

## **“WHY WOULD WE NOT WANT TO KEEP EVERYBODY SAFE?” VIEWS OF FAMILY MEMBERS OF PEOPLE WHO USE DRUGS AND STRATEGIC DECISION MAKERS ON THE IMPLEMENTATION OF DRUG CONSUMPTION ROOMS IN SCOTLAND**

Price T<sup>1</sup>, Parkes T<sup>1</sup>, Foster R<sup>1</sup>, Trayner K<sup>2</sup>, Sumnall H<sup>3</sup>, Livingston W<sup>7</sup>, Perkins A<sup>4</sup>, Cairney P<sup>5</sup>, Cairns B<sup>4</sup>, Dumbrell J<sup>1</sup>, Nicholls J<sup>6</sup>.

<sup>1</sup> Faculty of Social Sciences, University of Stirling FK9 4LA

<sup>2</sup> School of Health and Life Sciences, Glasgow Caledonian University G4 0BA

<sup>3</sup> Faculty of Health, Liverpool John Moores University L2 2QB

<sup>4</sup> Figure 8 Consultancy, Dundee DD4 0HU

<sup>5</sup> Faculty of Arts and Humanities, University of Stirling FK9 4LA

<sup>6</sup> Faculty of Health Sciences and Sport, University of Stirling FK9 4LA

<sup>7</sup> Faculty of Social and Life Sciences, Glyndwr University, Mold Road, Wrexham, Wales LL11 2AW

**Background:** A developing Scottish and international evidence base indicates that drug consumption rooms (DCRs) can reduce drug-related health harms such as HIV transmission and drug-related death. When several studies have explored public attitudes toward DCRs, there has been a lack of research to examine the perspectives of family members of people who use drugs, and strategic decision-makers, concerning DCR implementation.

**Methods:** Semi-structured interviews were conducted with thirteen family members and twenty-six strategic decision-makers. A broad conceptualisation of family members was used which included, for example, step relationships, grandparents, and siblings. Strategic decision-makers included individuals with strategic roles in local and national politics, third sector/policy organisations, peer/advocacy organisations and healthcare. All interviews were recorded, transcribed, and thematically analysed using Framework.

**Results:** Most family members interviewed for this study described DCRs as a vital harm reduction measure capable of reducing drug-related harms such as overdose and death. Family members described several benefits of DCR implementation. Most, however, viewed stigma as a barrier to implementation. Stigma was also described as a barrier to implementation by strategic decision-makers, who were also in support of implementation. Both groups described a need for community engagement and public awareness campaigns to increase the likelihood of DCR implementation being publicly and politically endorsed. Strategic decision-makers described the complexity of the Scottish legal and political system, with some expressing concern that DCRs could appear as a ‘political football’ with neither the devolved Scottish Government, nor the central UK Government, approving implementation.

**Conclusion:** Importantly, the study found relative consensus between family members and strategic decision-makers concerning an urgent need for DCR implementation. Both groups expressed a need to progress toward implementation without delay. While the study generated highly relevant findings, given the relatively small sample size findings cannot be considered representative of all stakeholder or family member views across Scotland.

### **Disclosure of Interest Statement:**

During part of this study Dr James Nicholls was employed by Transform Drug Policy Foundation, which has advocated for the establishment of Drug Consumption Rooms. Transform received no funding from organisations or donors with a financial interest in the establishment of DCRs and would not benefit financially from their adoption. Other authors declare no conflict of interest.