

Original Paper

The Harm Minimization Path of British Anti-drug Narrative

Jingzi Han, Xiaoyang Zhang & Bin Wei

Jingzi Han, Associate Professor of Lanzhou University of Finance and Economics, Lanzhou, China

Corresponding author address: hjzfly@sina.com

Xiaoyang Zhang, Postgraduate student, Lanzhou University of Finance and Economics, China

Bin Wei, Assistant Lecturer, Master of Law, Party School of the CPC Leshan Municipal Committee. His research focuses on social governance.

Received: June 12, 2026

Accepted: July 3, 2026

Online Published: July 9, 2026

doi:10.22158/sss.v7n3p16

URL: <http://dx.doi.org/10.22158/sss.v7n3p16>

Abstract

British drug policy has long been distinguished by a pragmatic tradition that seeks elastic space between legal prohibition and de facto tolerance, forging a distinctive harm minimization narrative that stands in sharp contrast to the American War on Drugs. This paper examines the evolutionary trajectory of British drug-control narratives—from nineteenth-century opium-trade controversies and the mid-twentieth-century British System of licensed heroin prescribing to the recent decriminalization experiments in Scotland—to reveal how the United Kingdom has managed drug problems as persistent, complex conditions requiring effective management rather than eradication. Through a narrative-analytic lens, the study interrogates three interconnected dimensions: firstly, the decriminalization experiment of the Drug Legs policy and its contested signal effects between public-health and legal-order frameworks; secondly, the technical operations of harm reduction, including methadone maintenance treatment and supervised injection facilities, and their political vulnerability when confronted with visual politics and moral cognition; and thirdly, the gradual substitution of public-health frameworks for criminal-justice paradigms, driven by the HIV/AIDS crisis, evidence accumulation, professional advocacy, and European integration. The analysis demonstrates that while Britain's harm-minimization pathway offers evidence-based, compassionate alternatives to prohibitionist approaches, it remains structurally fragile because of the irreconcilable tension between public-health objectives and legal-symbolic goals. The 2016 Brexit referendum further triggered a punitive turn, reactivating “drug-war” discourse and underscoring that drug-policy evolution is non-linear. The paper concludes by offering comparative reflections for China's drug-control narrative, arguing that China can enrich the hierarchical adaptability of its narrative system by absorbing the technical rationality of harm reduction while maintaining its zero-tolerance stance, thereby reconciling humanitarian concern with scientific rigor.

Keywords

British anti-drug policy, public health framework, anti-drug narrative, decriminalization

The decriminalization experiment of the *Drug Legs* policy

The uniqueness of British drug policy lies in its pragmatism tradition. Pragmatism is not a derogatory term here, but a policy orientation based on practical effects rather than abstract principles (MacGregor S., 1991). The history of British drug policy is a history of constantly seeking a balance between legal prohibition and actual tolerance. In the 19th century, Britain experienced a fierce controversy about opium free trade, and finally gradually strengthened the control of opium under international pressure. In the middle of the 20th century, the UK developed a unique *clinic model* to provide legal heroin for registered drug users. This model was regarded as a pragmatic response to the drug problem at the time (Strang, J., & Gossop, M., 1994). In recent years, the United Kingdom has been exploring the path of decriminalization in an attempt to address the new challenges of the drug problem through policy innovation.

Drug Legs is not an official policy term, but a folk generalization of the characteristics of British policy. This metaphor vividly shows that the drug problem is like a *drug legs* that cannot be eradicated and can only be managed. *Drug legs* is a medical phenomenon, which means that some drugs will continue to produce effects in the body after drug withdrawal (Stevens, A., 2024). Using this concept to describe drug policy means recognizing the persistence and complexity of the drug problem, abandoning the unrealistic illusion of complete elimination and pursuing the realistic goal of effective management. This narrative framework is in stark contrast to the *War on Drugs* in the United States, reflecting the pragmatic orientation of British policy.

