



Research Paper

‘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

A.M. Atkinson^{a,*}, A. McAuley^{b,c}, K.M.A. Trayner^{b,c}, H.R. Sumnall^a

^a Liverpool John Moores University, Public Health Institute, Exchange Station, Tithebarn Street, Liverpool. L2 2QP

^b School of Health of Life Sciences, Glasgow Caledonian University, Cowcaddens Road, Glasgow G4 0BA, United Kingdom

^c Health Protection Scotland, NHS National Services Scotland, 5 Cadogan Street, Glasgow G2 6QE, United Kingdom

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ABSTRACT

Background: Drug consumption rooms (DCRs) are a well-established and evidence-based harm reduction response to drug use. Recently, a consortium led by health services in Glasgow, United Kingdom (UK), proposed piloting a DCR. In this article, we examine how the proposals were represented in news media reporting, and the possible effects of such reporting.

Methods: A quantitative content and qualitative thematic analysis of UK news media (n = 174 articles) representations of the proposals to introduce DCRs in the city of Glasgow, UK, was conducted. Analysis was informed by Bacchi’s (2009, 2012, 2017) approach to policy analysis, ‘What’s the problem represented to be?’

Findings: Competing representations of the ‘problem’ of injecting drug use (IDU) were contested by a range of actors with different political visions. The applicability of the ‘evidence base’, potential benefits of DCRs to both users and the public, and the associated economic costs, were presented in differing ways depending on the underlying assumptions and presumptions of the arguments constructed (e.g. harm reduction vs recovery). As a result, a number of conflicting subject positions were presented that may have implications for the way that people who inject drugs (PWID) see themselves, and how they are viewed and treated by society. Whilst proponents positioned DCRs within a discourse of public health, an underlying rhetoric of abstinence and recovery underpinned the arguments against DCRs. It was this latter discourse that underpinned the UK Government’s rejection of the proposals, which the Scottish Government were prevented from overruling within the political constraints of their devolved powers, with the lived effect of people who use drugs (PWUD) being denied access to public health services that mitigate harm.

Conclusion: We conclude that attempts to introduce and gain public and political support for harm reduction responses such as DCRs through the news media face challenges within the historical and political context of prohibitionist UK drugs policy.

Introduction

Drug consumption rooms (DCRs), also known as safer/supervised injection or consumption facilities, are typically health-care settings that allow the consumption of pre-obtained drugs in safer and more hygienic conditions, through supervision by medically-trained staff and provision of clean injecting equipment (ACMD, 2016; European Monitoring Centre for Drug Addiction, 2018; Jauffret-Roustide & Cailbault, 2018). Around 100 DCRs have been established worldwide across Europe, North America, and Australia (EMCDDA, 2018; Jauffret-Roustide & Cailbault, 2018; Lloyd, Stöver, Zurhold, & Hunt, 2017),

although much of the evidence base is derived from research conducted in facilities operating in a small number of cities in Australia, Canada, Denmark, and Spain (Potier, Laprévotte, Dubois-Arber, Cottencin, & Rolland, 2014). Literature reviews and evidence syntheses conclude that DCRs are successful at attracting the most vulnerable and marginalised people inject use drugs (PWID) (Potier et al., 2014). Research suggests that DCRs can be effective in preventing overdose morbidity and mortality, promoting safer injection conditions and practices, and may enhance access to health services (e.g. MacArthur et al., 2014; McNeil & Small, 2014; Potier et al., 2014). By providing a safe and hygienic injecting environment, DCRs may significantly reduce the

* Corresponding author.

E-mail address: a.m.atkinson@ljmu.ac.uk (A.M. Atkinson).

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sharing of injecting equipment, and as such could potentially reduce behaviours that increase the risk of blood-borne virus transmission. Modelling studies suggest DCRs could be cost-effective, with the short-term cost of funding DCRs offset by long-term savings made from preventing infections and other morbidities among people who inject drugs (PWID) (Des Jarlais, Arasteh, & Hagan, 2008). Although one of the main objections to DCRs is that they might increase crime in surrounding areas, primary studies suggest that crime (including drug dealing) does not increase and implementation of DCRs has been associated with reductions in street-based drug use and discarded drug paraphernalia (Potier et al., 2014). There is less research on the social acceptability of DCRs, and the impact of such facilities on public order (Jauffret-Roustide & Cailbault, 2018).

The introduction of DCRs in the UK has been recommended on a number of occasions by a range of important policy actors, including the Advisory Council on the Misuse of Drugs (ACMD, 2016), yet no facilities are currently operational. A number of areas of the UK have proposed introducing DCRs (e.g. Cardiff, Brighton, West Midlands), the most recent being the Scottish city of Glasgow. Scotland is one of four countries (i.e. England, Wales, Scotland, Northern Ireland) in the UK and has its own devolved government with responsibilities for a number of devolved issues including health and criminal justice, whilst other areas such as drug policy are retained by the UK Government. PWID in Glasgow are a particularly vulnerable population. For example, in 2009/10 this population experienced a large outbreak of anthrax (Ramsay et al., 2010), which was followed in 2015 by the largest documented outbreak of wound botulism in Europe (Trayner et al., 2018). More recently, an increase of HIV infection among PWID was detected, with Glasgow currently experiencing its largest documented outbreak (Ragonnet-Cronin et al., 2018). These outbreaks of acute infectious disease have occurred against a backdrop of increasing drug-related deaths in Scotland, with rates higher than any other UK country and amongst the highest in Europe (Millar & McAuley, 2017).

In response to accumulating evidence of poor health and social outcomes for PWID, a needs assessment focussing on drug use in public places in Glasgow city centre was published by the local health board in June 2016 (NHS Greater Glasgow and Clyde (NHSGCC, 2016). This resulted in a key recommendation, the introduction of a “*pilot safer injecting facility in the city centre, to address the unacceptable burden of health and social harms caused by public injecting*” and the co-location of a heroin-assisted treatment (HAT) service (NHSGCC, 2016: 5). In the year that followed, considerable planning and process arrangements for the introduction of the DCR/HAT service followed, including plans for community engagement and a location for the facility (BBC, 2018a; Scottish Drug Forum, 2018). However, despite attracting support at local and central Government level in Scotland, these plans came to an abrupt halt in November 2017, when Scotland’s most senior legal authority (the Lord Advocate) failed to provide a legal exemption for the facility, on the basis that the proposals were addressing a public health issue and not a criminal justice issue. It was argued that the establishment and delivery of DCR services would lead to a number of prosecutable offences under the Misuse of Drugs Act 1971 and associated criminal legislation, with the decision being supported by the UK government (BBC, 2018b). Since then, the DCR/HAT proposals have been officially approved by the Scottish Parliament who voted in support of a motion in April 2018 to call on the UK Government to allow a DCR in Scotland (Scottish Drug Forum (SDF, 2018) and for the devolution of drug laws (BBC, 2017). In the same month, the proposals received cross-political party support within a private members bill introduced to the UK parliament (UK Parliament, 2018). The proposals were officially rejected by the UK Government in June 2018, and whilst they acknowledge that DCRs may have a public health benefit, they rejected the proposal based on concerns over law enforcement, ethical quandaries for medical professionals and the risk that users would travel long distances to use the facility (BBC, 2018b; Home Office, 2017).

In a comparative analysis of policies in Germany, where DCRs have been established, and the UK, Lloyd et al. (2017) discussed a number of barriers to implementation. These included legal challenges, assumed lack of public tolerance, fear of the political consequences of introducing unpopular policy, lack of police support, concerns over the quality of the evidence base, associated costs, the possibility of low level street drug sales around DCR sites, and a general lack of prioritisation of drug policy by government. As discussed in relation to the implementation of DCRs in France, tensions also arose when attempting to implement harm reduction policies in a context of drug prohibition (Jauffret-Roustide & Cailbault, 2018). Negative popular news media reporting has also been highlighted as a key influencing factor (Jauffret-Roustide & Cailbault, 2018), with governmental fear of being accused of opening ‘*drug dens*’ playing an important role in their rejection (Lloyd et al., 2017).

Whilst research highlights the influence of the media on the policy making process, policy preference and formation is far from a linear process. It involves a complex range of actors, ideologies, and structures including constructions of problems and the identification of solutions, and opportunities for action; political and power relationships; advocacy, lobbying and consensus building; availability and interpretation of evidence through knowledge brokers; election cycles and outcomes, and development of community support and political will (e.g. Cairney, 2016; Gornall, 2014; Kingdon, 2003; Oliver & de Vocht, 2015; Ritter, Hughes, Lancaster, & Hoppe, 2018; Sabatier, 1988). News media influences public opinion and policy making through an agenda setting role by framing a particular perspective in order to tell audiences what to think about, how to think about it, and how it should be responded to by ‘*putting a particular slant on issues*’ (Bacchi, 2009: xvii; Lancaster, Hughes, Spicer, Matthew-Simmons, & Dillon, 2011; Lancaster, Duke, & Ritter, 2015; Lancaster, Seear, & Treloar, 2015). In their discussion of English drug policy ‘*constellations*’ Stevens and Zampini (2018) identified the media as important actors in exerting influence and representing asymmetric social powers through editorial position, presentation of evidence and norms, and providing privileged actors platforms and access to decision makers. Moreover, the extent to which the news media pushes and endorses a particular policy perspective influences ‘*what gets done or not done*’ (Bacchi, 2009: xvii) and as such, effects the health, wellbeing, and lived experiences of affected groups through influence on policy makers and other decision makers.

