



Why are we still debating Safer Drug Consumption Facilities (SDCFs): A critical analysis of the drug policy constellation of power and its impact on the introduction of SDCFs in Scotland

Maria Fotopoulou and Margaret S. Malloch, Faculty of Social Sciences, University of Stirling, Stirling, Scotland, UK

Abstract

This paper will critically discuss policy drivers that have impacted the introduction of Safer Drug Consumption Facilities (SDCFs) (also known as overdose prevention centres) in Scotland, focusing on Glasgow as an example. This paper explores the history of SDCFs and the evidence concerning their effectiveness in various jurisdictions. Faced with the growing body of national and international evidence in support of their introduction and the reluctance and delay to introduce them in Scotland, we pose the question: “What may be the reasons behind the evidence policy/practice gap in Scotland, as far as SDCFs are concerned?” To answer this question, we utilise the theoretical framework of drug policy constellations (Stevens, 2024a), and specifically the dimension of power, to review the evidence and discuss the influence of power on the debate surrounding, and introduction of, SDCFs in Scotland. We highlight how forms of political and social power have impacted decision-making processes. The paper concludes with the suggestion that policymaking in the case of SDCFs is better understood through an exploration of different forms of power, rather than a more objective consideration of ‘evidence’.

Keywords

Safer Drug Consumption Facilities (SDCFs); drug policy constellations; political power; social power; drug policy

Introduction

Drug-related deaths have been a national concern in Scotland, as elsewhere in the UK. For England and Wales, the number of drug-related deaths was stable up to 2012 but has since been rising every year with increases continuing steadily up to 2023, the last year we have available data for (ONS, 2024). Scotland has followed the same trajectory. From 1996, drug related death figures have risen continually, with significant increases since 2013; in 2020 Scotland’s drug related death rate was 3.5 times that for the UK, and higher than any other European Country (NRS, 2021: 4). The spiral of yearly increases did not go unnoticed by the media who coined Glasgow, the city where most drug related deaths occurred during this timeframe, ‘Drug Death Capital of Europe’. In 2021, for the first time in a long time, drug related deaths reduced slightly to 1330 (a decrease of 1%) (NRS, 2022) however, the figures published for 2021 were significant enough for the then First Minister Nicola Sturgeon to announce more than £250m in new funding for drug prevention and rehabilitation over the next five years.

According to the latest figures, 1172 drug related deaths were registered in 2023 in Scotland, noting a slight decline, although still “much more common” (4.2 times more likely) than in 2000 (NRS, 2024: 3). Deaths attributed to problem drug use in England and Wales have been reported as being higher for people born in

the 1970s, coined as ‘Generation X’ (ONS, 2023). In Scotland, drug related deaths have been connected by the media with the “Trainspotting Generation;¹ people who grew up in the 1980s and 1990s. Increased risk (15 times more likely) of experiencing a drug related death has been linked to living in the most deprived areas in Scotland (NRS, 2024) and appears to be similarly reflected in figures for England and Wales (ONS, 2024)².

The exceptionally high figures for Scotland have led to ongoing attempts to find ways of reducing drug-related harms and addressing the impact on individuals, families and communities. There are many initiatives that have been considered and introduced over the decades by health providers, criminal justice practitioners, politicians and policymakers, as well as activists and campaigners (Malloch and McIvor, 2013; Price, et al., 2020). These initiatives include Drug Courts, Drug Treatment and Testing Orders, substitute prescribing, Drug Checking Services (Falzon et al., 2023), as well as provision and training in the use of Naloxone, aimed at intervening during an opioid overdose. These initiatives have met with varying degrees of success but highlight the willingness that exists among many sectors of Scottish society, to act.

However, as we explore in this paper, the controversy surrounding both the naming and the introduction of Safer Drug Consumption Facilities, sometimes referred to as Overdose Prevention Centres, has been ongoing³. The approval for an ‘official’ pilot was only made in 2024, despite the existence of an ‘unofficial’ facility which operated in Glasgow between September 2020 and May 2021 before closing. While this unofficial intervention, discussed further below, was an example of a grassroots community initiative (led largely by one concerned citizen), it remained controversial but did operate as a visible reminder of what might be possible in calls for support for problem drug users in Glasgow. The first official Safer Drugs Consumption Facility (SDCF) – originally due to open in the city on 21 October 2024 and actually opened in January 2025 - operates as a pilot, initially for three years with £7 million funding. Although the subject of debate over several years, this initiative can now be introduced after Scotland’s Lord Advocate⁴, Dorothy Bain KC, announced it would “not be in the public interest” to prosecute people for possessing illegal drugs while at the facility. This pilot SDCF follows many years of debate within Scotland, and between the Scottish Government and Home Office, finally moving forward following recommendations of the Drug Deaths Taskforce which included a call for the UK Government to “consider a legislative framework” to support the introduction of safer consumption rooms. In line with the Scottish Government attempt to shift its policy focus on drug-related harm from criminal justice to public health, it seemed that the stars had finally aligned to effect meaningful change in response to Scotland’s drug related deaths.

To understand the various factors that have contributed to the debate, delay and final decision to introduce a pilot of the facility in Glasgow, we turn to the theoretical framework of Drug Policy Constellations, and specifically its elements relating to political and social power. The paper then critically discusses how political power and epistemic authority have impacted the debate and final decision to introduce SDCFs in Glasgow. We then turn our attention to the impact of media, affective and ‘savvy’ social power, before concluding with reflections on the interplay of various forms of power in the field of policy making about SDCFs.

Drug Policy Constellations

¹ A term derived from the title of the 1996 film directed by Danny Boyle (based on the 1993 Irvine Welsh novel) which focuses on the lives of a group of friends who engage in problem heroin use in economically deprived areas of Edinburgh.

² We note here that although patterns of use may be changing, opioids continue to be the substances most implicated in drug related deaths. For example, every year since 2018, one or more opiates have been implicated in more than 80% of drug misuse deaths.

³ The intervention has been given different names, often called Safe Consumption Sites- especially in the US-, Supervised Injection Facilities, Overdose Prevention Sites or Drug Consumption Rooms, the latter mainly in European countries. In this paper, we use the term Safer Drug Consumption Facilities as a more inclusive name both in terms of substances consumed but also in terms of the function of the intervention.

⁴ This post retains the term Lord, despite Dorothy Bain being the second woman to hold the post.

Drug policy constellations effectively constitute a lens or framework which aims to illuminate the processes by which drug policy is made. The term was introduced by Stevens (2024a) who, in his book *Drug Policy Constellations*, sets out a comprehensive examination of UK drug policymaking and the factors that influence this. Highlighting power and morality as the two concepts that shape the policymaking process in relation to illicit drugs (rather than ‘evidence’), Stevens identifies the forms of power at play in drug policymaking as relating to political and social power.

