

How do representations of the ‘drug problem’ in Greece produce governable subjects?

A WPR-inspired approach

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Declaration

I declare that this thesis has been composed by myself and that it embodies the results of my own research. I acknowledge that to the best of my knowledge this thesis contains no material written or published by another person, except where due reference to such is made.

Signature:

A handwritten signature in black ink, appearing to read 'Allan', with a large, sweeping loop at the bottom.

Date: 21/07/2024

Dedication:

In loving memory of my auntie Marika, who passed away while awaiting the completion of this phase of my life.

Abstract

This thesis explores the 'drug problem' in Athens, Greece, in relation to drug policy, cultural impacts of addiction, and historical perspectives on drug use, with a particular focus on its public nature amidst economic and social crises. Conducted from April 2018 to February 2019, this qualitative research involved 3.5 months of ethnographic observations in four open drug scenes and 32 semi-structured interviews. These interviews captured the perspectives of diverse stakeholders, including local community members residing in neighbourhoods with open drug scenes, people who used drugs, parents (not related to the former), drug treatment professionals, and drug policy experts. Set against a backdrop of an economic downturn, a refugee influx, and a recent HIV outbreak among people who inject drugs, this research critically analyses the performative nature of these crises and their impact on Greek drug policy and treatment. By employing the 'What's the Problem Represented to be?' approach, the thesis challenges the notion of a single, linear cause of the 'drug problem', highlighting instead the complex discourses that frame the 'problem', shaping policy and treatment responses, public attitudes, and lived experiences.

The findings assess how societal, professional, and official discourses interact to construct the Greek 'drug problem', using the visibility of drugs in the public spaces of Athens as a basis for exploring community and stakeholder responses to open drug scenes, as well as drug treatment, policy, stigma, self-stigma, and addiction conceptualisations. By examining these problem representations and their effects, the research highlights the problematisations, assumptions, and silences that shape public understandings and policy, advocating for a re-evaluation of the 'drug problem' amid ongoing economic and social upheaval. The findings demonstrate how these problem representations produce governable subjects, consistent with Bacchi's (2009) methodology.

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Abbreviations

AIDS: Acquired Immune Deficiency Syndrome

ATS: Amphetamine-type Stimulant(s)

DCR(s): Drug Consumption Room(s)

HCV: Hepatitis C Virus

HIV: Human Immunodeficiency Virus

HIV/ AIDS: Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome

MAT: Medication Assisted Treatment

MMT: Methadone Maintenance Treatment

NA: Narcotics Anonymous

NGO(s): Non-Governmental Organisation(s)

NPS: New Psychoactive Substances

NSP(s): Needle and Syringe Programme(s)

ODS(s): Open Drug Scene(s)

OST: Opioid Substitution Treatment

PIA: Poststructuralist Interview Analysis

PWID: People (or Person) Who Inject Drugs

PWUD: People (or Person) Who Use Drugs

WPR: 'What's the Problem Represented to be?'

Style clarifications

Drawing on Foucault's conceptualisation of power and knowledge as constructed within discourses (Foucault and Deleuze 1977; Foucault 1984b; 1988), this thesis employs inverted commas to denote terms and language that are used with a critical intent (e.g. the 'drug problem'), question their unchallenged status, and highlight their diverse meanings. However, it is important to note that terms such as 'addiction' and 'recovery', frequently used in literature, are not placed in inverted commas unless they are being introduced as specifically defined concepts in drug literature. This decision avoids an excessive use of inverted commas that could undermine the intent to emphasise the contested nature and contingent meanings of the 'drug problem'. Inverted commas are also utilised to indicate direct quotes, titles, and names within the text.

With regards to the capitalisation of words, in this thesis, I do not capitalise terms such as 'strategies', 'the law', and 'the state' unless they refer to a specific entity, for example, 'Law 2430/1940', 'National Drug Strategy 2021-2026', or the 'United States'. Concerning names, the author Kylie valentine does not capitalise her surname and is cited with a lowercase 'v' (valentine 2011; Fraser and valentine 2008; Treloar and valentine 2013). To avoid confusion, there is another author, Gill Valentine, who does capitalise her surname and is cited with an uppercase 'V' (Valentine 2008).

Regarding the grammatical 'voice' used in this thesis, I prefer to use the third person and a neutral tone. However, in several instances where my own involvement in certain research activities needs to be acknowledged, such as in the methodology chapter and in the findings chapters, the first person is used.

A final note on style concerns the four findings chapters. These chapters contain minimal references to citations. Citations are included only when directly drawing from a theoretical conceptual framework for the analysis (even if this will not be further discussed in the discussion chapter), or when referencing a key finding in the literature or one that will be addressed in the discussion. Beyond these instances, citations are omitted in order to keep the focus on uncovering discourses and the ways in which knowledge is constructed, rather than relying heavily on literature.

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Chapter 1: Introduction

This thesis explores the 'drug problem' in Athens, Greece, focusing on its public nature amidst economic and social 'crises'. The research was conducted in Athens, Greece, from April 2018 to February 2019. The study participants included a diverse range of stakeholders, including community members, policy experts, drug professionals, people who use drugs (PWUD), residents of areas affected by drug use and parents of PWUD (unrelated to the participating PWUD). The study data consisted of 32 semi-structured interviews, 31 of which took place in Athens and one in Thessaloniki, alongside 3.5 months of ethnographic observations conducted in four open drug scenes (ODSs) in Athens. By employing interviews and observations, this thesis explores the perspectives of diverse stakeholders concerning the 'drug problem', examining the shifts, emphases and silences within their problematisations. Moreover, it explores the discursive connections between problem representations of the 'drug problem', public attitudes, and lived effects experienced by people (Dean 2006; Rabinow and Rose 2006). Focusing on Athens, this research was conducted from April 2018 to February 2019, a period marked by multiple 'crises', including the 'economic crisis', the 'refugee crisis', and a Human Immunodeficiency Virus (HIV) outbreak among people who inject drugs (PWID) between 2011 and 2013, which affected the ODSs in Athens (Kentikelenis et al. 2011; Fotiou et al. 2012; Hadjickou et al. 2021). This thesis aims to critically analyse the performative nature of these 'crises' and their impact on the Greek drug policy and treatment landscape.

Unlike other countries, where critical drug studies have highlighted the contingent nature of previously assumed 'problems' (Lancaster et al. 2017; Pienaar and Savic 2016; Duke 2020), there is a lack of critical, qualitative research within the Greek drug landscape. While recent critical work on the Greek landscape has focused on recovery practices and meanings (Theodoropoulou 2020), this thesis aims to examine broader 'drug problem' representations thus encompassing societal, policy, and treatment discourses. This absence impedes the examination of underlying knowledge systems that may perpetuate negative effects, including limited access to services. Given the occurrence of the first-ever HIV outbreak among PWID in the ODSs of Athens between 2011 and 2013, the importance of aligning Greek drug policy with global trends and the ongoing concern of HIV among PWID in Athens (Roussos et al. 2021; 2022), this research gap needs to be filled. In this thesis, ODSs are not perceived as de-contextualised sites of

pathology, but as socially, culturally, and politically contingent, immersed in broader discourses that pervade society. This is achieved by examining the 'drug problem' representations within these communities and exploring underlying meanings. This approach challenges traditional approaches that view drug use as an individual pathology or moral failing and instead highlights the interactions between people, social structures and power relations that contribute to drug use and its associated harms. It also explores the 'drug problem' in problematisations of policies and treatments, critically examining drug policies and treatment programmes, including the political dimensions of the urban 'drug problem' in Greece. By critically examining the 'drug problem' in Greece and exploring the discursive connections between problem representations, public attitudes and policies, along with their implications for different stakeholders, this thesis contributes to the international drug literature and deepens understandings of the complexities surrounding drugs and drug policy.

1.1 'What's the Problem Represented to be?' (WPR) and poststructuralism

The conceptual framework of this thesis, which will be further discussed in Chapter 4, is outlined in the boxed section below:

The 'What's the Problem Represented to be?' (WPR) approach (Bacchi 2009) offers a critical framework for analysing how social 'problems' are represented in policy and practice. Central to WPR is the premise that 'problems' are not inherent or self-evident; rather, they are constructed through discourses that frame specific issues as problematic. This approach challenges linear, cause-effect assumptions, instead focusing on the construction of 'problems', the assumptions underpinning these constructions, and the effects they produce. It invites the interrogation of what must be in place for specific problem representations to be intelligible, and how such representations influence governing, practices, and subjectivities.

Grounded in poststructuralist thought, the WPR approach draws on Foucault's concepts of governmentality, power, and discourses to emphasise how governing operates through problematisation. Poststructuralism rejects static or universal truths, instead viewing knowledges and social practices as contingent and politically productive. This perspective highlights power as relational, operating through

discourses that shape subjectivities, norms, and practices, while recognising resistance as inherent within power dynamics.

The WPR approach is operationalised through the following seven steps:

- 1. What is the problem represented to be in a specific policy?**
- 2. What underlying assumptions or presuppositions underpin this representation of the problem?**
- 3. How did this representation of the problem come about?**
- 4. What is left unquestioned or unexamined in this representation of the problem? Where are the gaps or silences? Could the problem be understood differently?**
- 5. What effects are produced by this representation of the problem?**
- 6. How/where is this representation of the problem produced, disseminated, and defended? How can it be challenged, disrupted, or replaced?**
- 7. Apply these questions to your own problem representations.**

Specific language adaptations commonly used in the WPR approach and throughout this thesis include: *problem representations* (relevant to problematisations), *nesting* (relevant to WPR question 3 and the genealogy of discourses), *governing*, *subjectification effects* (relevant to WPR question 5), *discursive practices* (often used in WPR instead of 'discourses' to emphasise the practices generating them), and *silences* (pertinent to WPR question 4).

Using the WPR approach (Bacchi 2009), the idea of a single structural cause of the 'drug problem' which assumes a clearly defined and identifiable 'problem' that could be explained by a singular cause is challenged. This would imply a linear progression of the 'drug problem', whereas the WPR acknowledges alternative possibilities. This thesis uses WPR to explore how the 'drug problem' is represented in Greece, examining its historical, social, and political contingencies. The focus, as such, shifts to the meanings that need to be in place for certain 'drug problem' categories to be intelligible, and the practices that install those meanings (Bacchi and Bonham 2014). It is important to note that the term 'drug problem' used in this thesis does not seek to reduce people's experiences to 'problematic' practices but, rather, to question the historical construction of the 'drug problem' (Bacchi 2009; Foucault 1994b). The study aims to compare and

evaluate the harmful potential of problem representations, identifying the most damaging factors and facilitating a more effective political response. This comparative approach points out the dangers associated with certain problem representations and offers opportunities for intervention. The study examines how 'problems' are conceptualised in drug policy and practice, and how they shape specific subjectivities. By challenging the notion that 'problems' are immutable, the analysis aims to recognise their contingency and political nature.

Understanding the 'drug problem' constitution requires exploring public opinion and attitudes, given their role in the decisions made by governments, policymakers, and health professionals worldwide (Treloar and Fraser 2007; White et al. 2016). By critically analysing public attitudes, policy responses, and lived experiences, it seeks to uncover the practices of governing and their implications for those affected. Negative attitudes among the public can impede access to services and evidence-based drug treatments, highlighting the need to examine the politically productive function of public opinion and attitudes. This thesis aims to explore public attitudes in conjunction with the discourses used by stakeholders involved in drug policymaking and treatment. The selection of participants in the research encompasses a wide range of stakeholders involved in governing the 'drug problem'. The WPR approach is employed to analyse discourses and discursive practices (Bacchi and Bonham 2014), not only in language but also in other forms of communication, such as interactions among stakeholders in the public space that represent the 'drug problem' as a particular 'problem' in specific contexts. Furthermore, the thesis acknowledges the transformative potential associated with these developments and the possibility of imagining alternative realities. It recognises power as a relational concept and highlights the inherent resistance within power relations. The study maps the lived effects and implications of discourses on the lives of PWUD and their participation in policy processes.

By focusing on discourses, a new perspective emerges on how governing takes place, leading to the overarching question: 'how are we governed?' Accordingly, the overarching question of the thesis is 'how does the 'drug problem' produce governable subjects?'. The thesis deploys the concept of governing, drawing on governmentality, governance and governmental practices. While these terms are used interchangeably, the primary emphasis is on the gerund of the verb, governing, to highlight the process and the notion that it is a continual, dynamic activity rather than a stabilised state.

This approach to understanding governing is referred to as 'governing through problematisations' in the traditions of Foucauldian WPR studies, which means that we

are governed through the ways in which issues are problematised. The responsibility of critical research is to uncover these ways and challenge conventional depictions of the 'drug problem' as rational, including the processes by which governing discourses gained their power. While this thesis acknowledges the 'economic crisis' backdrop and its impact on the research context, it critically examines its performative and discursive aspects (Bacchi 2022a), rather than accepting the 'crisis' or crises as an external 'truth'. Indeed, the thesis challenges a static interpretation of the 'crisis' (Agamben 2008) and emphasises the continuous renegotiation of collective subjects (Themelis 2018). In so doing, it highlights the role of the state in governing through multiple exceptions and invoking uncertainty (Bacchi 2023). Overall, the thesis employs a poststructuralist approach informed by the Foucauldian WPR perspective, focusing on power, knowledge, governing, and problem representations in the specific context of multiple 'crises' in Greece.

The scope of the 'drug problem' encompasses the drug policy and treatment landscape, the urban ODSs, the lived experiences of the 'drug problem' and public attitudes towards the 'problem', along with social and cultural elements. The thesis explores these aspects in the Greek context, bridging individual, professional and societal discourses. The interconnection of discourses between ground-level stakeholders and policymaking is influenced by socially produced knowledge. The theoretical language provided by the WPR approach helps analyse these interconnections. The study involves various stakeholders, including community members from central areas of Athens where ODSs were present during the fieldwork, policy experts, drug professionals, PWUD and (unrelated) parents of PWUD. The research material consists of interview accounts and observations. The 'What's the Problem Represented to be?' (WPR) approach is utilised to critically analyse problem representations and objectify specific inquiries, aligning with the meanings attributed by Foucault (1984a; 1994a; 1997) to problematisations. Participants are encouraged to problematise, challenge, and scrutinise issues in their proposals or proposed 'solutions' (as per Bacchi 2009), to reflect on the effects of problem representations and mitigate potential harms.

Alongside additional analytical tools outlined in the methodology chapter, the WPR approach allows for a critical examination of the pervasive 'problem' rationale present in representations and responses within the drugs field, and an understanding of what is accomplished through these representations.

1.2 Aims and research questions

This thesis critically examines the representations of the 'drug problem' in Athens, Greece, during a period of economic and social 'crises'. It investigates how these representations are framed, governed, and experienced, focusing particularly on the discursive and material effects for PWUD and other stakeholders. While the study considers various dimensions of Greek drug policy and treatment, Athens' ODSs serve as an important contextual backdrop. As highly visible spaces associated with drug use and selling, the ODSs tacitly inform broader societal problem representations, shaping public attitudes and governing strategies. The ODSs also influence how key stakeholders conceptualise issues of risk, responsibility, and citizenship, which permeate Greek drug policy and treatment discourses.

As such, while Athens' ODSs are not the sole focus of the thesis, they provide a critical lens through which broader societal dynamics and problem representations are interrogated. This approach enriches the analysis and the study's implications. Employing Bacchi's (2009) WPR approach, the study interrogates the performative nature of these problem representations, unearthing the historical and discursive underpinnings that shape public attitudes, policymaking, and lived experiences in the context of drug policy and treatment.

1.2.1 Aims

The thesis has two interrelated aims:

1. To critically analyse the performative nature of the 'drug problem' representations and their impact on the Greek drug policy and treatment landscape.
2. To unearth and disrupt the dividing practices and beliefs rooted in historical notions of risk, responsibility, and citizenship surrounding illicit drug use and selling.

1.2.2 Research questions

The research is guided by the following overarching and supporting questions:

Overarching question: How does the 'drug problem' produce governable subjects? This provides a conceptual framework for the entire thesis, linking and informing the more specific research questions that drive the analysis.

The specific research questions are:

1. What was the 'drug problem' represented to be in the ODSs of Athens?
2. How did stakeholders problematise public attitudes towards the 'drug problem' and what specific representations emerged?
3. How did stakeholders problematise Greek drug treatment and policy?
4. How did stakeholders conceptualise the lived experiences associated with the 'drug problem'?

By addressing these questions, the study examines how the 'drug problem' is constituted, the assumptions underlying these constitutions, and the effects they produce on policy, governing processes, and lived realities.

1.3 Self-positioning

Before continuing with this thesis, it is important to position myself within it. By embracing the principles of the WPR approach and poststructural thought, this section aims to highlight the specific interests and concerns that have shaped my research questions and methods. Clarifying my standpoint offers insights into my motives and enables a critical and reflective stance throughout this work. This task of self-problematism is necessary to uncover the extent to which researchers may be operating with assumed, unquestioned knowledge or within specific governmental rationalities. Step 7 of WPR, as specified by Bacchi and Goodwin (2016), emphasises the importance of scrutinising my own problematisations. Recognising the influence of my experiences, and my own immersion in discourses, it is essential to explore not only the 'problem' 'out there', but also the problematisations within my own perspectives and ways of representing the world.

I do not operate in a vacuum, so I too need to be located historically as Bacchi (2024b) states. Growing up in Athens during the turbulent 1990s, I witnessed first-hand the escalating 'drug problem' against a backdrop of shifting cultural values and social turmoil. As Fraser and Moore (2011a) argue, the 'drug problem' is both a product of its time and a phenomenon that shapes the times, both as a concept and as an observable occurrence. My interest in the 'drug problem' was ignited not only during this historical period that defined my teenage years, but also because of it. This era marked a period of significant neoliberal policy changes, transforming the accessibility of drugs. During this societal flux, drug use became both extremely widespread and highly stigmatised: it was 'shoved in your face', so to speak, with its raw visibility in the city, in social circles,

and in the classroom. It was also intensely marked out and stigmatised, shaped by prevailing discourses of immorality, decadence, and crime, leading to risky drug practices and tragic consequences for several individuals I knew.

The first political awakenings for my generation were the intense occupations of schools and student demonstrations during the early nineties. That general spirit of teenage riot culminated in 1995, with the events and massive arrests that ensued in the Polytechnic School of Athens. After that, for at least two or three years, things became quieter in the streets, at least as far as scuffles between youth and police were concerned. At the same time, something was changing on the main political scene with the death of the historic leader of the Socialist Party. His successor succeeded in passing neoliberal policies which, combined with increased foreign capital flowing into Greece, had a deep impact on the culture of the country. There was a spirit of hedonism mixed with cynicism and sometimes nihilism. Huge rave parties and rock festivals took place every week. On the other side of the spectrum, big luxurious clubs opened, and almost everyone seemed obsessed with making easy money in the soaring stock market.

During the early to mid-1990s I realised that drugs were everywhere and accessible to everyone, in addition to alcohol, which was socially acceptable for teenagers, at least back then. In my high school, my classmates would regularly have brandy in the morning before the mandatory prayer, and a joint during the break. Sometimes I would also have a glass or a puff with them when I did not have a test or much study that day. Taking the underground to the centre of Athens was another significant experience for me. Hundreds of people, some even younger than I was, were visibly injecting heroin, taking pills, and 'haggling' in the most central spots of Athens; it was hard for me to process. Meanwhile, the police would stop, search, and prosecute young people for even one cannabis joint. The impact of the rave culture and parties were huge. Some friends got sucked in and had to work hard to pay for and acquire all the pills, trips, drops, powders, and weed they needed/wanted.

