sanctions are increasingly used instead of dialogue, this might put extra pressure on the public and semi-public spaces where homeless people and alcohol and drug users usually convene, among others.

Since their NGO status gives them some leeway to operate independently from the practices adopted by public services, some of the services run by NGOs, such as charities – among others those run by the Christian organisation DanChurchSocial – choose to be more available to homeless people than those run by municipalities. This is visible in their approach to helping homeless migrants without Danish registration. These people are especially vulnerable, since they do not hold the Danish national health service medical card that gives access to most public health services. Many facilities for homeless people are only allowed to serve and help people who are legal residents in Denmark. As an EU citizen, you have to register if you plan to stay in a country for more than 3 months, but in order to



register you must have a basis of residency (evidence of being a student, employment contract, etc.). This means that a homeless migrant searching for work does not have the option of registering as a jobseeker. Some homeless migrants are third-country migrants with a right of residence in Denmark limited to 90 days, but during this period they need to be self-supporting and must document that they have sufficient funds to travel back to a country of origin. Finally, there are third-country nationals such as asylum seekers whose applications are being processed, with expired visas or an otherwise unclear basis of residence (Kastanje and Hoff 2019).

The social rights of unregistered homeless people is a political and ideological battlefield (Kastanje and Hoff 2019), and some Danish NGOs feel a certain obligation to help homeless people who stay in Denmark illegally. Some of these charities are rooted in a religious, e.g. Christian, ideology or set of values (we have interviewed YMCA and DanChurchSocial). They see their attitude towards illegal immigrants as the logical consequence of the fundamental value that every human being must be seen and helped according to their needs without consideration of their nationality or faith.

During the COVID-19 crisis, the severe reduction or even total loss of meaningful everyday face-to-face interaction with friends, family, volunteers from NGOs and/or public service professionals means that many homeless people and other groups of socially and mentally vulnerable people not only experience a lack of support for daily necessities like medical or therapeutic treatment, cleaning, cooking, personal hygiene, etc., but also higher levels of anxiety and loneliness. Psychiatric hospital units have also cut down on their outreach services in the streets, thus in-

creasing the risk that homeless people with mental health problems will not receive the medicine and other forms of support and treatment they need.

However, there is some dispute as to the extent to which this is the overall trend among citizens dealing with mental health issues. Due to a small survey conducted by the NGO The Outsider, some people express that their training in handling and overcoming previous life crises, such as longer periods of intense mental illness, has given them the stamina and experience necessary to cope patiently with pandemic conditions without panicking. And others express that they experience respite and relief, albeit temporary, from the invasive control mechanisms of employment policies, health care regimes and the general expectations from family, friends and acquaintances that they show a willingness to interact socially beyond their own preferences.

The Government has set aside DKK 5.5 million (738,000 Euro) to establish emergency shelters for homeless people that normally only operate during winter. Normally, funding of emergency shelters is the decision and responsibility of the municipalities, but in this situation the national government provides extra funding. Emergency shelters must organise their eating and sleeping facilities in accordance with the rules of social distancing. The Danish magazine Hus Forbi has started a cooperation with the hostel chain Danhostel that makes it possible for homeless people to stay at the hostel during the COVID-19 crisis. The arrangement is financed by a nationwide collection of private donations. Hus Forbi is sold on the street by homeless people. The magazine deals mainly with issues relating to homelessness, and homeless people are involved in the editorial work. Besides giving homeless people the possibility of an income and a

worthy alternative to begging, Hus Forbi serves as the main channel for homeless people to speak their needs and opinions to the greater public. However, during the COVID-19 crisis, Hus Forbi is counselling their sellers not to go on the street and sell the magazine unless the income they gain by selling it is absolutely necessary to their survival.

### **The Aftermath of the Micropolitics of the Pandemic Paradigm**

When dealing with the effects of COVID-19 on the homeless population in Denmark, it is also important to consider how the crisis will continue to affect society and the more vulnerable parts of the populations after the pandemic passes. How will the micropolitics of the space of emergency (Lanciuone and Simone 2020) restructure everyday life in the long run?

In Denmark a number of short-term solutions to help the homeless population have been implemented. But just as there are still homeless people, lone-some people and puppies that needs support after Christmas, undoubtedly there will also still be homeless people after the most urgent phase of the pandemic. In many countries, housing activists have pointed to the fact that the recession triggered by nation-wide lockdown will lead to an increase in unemployment – not least among the groups who already face precarious employment on the fringes of the labour market – and a growing need for available affordable housing. In Denmark the tenant's national organisation (Lejernes Landsorganisation, LLO) estimates that 40,000 people are already unemployed due to the corona lockdown. The organisation supports the UN's call (mentioned above) for government action in relation to the potential housing crises and production of homelessness ([LLO 2020](#)).

We also expect that people with

mental health conditions and their family, friends or caretakers will be in need of extra help when months of mobilising crisis sturdiness are followed by fatigue and built-up pressure and conflicts. Insights provided by a survey of BEDRE PSYKIATRI (2020), the largest Danish association of family members of people with mental illness indicate that the COVID-19 crisis has clearly increased the mental and social pressure on many of those who are the primary caregivers for mentally ill family members. COVID-19 is clearly starting to wear on many of those family networks that are hugely important to the overall well-being of most people with mental health issues.

One important aspect of this situation is the experience of being isolated in your home with an increasingly bored and frustrated mentally ill family member for weeks, without the usual level of public health and social support that relieves the burdens of daily life – or not being able to visit mentally ill family members due to public regulations, and thus the built-up pressure of loneliness, feeling abandoned and not necessarily understanding why you cannot receive visitors.

Another much-reported factor among family members is the build-up of anxiety and fear that your behaviour might increase the risk of a mentally ill family member falling ill with COVID-19 – and the new complex of difficulties in coping with mentally ill family members who are too scared of contracting COVID-19 to go to the doctor, psychiatrist or hospital and thus not receiving the mental health treatment they need.

The observation of new causes for fear and anxiety related to otherwise necessary social interaction is one reason to consider whether the micropolitical aftermath of the state of emergency will also bring a growing fear of being near the unhealthy body, or the

undisciplined body, of the other. By coining the concept “biological sub-citizenship” Matthew Sparke points to the development of unequal access to care in neoliberal austerity times (Sparke 2016). How might the COVID-19 crisis affect the unequal access to care? Will aspects of the crisis – such as policing of social actions and sanitations – be the new norm? Will it extend austerity politics and austerity technologies? Or will we see a new attention to the fact that health is a social and global issue?

### **Public Space, Homelessness and COVID-19**

As Lefebvre (1970/2003) and more recently Brenner & Schmid (2015) suggest, contemporary urban conditions result from transformative processes integrating cities’ operational landscapes – i.e. land use patterns, infrastructure, health and ecology beyond the city limit – on a planetary scale. Understanding the urban condition and homelessness in light of the current health, ecological and economic crisis of COVID-19 is no exception. Yet as Katz (forthcoming) reminds us, these planetary processes are experienced, felt and suffered on the intimate scale of the body. The city and its public spaces thus unfold through institutionalized processes, discourses and policies that aggravate existing global patterns of socio-spatial exclusion. Regulation and privatization of public spaces, although not a new phenomenon, has increased manifold in the last couple of decades across the global North (Christophers 2018; Low & Smith 2006). Even before the outbreak of the COVID-19 pandemic, cities around the world were introducing a new phase of regulation of public spaces characterized by increased surveillance and policing, full or partial privatization/ corporatization/ commercialization and deterrent urban design (Macleod and Johnstone 2012; Mitchell 2003; Newell, Timan and Koops 2019). This has significant consequences for

everyone in our societies, but especially for precarious groups, including homeless people, who are especially dependent on access to public space for living their everyday lives.

Sometimes, removal of the disadvantaged from the city takes the form of hard-handed revanchism through zero-tolerance policing and criminalization of the poor (Smith 1996, 1998; Waquant 2009); sometimes it takes more subtle forms (Allen 2006; Sandercock 1998; Künkel 2016, 2020; Larsen & Lund Hansen 2008; 2012). There is a fear that this kind of criminalisation of the poor will grow under COVID-19. Already, the response to COVID-19 has been racialized in the United States. There is a documented and striking imbalance in police response to the African American population when it comes to the policing of social distance violations. Data released 8 May 2020 revealed that 92 percent of people arrested for not observing social distancing are non-white.

Historically, there are many examples of how the spread of a virus has been related to marginalized communities like migrants and poor people. Outbreaks of smallpox in San Francisco’s Chinatown in the 1860s, 1870s and 1880s spiked anti-Chinese sentiments in the United States. Typhus and cholera quarantines have been used to justify anti-Semitism and target Eastern European Jews. These examples show how public health concerns have historically been used to further stigmatize already stigmatized populations. Fear of infection has long been used to legitimize legal and spatial responses to social issues. A striking example is how tenements have been described as hotspots for moral corruption and contagion. The discovery of the role of bacteria in causing disease made it possible for scientists to map routes of contagion, and the sociology of the late nineteenth century was populated with

medical metaphors. And as Robert E. Parks shows in *The City: Suggestions for the Investigation of Human Behavior in the Urban Environment* (1915), the discovery of the role of bacteria influenced the development of urbanist and sociological ideas of community formation and cultural transmission, and produced a medicalised branch of political geography. Unlike the transmission logic that dominated the time of Robert Parks, where illness was seen as something that came from the tenements but could potentially reach the palace, COVID-19 can currently be found anywhere. In a Danish context, it supposedly was brought into the country mainly by the people privileged enough to go on skiing holidays in Austria. But already we can see that it affects the population disproportionately. For instance, people with immigrant backgrounds in Denmark have a substantially greater chance of being hospitalised with COVID-19.

Other more recent classical examples of revanchist urbanism affecting marginalized populations are the brutal police actions of the 1980s to evict the homeless from New York's Tompkins Square Park (Smith 1996), the removal of the George Hotel, a cheap hostel for the homeless, from downtown Glasgow as part of its urban renaissance around the same time (MacLeod 2002), or the German "3-S-program" restricting homeless people's access to railway stations through surveillance and strict behavioural rules in the 1990s (Busch-Geertsema 2006). All of these examples from different places, involving different strategies, ultimately direct our attention to a phase of heightened urban/public space regulation with particularly problematic implications for the disadvantaged "Other[s]." Unfortunately, these examples can still be found – also in Europe. In the preface to *Mean streets: a report on penalisation of homelessness and human rights in Europe*, Nils Muižnieks

who is Council of Europe Commissioner for Human Rights, writes: "Laws, regulations and administrative measures penalising homelessness are being introduced during an economic crisis that has resulted in record levels of unemployment and poverty, driving entire families to live on the streets. Such measures are often motivated by the desire to reduce the visibility of homelessness and poverty and hide them as social issues. The criminalisation of begging and migration are part of the same trend. A conscious policy of exclusion is applied to mask the unwillingness of the state to assume its responsibilities for upholding the human rights of all of its residents" (Jones 2013, p.13).

Across geographies revanchist urbanism unfolds through institutionalized processes, discourses and policies that aggravate existing patterns of social-spatial exclusion, punishing the poor in order to maintain cities' competitive value (Jou, Clark & Chen 2014). In the article "Revanchism, stigma, and the production of Ignorance: housing struggles in austerity Britain," Tom Slater (2016) scrutinizes the emergence of revanchist political economy in Britain. In the same vein, in his recent book *Mean Streets: Homelessness, Public Space, and the Limits of Capital*, Don Mitchell (2020) explores the conditions that produce and sustain homelessness, and how its persistence relates to the way capital works in the urban built environment.

Whether implemented through hard, "soft" and/or structural approaches, increased regulation of public spaces has particularly negative implications for homeless people, because in the absence of the private space of home, public space remains the only alternative location of human functioning for this social group (Doherty et al. 2008). Together, these perspectives help to unpack the structure, meaning and governance of

urban public space and its uses. This is the background against which current restrictions in public space should also be seen.

In his classical study of Los Angeles, Davis (1990/98) identifies a variety of vicious spatial tactics, including physical installations such as “bumproof” benches, “bag-lady-proof” trash cages and deployment of outdoor sprinklers to prevent camping in public parks and storefront sidewalks. Social spatial exclusions are however, as pointed out above often implemented through innovative urban design that keeps disadvantaged population away from specific urban spaces, like shopping areas and gentrified middle- and upper-income neighbourhoods; new urban design in general functions as an architectural language intended to warn off the underclass “Other” (Sandercock, 1998). These urban tendencies are manifested differently in different national contexts. Traditionally in Denmark, and in Scandinavia in general, strong public support for ideals of welfare and equality also extends to discourses and, to a certain extent, practices related to public space. Public spaces such as squares, playgrounds, parks and benches are supposed to be for everyone, and privatization and exclusionary urban design in public space has traditionally been limited in Denmark. This is changing, however (Hansen, P. G. & Hendricks 2011) – often through subtle measures of “seductive” logics of power (Allen 2006). In Denmark we see that signs forbidding the consumption of alcohol are being put up in squares and parks where homeless people tend to gather. Urban centers in Denmark are being sanitized and designed on the basis of a “liveability” paradigm; joy and quality of life is a strategy for the city’s development. On the surface, it looks nice and welcoming for middle-class consumers and tourists who are enjoying “new Nordic” live-

ability. But it is not a development for everyone. Public benches are, however slowly, being pushed out as private cafes take over public space. Urban furniture for leaning rather than sitting (or lying) gradually begins to dominate waiting areas, metro stations and other public transport. Stairways where people used to be able to find a bit of privacy and shelter from rough weather are being fenced off – just to mention a few examples.

The Danish state’s exclusionary praxis is perhaps most clear in the way it treats foreign homeless people. As shown above, this group is particularly vulnerable to police control and persecution. This group is subjected to repeated ID controls, having their belongings taken away, or even being deported for camping in public spaces. The fact that they are denied access to most shelters and care facilities complicates the situation for this group of homeless people in Denmark. Thus, it is recognised that homeless people in general, and specific groups of homeless people in particular, remain more vulnerable than any other group to punitive state strategies that have implications for their everyday lives and their access to planetary urbanism and health. This is also true in relation to the COVID-19 pandemic. If they test positive for infection, foreigners without legal residence who live on the street will be encouraged/ordered to quarantine in the asylum system, and after treatment they will be deported by the Danish authorities. Minister of Foreigners and Integration, Mattias Tesfaye, explains: “Of course, after dealing with Corona, foreigners staying illegally must be sent home. We will not change that” ([Danish Government 2020](#)).

In Foucault’s lecture “Society must be defended,” he shows how biopolitics also works through a logic where it is accepted that different groups are differ-

ently exposed to health and social risk. Foucault develops the thesis that one of the greatest transformations of political rights in the nineteenth century was, that the sovereign's old right to take life or let live was if not replaced then countered with an opposite right: the right to make life and let die (Foucault 2003: 241). In the times of corona, Foucault's theory of differential vulnerability and unequal exposure to threat has gained a striking relevance.