Political power refers here to institutional and legal power, underpinned by the coercive power of the state. Social power, relatedly, encompasses the forms of power social actors have at their disposal and is discussed as economic, epistemic, affective, media and savvy power- this latter form ‘savvy social power’ is a concept introduced by Stevens which he defines as “bringing together epistemic and affective power with a canny, tacit, engaged knowledge of how to use institutional systems to effect change” (2024a:23).

We focus here, on the forms of political and social power at play in the making of Scottish drug policy as it relates to the introduction of SDCF’s in Scotland, and on how these power formations may have helped or hindered this. To do so, we consider how evidence has been used in the formation of specific narratives surrounding SDCFs and we explore the forms of power that underpin this intervention. As Stevens (2024a: 175) concludes: “To put it simply, there is no such thing as evidence *-based* policy. Policy making is often informed by research evidence, but it is based in ethico-political commitments and material interests, not research evidence” [emphasis in original].

Safer Drug Consumption Facilities and political power

The legal context surrounding the operation of SDCFs is shaped by the International Conventions to which the UK is a signatory, and specifically the 1961 UN Single Convention of Narcotic Drugs, the 1971 UN Convention of Psychotropic Substances and finally the 1998 UN Convention Against Illicit Traffic in Narcotic Drug and Psychotropic Substances (Transform, 2024). At national level, the legislative framework reflecting the commitment of the UK to International Law is the Misuse of Drugs Act 1971, still in effect today. Despite devolved responsibilities for justice, policing, health and social services, the 1971 Misuse of Drugs Act remains reserved in that it applies to the United Kingdom including Scotland, despite its devolved status (Home Office, 2015).

Objections to the introduction of SDCFs in jurisdictions which are signatories to the international control treaties, were noted by the International Narcotics Board - the independent monitoring body for the implementation of the United Nations international drug control conventions - both in 1999 and 2000. According to the Board, SDCFs could not be considered convention-compliant because they were seen to ‘facilitate’ the use of substances but also potentially drug trafficking. The Board also reminded all signatory governments that “they have an obligation to combat illicit drug trafficking in all its forms” (INCB, 1999:26). Similarly in 2000, although acknowledging the role harm reduction *can* (emphasis added) play as part of a demand reduction strategy, the Board also expressed ‘regret’ that “the discussion on drug injection rooms and some other harm reduction measures has diverted the attention (and, in some cases, funds) of Governments from important demand reduction activities such as primary prevention or abstinence-oriented treatment” (INCB, 2000:60). However, as Lloyd and Hunt (2007) highlight, there can be varying interpretations of the international conventions, and this intervention can be seen as contributing to the fulfilment of the Conventions’ aims towards support for people who use drugs. To support their argument, they cite the statement of UN legal advisors on SDCFs specifically:

“It might be claimed that this approach is incompatible with the obligation to prevent the abuse of drugs. . . It should not be forgotten, however, that the same provisions create an obligation to treat, rehabilitate and reintegrate drug addicts, whose implementation depends largely on the interpretation by the Parties of the terms in question. If, for example, the purpose of treatment is not only to cure a pathology, but also to reduce the suffering associated with it (like in severe-pain

management), then reducing IV drug abusers exposure to pathogen agents should perhaps be considered as treatment (UNDCPLAS, 2002:5 cited in Lloyd and Hunt, 2007).

The International Control Board stated in 2016 that “the ultimate objective of such measures is to reduce the adverse consequences of drug abuse without condoning or encouraging drug trafficking. Accordingly, any such facility must provide, or refer patients to, treatment, rehabilitation and social reintegration measures”. Nevertheless, the Board noted reservations around the consumption of illicitly obtained substances (INCB, 2016:26).

At a UK-wide level, it has been highlighted that the 1971 Misuse of Drugs Act does not per se prohibit the introduction of SDCFs (Clarke and Torrance, 2018). A legal analysis of the implications of the Act for SDCFs notes that ‘there is no single rule of law that forbids the creation and operation of such a facility’ (Fortson and McCulloch, 2018:30). Nevertheless, the fact that possession of a Class A drug is an offence under the Act, could potentially leave service providers open to prosecution if the SDCFs’ operation was interpreted as “assisting in (or encouraging) the user’s continued unlawful possession” (Fortson and McCulloch, 2018:31). The same analysis also highlights several civil laws, such as planning law or anti-social behaviour laws, that could indeed threaten the existence and operation of SDCFs. Similarly, “provision of injecting equipment is restricted to items specified by the Act” (Fortson and McCulloch, 2018:31)⁵. These were indeed the arguments put forward by the Home Office in a news article reporting on the issue, where it was claimed that the operation of SDCFs would in essence involve committing offences ranging from possession and supply of controlled drugs to ‘knowingly permitting the supply of a controlled drug on a premises’ (Easton, 2017)⁶. On the other hand, Clarke and Torrance (2018) point out that the exemptions allowed by the Act can be used to permit the introduction of sanctioned SDCFs, as has been done in the past, for the long-now established Needle and Syringe Programmes.

The current legislative context in the UK is thus anything but clear, and Scotland has its own legal system to consider. Both at UK and Scottish levels, the Home Office constitutes one of the main actors with the power to make decisions about legal frameworks and as Home Office spokespersons have claimed: “There is no legal framework for the provision of Drug Consumption Rooms in the UK, and we have no plans to introduce them” (BBC, 2018). Similar claims seemed to predominate in Scotland until recently. In 2018, the Advisory Council for the Misuse of Drugs (ACMD) published an independent report on the potential causes of recent trends in opioid-related death and provided recommendations on how to respond at both policy and practice level (ACMD, 2016). Discussing prevention and treatment of overdose and following a consideration of the evidence base, the ACMD recommended that:

“consideration be given – by the governments of each UK country and by local commissioners of drug treatment services – to the potential to reduce DRDs and other harms through the provision of medically-supervised drug consumption clinics in localities with a high concentration of injecting drug use” (ibid:36).

Clarke and Torrance (2018) discuss the way the Home Office responded to the ACMD’s recommendation, perhaps a clear demonstration of how epistemic authority – the authority held by ‘professionally trained experts’ (Stevens, 2024a: 22) prevailed over political considerations:

“It is for local areas in the UK to consider, with those responsible for law enforcement, how best to deliver services to meet their local population needs.” (Home Office cited in Clark and Torrance, 2018:26).

⁵ For example, while the 1971 Act specifies that the supply or offer to supply a hypodermic syringe, or any part of one is not an offence, the provision of tourniquets is not currently included in the 1971 Act.

⁶ Easton (2017) reports on a telephone communication he had with the Home Office where he was told that “A range of offences are likely to be committed in the operation of drug consumption rooms. It is for local police forces to enforce the law in such circumstances and, as with other offences of this type, we would expect them to do so.”