To see a couple of friends of mine dying back then, it was 'unavoidable'; or at least that is how I saw it back then. They went all-in, lived fast and died so young. One of them even used to say he wanted it this way. I loved this person but never allowed myself to properly mourn his death because, back then, I thought he got what he wanted. However, I still could not understand him because, to me, he seemed to love life. I also lost many friends who did not die. I just could not carry on being friends with them because their interests became too specific and limited for me. I kept other friends who took drugs, and some still do, though not in the frenetic way of the past.

My personal experiences during this turbulent period, combined with Greece's ongoing political and economic 'crises', shaped both my academic interest and my personal and professional life. I navigated the instability of working on one-year contracts in the mental health sector, constantly needing renewal. This instability, along with the shifting nature of social and public health challenges, led me to pursue a job and an MSc in 'Drugs and Alcohol Studies' in Scotland in 2015, and subsequently this PhD. In addition to my background and my personal witnessing of the evolution of the 'drug problem' during 'crisis times', my professional background working in therapeutic settings with individuals facing drug and alcohol issues also informed my perspective and approach to this research.

Through this thesis, aligning with broader efforts to rectify historical inequalities experienced by PWUD, I aim to contribute to discussions on problematisations and advocate for policies that improve the lives of those affected by drug-related issues.

I will now present an overview of the thesis.

1.4 Overview of the thesis

The thesis is structured as follows.

Chapter 2 explores the historical development of the 'drug problem' in Greece, including the emergence of public drug scenes in the 1980s and 1990s and the implementation of Opioid Substitution Treatment (OST) as a response to the escalating HIV cases. It underscores the challenges encountered in the provision of harm reduction services and the negative public attitudes towards drug use and treatment (ECDC 2012; Vidali 2015; Pavlopoulou et al. 2020). It discusses the historical construction of the 'drug problem' in Greece and traces its emergence within social and cultural practices, regulatory structures such as the law and drug policy, and political developments. In this chapter it is argued that the 'drug problem' is not a natural or inevitable phenomenon but, rather, a product of social and historical forces (Bacchi 2009).

Chapter 3 is a literature review on critical drug scholarship that challenges the dominant discourses on drugs, addiction, and crime. It discusses the work of scholars who have provided important insights into how drugs are constructed as a social 'problem' (Lancaster et al 2017).

Chapter 4 discusses the methods and methodology used in the thesis. It outlines the research design, data collection, and analysis methods. The chapter also discusses ethical considerations addressed in the research process.

Chapter 5, *Agora*, is the first analysis chapter and examines 'drug problem' representations in four ODSs in Athens, the capital and most populous city of Greece. As a term, *agora* is linked to problematisations within the public space and signals a distinctly public character, having been enacted in the public sphere. In ancient Greece, the *agora* was the place of communal assembly and served as both a marketplace and a site for public debate (Graeber 2011). This chapter explores the politics of the ODSs and how they are made up of an assembly of various social and cultural practices. It specifically examines the drugs, populations, and practices related to the portrayed 'problem' in these ODSs. The ODSs are viewed as a preliminary and inevitable locus of perception for Greek citizens, particularly those living in Athens. They are also considered 'proposals', as per Bacchi's (2009) approach, enabling entry into the problematisations at play.

Chapter 6, *Doxa*, explores public attitudes and opinions regarding the 'drug problem' in Greek society. The term '*doxa*' refers to public attitudes, perceptions, and opinions that are taken for granted in public consensus (Martin and Ringham 2006). The chapter explores problem representations at the level of public attitudes and opinions. Opinions and attitudes are not considered psychological attributes but, rather, effects of coordination practices, and abstractions of dominant and subjugated knowledges. They produce governable subjects, including those targeted in the discourses and those internalising and endorsing the discourses. However, the effects of these discourses are not equally severe for everyone. This chapter aims to investigate how the political concept of the 'drug problem' interferes with various forms of citizenship, producing different groups of people as governable subjects.

Chapter 7, *Episteme*, refers to the sphere of 'true' knowledge. The chapter aims to explore how institutions with authority and knowledge concerning the 'drug problem' produce and reproduce ideological problematisations through the deployment of knowledge-as-truth and expertise. The WPR critical analysis approach is based on searching for deep-seated cultural values that underpin a problem representation, drawing from the Foucauldian (1973; 2005) notions of *episteme* and archaeology. *Episteme* denotes the system of thoughts and ideas that shape knowledge perception at a certain historical point. The chapter explores problem representations about institutions and technologies designated to 'address' the 'drug problem'. The chapter

also raises questions about therapeutic and policy 'drug problem' representations, focusing on the underlying structure of the presumed 'problems' inherent in a proposal, rather than assuming that these 'problems' are fixed and trigger a response from an 'objective' authority. Additionally, the question of who benefits and who is harmed in the process of helping technologies aiming to address drug use 'problems' is explored.

Chapter 8, 'Hexis', explores how societal discourses and the backgrounds of individuals influence their lived experiences. This final analysis chapter aims to highlight the embodiment of the 'drug problem' in the experiences of those directly affected by it. The primary focus is on the perspectives of those most directly affected, primarily PWUD and (unrelated) parents of PWUD, but also considers the views of other participants on their lived experiences. The chapter explores the interactions between individuals and entities such as the official state, drug treatment services, families, and society, including the effects these encounters generate. Within this chapter, the lived experiences and their effects related to the 'drug problem' are explored. Specifically, the chapter explores the experiences of parents of PWUD, including their initial perceptions of the 'drug problem', the stigma they endure as Greek families, their strategies for adapting to the 'problem' within their families despite prevailing stigmas and discourses, and their engagement with drug treatment programmes. The chapter examines how PWUD perceive the embodiment of the 'drug problem' and explores how the concept of 'addiction' shapes their lives. It also investigates how their social and economic backgrounds influence their lived experiences and the challenges they encounter when reintegrating into society. Attention is also given to interactions with the law and the criminal justice system. The title 'Hexis' not only resonates with the Foucauldian concept of embodiment but also holds significance in the Greek language, where 'hexis' translates to a 'milder' type of 'addiction' more akin to a 'habit' (Malliori 2010). This linguistic nuance further contributes to the exploration of how people embody and navigate the 'drug problem' in their lives.

Chapter 9, the last chapter of this thesis, includes a discussion of the main problematisations, reflecting on findings and claims made throughout the thesis with a contemplative intent. It also considers the contributions of this research to the field. Additionally, that chapter examines developments that have occurred since this research was conducted.

The following chapter contextualises this study and introduces the Greek case.

Chapter 2: The Greek case

This chapter provides an overview of the Greek case and offers the historical background necessary to understand the context of the research. The chapter presents a historical background of the Greek legislative and drug policy landmarks that have shaped drug use in Greece. It focuses on key turning points in legislation (see Appendix 10) and discusses the social and cultural factors that have shaped Greek drug history. It also describes the evolution of drug policies and strategies in Greece, including the current state of drug use and policies, with a focus on recent developments and challenges including the Human Immunodeficiency Virus (HIV) outbreak among people who inject drugs (PWID).

2.1 Historical background of the ‘drug problem’ in Greece

2.1.1 Rembetiko song as a social and cultural practice

The history of rembetiko offers insights into the cultural and social genealogy of drug use. Rembetiko song emerged shortly after Greece's formation in 1832, when Greek refugees from Asia Minor settled in Piraeus, Thessaloniki, coastal areas, and islands. Many of these refugees were skilled musicians (Kotouza 2010; 2019). Although the social group known as ‘rembetes’ (named after the song's genre) was not homogenous and there were many variations among them, the group became identified with an ‘underclass’ or ‘underworld’ lifestyle, in the words of Petropoulos (1974), which included, but was not limited to, drug use. Despite these connotations, the group took pride in their non-conformity to mainstream society, which is in line with similar situations in other jurisdictions (Becker 1973; Bourgois and Schonberg 2009; Finestone 1957; Young 1971). Rembetes had their own distinct slang, fashion sense, and social circles, and have been likened to jazz musicians in the United States (Lambropoulou 2003). ‘Tekedes’ were hashish and opium cafés (or dens) where people could smoke these substances using shishas. ‘Teketzis’, i.e. the teke keeper, prepared the shishas and served the customers. During this practice, rembetiko music was often played, with themes that centred around alcohol and drug use. Cannabis use, in particular, was a prominent theme that became a distinct sub-genre of rembetiko, called ‘the hasiklidika songs’ (Kaloyanidis 1989; Aulin and Vejleskov 1991).

According to Tragaki (2016), rembetiko songs encompassed themes of poverty, nostalgia for the lost homeland, including passion and love. These songs were integral

to the social mechanisms surrounding cannabis use for pleasure, as described by Becker (1953) in 'Becoming a Marijuana User'. Becker explains how various elements, including the setting, company of peers, music, and ritualistic drug use, contribute to the development of the substance's enjoyment and appreciation through social interactions. These contextual elements, Race (2008) emphasises, are important in order for people to grasp marijuana as something pleasurable, as pleasure is a 'delicate accomplishment', contingent upon acquiring proficiency in certain techniques and frameworks of experience. These techniques play a significant role in shaping a person's perception of the drug. For rembetes, the ability to frame their experiences of pleasure, nostalgia and desire was facilitated through the power of rembetiko songs, accompanied by stringed instruments like baglamas, bouzouki and oud. Rembetiko songs served as a catalyst for understanding, expressing, and experiencing their pleasure.

Another substance of particular interest for the Greek drug use and trade landscape is heroin, which entered Greece in the early 20th century, significantly impacting Greek society (Gotsinas 2020). An important aspect of the atmosphere within the circle of rembetes is the overarching non-judgmental attitude towards drugs and categories of people who use drugs (PWUD). While heroin use was more stigmatised, people who used heroin were not judged by those who used cannabis. Kounadis (2003) notes that in the social and cultural space of rembetiko, there was no dichotomisation between 'good' and 'bad' drugs. Drug use within this context was seen as a ritualistic practice that was culturally and socially interconnected. It allowed people to maintain ties with their homeland and mitigate a sense of displacement. Similar to other countries (as discussed in Berridge 1999; 2013), cannabis was integrated also into Greece's social, cultural, and economic life before it became subject to legal and medical restrictions, which will be discussed below. The criminalisation of drug use in Greece, which took place between the two World Wars, resulted in the social exclusion of people using cannabis (Gauntlett 1983; Karydis 2008; Kounadis 2003).

The following section discusses the inception of the prohibitionist agenda in Greece, which was founded on both drug legislation and the censorship of rembetiko song lyrics.

2.1.2 Interwar drug legislation

Understanding the origins of drug legislation is crucial because it marks the beginning of consolidating the 'drug problem' as an entity that requires attention and regulation.

Cannabis cultivation started in Greece in the 1870s. At that time, it was considered to be a measure to alleviate the 'raisin crisis' that was a returning theme of Greek agriculture and economy (Petmezas 2003). Cannabis cultivation became a significant source of revenue for farmers and co-existed with the already established tobacco plantations. However, during the Greco-Egyptian treaty negotiations between 1884-1906, the Greek side was asked to prohibit cannabis production in exchange for reduced import duties on Greek tobacco. Greece initially taxed cannabis and banned its exports to Egypt but, eventually, cannabis cultivation was entirely banned in 1920 for economic and political reasons (Gotsinas 2008; Tsigganou 1996). In the Interwar years (1923-1940), Greek tobacco exports experienced a significant increase in the global market, as noted by Bakalis (2015), while, concurrently, cannabis was held responsible for causing issues in Greece's international trade relationships. As a result, prohibition was later imposed based on these concerns. As such, the international market generated demand by associating specific desirable attributes to tobacco through advertisement, while the legal system imposed penalties on tobacco-competing substances.

Greece enacted its first drug law in 1919, several years after the 1912 International Opium Convention (The Hague, Netherlands, 1912), which initiated global drug control and criminalisation. Law 1681/1919 'on vagrancy and begging' punished cannabis use by associating it with a socially unacceptable lifestyle, a pattern seen in other countries (Kammersgaard 2020; McGregor and Berridge 2011; Rose and Valverde 1998). The law targeted public cannabis use by people involved in an unconventional lifestyle centred around rembetiko music. The term rembetis, from Turkish, refers to someone unconventional and unsettled, thus the law initially targeted rembetes before broadening to include all involved in cannabis cultivation, trade, and consumption. Penalties were imposed on those who smoked, supplied, or served cannabis in cafés or tekédes, assuming they led a 'lifestyle of vagrancy and begging'. This legal regulation associated cannabis use with unemployment and a 'disordered' lifestyle (Aligizakis 2011; Gotsinas 2008; Katsaros 2019; Tsigganou 2003). The focus on criminalising 'rebellious' and 'anti-social' behaviour rather than specific offences marked the start of criminalising social and cultural life. Understanding this aspect is essential for the initial constitution of the 'drug problem' and its moral and social connotations.

In 1920, Law 2107/1920 broadened the scope of prohibition to encompass everyone involved in the cultivation, trade, and consumption of cannabis. Nevertheless, a 16-year transition period of cannabis' 'semi-illegality', in the words of Kounadis (2003), was enacted from 1920 to 1936 to circumvent compensating cannabis producers who had

been legally cultivating before the prohibition. This legal grey area was instituted for financial reasons. Consequently, the penalties imposed on people described in the previous law 'on vagrancy and begging' were harsher compared to those imposed on cannabis producers and people better assimilated into the societal norms (Aligizakis 2011). It was not until 1936 that the law was fully implemented when the Greek state destroyed the cannabis reserves and compensated the cannabis producers (Gotsinas 2008; Tsigganou 2003). From the 1930s onward, drug control and law enforcement progressively became stricter (Katsaros 2019).

In 1932, a new law¹ increased penalties for drug use², establishing state control over drugs, including cannabis prohibition and later extending to heroin in 1934 and 1940³ (Gotsinas 2014; 2020). The law centralised drug imports and sales under the state and the Ministry of Health, placing cannabis in the same category as opiates and cocaine (Aligizakis 2011). A Drug Commission was formed to decide on which 'hedonistic' drugs to ban (Katsaros 2019), marking a shift towards evidence-based policy, the emergence of expertise and pleasure politics. This era saw the rise of 'addiction' as a concept, coinciding with increased hospitalisations for heroin-related issues. The first admission of a person with heroin 'addiction' occurred at the Psychiatric Hospital of Attica in 1926, while hospitalisations increased significantly during 1928-1945 (Yfantis 2017). Cultural nuances, such as those found in the rembetiko genre, were censored, contributing to the stigmatisation of drug-related issues.

During the dictatorship regime of Metaxas from 1936 to 1941, there was a concentrated effort to censor hashish songs, along with recordings that were seen as decadent and 'polluted by Eastern sensibilities', as Zaimakis (2010) frames it, such as the Turkish amanedes. The state declared war against Rembetiko, mandating that song lyrics needed approval from a special committee before being recorded (Aulin and Vejleskov 1991; Petropoulos 1974). Consequently, the distinctive 'underworld' language was censored and replaced by words deemed less harmful. In addition to the authoritarian, right-wing regimes of Greece, neither the left movement nor the Communist Party supported the rembetiko genre; they felt it was their responsibility to instil class consciousness. Amidst these discursive practices, there was a historical devaluation of

¹ Law 5539/1932, 'on drug monopoly and control of drugs', and its amendments in 1934 (Law 6025/1934) and 1940 (Law 2430/1940).

² From one to two years.

³ Government Gazette, issue A, Nr. 103/26.06.2006.

rembetiko by most of mainstream society, leading to anti-rembetiko sentiment and censorship measures (Vlisidis 2002; 2004; 2006). The process of censoring song lyrics was closely linked to the 'war against drugs', according to Zaimakis (2010). It is worth noting that, despite the shifting national imaginaries transitioning from 'Turkish influences' during the authoritarian regime to 'class consciousness' within the left-wing, these perceptions were different means to the same end.

The Greek Civil War took place in Greece in two phases, a first brief one in 1944-1945, and a second longer from 1946 to 1949 in the aftermath of World War II. It had a lasting impact on Greek politics and society, with the conflict's legacy continuing to shape Greek politics and identity to this day. This war between left-wing soldiers of EAM against the Greek paramilitary government supported by the United Kingdom and the United States finally ended in 1949 with the victory of the government forces (Smith and Vulliamy 2014). The aftermath of this conflict saw tens of thousands of those defeated leaving for the Eastern Bloc countries, as those who stayed in Greece had to face prison, exile in remote islands or the firing squad. A conservative and anti-communist regime was established (or, more accurately, reestablished), with its main pillars being the police and gendarmerie, the army and the church. The regime continued its 'war' against rembetiko, which was seen as representing 'the weak and pessimistic side of the popular heart', Zaimakis (2010) claims.

This section focused on the establishment of drug prohibition laws in the early 20th century, the centralisation of drug control under state authority, and the emergence of 'addiction' as a concept. It also discussed the censorship of cultural expressions, particularly the rembetiko genre, as part of broader state efforts to control narratives around drug-related issues. Remaining within the evolution of drug policy and societal attitudes towards drugs in Greece and the intertwining of legislative changes in societal perceptions of drug use, the following section highlights a different historical period, which is the Metaxas dictatorship and the Greek Civil War.

2.1.3 Post-war drug legislation

The first post-war legislation on drug law offences and drug use was introduced in 1954⁴. This law attempted to define the 'drug-dependent' subject as a recognisable entity in court under specific conditions (Katsaros 2019; Pavlou 2002; 2008), marking an official transition in viewing people with drug 'dependency' from 'criminals' to 'patients' (Kotsalis 2006; NCHR 2011). This shift was a step towards rehabilitation as a governmental

⁴ Law 3084/1954 'On punishment of drug offenders and drug use'.

object, as the law provided for the 'therapeutic confinement in a designated state facility', instead of imposing prison sentences on PWUD (Katsaros 2019; Mouratoglou 2017), in line with developments in other countries (see Duke 1999). The government's new approach to drug use required a different focus; 'addiction' became the new governing discourse on the 'drug problem'. The medicalised object of 'addiction' replaced moral codes of 'vagrant' lifestyles, and the law shifted its focus from the drugs as *objects* to the 'drug-dependent' (or not) *subjects*. By portraying 'addiction' as a disease, the law created a distinction among PWUD based on their level of dependency, leading to a hierarchy that escalated persecution against those deemed non-dependent through harsher punishments. This portrayal of addiction as a disease resulted in differential treatment under the law. Those labelled as 'dependent' were allotted 'therapeutic confinement', while those considered 'non-dependent' were subjected to imprisonment.

This section explored the transition towards viewing PWUD as patients rather than criminals in the post-war period, reflecting broader international trends towards medicalisation and rehabilitation. This shift in the law's approach to drug use from punitive measures to therapeutic intervention had implications for drug policy during the Dictatorship of Colonels (1967-1974), discussed in the following section.