There is a lack of research into failed attempts to introduce DCRs (Lloyd et al., 2017), and little on how the policy debate surrounding DCRs is represented in, and influenced by, the news media (Hayle, 2015; Jauffret-Roustide & Cailbault, 2018). It is important that the way in which DCRs have been constructed and represented in the UK news media is considered given the news media’s influential role in framing drug issues in particular ways, setting the agenda for public thinking and influencing political discourse (Forsyth, 2001; Lancaster et al., 2011; Orsini, 2017; Stevens & Zampini, 2018) by ‘*disseminating and supporting particular problem representations*’ (Bacchi, 2009: 6). This paper therefore presents findings of an analysis of UK news media representations of the proposals to introduce DCRs in the Scottish city of Glasgow, applying Bacchi’s (2009, 2017) approach to policy analysis ‘*What’s the problem represented to be?*’

Methods

We undertook a quantitative content and qualitative thematic analysis of UK news media (paper and online news) representations of the proposals to pilot a DCR in Glasgow. Our analysis was influenced by Bacchi’s (2009) approach to policy analysis - ‘*What’s the problem represented to be?*’ and other applications of this approach to drug policy (e.g. Lancaster, Duke et al., 2015; Lancaster, Seear et al., 2015). Bacchi’s approach provided an analytical and interpretative framework to help guide our understanding of how the news media and other actors constructed certain problematizations of drug use and associated

harms, and how DCRs were promoted and rejected as an appropriate solution.

Whilst Bacchi's framework focusses on policy and has been widely used to critically analyse the nature and effects of drug and alcohol policy (e.g. Barratt, Seear, & Lancaster, 2017; Collins, Bluthenthal, Boyd, & McNeil, 2018; Lancaster, Duke et al., 2015; Lancaster, Seear et al., 2015; Pienaar & Savic, 2016; Pienaar, Murphy, Race, & Lea, 2018), it has rarely been applied to the analysis of media discourse (Batsian, 2011; Bernhardtsson & Bogren, 2012). As a post-structuralist approach to discourse analysis, Bacchi's (2009) framework views social problems not as pre-existing or given facts that exist externally to society, but as defined and redefined by various actors. Applying this notion to drug policy, drug 'problems' are not regarded as waiting to be solved, but are produced and given meaning through the representations of them presented in drug policy. Thus, drug policies 'give shape to [drug] problems, they do not address them' (Bacchi, 2009; cited in Lancaster, Seear et al., 2015;).

As suggested by Seear and Fraser (2014) in their analysis of victims of crime compensation laws in Australia, 'it is of course possible to read many discursive practices, not only policy, in the way Bacchi proposes'. Although there are fundamental differences between policy making and the media, Bacchi's framework provides a useful analytical tool for critically exploring the role of the news media in formulating drug use as a 'problem', within the early stages of DCR policy development in the specific context of the UK, in which drug policy documents fail to endorse DCRs. In the absence of such policy documents, we were interested in the way in which calls for the inclusion of DCRs in UK drug policy were both endorsed and rejected by various actors through the news media, which provided the arena in which this particular policy was debated and negotiated. This approach provided insight into how drug use was constructed as a problem by a range of actors from different ideological positions, in an attempt to either gain support for changes to drug policy, or conserve status quo responses. It also allowed us to move beyond description to consider the discursive effects of such reporting (i.e. we discuss what was and what was not discussed), as well as the subjectification (i.e. the differing ways in which people are positioned that influence the ways in which people make sense of who they are, and how they relate to others) and lived material effects on PWUD (Bacchi, 2009, 2012; Moore & Fraser, 2013; Seear & Fraser, 2014).

We applied Bacchi's (2009, 2017) framework (see Box 1) for policy analysis, predominantly considering 'what the 'problem' is represented to be' (question 1) in the UK news media and the 'assumptions' and 'conceptual premises' (question 2) that underpinned the various representations of the 'problem' put forward, as well as what was left unproblematic and silenced (i.e. what was not mentioned) (question 4). Addressing Bacchi's question of 'How/where has this representation of the 'problem' been produced, disseminated and defended?' (question 6), we primarily focused on the news media as a platform through which various actors (i.e. journalists, experts/professionals, politicians, members of the public) disseminated and defended their constructions of drug use, harm and DCRs to a public audience in an attempt to influence policy. We were particularly interested in who was provided with a platform, and whose experiences were prioritised and omitted,

and in turn, indirectly silenced (Bacchi, 2009; Stevens & Zampini, 2018). For example, PWUD should be the main beneficiaries of drug policy, and as such, their experiences should be drawn upon in policy debate. Moreover, we were interested in what 'evidence' for DCRs was drawn upon and how it was used (Jauffret-Roustide & Cailbault, 2018), and what effects may be 'produced by this (media) representation of the problem' (question 5).

Articles published in all UK countries (England, Scotland, Wales, Northern Ireland) since the Glasgow DCR was first recommended in the 'Taking away the chaos' (TAC) (NHS Greater Glasgow and Clyde (NHSGCC, 2016) report in June 2016, which documented the health needs of PWID in Glasgow, to June 2018 when the proposals were officially rejected by the UK Government, were identified from national and local news sources (including online news) using the Lexis Nexis database. Search terms used to identify articles were 'drug consumption room', 'consumption facility', 'injection room', 'injection centre', 'injection facility', 'fix room', 'shooting gallery' and 'Glasgow'. To inform the selection of search terms, we piloted a number of popular news sources using a variety of search terms (e.g. DCR; fix room; shooting gallery; injection room/centre/facility, Medical Supervised Injection Centres (MSIC); Overdose Prevention Sites (OPS)), taking note of those that were more frequently used when reporting DCRs and any others that we may have missed (e.g. consumption facility). OPS was not used in any relevant articles. Whilst MSICs was used, this was alongside, and less frequently than our final search terms. We also included the search term 'Glasgow' to restrict our results to those articles specifically discussing the DCR proposals in the city as some articles only reported on earlier attempts at introduction elsewhere (see Introduction).

Lexis Nexis is a database of 320 UK printed and online news titles, covering national, regional, local and trade publications published over the last 35 years. Given that we were interested in the ways in which the news media represented DCRs to the general public and policy makers, we focussed on the mainstream news media who have a larger audience reach than specialist sources, which are more likely to be read by those with particular interests, and in turn, perhaps those more engaged with existing debates around DCRs. The UK news media landscape has changed in recent years, with reductions in printed newspaper circulation, and an increase in online news consumption (Ofcom, 2018). To reflect such changes in media consumption, we included both printed and online articles. Although the coverage of the Lexis Nexis database is extensive, it does include articles published on the BBC News website (UK national public broadcaster). As such, we searched this website separately and retrieved articles for the same period using the same search terms.

614 articles were initially retrieved and screened for relevance. All articles referring to the proposals were included and irrelevant articles and duplicates excluded (n = 440). For example, some articles discussed gun control and 'shooting galleries' in the USA, and were captured due to links to articles referring to Glasgow within the publications. A total of 174 articles met the inclusion criteria and were subject to analysis. Articles were published within 37 news sources during the sampling period (see Supplementary Table 1), with the majority specifically focussing on the DCR proposals (72%, n = 126) and the city of

Box 1

Bacchi's (2009: xii) 'What's the problem represented to be?: An approach to policy analysis.'

- 1 What's the 'problem' represented to be?
- 2 What presuppositions or assumptions underlie the representation of the 'problem'?
- 3 How has the representation of the problem come about?
- 4 What is left unproblematic in this problem representations? What are the silences? Can the 'problem' be thought about differently?
- 5 What effects are produced by this representation of the 'problem'?
- 6 How/where has this representation of the 'problem' been produced, disseminated and defended? How could it be questioned, disrupted and replaced?

Table 1

Sample details.

Sources: Daily circulation or viewing figures were derived from the Audit Bureau of Circulation (ABC) website. Internal BBC data via personal communication.

News source	Geography	Political stance	Articles for or against DCRs	Total number of articles
Scottish Daily Mail	National	Right	Against	27 (16%)
The Herald	Scotland	Centrist	For	25 (14%)
			Neutral	
BBC News Online	National	Neutral	For	16 (9%)
			Neutral	
Daily Record and Sunday Mail	Scotland	Left	For, backed proposals	12 (7%)
			Neutral	
The National	Scotland	Centre-left	For	12 (7%)
The Scotsman	Scotland	Centrist	For	8 (5%)
			Against	
			Neutral	
Scottish Daily Express	Scotland	Right	Against	8 (5%)
			For	
			Neutral	
The Times	National	Centre-right	For	9 (5%)
The Independent	National	Centrist/Liberal	For	7 (4%)
Evening Times Glasgow	Scotland	n/a	For	7 (4%)
			Neutral	
The Sun	National	Right	For	4 (2%)
			Neutral	
The Belfast Telegraph	Ireland	n/a	For	3 (2%)
The Metro	National Free	Centre-right	For	4 (2%)
			Against	
			Neutral	
Daily Echo	England	n/a	For	3 (2%)
Scottish Daily Star	Scotland	Centrist	Neutral	1 (1%)
The Guardian	National	Centre-left	For	2 (1%)
			Neutral	
Scottish Mail on Sunday	Scotland	Right	Against	1 (1%)
The-i	National	Centrist/Liberal	For	2 (1%)
The Telegraph	National	Centrist-right	For	1 (1%)
Scotland on Sunday	Scotland	Centrist	For	1 (1%)
Sunday Times	National	Centrist-right	For	2 (1%)
Sunday Herald	Scotland	Left	For	1 (1%)
Border Telegraph	Scotland	n/a	For	1 (1%)
City Am	England	Centre-right	For	1 (1%)
Coventry Evening Telegraph	England	n/a	For	2 (1%)
Dunfermline Press	England	n/a	For	1 (1%)
East Anglian Daily Times	England	n/a	For	1 (1%)
Edinburgh Evening News	Scotland	n/a	For	1 (1%)
Evening News Norwich	England	n/a	For	2 (1%)
Greenock Telegraph	Scotland	n/a	For	2 (1%)
Manchester evening times	England	n/a	For	1 (1%)
The Argus	England	n/a	For	2 (1%)
The Daily Post	Wales	n/a	Neutral	1 (1%)
The Glasgow South and Eastwood Extra	Scotland	n/a	For	1 (1%)
Birmingham Mail	England	n/a	For	2 (1%)

Glasgow (78%, $n = 136$). All others discussed DCRs in Glasgow in passing, either within related stories such as the reporting of drug-related deaths or discussions of drug use in other UK towns and cities. Most (62%, $n = 109$) articles were printed in the Scottish press and national publications (82%, $n = 144$). Circulation figures ranged between 16.5 million users (*BBC News Online*) and 2627 readers (*Border Telegraph*) per day, with local sources having lower readerships. That said, local sources are important sources of information for local communities on the relevance and impact of national policy to local populations.