Local areas have attempted to do this in various ways for many years. Indeed, Glasgow City Health and Social Care Partnership (GCHSCP) had considered drug consumption rooms in 2016. In a report tellingly entitled *'Taking away the chaos- the health needs of people who inject drugs in public places in Glasgow city centre'*, GCHSCP recommended- among other measures- an evaluation of a pilot safer injecting facility in Glasgow to "to address the unacceptable burden of health and social harms caused by public injecting" (Tweed and Rodgers, 2017:5). Notably, this recommendation was made during another year of increasing drug related deaths, and an ongoing HIV outbreak amongst people who inject drugs in Glasgow which started in 2015 (Trayner et al., 2021); the biggest HIV outbreak at community level in the UK since the 1980s which saw a ten-fold increase in HIV prevalence in the area (McAuley et al., 2019; Trayner et al., 2021).

At this time, GCHSCP contacted the then Lord Advocate, James Wolffe (Lord Advocate from 2016 – 2021) requesting that he: 'issue a letter of comfort'. This document would, it was hoped, contain a guarantee that the facility's operation would not be legally challenged or the subject of prosecution, despite the technically illegal activity that would be conducted inside (Wolffe, evidence to Scottish Affairs Committee 2019). However, the request was denied the following year (November 2017), with James Wolffe providing the following explanation for his decision:

"the basic point is a recognition that, for such a facility to operate effectively, you need an appropriate legislative framework that establishes an appropriate system for licensing and oversight, addresses the scope of exemptions from the criminal law, and deals with issues of civil liability. There must also be a recognition that legislation resolves the policy issues in a democratically accountable way. I simply cannot create that kind of regime through a letter of comfort" (Wolffe 2019).

Faced with this legal obstacle, Atkinson (2019) describes how the Scottish Government continued the pressure to get permission from the UK Government, through a motion passed in April 2018, only for it to be denied. This reflects Unlu and colleagues' suggestion that it is local actors that constitute the driving force for SDCF introduction, "[d]espite central/national governments' indifference (at best) or resistance (at worst) toward SDCFs" (Unlu et al., 2021:152). Indeed, the Home Office consistently refused to support SDCFs, mostly on grounds of illegality. As oral evidence given to the Scottish Affairs Committee noted: there is a "philosophical issue about [...] condoning the commission of [...] crimes: Fundamentally, those drugs are dealt illicitly and illegally, acquired illegally and consumed illegally. Paraphernalia is provided illegally. The premises would be provided illegally, unless obviously the law changes" (House of Commons, 2019:32). Nicholls and colleagues in their study of key decision makers role in drug policy and practice in Scotland, highlighted how, effectively, institutional power was diluted in the face of legal complexity (Nicholls et al., 2022). Study participants including "Scottish Government officials, members of the Scottish Government Drug Death Taskforce, local Alcohol and Drug Partnerships (ADPs), local Health and Social Care Partnerships (HSCPs), local Integrated Joint Boards (IJBs), Community Justice, Community Safety, Police Scotland, third sector organisations, and national advocacy groups" (ibid, p. 3), while being supportive of SDCFs noted the legal barriers put in place by the UK Government and the lack of clarity surrounding whose responsibility it was to make decisions. Such legal complications are not unique to Scotland and the UK, with international examples yielding varying results. In France, after years of efforts for a change in legislation that would allow for the establishment of SDCFs, a public health bill was passed in 2016, which saw this intervention introduced (Jauffret-Roustide and Cailbault, 2018). In Belgium - despite SDCFs conflicting with the Belgian Federal Law of 1921- the first SDCF was made possible in Liège in 2018, mainly through collaboration of local stakeholders (Smith et al., 2019). The first SDCFs to open in the USA, in New York City, were made possible through years of campaigning and the support of the then mayor, despite facing legal challenges because of federal legislation prohibiting them (Hall, 2022).

On the other hand, SDCFs were banned in Philadelphia, when the city Council in 2023 used zoning legislation to prevent their introduction, a decision that was further supported that same year by the state's Senate who voted against SDCFs for Pennsylvania (Hyatt et al., 2023.). Similarly, Copenhagen City council decided against the establishment of a SDCF to avoid conflict with the then Danish law, prompting Houborg and Frank to speak of a "hierarchy between national and local government [which] manifested itself on the

basis of the sovereign power of the state. The legal framing backed by the coercive power of the state stopped the municipality from initiating a reframing of policy at the local level” (2014:4). To date, there are no SDCFs in England and Wales.

Did this combination of legal obstruction and coercive state power decide the fate of the Glasgow CHSCP initiative? We propose so. Perhaps the communication between Aileen Campbell (MSP), the then Scottish Government Minister for Public Health and Sport and the UK Government Minister for Crime, Safeguarding, and Vulnerability and Victoria Atkins (MP) illustrates this. In response to Campbell’s 2018 letter on the establishment of a SDCF in Glasgow, Atkins responded:

“There is no legal framework for the provision of Drug Consumption Rooms in the UK and we have no plans to introduce them. A range of offences is likely to be committed in the operation of drug consumption rooms. It is for local police forces to enforce the law in such circumstances and, as with other offences of this type, we would expect them to do so”
(FOI/19/01755)⁷

However, explicit coercive power was used in the case of the first unsanctioned supervised injecting facility or Overdose Prevention Centre (OPC)⁸, set up and operated by Peter Krykant. In 2020, Peter Krykant, a community activist, set up an ‘unsanctioned’ OPC in Glasgow city centre. Using a minibus, and later a converted ambulance, he provided an off-street space that was sterile and potentially safer than the streets for people to inject drugs. Sterile injecting equipment was provided and the service had to continually adapt around Covid-19 and the bureaucratic requirements of insurance regulations. While there are no ‘official’ figures available, Krykant indicates that over 894 injections were recorded and over 1000 supervised with claims that nine overdoses were reversed. The service was staffed by volunteers and funding came from donations but closed in 2021 largely due to the lack of formal support and resourcing. This initiative existed in a liminal space between legal and illegal status and was, to an extent ‘tolerated’ by Police Scotland. One of the challenges for the service was the ongoing police surveillance that occurred in the surrounding area, no doubt impacting on many potential users. Indeed, Peter Krykant was arrested in October 2020, for alleged obstruction during a police search of homeless people, although charges were later dropped in January 2021 (Cassidy, 2021).