2.1.4 Dictatorship drug legislation and regime change

In 1970, during the dictatorship of Colonels (1967-1974), a new law⁵ expanded on the concept of drug 'dependency' and introduced the category of 'dependent-dealer' for more lenient treatment (Gerasoudi et al. 2019). This law shifted focus to drug trafficking as a societal risk, rather than just contraband (Dialynas 2022; Manoledakis 1995). The student movement, heavily suppressed during this period, erupted in 1973 with the Polytechnic uprising at Athens Polytechnic School, symbolising resistance against dictatorship. In 1973, students at Athens Polytechnic School revolted against the military Junta regime. On November 17th, the Polytechnic uprising culminated with the military operation to suppress it and ended with tens of people⁶ dead. This educational movement, formed during the dictatorship, played a crucial role in promoting activism and fostering a politically mobilised youth. It shaped a 'militant political culture' that persists in Greek society, representing the continuation of opposing sides from the Greek

⁵ Law 743/1970 'On punishment of drug law violators and PWUD' treatment'.

⁶ The exact number remains unknown.

Civil War, as argued by Themelis (2018) and Katrougalos (1996). This culture was forged through conflicts, including those surrounding the targeting of the Greek welfare system by neoliberal governments, which will be discussed in the following section.

2.1.5 Greek welfare system

Building on the historical context, this section examines the Greek welfare system post-democratic establishment. Welfare systems reflect state governing within democracies, influencing how the 'drug problem' is perceived and addressed. Scholars argue that welfare approaches and citizenship models significantly shape drug policies. For instance, valentine (2011) and Moore et al. (2015) suggest that Sweden's paternalistic care contrasts with Australia's neoliberal model, both facing challenges despite their welfare programmes. Greece's welfare system, however, has struggled to meet basic needs in recent years.

Esping-Andersen (1990; 1999) categorises Greece as a conservative-corporatist regime, where there is minimal state involvement in social protection, with a strong emphasis on family and community networks. Andreotti et al. (2001) describe how, in such a regime, families are primarily responsible for ensuring wellness, while non-profits step in to provide social support when families cannot fulfil these roles. Social rights access heavily relies on employment entitlements, creating stark divisions between 'insiders' and 'outsiders', with this support being often perceived more as charity than empowerment. Katrougalos (1996) views Greece's welfare state as aligning with a continental model of insurance-based benefits tied to earnings and family structures, shaped by the country's social and political history. The International Labour Organisation (2016) identifies challenges to the effectiveness of Greece's social protection system, including inadequate provisions, the dominance of informal labour, low unemployment benefits and low GDP per capita. Additionally, bureaucracy, perceived public sector corruption, low social protection expenditure and inequality further hinder the effectiveness of social protection measures. Boukalas (2011) and Themelis (2018) note conflicts between proponents of enhanced social welfare and supporters of neoliberal policies, especially after Greece's entry into the European Economic Community in 1981. Themelis (2018) also points out that the 1980s saw PASOK's dominance, which led to a decline in the educational movement despite its progressive rhetoric on social rights and public services.

The 1990s saw intensified neoliberalism with PASOK and Nea Dimokratia implementing neoliberal agendas amid resistance from affected populations (Boukalas 2011; Traianou

2013). Social movements protested neoliberal educational reforms (Themelis 2018). PASOK controlled school education, while universities gained autonomy, partly due to the student movement's efforts during and after the military dictatorship years (Sotiris 2012; 2013). The 'Academic Sanctuary' Law, originally established to ensure free expression and democratic dialogue, protecting students from police intervention, was redefined by 2011 legislation. This redefinition linked it to EU rights and the 'right to work', making demonstrations susceptible to police intervention (Traianou 2013). The redefinition of 'Academic Sanctuary' highlights moral and social connotations reminiscent of the 1919 vagrancy law. Such discourses have been pivotal in constituting the 'drug problem'. In addition to these moral and discursive effects, recent economic constraints have severely strained Greece's welfare system. Austerity measures led to cuts in social spending and public services, increasing poverty and social exclusion. Budget constraints, administrative inefficiencies, and corruption hinder the effectiveness of social insurance, public healthcare, and social assistance programmes (Economou et al. 2014). Despite reform efforts, including a minimum income scheme, the system remains inadequate in providing social protection and reducing poverty and inequality. This is essential for addressing the 'drug problem' and supporting PWUD, especially those unemployed due to drug use or other circumstances.

This section examined the challenges of Greece's welfare system, tracing its development and contemporary issues which have been exacerbated by neoliberalisation, economic constraints, and austerity measures. It has highlighted the significance of public space as a platform for political claims and opposition, reflecting political configurations' impact on societal issues, including the 'drug problem'. The next section will cover drug legislation following the establishment of democracy and the specific urban characteristics that shaped the 'drug problem' in the 1980s.

2.1.6 Developments in drug policy and legislation in the consolidation of democracy: Law 1987 and subsequent amendments.

The Greek drug laws serve a dual purpose: they criminalise drug offences and determine penalties, while also legislating drug treatment. Therefore, this section will cover legal changes regarding drug treatment, and drug treatment will be further detailed in Section 2.2.

Following the post-dictatorship period, and the consolidation of democracy in the early 1980s, the 'drug problem' emerged as an entity. While not initially widespread, issues related to injectable heroin use, such as overdoses, HIV, Hepatitis C transmission, and associated criminal activities already prevalent in other European countries since the 1970s, later surfaced in Greece (EMCDDA 2012; 2019). Yfantis (2017) notes significant changes in qualitative and quantitative addiction markers during this period, characterised by the first drug treatment programmes' establishment and a surge in affected individuals. This era also witnessed the emergence of open drug scenes (ODSs).

The 1987 drug law⁷ introduced various provisions, including a framework for the country's inaugural therapeutic programme for drug treatment. The first such programme, named 'Ithaki', was established in Sindos, Thessaloniki, in 1983, functioning as a therapeutic community within the Therapy Centre for Dependent People (KETHEA). Subsequently, in 1987, the law officially recognised KETHEA, marking the formal initiation of drug treatment in Greece. Aligned with international conventions like the Single Convention on Narcotic Drugs (United Nations 1961; Werb et al. 2016) and the 1971 Convention on Psychotropic Substances (United Nations 1971), this law, and its subsequent amendments⁸, reflected the evolving social landscape (Lambropoulou 2003). In 1993, Law 2161/93 facilitated the establishment of the Organisation Against Drugs (OKANA), enabling the use of methadone in Opioid Substitution Treatment (OST) in units based in Athens and Thessaloniki.

In the following year, experimental substitution programmes for people who used heroin were also permitted⁹. OKANA started distributing methadone in 1993, with buprenorphine approved in 2002 following a pilot phase and becoming commonly used in treatment thereafter (EMCDDA 2011). In 1999, Law 2721/99 prohibited the administration of substitute and competitive substances in public services without a special permit from the Ministry of Health and OKANA, which have exclusive control over the distribution and administration of OST.

In the 1990s, Greece's strategy for addressing the 'drug problem' focused on demand reduction and harm reduction, with the state assuming a more prominent role. OKANA introduced a prevention network in collaboration with the Greek Government in 1996

⁷ Law 1729/1987 'On combating the spread of drugs and protecting young people'.

⁸ Law 2161/1993; Law 2331/1995; Law 2472/1997; Law 2721/1999; Law 2955/2001; Law 3189/2003 Law 3727/2008; Law 3772/2009; and Law 3811/2009.

⁹ Ministerial Decision GEO//1995/B'307.

which was comprised of 75 prevention centres that provided education and health promotion programmes. OKANA also established a social reintegration centre and a vocational training centre in 1997 and 1998, respectively, for the professional orientation of Rehabilitation Programme graduates. KETHEA was also certified as a specialised training and support centre for people dependent on drugs in the Attica, Thessaly, and Macedonia. In 2000, the Ministry of Labour¹⁰ created subsidised jobs for the self-employed to hire people with lived experience of drug use. The Second Chance School was also established to educate people with lived experience who could not attend or complete school.

Despite an emphasis on demand reduction, supply reduction was also an important focus. The series of laws enacted between 1987 and 2005 targeted drug trafficking and implemented progressively stricter penalties indicating a dual focus on demand and supply reduction. As such, while these changes aimed to promote a more rehabilitative approach, incarceration rates in Greece kept rising during this period. This suite of laws, starting with Law 1987, distinguished more sharply between 'dependent' and 'non-dependent' 'offenders'¹¹, advocating for treatment rather than imprisonment for the former. Despite this shift towards treatment over legal penalties, critics such as Grivas (1990) have noted that the categorisation of dependent and non-dependent PWUD lacked scientific objectivity and clarity. This lack of clarity meant that individuals who consumed 'non-addictive' substances like cannabis could still be subject to legal penalties. Moreover, this approach was mandated and non-compliance with treatment programmes could result in imprisonment. Amendments in 1993 and 1995 made treatment voluntary and allowed for the suspension of criminal prosecution and sentences after successful programme completion.

The suite of laws comprising Law 1987 and its amendments faced criticism for lacking clarity on quantities for personal and commercial use, leading to inconsistencies in legal practice (Kourakis 2008). 'Dependent' individuals received more lenient treatment compared to 'non-dependent' ones, who could face up to five years in prison for possession of small amounts. The 1997 amendment took a stricter stance on drug sellers, especially those targeting minors, introducing the term 'particularly dangerous' (Terzidou 2019). In the 2003 amendment of this law, the maximum sentence for 'non-

¹⁰ Ministerial Decision 30278/2000.

¹¹ The word 'offenders' is in inverted commas because this is how they are described by institutions, but I want to distance myself from such language,

dependent' PWUD was reduced from five to one year, but harsh punishments, including life imprisonment, were imposed for drug trafficking. The amendments reinforced the separation between 'PWUD' and 'drug traffickers', a discourse that strongly emphasises the concepts of 'victim' and 'perpetrator'. Overall, the 1987 Law and its subsequent amendments have been criticised for not significantly deviating from the already established epistemological approach to the 'drug problem', primarily a prohibitionist approach drawing on the 'war on drugs'. The formal establishment of drug treatment did not replace the focus on drug supply and criminal activity. Grivas (1990) argues that, on the contrary, it intensified it.

This section has outlined the evolution of drug laws in Greece between 1987 and 2005, highlighting the shift towards prioritising treatment over legal penalties for PWUD and overviewing the complexities within Greece's approach to drug policy during that period, including the categories of subjects these laws created. The next section will explore spatial aspects of the 'drug problem' in Athens, pertinent to the ethnographic part of this thesis.

2.1.7 Spatial dimensions of the 'drug problem' and 'economic crisis' configurations

The spatial aspect of drug use has long been pivotal in the development of the 'drug problem', from historic dens to today's ODSs in Athens. These locations remain central to Athens' drug culture today. The problematisation of ODSs and the framing of the 'drug problem' have been mutually reinforcing processes, perpetuating the issue over time. Bless et al. (1995) define ODSs as situations where citizens are publicly confronted with drug use and dealing. In Athens, public drug use became widespread in the mid-1990s, particularly at the central Omonia subway station (Vidali 2007). This trend mirrors the development of urban drug scenes across Europe in the late 1970s and early 1980s (Dahl 2008). Police displacements often led PWUD from Omonia to other nearby areas. Media and policy representations often linked ODSs with public health issues, especially in tourist-heavy city centre areas (Vidali 2015). May and Hough's (2004) taxonomy of drug scenes as open, semi-open, and closed, which hints to the fact that other drug scenes in Athens operated more covertly than the central ODSs. For instance, areas like Menidi and Zefiri, inhabited by ethnic minorities, have drug scenes with significant drug selling and use, away from the city centre (Vidali 2015; UNODC 2008). Historically, the Greek state's response to ODSs has involved displacement, a common consequence of the war on drugs (UNODC 2008). The 2004 Olympic Games provided a notable

example, as such displacements aimed to minimise the visibility of the 'drug problem' to visiting tourists.

The implementation of austerity measures in response to the 'economic crisis' (Cooper and Whyte 2017) and cuts to drug-related programmes had a significant impact on drug use in the city (Perotti 2021; Kentikelenis et al. 2011; Pfeiffer-Gerschel et al. 2013). A low-priced form of crystal methamphetamine, the New Psychoactive Substances (NPS) called 'sisa'¹² (Papoutsis 2014), became popular, particularly among young people, immigrants, and those who used heroin (EMCDDA and Europol 2019; Fotiou et al. 2012; Thomaidis et al. 2016). Portrayals of sisa associated the drug with severe side effects, such as aggression, psychotic symptoms, and emaciation, and the media, policy reports, and professionals alike describing it as highly toxic. Furthermore, the purity of traditional drugs, such as heroin and cocaine, decreased and were increasingly mixed with other substances (Fotiou et al. 2012). The emergence of sisa smoking also coincided with significant socioeconomic changes and rapid population impoverishment in Greece which highlighted the complex relationship between drug use and social factors (Gotsinas 2014; Pouloupoulos 2012; Tsiboukli 2015). Between 2010 and 2011, the narratives surrounding drug use in ODSs began to shift as low-threshold and treatment services started reporting sisa use (EMCDDA and Europol 2013; 2019). Despite the significant impact and discursive effects that sisa would eventually have, early reports initially considered the phenomenon as relatively minor (EMCDDA and Europol 2013; 2016).

It was against this backdrop of intense 'economic crisis', and the emergence of NPS such as sisa, that the 2011-2013 HIV outbreak among PWID emerged in the ODSs of Athens. Following the response to the 2011-2013 HIV outbreak among PWID in the ODSs of Athens, which underscored the complexities of drug use, harm reduction, and public health policies in Greece, the subsequent political and legal actions, along with media portrayals, further shaped the discourse around drug-related issues. These events related to the HIV outbreak is discussed in the following section.

¹² While some authors use the term 'shisha', the term 'sisa' will be used throughout this thesis, given this is used in most publications (Thomaidis et al. 2016; Fotiou et al. 2012 etc.).

2.1.8 The 2011-2013 HIV outbreak and the expansion of harm reduction

To fully contextualise the 2011-2013 HIV outbreak among PWID in the ODSs of Athens, the provision of harm reduction services in these ODSs needs to be examined. The 'drug problem' in Greece emerged in the 1980s, driven by an increase in drug-related deaths, police arrests, and cases of HIV among PWID. By the 1990s, the urban ODSs in Athens became a visible symbol of the 'problem', leading to police raids and ODSs' displacements (Vidali 2007; 2015; UMHRI 2004).

Within the treatment landscape, OKANA's waiting lists for the initiation of methadone, often referred to as 'blacklists' and 'lists of shame' in public discourse (Kritikos 2015), had grown to an alarming length sometimes spanning up to five years. The delivery of harm reduction was slow and, although OST and Needle and Syringe Programmes (NSPs) were introduced in Greece in 1996, geographical coverage before 2010 was low for both modalities (Reitox National Focal Point 2012). More than 5,300 people were on a waiting list for OST initiation when waiting times in Athens touched eight years (Pavlopoulou et al. 2020; ECDC 2012). Since the onset of the HIV outbreak among PWID, 27 new treatment centres in Athens opened to improve access to OST and decrease waiting times (ECDC 2012).

The HIV outbreak among PWID in Athens took place between 2011-2013, roughly three years after the beginning of the 'economic crisis' in Greece which affected health policies and practices (Ifanti et al. 2013; Simou and Koutsogeorgou 2014; Karanikolos et al. 2013; Friedman et al. 2014). During the outbreak, the number of newly diagnosed cases of HIV-1 infection increased by 57%, compared to the previous year, with cases among PWID driving this increase (Kentikelenis et al. 2011; UNAIDS 2012). The sixteen-fold increase in new infections in 2011, compared to 2010, followed by a doubling of cases in 2012, resulted in PWID accounting for most new infections in the country (Sarafis and Tsounis 2014). For the first time, the number of infections among this group surpassed the number among men who have sex with men (Bonovas and Nikolopoulos 2012; WHO 2011; Fotopoulou et al. 2018). The outbreak was linked in part to the replacement of heroin with other substances, like synthetic opioids and stimulants, including a decrease in prevention services. The austerity had resulted in a significantly reduced distribution of syringes and condoms through public prevention and streetwork programmes (ECDC 2012; Economou et al. 2014; EMCDDA 2011; 2014). More specifically, in 2009 and 2010, one-third of Greece's streetwork programmes working with PWID, including injecting equipment distribution, were axed and access to OST became even harder (EKTEPN 2010; Malliori et al. 2011). Critics argued that prevention coverage fell short of

internationally recommended standards even before the HIV outbreak (EMCDDA 2012; Fotiou et al. 2012; Nikolopoulos et al. 2015).

The HIV outbreak led to a strengthening of harm reduction policies and associated services. In response to the outbreak, OKANA began operating 26 new OST units located in hospitals. The agencies of KETHEA, OKANA, and various smaller non-governmental organisations offered a range of harm reduction services including OST, injecting equipment distribution/exchange programmes, low-threshold facilities, printed health information material, and outreach programmes (EMCDDA 2012; Fotiou et al. 2012). In 2017, about 1,000 people were able to receive antiretroviral therapy with legislation granting free medication to PWUD and the ability to attend a drug treatment programme if they were HIV or Hepatitis C Virus (HCV) positive, or experienced other serious health issues. Additionally, free vaccination against Hepatitis A and B viruses was made available, along with screening interventions (Malliori et al. 2013; Nikolopoulos et al. 2015). Despite these efforts, however, access to treatment for chronic HCV infection remained challenging and harm reduction service coverage outside of Athens and Thessaloniki remains limited at the time of writing (EMCDDA 2019).

The establishment of the Drug Consumption Room (DCR) 'Odysseas' in Athens in October 2013 marked a significant step toward addressing the health concerns of PWID, preventing overdose, and preparing individuals for treatment programmes (Malliori et al. 2015). Despite its promise, legal intervention led to the suspension of 'Odysseas' in July 2014. It was not until 2019 that the status of DCRs was formally regulated by a ministerial decision (Government Gazette 2019a), five years after the suspension. This decision recognised DCRs as vital in reducing drug-related harms and promoting safer, supervised drug use in a non-judgmental and hygienic environment, integrating PWUD with treatment services and fostering social inclusion. Specific objectives outlined included enhancing the health of PWUD, protecting public health, reducing communicable diseases, and preventing overdoses through early intervention. In a contrasting and controversial political move, near the 2012 general election, police arrested 27 HIV-positive women from Athens' ODSs and publicly disseminated their personal information and mugshots. A wartime law¹³ was revived to legitimise these actions, framing the women as a threat to Greek families due to their alleged involvement in drug use and prostitution. This stigmatisation led to a media witch-hunt, widely

13 Law 2520/1940 (Government Gazette issue A, Nr.273/04.09.1940).

criticised as a diversion tactic from the government's mishandling of the HIV outbreak, as documented in the film 'Ruins: Chronicle of an HIV Witch-Hunt' (2013) and critiqued by various commentators (Matsa 2013; Gkresta and Mireanu 2016). These events underscore the complex and often contradictory nature of drug policy and public health responses in Greece.

This section discussed the media and political handling of the 2011 HIV outbreak among PWID, as the 'drug problem' in Greece has always been shaped by media and state politics (Tsili 1995; Grivas 1984). It also outlined key harm reduction measures introduced following the outbreak. A discernible pattern emerged of taking steps forward while also encountering many setbacks, as demonstrated by poor access to treatment, low harm reduction coverage, and the suspension of the DCR in 2013. These events set the stage for the enactment of the 2013 drug law which aimed to address the multifaceted challenges posed by drug use in Greece which is turned to in the following section.