Quantitative content analysis (Atkinson & Sumnall, 2018) was conducted to initially examine the manifest content through deductive and inductive coding using a pre-determined coding frame that was adapted in accordance to emerging codes, in the software package SPSS v 25. Codes (e.g. reasons for and against DCRs, drug related deaths, BBV, public injecting, demographic information on those people who used drugs, language used to describe people who used drugs, reasons for use, quoted actors and data sources) were informed by research in the area of news media representations of drugs (e.g. UK Policy Commission, 2010; Forsyth, 2012), Bacchi's (2009; 2001) analytical

framework 'What's the problem represented to be?' and the research evidence on DCRs (e.g. Potier et al., 2014). A pilot analysis of 50 articles was conducted by the lead author (AMA) with additional codes (e.g. 'tax payers money', 'nationalism') being created as they emerged, which were then applied to the whole sample. A random sample of 10% ($n = 18$) of the news articles were second coded and checked by another author (HS). Descriptive statistics were used to explore the extent and nature of reporting according to the quantitative coding frame. The percentages presented within the analysis referred to the number of articles promoting each particular theme. Articles were also coded as being either for, against, or neutral towards the introduction of DCRs. Articles coded as backing the DCR proposals were those that overtly expressed an opinion in favour of DCRs and drew on actors who endorsed the proposals. Those coded as being against DCRs overtly expressed an opinion against DCR and drew on actors rejecting the proposals. Both may have presented factual information and both sides of the argument, but gave more prominence to one side. Articles coded as neutral were those that did not overtly express an opinion or gave equal prominence to opposing views.

Following quantitative content analysis (Braun & Clarke, 2006), a

thematic analysis of the articles using NVivo was conducted to gain more valuable understandings and to take account of the nature of the representations within the wider discursive context in which they were positioned, and the language used. We followed Braun and Clarke's (2006) steps for thematic analysis, which involved closely reading each article and systematically generating initial codes, which were then collated into potential themes that worked across the articles, and incorporating the findings of the content analysis. The articles were coded by AMA and discussed with HS. The findings are presented in eight themes and draw on typical quotations to illustrate article content. When read as a whole, the themes interlink to provide an account of the differing and conflicting ways in which drug use and those using drugs were problematized (Bacchi, 2009) when either promoting or rejecting DCRs as a suitable policy response.

Findings

We begin by discussing the overall rejection or endorsement of the DCR proposals across the sample of news media articles analysed, positioning the news media as a platform through which certain 'problem representations' and policy responses came about and were disseminated to a public audience (Bacchi, 2009: question 6). We then draw on both quantitative and qualitative findings to present a number of overarching and interlinked themes in the way in which DCRs and drug use were represented, and the assumptions and presumptions that underpinned them. Importantly, we begin to consider the discursive, subjectification and possible material effects of such reporting on the lived experiences of people who use drugs (Bacchi, 2009; Moore & Fraser, 2013; Seear & Fraser, 2014) (Table 1).

The rejection and endorsement of DCRs within the UK news media

Although labelled as 'controversial' (17%, $n = 29$, e.g. BBC, *The Guardian*, *The Herald*, *Scottish Daily Mail*) in a way that ignored DCRs as a normalised harm reduction approach across Europe and other countries, as shown in Table 2, overall (67%, $n = 115$) a positive representation of DCRs was presented within the sample of articles analysed, with some news sources actively backing the proposals, stating that they 'support any innovative thinking that would help fix this problem' (*Daily Record*). The majority of articles presented one side (e.g. reasons and evidence for, or against DCRs) of the argument (74%, $n = 129$), whereas a quarter (26%, $n = 45$) presented reasons and evidence for, and reasons against DCRs. Articles presenting both sides tended to be those that rejected DCRs, or those reporting neutrally. Thus, although evidence supporting the effectiveness of DCRs was acknowledged by opponents, it was either contested or ignored as a justifiable reason for their introduction, with recovery and abstinence being prioritised over harm reduction (see section *Disputing and legitimising DCRs through 'evidence' based claims*). The *Scottish Daily Mail*, which was the only news source presenting a solely negative representation, printed the most articles (16%) (see Supplementary material Table 1). With regards to the level at which the debate took place, the majority of articles were published by Scottish news sources (62%, $n = 109$). More politically right-leaning (see Supplementary material) and Scottish sources were more likely to portray the proposals negatively (see Table 2).

Table 2
Positive, negative and neutral depictions of DCRs.

	All publications	English publications	Scottish publications	Welsh publications	Irish publications
Positive representation of DCRs	67%(115)	39% (45)	57%(66)	1% (1)	3% (3)
Negative representation/rejection of the proposals	20%(35)	3%(1)	97% (34)	0%(0)	0%(0)
Neutral account (i.e. neither endorsed or rejected the proposals, or equally promoted both sides of the argument)	14%(24)	67%(16)	33%(8)	0%(0)	0%(0)

'Words matter': the use of negative and stigmatising language

As discussed by Collins et al. (2018) in their analysis of the language of overdose prevention, 'words matter'; they affect how those who use drugs see themselves and how they are viewed, and in turn, treated within society (Bacchi, 2009; Lancaster, Seear et al., 2015). With this in mind we found the use of negative language to describe PWID (e.g. 'junkies' 3%, $n = 5$), not only within articles that opposed DCRs, but also by those that supported the proposals. Person-centred language was used in only 18% ($n = 32$) of articles, and included people- who inject drugs; use drugs; take drugs; are dependent on drugs; with dependency; who share needles; who abuse drugs; with addiction problems. Individuals were predominantly defined in terms of their use as 'abuse' (15%, $n = 26$), 'chaotic' (4%, $n = 7$), addict(s) (53%, $n = 92$), 'user(s)' (76%, $n = 135$) and 'dependent(s)' (13%, $n = 22$). This occurred in articles published by both the right leaning sources ('addicts would be handed state funded heroin' *Scottish Daily Mail*), we well as others ('MPs will be urged to consider bringing in "shooting galleries" to allow vulnerable addicts to legally inject drugs such as heroin without facing prosecution' (*The Independent*). Whilst in some cases such language may have been used to sensationalise stories and increase newsworthiness, its use also reflects the common use of reactionary and negative language to describe people who use drugs in everyday life, and a lack of consideration of the lived effects of such language (Collins et al., 2018; Lancaster, Seear et al., 2015). Such terms also position people who use drugs as homogenous subjects distinct from the rest of the population, with the discursive effects of ignoring diversity in experience among those injecting drugs (Pienaar & Savic, 2016; Seear & Fraser, 2014). For example, in only one instance was the gendered nature of drug use acknowledged, when the rate of deaths associated with opioid use was discussed as increasing among women relative to that of men. A discourse was therefore produced that framed drug use as the main attribute of the individual rather than an outcome distinct from personhood, which can have lived effects by reinforcing stigma and prejudice, and impacting on the views of services providers, in turn, creating barriers that undermine engagement with services (Collins et al., 2018; Pienaar & Savic, 2016; Szalavitz, 2017).

Moreover, while overall we found that representations of DCRs were positive, negative terminology was used to describe DCRs by some sources (e.g. *The Sun*, *Scottish Daily Mail*, *Daily Record*, BBC, *The National*). For example, informal and more negative terms ('fix rooms' 34%, $n = 59$; 'shooting gallery' 31%, $n = 54$, 'jag room', 2%, $n = 3$) were used more often than medical and neutral terminology (e.g. DCRs 31%, $n = 54$; safe/supervised injection or drug consumption facilities 28%, $n = 49$). This appeared in publications that appeared to be supportive of DCRs. For example, although *The Sun* presented DCRs as one way to 'revolutionise our drugs policy', they also referred to facilities as 'junkie jag room[s]'. As noted by Lloyd et al. (2017: 68), the choice of terms used to describe DCRs is important, as negative terminology such as 'shooting gallery' and 'drug dens' has 'dogged public discussion of DCRs in the UK' and is a phrase that 'conjures up negative associations'. In this earlier analysis (Lloyd et al., 2017: 68), government fear of being accused of opening 'drug dens' is discussed as influencing the rejection of DCRs, yet our analysis found this particular term was rarely used, suggesting a shift in terminology ('drug den' 1%, *Daily Record*). However, though terms such as safe/supervised injection or drug

consumption facilities/rooms may be preferred to terms such as ‘*jag room*’, they also invoke moralistic interpretations, by focussing on the behaviour of individuals as a cause of harm (Collins et al., 2018; Lancaster, Seear et al., 2015).

Reframing IDU as an issue of public health

A discourse of public health dominated over that of criminalisation, with the proposals to implement a DCR being predominantly underpinned by the need to respond to a public health ‘*emergency*’. This shift in discourse was evident in how the potential effectiveness of DCRs in reducing a range of health harms (89%, $n = 154$) were more frequently discussed than those relating to crime (36%, $n = 53$), and public nuisance/ anti-social behaviour (3%, $n = 6$). For example, a reduction in overdose deaths (65%, $n = 113$) and BBV infection (52%, $n = 90$) such as HIV (47%, $n = 82$) were the most frequently discussed issues, and DCRs were positioned as a suitable health response to reduce the harms experienced by PWID. Whilst the DCR would allow for the ‘*safe*’ (45%, $n = 79$) and ‘*supervised*’ (63%, $n = 110$) use of controlled substances through differing routes of administration (ROAs) (e.g. injection, inhaling, smoking) (EMCDDA, 2018; NHS Greater Glasgow and Clyde (NHSGCC, 2016), within the news media, they were promoted as a suitable policy response to injecting drug use (IDU) and related harms (i.e. infection, deaths) specifically.