### Post-Corona Politics of Care

Recent debate points to the observation that the severity of the COVID-19 crisis demands that we look for a longer perspective than the most immediate future, that we connect the COVID-19 crisis to other present crises like the climate crisis and the so called "refugee crisis" (that should maybe better be frased as a hospitality crisis), and that we explore multiple explanations of why the COVID-19 crisis is enfolding in certain ways (Lorenzini 2020, Latour 2020, Della Porta 2020).

The COVID-19 crisis puts a new focus on the right to health and on planetary health. Solidary mobilization around a universal system of public health was already a topic before the coronavirus pandemic, but this has shown itself to be even more pressing now. Health as a public good has traditionally been an issue promoted by the political left and by progressive social organisations such as the labour movement and unions. As argued in the introduction to this newsletter, the right to health is a global issue and an issue that should include the least protected and most vulnerable (Fabian and Blok 2020). We need to explore new social and political ways of living and organising, and develop new forms of intersectional solidarity. Social movements researcher Donna Della Porta has argued that crises like the COVID-19 pandemic show that the management

of the commons requires regulation and partition from below (Della Porta 2020).

The COVID-19 crisis has first and foremost been treated as a biomedical issue. The rhetoric of viral containment plays on the idea of a human "we." But who are "we"? Who are included or excluded? What will it mean to the politics of the future that nations have closed their borders during this global pandemic? An epidemic is both a political and a biomedical issue. We are governed not only as individuals but as populations. As shown by Michel Foucault, disciplinary and biopolitical power normally functions in mostly invisible and completely normalised ways. We are already obedient biopolitical subjects who have internalised control (Foucault 1978).

Mortality and morbidity statistics refer to people as abstract numbers, and count the costs of the virus. But illness, quarantine and ultimately death are embodied events. The Greek *epidēmios* comes from *epi* "upon" and *dēmos* "the people." The epidemic affects the people, spreads in time and space and becomes a geopolitical issue, more than just an illness. An epidemic becomes a biopolitical event that makes us construct and govern spaces in new ways. In planetary times, epidemics easily jump scale, as the late Neil Smith probably would have formulated it (Cohen 2011, Smith 1993). Nonetheless, these planetary processes are still experienced, felt and suffered on the intimate scale of the body.

COVID-19 reminds us that we as humans are not independent beings, separated from the environments that surround us. COVID-19 makes it clear that we are interdependent, that we have fragile bodies, that we are vulnerable, that we are social beings who need to give and receive care, and that we are social beings who need to be near other

people and in relation to other people, responding to and loving other people. COVID-19 teaches us that we are biological beings, part of and inextricably connected to the worlds of animals, plants and bacteria.

Living in the shadow of planetary COVID-19 crises teaches us that accepting our vulnerability and interdependence is the key to our survival. During a time when the stranger is potentially turned into the contagious other, we need more than ever to insist on our capacity to care, to relate and to be in common.

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# “IF I GET IT, I BET YOU, I WILL NOT SURVIVE IT”: HOMELESSNESS AND DRUG USE IN WUPPERTAL DURING THE CORONA LOCKDOWN

*David O'Neill, Institute for Advanced Study  
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When the German federal state of North Rhine-Westphalia ordered the closing of all restaurants, cafés, pubs and bars as well as non-essential retailers in March 2020, it from one day to the other transformed inner-city areas and district centers into deserted oceans of concrete and asphalt. Those who had been constituting urban life before now largely started to stay home to not be the ones spreading the virus by social interaction. The few human beings still visible in town, quickly and solitarily rushing through what was not long ago an open place of encounter, only slowed down and stopped in order to enqueue in front of stickered pharmacy, drugstore and supermarket doors. In addition to this sad-looking social development, city authorities quickly seemed to have decided to antedate the implementation of long-planned construction sites but leave them empty for the moment, giving the inner-city area something reminiscent of a post-catastrophic ghost town scenario. Eventually lively Wuppertal, a city of approximately 360,000 people, became a church-

less village on a rainy November Sunday.

With every rule relaxation, from the opening of small shops to malls to hair salons to cafés, this image has – in small steps – been changed back towards something that ought to resemble normality, but the journey is a long one. There are more people on the sidewalks than there were weeks ago, more cars on the roads, more tables on squares, more masks on faces. However, even with this

Wuppertal's pedestrian zone, April 14, 2020.  
Before lockdown, homeless people used  
the shops' entrances as places to sleep.  
Empty construction sites now restrain  
them from doing so. Photo: David O'Neill





Two rough sleepers in front of excavators and railings on the footpath, April 14, 2020. Photo: David O'Neill

rapid adaptation to the work of the health authorities and the German way of pushing the economy's needs through even the tiniest bottleneck available, normality is something the urban middle classes can – if at all – only spot as a minuscule shimmer at the end of a tunnel whose length no one can assuredly foresee. For them, the number one virtue has to be patience; reading the news and sitting out the crisis from home.

Cities inhabit more than just the ones able to go home and sit it all out, though. Of course, a horrendous number of people struggle immensely in the face of the corona crisis, from temporary workers to low-wage earners, from medical staff to freelancers, from waitresses to cleaners. In Germany, they are at least lucky to receive some financial aid, a glance at the United States is enough to see a perfect example of a state completely failing its citizens. Still, the groups mentioned above have one thing in common: a job. When even they are having hard times, how does the situation affect those at rock bottom of the so-

cio-economic pyramid – and those even further down, not mentioned in statistics, not known by registry offices? In other words: How do homeless people, rough sleepers and drug users deal with the situation? When the streets are empty and the shops are closed, how are those dependent upon social interaction and donations supposed to survive?

Meet Marcus\*, a polite man in his mid-thirties looking forty-five and sounding sixty, who has been sleeping rough in the streets of Wuppertal for the last five years, maybe six, at this stage it is hard for him to reconstruct exactly. For roughly the same amount of years has he been using heroin, slightly longer. Marcus is one of those who have lost their homes due to substance use. In the streets he has been known for a while and since he is always grateful for even the smallest amount of change, subordinate and friendly when begging, never aggressive, people tend to give him a coin or two whenever they see him around. Four weeks have passed since the implementation of the strict lockdown measures when I first meet him again.

He is looking slender, more so than usual, and his skin color lies somewhere between grey and yellow. When I ask him how things were going, he tells me that this April has been the worst month of his life – so far.

As a beggar in the most culturally

\* Name changed for anonymity.

inclined quarter of the city, with lots of cafés alongside the narrow streets, he is presumably as reliant on passers-by and flaneurs as the ones working behind the portafilter machines; when two take-away lattes cost six twenty, Marcus is not seldomly the one “keeping the change.” Sometimes he is even the reason for a third one to be ordered. “Life as a rough sleeper is always hard,” he says, “but these little courtesies and the generosity of the people make it a little more bearable.”

On a good day, he can make up to forty euros, which enables him to buy some food and his daily dose of heroin. When he has more money at hand, he does not automatically consume more, he says. Being sort of affluent just allows him a higher degree of flexibility.

*“Most of them are struggling with their own problems right now.”*

“These days, I have to get along with ten euros, sometimes less, sometimes a bit more.” He does not complain about the people, though, and expresses his understanding. “People are not allowed out, or at least not for the same purposes as before. When you leave the house to spend money, you are more likely to give a little amount of it away. Just walking the dog or going for a run, I have the feeling that most people don’t even carry their wallets with them. Also, most of them are struggling with their own problems right now,” Marcus postulates. And, since public drinking is not taking place anymore, there are no returnable bottles in the parks. “I hate to collect and carry them, but it is a good way to earn another couple of euros extra.”

For most homeless people, social distancing is an involuntary everyday prac-

tice, but the problem that is primarily a social one under normal conditions grows a massive financial dimension when the rest of the population is suddenly ordered to do the same. There is no doubt that homeless people, especially those suffering from addiction, live through every day without knowing whether or not they will be able to satisfy their needs, even if the general economy is well nourished. The corona crisis, however, makes things unequally worse for those so desperately dependent on others.

*“If I get it,  
I bet you, I will not  
survive it.”*

When asked about the option to get food from a soup kitchen and sleep in a homeless hostel, Marcus shakes his head. He says that the city’s hostel has limited access due to the social distancing rules and in order to get a spot, he would have to be there extra early. This would be another financial compromise as the hostel is at the other side of town, in a remote and “dead” area, with no opportunity whatsoever to get money: “I’d rather sleep on the ground with at least some people around than in a bed far away from everything.” Also, he is scared of becoming infected in a hostel. “If I get it, I bet you, I will not survive it.” As a person who has been hearing Marcus cough hard across the street for years, I can just nod mildly as a reply.

My last question before moving on is whether he is facing any more troubles getting his stuff at the moment. “Surely,” he replies, “I can only afford a dose every three days or so. And it’s getting more and more expensive.” True, as a large number of chemicals needed for the production of certain drugs is produced



in China, among them Ephedrine and Fentanyl. The only option Marcus sometimes takes is sharing with an acquaintance whom he owes a lot of money by now. “We hang out together sometimes. He gives me a shot every now and then, but only after he has taken his.”

*“When the withdrawal strikes, I would do anything for a hit.”*

He is worried about contracting the virus through this practice, but his addiction is stronger. “When my head is clear, I am angry with myself for sharing needles. But when the withdrawal strikes, I would do anything for a hit.” Seeing the look of his face, the signs of yellow in his eyes and his shaky gestures, all signs of hepatitis, I think to myself that it might even be too late for him already.

On my walk I pass the central train station, which is also the main congregation point for the local drug scene. Even though the inner-city area is still far from bustling, I can hear loud talks and music from behind the corner of the station building already. And there they are, a group of around thirty people, nearly all of whom drug users, again most of whom homeless. There is the infamous elderly lady every local has seen injecting heroin in a doorway at some point, the bulky middle-age alcoholic who tends to shout gibberish in the city center and the slender man who has been walking around town for several years with a sign saying he is HIV-positive.

The local DCR “Gleis 1” seen from behind a wall, May 11, 2020. It is detached from residential areas and protected from sight. During lockdown, its services are kept to a minimum. Photo: David O’Neill

On a regular business day, it is normal to see a group of ten to fifteen congregate around the station, as it is the dealers’ main spot and the local drug consumption room is right behind it. Now there is twice the amount of people. My assumption is that in times of crisis, people facing extraordinary troubles stand together and become a union, build up a shield and fight off detrimental influences. From a sociological perspective, this is an essential mechanism to cope with the hardships of stigmatization and marginalization; from an epidemiological one, it is the worst reaction imaginable to assemble all members of the high-risk group in one place. It is a dilemma. Where else should they go? Should they really be obliged to go through the crisis by themselves, with no aid and no interaction in an inner-city area inhabiting more excavators than people? But if they keep ignoring the regulations, could that make the few people still passing by turn



away in fear of contracting the virus? And what if anyone got infected?

I turn around with a queasy feeling. It's Friday night, normally the city would be packed with people. The only ones I can see on my way back are either sitting down or rushing, never in groups, never recreationally. In one week, the restaurants and cafés will open again, pubs will have to wait. Nevertheless, it is a big step, and while for me it means the regaining of a certain autonomy, a freedom of movement that had to slumber

for weeks on end, for Marcus and all the others it is a vital decision. Let us hope the whole story ends well; for people with or without a home, with or without a job, with or without addiction.

And when in town: Bring change. There are people who now need it more than ever.

An abandoned trolley in what used to be a house entrance, May 11, 2020. There is a dirty mattress on it and some clothes lie scattered on the ground – in the middle of dirt, some belongings and drug paraphernalia. Photo: David O'Neill



# SEX, DRUGS AND CORONA

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## Abstract

**This article asks how the virus and its governance affect the German sex industry, in particular the vulnerable group of drug-consuming sex workers.**

It shows how prostitution, which is legal in Germany, is on the one hand governed and affected in similar ways as other businesses: by prohibitions (which have a long tradition in this branch) and new state support. Yet the article also highlights how sex work is on the other hand hit particularly hard by COVID-19. Vulnerabilities are based on self-employment, the multiple marginalizations of many workers in this stigmatized industry, and the wish for anonymity that hampers pursuit of state support. The paper shows that employment relations remain unaddressed, and that drug consumers and migrants still suffer from limited access to support.

Rather than systematically reversing the multiple exclusions that predate the corona crisis (especially the effects of drug prohibition and the exclusion of migrants from access to the welfare state), ad-hoc-style governance aims at temporarily securing the most basic needs at low public cost (e.g., by the local state asking owners of hour-hotels to host the otherwise homeless sex workers or by loosening national laws restricting housing in brothels).

Neo-abolitionists who aim at criminalizing the purchase of sex to abolish the sex industry (rather than addressing the societal structures that cause poor working conditions and pressures) use the crisis to promote their cause. However, it must also be noted that

corona did provide a window of opportunity for advocacy policy for the extremely marginalized: formerly unenforceable claims (e.g., addressing homelessness by providing hotel rooms, providing drug substitution without bureaucratic procedure and lowering thresholds for EU-migrant welfare state access) have become part of what can be stated or demanded. The question remains as to how such achievements can be expanded and secured in the long run.

## Introduction

Sex work is stigmatized and legally positioned at the margins of society. It is, as such, often performed by people who are marginalized by several power relations and exclusions (e.g., by migrant status, ethnic discrimination, gender, drug consumption or homelessness). Prostitution – by definition the part of sex work that involves physical contact (cf. Ditmore 2006) – is a business that is incompatible with physical distancing. Thus many sex workers were hit particularly hard by the corona crisis – even if COVID-19 is not a sexually transmitted disease in the classic sense of being transmitted primarily through sperm, vaginal fluid and blood (Deutsche Aidshilfe 2020).

Taking Germany as an example, I want to provide an overview of how the virus and its governance interact with the sex industry. I show that – somewhat unsurprisingly – marginalized sex work-



ers, not least drug consumers and migrants, are most negatively affected, and I explore how sex workers have adapted. Furthermore, the paper analyzes how sex worker activists, together with allies especially from the field of social work, were able to claim some material support and rights, and how abolitionist activists try to use the same window of opportunity provided by the corona crisis to achieve a prohibition of sex work. The article draws foremost on newspaper coverage, internet representations of activists and social media, but also on an interview and an informal conversation with people from the domain of social work.