The Drug Deaths Task Force, introduced in Scotland in June 2019 and established by the Minister for Public Health and Sport, supported by the Cabinet Secretary for Justice, to assist with the delivery of *Rights, Respect, Recovery, Scotland’s Drugs Policy* (Scottish Government) and provide independent advice on how to respond to the continually rising number of drug related deaths, produced its final report in 2022. The Task Force recommended that in terms of SDCFs: “The UK Government should consider a legislative framework to support their introduction”, (2022:10), calling for an Amendment of both the 1971 Act but also the Misuse of Drug Regulations 2000 which would allow the introduction and operation of SDCFs. That same year, the Glasgow CHSCP revised their proposal for the establishment of a local SDCF and requested again that the Lord Advocate consider the release of a public statement of prosecution policy that would effectively allow for the operation of the facility (Glasgow City Integration Joint Board 2023); this time the request was granted. On the 11th of September 2023, the newly appointed Lord Advocate Dorothy Bain KC stated that after consideration of information provided:

“I can confirm that were a facility, of the type described in the documents which I have been provided with, to open as a pilot in Glasgow, then I would be prepared to publish a statement of prosecution policy to the effect that it would not be in the public interest to prosecute users of that facility in terms of section 5(2) of the Misuse of Drugs Act 1971 for simple possession offences committed within the confines of the facility.”

⁷ We note here the use of the exact same phrase and wording as the response Easton received during a telephone communication he had with the Home Office (Easton 2017, footnote 5)

⁸ We use the term Overdose Prevention Centre to discuss this intervention as this is the term used by Peter Krykant.

(COPFS, 2023).

This decision in 2023 marked the beginning of a new opportunity to provide a safer injecting space for problem drug users in Glasgow; a process that had been formally instigated as far back as 2017 and was not introduced as a pilot until 2025. To try and understand the delay in decision-making, in a context of continually rising drug related deaths in the country, we turn to a review of the evidence on the intervention and discuss the influence of power on the debate surrounding, and introduction of, SDCFs in Scotland.

The evidence and epistemic authority

SDCFs - whether sanctioned or unsanctioned- have been in operation in Europe since the 1980s, aimed at reducing morbidity and mortality amongst people using drugs by providing a safe space in which to consume drugs; reduce the risk of transmission of blood borne viruses; act as a gateway or point of referral to other health and social care services- including treatment facilities and support for those with drug dependency issues and contribute to the protection of public order. In 2023 there were more than one hundred SDCFs in operation globally (EMCDDA and C-EHRN, 2023). International evidence suggests that SDCFs are effective in meeting their stated aims, although the lack of randomized controlled trials has been noted (Pardo et al., 2018; EMCDDA 2023). In addition, evaluations included in systematic reviews are often characterised by a significant geographical imbalance with most studies including Australia and Canada despite the majority of SDCFs located in Europe, raising questions about generalisation of findings (EMCDDA, 2023). Although noting that estimating the overall effect of such facilities on fatal and non-fatal overdoses is difficult given that it is impossible to know what would have happened in their absence (Pardo et al., 2018), published work has highlighted SDCFs as effective in preventing overdoses. Data relating to the first medically supervised safer injecting facility (SIF) in Vancouver, highlighted that the rate of overdose drug related deaths decreased by 35% after the opening of the SIF while for the rest of the city the corresponding decrease was only 9% (Marshall et al., 2011).

Systematic and narrative reviews of the available literature on the role of SDCFs in preventing fatal and non-fatal overdoses have consistently indicated their effectiveness (Potier et al., 2014; Belackova and Salmon, 2017). SDCFs have also been found to be effective in reducing mortality amongst their attendees with studies highlighting further health benefits, including reduction in the numbers of abscesses and associated infective endocarditis and emergency department visits (Cousien et al., 2024) and prevention of HIV infections (Pinkerton, 2011). A study involving the participation of 665 people using SDCFs across four cities in France, demonstrated that they were less likely to report non-fatal overdose instances, abscesses, overdoses and emergency department visits than their counterparts without access to SDCFs (Roux et al., 2023). Assessing the role of SDCFs in preventing the spread of blood-borne virus infections is not straightforward as these usually exist in the context of other harm reduction interventions such as Needle and Syringe Exchange programmes (Hedrich et al., 2010). However, reviews of the literature have highlighted the role of SDCFs in reducing the rate of blood-borne virus transmission and unhygienic injecting practices (Potier et al., 2014; EMCDDA 2018; Levensgood et al., 2021). The role of SDCFs in connecting attendees to other health and social care services has also been highlighted in studies. A qualitative study with 50 people attending an SDCF in Vancouver, Canada reported that attendance was associated with uptake of health and social care services through referrals (Small et al., 2009). Systematic reviews have also noted the effectiveness of this intervention in facilitating access to drug treatment (Kennedy et al., 2017; Levensgood et al., 2021) and access to health/social care services (Potier et al., 2014; EMCDDA 2018; Belackova and Salmon, 2017; Tran et al., 2021).

Finally, available evidence does not suggest SDCFs are associated with increasing levels of crime but rather present a positive impact in relation to public order issues. Reporting on crime rates a year after the introduction of the SIF in Vancouver, Wood and colleagues (2006) noted no increases in drug trafficking or crime associated with drug use - which for the purpose of the study were defined as assaults, robberies,

vehicle break-ins and vehicle theft. No increase or reductions in crime and public nuisance were indicated in two systematic reviews (Potier et al., 2014; Levenson et al., 2021). Focusing on the first Medically Supervised Injection Centre in Australia (MSIC), Freeman and colleagues (2005) found no evidence to suggest that the facility impacted rates of theft or robbery incidents, and no increase of drug use or drug supply offences committed in the area could be attributed to the opening of the MSIC. Zurhold and colleagues (2003), reporting on work with 616 people who used drugs in Hamburg Germany, as well as SDCF staff and community members including both residents and businesses, police, and politicians, concluded that the introduction of the intervention led to reduction of public disturbances in the vicinity of open drug scenes. Similarly, systematic reviews of the literature have highlighted that SDCFs are effective in both reducing public drug use (Belackova and Salmon, 2017; Potier et al., 2014; Tran et al., 2021; Kennedy et al., 2021) and the incidence of discarded injecting equipment (Potier et al., 2014; Tran et al., 2021; Kennedy et al., 2021).