2.1.9 Law 2013 and subsequent amendments of the law

After the 1987 law and its amendments¹⁴, Greece adopted the 'Code of Laws for Drugs' in 2006¹⁵, which aimed to replace all previous legislation. It was eventually abandoned and replaced however, as it was deemed a simple merger of existing laws that did not bring the intended innovative changes. The next milestone in Greek drug legislation, Law 4139/2013, was enacted when Greece had relinquished its national sovereignty rights to its international creditors and the 'debt crisis' was deployed to suppress public resistance and hasten neoliberalisation (Themelis 2018). Law 4139/2013 is still in force having undergone several revisions¹⁶. It introduced 'mitigating' circumstances where individuals received reduced sentences if they cooperated with law enforcement authorities, and 'aggravating' circumstances where people received harsher penalties for breaches such as drug supply to minors and drug supply by medical professionals and pharmacists (EMCDDA 2017; Karanikolas 2017). Moreover, the law addressed some of the issues identified in previous legislation, such as the special penal treatment of 'dependent' people and emphasised the availability of drug treatment programmes throughout the legal process (Andreou 2014; Anagnostaki 2016; Paraskevopoulos and Kosmatos 2013; Kotsalis et al. 2018) which will now be described.

¹⁴ Government Gazette, issue A, Nr. 103/26.06.2006.

¹⁵ Law 3459/2006.

¹⁶ Government Gazette, issue A, Nr. 74/20.03.2013.

With regards to the 'addiction' diagnosis, the new law established a more comprehensive system which included certifications by state-approved drug services, instead of relying only on a designated 'expert' opinion (Paraskevopoulos and Kosmatos 2013; Kosmatos and Paraskevopoulos 2013). Courts were required to consider the diagnostic information which might reduce or eliminate legal liability in certain cases, including if the 'offender' enrolled in a treatment programme (EMCDDA 2019). The suspension of criminal prosecution for people who voluntarily joined a treatment programme (with the possibility of suspending their sentence) was reintroduced in 2013 but has been a legal provision since 1995. This was never fully applied, however, as PWUD were often prosecuted and imprisoned despite attending and completing treatment and the negative impact of imprisonment (Kremmidas 2006; Lukasiewicz et al. 2007; Terzidou 2019).

In terms of drug policy reform, the 2013 law paved the way for the legalisation of industrial and medicinal cannabis taking place in 2016 and 2017 respectively. The law provides a more lenient approach to drug possession for personal use and supply to close acquaintances, distinct from possession for sale, while acceptable amounts for personal use are determined by the court (EMCDDA 2019). However, the 2013 Law has faced criticism for allowing undercover police to use subversive practices to investigate drug-selling (Kaiafa-Gbandi 2015). According to EMCDDA (2017), Greece has the highest median prison sentence for cannabis supply, with ten years for one kilogramme and twelve years for ten kilogrammes of cannabis resin. In contrast, ten EU countries have suspended prison sentences for this offence, and other penalties are generally lower. While life imprisonment is the maximum penalty in severe cases in only twelve out of twenty-eight countries, in Greece all five types of cases that may result in life imprisonment are applicable, including those involving criminal organisations, harmful drugs, large quantities, resulting deaths, and significant financial gain. The definition of 'large' quantities varies across countries, which is particularly significant in Greece (EMCDDA 2014; 2015). An overview of drug treatment approaches is now presented.

2.2 Drug treatment approaches

This section discusses the Greek drug treatment system's structure, building on previous sections covering legal changes that established drug treatment in Greece. The system offers two primary approaches: drug-free treatment based on psychosocial models and pharmacological treatment, specifically OST. Inpatient treatment is available at residential units, therapeutic communities, prison units, and one detoxification unit. Most

units offer psychosocial treatment, mental health screening, care, case management, and referrals. Three primary public or semi-public organisations, funded and monitored by the Ministry of Health, are responsible for drug treatment in Greece: KETHEA, OKANA, and 18 Ano. KETHEA, the largest semi-public provider, focuses on abstinence-based recovery and the Therapeutic Communities (TCs) philosophy and operates under the Ministry of Health and Social Solidarity. 18 Ano is a public unit offering psychosocial recovery programmes, emphasising psychotherapy, art therapy, and social education, operating under the Daphni Psychiatric Hospital. OKANA, founded in 1995, is the only organisation legally permitted to operate OST programmes, focusing on OST with methadone or buprenorphine, and providing psychosocial drug-free programmes in outpatient settings, including prisons. Additionally, Narcotics Anonymous (NA) offers 12-step programmes and non-residential self-help programmes in Thessaloniki, Larisa, and Crete. For harm reduction, KETHEA and OKANA provide low-threshold services like relief cafés, day centres, and NSPs. Non-governmental organisations (NGOs) such as STEPS, Positive Voice, Praksis, CheckPoint Athens, and Red Umbrella Athens also offer NSPs and other services. The National EMCDDA Focal Point serves as a knowledge exchange and information-gathering organisation.

The next section will present the official instruments of Greek drug policy.

2.3 Drug strategies and policy instruments

2.3.1 Drug strategies and action plans

In 2001, the first 'Against the Misuse of Drugs' National Action Plan was created recommending 'therapeutic pluralism' to meet increasing therapeutic requirements. The subsequent National Strategy on Drugs, covering 2006-2012, and the National Action Plan for 2008-2012, addressed limitations posed by the economic crisis and fiscal austerity. Its emphasis was on expenditure, while also focusing on decentralising drug treatment services and eliminating waiting lists. In 2010, the National Planning and Coordination Committee was established to develop a two-year (2011-2012) National Action Plan Against Dependence, with participation from ten Ministries and treatment agencies. The Plan focused on demand and supply reduction, aiming to balance the two. In 2014-2015, the National Planning and Coordination Committee for the National Action Plan against Drugs completed the National Drug Strategy for 2014-2020 and the National Action Plan for 2014-2016, neither of which received approval from the Inter-ministerial Committee. The Action Plan consisted of five pillars, with priority provided to

vulnerable groups, evidence-based practices, and improving drug policy coordination. Greece reinforced its border forces, provided alternatives to coercive sanctions for drug-using 'offenders', and implemented training programmes for police officers in drug demand and supply reduction (Balbirnie et al. 2018). These strategies and plans have often been criticised in parliamentary and public discussions as lacking a comprehensive, integrated approach and merely compiling separate agency plans.

In Greece, the drug strategy and action plan were issued jointly by the Ministries of Health, Public Protection, and Education. However, in 2019, the Ministry of Health independently issued a strategy focusing on demand reduction, prevention, treatment, and harm reduction. This strategy also recognised licit addictive substances and behavioural addictions. The Action Plan aimed to improve treatment access, strengthen agency cooperation, and maximise resource utilisation. The Ministry of Health defined principles for establishing and operating drug treatment facilities (Government Gazette 2019b) and set terms for DCRs (Government Gazette 2019a). As of November 2022, the National Planning and Coordination Committee for Countering Drugs developed the National Drug Strategy 2021-2026 and National Action Plan 2021-2023, based on the field's needs. These documents were submitted to the Prime Minister for Inter-Ministerial Committee approval, as required by Law 4139/2013. Their approval is crucial for improving coordination and services provided (EKTEPN 2022).

2.3.2 Instruments of coordination

Several landmarks have shaped the trajectory of drug coordination in Greece. Since 2001, Greece's Drugs Action Plan has been implemented and monitored by an inter-ministerial Coordination Committee. This committee evolved significantly in 2013 with the introduction of Law 4139/13 (Government Gazette 2013), which established a new drug coordination scheme featuring three levels of coordination.

1. First Level: The Inter-Ministerial Committee for the National Action Plan against Drugs is responsible for approving, monitoring, and evaluating the National Action Plans. While this committee is an evolution of the earlier inter-ministerial Coordination Committee, it now includes distinct roles and responsibilities.
2. Second Level: The National Planning and Coordination Committee for Combating Drugs is chaired by the National Coordinator for Drugs, a role introduced by the new scheme and appointed by the Prime Minister for a five-

year term. This committee develops and promotes the implementation of the National Action Plan.

3. Third Level: The Greek focal point for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), known as EKTEPN, is a unit of the Research University Institute of Mental Health. EKTEPN provides annual epidemiological and related data, collaborates with the National Coordinator for Drugs, and drafts the Greek National report on drugs, among other responsibilities. In 2020, EKTEPN was certified by EMCDDA, acknowledging their efforts in coordinating and managing drug policies in Greece.

Additionally, the Hellenic Centre for Surveillance and Control of Infectious Diseases (KEELPNO) was reorganised and renamed EODY in 2019, which stands for the Hellenic National Public Health Organisation.

2.4 Summary

This chapter introduced the Greek drug situation and contextualised it within the country's cultural and historical background. Historical and contemporary events that have contributed to the construction of the 'drug problem' in Greece were discussed, providing a framework for the entire thesis. The chapter described relevant social, political, and economic events in Greece that provide the background to this research, providing a brief history of the Greek legislative and drug policy landmarks, including the social, political and cultural aspects of the Greek drug landscape. The chapter has highlighted significant events such as regime shifts, the Athens Polytechnic uprising in 1973, the economic crisis, and 2011-2013 HIV outbreak that have together influenced the culture, politics and, by extension, drug policy in Greece.

The following chapter is a literature review that will establish the theoretical framework of the thesis and the use of the 'What's the Problem Represented to be?' (WPR) approach.

Chapter 3: Literature review

The previous chapter discussed the components of the Greek 'drug problem', tracing its historical evolution, legislation, policies, and treatment approaches. This chapter utilises international literature, integrating critical drug studies with wider policy and research, to illuminate the mechanisms and prevalence of discourses concerning the 'drug problem' in Greece. The literature examined in this chapter emphasises the importance of questioning the underlying assumptions within these discourses, highlighting the rationale for adopting the 'What's the Problem Represented to be?' (WPR) approach in this study. The chapter is divided into three sections: the first explores different conceptualisations of addiction and their effects on the attribution of responsibility regarding the 'drug problem'. The second examines how evidence shapes policymaking, and how public attitudes are politically framed as influential in policy decisions. The third investigates practices that play a role in what is referred to as the 'drug problem' in urban environments.

3.1 Conceptualisations of addiction

This section explores different conceptualisations of addiction and their subsequent effects on the stigma and responsibility attributed to people who use drugs (PWUD), as well as on policy and treatment approaches. Rather than providing an exhaustive analysis, it highlights the foundational assumptions underlying the 'drug problem', emphasising that understanding the historical and sociopolitical context of addiction is essential since it shapes public perceptions, policy responses, and lived experiences. Scholars like Berridge (2013), Room (1978), and Valverde (1998) emphasise the historical evolution of drug policy categories. Valverde's (1998) analysis examines the debate over individual responsibility versus disease constructs in addiction, showing how these ideas have been constructed and contested over time. Tracing these genealogies reveal that such constructs can be unmade (Bacchi 2015b), allowing for a critical evaluation of contemporary policies and exploration of alternative frameworks.

The concept of 'governing images' of addiction, discussed by Room (1974) and Moore and Gerstein (1981), shapes addiction frameworks. Room (1974) outlines key models, including the moral model, which views addiction as a moral failing, and the medical

model, which treats addiction as a disease and advocates for treatment-based approaches to reduce stigma. Moore and Gerstein (1981) highlight how different frameworks influence prevention and intervention policies. The public health approach emphasises harm reduction and community health through education, regulation, and accessible treatment options, while the criminal justice approach focuses on punitive measures. Historical shifts have shaped these images: the medical model gained prominence with better understanding of addiction's biological and psychological aspects, while the public health model emerged during the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) epidemic. Despite new paradigms, older discourses persist (Room 2001; Bacchi 2015b). Traditional views on intoxication and responsibility continue to influence contemporary policies, reflecting long-standing moral, medical and cultural influences, and the interplay between individual responsibility and medical perspectives (Lewis 2015; Reinerman 2011; Room 1989; 1997; Szasz 1976). Moral conceptualisations are now turned to.

3.1.1 Moral conceptualisations of addiction

Moral frameworks deeply embedded in society have often attributed addiction to personal failings and shaped by class biases. Critics argue that these perspectives often overlook systemic issues by unfairly placing blame on individuals or communities (Fraser et al. 2014). Central to these moral conceptualisations is the 'culture of poverty' thesis (Lewis 1966), which posits that those in poverty adopt specific attitudes and values due to limited opportunities and resources, potentially leading to higher rates of drug use within these communities. This creates a cyclical relationship where poverty is linked to addiction and addiction to poverty. Drug use, in turn, can be perceived as normalised or even celebrated within impoverished contexts, serving as a form of 'coping' mechanism amidst societal challenges and further entrenching a 'drug subculture' that perpetuates poverty and social exclusion.

Further contributions to this discussion are provided by Thom and McGregor (2020) who examine how historical discourses such as the 'dangerous classes' have led to the stigmatisation and marginalisation of specific groups. Their historical perspective sheds light on how marginalised groups, particularly those affected by addiction, are framed within broader societal narratives of deviance and social control. Thom and McGregor (2020) argue that these labels, ingrained in societal perceptions and moral frameworks, continue to influence contemporary debates and policies, thereby reinforcing divisions between 'worthy' and 'unworthy' citizens. Aligning with this perspective, Stevens (2019)

and Holland (2020) suggest that conservative moral values and notions of productive citizenship continue to play a significant role in shaping critical decisions and driving moral and political evaluations regarding who is 'worthy'. In this context, Holland (2020) critiques the punitive approaches of UK drug policy and underscores ethical considerations in policymaking, while Stevens (2019) suggests that moral judgments influence drug policies more than evidence-based approaches. Specifically, Stevens' critical exploration of the UK government's inaction on opioid-related deaths in 2019 reveals how political narratives and underlying class contempt shape policy decisions. These critical explorations underscore how political narratives and underlying class biases shape policy decisions.

These societal and policy dynamics complicate drug treatment regimes, particularly in balancing medical and criminal justice perspectives, which intersect in ways that can marginalise impoverished and racialised communities (Bacon and Seddon 2020; Seddon 2011; Garcia et al. 2020; Walker et al. 2018). The criminalisation of drug use, often informed by moral judgments, reinforces these perspectives, creating an environment where PWUD are not only stigmatised but also criminalised, further entrenching their social exclusion. Seear (2017) complements this perspective by exploring how addiction is constructed within legal contexts. She demonstrates how lawyers, drawing on science and technology studies, play quasi-expert roles in defining addiction within legal frameworks. This construction of addiction 'facts' by legal professionals has profound implications for individuals labelled as 'addicts' and influences broader societal discourses on addiction.

Moreover, the concept of 'addiction' persists within the penal system, where it justifies both leniency and punitive measures (Seear and Fraser 2014a; Burns and Peyrot 2003; Berridge 1997). Seear and Fraser (2014a), using Bacchi's (2009) poststructural approach, examine how this dual framing of 'addiction' affects Australian victims of crime compensation laws. They argue that to be taken seriously as claimants, 'addicts' are often required to frame their addiction as a trauma-induced condition, perpetuating stigma and marginalisation.

The moral and criminal justice perspectives, along with the stigma associated with addiction, often extend beyond individuals to their families as 'stigma by association' (Guy 2005; 2006), further complicating the social landscape. Drawing on Goffman's (1963; 1968) classical theory of stigma, stigma by association contributes to social

exclusion and limits access to support networks (Guy 2006; Boeri 2013). This is because the moral responsibility placed on families can perpetuate feelings of guilt and hinder effective interventions (Buchanan 2004; Nordgren et al. 2020). Crucially, these moral approaches and stigma by association are often reflected in treatment strategies that emphasise 'tough love' and strict boundaries as the most appropriate way to treat PWUD both in treatment settings and in society. Families are also expected to adhere to these approaches, aligning of psychological theories of co-dependency and other attributions of responsibility (Bloedau 2021; Boeri 2017; Burns and Peyrot 2003; Garcia 2010; Maltman et al. 2020). In Greece specifically, families are pathologised while simultaneously being essential caregivers for PWUD (Fotopoulou and Parkes 2017). This, coupled with the absence of a robust social welfare system, as discussed in the previous chapter, underscores the complex nature of support for PWUD in Greece.

The next section will discuss addiction as a cultural, political, and social product of its time, aiming to problematise conceptualisations that mark it out as 'abnormal'.

3.1.2 Cultural problematisations and consumerist society

The ethos of each historical era has distinctively shaped understandings of addiction. The current era, defined by capitalist consumption and consumerist ideas, permeates all aspects of life, including drug use. Despite the cultural prevalence of late capitalism and the expansion of the profile of PWUD, with drug use being prevalent in many Western societies and contexts (Guy and Harrison 2003; Parker et al. 1998, 2001; Wibberley and Price 2000), this prevalence has led not to acceptance that refrains from judgment and stigma, but rather to the normalisation of drug use in public perception. Critics challenging essentialist pharmacological and biological perspectives advocate for an approach that considers the multifaceted nature of addiction within its socio-cultural context. For example, Fraser and Moore (2011b) emphasise the historical, social, and political dimensions of addiction, arguing against purely medical or criminal paradigms and urging a reconsideration of punitive responses like drug prohibition. Their perspective is particularly crucial in countries with significant economic instability, where marginalised communities face intensified stigma and punitive policies. Keane (2002) challenges negative representations of drug use, urging a rethinking of addiction's complexities and underlying assumptions about health, morality, and normality.

Additionally, the focus on addiction as a 'problem' often excludes the role of pleasure in drug use. A growing body of literature (Duff 2008; Moore 2008; Race 2008; 2017) emphasises the diverse motivations and social contexts associated with drug use,

advocating for harm reduction, social justice and drug use as a practice of the self. De-problematisation and normalisation can contribute to reducing stigma and promoting more supportive interventions. By examining the historical, sociopolitical, and cultural dimensions that shape understandings of addiction, the necessity of analysing addiction within broader societal and cultural contexts is emphasised. This approach is crucial for this thesis' investigation of the Greek 'drug problem' using a WPR framework and highlights the evolution and endurance of certain discourses.

The next section will discuss the medical shift, including if and how it has challenged the moral and criminal frameworks as claimed.

3.1.3 The de-stigmatising potential of addiction-as-disease

Historically, a medicalised approach to conceptualising and treating addiction and the addiction-as-disease model represented a departure from moral and criminal discourses surrounding drug use and has been suggested as a way to mitigate stigma. Although the addiction-as-disease model, originally developed by Jelinek (1960) in relation to alcoholism, suggests that addiction is a chronic, relapsing brain disease that requires medical treatment, this model fundamentally reshaped drug policies and therapeutic approaches, particularly in the context of HIV/AIDS and the acceptance of Methadone Maintenance Treatment (MMT) (Fraser and Moore 2011a; 2011b; Fraser et al. 2014). The addiction-as-disease model has challenged traditional moralistic views, favouring harm reduction over abstinence-based approaches and positioning MMT as a crucial medical intervention (Campbell 2011). While the acceptance of MMT has not been straightforward, it has been forged through controversies surrounding metabolic theories and other debates, as noted by Courtwright (1992). Furthermore, addiction-as-disease has influenced policy responses to the HIV/AIDS epidemic (Fraser and Moore 2011b), framing these approaches as essential medical interventions supported by evidence.