#### **Early Individual Strategies: Self-Quarantining of the Most Vulnerable and Relatively Affluent**

In early March – amidst sex worker activism around Sex Worker Rights Day and International Women’s Day (3rd and 8th of March) – it became apparent that the coronavirus was no longer a phenomenon to be watched from afar. The danger of getting or spreading an illness was imminent. In response, as in many other close-contact service jobs, clients became sparse. They canceled appointments or showed up less numerous in commercial sex venues or street prostitution areas. At the same time, some sex workers started enacting individual protective measures. They were pausing work, going digital, issuing vouchers for “post-corona-times” or experimenting with 2m-distanced-performances in front of clients. Those who took such measures did so especially if they were on the one hand particularly vulnerable due to health issues, and on the other hand economically potent enough to be able to cope with loss of income. Some activists started calling for a “reduction of body/sex contacts”<sup>1</sup> (Ariane 2020). They proposed web-camming or online chats as alternative income strat-

egies, and shared tips such as chatting on multiple accounts simultaneously or buying pornographic pictures for account fronts in order to remain anonymous. Meanwhile, sex worker associations began to gather information. They focused first on health risks, prevention and alternative income strategies, but soon also reported on corona laws and access to state support (BesD 2020a).

#### **First State Action: Closing Brothels and Strolls**

Yet COVID-19 only became the topic among sex work communities when state measures to prevent the virus from spreading started to address the industry directly. Interestingly, the ordinances of the different German federal states (*Bundesländer*) at first prohibited only indoor prostitution venues. Their closure was part of a larger shutdown of service industries. It replaced the sometimes rather symbolical attempts of brothel managers to improve health protection (e.g. by taking the temperature of clients or requiring them to wash hands) that were portrayed voyeuristically in the media (e.g. Gözübüyük 2020). The shutdown initially translated into a 100% loss of the income for the brothel sex workers, given the industry’s special history of governance. In Germany, with some exceptions during the Third Reich and the GDR prohibition regime, the selling of sex has been legal since the 1927 abolition of a tight control regime that allowed only police-registered prostitution. Yet until 2002, prostitution contracts (with clients or managers) were not legally valid, and employing sex workers was a criminal offence. According to jurisprudence, this meant especially that any measures that established good working conditions, like providing condoms, were illegal. The only legal way to operate brothels was to merely rent rooms. This resulted in sex workers being (considered as) self-employed en-

<sup>1</sup> All translations were done by the author.



trepreneurs – a tradition that persisted despite the introduction of a new prostitution law (*Prostitutionsgesetz*) in 2002, for several reasons (Künkel 2020: 60-72). Stigma and the prohibition of employment relations during the Fordist era (which had entailed a strengthening of labor power in other industries) resulted in very weak union organizing for prostitution. This contributed to sex worker's organizing being more influenced by social work empowerment discourses and anti-discrimination struggles than by labor struggles. Except for the union ver.di producing a standard work contract, few attempts were made to build up a tariff partnership to support a transition from self-employed to employed labor in the midst of neoliberalization (which fostered the opposite process in other service industries). On the contrary, conservative states prevented the full recognition of sex work in commercial law. The lack of transitional arrangements protecting both brothel owners and sex workers from retroactive payments of taxes and social security contributions hampered a turn away from room rental as a standard contract model. A prohibition on defining sex work tasks as part of the employment contract made an employment relation unattractive for brothel owners. Also, sex workers were reluctant to engage in dependent relations, and the high mobility of sex workers who often switch between different work places (e.g. in order to be “new” to clients, to work anonymously afar from home or due to management rules), did not match typical employment. In effect, self-employment remained common, and thus, in times of corona, sex workers could not profit from short-time working allowances (*Kurzarbeit*). Migrant workers – who in Germany are often estimated to be predominantly from Eastern Europe – could not resort to welfare benefits (at first), since the German state only grants a “bridge support” for those willing to

leave the country. Against the background of this precarization, sex workers partially evaded control by moving to street prostitution, hidden prostitution or digital forms of sex work. The lack of access to state support also meant that sex workers who were not only working but also residing in brothels were threatened by homelessness.

The focus on closing “venues” – as defined by a prostitution protection law (*Prostituiertenschutzgesetz*) enacted in 2017 – also meant that street prostitution and independent escorts were not targeted at first. Notable exceptions were the cities of Stuttgart, Karlsruhe and Baden-Baden, which amended state law rather early with local ordinances prohibiting all kinds of prostitution. What remained in operation, in most places, were the outdoor work spaces that are used if not exclusively then at least in large part by marginalized sex workers, which also provide the only work space for sex workers who are also heavy drug users (who are typically excluded from indoor venues by brothel policies and high rents). Social workers catering to such street sex work reported rather stressful days of rapid change in mid-March. Those sex workers who continued to cater to a reduced number of clients, in an ever more competitive setting, often belonged to groups that are particularly vulnerable to the effects of COVID-19: precarized migrants, sometimes without health insurance; and drug consumers who often have weak immune systems or problems of the respiratory system, not least due to the inhalation of drugs, infections stemming from a “street life” with insufficient health care or the sharing of paraphernalia, and the (side) effects of drugs and cutting agents (EMCDDA 2020). The remaining clients would sometimes try to take advantage of the desperate economic situation by fostering price dumping and perpetrating more violence, according to social workers (Franz 2020). Social

workers reported desperate situations, e.g. the difficulty of trying to support a woman after rape while being forced to keep a distance rather than giving a hug (Richter 2020). At the same time, social work was itself at risk, since sanitary material and space for distancing was not readily available. Within days, street prostitution was also banned in some states that amended their rules to explicitly prohibit all prostitution (Berlin, Bremen, Hamburg, NRW and Schleswig-Holstein), while others banned sex work as part of the service industry (except: Bayern, Hessen, Saarland and Baden-Württemberg, cf. Doña Carmen 2020a). Non-complying sex workers face fines of up to 5,000 Euros. At the same time, states were implementing contact bans for private meetings and general obligations to keep a distance of 1.5m in public space. This, of course, did not end all street sex work which in many German cities was already forbidden by area ordinances (prohibiting prostitution offers) and “contact bans” (prohibiting prostitution requests) that police typically use to control space and behavior by selective enforcement according to citizen complaints. Yet the number of sex workers in the streets and their visibility declined. Sex workers who continued to work in the streets or who worked clandestinely still had to earn money for their own survival, their families or a drug addiction. They found themselves often in even more desperate situations than before COVID-19, as some shelters and outreach facilities providing day-care as well as most public health offices closed, and remaining facilities could only provide limited services due to the demands of distancing.

#### **Sex Worker Activism: Solidarity, Fundraising and State Funds**

With all these measures arriving at a fast pace, sex worker activists were busy assessing their individual options. Without losing their sense of humor,

they discussed, sometimes publically in social media, their capabilities or reluctances to engage in digitized labor. Some embraced the opportunities of the internet while others raised concerns about data protection or a loss of intimacy in the client-worker relationship. Individual reports also bemoaned a lack of personal access to sexuality, as state-sanctioned health prevention reduced physical contact to people cohabitating or practicing monogamy (with most states allowing meet-ups with one person beyond the household, except for Bayern and Sachsen, which permitted visits with a “life partner,” even if not married, cf. Freistaat Sachsen 2020, Bayrisches Innenministerium 2020).

While struggling themselves, activists called for state financial aid and started crowdfunding for “sex workers in emergency situations, who are not entitled to state support” (BesD 2020b). This was based on an analysis indicating that in Germany, brothel owners and many self-employed sex workers were in a situation similar to that of other small businesses and self-employed workers in the service industry.

The current situation in the sex industry is very much comparable to gastronomy, bars, clubs and theaters. Like them, brothels had to close from one day to the other and are now faced with the question if they will withstand the time till reopening given the ongoing costs for rent, electricity, telephone, advertisement and personal. Similarly, independent sex workers [...] lack an income now, have usually no savings and still have to eat and drink and secure a roof over their head. Of course we all assume that we will be eligible for all welfare systems and the additional rescue funds that are set up. (Sex worker activist Stephanie Klee, in Care Revolution 2020)

In neighboring France, due to client criminalization, sex workers reported problems with proving their previous income in order to gain state support, and hostile responses to their demands for non-bureaucratic support (STRASS 2020). In Germany, in contrast, sex work is legal and was treated like any other business. Sex worker activists lauded the fact “that no difference is made” (activist interviewed in Oppenberg 2020), and criticized the few local measures that targeted the industry in specific ways (especially the local prostitution ban in Karlsruhe was criticized: unlike bans for other industries, it set no termination date, cf. BesD 2020c). Yet the class-bias of corona economic policy in Germany (Sablowski 2020) and the specificities of the industry resulted in hardships for some sex workers that were later only partially addressed. State economic support primarily addressed the needs of big enterprises, and to a lesser degree also smaller enterprises. These could profit from newly introduced credit programs, state guarantees and facilitated short-time work allowances. Self-employed people could get a subsidy to cover their operating costs (9,000 Euro in three months), and access to welfare was facilitated. However, as many sex worker activists pointed out, these subsidies were not designed to substitute an income but rather to pay for running costs such as telephone or rent of workspaces (with the exception of the city-state Hamburg, cf. Doña Carmen 2020b). It was feared that some sex workers would be reluctant to claim the money, as they wished to remain anonymous. Also, as problematized not by the sex workers themselves but by the union ver.di, due to the above-mentioned normality of self-employment in the industry, sex workers did not profit from the short-time work allowances that brothel owners could only claim for employees such as cleaning staff (Schröder 2020). At the same time, migrants initially had

strongly limited access to welfare, and accordingly medical care.

Given the sex worker activists' focus on equal treatment of the industry, and at the same time their knowledge about the large share of marginalized people in this stigmatized trade, they stressed the need for state assistance for drug consumers, homeless people and migrants.

We must however be worried about those sex workers who always lead a hand-to-mouth existence, who were working irregularly, have no flat of their own and lived in hostels, maybe consume drugs, or who have for other reasons already been falling through so many nets and cannot return to home countries. They need a fast, non-bureaucratic and low-threshold provision of money for food and drinks as well as shelters – in every city. (Sex worker activist Stephanie Klee, in Care Revolution 2020)

### **Abolitionists Exploiting the Corona Crisis**

Instead of supporting the calls for solidarity with marginalized groups, some abolitionist activists have used the corona crisis to push their own agenda: abolishing sex work though client criminalization (as neo-abolitionism has proposed since the turn of the century under the name of the Swedish / Nordic model). In reaction to the city of Stuttgart closing down all prostitution, Social Democratic Party member Leni Breymaier (2020) suggested on twitter to take this as a starting point for client criminalization: “Stuttgart prohibits #prostitution due to #corona. There we go. One can always practice.” This caused a shit storm among sex workers and allies that was even echoed by the most prominent ex-sex-worker face of the abolitionist movement, Huschke Mau (2020), who called for financial support and rejected celebration of the mere closure of brothels. Unperturbed by criticism, the

abolitionist journal EMMA attacked sex worker activists for raising the issue of marginalization (Louis 2020) – a topic that the sex worker rights movement is indeed somewhat reluctant to put on the agenda, given the abolitionist tendency to use any mention of problematic labor conditions for calls against prostitution as such. While EMMA did raise some valuable questions about the above-mentioned high rates of self-employment that are accompanied by high work-space rents, it framed the issue in an individualistic manner. It blamed capitalists rather than capitalism by highlighting the figure of the brothel owner who makes 5,000 euros a month, while omitting the fact that some brothel owners are letting sex workers live rent free during the corona crisis, and also, more importantly, not mentioning the drivers of exploitation through the rent system (such as the lack of social security and migration regimes). As usual in abolitionist discourse, the illegitimacy argument served the purpose of questioning the industry's legality:

[M]aybe some more politicians in Berlin and elsewhere will now ask how it is possible that the taxes of nurses and super market clerks who currently rescue the country from collapse are paying the bouncers of large brothels. This is what inevitably happens when prostitution is treated as what it isn't: 'just a normal business.' (ibid.)

The attack on the profession was coupled with somewhat misleading questions that insinuated responsibility on the part of sex worker activists for the (non-application of) laws, by asking them why they never demanded obligatory health insurance, a minimum wage law or legal measures against exorbitant rents (all legal measures that exist already).

Similarly, in an open letter to the German chancellor and state minister-presidents, ex-sex worker and law student Sandra Norak and therapist Dr. Ingeborg Kraus blended health concerns in corona times (shaking hands is already a problem) with general concerns about prostitution. In the name of the network "Scientists for a world without prostitution," comprising six trauma experts not working in science currently, they ask how prostitution can be continued after corona, given that they see it as "proven for decades that prostitution is a system of violence" (Norak/Kraus 2020: 3). The argument is based on a study that shows disproportional rates of violence among interviewed sex workers compared to a representative study of the female German population – yet Norak and Kraus fail to mention the statistically non-representative character of the sex worker sample, and they do not call for the abolition of prisons and the refugee system, although the study shows similarly high violence rates among prisoners and refugees as among sex workers. They also fail to problematize heterosexual monogamous partnership and families (as we know them), which are identified as the main sources of violence in the study (BMFSFJ 2013).

In the discursive climate of corona solidarity, these interventions were criticized as heartless exploitation of the suffering of the most vulnerable for the abolitionist agenda, and did not receive much media echo at first. The issue only made it to the national news when 16 members of parliament from the Conservative and the Social Democrat Party followed the lead of Leni Breymaier writing an open letter to the state ministers: They called prostitution a potential "super spreader" of corona that is "degrading, destructive and misogynist", while asking the states to close brothels for good and lobbying for the Nordic model (Winkelmeier-Becker et al 2020). Although the Nordic Model is still far from hegemonic in

Germany, and many commentators pointed to problematic effects<sup>2</sup> of prohibitions such as driving prostitution underground, discussing the prohibition policy became the key topic of sex work visibility on the International Whores' Day (June 2nd).

In reaction to the abolitionist calls for permanent closure of brothels, sex worker activists stressed again the need to support marginalized sex workers but also joined the so-far marginal voices calling for the reopening of brothels (Doña Carmen 2020c).<sup>3</sup> The professional association of sex workers (*Berufsverband erotische und sexuelle Dienstleistungen*, BeSD) launched the campaign #RotlichtAn (German for: switch the red light on). It aims at lobbying against the Nordic Model and calls for a step-by-step reopening of sex work businesses alongside similar trades such as massage parlors. The BeSD also published guidelines it had developed together with state health departments for protective measures (e.g. wearing masks, disinfection) that should accompany the reopening (BeSD 2020d).

#### **Social Work Using the Window of Opportunity: Emergency Support for Migrants, Drug Consumers and Homeless People**

While prominent abolitionists did not support the claims for emergency support of vulnerable sex workers that

sex worker activists had voiced, social workers did. The profession was a very important voice both in media debate and, even more so, in negotiations with local administrations.