Despite the noted methodological limitations of studies into SDCFs, the evidence suggests their 'effectiveness' in relation to their stated aims. However, evidence is not always used and interpreted in the same way and the workings of epistemic authority - the power derived by the authority of experts to influence what people believe (Stevens, 2024a) - is not always straightforward. As far as the introduction of SDCFs in Scotland is concerned, this uneasy relationship is evident in the communications Angela Constance (Minister for Drugs Policy) has had with the Home Office. In a letter responding to Constance's request for the UK Government to support the Scottish Government in introducing SDCFs, Kit Malthouse, then Minister of State for Crime, Policing and Probation responded:

"My officials have reviewed the evidence, and while it flagged a range of health and social benefits, evidence tended to be outdated and focused on a small number of locations. Testing the stand alone benefits of DCRs is difficult as these services do not operate in isolation, rather with a range of other support and interventions, making the impact of a DCR alone unclear"⁹

Angela Constance challenged this criticism of the evidence base, presented in an Evidence Paper produced by the Scottish Government (2021):

"The evidence paper we provided quoted trials which had taken place over the last 20 years, including one which started in 2018, lasting for 18 months and there are now studies which are based on the most recent facilities from November 2021"¹⁰

Epistemic authority then is not exercised in a vacuum; policy is informed by evidence, but it is not evidence alone that makes policy. Indeed, evidence is itself often contested¹¹, particularly in relation to issues that are potentially controversial or impinge on moral positions. At the same time, epistemic authority- defined as the power held by 'professionally trained experts' privileges a professionalised epistemology. In this process, other knowledges are often excluded. 'Evidence' produced by 'non- professional' communities and community members can be discounted or ignored. Stevens (2024b) provides a broader definition of epistemic powers as "[...] a form of *social power* that is held by actors who have the capacity to affect what other people know about a policy topic" (italics in the original). In this respect, Krykant's work highlights the formal and informal distribution of knowledge and what counts as 'evidence'. Specifically, as the Overdose Prevention van he operated was unauthorised, no formal attempt was initially made to measure its success; instead available data consists of figures that he collected with data analysis carried out at a later

⁹ Letter from Rt Hon Kit Malthouse MP, Minister of State for Crime, Policing and Probation to Angela Constance MSP, Minister for Drugs Policy, 10 January 2022

¹⁰ Letter from Angela Constance MSP, Minister for Drugs Policy to Rt Hon Kit Malthouse MP, Minister of State for Crime, Policing and Probation, 27 January 2022).

¹¹ This is evident in relation to Scottish Government attempts to obtain evidence to support legislation to criminalise the purchase of sex.

date by 'professionally trained' academics – highlighting again the status of what counts as 'evidence' in this, and other, areas deemed to be controversial.

However, regardless of the source of knowledge and epistemic authority, in considering the introduction of SDCFs in Scotland, it is other facets of social power that we need to look at to understand the delay in their introduction.

Media, affective and 'social savvy power' at play

As Lancaster (2014) suggests, it is through the social construction of policy problems that we can understand hierarchies of power that feed into the knowledge produced about specific social problems. One of the claimed challenges surrounding the introduction of SDCFs has been public opinion despite the challenges in obtaining an accurate reflection of this. In the case of SDCFs, affective power - "the capacity to influence what people feel" (Stevens, 2024a:22), media and savvy social power is important in understanding how this has impacted SDCFs introduction in Scotland.

Sumnall and colleagues (2020) conducted a survey, involving the participation of 1591 adult members of the public in Scotland. This involved exposure of participants to different types of messaging on SDCFs. The research team concluded that it was the presentation of potential benefits to people indirectly affected by drug related harm that swayed opinion in favour of SDCFs (Sumnall et al., 2020). It seems that not all stories carry the same weight in terms of their capacity to impact how people feel about an issue. Studies have consistently highlighted the power the UK media have in producing and reproducing stigmatising representations of people who use drugs (UKDPC 2010; 2012; Morris and Memari, 2022). Focusing specifically on drug-related deaths, a study utilising simulated media representations of drug-related deaths demonstrated how different characteristics of the deceased – notably presented as male and older and a death associated with heroin rather than ecstasy - lead to more stigmatising views towards the dead person (Sumnall et al., 2023). Stigmatisation of people who use drugs have been reported by Scottish drug affected family members as one of the reasons for the delay in introducing SDCFs (Parkes et al., 2022).

This, perhaps in part, may be attributable to, or underpin, drug policy discourse itself- in the UK and internationally- which has consistently constructed the people whose needs it is supposed to serve as a 'problem' and threat to the rest of society (Buchanan and Young, 2000) and therefore – we suggest- easily silenced and disempowered. However, as we have highlighted above, this has not been without remarkable resistance by individuals and communities - for example the existence of an 'unofficial' resource, albeit for a short time, was a remarkable feat. Writing in 2019, Stevens addressed the issue of government inaction in the face of drug related deaths. Specifically, Stevens conducted an analysis of political discourse- official government documents and ministerial speeches and a blog post by the Home Secretary at the time, that were produced after the publication of the ACMD 2016 report which, as discussed earlier in this paper, recommended the consideration of SDCFs. He concluded that people who held the institutional and legal power to make and change policy at the time chose to ignore expert calls for change and evidence and at the same time ignored calls from individuals and families of those most at risk of drug related deaths. Evident in the process was the discursive dehumanisation of people who use drugs and their discursive construction "as denigrated objects of fear and control" by people who hold political power (Stevens, 2019:12). So, although people's stories have the potential to impact public opinion- which in turns impacts the policy-making process- there are hierarchies of 'deservingness' created historically that either make stories and voices heard or lead to them being ignored. Perhaps then the fact that drug related deaths in the UK were experienced overwhelmingly by people living in the most deprived areas of the country (Stevens, 2019; NRS, 2024) strips their stories of affective power, making their deaths - as Stevens notes using Judith Butler's terms- 'not grievable' (Stevens, 2014:129).

However, it is not only affective power that is unequally distributed, the same can be said for savvy social power. And nowhere is this more evident for UK and Scottish drug policy making, than in the unhelpful presentation of a divide between 'harm reductionists' and 'abstentionists' and the way these

representations impact other forms of power. In an analysis of 174 UK news media pieces reporting on proposals to introduce SDCFs in the city of Glasgow, Atkinson and colleagues (2019:69) noted “the tension that exists between the assumptions of abstinence and recovery”. In their analysis, this tension was evident, for example, in the positionality of government politicians or academics, and- we add- to the different forms of political and epistemic power they hold. The authors concluded that it was the rhetoric of abstinence and recovery that “underpinned the UK Government’s rejection of the proposals” on DCR introduction (ibid:62). This dichotomy can perhaps be traced back to the introduction of the 2008 Scottish Drug Policy Strategy tellingly entitled Road to Recovery (Scottish Government, 2008), later reflected in the 2010 UK Government Drugs Strategy (Home Office, 2010). Both policy documents were introduced in the post-HIV era for the UK, a time when “consensus in the UK around harm reduction is questioned and recovery is the definition of the moment” (Berridge, 2012:23), with Duke (2013) going further to suggest that at UK level, policy developments were influenced by suggestions that harm reduction had failed.