The latest development in the UK's *harm minimization* narrative is the Scottish government's decriminalisation proposal in 2023 (Scottish Government, 2023). The proposal advocates reducing the possession of a small amount of drugs by individuals from criminal offences to administrative violations, and replacing arrest and prosecution with fines or health referrals. The background to this proposal is Scotland's acute drug problem: Scotland has one of the highest drug death rates in Europe, with more than 1,300 drug-related deaths in 2021, a record high (University of Bristol, 2024). The Scottish National Party government believes that the current criminalization policy has failed to effectively solve the problem, but has pushed drug users to the margins of society and increased the risk of overdose deaths. Supporters cite Portugal's experience after decriminalization in 2001 as an argument. Portugal is the first country in the world to fully implement the decriminalization of drugs. In 2001, the decriminalization of all drug possession by individuals was changed to administrative violations. More than 20 years later, Portugal's decriminalization policy has achieved positive results: drug-related deaths have dropped significantly, HIV infection rates have dropped significantly, and drug treatment participation rates have increased significantly (Hughes, C. E. & Stevens, A., 2010). These experiences provide strong support for Scotland's decriminalization proposals. Supporters believe that decriminalization can shift law

enforcement resources from punishing drug users to combating drug crime networks, while encouraging drug users to seek help rather than escape.

Opponents, however, have raised serious concerns about the decriminalization proposal. The primary concern is the signal effect -decriminalization may be seen as a prelude to legalization, increasing the social acceptance of drug use. Opponents believe that reducing drug possession from crime to violation may send the wrong signal to the society that *drugs are not so dangerous* or *drug use can be accepted*, resulting in an increase in drug use. Secondly, opponents question the applicability of the Portuguese experience, arguing that Portugal's socio-cultural background is different from that of the UK, and that Portugal's success may not necessarily be replicated in the UK. Again, opponents worry that decriminalization will weaken the deterrent of anti-drug laws and make the drug problem more difficult to control.

This controversy reflects the internal tension of the harm minimization narrative. The harm minimization framework attempts to find a balance between public health goals and legal symbol goals, but there is a fundamental conflict between these two goals. The public health goal emphasizes the reduction of death and disease, and advocates practical measures to protect the health of drug users; the goal of legal symbols emphasizes the maintenance of prohibition posture and advocates the use of legal deterrence to curb drug use. The decriminalization proposal is the focus of the conflict between these two goals: from the perspective of public health, decriminalization helps to reduce excessive deaths and disease transmission; from the perspective of legal symbols, decriminalization may weaken the authority of anti-drug laws. How to find a balance between the two is the fundamental challenge facing the UK's anti-drug policy.

From the perspective of narratology, the British decriminalization controversy reflects the competition between different frameworks. Supporters use the public health framework to define the drug problem as a health problem rather than a crime problem, emphasizing the positive role of decriminalization in protecting life. Opponents use the legal order framework to define the drug problem as a legal issue and a social order issue, emphasizing the negative impact of decriminalization on legal authority and social norms. The competition between these two frameworks reflects the complexity and multifaceted nature of the drug problem, and also reflects the conflict of different values and policy orientations. The choice of narrative framework directly affects the formulation of policies and the public's cognition.

Technical operation to reduce harm: methadone maintenance, safe injection sites

Harm Reduction is the core concept of British anti-drug narrative (United Kingdom Harm Reduction Alliance (UKHRA), 2002). It is defined as taking measures to reduce the negative consequences of drug use when abstinence cannot be achieved immediately. This framework adjusts policy objectives from drug eradication to risk management, and from moral purification to practical assistance (United Kingdom Harm Reduction Alliance (UKHRA), 2001). The core assumption of the harm reduction concept is that the drug problem cannot be eradicated in the short term, so the pragmatic approach is to

minimize its harm to individuals and society. This concept challenges the traditional "prohibitionism" position and provides a new thinking framework for drug policy.

Methadone Maintenance Treatment is a landmark measure of the UK's harm reduction strategy (Department of Health & Social Care, 2024). Methadone is a long-acting opioid agonist that reduces the use of illicit heroin, reduces criminal participation, and stabilizes social function by providing a stable drug replacement. The principle of methadone maintenance treatment is that heroin addicts need to continue to ingest opioids to avoid withdrawal symptoms. Methadone can provide a stable drug replacement, so that addicts can get rid of dependence on illegal heroin (King's College London, 2014). Compared with illicit heroin, methadone is legal, safe and controllable, and its use under medical supervision can effectively reduce health risks and social harm.