Terms such as ‘*safe*’ acknowledges the wider environmental factors that can make injecting drug use ‘*unsafe*’, and as such frames DCRs as an intervention that provides safety for PWID. However, the focus on ‘*supervised*’ injection under the observation of medically trained staff, may inadvertently produce ‘*dividing practices*’ (Bacchi, 2009: 16) whereby a category of professionals are created that are seen as ‘*inherently responsible and trustworthy*’, and which by contrast, positions PWID as irresponsible subjects (Bacchi, 2009: 16; Lancaster, Seear et al., 2015: 1202). The use of imagery of discarded needles in articles, also ‘*problematises*’ injecting equipment itself (Lancaster, Seear et al., 2015: 1201; citing Bacchi, 2009), and may reduce the identity of PWID to that of an irresponsible and problematic subjects. Thus, whilst calls for DCRs are a welcomed approach to some of the real harms associated with injecting and the illicit drug market, the public health discourse surrounding DCRs may have a subjectification effect (Bacchi, 2009: 16) of positioning all PWID as incapable and irresponsible, and ignoring the existing use of harm reduction practices by this group. A predominate focus on injecting practices in articles, and a lack of attention paid to the proposed provision of housing, employment and welfare support (16%, $n = 27$) as part of the Glasgow DCR, also had the discursive effect of silencing those broader structural factors associated with drug use (e.g. unemployment, homelessness, poverty) that determine the lived experiences of PWID (ACMD, 2018; Pienaar & Savic, 2016).

Reflecting the conceptual premises of public health, proponents presented drug-related deaths as preventable (19%, $n = 33$) (e.g. ‘*DCRs can prevent deaths*’, BBC), with the introduction of facilities positioned as an opportunity to ‘*save lives*’ (e.g. *The Sun*, *The Herald*, BBC, *The Independent*). The lived effects (Bacchi, 2009: 17) of rejecting the proposals were thus cited to push for the introduction of a DCR, with a failure to introduce the facilities being predicted to lead ‘*to more deaths*’ (*The Herald*). Here we see a positive move away from positioning PWID as responsible for the harms experienced as an outcome of use behaviours, to apportioning responsibility to the UK government and the failures of existing drug policy. As such, the UK government were encouraged to approve the proposals ‘*in the interests of public health*’ (*The Herald*), and address what was labelled a ‘*public health catastrophe*’, ‘*emergency*’, and an ‘*acute crisis*’ (SNP Councillor and Politician, charities; e.g. *The Herald*, *the Sun*, *The Scotsman*). This discourse of urgency emphasises the critical need for policy change to allow for public health responses to the problem, and has been described as ‘*crucial to opening the way for a robust response to the ongoing, nationwide opioid overdose epidemic*’ in other countries (Collins et al., 2018: 77). The language of

vulnerability (28%, $n = 48$) was also used by both DCR proponents and opponents, with both groups expressing a desire to protect those at risk of harm in a way that appeared to generate sympathy and compassion for those deemed vulnerable. However, although framing PWID as vulnerable subjects suggests a move away from the language of criminalisation and blame, it was used for different intentions; by proponents to justify DCRs as a suitable structural public health measure and by opponents who framed PWID as vulnerable as an outcome of drug use itself. This morally charged focus on drug use per se, is underpinned by the assumption of opponents that abstinence was the only acceptable policy priority, and judges PWID against this criteria, in turn attempting to deny them access to harm reduction responses and judging those who fail to achieve abstinence. For example, it was stated that ‘*priority should be helping these vulnerable individuals turn their lives around... not keeping them trapped in a destructive cycle*’ (Conservative MSP, *Scottish Daily Mail*) (see section ‘*Abstinence and recovery rhetoric*’). The emphasis on ‘*individuals turn[ing] their lives around*’, abstinence and the ‘*destructive cycle*’ of use, held individuals as responsible for change, positioned all drug use as harmful and immoral, and served to undermine the importance of harm reduction approaches aimed at improving health and the social environments of drug use.

Exploration of the underlying reasons for drug use, drug-related deaths and drug related harms were provided in only a third of articles (33%, $n = 57$). As discussed above, the wider services provided within the proposed Glasgow DCR aimed at addressing issues such as mental health and homelessness were discussed less frequently than injecting practices. However, when reasons for drug use were discussed, they tended to emphasise both structural and individual determinants. This included Government cuts to substance use services and austerity (5%, $n = 8$), poverty (2%, $n = 4$), homelessness (5%, 8), deprivation (e.g. being ‘*poor*’) (4%, $n = 6$) and stigma as a barrier to service engagement (4%, $n = 7$). An aging population of people who used heroin (7%, $n = 11$), and the co-existence of mental health issues (8%, $n = 14$) were also provided as explanations for drug-related deaths and IDU. Interestingly, drug use was rarely framed as a choice, which is a common discourse within other media reporting, and problematic as it blames the individual against the neo-liberal notion of responsibility and can have lived effects by limiting compassion and support for more punitive policy responses (Atkinson & Sumnall, 2018; Fraser et al., 2018; Jauffret-Roustide & Cailbault, 2018; Lancaster, Seear et al., 2015; Lloyd, 2013). Instead, the notion of drug use as a choice (3%, $n = 3$) was contested in some news articles printed in more liberal sources to purport that ‘*nobody in their right mind would choose the hand they’ve been dealt in life*’ (*The Herald*), in turn, acknowledging the underlying environmental factors that partly determine drug use and related harm.

Visibility and public safety

With respect to the main beneficiaries of DCRs, the majority of articles considered DCRs to be an appropriate response to the health and safety of both PWID and the public (55%, $n = 62$). 25% ($n = 43$) of articles focussed solely on benefits to users and 10% ($n = 17$) focussed solely on the benefits to the public (10%, $n = 17$). This dual emphasis stemmed from the problem being presented as one of street injecting (35%, $n = 60$), with perceived (but in reality, low) risks to the public (e.g. transmission of BBV to the public) associated with discarded needles ($n = 26$, $n = 62$), drug-related litter (10%, $n = 18$), and the presence of blood in public spaces (3%, $n = 6$) being emphasised. A focus on both the health of PWID and public safety was not only prominent within the arguments presented by opponents, but also within the representations of the problem constructed by those tasked with gaining support for the proposals, who purported that ‘*people are dying on the streets of my constituency, and the risk to the public from discarded needles is very real*’ (SNP politician, e.g. *Daily Record*, *Sunday Mail*, *Evening Times*). The rhetoric of public safety has been used in other countries to oppose harm reduction services such as DCRs, based on the

assumption that they enable PWID to engage in further public disorder, focussing on the safety and needs of the wider public, as opposed to the benefit to those using drugs through the mitigation of harm (Collins et al., 2018). A focus on reducing drug litter such as discarded needles is also often used as an argument to try to persuade the public to support DCRs, but it may also produce a drug using subject that is positioned as irresponsible, selfish, and a threat to others, through assuming their disregard for the health and safety of others (Lancaster, Seear et al., 2015). Moreover, as discussed by Lancaster, Seear et al. (2015) in their critical analysis of laws prohibiting peer distribution of injection equipment in Australia, there is a tension between the use of such discourse in arguments for harm reduction responses (such as DCRs), in that they question the trustworthiness and responsibility of PWID to safely dispose of their injecting equipment, but at the same time are based on the assumption that individuals will act responsibly and access such services in attempt to improve their own health.

Concerns over the public nature of IDU also led to articles speculating and commenting on the location of the DCR site (e.g. in residential areas) (13%, $n = 23$), the implications for public order as a result of the potential migration of PWID from other areas (i.e. the ‘honey pot’ effect (3%, $n = 6$)), and an increase in drug dealing in and around the DCR site (10%, $n = 18$). Such reporting reflects common assumptions that are unsupported by research, and have been discussed as barriers to implementation of DCRs both in the UK and other countries (Jauffret-Roustide & Cailbault, 2018; Lloyd et al., 2017). For example, the BBC discussed the health benefits of DCRs as well as their role in “[improving] the general amenity of Glasgow city centre” (BBC News Online) and *The Herald* focused on safety and the city’s ‘appeal’ when describing DCRs as an attempt to ‘make the city centre safer and more pleasant’ (*The Herald*). Moreover, whilst critics raised concerns about the potential increase of street-based drug use around the DCR locality, proponents presented DCRs as an opportunity to address the public nature of IDU (41%, $n = 71$) and ‘open drug scenes’ in spaces such as ‘public toilets’, as well as providing a ‘safe’ space for people who use drugs (49%, $n = 85$) from a public health perspective. Such discourse suggests underlying concerns around the public visibility of PWID, and is morally charged in that it judges PWID for what is perceived as a lacking shame to disguise their substance use from public view (Woolford, 2001). Positioning DCRs as beneficial to public safety may be important in gaining public support for harm reduction responses such as DCRs (Jauffret-Roustide & Cailbault, 2018), but through ‘dividing practices’ (Bacchi, 2009; Lancaster, Seear et al., 2015), may have unintended effects by framing PWID as the ‘other’ and distinct from, and a threat to, the general population as a result of their use practices, irresponsible behaviour (e.g. discarding needles), and the threat of contagion of BBV (Lancaster, Seear et al., 2015). Whilst such discourse acknowledges the harm of ‘unsafe’ environments to the health of PWID, alongside debates around the most appropriate location for the DCR site and the framing of PWID as infected subjects, it leads to the separation of PWID from the wider community (Woolford, 2001). Such positioning can reinforce stigma and the negative stereotyping of PWID in ways that can have real effects on their every lives (Bacchi, 2009; Lancaster, Seear et al., 2015).