We note an important ideological/philosophical dimension to abstinence-based recovery, grounded as it often is, in mutual aid and grassroot community resources. However, the terms application by the Scottish and UK governments appeared to reflect an opportunity for budgetary reconsiderations rather than a different approach to supporting and sustaining recovery from ‘addiction’ or problem drug use. Indicative of this, is that for both strategies, the goal was an abstinence-based definition of recovery, which went beyond a shift in discourse to a shift in priorities in policy aims and resulting allocation of funding. Indeed, as Stevens notes “Harm reduction practices like agonist therapy and needle and syringe programmes continued through the 2010s, but at diminished scale and quality, due to substantial cuts in local authority budgets” (Stevens, 2022:3). In 2021 the then First Minister of Scotland announced that almost half of available funds for drug treatment would be allocated to residential rehabilitation- something that the Scottish Drug Deaths Taskforce had not recommended (Stevens, 2024a). Given that the Taskforce was established “to provide independent expert advice and guidance” (Scottish Government, 2023: II) on how to tackle the issue of rising drug related deaths, could the budget allocation be seen as ‘savvy social power’ overtaking epistemic authority? And could the introduction of drug consumption rooms have stalled because policy priorities- and allocation of public funds- favoured a move away from harm reduction?

Perhaps though the most telling example of use of savvy social power involves the operation of the first unsanctioned opioid prevention site (OPS) in the UK by Peter Krykant. Krykant provided evidence of the effectiveness of the mobile OPS through the high demand for his service (Nicholls et al., 2022), but also through an independent evaluation of its work (Shorter et al., 2022). At the same time, Krykant own’s history of involvement with substances exercised affective power on policy makers in Scotland, amplified by the power of the media attention the effort received. As Stevens notes “His was a deliberate attempt to shame the Scottish Government into action, as well as to directly save lives” (2024a:139). Although the operation of the OPS ended after a year, it has certainly played a pivotal role in pushing forward the discussion of SDCFs in Scotland.

Concluding Thoughts

This paper set out to explore the reasons for governmental inertia in the face of what- for Scotland- has been deemed a public health emergency. To do so, we turned to a review of the evidence of the effectiveness of an intervention- that amongst others - is used to support people who use drugs. However, it is apparent that it is not the evidence, nor epistemic authority that drives this debate and as in the past, policy in this respect cannot be said to be evidence-based. Rather, it is other forms of political and social power and their interaction that fed the dialogue, sparked opposition and finally resulted in the introduction of a pilot Safer Drug Consumption Facility in Scotland. Policymaking involves several different factors and exploring this example (SDCFs) through the drug policy constellation of power, we highlighted institutional, legal, occasionally coercive power as well as affective, media and savvy social power that shape policy, particularly in areas that are viewed as controversial.

While international evidence suggested that SDCFs, where they were implemented, presented the possibilities of reducing drug-related harms and did not appear to negatively affect the wider communities in which they were located, they remained contentious in Scotland. Examinations of the debates which surrounded them, indicated the prioritisation of the law (as indicated by the Lord Advocate) and only later was this acknowledged as a potential area of flexibility as deaths continued to rise and Scottish Government pressure increased. The challenge of preventing drug-related deaths in Scotland, has been recognised as urgent, however, as this paper has highlighted, solutions require action across social and political spaces as well as health-directed responses. Importantly however, the eventual implementation of a pilot facility in Glasgow in 2025, has indicated the potential for innovative practices when certain constellation of power align. Services over the border, in England and Wales, will no doubt be paying close attention to the operation of the Scottish pilot and of the obstacles that needed to be overcome prior to its introduction.

REFERENCES

- Advisory Council on the Misuse of Drugs (2016). Reducing Opioid-Related Deaths in the UK. Available at: <https://assets.publishing.service.gov.uk/media/5a801ba3ed915d74e33f87d4/ACMD-Drug-Related-Deaths-Report-161212.pdf> Accessed 17 April 2026
- Atkinson, A.M., McAuley, A., Trayner, K.M.A. and Sumnall, H.R. (2019). 'We are still obsessed by this idea of abstinence': A critical analysis of UK news media representations of proposals to introduce drug consumption rooms in Glasgow, UK. *International Journal of Drug Policy*, 68, pp.62-74.
- BBC. (2018). MP launches bid to legalise 'fix rooms'. Available at: <https://www.bbc.co.uk/news/uk-scotland-scotland-politics-43925682> Accessed 24/10/24
- Belackova, V., Salmon, A.M. (2017). Overview of international literature - supervised injecting facilities & drug consumption rooms - Issue 1. Sydney: Uniting Medically Supervised Injecting Centre. Available at: <https://www.drugsandalcohol.ie/34158/> Accessed 20/9/24
- Berridge, V. (2012). The rise, fall, and revival of recovery in drug policy. *The Lancet*, 379(9810), pp.22-23.
- Buchanan, J. and Young, L. (2000) 'The War on Drugs – A War on Drug Users'. *Drugs: Education, Prevention Policy*, 7(4), pp. 409-422
- Cassidy, P. (2021). Drug services exemption called as activist's charges dropped. STV NEWS. Available at: <https://news.stv.tv/politics/drug-services-exemption-call-as-activists-charges-dropped> Accessed 14/2/25
- Clarke, J.; Torrance, J. (2018) Drug Consumption Room: Could the Provision of a Drug Consumption Room Bring Significant Benefit in Reducing Drug Related Deaths and Other Community Harms in Bristol— Feasibility Study. Bristol City Council. Available at : <https://transformdrugs.org/assets/files/PDFs/Bristol-Supervised-Drug-Consumption-Facilities-feasibility-study-2.pdf> Accessed 15/9/24
- COPFS, 11 September 2023 <https://www.copfs.gov.uk/about-copfs/news/lord-advocate-s-statement-on-pilot-safer-drug-consumption-facility/> Accessed 29/8/24
- Cousien, A., Donadille, C., Madrid, L.B., Maradan, G., Jauffret-Roustide, M., Lalanne, L., Auriacombe, M., Roux, P. and Boyer, S. (2024). Cost-effectiveness of drug consumption rooms in France: a modelling study. *BMC public health*, 24(1), p.1426.

Duke, K. (2013). From crime to recovery: the reframing of British drugs policy? *Journal of Drug Issues*, 43(1), pp.39-55.

Easton, M. (2017). Are UK drug consumption rooms likely? Available at: <https://www.bbc.co.uk/news/uk-41596222> Accessed 24/10/24

EMCDDA. (2018) Drug Consumption Rooms: An Overview of Provision and Evidence (Perspectives on Drugs). Available at: https://www.emcdda.europa.eu/publications/pods/drug-consumption-rooms_en Accessed 9/9/24

EMCDDA and C-EHRN, (2023). Drug Consumption Rooms. Luxembourg: Publications Office of the European Union, 2023

Falzon, Danilo, Tessa Parkes, Hannah Carver, Wendy Masterton, Bruce Wallace, Vicki Craik, Fiona Measham et al.(2023) "“It would really support the wider harm reduction agenda across the board”: A qualitative study of the potential impacts of drug checking service delivery in Scotland." *Plos one* 18, no. 12 : e0292812.