In addition to evidence-based practices addressing the multifaceted needs of PWUD, early harm reduction efforts were characterised by complete acceptance of PWUD, placing them at the epicentre of care. Boyd et al. (2018) and Roe (2003) in Vancouver, and Smith (2012) in the United States, trace the origins of harm reduction interventions to grassroots activism and a compassionate framework, rooted in community resistance against punitive measures, racial and class-based discrimination against poor and non-

white communities, and focused on meeting the needs of PWUD. This approach prioritises tolerance over punishment and respects the needs of PWUD.

Despite these advancements, the impact of the addiction-as-disease model on stigma reduction varies due to complex social, political, and cultural factors. Critics argue that as harm reduction strategies became integrated within institutionalised public health systems, they increasingly prioritised regulatory compliance and public order over the immediate needs and rights of PWUD. Initially aimed at directly reducing harm among marginalised populations, harm reduction strategies eventually became part of mainstream public health policy and were subjected to bureaucratic and regulatory controls that diminished their impact and responsiveness to community needs (Roe 2003). Critics of this public health approach argue it perpetuates moral judgments and social stigmatisation (Petersen and Lupton 1996). This shift from the grassroots origins of harm reduction, which placed PWUD at the heart of interventions and policies, to harm reduction as a form of governing, also influenced harm reduction interventions, such as MMT and other Opioid Substitution Treatment (OST), street outreach harm reduction interventions, and Drug Consumption Rooms (DCRs). These critiques are discussed in the following sections.

3.1.3.1 Critiques to methadone and Opioid Substitution Treatment

Critics argue that methadone clinics and MMT have shifted harm reduction from compassion to a governing regulation in public health biopolitics. Linking back to earlier moral views of addiction, Bourgois (2000) describes methadone clinics as intersections of criminalising morality and medicalising addiction as a brain disease. He argues that this treatment paradigm disciplines and controls economically unproductive bodies. Neale (2013) highlights the complexity of opioid pharmacotherapy practices and the social and policy dimensions influencing these treatments. Neale emphasises that these treatments are shaped by social norms, regulatory frameworks, and public attitudes towards drug use and addiction treatment. Expanding on this idea's implementation on health care policies, Radcliffe and Parkes (2013) illustrate the uneven integration of substitute prescribing into national drug strategies, noting that access to such services remains problematic despite policy recommendations.

Consequently, the integration of harm reduction into mainstream public health policies has altered its foundational goals, raising questions about the balance between care, control, and the rights of PWUD. Fraser et al. (2017) describe this integration as a performative biopolitical process that shapes societal perceptions and identities,

influencing MMT and other harm reduction policies. Drawing on Foucault's concept of biopower, Keane (2009) suggests that institutionalised harm reduction may reduce autonomy and care for PWUD, subjecting them to surveillance and control mechanisms that contradict harm reduction's original principles. Fraser and valentine (2008) use biopolitics to critically analyse MMT in liberal societies, examining how methadone programmes align with neoliberal strategies of governing populations in terms of public health and social order. According to these critiques, MMT has become part of a broader strategy to manage life itself, emphasising productivity and normalising certain behaviours while marginalising others. Neoliberal values such as autonomy, freedom, and rationality are interwoven into methadone treatment practices, shaping the identities and experiences of those undergoing treatment.

In addition to the ideological critiques of MMT as a public health strategy, additional critiques focus on the social and spatial regulation of bodies. Critical studies point out the particular articulations of addict identity fostered by the social and spatial segregation of MMT provision (Fraser and valentine; Fraser 2006). For example, focusing on the organisational culture and power dynamics within OST settings, Rance et al. (2012) emphasised the socio-spatial segregation experienced by OST service users, and revealed tensions between the intersection of healthcare delivery and social exclusion within addiction treatment settings. These critics highlight that, although daily attendance and strict dosing schedules make MMT clients dependent and unable to manage work and family responsibilities, these treatment effects are subsequently interpreted as symptoms of a drug use lifestyle or addiction (Fraser et al. 2014). As Fraser and valentine's (2008) Australian research demonstrates, in the 'timespace' of MMT, addiction often becomes a matter of waiting and queuing, often outside. This arrangement of bodies produces some of the unruliness and antisocial conduct which is again attributed to the internal qualities of addicts. Thus, 'the chronotype of the clinic acts as much to produce particular kinds of clients as it does to treat them' (Fraser and valentine 2008).

Furthermore, practical challenges reported by service users regarding OST are significant. These issues may sometimes stem from the internalisation of stigmatising discourses around OST, where PWUD may internalise stigma for engaging in harm reduction and scrutinise their actions. However, at other times these challenges arise from implementation complications that could be addressed more easily. Such are the disparities in access to methadone treatment and bureaucratic hurdles faced by PWUD,

highlighted by Fraser and valentine (2008), including frequent urine tests and supervised dosing, as well as identifiable aspects of the treatment itself, such as operational deficiencies and devaluing and dehumanising practices (Radcliffe and Parkes 2013). Moreover, MMT frequently operates independently of other health and social services crucial for addressing the complex aspects of addiction and recovery. This isolation can prevent PWUD from receiving comprehensive care that includes mental health support, social assistance, and housing stability. For these reasons, Fraser and valentine (2008) underscore the need for equitable distribution of methadone programmes and more person-centred approaches.

As discussed, framing addiction as a medical condition, as opposed to a moral failing or criminal behaviour, aims to mitigate societal stigma and influence drug policies and therapeutic practices. Nonetheless, the persistent relationship among medical, moral, and criminal models poses challenges to the implementation of effective drug treatment programmes, especially within marginalised communities. This will now be discussed focussing on DCRs.

3.1.3.2 Drug consumption rooms: effectiveness and rationalities behind opposition

DCRs are recognised as crucial components of comprehensive harm reduction strategies for PWUD. These facilities extend beyond basic services like Needle and Syringe Programmes (NSPs), addressing urgent public health risks associated with public drug use. Broadhead et al. (2002) emphasise their critical role in mitigating health risks such as HIV, Hepatitis C Virus (HCV), and drug overdoses by providing a controlled environment for safer drug consumption and facilitating access to medical care and social services. Empirical studies underscore the necessity of DCRs, highlighting that public drug use is frequently a necessity rather than simply a choice for PWUD who lack alternative resources including individuals who face homelessness. Klee and Morris (1995) and Hunt et al. (2007) demonstrate a strong link between public injecting, housing insecurity, and unsafe needle disposal practices. Moreover, it is important to consider the perspectives on DCRs among individuals engaging in public injecting. The majority of those interviewed by Hunt et al. (2007), strongly supported DCR and stated they would utilise one, if available.

Empirical studies by Parkin and Coomber (2009) and Rhodes et al. (2006; 2007) provide similar views on contexts that prevent safer drug use practices, highlighting how symbolic violence in public injecting environments reveals mechanisms of social and cultural control, exacerbating drug-related harm. In this context, Rhodes et al. (2007)

research in South Wales, revealed the pervasive sense of risk and 'otherness' experienced by people who inject drugs (PWID) in public places. The authors highlight the urgency, fear of interruption, and feelings of shame associated with public injecting, emphasising how these experiences contribute to social marginalisation and symbolic violence. This is further supported by, Bourgeois (2015), Fomiatti (2020) and Forrest and Kearns (2001) who emphasise the social regulation of drug use and homelessness. These authors highlight how social rules and fear of public scrutiny amplify feelings of otherness and social exclusion, exacerbating drug-related harms.

Given these lived experiences of PWID, as well as the implications for disease transmission and public health, DCRs are essential components of harm reduction strategies, yet they face persistent political and legislative opposition (Atkinson et al. 2019; Parkes et al. 2022a). Several obstacles are posed to their implementation, including unsupportive state political environments, compounded by opposition at the state, city, and neighbourhood levels, and funding inadequacies (WHO 2004). Considering the experiences of people injecting in public spaces on the one hand, and the political and legislative opposition towards harm reduction strategies like DCRs, on the other, a power imbalance can be discerned, alongside a pattern of policies that do not prioritise PWUD. Uncovering the rationalities behind this opposition is crucial, as it allows for understanding the knowledges upon which PWUD's needs are not a priority. In this literature review, two rationalities will be explored, though there are likely many more.

The first rationality draws on critical studies of communities and public attitudes, particularly in relation to the 5th WPR question, 'Who is to benefit from this proposed solution?'. Public perceptions of harm reduction measures, like DCRs, often conflict with concerns about community safety, economic and social goals, and competition for urban space (Cusick and Kimber 2007). Building on this framework, Fitzgerald and Threadgold (2004) explore how citizen anxieties and public health interventions intersect in the context of drug use and urban governing, highlighting fears of open street drug markets and their impact on policy decisions.

The need for community involvement has been identified by scholars such as Van Hout and Bingham (2013) explore DCR dynamics and urban disorder, advocating for strategies addressing structural inequalities and Fadanelli et al. (2020) who identify community stigma as a significant barrier to safer drug use, shaped by community

perceptions and law enforcement practices, stressing the need for community involvement. Studies by Parkes et al. (2022a) and Kolla et al. (2017) show that inclusivity in policymaking is essential for navigating tensions between public safety concerns and promoting health equity in urban settings. In the Canadian study by Kolla et al. (2017), residents reported that only PWUD would benefit from the DCR and seemed unaware of potential benefits to the local community, leading to negative perceptions. By acknowledging and addressing citizens' anxieties, acceptance for evidence-based interventions increased. The Scottish study by Parkes et al. (2022a) also advocates for community engagement and diverse perspectives, emphasising the inclusion of diverse stakeholders, including PWUD and their families, in national policy formulation to address public concerns and promote support for evidence-based interventions. Their study found that, through balanced discussions on the benefits and risks of DCRs, most family members they interviewed recognised the potential of DCRs to reduce harm and save lives.

These findings demonstrate that, despite policymakers' emphasis on community disapproval (Treloar and valentine 2013), integrating lived experiences and expertise provides a significant knowledge base. From a WPR perspective, this highlights the contrast between problem representation and lived experiences. Drawing on Rhodes and Lancaster (2019) who highlight the contrast between established interventions and emergent knowledges, these findings open new avenues for the creation of emerging evidence, rather than relying solely on entrenched knowledges.

The second rationality draws upon the ideological critiques discussed in the previous section to castigate the performative character of these interventions. According to these critiques, strategies like DCRs, are not purely instrumental interventions aimed at reducing health risks among PWUD but also have a performative impact on broader societal dynamics. For instance, Moore's (2004b) critique of institutionalised harm reduction points out that measures such as DCRs (and naloxone distribution programmes) can sometimes prioritise public order and public health over the autonomy and social inclusion of PWUD. Fischer et al. (2004) argue that spatial interventions, including DCRs, may result in local strategies and neoliberal processes termed 'spatial cosmetics'. Consequently, these strategies are often seen as sanitising public spaces, perpetuating socio-spatial inequalities and reflecting deeper societal attitudes towards drug use and marginalisation (Parkin and Coomber 2009; Pennay et al. 2014). Understanding these societal impacts is essential for developing inclusive and effective drug policies that address both public health needs and social justice considerations.

This section discussed key points about DCRs from the literature, emphasising their role, challenges, and the importance of inclusive policy discussions. Two rationalities were explored: the first concerns the beneficiaries of interventions (further discussed in Section 3.2.3), and the second involves ideological critiques linking harm reduction interventions with governing and social order. The following section will explore critiques specifically directed towards the responsabilisation and individual-focused underpinnings of other harm reduction interventions, such as NSPs.

3.1.3.3 Responsible citizenship rationalities fail to account for street-level drug use

Critics of biomedical approaches to harm reduction argue that focusing on personal responsibility of PWUD overlooks the roles of stigma, legal, and medical frameworks in perpetuating disease. For instance, Fraser (2010) challenges the applicability of the biomedical citizenship model to PWUD, highlighting systemic barriers to effective healthcare. Instead of solely relying on biomedical models, Race (2012) emphasises the complexity of HIV prevention and advocates for inclusive, ethically sensitive public health strategies. Fraser and Seear (2016) analyse the stigma surrounding hepatitis C, linking it to health, risk, and harm philosophies. They show how social and medical interactions create new identities and realities for those affected. These authors stress the need to consider the broader social and legal contexts shaping HIV and other diseases, advocating for a multifactorial understanding that includes both individual behaviours and structural influences. Within this critical scholarship, measures like distributing sterile injecting equipment and NSPs are criticised for implying that PWUD are solely responsible for their care and the public good, while ignoring issues like homelessness, poverty, and social exclusion. Treloar et al. (2011) highlight the fallacy of harm reduction interventions that treat blood-borne diseases as personal responsibility: while these interventions help PWUD meet these responsibilities, they do not sufficiently support their overall health and well-being. Understanding the conceptualisation of addiction as an individual 'problem' behind these interventions is essential for contextualising addiction.

In addition to the responsabilisation of PWUD, the individual-focused character of several interventions, which target public drug use but fail to address the effects of social and economic exclusion, are also the focus of many critiques. For this reason, Souleymanov and Allman (2016) emphasise the importance of addressing broader socio-political and economic factors through harm reduction strategies to combat marginalisation of PWUD.

To overcome the limitations posed by the individualising and responsabilising character of harm reduction interventions, the risk environments framework has been suggested. Fraser (2010; 2018) and Moore (2004b) argue against solely targeting individual behaviours, highlighting their limitations in addressing the complex risk environments faced by street-based PWID in Australia, and advocating for interventions that contextualise addiction within societal frameworks.

The risk environments framework is an alternative to drug use subculture conceptualisations. Duff (2009; 2014; 2015) contributes insights on creating 'enabling environments' that support health and wellness, proposing a compassionate approach to harm reduction policies. Contrary to Lewis's (1966) 'culture of poverty' framework, which suggests that poverty creates a subculture with unique, inescapable values, behaviours, and attitudes passed down through generations, the literature advocating these frameworks highlight the limitations of traditional public health interventions that focus solely on individual behaviour. Instead, they emphasise the need for social and environmental changes, proposing a risk environment framework as an alternative. According to Rhodes (1994; 2002; 2009), environmental factors such as cultural and economic backgrounds, including individual and group characteristics, shape drug-related harms, which arise in response to particular 'risk environments'. As such, focusing on the environmental context can help overcome the limitations of behaviour change models in HIV prevention. By mapping interactions between individuals and their environments and integrating insights from social epidemiology, political economy, and sociology, Rhodes (2009) emphasises 'contingent causation', the notion that harm is contingent upon social context and the interplay between individuals and their surroundings.

Furthermore, the knowledge base derived from the lived experiences of drug use practices is rarely acknowledged by mainstream harm reduction interventions. These lived experiences can yield significant yet often overlooked perspectives for harm reduction. Drawing on Foucault (1980) and Bacchi and Eveline (2010), it could be argued that they constitute 'subjugated knowledges', as they are silenced at the implementation level, yet they bear significance for the lived effects of PWUD. For example, Fraser et al. (2016a) reveal that social dynamics within sexual partnerships lead to the sharing of injecting equipment, highlighting how hepatitis C prevention efforts are affected by issues of convenience and intimacy. Couples might share needles as a sign of intimacy and as part of the meaning-making of their drug use experience. Moreover, the ways in which structural vulnerabilities affect drug use practices are not always acknowledged.

Bardwell et al. (2019) emphasise that immediate physical needs, such as withdrawal symptoms, can create an urgency to consume drugs, exacerbated by broader issues like homelessness and poverty. The importance of considering PWUD's lived experiences and contextual circumstances of drug use is also emphasised by Dilkes-Frayne et al. (2017), who explore how residential relocation impacts consumption patterns, highlighting addiction as a dynamic process influenced by changing environments and temporal contexts. This approach underscores the fluidity of addiction within different social and environmental settings. These insights are crucial for understanding the needs and perspectives of PWID, supporting a more inclusive approach to drug policy development. These perspectives shift the focus from individual responsibility to the social context of drug use, underscoring the need for health interventions that are both meaningful and accessible.

For all these reasons, Rhodes et al. (2006) argue that relying solely on statistical data in public injecting settings neglects social dynamics and suggest undertaking ethnographic research to understand how PWUD engage in risk behaviours. Singer (2001) also challenges the fragmentation of approaches and emphasises the need for reintegration of disciplines, particularly in the study of drug use, advocating for a critical biocultural model that integrates political economy, ethnographic insights, and biological analysis to provide a comprehensive understanding of drug use issues. In addition, Rhodes et al. (2012) highlight that social conditions such as laws, norms, and economic disparities shape individual behaviours within risk environments. Using the framework of structural vulnerability, they illustrate how these systemic factors contribute to increased HIV risk among groups like PWID and sex workers. Their approach underscores the need for a comprehensive social epidemiology that integrates qualitative, ethnographic, and quantitative methods to understand these complex interactions.

This section reviewed critiques of harm reduction strategies, emphasising the need to consider social and environmental contexts. By highlighting harm reduction's role in urban governing and returning to compassionate origins, the broader implications on social marginalisation and socio-spatial inequality are emphasised as tools for social change. By addressing the socio-political determinants of health and moving beyond individual-focused interventions, it is possible to develop inclusive approaches that recognise previously marginalised models of citizenship and promote social inclusion.

3.1.3.4 Back to the roots: compassionate, community-based and person-centred harm reduction

Harm reduction has shifted from its early roots of acceptance, compassion, and person-centredness to more institutionalised approaches, diluting its original intent and efficacy. This shift has not only affected the strategies' effectiveness but also created practical problems and conflicts among professionals and service users.

The societal stigma surrounding MMT impacts therapist-service user relationships, manifesting in judgmental attitudes, reduced quality of care, and a lack of empathy from therapists who internalise societal biases (Fraser and valentine 2008). Despite many therapists striving to build supportive relationships, pervasive negative attitudes among health professionals still contribute to suboptimal care and diminished treatment outcomes, as highlighted by Van Boekel et al. (2013). Moreover, Trujols et al. (2015) reveal a significant disparity between the views of service providers and those of individuals receiving treatment, highlighting the importance of adopting a more user-centred approach to assessing treatment outcomes. This challenges traditional methods and prompts a reconsideration of how treatment effectiveness is measured, especially in terms of combating stigma and promoting patient-centred care. Focusing on the perspectives of service users, Reisinger et al. (2009) identify factors contributing to early discharge from methadone treatment, including programme-related issues and incarceration. Service users often reported feeling unsupported and misunderstood by the programme, leading to premature discharge. Incorporating the perspectives and experiences of those receiving treatment can lead to more supportive and less judgmental interventions that appeal to PWUD and avoid imposing stigmatised identities onto them. Reisinger et al. (2009) underscore the importance of person-centred approaches by examining the challenges faced by individuals seeking treatment.