A shift to the decriminalisation and legalisation of drugs

DCRs were framed by proponents within a wider discursive shift from constituting drug use as an inherently criminal activity requiring criminal sanctions, to one of public health requiring harm reduction responses (note that use of substances and intoxication is not an offence in UK law, unless associated with activities such as driving a car). As shown in extracts 1 and 2, DCRs were presented as a suitable response to drug-related deaths and the proposals were drawn on to argue for ‘drug use [to] be treated as a health issue, not a criminal one’. In extract 2, use of drugs was distinguished from criminal activity associated with drug use (e.g. acquisitive crime), and a public health response to the

harms of use was promoted through the argument that DCRs would co-exist within wider police action towards drug-related crime. Here, drug use and in turn possession, are repositioned as an issue of health, rather than one of criminality and morality, but people who use drugs remain criminalised through associated crime. Similar statements by Police and Crime Commissioners (an elected post with responsibility for developing local policing strategy) purported that the ‘time has come to treat addiction as a public health issue’ (Former English Police and Crime Commissioner, *The Independent*) and the benefits of DCRs as a public health response were further justified in relation to crime, by stating that they ‘reduce crime [and] free up police officers to concentrate on serious offences whilst providing an opportunity to help those taking drugs to address other issues like poverty and homelessness’ (Welsh Police and Crime Commissioner, *Daily Post*). Thus, whilst a discourse of public health that acknowledged the influence of wider structural factors on drug use appeared within the representations of the problem constructed by proponents, the crime implications of DCRs were also addressed in an attempt to mitigate concern among those whose judgements were primarily based on the conceptual premises of criminal justice.

Extract 1. *Lib Dem MSP [Member of the Scottish Parliament]...has welcomed Ms Campbell’s [SNP MSP] comments on Australia’s efforts [introduction of DCRs] to reduce the number of drug-related deaths. He said: “The minister is sensible to be looking and learning. This must now be matched by action. Drug use should be treated as a health issue, not a criminal one” (The Herald)*

Extract 2. *“Thewliss [SNP MSP] added: “My Bill [Supervised Drug Consumption Facilities Bill] will take new steps to enable drug addiction to be treated as a public health issue, whilst ensuring that criminal activity from illegal drugs continues to be robustly tackled by the police” (The National)*

Proponents’ representation of DCRs as a public health response to IDU and harm was further underpinned by the assumption of DCRs as a positive step towards the decriminalisation of drugs more generally. A range of actors (e.g. academics, police, charities, campaign groups) promoted a change in drug policy (30%; $n = 51$) and expressed a view to move away from ‘status quo’ (e.g. *The Times*, *The National*, *The Guardian*) responses (6%, $n = 10$) which were regarded as useful for ‘neither addicts, their families or the public’ (SNP MSP, *The Herald*). Instead more ‘radical’ (e.g. *The Herald*), ‘revolutionised’ (e.g. *The Sun*) and ‘progressive’ (e.g. *Daily Record*) (10%, $n = 17$) approaches were called for, underpinned by what was reported as a need to follow the example of other countries. Some actors (e.g., charities, campaign groups) including police representatives, specifically called for the decriminalisation of drug possession (15%, $n = 26$) referring to a ‘failed’ ‘War on Drugs’ (8%, $n = 13$). For example, a SNP MSP asked ‘When is the Government going to comprehend that the war on drugs, as it has been waged for the last 100 years, has failed?’ (*The Herald*). As shown in extract 3, prohibition itself was also acknowledged as a cause of drug-related harm when suggesting that it had failed to ‘protect people from harm’. Such discourse moves away from placing blame on the individual to acknowledge wider structural factors, whilst prioritising reductions in harm over notions of morality and criminality and acknowledging the role of the state in ‘protecting’ its citizens.

Whilst such discourse was used to call for changes in drug laws to allow for the implementation of DCRs and the decriminalisation of possession with the DCR site, it was also used as an opportunity for campaign groups to highlight what they viewed were the harms caused by drug policy itself, and to push for changes in policy to allow for the decriminalisation and legalisation of drugs in other contexts. In extract 4, a group campaigning for drug legalisation drew upon the lived effects of drug policy to criticise the UK Government for failing to ‘end this avoidable drug death carnage’, and called for the introduction of a new approach incorporating DCRs and decriminalisation to reduce drug-death as a preventable outcome of drug use, and an end to the framing

of people who use drugs as criminal and immoral subjects (*'decriminalise drug users'*). Notions of nationality were also used as a *'dividing practice'* (Bacchi, 2009:275) to set the Scottish government in opposition to the UK government in terms of morality and responsibility, to emphasise the responsibility of the SNP in protecting its citizens from the harms of UK Drug policy (*'The SNP Government must stand up for Scots'*).

As previously discussed, drug legislation is not currently devolved in the UK and a change to the current legal framework has been called for in order for a DCR to proceed in a way that prevents DCR clients and staff from facing prosecution and criminalisation (13%, n = 23). Although much media attention was given to calls for an amendment in law (43%, n = 74), the Scottish Government lacked the power to make the legal changes to implement DCRs. Consequently, whilst Scotland's devolved powers for health allowed for the debate to be triggered at the local level and be represented as a problem of public health, the political situation of Scotland as part of the UK and the current limits of devolution prevented the proposals being enacted, and status quo responses to IDU maintained. This led to further calls for devolved powers for drugs laws (9%, n = 16), with the SNP government and other proponents (e.g. campaign groups) using the news media to request that *'in the interests of public health, will the Prime Minister introduce DCRs in the UK or, if not, will she devolve the relevant powers to the Scottish parliament, so that the Scottish Government can do so?'* (SNP MSP, *Scottish Daily Mail*). Again, we see how responsibility the health of PWID placed onto the UK Government, and the morality of the Scottish and UK Government set in opposition to each other, in an attempt to push for a change in policy.

Extract 3. *'Making drug use illegal doesn't protect people from harm. It's time the UK Government wakes up to the potential of drug consumption rooms to reduce drug-related harms and creates a legal framework to support piloting these spaces'* (Green Party MP, *The Independent*)

Extract 4. *'The Transform Drug Policy Foundation group, who advocate the legalisation of drugs...said: "The SNP Government must stand up for Scots and end this avoidable drug death carnage because the UK Government won't...decriminalise drug users, introduce safer drug consumption rooms, prescribe heroin, and properly fund treatment to end the scandal of Scotland's drug death rate being more than 27 times that of countries like Portugal'* (*Daily Record*).

However, underpinned by the assumptions of prohibition and abstinence, opponents drew on the same language of decriminalisation to warn against the future decriminalisation and legalisation of drugs as an outcome of DCRs, and in an attempt to encourage the rejection of the DCR proposals. For example, one *'leading drugs expert who has criticised the proposed shooting gallery'*, suggested that *'the leaders who are making the case for this service [DCRs] are in effect promoting a form of legalisation'* (*Scottish Daily Mail*) and that *'Scotland is drifting down the road to legalisation'* (*Scottish Daily Mail*). DCRs were further criticised by a former Scottish Police Constable who suggested that they *'are schemes that tend to be backed by those who support eventual decriminalisation of all drugs but the primary obligation of any government is to minimise harm'* (*Scottish Daily Mail*). In contradiction to the underlying harm reduction premise of the proposals and the claim made by proponents that the current prohibitionist approach to drug use was a cause of harm itself, this representation of the problem was underpinned by the assumption that DCRs would fail to reduce harm, with harm being construed as the act of drug use itself based on the premises of abstinence. The outcome of the prevailing use of abstinence based discourse, is that PWID remained positioned as immoral and criminal subjects, and the harms caused by current drug policy being ignored. Thus, the discourse of decriminalisation was used to both endorse and oppose DCRs depending on the assumptions, conceptual premises and political outlooks underpinning the arguments put forward (Bacchi, 2009: 5). This led to co-existing attempts to decriminalise the behaviour of PWID through a discourse of health, alongside attempts to conserve status quo

approaches to drug use based on abstinence, morality and criminality. Reproducing this discourse of decriminalisation, the UK government used the media to promote and reassert a criminal justice approach to drug use (e.g. *'no plans to decriminalise drugs'* (*The Sun*)), which had the subjectification effect of PWID being positioned as criminal, and the material effect of the proposals being rejected, and PWID being denied access to services that might mitigate harm (Bacchi, 2009: 16).

Abstinence and recovery rhetoric

Throughout the identified themes, the problematisation of IDU and DCRs were underpinned by the tension that exists between the assumptions of abstinence and recovery, and those of harm reduction, which is to be expected when attempting to introduce harm reduction policies in a historical and political context in which drug policy rooted in abstinence and recovery. Abstinence and recovery were outwardly rejected or endorsed in around a quarter (27%, n = 47) of articles. Some sources (e.g. *The Herald*) challenged the UK Government's drug policy for continuing to be *'firmly based on long-standing rhetoric of abstinence rather than harm reduction'*, whilst SNP politicians predicted that *'these problems are likely to persist or worsen unless new approaches to harm-reduction are considered'* (*The Guardian*). Some SNP politicians who backed the proposals also stated a need to move away from a predominately abstinence-based approach to drug use, attempting to justify the proposals by pushing the message that *'abstinence based programmes will not necessarily work for everyone and that harm reduction and support will be better and more worthwhile'* (SNP MSP, *The Times*, *The Telegraph*). Here, PWID were framed as a heterogeneous group with differing needs that require harm reduction responses to drug use and UK drug policy as currently failing to meet the needs of individuals (Lancaster, Seear et al., 2015).