The effect of methadone maintenance treatment has been supported by a large number of studies. Studies have shown that methadone maintenance treatment can significantly reduce the use of illegal heroin, reduce the rate of criminal participation, improve social function, and reduce the spread of AIDS and other infectious diseases (Amato L, et al., 2005). However, methadone maintenance treatment also faces many controversies. Critics argue that methadone maintenance treatment only replaces one drug with another and does not really solve the problem of addiction. Some methadone users rely on methadone for a long time, and it is difficult to achieve complete withdrawal (Fischer B, Rehm J, Kim G, et al., 2005). In addition, there are also problems in the social acceptance of methadone maintenance treatment. Some people regard methadone users as "legal drug users" and have prejudice and discrimination against them.

Supervised Injection Facilities (SIFs) are more controversial harm reduction measures (Doherty D., 2024). Safe injection sites provide a clean injection environment and medical supervision for drug users to reduce overdose deaths, disease transmission and other health risks. The world's first safe injection point was opened in 1986 in Bern, Switzerland, and has since appeared in the Netherlands, Germany, Canada, Australia and other countries. The basic services of the safe injection point include: providing clean needles, medical supervision injection, overdose first aid, health consultation, treatment referral, etc.

Proponents of safe injection points cite a large amount of evidence to prove its effectiveness. Studies have shown that safe injection sites can significantly reduce overdose deaths, reduce the spread of infectious diseases such as AIDS and hepatitis C, increase the access of drug addicts to drug treatment, and reduce drug injections and related garbage in public places. However, the implementation of safe injection points in the UK faces huge political resistance (UK Parliament Scottish Affairs Committee, 2025). Although many cities in the UK have proposed pilot proposals for safe injection points, they have not been implemented due to political opposition. The main argument of the opponents is that the safe injection point "connivance" of drug use violates the prohibition posture of the anti-drug law and may transmit wrong information to the community.

The technical narrative of harm reduction emphasizes its evidence basis and cost-effectiveness, trying to

transcend ideological opposition. Proponents argue that harm reduction measures are pragmatic choices based on scientific evidence rather than ideological preferences. They cited extensive research data to demonstrate the effectiveness of harm reduction measures and conducted cost-benefit analyses to demonstrate their economic rationality (Guise A, et al., 2023). This technicalized narrative strategy attempts to separate harm reduction from the moral controversy and construct it as an evidence-based policy choice. However, the effectiveness of this technical strategy is limited, because drug policy is essentially an issue involving values and political choices, and it is difficult to solve it entirely through technical rationality.

The political vulnerability of the harm reduction strategy is also obvious (Meggs, G., 2025). The first is the challenge of visual politics. The public visibility of safe injection sites can easily lead to the moral indignation of government connivance of drug abuse. When the public sees drug users injecting drugs in government-provided places, it is easy to create the impression that the government is supporting drug use, while ignoring the public health logic behind safe injection sites. The second is the invisibility of the beneficiary. The non-event of safe injection points to avoid death is difficult to translate into political support. When a person is treated in time at a safe injection point to avoid death, this is only a no occurrence event and it is difficult to attract public attention and support. Again is the half-hearted target tension. There is an inherent conflict between harm reduction and use reduction. The former emphasizes management risk, while the latter emphasizes elimination behavior. The tension between the two goals makes it difficult for policies to form a consistent direction.

From the perspective of narratology, the dilemma of harm reduction narrative lies in the tension between its efforts to de-moralize and social moral cognition. Harm Reduction seeks to shift the drug problem from the moral realm to the technical realm, emphasizing evidence-based pragmatic responses rather than ethically-based condemnation prohibitions. However, the drug problem is deeply related to morality in social cognition, and the moral judgment that drug use is wrong is difficult to be completely dispelled. When the harm reduction measures conflict with the moral cognition of society, its political feasibility will be seriously affected. The dispute over the safe injection point is a typical manifestation of this tension.

The substitution of public health framework for criminal justice

The deep structure of the British anti-drug narrative is a gradual replacement of the public health framework to the criminal justice framework (Release, 2022). The core of this transformation is to redefine the drug problem from a crime problem to a health problem, thus changing the basic logic of policy response. Under the framework of criminal justice, the response to the drug problem mainly depends on law enforcement and criminal punishment; in the framework of public health, the response to the drug problem relies mainly on preventive education, therapeutic rehabilitation and harm reduction. This framework transformation is not only a change in policy tools, but also a profound change in values and social cognition.