To address these issues, scholars argue that a shift towards compassion, person-centredness, community-based origins of harm reduction is essential (Carver et al. 2020; Parkes et al. 2022b). Implementing a poststructuralist lens, Fitzgerald (2015) advocates for a paradigm shift towards care, compassion, and responsibility in drug policy, emphasising that drug-related harms are shaped by spatial, economic, and cultural forces. In accordance with this paradigm shift, researchers emphasise the necessity of improved awareness among therapists, as well as incorporating service user perspectives into evaluating harm reduction and drug treatment programmes. For example, creating supportive environments and non-judgmental staff attitudes is crucial for addressing stigma and improving care access, particularly for people experiencing

homelessness (Carver et al. 2020). In this regard, tailored harm reduction strategies that address unique challenges and stigma within socio-economic contexts are necessary. In addition, Boucher et al. (2017) show that PWID view harm reduction as encompassing personal practices, social support, and community engagement, calling for health and social services to support these practices by addressing socio-structural barriers. In a similar viewpoint, the effectiveness of peer-delivered interventions suggests that a return to the grassroots origins of harm reduction may be the 'solution' to catalyse many of the problems experienced in harm reduction delivery. For example, the SHARPS study by Parkes et al. (2022b) demonstrates the value of involving people with similar experiences in support roles, highlighting the acceptability and accessibility of such interventions in non-NHS settings. This aligns with broader harm reduction strategies by emphasising community-based support and the involvement of individuals with lived experiences.

For these reasons, returning to the roots of harm reduction by embracing compassion, community-based support, and person-centred care is crucial for addressing the practical issues and societal stigma surrounding MMT. This approach leads to more effective and humane treatment outcomes and highlights that harms are not an inherent effect of drugs but are contingent upon contextual forces that shape drug use.

3.1.4 Stigma effects on help-seeking behaviours and stigma management

Critical studies emphasise the need to address stigma in treatment settings and the broader community to ensure equitable access to services and support. People in various drug treatments, including OST programmes, often face stigma, which complicates their social integration and self-perception.

Despite strong evidence of its effectiveness, MMT is still stigmatised and misunderstood. Woo et al. (2017) found that patients in MMT frequently experience stereotypes such as being incompetent, untrustworthy, and lacking willpower. This stigma harms their self-esteem and willingness to continue treatment, highlighting the need for public education and stigma reduction initiatives. Similarly, Matheson et al. (2014) found that public opinion on drug treatment policies, including MMT, is often misinformed, perpetuating stigma. Increasing public knowledge about MMT can help change attitudes and support more effective treatment policies. Harris and McElrath (2012) reported that institutional stigma is common in MMT programmes, reflected in negative attitudes and beliefs within organisational policies, practices, or cultures. For example, people attending MMT

reported condescending remarks from pharmacists and other healthcare workers and feeling humiliated in dispensing spaces. Within such a stigmatised context, Radcliffe and Parkes (2013) argue that drug treatment providers must engage politically because their role is never neutral. They must influence the political and policymaking processes that shape drug treatment systems and practices, advocating for harm reduction policies, challenging restrictive regulations, and ensuring best practices in opioid pharmacotherapy are accessible to those in need.

Stigma can significantly hamper access to treatment. Strike et al. (2013) identify stigma as a major barrier to accessing methadone and other OST programmes, highlighting the systemic challenges faced by individuals seeking treatment. Similarly, Komalasari et al. (2020; 2021a; 2021b) discuss the barriers to implementing Opioid Antagonist Treatment programmes and the multiple burdens of stigma for participants in Indonesian prisons. Radcliffe and Stevens (2008) critique penal and coercive treatment approaches, underscoring the negative effects of stereotypical 'junkie' representations on individuals seeking help. Rhodes (2018) and Nguyen et al. (2019) further show that despite the initial success of methadone treatment in reducing drug use, significant barriers to retention remain, such as fears of methadone being another harmful drug, feelings of dependence, and poor therapeutic relationships.

In addition to PWUD, professionals involved in stigmatised harm reduction interventions also face significant challenges. Treloar et al. (2015) emphasise the stigma experienced by NSP staff and underscore the necessity for supportive policies to address stigma linked to harm reduction services. Exploring the expansion of these programmes to non-specialised sites, Treloar et al. (2015) highlight the emotional labour faced by NSP workers who must employ coping strategies amidst stigma and opposition. Phillips et al. (2012) discuss 'courtesy stigma' or 'stigma by association', affecting frontline professionals who provide services to sex workers due to their association with stigmatised groups. Such stigma can adversely affect the mental health, job satisfaction, and wellness of these service providers. By acknowledging the challenges encountered by harm reduction services and recognising their efficacy, as well as the damaging portrayals that hinder the harm reduction potential of drug sellers, policymakers can create more informed and compassionate drug policies.

3.1.4.1 Homogenising assumptions about gender and drug use

Building on the discussion of stigmatised drug treatment settings, it is crucial to address the gender-specific challenges that further complicate access to support and treatment.

Malloch (2004) and Malloch and McIvor (2013) emphasise the stigmatisation women face in the criminal justice system, calling for gender and human rights frameworks for women who are excessively affected by systemic issues and violence. Harsh drug policies and inadequate social services disproportionately affect women, leading to increased vulnerability (Boyd et al. 2020; Boeri 2013). Critiques of interventions focusing solely on individual drug use behaviours risk ignoring broader structural drivers of gender inequality.

Taking a specific focus on risk communication and stigmatisation in pregnancy, Thom et al. (2020) provide a pertinent example of how risk communication concerning substance use is framed within a gendered context. Their examination of alcohol consumption during pregnancy reveals how the 'precautionary principle' has come to dominate advice, despite evidence from systematic reviews and longitudinal studies showing no harm from low alcohol intake during pregnancy. This shift towards a precautionary narrative illustrates the pervasive nature of moral judgments and value frameworks that also underpin the stigmatisation discussed by Malloch (2004) and others. As noted by Thom et al. (2020), official guidance and advocacy sources have become increasingly consistent in framing alcohol consumption during pregnancy as a significant risk to the fetus. This parallels the societal expectations and stigmas around drug use by pregnant and postpartum women, which Campbell (2011) and Radcliffe (2011) argue complicate their access to support and treatment. Just as midwives report more nuanced views, the perspectives of women who use drugs must be considered to avoid one-size-fits-all policies that exacerbate stigma and marginalisation. This reflects broader issues identified by Benoit et al. (2014; 2015), who highlight the stigma and misconceptions surrounding pregnant and early parenting women who use drugs. Open communication and respect in healthcare delivery are essential, emphasising the need for policies that place affected individuals at the heart of these policies. In this respect, Benoit et al. (2014) emphasise comprehensive harm reduction and health promotion strategies to address the complex needs of women during pregnancy and early parenting. Thom et al.'s (2020) findings align with this, suggesting that rigid precautionary stances may not only overlook the evidence but also undermine women's autonomy and agency. Their work calls for a balance between precaution and practicality, recognising the continuum between idealism and lived realities.

Risk communication regarding alcohol and drug consumption during pregnancy drawing from traditional and neoliberal gender norms may be irrelevant to pregnant women who face substantial social and survival challenges faced by drug-using mothers, such as homelessness and racism, identified by Niccols et al. (2010). For this reason, Niccols et al. (2010) highlight the benefits of integrated treatment programmes, while Gorin and Arnold (2006) provide a practical framework for health promotion that translates theories into a clinical approach for engaging with clients. These works' emphasis on understanding and addressing the social determinants of health aligns with the broader goals of challenging pathologising narratives and promoting holistic approaches to drug policy and intervention. For example, critiques of policy proposals, such as Fraser's (2018) critiques of 'women's wine o'clock', which problematises women's drinking behaviours while silencing social drivers, argue against solely targeting individual behaviours and advocate for addressing broader systemic issues. These critiques underscore the need for more inclusive and gender-sensitive approaches in addiction research and policy.

Treatment settings are an additional field where the interplay between gender roles and structural inequalities is ignored. In stark contrast to their huge impact on women's drug using patterns, gender roles and societal stigmas are silenced in treatment settings, reinforcing inequalities (Aston 2009; Chesney-Lind and Pasko 2012; Ettorre 2004; Fomiatti et al. 2017). McKim (2014) builds on Goodkind's (2009) critique of essentialist gender representations for women in treatment settings, arguing that gender-sensitive rehabilitation programmes focus on middle-class, white women's experiences and promote personal responsibility while overlooking social and class inequalities. Gender assumptions and societal stigmas significantly affect access to and experiences within drug treatment settings.

Such critiques are not limited to women. Examining gendered assumptions in risk-taking behaviours, Thom (2003) has argued that different male stereotypes, such as 'macho' and 'laddish' images, influenced by socio-cultural factors like patriarchy, class, and ethnicity, affect patterns of drug use. Masculinities as essentialist gendered representations for men, have also been examined by Moore (2020), who highlights the contingent nature of masculinities and the effects of drugs in the study of gender and intoxication. He demonstrates that drug use can serve not only to conform (e.g., by taking risks) but also to resist traditional performances of masculinity (e.g., by displaying vulnerability). Addressing these issues requires inclusive and gender-sensitive

approaches in drug policy and intervention that consider the lived experiences of individuals and challenge traditional and neoliberal gender norms.

These insights from risk communication, drug treatment settings, and drug policy critical studies, enrich the discussion on gender-specific challenges and stigmatisation in drug policy and treatment. Addressing these issues requires inclusive, gender-sensitive, and holistic approaches that consider the lived experiences of individuals and challenge traditional and neoliberal gender norms. Building on the ways that gender assumptions and power dynamics affect the acceptance and implementation of harm reduction strategies, and having established that addressing stigma in drug treatment settings is critical to changing penal and coercive approaches, the next section will examine stigma management as a form of resistance to discourses.

3.1.4.2 Stigma management

In addition to highlighting stigma as a barrier to accessing evidence-based interventions and the need to address it within treatment systems and public discourses, research also examines stigma management within drug treatment and how PWUD resist stigmatised identities imposed by societal perceptions and policy frameworks. Contrary to cases where stigma impedes access to treatment, PWUD sometimes exhibit resistance to challenges and discourses in the face of obstacles.

An example of such resistance to discourses is provided by Frank et al. (2021), Crawford (2013), and Mitchell et al. (2011). Mitchell et al. (2011) show the determination of certain PWUD to attend drug treatments, even when these treatments are stigmatised, such as MMT, and despite having been previously administratively expelled. In the face of these challenges, these service users express a willingness to continue treatment, not perceiving their discharge as 'treatment failure'. Instead, they acknowledge the cyclical and fragmented nature of the recovery process. Drawing on their lived expertise, they view their recovery and such experiences as an accumulation of positive changes. Their resistance to discourses that seek to subjectify and dictate their treatment trajectories is evident as they navigate their way back into treatment, even when their motivations for seeking treatment differ from those of treatment programmes. In addition, considering the context, also represents a form of resistance to discourses. According to Radcliffe and Parkes (2013), the context helps reframe the long use of OST from 'failure' to a legitimate part of the recovery process. This exemplifies resistance to stigmatising

discourses. By acknowledging and integrating context into the understanding of treatment experiences, individuals and researchers resist stigmatising discourses, thus redefining the narratives surrounding drug treatment and recovery.

A different aspect of resistance relates to the influence of language and identity in addiction treatment, as explored by Bartoszeko (2019), who demonstrates how service users resist being 'patientised' by distinguishing between being labelled 'sick' versus having an 'opioid dependency', which is crucial for managing stigma. In a similar exploration, Boeri (2004) identifies different typologies of PWUD, showing how individuals mitigate stigmatised subject positions and navigate their identities within the context of drug use. Cultural influences also play a significant role in resistance to discourses and treatment decisions. Studies in Greece have shown that resistance to certain discourses can be culturally sanctioned. Fotopoulou et al. (2015) and Fotopoulou (2014) highlight how concepts like the Greek 'filotimo' (a sense of honour and moral responsibility) shape perceptions of drug use and treatment entry. This demonstrates how cultural specificities can buffer societal discourses on drug use and encourage active participation in reshaping societal perceptions rather than passively accepting stigma. In this context, Greek families, as highlighted by Fotopoulou and Parkes (2017), play a crucial role in this cultural resilience by promoting recovery and challenging negative identities. They are integral to empowering PWUD to reshape societal perceptions and reduce group stigma. This familial support underscores the potential for transformative narratives within Greek culture, where cultural values intersect with efforts to redefine the narrative around drug use and treatment.

This section has highlighted the complexities of drug treatments, examining treatment regimes, social constructions, regulatory controls, and their impact on PWUD. Despite experiencing stigma, these studies demonstrate how resistance can occur within dominant discourses, aligning with the objectives of the WPR approach (Bacchi 2009), particularly WPR question 6. By incorporating these perspectives, it becomes evident that addressing stigma requires systemic changes and an understanding of how PWUD navigate and resist stigmatised identities. The next section will explore specific policymaking processes, including the roles of evidence and public opinion.

3.2 Voices in policymaking: the politics of evidence-based drug policy

This section explores how evidence becomes politicised in the context of drug policy, the knowledge base upon which drug policy is founded, and which voices are included in

policymaking processes. Firstly, it explores the ontological turn in the study of 'drug problems' in policy and policymaking processes.

3.2.1 The ontological turn in the study of the 'drug problem'

This thesis is situated within the ongoing ontological turn in drug studies, acknowledging that policies do not simply respond to pre-existing 'drug problems' but actively construct and shape them. This ontological turn has inspired a significant body of research and established a subfield in drug policy research, as noted by Seear and Fraser (2014b) and Moore and Fraser (2013).

The ontological perspective emphasises that research methods produce specific drug-related realities, showing how research can create new realities by constructing and deconstructing 'problems' (Fraser 2010; Lancaster and Rhodes 2020; Pienaar and Dilkes-Frayne 2017). Moore (2011) examines the politics of knowledge production in qualitative drug research, while Fraser (2020) highlights the ontological politics of research methodology, prompting reflection on how these choices shape what we know or the knowledge base surrounding drug use. Lancaster and Rhodes (2020) advocate for an 'ontological politics' that critically examines what constitutes a 'drug problem' and the paradigm of evidence-based policy. This perspective invites dialogue and ethical-political intervention in drug policy and research. Ontological research has explored various aspects of the 'drug problem', including how policy documents produce these problems (Lancaster and Ritter 2014; Moore et al. 2015; Wincup 2016). For instance, Lancaster and Ritter (2014) analyse Australia's National Drug Strategy documents, showing how policy languages and reliance on evidence shape the conceptualisation of drug-related harms and policy responses. Similarly, Moore et al. (2015) and Wincup (2016) examine the implications of policy metaphors and gendered perspectives in drug strategies.

Bacchi's (2009) 'What's the Problem Represented to be?' (WPR) framework has been influential in this respect and been used by researchers to highlight taken-for-granted knowledges, silences, and the effects of the 'problems' represented in policy. Policy areas explored using the WPR framework include national drug plans (Lancaster and Ritter 2014; Pienaar and Savic 2016), prison strategies and settings (Azbel et al. 2022; Duke 2020; Scallan et al. 2021), harm reduction interventions in policy debates and the effects of drug criminalisation on public health (Atkinson et al. 2019; Lancaster et al.

2017; 2015a; 2015b). For example, Azbel et al. (2022) examine how methadone is constituted as a governing tool in Kyrgyz prisons, revealing its role in maintaining control within the interconnected state and prisoner-run systems. In addition, Duke (2020) analyses the problematisation of New Psychoactive Substances (NPS) in English prisons, showing how policy responses frame NPS primarily as a law-and-order issue, rather than focusing on prevention, treatment, or structural conditions contributing to drug use. Again within prison settings, Scallan et al. (2021) explore healthcare provision in Canadian federal prisons, highlighting how legislative frameworks produce limited health services, compared to community standards, negatively impacting prisoners' health by emphasising security over care.

This section has examined the ontological turn in drug studies, acknowledging that policies actively produce 'problems', rather than merely responding to them. This perspective underscores the necessity of the WPR approach, which interrogates the assumptions underpinning policy representations and their effects.

3.2.2 The politicised use of evidence and biomedical dominance

By examining how expertise is solicited, we can identify whose perspectives are valued and promoted, as well as the criteria that define expertise and whose knowledge is considered authoritative. This comprehensive approach is crucial for a WPR study of the 'drug problem'.

The politicised use of evidence and scientific technologies in drug policy perpetuates stigmatising narratives about addiction (Fraser et al. 2014; Keane 2002; 2005). This phenomenon reinforces dichotomies between 'healthy' and 'diseased' brains, shaping societal perceptions and policy responses. Biomedical models dominate drug policy, privileging medical and scientific evidence while marginalising the perspectives of PWUD. This dominance underscores the governing of drug policies, where traditional medical paradigms dictate treatment and intervention strategies. The role of evidence and expertise in drug policy highlights tensions and power dynamics among stakeholders. For example, Duke and Thom (2014) examine the governing of OST policy in England and note the dominance of traditional medical and scientific evidence in policymaking and marginalisation of PWUD perspectives. Despite efforts to diversify evidence, this dominance persists, complicating inclusive policy development.

Understanding these dynamics is essential for developing comprehensive and effective drug policies. Scholars stress the need to critically assess how expertise shapes drug

policies and advocate for including diverse perspectives, especially lived experiences, in drug policy debates in Australia (Lancaster et al. 2013), the UK (Monaghan et al. 2018), and internationally (Madden et al. 2021). For example, Madden et al.'s (2021) examination of 'drug user representation' in UN drug policy processes emphasises the absence of the voices and experiences of PWUD in shaping policy decisions. By foregrounding the embodied experiences of PWUD and their families, these scholars call for a more inclusive and participatory approach to drug policy that prioritises their health and human rights considerations.

Dwyer and Fraser (2017) and Keane et al. (2011) critically examine addiction screening and diagnostic tools. Keane et al. (2011) underscore ethical concerns in policy, showing how diagnostic tools perpetuate prevailing narratives and limit diversified evidence. Focusing on how these tools materialise gender, Dwyer and Fraser (2017) employ the concept of post-humanist performativity to argue that such tools establish and legitimise gender differences through their gendering questions and quantification processes. They argue that these tools rely on and perpetuate narrow, marginalising assumptions about women, portraying them as fragile and vulnerable while reinforcing normative expectations that women sacrifice pleasure. Understanding how these diagnostic tools shape and constrain the experiences and representations of PWUD is crucial because the dominant frameworks in drug policy and research can obscure the diverse realities of PWUD, reinforcing stigmatising narratives and excluding marginalised voices.

Similarly, Moore et al. (2017), Fraser (2017) and Fraser et al. (2018a) critique the dominant brain disease model of addiction and argue for an ontological approach that considers addiction within its broader social, cultural, and political contexts. They challenge the traditional notions of addiction diagnosis and treatment and advocate for new ways to conceptualise and address addiction beyond traditional critiques. Together, these works advocate for a holistic and contextual understanding of drug-related harm and interventions. Furthermore, Fraser and Moore (2011a) note how framing addiction as a disease shapes policy and governing strategies, thereby conferring authority on medical and scientific entities. Their poststructuralist analysis of amphetamine-type stimulant (ATS) policy in Australia reveals underlying tensions and power dynamics.

Such politicisation often sidelines the expertise and experiences of PWUD, highlighting the dominance of certain ideological frameworks that influence policy decisions and public attitudes. Moreover, Seear and Mulcahy (2022) highlight the gender-blind nature

of drug laws and human rights scrutiny processes, with implications for policy and practice for women. The marginalisation of PWUD's experiences in policy-making processes perpetuates narrow views of addiction and limits the incorporation of diverse perspectives into drug policy development, while gender silences in drug policy, criminal justice, and societal perceptions hinder the integration of perspectives on gender in drug treatment within a broader policy context.