#### **Housing**

Against the background of administrations being less restricted in the face of crisis, sex workers' and social workers' lobbying led to the suspension of a rule introduced with the so-called prostitution protection law (*Prostituiertenschutzgesetz*) in 2017 that forbid living in brothels. A social worker from *Ragazza*, an outreach project for female sex workers and drug consumers in Hamburg-St. Georg, described in an interview (27.4.2020) that this partially alleviated a tense situation created by police closing down hour-hotels even before all prostitution was forbidden in Hamburg. The City of Hamburg asked the owners of brothels and hour-hotels to host sex workers for free – without offering compensation (Kost/Greb 2020). However, it took time before further measures were set up. The City of Hamburg initially took an oppositional stance towards housing homeless people in hotels, referring people to the limited group homes that existed, despite one shelter being under quarantine due to COVID-19 (hinz&kunzt 2020). The first hotel placements of homeless people in Hamburg could only be realized based

<sup>2</sup> Research regarding the Nordic model points out that the policy promotes displacement of sex workers from public space, isolation in small venues, stigmatizing and repressive attitudes towards sex workers among overall society, social workers and authorities, and more generally speaking, especially for foreigners, an increase in "control, deportations, and women's conditions becoming more difficult" (Vuolajärvi 2019: 151; for an overview: Holmström/Skilbrei 2017).

<sup>3</sup> The increase in calls for reopening mirrors the general German corona discourse. Some federal state leaders pressure for a fast normalization, seemingly as part of their election ambitions. Demonstrations frequented by right-wing conspiracy theorists – in large part if not exclusively – attack corona politics, claiming that the virus is harmless. At the same time, leftist forces who acknowledge the danger of the virus but who have also been criticizing the most repressive measures since the beginning of lockdown, especially the inhibition of physically distanced demonstrations, seem to find less resonance among a general population that is frustrated by partially arbitrary restrictions (for an overview: Burczyk et al 2020).

on a private donation (Müller 2020). Just before the Easter holiday, however, the City's social security authority finally rented a hostel in St. Georg where the sex workers of the area could be accommodated, including drug consumers. Ragazza described this measure, which cost about 55,000 euros and allowed for 60 people to be placed for three weeks as a great success (after one week was "lost" to organizational matters). It finally provided accommodation for clients who had sometimes been crying when the hour-hotels closed, and who had often spent the first weeks of corona lockdown in very precarious living conditions (e.g. with people they met over online platforms who would sometimes cross boundaries and become sexually aggressive). It also stabilized the clients significantly, providing them with a safe space to get sufficient sleep, keep their belongings without fear of theft and regain some feeling of a "normal" life, as symbolized by access to television. Social workers reported clients whom they had never seen happy before as being relaxed and smiling. What is more, no negative side effects such as damage or eviction due to non-compliance to house rules have occurred so far. Research into the situation remains necessary, but first accounts (also from other cities experimenting with hotel placements; cf. Bröckling 2020) seem to show that people simply needed homes, which they did not have access to under market conditions – similar to what we know about the "housing first" model of housing homeless people permanently in individual homes without conditional therapy or abstinence, rather than dealing with them through cost-intensive measures under the inhumane conditions of involuntary homelessness and attempting to channel them through a step by step system of group homes and "residential trainings" (Busch-Geertsema 2011, Lemoine et al 2019). Currently, however, it remains unclear if

the limited offer in Hamburg, with only 60 places, will be prolonged.

### *Drug Substitution*

Another area where lobbying by social workers was successful was drug substitution. Against the background of the corona lockdown, as Ragazza reports, the situation of drugs consumers deteriorated. The clandestine nature of trading illegalized substances inhibited physical distancing requirements, and drugs, especially crack, became less available. Prices went up, users had to resort to more remote marketplaces, and competition and violence within drug markets were augmented – with women tending to be particularly vulnerable. Especially in this situation, it was important that a longtime demand of social work – to provide low-threshold substitution – was realized, at least to a limited degree. In Hamburg-St. Georg, one of the social service providers catering to drug users currently provides emergency substitution, including for people without health insurance. According to social workers, this alleviated a situation in which, before the corona crisis, often only private donations allowed for a substitution that would stabilize clients enough to facilitate access to the welfare state system. However, the demand for substitution outnumbers the limited offer, with free appointments often only available because users do not manage to show up during the limited opening hours. Clients also report needing supplementary drugs due to low treatment doses.

### *Migrant Welfare State Access*

Last but not least, political pressure and a trial before the Federal Constitutional Court (date: 4.3.2020; file reference: 1 BvL 1/20) led to a suspension of the verification of the so-called "emigration intention" when EU migrants apply for welfare. This has somewhat alleviated the often desperate situation of

those migrants who for several reasons could not use return programs before borders closed. However, bureaucratic procedures, the limited amount and time of funding – applications will be reconsidered as soon as borders reopen, and receiving welfare benefits will then be a grounds for expulsion – make this option not very attractive. Migrant sex workers, not only from EU countries but also e.g. from African countries where corona can be expected to hit severely in the near future, often have large families to support. Overall, the provisions remain insufficient.

### Conclusion

The paper has shown that sex workers, especially migrants and drug consumers who even under non-COVID-19 conditions often face episodes of homelessness, were hit hard by the governance of the virus. The crisis, however, did also provide a window of opportunity that was seized both by abolitionists to lobby for the Nordic model and by social work and sex worker activists to lobby for support of marginalized sex workers. The latter were able to successfully make claims that were previously unthinkable. While corona did not enhance labor struggles in the quickly shut-down sex industry, marginality did become a broader societal issue. Local states experimented with non-bureaucratic drug substitution, housing for homeless people and welfare for migrants. As the case of Hamburg showed, these experiments remained limited in scope so far (with only 60 hotel rooms being offered for limited time, substitution offers far from meeting the high demand and doses being too small, and migrant welfare state access set to end with the reopening of borders). Also, many demands of social workers have not been met. For example, the possibility of offering masks or sufficient space for social work under the conditions of physical distancing is still missing.

However, actors in social movements and social work did make a change. It now remains to be seen how these achievements can be expanded and secured in the long run. For this purpose, strengthening and broadening coalitions could be helpful, e.g. with leftist movements and academics. This seems particularly important against the background of abolitionists' increasing calls for prohibiting sex work as means of tackling what they call "poverty prostitution". For criminalizing prostitution instead of abolishing poverty and further societal power structures that underlie poor labor conditions (not only in sex work but also other migrant-dominated industries such as in-house care or slaughterhouse work) will increase marginalization (see also: Künkel/Schrader 2020).

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# ADDRESSING INTIMATE PARTNER VIOLENCE AGAINST WOMEN\* DURING AND BEYOND THE PANDEMIC

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## Abstract

As Intimate Partner Violence against Women\* threatens to increase in the wake of the current COVID-19 pandemic and the accompanying containment measures, the topic currently receives a wider public attention. As pre-existing social problems and structural inequalities become highly visible and are likely to exacerbate not only as an immediate effect, it is important to look beyond temporary or immediate crisis response. This essay highlights pre-existing social inequalities and the precarious situation of women\*'s emergency institutions in Germany, discusses the temporary measures to increase women\*'s shelter beds taken in Berlin and comments on possible shortcomings in the current public debate on (Intimate Partner) Violence against Women\*.

## Introduction

The current COVID-19 pandemic must be understood as a social crisis that publicly highlights pre-existing social problems and aggravates political, economic and social inequalities. The pandemic and its necessary containment measures affect all areas of society and yet they affect individuals, social groups and institutions differently. It therefore highlights structural inequalities and has devastating effects on those who were already in crisis before the pandemic. It is known from past crises and catastrophic situations that violence against women\* is likely to increase during these times. This is also expected in the context of the current crisis.<sup>1</sup> Phumzile Mlambo-Ngcuka, Executive Director of UN Women, even states that we face a “shadow pandemic” with regard to violence against women\* during the COVID-19 pandemic.<sup>2</sup>

However, violence against women\* must not be understood as only a side effect of crises; it is a structural global problem that receives dangerously

little public, media and political attention especially in non-pandemic times. According to a publication by the World Health Organization from 2013, “35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence.”<sup>3</sup> Intimate partner violence is “[t]he most common form of violence that women experience”<sup>4</sup>. The term intimate partner violence entails forms of violence that “may be physical, sexual, or emotional.”<sup>5</sup>

Due to an expected increase in cases of violence during the pandemic, this topic currently receives a comparably high level of attention in the German media landscape as it is debated more publicly, and addressed politically as an urgent matter.

Since the very beginning of the pandemic, women\*'s organizations and social workers from women\*'s shelters and other aid facilities have emphasized the worsening situation for women\* in crisis and emergency situations due to

the contact and exit restrictions. They also publicly addressed the already insufficient conditions of women\*'s emergency facilities in Germany in general.<sup>6</sup>

Even though feminist organizations and individuals have been claiming the urgent need for expansion of e.g. capacities in women\*'s shelters for decades, the situation has not received enough attention. Rarely have these claims been heard or debated (publicly), much less resulted in adequate political measures to improve the situation.

### **The Pre-Existing Precariousness of Women\*'s Emergency Institutions**

The situation of women\*'s shelters in Germany has always been deficient due to lack of funding, personnel, and, more broadly speaking, a lack of political interest.

In 2016, 800 women\*'s shelter beds existed throughout Germany.<sup>7</sup> The Central Information Office of Autonomous Women\*'s Shelters states a capacity of only 6,700 beds in a press release from 2017.<sup>8</sup> In view of these figures in relation to the total population of Germany, this results in a ratio of one women\*'s shelter bed per 12,250 people. According to the Office of Autonomous Women's Shelters, at least 4,250 additional beds are therefore needed to supply sufficient aid to women\* in danger of violence.<sup>9</sup> The stated numbers of beds needed in Germany in order to meet the requirements of the Istanbul Convention<sup>10</sup> vary greatly between sources. The European Institute for Gender Equality, for example, only indicated a need for 1,418 additional beds in Germany in 2016.<sup>11</sup> This is a result of the ways in which these numbers are calculated, and highly dependent on slightly different definitions of shelter beds, rooms or places that have a huge impact on the de facto numbers for the calculation of necessary additional resources and the capacities actually provided.<sup>12</sup>

The situation of availability and fund-

ing for women\*'s shelters in Germany varies greatly from one federal state and municipality to another, as does the "accessibility and quality of protection"<sup>13</sup> corresponding to the different social positions and life situations of endangered women\*,<sup>14</sup> which have a direct impact on their chances of protection. In addition to the very limited capacities that often force facilities to reject women\*, there are also spatial, financial and personnel limitations that can result in difficulties in finding an adequate shelter. Not all shelters are barrier-free or can provide sufficient aid for women\* with substance-addiction or mental health issues. It can also be problematic to find a shelter bed for women\* with older sons. It might also be problematic for women\* to seek help if they are legally obligated to remain within certain municipal or federal boundaries, as is the case for asylum seekers in Germany.<sup>15</sup> It might also be especially difficult for queer, inter- and trans-women\* to find emergency accommodation.<sup>16</sup>

Even with the availability of more temporary shelters in an acute emergency situation, one cannot speak of adequate relief measures. Sufficient aid does not result from the mere availability of a single bed (especially if more than one family member requires accommodation), even though this would already improve the situation significantly. The insufficient availability of emergency housing is therefore only the tip of the iceberg, and claims for higher shelter capacities are only the most urgent relief measures.

### **Temporary Emergency Measures in Berlin**

At the beginning of this year, at that time still with no relation to the pandemic, the Berlin Senate had already decided to increase the existing 301 women\*'s shelter beds throughout Berlin by another 70 (as of February 2020). In addition, thirteen more protective housing units

were to be added.<sup>17</sup> But with the advent of the pandemic in Germany, the capacities of women\*'s shelters threatened to become enormously scarce, especially in the course of extended measures directly related to the risk of infections. For some facilities, it would be impossible to adequately reduce contact between residents, and there were often no spare rooms in case of quarantine measures.<sup>18</sup> In the context of the pandemic, the number of accommodation units has now been increased to a total of 765 beds through extraordinary temporary actions. They largely consist of accommodating women\* in two hotels, and the expansion of accommodation units in an already existing women\*'s shelter.<sup>19</sup> Even though this constitutes temporary relief, an increased number of mere physical accommodations does not sufficiently cover the high demand for accompanying extensive care, such as medical and legal help, psychological support and additional counseling.

In an interview, one employee of a women\*'s emergency facility who had learned about the provisional accommodation capacities only by chance through an external colleague and from a newspaper report, pointed out that she had no knowledge of whether necessary (additional) care personnel or support and counselling services were being made available to the women\*. She feared that women\* in desperate need of help would just be sent to check into a hotel without any further support.<sup>20</sup>

### **Awaiting Numbers and Possible Consequences**

On the one hand, the increased attention to this topic gives rise to the hope that temporarily established emergency measures could be implemented on a permanent basis. However, as already stated, the problem would not be fixed by just permanently renting a hotel for accommodation. We have seen from other examples in Berlin that new win-

dows of opportunity can open up when it comes to the long-term implementation of temporary measures. Political decisions and actions have partly accelerated during the pandemic. To note just one unrelated example, as motorized traffic on the streets decreased during the time of exit restrictions, the District Office of Friedrichshain-Kreuzberg implemented temporary bike lanes on some streets, through former parking spots. As the exit restrictions were formally lifted, the decision was made to keep these bike lanes intact rather than reconverting them.<sup>21</sup> But tackling the roots of violence against women\* and implementing measures against such violence is far more complex than implementing bike lanes, and the situation of women\*'s facilities is unlikely to change overnight.

In a conversation with another staff member from a different women\*'s emergency aid organization, however, doubts arose about the assessment that conditions might improve due to the heightened attention towards this topic during and after the current crisis.

She fears that the sheer focus on only the bare figures of increase during the pandemic could have a negative effect on the financial and personnel resources of such facilities, and thus on the situation of women\* seeking help. This could be even more of a problem if, contrary to expectations, there is no statistical increase in cases of violence and need for accommodation, counselling and other support facilities in the context of the current extreme situation.<sup>22</sup>

The downside of the increased public and media attention on (intimate partner) violence against women\* is that this topic is currently being debated primarily as an effect of immediate crisis response. In this debate, pre-existing structures of gender-based violence as well as the precarious conditions of relief institutions in non-pandemic times remain insufficiently addressed

and possibly unresolved.

### A Comment on Possible Shortcomings in the Current Debate

After my conversations with several social workers about the current situation in mid-April, I concluded that some of their concerns are rooted in a fear of public misinterpretation and limited understanding of the situation in general, which could lead to further insufficient measures and political actions.

They mainly spoke about general shortcomings in the public debate on (intimate partner) violence against women\* and specific problems in their everyday work, rather than the altered and adapted situation with regard to the immediate pandemic. As my second Interview partner raised specific concerns regarding the fixation on numbers of increase, I looked into some news articles on the situation of intimate partner violence against women\* during the pandemic.