At the same time, news sources (e.g. *Scottish Daily Mail*) with more right leaning political standpoints judged the suitability of DCRs against prohibitionist principles of abstinence and recovery. Drug use and in turn those using drugs, were positioned as immoral through critiques of DCRs as *'encouraging'* drug use (14%, n = 23) and sending the *'wrong message'* (that drug use is a tolerable behaviour that should not be judged) (3%, n = 4). Again, *'dividing practices'* were at play (Bacchi, 2009: 16) with PWID being framed as criminal and a threat to others, through arguments that DCRs would lead to an increase in street dealing (10%, n = 18), whilst posing a threat to vulnerable children and young people (12%, n = 21) by promoting drug use. Although articles tended not to position DCRs as a mechanism to reduce drug use (4%, n = 7), those opposing the proposals judged the acceptability and suitability of DCRs in relation to what was regarded as a lack of impact on overall levels of drug use. For example, a former Police Constable was quoted as saying that *'This [proposals to introduce DCRs] is encouraging drug use and sending out the wrong message. We are supposed to be reducing drug use, not perpetuating it'* (*Scottish Daily Mail*). Although the majority of academics engaging with the news media backed the proposals, one frequently quoted academic commentator reflected the views of the former Police Constable and Conservative politicians, by underpinning the debate with the assumption of abstinence as the only acceptable response to drug use. For instance, it was suggested that *'there should be more focus on helping addicts off drugs'* (Academic, *Daily Record*), and that rather than *'investing in abstinence programmes or providing a meaningful pathway for users...to beat the habit, the SNP Government is facilitating it'* (*Scottish Daily Mail*). DCRs were further deemed ineffective with reference to the underlying assumptions of prohibition when portrayed as *'defeatist'* and *'soft'* (5%, n = 9) approaches to drug use by right leaning sources and politicians, who used the prohibitionist language of war to undermine the effectiveness and suitability of DCRs, and to justify status quo responses. For example, the SNP were accused of *'simply waving the white flag in the face of Scotland's drug crisis'* (Conservative politician, *Scottish Express*). Thus, for opponents the problem requiring change was drug use *per se*, rather than one

of drug-related harms. Such discourse not only ignores the failure of prohibitionist and criminal justice responses to drug use in reducing use and harms, but positions those using drugs and all drug use as immoral.

Although DCRs were successfully framed as a harm reduction approach, they were also positioned as favourable to the premises of abstinence and recovery by those lobbying the implementation of the proposals. Drawing on evidence showing DCRs were effective in engaging people who use drugs in a range of services including drug treatment (15%, $n = 26$), and as a first step to recovery (20%, $n = 34$), proponents asserted that their ‘ultimate goal is for drug users to recover from their addiction and remain drug free’ (SNP MSP, BBC) based on the ‘principle of recovery’ (SNP MSP, *The Times, Daily Record*). DCRs were thus framed as an intermediate opportunity to keep those for which ‘recovery and abstinence’ is a ‘long way off (e.g. *The Time*), ‘as safe as possible while they continue to use drugs’ (BBC) and as an opportunity ‘keep them alive’ in ‘the meantime’ (*The Times, Daily Record*). Therefore, proponents represented DCRs as compatible with both harm reduction and abstinence-based principles, whilst opponents positioned them as mutually exclusive and supported the subject position of the drug free citizen. Although by stating that abstinence based approaches were not effective for all clients and the different needs of PWID acknowledged, proponents indirectly reinforced the assumption that abstinence was the preferred outcome.

Contested economics: DCRs as both beneficial and harmful to the ‘public purse’ and ‘tax payer’

IDU and related harm were not only problematised through the burden they place on PWID and the wider public, but also on the degree to which they impact on the economy. In the same way that discourses of public health/harm reduction and abstinence/recovery were used to promote as well as reject DCRs, an economic discourse drawing on notions of health (e.g. savings to the National Health Service (NHS)) and criminal justice (e.g. savings made through crime reduction) were drawn on in the promotion and rejection of the proposals. The costs of introducing DCRs were focused upon in 39% ($n = 67$) of articles, and whilst previous debates around the associated costs have been discussed as one of many factors leading to the rejection of DCRs in the UK (Lloyd et al., 2017), proponents presented DCRs as a cost effective response to drug related harms (19%, $n = 31$), and beneficial in saving ‘the public purse millions a year’ (5%, $n = 9$ (*Scotland on Sunday*)). Whilst in the context of neo-liberal economics, a focus on economics as opposed to social justice is seen as a useful way of gaining public support and determining success of political parties (Woolford, 2001), emphasising the impact of use behaviours and the effects on public services positions PWID as a burden to society, a subject position purported by opposing right leaning sources in particular. For example, DCRs were presented as too costly and as an unnecessary use of ‘taxpayers’ money (11%, $n = 19$) (e.g. *Scottish Daily Mail*), with the discursive use of the category ‘taxpayer’ creating a binary between people who use drugs and the rest of society. As discussed in other drug policy analyses applying Bacchi’s framework (e.g. Lancaster, Duke et al., 2015; Lancaster, Seear et al., 2015; Pienaar & Savic, 2016), ‘dividing practices’ (Bacchi, 2009: 16) were at play, whereby a distinction was made between those that paid tax and PWID, and PWID positioned as failing to contribute financially to society. As such, a division was created between PWID and the general public, with those people using drugs positioned as undeserving of state funded support through approaches such as DCRs. Interlinked with prohibitionist notions of DCRs and HAT as encouraging drug use, the facilities were also criticised by politically right leaning publications for providing ‘free’ (5%, $n = 9$) drugs ‘to feed [users] cravings’ (*Scottish Daily Mail*). The *Scottish Daily Mail*, renamed the NHS the ‘National Heroin Service’ and accused the NHS as ‘acting in effect as the drug-dealer’. The use of what was labelled ‘charity donations’ (3%, $n = 6$) to fund the development of the proposals was also used by some news sources (e.g. *Scottish Daily mail, Scottish Express*) to present PWID as undeserving of

state funded provision (Atkinson & Sumnall, 2018; Lancaster, Duke et al., 2015) implying that DCRs would remove funding from ‘more important’ causes. The possible subjectification and lived effect (Bacchi, 2009: 16–17) of such discourse, is that the public are absolved from their responsibility for the wellbeing of fellow citizens, and as such, may be less willing to accept the DCR proposals and in turn deny PWID access to such services.

Contesting the ‘evidence base’

As suggested by Bacchi (2009, 2017), the concept of ‘evidence’ should not be taken as given. In the same way that problems are created through discourse, including policy and media discourse, ‘problems’ are also constructed through the power relations involved in who is granted the privilege of constructing those problems and suggesting suitable responses (Bacchi, 2017). It is therefore important to consider what was presented and understood as evidence to legitimise the representations of the problem presented, by whom, and with what effect (Bacchi, 2009, 2017; Lancaster, Seear et al., 2015; Oliver & de Vocht, 2015). Various news sources and actors presented a range of ‘public health statistics’ (26%, $n = 43$) and drew on different sources when presenting arguments for and against DCRs. Interestingly, whilst crime was discussed (36%, $n = 53$), crime statistics were rarely quoted (1%, $n = 1$), reinforcing the dominance of a public health discourse. Reflecting the framing of IDU and DCRs within a discourse of public health, health actors dominated the debate (see Supplementary material Table 2) and public health professionals involved in the creation of the proposals and the subsequent Bill successfully engaged with news sources across the political spectrum when promoting the case for DCRs. When those from a criminal justice perspective (e.g. police leaders) were quoted, they also tended to support the proposals as an effective and needed health response to IDU. Only a small number (13%, $n = 5$) of actors opposed the proposals, and included one academic, a former Police Constable and right wing politicians who contested or ignored the ‘evidence’ that was drawn upon by proponents (see Supplementary Table 2).

There was consensus among opponents and proponents that the problem was one of public IDU (77%, $n = 134$), HIV infections and drug-related deaths among a specific group of individuals in the city centre of Glasgow, yet the representation of the problem presented by proponents was underpinned by the premise of harm reduction, whilst opponents construction of the problem was based on the premise of abstinence. The statistics presented to support such claims were taken from the NHS Greater Glasgow and Clyde (NHS Greater Glasgow and Clyde (NHSGCC, 2016) needs assessment report (20%, $n = 35$) which initially triggered the debate and allowed for a public health representation of the problem to ‘come about’ (Bacchi, 2009), as well as National Records of Scotland drug-related death figures for 2017, which provided evidence of the failure of existing policy in preventing harm and allowed the debate to be maintained. Whilst it was reported that there had been ‘78 new HIV cases’ (6%, $n = 10$) (e.g. *The Herald, The Scotsman*) among PWID in Glasgow, the main data drawn upon was the figure of ‘867 drug-related deaths’ (23%, $n = 40$), which was used to label Scotland as ‘the drug-death capital of Europe’ (*The Independent, The Times, The National*) (2%, $n = 4$), a label which has been contested (Millar & McAuley, 2017). The public injecting prevalence statistics taken from the needs assessment (2016) report, were presented in differing ways when attempting to estimate the problem (‘400’, ‘400-500’, ‘500 drug users currently injecting in public on the city’s streets’). However, as the debate progressed, other statistics were drawn upon that worked to inflate the potential number of individuals using the facilities, with some (4%, $n = 7$) articles quoting a figure of ‘13,600’ problem drug users (e.g. *Sunday Times*). More extreme predictions of ‘50,000 potential users’ ($n = 2$) (*Scottish Daily Mail*) were later quoted to oppose the proposals and raise public concern, drawing on war language to exaggerate the number of potential DCR users and to position PWID as threatening subjects, suggesting that DCRs will ‘incentivise a 50,000-

strong army of users' (*Scottish Daily Mail*). Although a source was not provided for this figure within the news media coverage, we believe that this referred to estimates of the total number of routine and prolonged use of a range of drugs, including opiates, in Scotland (ISD Scotland, 2016), estimates were that unrelated to DCRs usage.