Building on the established benefits of evidence-based policy, this section highlights how evidence is often politicised to influence policy outcomes and marginalise certain voices in policymaking. Lancaster (2016) examines the performative nature of the 'evidence-based policy' paradigm in drug policy, arguing that evidence is not neutral but shaped through specific practices and contexts. Lancaster and Ritter (2014), also drawing on Bacchi's framework, analyse how drug policy 'problems' are represented in Australia's National Drug Strategies. Their work reveals how certain policy responses are justified while others are marginalised, challenging the depoliticised view of evidence-based drug policy and highlighting the subjective nature of 'evidence' in policymaking. In Finland, Selin et al. (2013) provide a case study on the evolution of OST and demonstrate how political and administrative changes influence public health interventions. Accounts like that of Selin et al. (2013) show how the framing of policy 'problems' is pivotal for how policies are received. This evolution reflects a shift from politically charged debates to a more technical and administrative approach in drug policy.

This section underscored that drug policy is often shaped more by political considerations than evidence-based findings, emphasising the need for inclusive and transparent policymaking processes. The next section will examine public opinions in policymaking, which can enhance the nuances of 'evidence' in drug policy and practice.

3.2.3 Incorporating public opinions in policymaking

This section examines the fluid nature of public opinion, highlighting its variability and impact on policymaking processes. Public opinion on drug policies and interventions varies widely across social and demographic groups and is influenced by geographical proximity to the perceived 'drug problem' and contextual experiences. Research highlights that different sociodemographic groups view drug addiction and harm reduction interventions differently. For example, Goodyear and Chavanne (2020) found that men, white people, individuals with low income, college graduates, and younger people generally show lower levels of stigma toward those with opioid addiction. Cusick and Kimber (2007) reveal that community attitudes toward harm reduction in urban areas

are shaped by broader social and economic factors. They note that acceptance of measures like DCRs hinges on their perceived impact on urban space competition.

Shifting the focus to an interconnected aspect, scholars scrutinise the rigidity of the general public opinions on heated debates and contested topics.

Meurk et al. (2013) investigate the public's reflections on the idea that addiction is a brain disease. Their study reveals that while people accept the impact of drugs on brain functioning, there is ambivalence about labelling addiction as a disease. This ambivalence shows that public attitudes are complex and not easily (or definitely) influenced by neuroscientific explanations alone. With public's perception of addicted individuals' responsibility remaining largely unchanged despite scientific advancements, it follows that public attitudes towards addiction and drug policies are not fixed, as well as that they are shaped by various influences rather than just scientific understandings, including cultural and ethical beliefs.

On a similar exploration, Matthew-Simmons et al. (2013), highlight the diverse nature of public attitudes towards drug policy categories of prohibitionists and legalisers. In stark contrast with the commonly held by policymakers' argument that such positions are strong and fixed, Matthew-Simmons et al. (2013) identified six distinct ideological classes, which indicate varied attitudes held by the general public, ranging from uninformed to committed prohibitionists, harm reductionists, and legalisers. Again, the notion that public opinion towards drug policy can be neatly categorised into binaries is challenged. Moreover, the emphasis on 'information' and 'commitment' implies the degree of immersion of the public in knowledges. Osborne and Rose (1999) argue that public opinion does not exist independently of the methods used to measure it; instead, it is constituted through the practices of survey research and the interpretative frameworks applied by researchers. This 'emergentist perspective' suggests that social phenomena are not merely discovered but actively constructed through research practices. This approach emphasises that the social sciences play a crucial role in shaping and producing the very phenomena they study, rather than merely reflecting a pre-existing social reality.

In addition, Fraser et al. (2016b) highlight the importance of understanding how public opinions shape alcohol and other drug (AOD) policymaking. They argue that public opinions are diverse and influenced by the varying interests of those involved and

affected by policies. They critique the idea of treating the public as a single unified entity, suggesting instead that publics should be seen as evolving groups of shared interests that emerge through the policymaking process itself. This perspective challenges traditional views that see publics as predefined groups to be managed or educated by policymakers. By redefining publics as 'emergent collectivities of interest', Fraser et al. (2016b) underscore the dynamic and contingent nature of public engagement in policymaking. This redefinition opens pathways for more inclusive decision-making processes that move beyond conventional consultation models. Similarly, Stengers and Ralet's (1997) democratic ethics framework supports this approach by advocating for the inclusion of diverse voices and perspectives in policymaking. Their approach places value on incorporating contrasting views to enrich policy development and implementation.

Central to this dynamic conceptualisation is the recognition that policymaking should integrate a broad spectrum of perspectives. Such inclusive mechanisms are crucial for engaging stakeholders at all levels of decision-making, ensuring that drug policies address the complex realities of drug use and respond effectively to the diverse needs of affected communities. This approach reframes contrasting views as assets rather than liabilities, fostering more robust and effective policy outcomes. Accordingly, understanding these nuances is essential for effective public health communication and policies that convey the mutual benefits of harm reduction for both PWUD and the broader community, and for securing public support.

This section highlighted that public attitudes and opinions toward drug policies and interventions are influenced by a range of factors, including evidence, politics, ethics, public health, and societal fears. The diversity of public opinions on drug policies is shaped by sociodemographic factors and contextual experiences, while perspectives from PWUD and community groups tend to be overshadowed in policy processes. The next section explores these themes within the context of public representations and public space in urban settings.

3.3 The 'drug problem' in the public realm: public representations and neoliberal social regulation

This section turns to how the 'drug problem' is portrayed in the public sphere, building on previous discussions of conceptual approaches, therapeutic strategies, and the politics of policymaking. It explores two main aspects: the influence of neoliberal media on public perceptions and policy responses to drug use, and the physical spaces affected

by drug use such as neighbourhoods and local communities. These elements underscore the interconnectedness between social regulation and harm reduction efforts.

3.3.1 Media and public representations of the 'drug problem'

Media portrayals of drug use can significantly influence public perception, while media can also play a role in shaping public policy and societal responses to the 'drug problem'. Studies on media emphasise how media representations shape public perceptions of drug policy 'problems'. For example, Cohen (2002) explores moral panics, revealing how media and political figures often depict certain groups or behaviours as threats to societal values, marginalising and vilifying them. Similarly, Hall (1997) and Hall et al. (1978) demonstrate how language, media representations, and cultural practices, such as rituals and everyday activities, shape societal norms by framing certain behaviours, including drug use, as acceptable or deviant. This framing not only influences public perception but also policy responses to the drug problem, either normalising or stigmatising drug-related behaviours.

Building on this understanding, Becker (1973) and Reinerman and Levine (1989; 2004; Levine and Reinerman 2004) offer critical insights into how societal reactions to drug use reinforce stereotypes and drive punitive policy measures. They illustrate how these societal reactions are an effect of the framing identified by Hall and his colleagues, where media narratives frequently depict PWUD as 'sick' and drug sellers as 'criminals'. This dichotomy profoundly influences urban public spaces and policymaking. Boyd (2011) further demonstrates how these portrayals shape societal views and expand the criminal justice system, highlighting the lived effects of the stigmatisation and framing discussed by Hall et al. (1978). Similarly, Guy (2005; 2006) explores how negative media representations in film contribute to social exclusion and perpetuate inequalities, reinforcing the detrimental effects of the cultural and media practices highlighted earlier. These works show how societal norms, shaped by cultural practices and media representations, not only influence public perception of drug use but also lead to punitive policy measures and social inequalities.

Building on these discussions of the effects of media representations, how specific narratives associated with the 'war on drugs' shape public representations of PWUD and drug sellers are examined next.

3.3.1.1 Public representations of the 'drug problem' and dividing practices

This section explores how specific media campaigns and narratives contribute to the criminalisation and marginalisation of PWUD and drug sellers. Mainstream media often frames drug use within a criminalisation narrative, which silences the underlying social factors contributing to drug use and perpetuates stigma and marginalisation (Boyd 2011). Fraser and valentine (2008) highlight how these portrayals create a social environment where punitive measures against PWUD are seen as justified. For instance, sensationalised narratives around drug-related deaths, critiqued by Linnemann and Green (2014), often legitimise harsh policy responses and obscure the realities of drug-related violence. Such sensationalised narratives include specific media campaigns aimed at 'educating' the public for the effects of certain drugs. For example, the 'Faces of Meth' initiative highlighted by Linnemann and Wall (2013), vilify individuals using methamphetamine, shaping public opinion and policy decisions through fear and moral panic. Similarly, Alexandrescu (2014) examines how media-induced moral panics around mephedrone, a former legal high, reinforced the 'war on drugs' ideology. The British media constructed mephedrone as a moral epidemic, labelling it as an agent of death and societal downfall, despite limited scientific evidence on its risks. This panic-driven discourse pressured policymakers to adopt reactionary, rather than evidence-based, approaches to drug regulation.

These studies underscore how criminalisation narratives and moral panics shape stigmatising public representations and punitive policy responses. Another way these pejorative representations shape policy responses is by limiting the potential of harm reduction, which will be discussed next.

3.3.1.2 Effects of vilifying representations on drug sellers' engagement with harm reduction

Ethnographic studies reveal that demonising drug sellers suppresses harm reduction practices within drug-using communities. Understanding these dynamics is crucial for informing effective drug policy and harm reduction strategies. While intense market competition may sometimes lead to the emergence of potent blends of drugs with other substances, as observed by Bourgois (2002) during his fieldwork, however Coomber (2006) stresses that portrayals of adulteration are overemphasised for politics. Such portrayals significantly contribute to the stigma toward drug sellers, with media narratives playing a crucial role in this process. Coomber (1997a; 1997b) shows how beliefs about drug adulteration influence policies and individual behaviours, while Dickinson and Jacques (2019) highlight nuanced identities and strategies among drug sellers in the

U.S. These narratives inform comprehensive approaches to addressing drug-related harms, overdose deaths, and chaotic public drug use. Critically, stigma toward sellers also affects PWUD. Betsos et al. (2021) in Australia and Kolla and Strike (2020) in Canada argue that vilifying portrayals of sellers suppress opportunities for engagement and alternative practices, harming PWUD. These ethnographic findings challenge dominant narratives by demonstrating that sellers can promote harm reduction and care practices in drug-using settings.

Building on the need for more informed and compassionate drug policies that address the root causes of drug-related harms fostering social inclusion, it is essential to examine the constitutive practices within street drug cultures, as opposed to merely focusing on drug use as a 'problem'.

3.3.1.3 Constitutive practices in street drug cultures

Critical ethnographies challenge stigmatising representations within urban drug scenes, emphasising social dynamics and cultural practices over simplistic, pathologising views. Researchers like Coomber (2006; 2015), Dwyer (2011), May et al. (2005), and Windle and Briggs (2015) explore drug markets as dynamic social and cultural frameworks, disrupting normative stereotypes and revealing diverse perspectives on drug-related activities. For example, examining gang behaviours in different cities, Sánchez-Jankowski (1991) highlights the diversity within drug markets and the idiosyncratic factors shaping gang activities. Ethnographic work has demonstrated that the structure of drug-selling gangs can range from loosely to well-organised (Decker et al. 1998) and from recreational to entrepreneurial (Densley 2012). These studies emphasise the unique socio-cultural contexts in which drug markets operate, arguing against the assumption of sweeping similarities.

By focusing on the complexities of street-level drug markets, researchers illuminate diverse social contexts, like Curtis and Wendel (2000) and May et al. (2001) who illustrate how law enforcement shapes drug market dynamics, highlighting the importance of diversified policy interventions. Seminal works by Anderson (1999) and Goldstein (1985) describe drug selling practices, which may include, however they are not limited to, street dealing practices dictated by 'the code of the streets'. Similarly, Alice Goffman's (2009) ethnographic work in a Philadelphia ghetto highlights the impact of increased policing and supervision on the lives of young men, particularly those with precarious legal standing. She underscores how the threat of imprisonment and legal

and criminal contexts transform social relations and undermine attachments to family, work and community. Focusing on Black cannabis dealers in Norway's street markets, Sandberg and Pedersen (2013) emphasise the role of street capital and the trajectories of social and economic exclusion within the Scandinavian welfare state. These works contribute to broader discussions on urban dynamics and intersections of race, poverty, and drug-related activities. By focusing on the experiences of marginalised individuals, researchers provide insights into the effects of mass incarceration on marginalised communities. They also highlight that these individuals' lived experiences and social practices are unique and do not fall under stereotypical generalisations. The only stable and overarching generalisation that can be safely argued that shapes their lives is criminalisation, law enforcement, and the fear of imprisonment.

Other studies focus on the values of PWUD in street cultures and counter the inherent problem lens through which these individuals are routinely portrayed. Proudfoot (2011; 2017) provides diversified accounts of drug use and street cultures, highlighting the resilience and social capital inherent within these communities. These studies challenge 'problem'-oriented narratives that dominate public discourse. By examining the politics of representation and social bonds among marginalised individuals, these studies enrich understandings of addiction and advocate for more compassionate and effective responses to drug use. Recognising the resilience of individuals within street drug cultures, seeing them as autonomous rational individuals, and addressing the structural inequalities that perpetuate marginalisation, these studies contribute to theoretical debates on social marginalisation, urban governing, and the politics of representation. They highlight the need for interdisciplinary approaches to understanding and addressing the 'drug problem'. Emphasising the importance of social relationships and community bonds, these ethnographies provide insights for designing more compassionate and effective responses to drug use, potentially fostering more inclusive and equitable communities.

Another area where the need for diversified representations and diversified policies becomes obvious is the different degrees of risk that individuals engaged in street drug using communities are faced with. This will now be explored.

3.3.1.4 Gender-specific stigma and risk in street drug cultures

Highlighting the need for diversified representations and policies, Haritavorn's (2014) Thai research explores the intersecting forces of stigma related to drug use and gender-specific stigma. Her work provides insights into the social and structural violence

experienced by women who inject drugs. This research reveals how gendered stigma, including tensions between drug use and societal expectations of womanhood, increases their vulnerability and exposes them to high degrees of social suffering. This structural environment puts them at risk of violence, generating tensions and discursive, subjectification, and lived effects, which directly impact these women's lives.

The increased challenges faced by women within their peer communities are also highlighted by Moloney et al. (2015), who emphasise the specific challenges faced by women in drug sales, including perceptions of untrustworthiness and vulnerability. By uncovering the nexus between gender, family, and risk for female drug sellers, these authors contribute to understanding risk-taking behaviours within illicit drug economies. Understanding the constitutive practices within street drug cultures challenges simplistic narratives and informs more inclusive and equitable drug policies. By acknowledging the agency and resilience of individuals within these environments, policymakers can promote harm reduction and community engagement, fostering social inclusion and addressing the structural inequalities perpetuating marginalisation.

The focus now shifts to the problematisation of the 'drug problem' in urban public spaces and examines how the physicality and politics of public space shape the perceptions and realities of the 'drug problem'.

3.3.2 The 'drug problem' in urban spaces

In continuation from the earlier discussion on media representations, vilifying portrayals, and constitutive practices surrounding public drug use, this section explores the complexities of urban spaces. Here, the focus shifts from conventional problem-solving approaches to critical analyses that challenge traditional strategies. While practical measures such as relocating treatment services, urban renewal efforts, and heightened policing are often advocated (e.g. Magnusson 2020; Van Hout and Bingham 2013), this section explores alternative frameworks rooted in understanding public attitudes towards PWUD and open drug scenes (ODSs).

3.3.2.1 Negotiations of public space and tolerance

Understanding problem representations of PWUD and ODSs is crucial for the WPR approach in this thesis. Neighbourhoods' conceptualisations of public spaces, shaped

by their exposure to different knowledge sources and historical contexts, significantly influence urban governing, social inclusion policies, and public health interventions.

As a way of illustrating this perspective, Davidson and Howe's (2014) study in San Francisco shows how media-fuelled representations and gentrification led to opposition against NSPs distribution services. This resistance was rooted in conflicts over neighbourhood identity, demonstrating how constitutive practices reshape local perceptions and community responses to public drug use. Rising housing prices had transformed an area historically tied to a cultural movement into a predominantly wealthy area. This new, affluent identity clashed with the neighbourhood's cultural and historic identity, leading residents to engage in 'defensive placemaking' to reshape parts of the neighbourhood to fit a safer, more affluent image, creating micro-neighbourhoods.

In another example of community tolerance and public space negotiations, Kammersgaard (2020) employs Foucauldian problematisations to examine how historical and cultural backgrounds shape community tolerance towards the 'drug problem'. His research underscores the importance of nuanced urban governing and public health interventions that consider marginalised communities' diverse experiences and histories, challenging conventional notions of 'tolerance'. Building on the work of Valentine (2008), Waltzer (1997), and Wemyss (2006), who argue that 'tolerance' implies power dynamics and positions the tolerated group as inferior, Kammersgaard (2020) notes that public attitudes often reflect 'tolerance', indicating inherent inequality rather than mutual respect. This perspective aligns with Bacchi's (2020b) concept of 'social flesh', which critiques the dominant neoliberal ethic that prioritises autonomous, rational actors over collective reliance on spatial and social resources. Bacchi's (2020b) idea of 'social flesh' emphasises the interconnectedness of individuals within society and the importance of recognising and valuing these interdependencies. By challenging the notion that individuals are solely responsible for their circumstances, Bacchi highlights the need for policies that acknowledge the social determinants of health and behaviour, without delegating people to a range of hierarchical worthiness.

These insights critique the hierarchical nature of 'tolerance' and highlight resistance from marginalised groups reclaiming public spaces. Lefebvre et al.'s (1996) concept of the 'right to the city' advocates for urban spaces that reflect the needs of all residents, inspiring social movements aimed at reclaiming public spaces from dominant socio-spatial norms. The creation of counter-spaces or alternative spaces serves as resistance, providing venues for marginalised voices and activities excluded from mainstream urban areas such as community gardens, squats, and cultural centres.

Lefebvrian ideas on spatial practices offer a framework to understand how marginalised groups resist and navigate socio-spatial constraints imposed by dominant powers (Parkin and Coomber 2011). This is highly relevant to the WPR approach regarding resistance despite immersion in knowledge.

Expanding on these ideas, Malins et al. (2006) explore how women who inject drugs in Melbourne redefine urban spaces through their spatial practices, challenging dominant socio-spatial norms and highlighting their agency in resisting spatial and social regulations. By highlighting the ways in which urban spaces can become sites of exclusion and control for marginalised populations, Smith (1996) underscores the importance of considering spatial inequalities in understanding the 'drug problem'. His analysis provides insights into the spatial dynamics resistance in urban environments, and how community and grassroots support of a grassroots project offering practical aid to people experiencing homelessness, and how this project was vital to dealing with homelessness (eviction) daily and organising against it through politicising their citizenship and taking grassroots action.

Shifts in the character of the 'drug problem', its effects on community tolerance, and the implications for harm reduction have also been explored. To illustrate, Jangal et al. (2021) present a study of an ODS in Paris, examining the changing dynamics of public spaces. They demonstrate how social changes transformed the area from a communal space for PWUD into a central hub for crack dealing and usage, which ultimately led to its forced closure in 2019. This evolution highlights the fluid nature of public spaces and shifting perceptions of belonging faced by marginalised groups. Consequently, the ODS transitioned from a place of belonging to a stigmatised area, culminating in non-belonging. This case underscores that community tolerance, while possible, is conditional. Changes in drugs, PWUD demographics, and drug transactions also played a role. Reflecting on this complexity, Prepeliczay and Schmidt-Semisch (2021) explore the dynamics of ODSs and community responses, highlighting the advantages of streetwork-supported 'tolerance zones' in mitigating disorder in public spaces. These zones allow PWUD to gather without constant police interference and serve as an effective harm reduction measure. Both studies emphasise the complexities in managing ODSs, potential community tolerance, and the significance of harm reduction strategies and spatial dynamics of ODSs.