FOI/19/01755. Safer Drug Consumption Room Correspondence with UK Home Office: FOI Release. Available at: <https://www.gov.scot/publications/foi-19-01755/> Accessed 15/8/24

Fortson, R. and McCulloch, L. (2018) “Evidence and Issues Concerning Drug Consumption Rooms. *Queen Mary School of Law Legal Studies Research Paper No. 279/2018*. Available at: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3182568 Accessed 20/8/24

Freeman, K., Jones, C.G., Weatherburn, D.J., Rutter, S., Spooner, C.J. and Donnelly, N. (2005). The impact of the Sydney medically supervised injecting centre (MSIC) on crime. *Drug and Alcohol Review*, 24(2), pp.173-184.

Glasgow City Integration Joint Board (2022) Implementation of Safer Drug Consumption Facility. Item Number 7. Available at: <https://glasgowcity.hscp.scot/sites/default/files/publications/Item%20No%2007%20-%20Implementation%20of%20a%20Safer%20Drug%20Consumption%20Facility.pdf> Accessed 17 April 2026

Hall, R. (2022) ‘They know we’ll keep them alive’: Inside America’s first supervised drug injection Site. *The Independent*. Available at: <https://www.independent.co.uk/news/world/americas/drug-injection-site-fentanyl-biden-b2011304.html> Accessed 17 April 2026

Houborg, Esben, and Vibeke Asmussen Frank. "Drug consumption rooms and the role of politics and governance in policy processes." *International Journal of Drug Policy* 25, no. 5 (2014): 972-977.

Hyatt, J.M., Andersen, S.N., Greberman, E., Andersen, L.H. and Christensen, I., 2023. Developing harm reduction policies: Evidence from Copenhagen's drug consumption rooms. *Drug & Alcohol Review*, (1).

Hedrich, D., Kerr, T. and Dubois-Arber, F. (2010), ‘Drug consumption facilities in Europe and beyond’, in Rhodes, T. and Hedrich, D. (eds), *Harm reduction: evidence, impacts and challenges*, EMCDDA Scientific Monograph Series No. 10, Publications Office of the European Union, Luxembourg, pp. 305–31 Available at: https://www.euda.europa.eu/publications/monographs/harm-reduction_en Accessed 15/9/24

Home Office. (2010). DRUG STRATEGY 2010: Reducing Demand, Restricting Supply, Building Recovery: Supporting people to live a Drug Free Life

Home Office (2015). Psychoactive Substance Bill. Fact Sheet: Overview of the Misuse of Drugs Act 1971. Home Office. August 2015. Available at: [https://assets.publishing.service.gov.uk/media/5a819f1740f0b623026984b4/20150821 - Fact sheet - MDA.pdf](https://assets.publishing.service.gov.uk/media/5a819f1740f0b623026984b4/20150821_-_Fact_sheet_-_MDA.pdf) Accessed 11/9/2024

House of Commons Scottish Affairs Committee (2019). Problem Drug Use in Scotland—First Report of Session 2019. House of Commons. Available at: <https://publications.parliament.uk/pa/cm201919/cmselect/cm Scotaf/44/44.pdf> Accessed 1/10/24

International Narcotics Control Board (1999). Report 1999. United Nations. Available at: https://www.incb.org/documents/Publications/AnnualReports/AR1999/AR_1999_E.pdf Accessed 13/9/24

International Narcotics Control Board (2000). Report of the International Narcotics Control Board for 2000. United Nations. Available at: <https://www.incb.org/incb/en/publications/annual-reports/annual-report-2000.html> Accessed 13/9/4

International Narcotics Control Board (2016). Report 2016. United Nations. Available at : https://www.incb.org/documents/Publications/AnnualReports/AR2016/English/AR2016_E_ebook.pdf Accessed 13/9/24

Jauffret-Roustide, M. and Cailbault, I. (2018). Drug consumption rooms: comparing times, spaces and actors in issues of social acceptability in French public debate. *International Journal of Drug Policy*, 56, pp.208-217.

Kennedy, M.C., Karamouzian, M. and Kerr, T. (2017). Public health and public order outcomes associated with supervised drug consumption facilities: a systematic review. *Current Hiv/aids Reports*, 14, pp.161-183.

Lancaster, K. (2014). Social construction and the evidence-based drug policy endeavour. *International Journal of Drug Policy*, 25(5), pp.948-951.

Levengood, T.W., Yoon, G.H., Davoust, M.J., Ogden, S.N., Marshall, B.D., Cahill, S.R. and Bazzi, A.R. (2021). Supervised injection facilities as harm reduction: a systematic review. *American journal of preventive medicine*, 61(5), pp.738-749.

Lloyd, C. and Hunt, N. (2007). Drug consumption rooms: An overdue extension to harm reduction policy in the UK? *International Journal of Drug Policy* 18 (2007) 5–9

McAuley, A., Palmateer, N.E., Goldberg, D.J., Trayner, K.M., Shepherd, S.J., Gunson, R.N., Metcalfe, R., Milosevic, C., Taylor, A., Munro, A. and Hutchinson, S.J., 2019. Re-emergence of HIV related to injecting drug use despite a comprehensive harm reduction environment: a cross-sectional analysis. *The lancet HIV*, 6(5), pp.e315-e324.

Malloch, M. and McIvor, G. (2013) Criminal justice responses to drug related crime in Scotland, *International Journal of Drug Policy*, 24: 1, 69-77

Marshall, B.D., Milloy, M.J., Wood, E., Montaner, J.S. and Kerr, T. (2011). Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study. *The Lancet*, 377(9775), pp.1429-1437.

Morris, C. and Memari, L. (2022). Is there a largely consistent discourse on drugs in the UK press? Tabloid or broadsheet, left-leaning or right, does it make much difference?. *Journal of Criminal Justice and Popular Culture*, 22(1), pp.92-108.

National Records for Scotland (2021). Drug related deaths in Scotland in 2020. Available at <https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/20/drug-related-deaths-20-pub.pdf> Accessed 20/9/24

National Records for Scotland (2022). Drugs related deaths in Scotland in 2021. Published 28 August July 2022

National Records for Scotland (2024). Drug related deaths in Scotland in 2023. Available at <https://www.nrscotland.gov.uk/news/2024/drug-misuse-deaths-increase#:~:text=1%2C172%20people%20died%20due%20to,2022%20seeing%20the%20lowest%20number> Accessed 20/9/24

Nicholls, J., Livingston, W., Perkins, A., Cairns, B., Foster, R., Trayner, K.M., Sumnall, H.R., Price, T., Cairney, P., Dumbrell, J. and Parkes, T. (2022). Drug consumption rooms and public health policy: perspectives of Scottish strategic decision-makers. *International Journal of Environmental Research and Public Health*, 19(11), p.6575.

