

# Fergus McCabe Memorial Summer School September 1<sup>st</sup> 2025

## Alex Stevens and Lynn Ruane in Conversation

### Reference:

DRUG POLICY CONSTELLATIONS; The Role of Power & Morality in the Making of Drug Policy in the UK  
Author: ALEX STEVENS Bristol University Press 2024

'Policy Constellations are fluid/not static sets of policy actors who come together to pursue shared policy positions, based on common moral commitments and material interests'

### Key themes for the conversation included:

**1. *Inequalities in drug harms.*** In my previous book on 'Drugs, Crime and Public Health', I described drug problems (but not drug use) as 'afflictions of inequality'. This includes the tendency of police forces to over-police working class communities (and ignore drug use in middle and upper class settings), as well as the massive concentration of drug deaths in less affluent areas.

**2. *Power imbalances.*** The new book discusses the tendency to exclude people who use drugs themselves from the places and conversations where decisions are made about drug policy. Instead, power is given to senior medics and police officers who believe that it is in the public interest that they control what other people can or can't do with their own bodies.

**3. *What does it mean to have a 'health-led' approach?*** If this just means shifting power and resources from police to medical professionals, this will not be compatible with a true public health approach, which would address the (unequally distributed) social and commercial determinants of problematic substance use. In the new book, I write about the 'medico-penal constellation': the set of socially advantaged policy actors who hoard power in drug policy for themselves.

For example, both doctors and police officers may think they know best about what people should be allowed to put into their bodies. But where does this leave the power of the individual to decide for themselves? These are questions of power, and we systematic efforts to exclude the directly affected communities from the processes of making decisions. This is where a community development approach comes in, with communities mobilising to take control over the decisions that affect them.

**4. *Decriminalisation.*** As described in both books, this is a key part of a public health approach (to reduce the harms done by criminalisation), but is not enough on its own. To get it across the line in Ireland, we will also need to dispel the myths around what happened in Oregon and British Columbia, and instead look to successful examples in continental Europe (e.g. Portugal, but also Germany) that have combined legal reform with social investment, as well as health services.