We need to be aware of the possible emergence and persistence of simplified and misleading narratives that could now be further reproduced. I would like to illustrate these concerns by commenting on a short article that was published in the online edition of the Berlin daily newspaper *Der Tagesspiegel* on April 24, 2020 as part of their *corona in Berlin* newsticker. In English, the text reads as follows:

***“Domestic violence – more emergency calls, but not more cases”***

*“The amount of emergency calls to the Berlin police in cases of domestic violence has increased significantly in the course of the containment measures of the corona pandemic. Police Commissioner Barbara Slowik spoke on Monday in the interior committee of the House of Representatives of an increase of 34 percent. In the week after Easter, the increase had even been 40 percent. However, the number of cases rose only*

*slightly by three percent – but already at the beginning of the year, not only in the course of the containment measures. In the case of violence against children, the numbers have even halved. Slowik pointed out, however, that the usual early warning system was lacking due to the widespread elimination of childcare in day-care centers and schools. However, the requirement to stay at home has led to greater social control by vigilant neighbors. There has also been no registered increase in cases at assistance facilities such as emergency telephone lines, women’s shelters and trauma clinics. A single exception is the violence prevention outpatient clinic at Charité, with a five percent increase in cases. In general, the police reported a 23 percent decrease in crime. The number of sexual offences has fallen by 41 percent in the course of corona containment, by almost 20 percent for violent offences [the German word “Rohheitsdelikte” signifies several criminal offences with a violent component such as for example battery or robbery, remark of author] and by 33 percent for thievery.”<sup>23</sup>*

First of all, the term *domestic violence* used in the heading is an abstracting and trivializing description of the thematic complex. The term *intimate partner violence* describes this phenomenon more accurately. Intimate partner violence occurs in all settings and can affect all genders but is disproportionately prevalent and more severely experienced by women\* in heterosexual relationships.<sup>24</sup>

Second, the very title of the article is already misleading. The cases of intimate partner violence (here referred to as domestic violence) are equated with the number of criminal offences reported to the police. The heading thus suggests that the expected increase has not occurred, although it is explicitly stated that the number of emergency calls to the police has significantly increased. It is well-known that police statistics such

as those used here are generally only accurate to a very limited extent (especially on this subject), as only a fraction of cases are reported to the police.<sup>25</sup> Bare figures in general and police statistics in particular are hardly meaningful when it comes to the actual prevalence of intimate partner violence against women\*.

The following sentence, that quotes Police Commissioner Slowik, provides an explanation for the astonishing apparent decline in the number of violent acts against children. It says that “the usual early warning system” was lacking as schools and day-care centers are closed. This “early warning system” refers to teachers and social workers who oftentimes notice and report cases in which they fear, that children may be exposed to violence. Slowik’s quote indicates that the presented police statistics show a distorted picture of the actual prevalence of cases of violence against children. A comparable reference about this distortion is omitted with regard to women\*.

Surprisingly, it is then noted that no increase in cases has yet been observed by emergency telephone lines and women\*’s shelters. Here, too, no reference is made to the connection that experts have repeatedly emphasized, namely that it has become considerably more difficult for affected women\* to make use of such services. For example, affected women\* may be confined with their abusers with no chance to seek help or leave undetected, in the course of stay-at-home-regulations. In addition to that, help facilities and organizations may be forced to limit or even cease services that include personal contact, which also leads to huge shortcomings in accessibility for affected women\*.

It should further be mentioned, that in most cases of intimate partner violence, help is sought only after a delayed period of time, even in non-pandemic times.<sup>26</sup>

The last paragraph of the article is

particularly irritating, as it refers to a general decline in crime with particular emphasis on the decline in sex offences, acts of violence and theft. To state that sexual offences and violent offences decrease significantly under a heading that explicitly addresses *domestic* violence (which primarily refers to intimate partner violence against women\* and children, and can also occur in forms of sexualized violence) suggests a very limited understanding of the problem.

This confusing inaccuracy of definitions is partly related to problematic definitions of the criminal law. The figures announced by the police implicitly suggest that crimes commonly associated with an occurrence in *public* spaces are now declining due to lack of opportunity. This contextualization also allows conclusions to be drawn about a socially widespread misconception: that (sexualized) violence is a danger that only or primarily occurs in public spaces. Due to omissions and a lack of explanations, as well as inaccuracies in definitions, this text exemplifies and contributes to problematic narratives. One of these surprisingly persistent narratives is the interpretation that sexualized crimes and acts of violence are primarily committed by strangers and take place mainly in public settings, which are therefore considered dangerous spaces for women\*. As already stated, violence against women\* is primarily experienced through intimate partner violence in private settings. Paradoxically, that still often leads to the assumption that it is also a *private* matter. As an effect of this notion violence against women\* is still often trivialized. To suggest, that crime and sexualized violence decrease while simultaneously stating that there is steady number of cases of domestic violence contributes to this trivialization as it implicitly suggests, that these are two different or even opposite subjects – with only one of the two being explicitly addressed as a crime.

### Highlighting Pre-Existing Inequalities

One of my interview partners also fears that the general social, political and economic position of women\* could change for the worse in the context of this crisis.<sup>27</sup> This is already apparent when looking at how the (hitherto temporary) changes in the functions of public and private spaces and spheres are perceived and categorized and therefore experienced differently along genders. We already see facets of “retraditionalization”<sup>28</sup> of gender roles that we urgently need to address and counteract.<sup>29</sup> To state one example of this, pre-existing gender-based inequalities are already becoming highly visible in the context of the pandemic, as the majority of those considered essential workers are women\* in rather poorly paid jobs with often precarious working conditions. This is also true for a majority of social workers, and it can differ from one federal state to another whether employees of emergency institutions for women\* are considered essential workers.<sup>30</sup> Even though, as of this moment, many essential workers seem to be receiving more appreciation than ever, we will have to make sure that this appreciation turns into real political action rather than just occasional clapping from a balcony. This is especially important with regard to the imminence of a deep economic recession, which will also affect women\* in particular, as well as the already underfinanced and understaffed institutions that work to ensure their safety.

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# QUEER-FEMINIST PARTY COLLECTIVES IN TIMES OF CORONA: BETWEEN LOSS AND SOLIDARITY

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## Abstract

The party is over – thanks to COVID-19. The shutdown affects all of club culture, but especially marginalized people such as queer and trans\* people. To counter income loss and the effects of isolation queer-feminist party collectives have set up new solidarity structures. These range from donation campaigns and online parties to web-based peer psychological counseling. To address new consumption patterns among those parts of the party crowds studied in the GONACI project – people using alcohol, nicotine or illegalized substances – also harm reduction services were expanded. In their emergency responses, activists invoke (neo)liberal solidarities of individual charity and community support, yet they also discuss ways to overcome unpaid voluntary labor and establish alternative forms of care in the long run.<sup>1</sup>

Indoor partying has been one of the key activities contributing to the spread of COVID-19. As a result, clubs and other party locations will be among the last enterprises to reopen. This has hit both organizers and party-goers hard – especially those from already-marginalized groups. Clubbing often relies on precarious labor: Artists are usually self-employed (in some cases profiting from non-monetary compensation such as free meals or drinks, in rare instances also free drugs). Yet self-employed people in Germany receive COVID-19-related state support only for running costs (such as work space rental), not as income substitution. Bar staff often have low wages and live partially from tips, and, like in many cash-based industries, surely not all incomes are fully declared.

The closure of semi-public party spaces also led to changes in the subject under study of the GONACI project: the

consumption of alcohol, nicotine and, in less frequent cases, also illegalized substances that can be part of clubbing. This festivity-related drug consumption had to retreat to private space. Harm reduction initiatives bemoan the resulting lack of direct access to their clientele. They also warn about the dangers associated with new consumption patterns: Not only do people consume more frequently when home alone, but they also often consume new drugs that they are unfamiliar with – given that the availability of illegalized drugs, including synthetic drugs whose raw materials often come from China, has decreased with the closure of borders.

This situation is even more aggravated in trans\*/queer-feminist contexts. Here the organization of parties often serves as a means of generating money to support economically poor people from these communities, or from other mar-

<sup>1</sup> This brief overview is based on information from interviews conducted as part of the GONACI subproject “The Gendered Governance of the Narcotic City” (<https://narcotic.city>) in Berlin, as well as internet debates of trans/inter/queer-feminist communities in the city related to the corona crisis.



For those most impacted by risk and violence in Berlin during COVID-19

(cc) Berlin Collective Action e.V.

ginalized groups. Furthermore, people coping with the stigma of deviating from hegemonic sexual or gender norms tend to have fewer job options and thus lower incomes, and take more drugs on average to soothe the multiple psychological wounds that society inflicts upon us.

The current crisis aggravates psychological issues and halts community-based harm reduction and psy-care projects in party spaces. Queer, trans\* and politically leftist people may be reluctant to seek help from those institutions that are dominated by hegemonic cultures of sexuality and gender or based on mainstream psychology's correctional approaches to the suffering caused by a world governed by destructive power relations.

In order to alleviate this complex situation, people from club culture have set up solidarity projects. Right after the closure of clubs with corona by-laws, the Berlin "club commission," an association of club owners and party organizers, the

network "reclaim club culture" and (further) activists from the party scene set up the internet platform "united we stream" (<https://unitedwestream.berlin>). This online platform streams music from different clubs in the city, asking for donations from international online party crowds by invoking a notion of community in order to tackle economic hardships. Under the header "united we talk," the project also organizes round-table discussions on the politics of coronavirus and arts.<sup>2</sup>

Trans\*/queer-feminists have joined the donation campaigns of mainstream club culture that are based on (neo)liberal notions of charity, while at the same time raising awareness of inequality and power relations and lobbying for structural change in the long run:

"When established structures are collapsing, it becomes apparent how communities are impacted differently depending on their citizenship, race, gender, sexuality and the political regime they live under. This global pandemic is forcing us to become much more attuned to the distribution of privilege and vulnerability in our societies and across the globe as something we must never lose sight of or become complacent about." (Lecken-collective activist, quoted in *Sleekmag*, March 31, 2020)<sup>3</sup>

<sup>2</sup> Including a small contribution from the GONACI project context: <https://unitedwestream.berlin/stream/200426-6-united-we-talk>.

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To address the specific needs and heightened psychological burdens that queer and trans\* people face during the crisis, support structures have been created for people with health risks or in quarantine.<sup>4</sup> Currently, internationally connected activists from Berlin are setting up a harm reduction and peer psychological counseling project

called “ravelength.”<sup>5</sup> The project aims at providing community care for people facing emotional crisis, at first by voluntary workers, while activists search for strategies to overcome unpaid labor in the long run.

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<sup>4</sup> <https://karada-house.de/2020/03/28/queer-relief-for-corvid-19>

<sup>5</sup> <https://youtu.be/MiEVvFkNNSE>

[Emergency Relief for  
Queers & Womxn in Berlin](#)





# NOTES AND PICTURES FROM A SHUTDOWN CHRISTIANIA

*Anders Lund Hansen, Emmerik Warburg and Louise Fabian*

“Christiania is closed” and “The street is closed” reads the sign behind the fenced-off main entrance. “The street” refers to Pusher Street – Christiania’s autonomous open-air cannabis market.

An “independent” common-meeting decision on March 20 led to the closing down of the 34,000 m<sup>2</sup> free-town in Copenhagen the following day (Christiania 2020). The background for the decision was an informal inquiry by the Danish police, who expressed concern for the spreading of the coronavirus in Christiania’s public spaces. At this point in time, Denmark was officially on lockdown. Many people came to Christiania in the week before the shutdown and were hanging out in large

groups – despite the recommendations to keep distance to avoid the spread of the virus. There are 646 people living in Christiania, and 46 percent of residents are between 40 and 65 years old (dr.dk 2017). Christiania normally receives many visitors (500,000 people per year, according to visitcopenhagen.com) to the area’s cultural scene and the recreational areas near the lake. With Pusher Street closing down, the cannabis market moved to the surrounding neighborhood, Christianshavn. This has led to critique in local internet fora and media as well as in nationally media (e.g. *Berlingske Tidende*, *Ekstra Bladet*, *Havnefronten*, *dr.dk*). Different sources report that Pusher Street has moved its activities outside Christiania.



Christiania’s main  
entrance on March 29 2020.  
Photo: Anders Lund Hansen

Furthermore, reports also suggest that not only cannabis is being dealt. In a press release, Christiania (2020) offered a response: “Christiania, as a community, distances itself from the situation [...] [in] the areas around Christiania. The people who take part in the activities [...] are not wanted in the freetown Christiania, neither now nor when we open again.”

Founded in 1971 as an alternative free-town squatter community, Christiania has been dealing with issues related to drug use in public (and private) spaces from the very beginning. The freetown is well-known for its open air hash market on Pusher Street, yet the “junk blockade” in 1979/80 is a testimony to Christiania’s efforts in relation to the governing of the narcotic city. Cannabis is tolerated by the local community but is illegal in Denmark; hard drugs are not tolerated in Christiania. People who sell or use hard drugs are excluded from Christiania. It was therefore controversial when national news outlets reported that the police had found large amounts of cocaine in Christiania at the beginning of April 2020. The community officially announced that it “condemns the finding of cocaine” and the use of hard drugs in general (Christiania 2020).

**Challenges** in relation to COVID-19 and beyond: This is not a complete list, but a list of some of the concerns that have been raised in Christiania’s own weekly newsletter *Ugespejlet* (the Weekly Mirror) and by some people living in Christiania:

— **The economy:** Like in the rest of the Danish society, the shutdown of Christiania has led to decreased income from the small businesses in the free-town (music venues, restaurants, cafes, art and craft, clothing, bicycle stores, etc.). This means that the community’s total income has decreased. This will potentially affect the “brugsleje” (use-rent) that all adults living in Christiania have

to pay as part of their residency in the freetown.

— **Visitors:** Among the top 3 tourist attractions in Copenhagen (the two others are Tivoli and The Little Mermaid), Christiania has for decades been blessed and challenged by the great numbers of visitors to the area. Blessed because it has been very important for the community to have the goodwill of many people in their struggles with the Danish state in the past (today Christiania has been legalized and their survival – in some form – is secured). In addition, local businesses (and the community) also benefit from the external resources that the visitors bring. Yet the community is also challenged by visitors’ use of the area (noise, litter, wear on infrastructure and nature, etc.) For some time, the community has internally discussed how to deal with this challenge. Some favor a restriction on outside users, some talk about an “entrance fee” / environmental tax, others talk about a more positive campaign “nudging” visitors to show consideration. Still others argue passionately against any restrictions since they want to keep Christiania open to all – also “quirky characters”; they want to keep the area as what they see as an “exciting, vibrant, multicultural oasis.” The temporary closing down of Christiania due to COVID-19 measures has reinvigorated these discussions (Ugespejlet April-May issues 2020).