The driving factors of this transformation include multiple levels:

The first is the impact of the HIV / AIDS crisis. In the 1980s, the outbreak of AIDS among injecting drug users triggered a profound reflection on the existing policies (Stimson, G. V., 1995). Public health experts point out that criminalization policies push drug users underground, increasing the risk of needle sharing and disease transmission. This understanding has promoted the development of harm reduction strategies, such as needle exchange programs and the promotion of methadone maintenance treatment. The HIV / AIDS crisis has become an important catalyst for the rise of the public health framework.

The second is the role of evidence accumulation. With the implementation and evaluation of harm reduction measures, more and more evidence shows the effectiveness of these measures. Needle exchange programmes can reduce the spread of AIDS, methadone maintenance treatment can reduce crime and social disorder, and safe injection sites can reduce overdose deaths. These evidences provide scientific support for the public health framework and enable it to gain more discourse power in the competition with the criminal justice framework. The accumulation of evidence base is an important reason why the public health framework can gradually replace the criminal justice framework.

Again is the promotion of professional advocacy. Professional groups such as medicine, public health, and social work actively participate in policy discussions and advocate policy orientation based on evidence and ethics. These professional groups have professional knowledge and moral authority, and their voices have important influence in policy making. The medical profession emphasizes the disease nature of drug abuse and advocates treatment as an alternative to punishment; the public health profession emphasizes prevention and health promotion and advocates evidence-based policy choices; the social work profession emphasizes social support and rehabilitation services, and advocates the substitution of care for exclusion. These professional advocacy have jointly promoted the development of the public health framework.

Finally, the impact of European integration. EU-level policy coordination has promoted the spread of the concept of harm minimization in Europe (King, L. A., 2022). The EU drug strategy emphasizes evidence-based policy orientation and encourages member states to take pragmatic measures to deal with the drug problem. This policy environment provides external support for the UK's harm minimization path and also provides a platform for it to exchange learning with other European countries. The process of European integration has promoted the Europeanization of British drug policy to a certain extent, making it closer to the mainstream European policy orientation (King, L. A., 2022).

However, the dominance of the public health framework is not irreversible. After the 2016 Brexit referendum, the Conservative government intensified the punitive turn and the war on drugs discourse was reactivated (Roman-Urrestarazu, A., Robertson, R., McCallum, A., et al., 2019). The background of this turn is the combined effect of multiple factors: the political atmosphere after Brexit tends to be conservative, and the questioning of the European model increases; the drug problem has worsened in some areas, triggering public doubts about existing policies; politicians use the tough on drugs stance to win votes. This punitive turn shows that the evolution of anti-drug narrative is not a nonlinear progress, but full of repetition and twists and turns.

Conclusion

From the perspective of comparative research, the UK's harm minimization path provides important experience for China's anti-drug narrative:

First, narrative consistency is both an advantage and a risk. The relative consistency of the British harm minimization narrative strengthens the implementation of policies and the acceptance of society; however, this consistency may also inhibit the adaptive adjustment of policies and make it difficult to cope with new challenges. China's zero tolerance narrative has a high degree of consistency, which has advantages in strengthening policy execution, but it also needs to be vigilant against its inhibitory effect on policy innovation.

Secondly, the openness of framework competition is both a source of confusion and an opportunity for innovation. There is a long-standing competition between criminal justice and public health frameworks in the field of drug policy in the UK, which has caused policy uncertainty and controversy. But it is this competition that has promoted policy reflection and innovation, enabling the UK to choose and adjust among different policy options. China's anti-drug narrative is relatively simple, which has advantages in ensuring policy stability, but may also limit the space for policy innovation. How to leave space for policy innovation while maintaining narrative consistency is a question that China's anti-drug narrative needs to think about.

Thirdly, while adhering to the bottom line of zero tolerance, China needs to absorb the technical rationality of harm reduction and enrich the hierarchy and adaptability of the narrative system. Zero tolerance emphasizes the attitude and position of drug crime, while harm reduction emphasizes the care for the health and life of drug addicts. The two are not irreconcilable. China's drug rehabilitation system has actually included elements of harm reduction, such as methadone maintenance treatment, drug maintenance treatment clinics, etc. In terms of narrative construction, the public health implications of these harm reduction elements can be more prominent, and the humanitarian care and scientific rationality of China's anti-drug policy can be demonstrated.