Office for National Statistics (2024) Deaths related to drug poisoning in England and Wales: 2023 registrations. Available at <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2023registrations> Accessed 24/10/24

Pardo, B., Kilmer, B. and Caulkins, J.P. (2018) *Assessing the evidence on supervised drug consumption sites*. RAND.

Parkes, Tessa, Tracey Price, Rebecca Foster, Kirsten MA Trayner, Harry R. Sumnall, Wulf Livingston, Andy Perkins, Beth Cairns, Josh Dumbrell, and James Nicholls. (2022) "'Why would we not want to keep everybody safe?' The views of family members of people who use drugs on the implementation of drug consumption rooms in Scotland." *Harm Reduction Journal* 19, no. 1: 99.

Pinkerton, S.D. (2011). How many HIV infections are prevented by Vancouver Canada's supervised injection facility? *International Journal of Drug Policy*, 22(3), pp.179-183.

Potier, C., Laprévote, V., Dubois-Arber, F., Cottencin, O. and Rolland, B. (2014). Supervised injection services: what has been demonstrated? A systematic literature review. *Drug and alcohol dependence*, 145, pp.48-68.

Price, T., Parkes, T., & Malloch, M. (2020). 'Discursive struggles' between criminal justice sanctions and health interventions for people who use drugs: a qualitative exploration of diversion policy and practice in Scotland. *Drugs: Education, Prevention and Policy*, 28(2), 118–126.

Roux, P., Jauffret-Roustide, M., Donadille, C., Briand Madrid, L., Denis, C., Célérier, I., Chauvin, C., Hamelin, N., Maradan, G., Carrieri, M.P. and Protopopescu, C. (2023). Impact of drug consumption rooms on non-fatal overdoses, abscesses and emergency department visits in people who inject drugs in France: results from the COSINUS cohort. *International Journal of Epidemiology*, 52(2), pp.562-576.

Scottish Drug Deaths Taskforce. (2022). CHANGING LIVES: Our Final Report July 2022. Available at: <https://drugtaskforce.knowthescore.info/wp-content/uploads/sites/2/2022/08/Changing-Lives-updated-1.pdf> Accessed 17 April 2026

Scottish Government. (2008). The road to recovery: a new approach to tackling Scotland's drug problem.

Scottish Government, (2021). Safer Drug Consumption Facilities – Evidence Paper. October 2021.

Scottish Government, (2023). Drug Deaths Taskforce response: cross government approach. Available at: <https://www.gov.scot/publications/drug-deaths-taskforce-response-cross-government-approach/#> Accessed 24/10/24

Shorter, G.W., Harris, M., McAuley, A., Trayner, K.M. and Stevens, A.(2022). The United Kingdom's first unsanctioned overdose prevention site; A proof-of-concept evaluation. *International Journal of Drug Policy*, 104, p.103670.

Small, W., Van Borek, N., Fairbairn, N., Wood, E. and Kerr, T., (2009). Access to health and social services for IDU: the impact of a medically supervised injection facility. *Drug and alcohol review*, 28(4), pp.341-346.

Smith, P., Favril, L., Delhauteur, D., Vander Laenen, F. and Nicaise, P., 2019. How to overcome political and legal barriers to the implementation of a drug consumption room: an application of the policy agenda framework to the Belgian situation. *Addiction Science & Clinical Practice*, 14(1), p.40.

Stevens, A., (2019). 'Being human' and the 'moral sidestep' in drug policy: Explaining government inaction on opioid-related deaths in the UK. *Addictive behaviors*, 90, pp.444-450.

Stevens, A., (2022). New prospects for harm reduction in the UK? A commentary on harm reduction and the new UK drug strategy. *International Journal of Drug Policy*. 109

Stevens, A., (2024a). *Drug policy constellations: The role of power and morality in the making of drug policy in the UK*. Policy Press.

Steven, A., (2024b). Drug Policy Constellations: the Website. Available at: <https://drugpolicyconstellations.pubpub.org/pub/n0k3nqv5/release/2> Accessed 17 April 2026

Sumnall, H.R., Atkinson, A.M., Trayner, K.M.A., Gage, S.H. and McAuley, A., (2020). Effects of messaging on public support for drug consumption rooms in Scotland, UK. *International Journal of Drug Policy*, 83, p.102855.

Sumnall, H.R., Atkinson, A., Montgomery, C., Maynard, O. and Nicholls, J., (2023). Effects of media representations of drug related deaths on public stigma and support for harm reduction. *International Journal of Drug Policy*, 111, p.103909.

Tran, V., Reid, S.E., Roxburgh, A. and Day, C.A., (2021). Assessing drug consumption rooms and longer term (5 year) impacts on community and clients. *Risk management and healthcare policy*, pp.4639-4647.

Transform (2024). International Drug Policy. Available at: <https://transformdrugs.org/drug-policy/global-drug-policy> Accessed 10/9/24

Trayner, KMA, Palmateer, NE, McAuley, A, Metcalfe, R, Goldberg, DJ, Peters, E, Craik, J, Gunson, RN, Thain, D, Carter, D & Hutchinson, SJ (2021), 'Evaluation of the scale-up of HIV testing among people who inject drugs in Scotland in the context of an ongoing HIV outbreak', *International Journal of Drug Policy*, vol. 96, 103304. <https://doi.org/10.1016/j.drugpo.2021.103304>

Tweed, E.; Rogers, M. (2017) "Taking Away the Chaos": The Health Needs of People Who Inject Drugs in Public Places in Glasgow City Centre. NHS Greater Glasgow and Clyde. Available at: http://www.nhsggc.org.uk/media/238302/nhsggc_health_needs_drug_injectors_full.pdf Accessed 28/8/24

UK Drug Policy Commission (2010) *Representations of drug use and drug users in the British press: A content analysis of newspaper coverage*, London, UK Drug Policy Commission.

UK Drug Policy Commission (2012) *Press reporting of issues related to illicit drug use*, London, UK Drug Policy Commission.

Unlu, A.; Demiroz, F.; Tammi, T.; Hakkarainen, P. (2021) The complexity of drug consumption room policy and progress in Finland. *Contemporary Drug Problems*, 48, 151–167

Wolffe, J. (2019) 'Scottish affairs committee oral evidence 9/7/19'. Available at: <https://committees.parliament.uk/oralevidence/9528/pdf/> Accessed 10/10/24

Wood, E., Tyndall, M.W., Lai, C., Montaner, J.S. and Kerr, T. (2006). Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime. *Substance abuse treatment, prevention, and policy*, 1, pp.1-4.

Zurhold, H., Degkwitz, P., Verthein, U. and Haasen, C. (2003). Drug consumption rooms in Hamburg, Germany: evaluation of the effects on harm reduction and the reduction of public nuisance. *Journal of Drug Issues*, 33(3), pp.663-688.