### Images from the Shutdown Community

Christiania is notorious for its plurality of visual expressions. During the coronavirus shutdown of the area, one could observe a variety of signs and physical structures that in more or less imaginative ways tell people to “stay home” and exercise physical distancing. The photos below were taken by Emmerik Warburg in April 2020.





Images from the shutdown community  
April 2020. Photos: Emmerik Warburg









### Film from Coronavirus Shutdown Christiania

Christiania Tranquil road movie, by  
Emmerik Warburg (15:20 min)  
<https://youtu.be/o6RCnKEwdDY>

### Impressions from Re-Opened Christiania

*Friday, May 29 2020*

Christiania re-opened on May 16 2020, at 12 o'clock. Still, things are not back to normal. People are back to visiting the freetown, but not nearly in the same numbers as before the shutdown. Even on a sunny late-May Friday afternoon – normally a magnet for crowds of young people looking for fun, cruise-ship tourists and organized bike tours – the amount of people is moderate. After having been on shutdown since March 11, Denmark has gradually been re-opening during May. Yet there are still restrictions on how many people can gather in the same spot (max. 10). As it is one of the key public spaces for the inhabitants in Christiania, people do congregate in front of Indkøberen (the local grocery store) in smaller groups, and the same goes for the rest of Christiania's businesses. Pusher Street is also opened but in a somewhat new form. All the stands with cannabis are gone; instead the pushers are dealing out of their pockets. "We have chosen to have a more subdued hash market"

after opening up, explains Bente Morén, who lives in the center of the freetown (quoted in: dr.dk 2020b). What it means for the hash market to be subdued, according to Móren, is "for every individual to decide."

As reported above, during the nearly two months that Christiania was closed, the drug market did not close down. As a neighbor to the freetown, the neighborhood of Christianshavn got the displaced action. Personal experiences from living in the neighborhood, and reports from the Facebook group *Os fra Christianshavn* (Us from Christianshavn), confirm that there has been very aggressive drug marketing going on in the neighborhood during the past months, which stopped when Christiania re-opened. According to Ole Lykke, who has lived in Christiania for 35 years, this confirms how *Christiania's* hash market



Christiania's re-opened  
main entrance on May  
29 2020. Photo: An-  
ders Lund Hansen

is a form of lightning rod for the rest of Copenhagen. It also shows, according to Lykke, how the Danish state's drug policy is "a complete failure. [...] Our feeling out here [in Christiania] is that both the locals and the police are looking forward to it [the hash market] moving back to us. The situation in Christianshavn during the corona shutdown clearly shows that Pusher Street is an emergency solution to a problem that country politicians repeatedly refuse to do anything about" (Ole Lykke, quoted in *Berlingske Tidende* 2020b). Furthermore, Ole Lykke stresses that it is not accurate to talk about Christiania's hash market: "It is the Copenhagen hash market, but we must live with the side effects of having such a large criminal market concentrated in our district" (ibid).

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Image from re-opened  
Christiania, May 29 2020.  
Photo: Anders Lund Hansen





## ASSOCIATED PARTNER: FIXPUNKT E.V.

*Thomas Bürk, IB Hochschule für  
Gesundheit und Soziales*

Our research project works closely together with a number of associated partners from the non-profit sector. During the last year we developed a very close and fruitful cooperation as well with Fixpunkt e.V., another Berlin partner of the GONACI-P. Fixpunkt e.V. is a social work agency that been organizing and offering “accepting and unprejudiced drug/addiction help and health promotion”<sup>1</sup> since the late 1980s. The main focus of its work lies in the commitment to “the interests of drug users and addicts who are in the field of tension of this society. We promote tolerance and acceptance for our target group and give impulses for a social discourse about lifestyles that deviate from the norm. We understand our services as support for health promotion.”<sup>2</sup> Areas of activity include the operation of syringe machines, “low-threshold mobile social work and medical support for harm re-

duction,”<sup>3</sup> as well as infection prevention in the context of drug use, intoxication, medically supervised drug use, dental prophylaxis and the promotion of self-organization among drug users\*.

Fixpunkt e.V. offers regular counseling and medical care with a “health mobile” at various locations in the Berlin public space. The primary focus of this effort is on Kottbusser Tor (Kotti) and Görlitzer Park, but also Fixpunkt also offers such services in the districts of Schöneberg and Wedding, as well as classical street social work in Neukölln.



Source:  
[http://fixpunkt-berlin.de/  
index.php?id=zeit-  
en\\_automaten](http://fixpunkt-berlin.de/index.php?id=zeiten_automaten)

<sup>1</sup> Source: [http://fixpunkt-berlin.de/fileadmin/user\\_upload/PDF/Index/FixpunktLeitbild2011.pdf](http://fixpunkt-berlin.de/fileadmin/user_upload/PDF/Index/FixpunktLeitbild2011.pdf). Translated by Thomas Bürk.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

### Important:

Reusing old filters is dangerous for your health and should be avoided!

If you intend to collect and reuse cotton filters, it's important to:

- Look for good quality filters so that the fewest possible particles get into your bloodstream. Unused cigarette filters are the next best solution to special sterile filters for injection, but they are not perfect, because they release tiny fibers into the veins, which can get stuck heart and lungs and cause infection.
- Never store wet, used filters in a space without air, in order to slow down growth of bacteria.

### Important:

Never use foreign, unclean filters for using or sharing drugs! Heating with a lighter is not sufficient to kill all the germs. Hepatitis C can be transmitted through sharing filters.

#### Further information and contact:

- [verein@fixpunkt.org](mailto:verein@fixpunkt.org)
- [www.fixpunkt.org](http://www.fixpunkt.org)

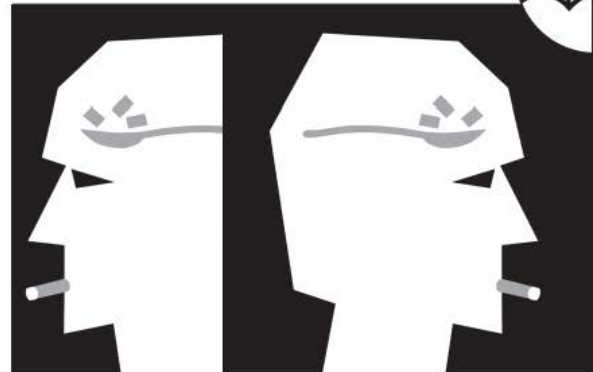
Last update: November 2017

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ENGLISH

Fixpunkt Safer Use Infos



## Filters

#### WHEN TO DISINFECT HANDS?

- If no water is available for washing hands you should use a hand disinfectant.
- You should not wash hands more than 10 times a day because washing hands too often is damaging your skin. If hands are not visibly dirty but might be contaminated it is advised to use a hand disinfectant which will not remove the protecting skin flora.

#### WHAT ELSE DO YOU NEED TO DO TO AVOID INFECTION?

- Always use clean, sterile instruments when injecting. Always use your own instruments (also lighter, tourniquet, water glass!)
- Clean and disinfect all blood-contaminated surfaces.
- Vaccination against Hepatitis A, B and tetanus are advisable. Make sure that your vaccinations are up-to-date.
- Use antibiotics properly. For example, antibiotics do not help against viral infections. If you do take antibiotics, use them exactly as directed by your doctor. Always finish the prescription: don't stop too early!
- Store your foodstuffs properly.
- Keep your pets healthy. This includes regular vaccinations and de-worming of dogs and cats.

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- [www.fixpunkt.org](http://www.fixpunkt.org)

Last update: May 2013

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ENGLISH

Fixpunkt Safer Use Infos



## Washing hands

Leaflets from Fixpunkt.  
Source: <http://fixpunkt-berlin.de/index.php?id=infomaterial>

# SOCIAL WORK IN DRUG AND ADDICTION CARE IN TIMES OF THE CORONA PANDEMIC

Thomas Bürk, IB Hochschule  
für Gesundheit und Soziales, Berlin

Health policy measures in the context of the coronavirus pandemic have also led to serious cutbacks for Fixpunkt's social work, and the short-term development of a crisis management system to maintain basic support services and adapt to the new regulatory and hygiene policy regime. Sebastian Bayer is a long-standing employee of the Fixpunkt organization, with a focus on work at Kottbusser Tor (Kotti). In the context of the GONACI project, we were able to conduct a zoom interview with him on the current situation at Kotti at the beginning of May:<sup>1</sup>

**Question TB:** *What is the current situation at Fixpunkt? What effect is the epidemic, i.e. corona, having on the consumers (...) and the everyday life of the consulting work of Fixpunkt at Kotti?*

**SB:** Basically, we first of all (...) drew up pandemic plans and thinned out our on-site presence in terms of staffing levels, also so that people don't step on each other's toes in the narrow buses too much ... we have [imposed] admission restrictions (...). These deployment plans have moved everything from inside to outside, not the other way round ... we don't let any guests/visitors in ... we have three buses ... one ambulance bus, one consumer bus, and one office .... In the consumer bus there is a restriction at the moment that only one person can come in ... (otherwise four people come in), in the medical bus we are only offering distribution at the moment.

**TB:** *Was it difficult to convert [Fixpunkt services]?*

**SB:** It was a big change for the colleagues, but also for the people [using the services] ... but on the whole it works quite well ... we even expanded the offer

... so we are now there five times a week ... we could do that because we went down from our actual quality key regarding the staffing level, in order to stretch it over a longer period, which actually (...) is great for the state of emergency because you have quality standards for a reason ... because in the emergency situation in which many institutions providing social services have closed or have limited offers ... we then gave the signal, "we are here, we will be here for a longer time" and ... yes ... we try to keep up something that works!

**TB:** *Did you have to specially apply for this [expansion of services to five times a week]?*

**SB:** No, we informed the senate administration and the district (...) but we don't have special permission for the extension ... we justified it with the state of emergency and if we have other officials on board it will be alright!

**TB:** *How has the group of consumers changed? What kind of group is coming? Is it larger ... or different?*

**SB:** At the beginning of the corona

<sup>1</sup> Thomas Bürk, May 6, 2020, via Zoom meeting.

crisis in the middle of March there were really a lot fewer people, but we don't know what the reason for that is ... if the police turned up the heat (...) some people told us that there were more police controls on and around Kotti (...) it was obvious who was left on the platforms when nobody is riding the train anymore ... so it's the people who sell and the people who buy ... and my personal assessment is that there was a basic uncertainty ... that many people tried to stay away from the public space when it was not absolutely necessary ... but that quickly returned to the normal level in terms of quantity ... what we noticed in the area of Kottbusser Tor is that people are hungry ... we have expanded our (...) food supply offer, because people are really hungry ... the classic target audience is actually still coming and occasionally there are also people who do not belong to our various target groups (...) older people were there ... we always have food with us anyway, sandwiches with cheese and sausage, we have kefir and cornflakes ... once a week (...) there used to be warm meals, we couldn't do that anymore to avoid "pack formation" ... now we have noticed that our supplies of food are gone much faster (...) now we give out everything for free (...) we notice how it all gets taken ... and that people ask for food, and sometimes a slightly tense to aggressive mood arises when it comes to food, that seems to be an issue that moves people ... as far as substance reduction is concerned ... we cannot confirm this with Kotti, but the fear was great in the scene that through the closed borders [nothing would come through].

**TB:** *How many people come by here on average during a day shift like this?*

**SB:** For now, if we start with the four hours that we are always here, we usual-

ly have 80–160 at peak times ... so that's summer already, and at the moment it's 80–100 ... still not so little, it has stabilized at a high level, but a little less [than normal].

**TB:** *I have the impression that this has developed into a kind of mobile, local social services station?*

**SB:** We have always had a bit of that, so that other people in very precarious situations could contact us and articulate their needs, i.e. Eastern European people ... construction workers, for example, who were cheated out of their wages, that's a story ... we don't capture data and so we don't know if it was similar last summer with people from outside the target group ... but when it comes to food, you do notice that many people come who you don't know that well, and who are not so "typical" in appearance to the known audience (...) when an elderly lady (...) at the end of her 60s or beginning of her 70s (...) classic "bio-German," with a relatively well-groomed appearance covertly asks for food in front of the bus, one has the sense that this might be from another context ... than according to our working mission.

**TB:** *And right now, the Tafeln<sup>2</sup> aren't working either.*

**SB:** Yes exactly, that's the way it is, yes ... we tried ... well, the consulting has already been reduced by the fact that we have to keep our distance, we have extra P2 masks for the consulting situation, but that's pure gold ... we have to use them specifically ... and so we have chosen different ... consulting focal points ... one is emergency substitution .... To get people into substitution services as easily as possible in cooperation with other agencies who actually can't cross the threshold that easily (...) that's

<sup>2</sup> Tafeln: German charity organizations that collect and distribute food.



our top priority ... when people already have all this additional stress in life, that at least the pressure to procure is no longer there, and the fear of criminalization is not so high, at least in some areas.

**TB:** *Substitution with methadone?*

**SB:** In case of doubt, this is a matter of consultation between the doctor and the patient .... In emergency substitution, a lot of methadone is used because it is the cheapest ... one hope is that as many people as possible who want to do so can stay in the substitution treatment program with methadone after the emergency treatment ... but first of all it is such a low level emergency treatment, we are just trying to get a few people into it ... yes, that is the framework in which we are moving!

**TB:** *There have been a lot of stigmatizing reports and articles about different users in Kreuzberg lately, because there are fewer people on the road it is more difficult to get money together.*

**SB:** Yes, that is also true.

**TB:** *By collecting bottles, and so on ... the whole economy ... the whole cycle of raising money [is altered].*

**SB:** Yes, it's absolutely right that people make less money, that's a fact, fewer bottles on the streets, people don't give money anymore.

**TB:** *This is actually a totally vulnerable group, actually these are the risk (groups) (...). Are there any extra programs and support from the Senate?*

**SB:** Well, the emergency substitution procedure that people are currently trying to establish, which is also being pushed forward by Fixpunkt ... that includes many levels – there are doctors involved, also the so-called Clearingstelle, the KV,<sup>3</sup> senate administration, various providers of addiction aid, they are already trying to change something structurally ... it is currently running on all levels, from social work in the office on the corner to the senate administration (...) of course, it is also about coming together with the other agencies ... despite the content differences that sometimes exist ... exciting, because you can actually change something in the structures ... through this terrible pandemic (...) by the way, it is actually still a structural problem that of course everything is lying idle now, as far as the social-technocratic processes are concerned, [i.e.] unemployment benefits, asylum applications ... all that kind of thing ... the LEA has been very quick ... the State Office for Immigration (LEA) has very quickly made everything accessible online and renewable ... that's when the crisis becomes very vivid for people, when the Senate suddenly has to deal with it.