In summary, the harm minimization path of the British anti-drug narrative reflects a completely different policy orientation from the US "drug war". The decriminalization experiment of the medicine hind legs policy reflects the British pragmatic tradition of seeking a balance between legal prohibition and actual tolerance; the technical operation of harm reduction demonstrates evidence-based policy choices and efforts to transcend ideological disputes; the substitution of the public health framework for criminal justice reflects a fundamental shift in the definition of the drug problem. However, the path of harm minimization also faces many difficulties: the tension between public health goals and legal symbol goals, the political fragility of technical narratives, and the repetition and twists of framework transformation. These experiences provide an important reference for the construction of China's anti-drug narrative: we should not only adhere to our own basic principles and positions, but also absorb the reasonable elements of international experience, and constantly enrich and improve the hierarchy and adaptability of the narrative system.

References

- Amato, L., et al. (2005). An overview of systematic reviews. *Journal of Substance Abuse Treatment*, 28(4), 321-329.
- Department of Health & Social Care. (2024). *Medicine choices in opioid substitution treatment*. London: DHSC, 2024, 36-57.
- Doherty, D. (2024). Evaluating the Efficacy of Safe Injection Sites with Respect to Common Arguments in Support and Opposition. *Rothman Opioid Foundation*, 2024, 111-112.
- Fischer, B., Rehm, J., Kim, G., et al. (2005). Eyes wide shut? A conceptual and empirical critique of methadone maintenance treatment. *European Addiction Research*, 11(1), 1-14.
- Guise, A., et al. (2023). Stigma is stopping an evidence based response to drug overdose deaths in the UK, 2023, 22-43.
- Hughes, C. E., & Stevens, A. (2010). What can we learn from the Portuguese decriminalization of illicit drugs?. *British Journal of Criminology*, 2010(6), 99-102.
- King, L. A. (2022). Forensic Chemistry of Substance Misuse: A Guide to Drug Control. *Cambridge: Royal Society of Chemistry*, 2022, 11-13.
- King, L. A. (2022). Forensic Chemistry of Substance Misuse. *Royal Society of Chemistry*, 2022, 155.
- King's College London. (2014). Supervised dosing prevents methadone overdose deaths. *REF Impact Case Study*, 2014, 122-135.
- MacGregor, S. (1991). Pragmatism or Principle? Continuity and Change in the British Approach to Treatment and Control. In D. K. Whyne, & P. T. Bean (Eds.), *Policing and Prescribing: The British System of Drug Control* (pp. 210-228). London: Palgrave Macmillan.
- Meggs, G. (2025). Here's How Harm Reduction Advocates Can Regain Lost Ground. *The Tyee*, 2025, 90.
- Release. (2022). *Written evidence to the UK Parliament (DRU0075)*. London: UK Parliament, 2022, 1-14.
- Roman-Urrestarazu, A., Robertson, R., McCallum, A., et al. (2019). Brexit threatens the UK's ability to tackle illicit drugs and organised crime: What needs to happen now?. *Health Policy*, 2019(6), 523-525.
- Scottish Government. A Caring, Compassionate and Human Rights Informed Drug Policy for Scotland. *Edinburgh: Scottish Government*, 2023(19), 55-59.
- Stevens, A. (2024). The UK's Ten-Year Drug Strategy. *Drug Policy Constellations: The Role of Power and Morality in the Making of Drug Policy in the UK*. Bristol: Bristol University Press, 2024, 145-159.
- Stimson, G. V. (1995). AIDS and injecting drug use in the United Kingdom, 1987-1993: the policy response and the prevention of the epidemic. *Social Science & Medicine*, 41(5), 99-116.
- Strang, J., & Gossop, M., (Eds.). *Heroin Addiction and Drug Policy: The British System*. Oxford: Oxford University Press, 1994, 47.

UK Parliament Scottish Affairs Committee. *Given the scale of Scotland's drug death crisis, Glasgow's Pilot Safer Drug Consumption Facility must be considered on its merits*. London: UK Parliament, 2025, 187-206.

United Kingdom Harm Reduction Alliance (UKHRA). *Memorandum to the Select Committee on Northern Ireland Affairs*. UK Parliament, 2002, 68-79.

United Kingdom Harm Reduction Alliance (UKHRA). *Memorandum to the Select Committee on Home Affairs*. UK Parliament, 2001, 75.

University of Bristol. *Opioid dependence remains high but stable in Scotland, new surveillance report finds*, 2024, 39.