Reference to DCRs in other countries (40%, n = 69) and evidence of reductions in harms (24%, n = 41) in these locations (e.g. Australia, Canada, Germany, Switzerland, France, Holland, Ireland, Denmark, the Netherlands, Greece, Portugal) were also commonly drawn upon to promote the effectiveness of DCRs. Various actors drew on such examples to highlight how DCRs in other countries 'have reduced overdose death', 'cut crime... the spread of HIV and hepatitis C', and 'levels of drug addiction, as well as improving public safety through reducing the level of discarded needles and other related items in the streets' (e.g. *The Herald*). Such evidence was also drawn as a 'dividing practice' (Bacchi, 2009: 16) to distinguish UK Drug Policy makers from their European counterparts, with many highlighting that the UK was 'decades behind other countries in the way we tackle this problem' (Director of Public Health, BBC). However, the complexities involved in successfully transferring the outcomes of DCRs, and in other geographies of the UK were ignored.

A small number of articles, actors (e.g. Green Party Member of Parliament (UK), expressed the need for 'evidence-based policy', with DCRs being regarded as fulfilling this criteria. For example, a Green Party MP argued that 'the need for evidence-based decision making on drugs couldn't be more apparent' and that 'we must consider on a case-by-case basis in communities across the country whether drug consumption rooms would help reduce drug-related harms' (*The Independent*). However, a number of opposing news sources (i.e. *Scottish Daily Mail*, *Scottish Express*) contested the consensus of a strong evidence base by drawing on the perspectives of a small number of actors. This included a former Police Constable who rejected claims that DCRs reduce the prevalence of HIV, instead stating that he has 'doubt[s] it [DCRs] will have much impact on the spread of AIDS/HIV etc' (*Scottish Daily Mail*). Similarly, and alongside one academic, this actor was consulted to refute the claim that DCRs reduced overdose deaths asserting that 'drug deaths in the area of the Vancouver [Canada, where DCRs have already been implemented] centre rose in the first few years after the clinic was set up' (*Scottish Daily Mail*). Claims that DCRs had led to a reduction of needles and syringes and open injecting in other countries (e.g. 'used needles and syringes littered in public halved', *The Herald*), were also contested by this actor, who reported that he had been (anecdotally) informed by 'authorities' in Canada that in the vicinity of the DCR there were 'people lying around in the street, injecting themselves - you're tripping over them' (former Police Constable, *Scottish Daily Mail*). Thus, in light of a lack of evidence to support claims that DCRs do not reduce harm, evidence was created to problematise and to justify the rejection of DCRs.

The discursive effect of the contested nature of evidence was that although the UK government's response to the proposals drew on the concept of evidence, their stance changed over time as the debate developed. Prior to the Glasgow proposals (2016), the UK Government rejected ACMD recommendations and were accused of ignoring the advice of its own 'advisors' (6%, n = 10) and its 'own evidence' (BBC) (i.e. the ACMD) that DCRs reduce drug deaths due to being 'obsessed by this idea of abstinence' (Academic, BBC, July 2017). Rejecting the ACMD's recommendation to allow local authorities to implement DCRs, they instead reinforced their stance that they had 'no plans to introduce drug consumption rooms' (BBC). However, in the formal response to the ACMD's (2016) recommendation that governments of each UK country and local commissioners of drug treatment services should consider introducing DCR, the Home Office stated that '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' (BBC). The proposals to introduce DCRs at the local level in Glasgow was thus a valid response to the UK Governments framing of DCRs as a local issue, with the Glaswegian proposals triggering media debate at the local level in a

number of other UK localities (e.g. Brighton, Wales) (15%, n = 26). However, as extract 8 highlights, the UK Government subsequently (2017) rejected the Glasgow proposals, and were criticised by some sections of the news media for rejecting the 'evidence base', with one news source providing a platform for actors ('health chiefs') from one country (Canada) where DCRs have been successfully implemented to call out the UK Government for its failure to acknowledge the evidence. Stevens (2018) has described the dismissal of evidence based ideas to reduce drug related harm as a moral sidestep.

Extract 5. 'Canadian health chiefs involved with the scheme wrote to Ms Atkins [UK Minister with responsibility for drugs policy portfolio] following her suggestion that it was not evidence backed, saying her arguments were "neither factually nor legally accurate"...they added We invite you and your colleagues to visit Vancouver, tour Insite [the name of a Canadian DCR] and other harm reduction facilities in the city (and elsewhere in the country), and see for yourself how such facilities operate' (*The Independent*)

In November 2017, and during the data collection period, Scotland's most senior legal official, the Lord Advocate, was asked to advise on such matters, but whilst he considered both the 'public health and criminal justice implications' of DCRs (*Scottish Express*), he was unable to endorse a change in the legal framework as 'the public interest objective [of DCR] is a health rather than justice one' (*Scottish Daily Mail*). The UK Government responded, clarifying that 'there is no legal framework for the provision of drug consumption rooms in the UK and we have no plans to introduce them' (e.g. *The Herald*, *The Times*). However in June 2018, their response to the evidence base appeared to have changed, perhaps as a response to media reporting of the benefits of DCRs, stating that they were 'aware of the public health benefits of DCRs' (BBC) (2%, n = 4) and suggesting a potential shift from prioritising criminalisation and abstinence based policy, to policy based on evidence. This was noted by proponents as 'a significant change in attitude' and a 'far greater acknowledgement of the evidence in favour of safer consumption rooms than we have ever seen before' (e.g. BBC, *The Herald*). Despite such recognition, the UK Government did not reverse their decision to reject an amendment to the legal framework based on their commitment to 'prevent drug use in our communities and support people dependent on drugs through treatment and recovery' (*The Scotsman*). This led to further criticism for having 'not allowed [the] authorities to set it up' despite admitting DCRs 'could ease drugs problems in Scotland's biggest city' (*The National*). Being seen to have both accepted and rejected the evidence, the UK Government thus attempted to reassert its commitment to 'evidence' based policy, asserting that they 'still support a range of evidenced-base approaches to reduce the health-related harms associated with drug misuse' (*The Herald*).

As can be seen, the notion of evidence and the selection of evidence to fit differing assumptions and presumptions was a prominent discursive component of the varying problem representations constructed, with policy actors attempting to establish authority and credibility for their arguments for or against DCRs, through appeals to evidence (Lancaster, 2014; Pienaar et al., 2018). Some proponents appeared to overstate the strength and transferability of the international evidence base, whilst opponents downplayed the evidence put forward by proponents by assessing its legitimacy against abstinence-based principles and selecting alternative evidence to support these positions. The evidence base was thus constructed differently by different actors who drew on different statistics in differing ways, for differing purposes. Such disparities highlights how evidence is not fixed (Bacchi, 2009; Lancaster, Duke et al., 2015; Lancaster, Seear et al., 2015) but socially constructed, and is underpinned by conflicting ideological assumptions and motives that encourage either the acceptance or rejection of certain solutions to problems (Bacchi, 2009). In this case, the assumptions of abstinence as best practice and drug use as immoral by opponents, and the assumptions of harm reduction by proponents.

Silencing the voices of PWUD

Key to the study of problem representations is consideration of the alternative representations that are silenced when constructing social issues as problematic (Bacchi, 2009, 2017). Despite PWID being the main beneficiaries of DCRs, and in a similar manner to news media representations of DCRs in other countries (e.g. France, Jauffret-Roustide & Cailbault, 2018), the voices and experiences of people who use drugs were absent and indirectly silenced relative to the voices of experts, professionals and politicians, with only 2 articles (1%) including their perspectives. Combined with a lack of person focussed language to describe PWID, a lack of attention to the individual lives of PWID had the discursive effects of *anonymising* and devaluing the importance of their experience and voices within the debate (Fraser et al., 2018: 34). Although PWID had been consulted within the original DCR proposals and their voices considered (NHS Greater Glasgow and Clyde (NHSGCC, 2016), the news media and actors chose to draw on and prioritise statistical evidence and ignore individual stories and experiences. When user voices were included (n = 2), they were drawn on within investigative reports to raise questions about the suitability of DCRs, and to suggest that ‘*a consumption room wouldn't have helped me. Abstinence from all drugs is the only way to begin recovery*’ (Scottish Daily Mail).

With a lack of user perspective, opponents took it upon themselves to generalise those who use drugs and homogenise their experiences, with one academic in opposition to the proposals citing previous unrelated research to suggest that ‘*less than 5% [of users] said they wanted help to inject more safely and the overall majority said they wanted help to become drug-free*’ (Daily Record). Although this study was uncited, it possibly refers to a study of outcomes in the Scottish drug treatment system (McKeganey, Morris, Neale, & Robertson, 2004) (see Miller and Dunlop (2011) for a critique of this work). Although unrelated to DCRs, this example further highlights how evidence is selected to construct the problem as one of drug use, as opposed of harm, and to reject the proposed policy changes. Moreover, whilst drug-related deaths were discussed as ‘*heart-breaking*’ and ‘*personal tragedies*’ (8%, n = 13) by a number of proponents (e.g. drug charities, politicians), there was a lack of storytelling (2%, n = 4) relative to the use of statistical evidence in the promotion of DCRs. As such, PWID were presented as numbers within the quantification of the problem, rather than individuals with their own personal stories and experiences. This reliance on numbers may have had the discursive effect of reducing the level of compassion expressed within articles, and may have lived effects by failing to evoke compassion among the public in support of DCRs (Collins et al., 2018).