**TB:** *Thanks a lot Sebastian, and all the best for your continued work at the Kotti!*

<sup>3</sup> KV= Kassenärztliche Vereinigung (Association of Statutory Health Insurance Physicians)

# VOLUME 2 OF THE LECTURE SERIES “INTOXICATION, GOVERNANCE AND THE CITY: DRUG POLICIES IN BERLIN AND ELSEWHERE”

*Thomas Bürk, IB Hochschule  
für Gesundheit und Soziales*

In cooperation with our Associated Partner, the “Bildungswerk der Heinrich Böll-Stiftung” and the European Dialogue on “Shared Spaces” in Berlin, Governing the Narcotic City is organizing a lecture series, Intoxication, Governance and the City: The first lecture took place at the Aquarium close to Kottbusser tor 12<sup>th</sup> of November 2019, featuring “Fragments of a Narcotic history of Berlin” followed by the 2<sup>nd</sup> lecture at the same venue, at the 13<sup>th</sup> of February 2020.

The third lecture has been postponed due to COVID-19, and will hopefully happen – as a lively but physically distanced meeting or a virtual event – in late summer this year!

**GONACI Berlin lecture series, vol. 2**  
**February 13, 2020, Location:**  
**Aquarium am Südblock, Kreuzberg**

**“Evil Places: Socio-Spatial  
Interventions at Leopoldplatz,  
Kottbusser Tor and Görlitzer Park”**

In Berlin, like other cities, specific public places are continuously being localized and labeled as problematic areas of drug use:

This often happens with a clear emphasis on state or at least city failure in regulatory policies and law enforcement. The addressees of these negative attributions of failed urban drug policy – at present, as well as historically – are

## BÖSE ORTE?



**Sozialräumliche Interventionen  
an Leopoldplatz, Kottbusser  
Tor und Görlitzer Park**



U-Bahn Station, Kottbusser Tor, Berlin

In Berlin, wie auch in anderen Städten, werden kontinuierlich spezifische öffentliche Orte als Problemzonen des Drogenkonsums lokalisiert und skandalisiert. Gleichzeitig werden sie zu Arenen städtebaulicher und sozialarbeiterischer Interventionen. Diese Praktiken folgen vielfach der Logik von Verlagerung/Verdrängung und Unsichtbarmachung bei gleichzeitiger Selektion der hilfsbedürftigen und „devianten“ Subjekte. Ambivalenzen, welche die tägliche Arbeit von Sozialarbeit ebenso prägen, wie die städtebauliche Vorstellung urbaner Plätze.

In dieser zweiten Veranstaltung aus der Reihe „Stadt-Rausch-Regierung“ werden wir drei dieser skandalisierten Orte – zumindest narrativ – aufsuchen und über die dort in den letzten Jahren praktizierten sozialen und räumlichen Interventionen zu diskutieren.“

Mit:

Astrid Leicht und Sebastian Bayer (Fixpunkt e.V.)  
Philipp Möller (Stadtforscher)  
Moderation: Thomas Bürk (IB Hochschule Berlin)

**13. Februar 2020, 19:00 Uhr**  
**Aquarium · Südblock · Skalitzer Str. 6 · Berlin**

often liberal and left-wing representatives of less punitive and repressive care practices, and social work and social policy that is more oriented towards the needs of users. However, social work has always held the ambivalent position of having to guarantee help and control in equal measure. On the one hand, direct personal access to the drug consumers is not possible without concrete offers of help and support. On the other hand, financial contributions and the provision of resources are also connected with the enforcement of local control over consumers and their behavior. This ambivalence can also be transferred to the respective hotspots from an urban planning perspective, i.e. the places of consumption, human transit and circulation of goods governed by different policies of order and aid. In many cases, urban planning interventions follow the logic of displacement and invisibility, while at the same time focusing only on needy and “deviant” subjects.

In this second event in the lecture series “Stadt-Rausch-Regierung,” (Intoxication, Governance And The City), employees\* of the social aid initiative “Fixpunkt,” Astrid Leicht and Sebastian Bayer, as well as urban policy activist and researcher Philipp Möller, visited three of these places labeled as problematic– at least narratively.

Philipp Möller was focusing on the urban planning procedure at Leopoldplatz, a from many different citizens frequently used square at the Berlin

borough of Wedding. Here, socio-spatial processes of urban renewal and participatory planning results in an ambiguous transformation of public space to design out – or better: to localize groups like homeless people (as well as other members of “deviant” groups) in a different, specific landscape of assigned, allocated and delimited places.

Sebastian Bayer from Fixpunkt e.V. reflects on the local policy of public health, drug prevention and harm reduction at the hotspot Kottbusser Tor, where Fixpunkt e.V. is running social aid services, mainly for consumers of drugs like Heroin and Amphetamines. (see interview in this newsletter).

His colleague Astrid Leicht from Fixpunkt summarized their experiences as local “social player” as part of participatory urban planning procedures.

The “Aquarium” venue of the restaurant Südblock at Kottbusser Tor was once again very well filled, with about 100 people in attendance and a lively Q&A debate.

Sebastian Bayer,  
Aquarium, February 13, 2020  
Photo: Thomas Bürk



# “TAKEAWAY WEED” IN THE NETHERLANDS DURING COVID-19

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*Daniel de Ruiter, Amsterdam*

## Abstract

In the Netherlands, lots of young people experiment with or use substances in a recreational way on a frequent basis. Largely because of the free climate in the Netherlands with regard to drugs, many young people, especially students, come into contact with this topic. For them it is about smoking weed to relax, or taking hard drugs like XTC to party during summer festivals, for example. Because of the coronavirus and accompanying restrictive measures, recreational drug use as such is disappearing from public spaces like festivals and coffee shops. This news article focuses on a group of young recreational cannabis users. Central questions are the extent to which their patterns of use are turned upside down during the corona crisis, and whether coffeeshops were perhaps already effectively functioning as pickup points before corona. Many of the users seem to be smoking more weed than before, for a variety of reasons. The impression that coffeeshops were reduced to mere takeaway points as a result of the crisis turns out to be not completely correct, as this may have already been happening.

On March 15<sup>th</sup>, the tolerance policy normally applied in the Netherlands with regard to the sale and use of cannabis suddenly ceased to exist. Because of the COVID-19 outbreak, all catering establishments, including the coffeeshops, had to be closed at 18:00 that day. Supermarkets remained open, and one could still easily get alcohol and cigarettes. However, the availability of cannabis, which is also often used as a recreational substance, disappeared. Weed and hash would no longer be “legally” available if the coffeeshops closed. Everywhere in the country, long queues arose in front of the coffeeshops, which, like the other catering establishments, had been given the strict regulation by Dutch Prime Minister Mark Rutte to close their doors to guests at 18:00. Given the short timeframe (17:30 the measure

was announced, 18:00 the doors had to be closed), it soon became clear that many cannabis users in the queue would no longer be able to turn up at the counter in time and would not be able to stock up their provisions. Everyone in the queue thought that in half an hour, the Netherlands’ tolerance policy, in general as much applauded as it is maligned, would temporarily cease to exist.

The consequences of the sudden “stop” on the tolerance policy led to strange scenes in the Dutch streets. Illegal (street)dealers saw their chance and walked the long queues in front of the coffeeshops while handing out their telephone numbers. Other home dealers sent mass WhatsApp messages with special offers for weed. In addition to this foreseeable increase in illicit drug trafficking, there was a fear

of public unrest, expected in response to the closing of the coffeeshops while the queues were still reaching hundreds of meters through the streets. Therefore, a clause was added to the new measures that had only just been issued. The coffeeshops were allowed to remain open on the condition that cannabis was sold only for takeaway. The tolerance policy lived to see another day, but the coffeeshops were reduced to takeaway only.

But were they really “reduced to” takeaway? In Amsterdam the newer and hippest coffeeshops do not really look like cozy places to sit, or places that serve as smoking rooms. Places like Boerejongens, Sensemillia and DNA look more like a pharmacy than a cozy cafe. Cannabis users themselves indicate that they do not miss out on cannabis use in the “semi-quarantine” days compared to before the corona crisis. (The Trimbos Institute for Mental Health and Addiction claims that in general, 42% of the 588 respondents to their survey smoke more cannabis than they did before the COVID-19 outbreak.) Particularly the coffeeshops in the city center, which are heavily dependent on tourists, do still see many users who stick around in the

cafe in normal times. The shops outside the city center that have more of a regular, local clientele, on the other hand, already saw a lot of takeaway instead of “indoor smokers” before the coronavirus. The way in which new measures are brought into the news makes it seem that shops have had to make a gigantic change in their business model. Based on the stories of users and coffeshop owners, however, this picture seems to be exaggerated. The virus may make it more visible, but in principle, the vast majority of coffeeshops were already serving as more of a takeaway counter than a place where people came to smoke together.

### Nothing New Here

Thomas\* (26) is an avid cannabis smoker who believes that coffeeshops in the city center still have a social function, contrary to those outside the center: “The shops in my neighborhood are not necessarily quieter than normal. It seems even busier. Of course that can also be the result of us having to keep a distance of 1.5 meters from each other. But still, I think it’s mainly the shops in the center that are having a hard time and see a large decrease in customers.”\*

When Thomas looks back on 4/20, the unofficial worldwide cannabis day that is celebrated every year on the 20th of April, he realizes that despite the quarantine measures, he himself did not have to change his pattern of use. “Even the group of people I usually smoke with hasn’t



WhatsApp text message sending out special deals the day after the coffeeshops were closed  
*Personal message of the Author*

\* Some names in this article are fictional for privacy reasons.  
All quotes are translated from Dutch to English.



changed. Before the measures on gatherings were introduced, I smoked mostly with roommates and very close friends. Even at 4/20, we were just together so as if nothing had changed. I don't come into the shop to smoke hash anyway. I pick it up there and smoke it at home. Almost everyone around me does it like that.”

Another person who often uses cannabis is Karlijn\* (24). Karlijn agrees with what Thomas says and also sees that smoking weed does not often happen in public space. “I never hear from people around me that they really sit down in the coffeeshop to smoke. Only maybe if they are friends with an employee or so. I smoke in my own environment with music and my own stuff.” Both smokers mainly use drugs recreationally at home or close to home. Karlijn describes the coffeeshops as follows: “I don't smoke so much weed with others anyway. The coffeeshop is really a pickup point for me: getting my weed and off to home. That's how I think the places are built and organized these days. At some shops, for example, you can't even sit down and you have to stand up.”

The corona measures do not affect Karlijn in the sense that she does not have a place to smoke weed anymore. However, Karlijn did notice something else that has changed. She is now buying much more weed than she previously did. “Suddenly the shops were allowed to open again after March 15th, on the condition that they would only do pickups. I thought: That was already the case before corona, wasn't it? I often saw notes at shops in my neighborhood telling me that the smoking rooms were closed. The fear that the shops will close



Coffeeshops boerejongens  
with its pharmacy look  
Twitter: @Boerejongensbij

soon is gone, but I'm unconsciously getting more weed.” It is not the extra free time Karlijn now has that makes her buy more weed, she says. It is because of the sudden realization that the supply of weed is easy to cut off, and that coffeeshops do not seem to be stable points of sale, weed users have started to buy larger quantities.

“Since then, I've always bought five grams a time while I normally buy two to three grams,” Karlijn explains. “It's not that I go to the shops less, I even go more, so in result I started smoking weed a lot more. I'm not the only one though. The other day I was talking to the manager of my favorite coffeeshop. She said that now almost everyone comes to the shop for five grams. That specific Sunday it was very busy and logically the day after it was very quiet because everybody had enough weed at home for that day, but on Tuesday they just turned back to normal levels in regard to their sales.” The Trimbos Institute verifies this statement. Within a group of randomly surveyed people, mainly in the age category of 20 to 35, the people that smoked weed on a daily basis went on average from 3.6 joints a day to 4.3.

The only public place where Karlijn

does see a lot of recreational drug use are the coffeeshops in the center of Amsterdam, which are mainly frequented by tourists. Just like Thomas, she notices that it does not matter much for the coffeeshops outside the center of Amsterdam whether they serve as a takeaway counter or not. Still, she thinks that the shops in the city center play an extra role. “Of course there are still many shops in the city center where a lot of people are smoking weed inside. You mainly see tourists, which I think isn’t that weird by the way. If you come to a country where you are allowed to do something that you are not allowed to do in your country, you go for the full experience.” Especially for tourists, the role of the coffeeshops remains very important. “I wouldn’t mind it very much myself if the coffeeshops had to close and the takeaway counters will be all that remain,” says Karlijn. “However, I think for tourists in a crowded city like Amsterdam it’s good to offer a place for recreational drug use to keep it off the streets.”

### There’s No Place Like the Coffeeshop

Although Thomas and Karlijn know a lot of people who mainly see and use coffeeshops as takeaway points, that does not apply to everyone. “If it’s in your own neighborhood and you know the people sitting there, I can understand the tendency to smoke a joint in the shop,” says Thomas. Milton\* (21) understands this, too, and smokes cannabis on a regular basis. In contrast to the others, he mainly smokes in the coffeeshop: “I prefer to smoke in the coffeeshops. It’s just a moment of rest there.

You can quietly prepare your joint and have all the time to smoke in peace. If the weather is bad, it’s also ideal. It’s a conscious choice not to smoke at home. This way I’m in a different environment and I’m out of here for a while.” The changes in regulations due to the coronavirus certainly did have an impact on Milton.

Before the COVID-19 outbreak, he visited his regular shop in Mijdrecht a few times a week, where he used to meet the same friends. This routine has changed: “Well, now I don’t smoke weed there anymore. I just do it outside, sometimes with friends but often alone. That’s less fun, of course. I also have to say that I now smoke more weed than I did before. That has mainly to do with the fact that I have a lot more free time now.” Milton seems to be one of the rare young weed smokers who regularly stays at a coffeeshop to smoke. His place where he used to be able to quietly smoke a joint has now been transformed into a takeaway counter. Milton remains indifferent, however, and thinks that the impact of the corona measures on coffeeshops differs based on the environment.

“It really depends on the environment whether people are bothered by the closing of the coffeeshops. For me in Mijdrecht, the concept of the shops is different than in Amsterdam. Tourists don’t come here so the shops

Coffeeshop bullwackie  
outside the city center  
*Wikimedia commons: Henk bezemer,  
Labeled for Reuse and modification*





are a bit more geared to that. Sometimes it looks like a community center, I can remember that people used to come here just for a cup of coffee.” For places like the coffeeshop where Milton goes, the measures can therefore lead to drastic changes. These changes also affect their customers like Milton and a minority of other young recreational drug users. Another striking example of this is Sarah\* (18), who told her story in the Dutch newspaper *De Volkskrant*.

Lots of young people need to stay at the house all the time. Being so close together for longer periods of time with their parents sometimes turns out to be very confronting, especially when the adolescents are regular users of cannabis. Sarah used to live on her own in an assisted living program, but due to the corona crisis she moved back in with her mother and her fifteen-year-old sister. Because she can not turn to her usual spot, the coffeeshop, to smoke weed, her mother allows her to smoke weed at home. Sarah says: “It’s not that my mother is really fond of me smoking at home, but there really is no other place for me to do so.” Sarah has her own spot in the house, the dinner table in the kitchen. When she wants to smoke a joint she has to close the doors to the other rooms in the house.

#### More Weed and Social Distance

Although most recreational users do not seem to miss much during the corona crisis, there are still people like Sarah and Milton who feel the effects of the instated corona measures. They make it work, but both indicate that it is less fun than before. Milton is not seeing his friends very much anymore,



Coffeeshops becoming creative in facilitating a “Cannabis Pickup Point”  
Twitter: @sjonnie100

and Sarah annoys her mother to a certain extent. However, there is more time to smoke weed and use has been going up. The main reason for this is boredom, according to the Trimbos institute, but levels of stress, loneliness and mental health are also frequently cited reasons to smoke more weed. The closing of the public smoking spots does not seem to be a problem for a majority of users. Like Thomas and Karlijn say, they smoke more weed and life goes on as it usually did. At least, these two think that it does for most of the recreational weed smokers they know.

Weed was already picked up at the shops previously and smoked at home. If there is anything that has changed in reaction to the corona crisis, it is the quantity of weed being smoked. The amount people now buy at the counters did increase. However, the fact that coffeeshops made an enormous transition into mere takeaway counters because of the corona measures is not true. Coffeeshops already served as pickup points for most people. However, we should not forget the personal situations

of the minority of people for whom things did change. They have to be patient until at least the first of September. The current plans of the Dutch government are targeted on an “intelligent unlocking,” in which society will open up again step by step. Along with the casinos and the (Red Light District) brothels, the coffeeshops are among the last public places that will be reopened for business in the Netherlands.

### References and Further Reading

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# XTC AT HOME: CHANGES IN RECREATIONAL DRUG USE DURING COVID-19

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*Lukas van der Sman*

## Abstract

The COVID-19 outbreak ensured the cancellation of the entire 2020 festival season. How do recreational party drug users cope with the situation? To still be able to party and use XTC on national holiday Koningsdag, Peter (21) and his housemates threw their own festival-like party. Through an interview with him this article gives an insight in how some Dutch users take recreational drug use to their homes now they cannot use at festivals and clubs.

## Party Drugs and Music Festivals

In the Netherlands, music festivals are immensely popular. Especially the area around Amsterdam sees many of them hosted every year. A large number of these festivals give a stage to artists and musicians from within electronic music scenes, such as EDM, house and techno. These festivals attract people from all over the country. Bigger festivals like Mysteryland, Awakenings and the Amsterdam Dance Event even attract people from all over the globe.

At these events it is quite common to use party drugs in a recreational way. Visitors tend to use a wide range of hard drugs varying from MDMA and XTC to cocaine, speed and ketamine. XTC seems to be an especially popular party drug to use at these festivals. Not so surprising if you take into account the Netherlands' top position in the production and export of the drug worldwide, along with the country's liberal stance towards the possession and use of drugs. However, this attitude has become more conservative in the past decade. Drug tests on the dance floor have been forbidden. Furthermore, a 'zero tolerance' policy is applied to more and more

parties. In areas where this policy is in effect, the usual five grams of marijuana, half a gram of cocaine and one pill of XTC you can carry as an individual for your own use become illegal to possess. More and more often the government also labels XTC users as supporters of an illegal drug business.

Due to the measures taken in light of the COVID-19 outbreak, it is highly doubtful whether 2020 will see any festivals. On the 21<sup>st</sup> of April, Dutch Prime Minister Mark Rutte announced all festivals planned until the 1<sup>st</sup> of September would be canceled. These cancellations naturally brought huge disappointment to the organizers and visitors. But what will the impact be on the recreational use of party drugs? Will people still use these drugs? Where will they use them? Recreational users of party drugs often connect their drug use to their festivals visits. Will the absence of festivals stop people from using party drugs? Peter\* (21), a student of psychology and regular hard drug user, is ready to shed light on his approach to the situation. Together with his housemates, he threw a party as a substitute for the cancelled festivals.

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\* This is a fictional name because the interviewee wishes to remain anonymous

This meme of an XTC pill wearing a face mask spread over the internet. No copyright.



### Home Use on Koningsdag

The 27<sup>th</sup> of April is a Dutch national holiday: Koningsdag (trs. King's Day). On this day the Dutch celebrate the birthday of King Willem-Alexander. For the majority of the country, this means dressing up in orange, selling and buying goods on the streets and enjoying a day off. As a national holiday and day of celebration, Koningsdag for many others is a day to party. Naturally this includes many electronic music parties and festivals, many of them taking place already on Koningsnacht, the night before Koningsdag. Some popular recurring electronic music festivals are Kingsland Festival, Oranjbloesem and Loveland van Oranje. In 2020 all of them were cancelled.

Dwellers of a student dorm in the city of Utrecht all had plans to attend such a festival on Koningsdag. Now that they were stuck at home with each other, and all had initially planned to use XTC on this day, they decided to throw their own party. For them the cancelling of the festivals did not mean they had to cancel their plans to party and use drugs. Peter explains what drove them: "We originally had the idea to go to some festival together at Koningsdag before the lock-

down happened and we thought it would be pretty sad to not do anything at all. So, that was where the idea came from to make our own festival. To take the setting of a techno festival with drugs to our own house." He added that they explicitly did not want to throw a big party in light of the measures. The party was exclusively for housemates and a few friends, which meant a total of ten people attended the party.

Their situation seems not to be unique. In Utrecht, as well as in Amsterdam, the phenomenon of using party drugs like XTC and MDMA at home is widespread among dwellers. For example, Peter's neighbors who live two houses down were also using XTC together on Koningsdag. It can hardly be a coincidence that a holiday like this is such a popular moment, because for many this day would normally already include the use of party drugs. Hence, the absence of festivals does not take away the desire and drive to party among some recreational drug users. They find creative ways to fulfill their needs by bringing the use of party drugs into their homes. This raises some interesting questions.

Is the use of party drugs really so strongly connected to festivals? Is it due to the situation around COVID-19 that people are forced to use at home, or is this already a common practice?

Peter, for example, never used XTC at home, although he is a regular hard drug user. “Hard drugs I use are XTC, MDMA, cocaine and 3mmc. I think those mostly.” He started using drugs almost two years ago, during his time in college: “especially when I moved to Utrecht, I started using more hard drugs.” His incentives to use differ per drug. Cocaine for him is a drug to use when going out in the city, XTC and MDMA he uses at larger festivals: “it takes up your day. You will be like, away for a day. You get all these feelings of love and kindness and I like to share that with a larger group. So I only use it when I go to a festival with a group of friends.” He explained that he prefers to not use more than once every two months, because it takes quite some time for your body and brains to recover after using.

The heavy effects of the specific party drug are the main reasons for Peter to use it at specific moments in a specific surrounding, namely festivals. This counts for many others as well, because by using XTC, you heavily exhaust some parts of the brain. It takes two to three months for the balance of serotonin, a neurotransmitter that contributes to feelings of happiness and wellbeing, to be restored after the use of XTC.

For Peter the COVID-19 situation was the reason to change the setting of his use of XTC for once: “I think this corona situation forced me to use at home, because otherwise I wouldn’t have used at home very quickly.” He compares his experience at home with his other experiences at festivals and comes to the conclusion that the use of the drug is more suited in a festival-like setting: “For me it was a little bit harder to feel the drug. Especially with XTC it takes some time

before it kicks in. There’s some build-up. And for me it took a longer time, I think because there were less distractions. We were standing on our balcony. There were some decorations and there was music. But for me in the beginning, that wasn’t enough to feel the effects. Normally for me it takes about half an hour for it to kick in and now it was one-and-a-half or two hours. A big difference.” Although this experience was still pleasant Peter does not see himself using XTC at home in the future: “I think I will keep it to festivals.”

### Different Responses

To put Peter’s story into the larger context of recreational drug use at home, it is important to look at other people’s experiences. On [www.drugsforum.nl](http://www.drugsforum.nl) regular drug users discuss changes in their use during the lockdown. When it comes to party drugs the responses differ widely. For one user, festivals are a necessary condition for use: “I only use drugs at parties at a maximum of four times a year, so momentarily I don’t use.” Many users see themselves using more drugs now that they are stuck at home. Boredom is the biggest reason to use more. Now that they have more free time on their hands and a less structured working or studying routine, there is less of a barrier to go and use. In contrast, some users already used XTC or MDMA at home and even prefer to use it this way: “By myself I enjoy MDMA more than for instance with friends or at a party. I do not directly associate MDMA or XTC with partying, maybe that is why I prefer to do it on my own.” For many others the lockdown situation is a moment to experiment and try new kinds of drugs.

When reading the comments on [www.drugsforum.nl](http://www.drugsforum.nl) it seems like recreational users tend to use more often since the COVID-19 outbreak. On the other hand, Trimbos, an institute that researches addiction and alcohol, tobac-



co and drug use, states that recreational drug users tend to use less or take a break during the lockdown. They base their statement on polls taken on social media and emphasize that these results relate to short-term use. This new insight conflicts with the story of Peter and his housemates. It underscores one thing however: drug users respond in different ways to the unique situation caused by the COVID-19 outbreak. Every user has his or her own preferred circumstances in which to use. Now that some of these circumstances have changed, some people look for new ways to use, some continue their usual ways and others cease their use for some time.

### Can You Still Use in COVID-19 Times?

Concerning the COVID-19 measures, the use of party drugs in these times raises two more questions. First, is organizing a party and social drug use not an act of carelessness and selfishness towards other citizens? The use of a social drug with a group of people does not go together with the obligation of “social distancing.” Peter and his housemates considered this, and yet they started the party without the feeling of behaving in an irresponsible way. They threw their party for themselves, the people who they were already living with for the entire quarantine, and a few friends who already visited the house on a regular basis. “I think, at first I thought we were being responsible. We had a maximum of guests and we didn’t want to make it bigger than was legal. But, when the drugs started to kick in, people got less focused on the measures. So neighbors came to check-in with us and more friends were called who came by for a short period. It wasn’t like, really irresponsible, but we did have less focus on the measures later in the day.” He admits that under influence you are less aware of the things you do and that he and his housemates took a minor health risk by

throwing their party.

Secondly, is it still safe to use, given that it is no longer possible to test your drugs due to the COVID-19 outbreak? Normally it is possible for dealers and users to test their pills and powders through the test services of Unity, Jellinek or the GGD (these are organizations specialized in addiction treatment and guiding people with drug use in general) in order to make sure they are not contaminated, and to assess the amount of MDMA in the pill. Now that these test services are temporarily shut down, this surely forms a barrier for people to keep using. Peter and his housemates, however, were not scared about this option being eliminated. Peter: “I have mostly tested my drugs, but the drugs I got for Koningsdag I didn’t test. It is apparently possible to call Jellinek, where you can normally test your drugs. You can call them and you can send a picture of the drug you have. Then they can check if the drug is on the no-go list. But yeah, I didn’t think that would add a lot of safety, so we didn’t do that.” This example does underscore the willingness of people to still use. Now that they cannot use in the usual setting, you might think that they would be more wary, but it seems that the drive to use can sometimes be strong enough to adapt to new situations, moving people to take bigger risks.

We see a peculiar situation in times of the COVID-19 outbreak. Clearly people do not need festivals to use party drugs. They find ways to use at home. But to what extent is this caused by the COVID-19 situation? It is changing the behavior of some users, as in the case of Peter, who in a normal situation would not use XTC at home. The stories of regular drug users online showed that there are people who already used party drugs at home and will continue with this when the lockdown is over. For others, the current situation turned out to be an in-

centive to not use at all (for now). The measures taken concerning COVID-19 make it harder to use party drugs due to “social distancing” and the inability to test drugs. Nevertheless, this does not constitute a problem for some users. The COVID-19 situation is unique because it eliminates the ability to be in social surroundings. As a consequence it is hard to use party drugs where they are usually consumed; in social settings. The fact that users have unique experiences and preferred surroundings for their use makes it so that users react to the COVID-19 situation in different ways. Some had to adapt to new ways of using and setting for use, whereas for others not much has changed. Two things are clear: the use of party drugs still continues, and people find creative ways to create desirable surroundings for their use. Just like Peter, who took his favored surrounding home by throwing a festival-like party at home.

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# RESEARCH ON PUBLIC SPACE UNDER LOCKDOWN: A BRIEF SUMMARY OF THE IMPACT OF THE CORONA CRISIS ON THE GONACI RESEARCH PROJECT

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In recent months, the corona crisis has had a substantial impact on the HERA project “Governing the Narcotic City.” Measures taken to slow the coronavirus pandemic, including lockdown policies, have significantly restricted the research capabilities of all project members in various ways. While we were able to continue to develop the open-access Narcotic City Archive, many case studies have been slowed or paused as a result. Archives and libraries are closed, planned participant observation is currently either impossible or has to be adapted to the current circumstances, and the possibility of carrying out community interviews or mapping activities is severely limited. Many of our partners have limited capacity for collaboration while engaged in local crisis response. Conference panels and public lectures had to be cancelled, and we also had to postpone our second workshop, originally scheduled to take place in the Amsterdam City Museum in late March 2020 with the participation of all project members, partners, and associated researchers. In addition, members of the team are dealing with increased caretaking obligations due to the crisis.

Nevertheless, we have established more intensive communication with one another as the situation has developed. We were able to organize a reduced, online version of our March workshop, where we began to adjust our working

processes. Since then, we have been exchanging observations, working papers, media reports, and other insights on how the crisis has affected the use and governance of urban public space. One central area of discussion has been how to respond to the crisis by adapting research methods and refocusing research questions. The texts in this special issue of our newsletter gather the first results of this endeavor.

As of June 2020, while the lockdown has been partially lifted in many European cities, research remains difficult. It is becoming increasingly clear that even with adaptations, the projects’ research aims will continue to be affected by the ongoing crisis and its aftermath. We are grateful for the support of the HERA team and local agencies in seeking ways to manage the long-term consequences of this situation. More importantly, we are concerned about the effects of the pandemic on the use and accessibility of urban public space, especially for substance users, many of whom have high health risks and precarious socio-economic status. We also want to express our concern for and solidarity with health workers and activists who are struggling to provide much-needed resources and care for vulnerable groups under conditions that are even more difficult than usual.

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