Discussion

The paper presents findings of a critical analysis of UK news media representations of the proposals to introduce DCRs in the city of Glasgow, UK. We applied Bacchi's (2009, 2017) approach to policy analysis to examine the role of the media in disseminating and supporting particular problem representations of IDU and harms to either support or reject a change in policy incorporating DCRs, and the possible effects of such reporting (Bacchi, 2009, 2017; Jauffret-Roustide & Cailbault, 2018). Addressing Bacchi's (2009) question one, ‘*What is the problem represented to be?*’, we found that there was consensus that the problem was one of street based IDU and harms, with implications for both PWID and the public. However, a number of areas of contention in how DCRs were presented as a solution arose as an outcome of the differing ‘*conceptual premises*’, ‘*assumptions*’ and ‘*political visions*’ that underpinned the arguments presented (Bacchi, 2009), with a clear distinction between those calling for a change in UK drug policy to incorporate harm reduction, and those who attempted to maintain status quo responses based on abstinence and recovery. Discourses of public health, abstinence/recovery and decriminalisation were used to both promote and reject DCRs, highlighting how the meaning of such

discourses are not fixed and can be interpreted differently to legitimise policies based on differing ideological outlooks (Bacchi, 2009). Similarly, the ‘*evidence*’ was constructed in different ways by different actors to legitimise calls to both support and reject DCRs, emphasising the socially constructed nature of evidence based policy and the contestation that exists between different positions and perspectives within the policy making process (Bacchi, 2009, 2017; Lancaster, 2014). Whilst proponents drew on evidence of the effectiveness of DCRs from other countries and assumed the generalisability of this to the UK context, proponents drew on evidence and figures unrelated to DCRs to reject the proposals in light of a lack of evidence to support claims that DCRs do not reduce harm and instead encourage drug use (Fraser & Moore, 2011).

Few actors rejected the proposals, and those from a public health perspective dominated. This had the discursive effect of predominantly positioning drug use as a public health issue and away from a discourse and subject position of criminality. In contrast to previous attempts to introduce DCRs in the UK where lack of police support was as a factor preventing implementation (Lloyd et al., 2017), the proposals for Glasgow gained backing from a number of high profile police representatives, which worked to further shift the language away from one of morality and crime. However, by highlighting that the objective of DCRs was not to produce abstinence from drugs, opponents may have upheld morally charged language which framed PWID as immoral subjects through their continued use of drugs. Whilst the structural and environmental factors that determine use and harm were recognised by proponents (e.g. drug policy, lack of safe space to use drugs, poverty, austerity, unemployment), by predominantly focussing on the behaviour of PWID, both proponents and opponents presented PWID as careless and irresponsible subjects, yet at the same time, as capable of making the rational choice of engaging with services to reduce harm (Lancaster, Seear et al., 2015). A discourse of neo-liberal economics was also used by those on both sides of argument; by both proponents and opponents to present PWID as subjects whose use behaviours negatively impacts on the economy; by opponents to present PWID as a burden to society and as subjects undeserving of state support; and by proponents as worthy of state spending on harm reduction responses that have the added value of reducing the economic costs created by the behaviours of PWID.

As discussed by Lancaster, Seear et al. (2015: 1203), the subject positions produced in policy discussions ‘*affect the ways people feel about themselves and others*’ and may have ‘*major implications for how people who inject drugs are viewed, as well as how they view themselves*’. PWID were therefore simultaneously presented as irresponsible, risky, selfish, immoral and threatening subjects, undeserving of state (and public funded) support; as vulnerable subjects effected by structural factors and deserving of publicly funded support; and as responsible and rational citizens who have the capacity to make the decision to access DCRs to reduce harm. These dual and conflicting discourses and subject positions reflect the tensions involved in attempting to introduce evidence-based harm reduction in a political context that has historically prioritized drug criminalisation and abstinence-based approaches (Lancaster, Duke et al., 2015)

Considering what was ‘*silenced*’ within the debate (Bacchi, 2009, question 4), a lack of focus the voices of PWUD and storytelling within the news media reporting was significant, when considering that ‘*real life*’ stories can be important in generating the compassion required in fostering public support for harm reduction responses, and in preventing the lived effects of stigma (Collins et al., 2018; Fraser et al., 2018; Pienaar & Savic, 2016). The frequent use of derogatory language depersonalised individuals who might benefit from DCRs, and pejorative language been shown to impact on public attitudes towards PWID, the level of support for state spending on treatment responses and the take-up of treatment services (Lloyd, 2013; Scholten et al., 2017). How ‘*real life*’ stories are framed and described may be an important consideration for future reporting and actors who engage with the media

with the aim of gaining public support for policy responses such as DCRs. However, as the research has shown, data derived from quantitative and empirical studies were prioritised over user voices and qualitative research, despite the relative weakness of evidence supporting some of the outcomes discussed (e.g. mortality and transmission of blood borne viruses). This highlighted how particular kinds of (quantitative) ‘evidence-based’ knowledge is regarded as more objective and rational in discussions of drug (and other health and social) policy (Lancaster, Seear, Treloar, & Ritter, 2017).

Competing discourses of abstinence and recovery, and health and harm reduction, were reflected in the process through which the UK Government rejected the plans to introduce a DCR. Whilst the health board and SNP framed the issue as one of public health, and backed proposals to introduce a co-located DCR and HAT service, the proposals faced legal barriers at the UK level. Although UK doctors with appropriate licenses can prescribe controlled drugs such as heroin (diamorphine) to named patients under Misuse of Drugs (Supply to Addicts) Regulations (1997), the operation of DCRs, including clients’ possession of controlled drugs bought from the illegal market, is subject to a range of (potential) criminal and civil law offences. Whilst it may be the case that the extent to which the news media pushes and endorses a particular policy perspective influences official responses to the problem (Bacchi, 2009: xvii), in this case, and despite the UK Government’s eventual acceptance of the potential effectiveness of DCRs, the proposals were rejected. As argued by Bacchi (2009: 17) and discussed by Lancaster, Seear et al. (2015: 120) in relation to drugs policy, ‘how problems are represented affects people’s lives’. Although the discursive shift of IDU as a problem of criminality to public health can be regarded as positive development by proponents, this was not sufficient to bring about a change in law. By refusing to change existing drug laws and prioritising criminal justice and abstinence based responses, PWID were continued to be criminalised and framed as immoral through their continued use, with the lived effects of denying access to a harm reduction service proven to mitigate harm.

As in other European countries where DCRs have been implemented relatively late (Jauffret-Roustide & Cailbault, 2018), this research highlights how attempts to introduce and gain public and political support for harm reduction responses such as DCRs face challenges within a historical and political context dominated by prohibitionist drug policy, and a rhetoric of abstinence and recovery. In the UK, including Scotland, a focus on abstinence and recovery has dominated the drug policy landscape at the expense of harm reduction, with both being presented as mutually exclusive within the wider climate of drug prohibition (Lancaster, Duke et al., 2015). As such, harm reduction approaches have been deprioritised in drug policy compared to abstinence based approaches (Lancaster, Duke et al., 2015; Lancaster, Seear et al., 2015), which may be one reason why the debate around DCRs has emerged relatively late compared to many European counterparts (Jauffret-Roustide & Cailbault, 2018). However, since the analysis, a new Scottish drugs strategy has been introduced which reproduces the public health discourse used by proponents and moves away from a discourse of criminality and recovery, instead being supportive of harm reduction responses including the establishment of DCRs in Scotland (Scottish Government, 2018).

The political climate of devolution in which the debate around DCRs and the introduction of the new drugs strategy are situated is also an important consideration when addressing how the proposal to implement DCRs has ‘come about’ after years of being ignored (Bacchi, 2009). The Scottish Government has devolved powers for health within the UK system of government, which in the case of drug policy, have been utilised by health officials to push for a public health approach to drug use through harm reduction approaches such as DCRs. Since being recommended by health officials, the establishment of a DCR in Glasgow has garnered not only the governing SNP but cross-party support, at both central and local government level in Scotland, and as stated, now features within the new drugs strategy. Whilst the proposals were

initially rejected by opponents who labelled DCRs as product of ‘liberal doctors’ (Academic, *Scottish Daily Mail*) and ‘Scotland’s left-wing bubble’ (Conservative MSP, *Scottish Express*), and voted against by Conservative MSPs, since the data collection period, the heads of five UK cross-party parliamentary groups, including some senior Conservative, Labour and Liberal Democrat MPs, have also called for legal changes to allow for the introduction of DCRs (Independent, 2018). However, despite support across parties and local policymakers in Scotland using their devolved powers for health to promote DCRs, wider legal political and issues at the national UK level dictated the outcome (Jauffret-Roustide & Cailbault, 2018) and continue to ask as a barrier to change.

A number of limitations of the research must be acknowledged. We do not suggest that the actors and journalists involved in the representations of DCRs intentionally and manipulatively defined the problem in the way they did (Bacchi, 2017; Lancaster, Duke et al., 2015). Instead, such representations may reflect differing underlying ideological and political assumptions and presumptions which cannot be revealed through this research. Furthermore, although a thorough and systematic search of articles was conducted using a range of search terms, our analysis may not have captured all relevant articles. This is particularly pertinent with respect to the increasing proportion of readers who use non-traditional sources of news such as social media platforms (e.g. Newman, Fletcher, Kalogeropoulos, Levy, & Nielsen, 2018). Moreover, a set time-period was analysed and as such a longer historical account has not been provided (see Jauffret-Roustide & Cailbault, 2018 for an example), which is needed to adequately address Bacchi’s (2009: 10) question (three) of ‘how has this representation of the ‘problem’ come about?’ The research found that on occasions DCR opponents used the media to reinforce a long standing assumption of public intolerance to DCRs (Lloyd et al., 2017), despite little research exploring public acceptability in the UK. With public support being crucial to the successful implementation such as DCRs (Lloyd et al., 2015), future research should explore public perceptions of DCRs among local populations, and consider the role of local and national news reporting in influencing opinion.

CRedit authorship contribution statement

A.M. Atkinson: Conceptualization, Methodology, Project administration, Formal analysis, Writing - original draft, Writing - review & editing, Supervision. **A. McAuley:** Conceptualization, Methodology, Writing - review & editing. **K.M.A. Trayner:** Conceptualization, Methodology, Writing - review & editing. **H.R. Sumnall:** Conceptualization, Methodology, Formal analysis, Writing - original draft, Writing - review & editing, Supervision.

Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at doi:<https://doi.org/10.1016/j.drugpo.2019.03.010>.

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