Additionally, the transition from opiates to ATS among PWID in Bucharest, Romania, significantly impacted drug use dynamics and harm reduction strategies, particularly concerning methadone substitution treatment described by Alexandrescu (2017). This author describes spatial and temporal changes, termed 'spillages', with heroin use creating a slower more continuous sense of time, contrasting with the faster dynamics of ATS use. A similar transition is discussed in a Hungarian setting by Tarján et al. (2015) who document the impact of economic austerity on drug use patterns in Hungary, noting a rise in risk behaviours like syringe reuse and paraphernalia sharing among NPS injectors. They attribute these changes to reduced access to harm reduction resources, such as sterile syringes, due to austerity measures. Rácz et al. (2015) further map the shifts in drug use during times of 'crises', underscoring the need for adaptable harm reduction approaches that address the specific challenges of evolving drug practices. Understanding these shifts of the 'drug problem' in times of 'crises' underscore the need for flexible approaches aimed at mitigating drug-related harms in cases where there has been a shift that provokes uncertainty.

The importance of flexibility and tailored approaches to harm reduction are also highlighted in the context of COVID-19. Parkes et al. (2021) explore the response of a homeless service in Scotland to the COVID-19 pandemic. Their findings contextualise the persistent nature of crises within the population who experience homelessness, particularly during the COVID-19 response. Rather than addressing an unprecedented 'crisis', the homeless service's response reflects ongoing challenges faced by these individuals. By examining the continuous nature of these crises, the authors highlight the need for flexible, adaptive approaches in public health interventions. The effectiveness of tailored support mechanisms during the pandemic reinforces the continuous necessity of responsive strategies for managing health crises among structurally vulnerable populations. These findings underscore that adaptability and tailored support are always essential, as the state of 'crisis' is ongoing for these individuals.

Having explored the negotiations of belonging within urban public spaces, the next section will examine forms of governing that do not support harm reduction, including instances where residents are unconvinced about coexisting with marginalised groups, adopt hostile attitudes, and take action against them.

3.3.2.2 Social regulation of the 'drug problem' in public spaces

Building upon earlier discussions on media representations and constitutive practices, this section examines how negative portrayals perpetuate stigma against PWUD, complicating harm reduction efforts and exacerbating social exclusion.

Governmentality scholars argue that neoliberal urbanisation fosters less empathy towards PWUD, promoting vigilant citizenship where residents actively monitor and manage public spaces to maintain normative environments (Newman 2013). Such urban designs not only reshape physical landscapes but also reconfigure social behaviours, reinforcing mechanisms of social control. This comes to show how negative public attitudes, often fuelled by media and policy representations as discussed in Section 3.3.1, perpetuate stigma against marginalised groups, exemplifying the relationship of risk with government (O'Malley 2012), and what governmentality scholar Bigo (2002) termed 'governing through fear' and the 'governmentality of unease'. In managing the 'drug problem', pervasive stigma surrounding harm reduction initiatives and PWUD often leads communities to resist such interventions. As such, Newman (2013) emphasises that spatial interventions not only shape physical landscapes but also social behaviours, illustrating how vigilant citizenship promotes social control while leaving political power primarily with the state. This analysis resonates with Kammergaard's (2021) exploration of private security governing in public spaces, which underscores the role of non-state actors in urban policing and the exercise of 'soft power' through surveillance and control mechanisms.

Critiques of exclusionary practices highlight significant implications for marginalised communities and public health outcomes under the guise of 'risk management' (Fischer and Poland 1998). Clark (1994), Fischer and Poland (1998), and Kelling and Coles (1996) discuss how not-in-my-backyard (NIMBYism) practices focus on isolated incidents or specific groups, ignoring deeper socio-economic disparities. For example, Bernstein and Bennett (2013) show how municipal zoning laws in British Columbia can limit access to essential harm reduction services, revealing conflicts between public health goals and local governing. The persistence of NIMBYism is further documented by Welsh (1993), Davidson and Howe (2014), Litvin et al. (2020), and Takahashi (1997), who underscore the influence of urban design and local policies on shaping community attitudes towards PWUD. These studies collectively stress the importance of examining how urban environments and governing impact public attitudes towards the 'drug

problem'. Simplistically claiming urban environments are unfriendly towards PWUD overlooks the constitutive practices, interactions, and knowledge exchanges shaping the situation. As Foucault, quoted by Bacchi (2009), reminds us:

A critique does not consist in saying that things aren't good the way they are. It consists in seeing on what type of assumptions, of familiar notions, of established, unexamined ways of thinking, the accepted practices are based (Foucault 1994b, p. 456).

The studies reviewed in this section demonstrate that neoliberal policies and concepts of citizenship frequently intensify socio-economic disparities and marginalise vulnerable groups. This analysis of the contribution of urban planning to social inequalities underscores the structural challenges faced by PWUD. Urban design plays a crucial role in perpetuating such divides and exerting control over marginalised communities, particularly in the context of harm reduction and public health initiatives. This section suggested that social regulations concerning drug use and homelessness often marginalise individuals, worsening their experiences with the 'drug problem'.

3.4 Summary

This literature review explored multiple dimensions of drug addiction, harm reduction, and policymaking processes. It examined the stigmatising effect of viewing addiction as a disease, harm reduction principles, and citizenship models, alongside ideological and practical critiques of harm reduction strategies. The review emphasised participant involvement and the political use of evidence in policymaking. It highlighted an ontological shift in studying the 'drug problem' and presented strong evidence supporting harm reduction interventions for PWUD. The chapter also examined the politicised use of evidence, public attitudes toward drug policy, and the role of experts.

This review addressed public opinion's impact on policymaking, noting the diversity and ontologies of opinion holders. It examined the social regulation and media representation of the 'drug problem', considering how media and societal practices shape public perceptions. The chapter covered drug scares and vilifying representations, analysing their effects on public engagement. It explored the 'drug problem' in urban public spaces and detailed how public space negotiations and social regulations affect PWUD, especially those experiencing homelessness. The challenges and suggestions for harm reduction in public drug use and homelessness were discussed, blending critiques of existing interventions with proposals for more effective and humane policies. The

importance of community engagement and evidence-based policymaking in implementing harm reduction strategies was underscored.

The most significant contribution of this literature review is demonstrating the profound influence of societal discourses in framing the 'drug problem' across various domains. This establishes a strong argument for employing the WPR approach in this thesis, shifting the focus from the object of the 'drug problem' to the practices and discourses that define it, scrutinising the political and social contexts in which the 'drug problem' is constructed and addressed (Bacchi and Bonham 2014). The next chapter will outline the methods and methodology of this thesis, addressing important aspects of the WPR approach, its foundational principles, and its application in this research.

Chapter 4: Methodology and methods

This chapter critically examines the methodology and methods used in this research. It will discuss the choice of the 'What's the Problem Represented to be?' (WPR) poststructural framework combined with a qualitative ethnographic approach. The chapter begins by establishing the research framework and selected methods then describes the data collection process, including the interviews and observations conducted. The fieldwork locations are also noted. The approach to data analysis is then discussed, followed by reflections on the research journey. As a reminder to the reader, the research questions are listed below.

1. What was the 'drug problem' represented to be in the open drug scenes (ODSs) of Athens?
2. How did stakeholders problematise public attitudes towards the 'drug problem' and what specific representations emerged?
3. How did stakeholders problematise Greek drug treatment and policy?
4. How did stakeholders conceptualise the lived experiences associated with the 'drug problem'?

4.1 Research framework

This section presents the poststructural theoretical position of this thesis, focusing on the WPR approach. The analytical tools that guided this study are explored, followed by a discussion on combining ethnographic data with the WPR approach, addressing potential epistemological and ontological tensions.

This thesis adopts a poststructural theoretical positioning informed by Bacchi's (2009) WPR approach to policy analysis and the Poststructural Interviews Approach (PIA) (Bacchi and Bonham 2016). I refer to this combination as 'the analytical framework' or simply 'framework' throughout the thesis. This framework guided all stages of the research, including planning, fieldwork, analysis, and writing. It views a range of discursive practices as proposals and policies addressing 'problems', emphasising processes over static entities.

The thesis challenges dominant views on the 'drug problem' in Greece and seeks to contest its implied 'problematic' disposition.

Problem representations, discourses, discursive practices, and problematisations are used interchangeably in this thesis as socially produced knowledges based on WPR understandings of discourses. These political discourses are examined as creating targets for scrutiny, questioning how and why specific issues become a 'problem' (Foucault and Deleuze 1977). The thesis does not seek to criticise existing 'problems' or propose 'solutions' but instead to challenge specific knowledges within the context, acknowledging their past usefulness. This was evident in the previous chapter, with the origins of the medicalisation of addiction as a de-stigmatising alternative to previous moral and criminal models (Section 3.1.3). Comparing problematisations across time helps identify restrictions imposed by specific problem representations, considering the influence of knowledges shaping the Foucauldian (1980) 'social unconscious'. The WPR approach (Bacchi 2009) assesses problem representations, prioritising those deemed more harmful, drawing from Foucault's (1984b) insight that 'everything is dangerous'. By examining conditions that exacerbate harm, it highlights the plight of oppressed, stigmatised, and marginalised groups. This framework acknowledges research as a societal agent that actively produces realities that interfere with the world (Bacchi and Goodwin 2016), echoing Davies (1997a; 1997b) and Rodin (2017) in recognising researchers' inherent subjectivity and immersion in discourses.

In the following section, the chosen theoretical concepts and their relevance to this thesis are elaborated upon.

4.1.1 Public attitudes and opinions

As discussed in some detail in the previous chapter, the concept of public attitudes and opinion is fundamental to this research which relies on the conceptualisation of the subject as part of its ethnographic approach. This research does not, however, assume an essentialist view of the human as holding inherent, essentialist values of the personality kind (Burr 1995; Foucault 1982). Instead, it takes an 'emergentist' approach positing that attitudes, mentalities, and public opinions¹⁷ are contingent upon politics, and shaped by the practices and procedures in which they are formed (Potter and Wetherell 1987; Osborne and Rose 1999; Hacking 1986; 2013). Attitudes and mentalities are ambivalent: the same person often has different attitudes on different occasions. The

¹⁷ As discussed in Section 3.2.4 by Osborne and Rose (1999), an emergentist approach posits that categories, concepts and social phenomena are not pre-existing but constituted through practices.

PIA approach (Bacchi and Bonham 2016), which is the poststructural approach to interviews described above, highlights these ambivalences, not to imply inconsistency among the participants, but rather to emphasise the fluidity of subject positions and potential for different modes of existence. This approach assumes that participants and their subject positions are subject to variation and continuously mutating, indicating unceasing opportunities for transformation.

4.1.2 Ontological politics and performativity

The concept of ontological politics, interconnected with the emergentist approach (Osborne and Rose 1999), posits that non-intentional, discursive practices shape realities (Bacchi 2012a). It highlights the co-constitutive nature of everything, emphasising the multiplicity of practices shaping any 'drug problem' (Mol 2003; Law 2011; Law and Mol 2008). In this worldview, although reality appears singular, it consists of multiple heterogeneous elements. These conditions, often obscured through coordination practices marshalled within politics (Pellizzoni 2016; Mol 1999; Law 2004), have significant effects on people's lives and deaths. Examining these practices can therefore uncover important intervention possibilities thus contributing to a more nuanced understanding of societal challenges.

An example of performativity in discourses is 'gendering practices' (Bacchi 2017), which construct gender by attributing specific activities and characteristics to a certain gender, such as producing an attribute as womanly. Another example is the performative nature of laws and regulations, highlighting the unconscious aspects of laws that perpetuate 'drug problems'. Laws and policies not only respond to the problem but also reflect underlying emotions and fears (Garland 1996; 2018; Manderson 2011). While drug reform literature often views regulatory frameworks as rational 'solutions' to address the 'drug problem', an alternative perspective suggests these policies are influenced by more than rational considerations. Laws are more than rules; they serve as symbols of societal sentiments and values. According to Manderson (2011), laws have both conscious and unconscious aspects, representing ideals, desires, and anxieties. The persistence of 'drug problems' despite prohibition reflects the success of the law's unconscious side in manifesting its underlying assumptions. Acknowledging the unconscious and emotive foundations of laws and regulations is therefore crucial for understanding how governing operates at many levels.

This section introduced the key concepts of ontological politics and performativity, showing how discursive practices shape realities and identities. Although not extensively

used throughout this thesis, these concepts are crucial for understanding the WPR approach. Similarly, the next section will briefly introduce the concepts of social flesh and feminist body theory, exploring their significance in understanding how problem representations affect the lived experiences and bodies of people who use drugs (PWUD) in relation to citizenship.

4.1.3 Social flesh

This section emphasises the concept of 'social flesh', introduced by Bacchi and Beasley (2002; 2007), which underscores the importance of physical bodies in relation to citizenship. Reinharz and Davidman (1992) and Bacchi and Rönnblom (2014) highlight how citizenship is tied to embodied experiences. Social flesh pertains to the lived effects of problem representations, aligning with the WPR approach's fifth question, derived from feminist body theory. This framework allows exploration of how problem representations affect bodies beyond theoretical discussions, as emphasised by feminist scholars such as Butler (2009) and Campbell and Ettore (2011). Recognising the body's discursive nature, this approach highlights intersections between theoretical aspects of citizenship and its embodied experiences. Ignoring this dimension can silence important aspects of citizens' subjectivity. Citizenship encompasses various nuances and levels, intersecting with gender, race, class, and sexuality. Bacchi (1996; 2009) emphasises that the WPR approach addresses these power imbalances. Given the 'drug problem's' foundation in gender and racial politics (Campbell 2000; Seddon 2009; Kohn 1992), adopting the notion of social flesh is crucial in highlighting the importance of considering physical bodies in research on social inequalities, power dynamics, and lived experiences.

In this study, participants' differential social locations impact their daily lives and embodied experiences, even among similar groups. The lived effects of problem representations thus highlight the interplay between political and material realities. In this thesis I will argue that the 'drug problem' is shaped by political and material forces and is historically interdependent. This perspective challenges the assumption that the notion of 'crisis' has a clear, singular meaning. Instead of taking material factors for granted, it is crucial to examine how problem representations shape these realities. Understanding social flesh involves examining the lived body's intrinsic and social experiences of the 'drug problem' (Schlosser 2018; Beasley and Bacchi 2000; 2012). By merging

embodiment with citizenship, social flesh underscores that perceived problems are interconnected with all aspects of society.

This section discussed social flesh and explored how problem representations can impact lived experiences and bodies in relation to citizenship. The next section focuses on the influence of problem representations, dividing practices, and subjectification processes on social inequalities within the 'drug problem'.

4.1.4 The role of dividing practices in the study of the 'drug problem'

This thesis adopts a poststructural approach to understanding the 'drug problem', where deliberate intentions and decision-making are less prominent. Instead of focusing on actors and their intentions, poststructural policy analysis explores the practices and knowledges that construct subjects and perpetuate social inequalities. Dividing practices frame policy issues around categories such as gender, race, and class to establish 'distinctions and hierarchies within society' (Bacchi and Goodwin 2016, p.30). They define boundaries, delineate normalcy from deviance, and reinforce existing power structures. These practices are pivotal to the exercise of power and maintenance of social order.

In a WPR approach, the focus is on how dividing practices operate rather than on the intention of actors. Problem representations are viewed as interventions themselves, irrespective of the intentionality of cognitive actors. These representations are performative, embodying forms of conduct that extend beyond their stated meanings. The act of representation is intertwined with competing claims to social and political authority (Glass and Rose-Redwood 2014). Dividing practices and problem representations contribute to subjectification processes, shaping how people understand themselves and their roles in society, often aligning with prevailing norms and values. As Monaghan and Wincup (2013, p. 84) note, 'stigma can pervade the consciousness of PWUD, and the experience of stigmatisation can be extreme'.

This section outlined the research framework, adopting a poststructural theoretical position informed by Bacchi's WPR approach. It highlighted the examination of problem representations, discourses, and their socially constructed nature, emphasising the importance of normativity and comparisons in assessing harm. The concept of ontological politics explores subconscious practices' role in shaping realities, while 'social flesh' addresses embodied experiences. Finally, dividing practices were introduced as analytical tools. The next section will discuss specific epistemological

considerations related to combining the WPR approach with ethnographic data collection methods.

4.2 Data collection

In this research, data collection involved interviews and observations, chosen for their suitability in uncovering discourses related to the research topics (Markula and Silk 2011). Interviews serve to explore stakeholders' problematisations, discourses, experiences, and perspectives on the subjects in question. Observations provide insights into the forms of knowledge surrounding the urban 'drug problem', focusing on spatial and temporal practices within ODSs. This dataset comprises 3.5 months of ethnographic observations in four ODSs in Athens, along with semi-structured interviews.

4.2.1 Data collection methods

This section establishes the epistemological and ontological foundations of using interviews and observations in this thesis, aligning them with the WPR approach. The decisions to employ these methods will be elaborated upon in the subsequent section and contextualised within the previously outlined theoretical frameworks.

4.2.1.1 Interviews

In the context of interviews, subject selection is crucial, as discussed by Bonham and Bacchi (2017). Bacchi and Bonham (2016) emphasise the need to imbue interviews with analytical significance from the outset, conceiving the qualitative interview as a collaborative meaning-making endeavour. This perspective challenges conventional notions of objective interviewing, highlighting the co-construction of meaning. It is relevant in understanding participants' cultural identities, shaped by socially produced knowledge and distinct from their psychological selves (Rabinow 1977). It assumes significance where participants' positions offer insights into power dynamics and the subjectification effects of specific discourses, a process Bacchi and Bonham (2016, p. 113) term 'politicising the personhood'.

Participants' immersion in knowledges resonates with Goffman's (1961) stigma framework, particularly his ideas of 'apologia' (1971; 1981), regarding how participants can portray socially condemned behaviours. An interconnected aspect concerns the researcher's role in meaning-making during qualitative interviews, prompting a

reassessment of the interviewer's implication in shaping meaning. Meaning is collaboratively constructed during the interview process (Holstein and Gubrium 1995). Holstein and Gubrium (2003) posit a 'working model of the subject' underlying the roles of both participant and interviewer, influencing the interviews' epistemological agency and technical procedures. For Silverman (1993), this interplay underscores their shared involvement in creating meaning.

4.2.1.2 Observations

Observations inherently lack objectivity, as researchers select what to observe and interpret their observations to improve social realities for those under scrutiny, and Foucault's concept of the subject, negating a pre-discursive self, is crucial in that respect (Bonham and Bacchi 2017; Bletsas and Beasley 2012). To mitigate this, PIA, as described in the last chapter and suggested by Bacchi and Bonham (2016), focuses on how interviewees engage with subject positions, sometimes accepting and reinforcing them, and at other times disrupting them. This underscores the dynamic nature of subjects, shaped by discourses and practices.

Taking these approaches, the researcher's role is not detached but immersed in research practices. Observations imply an observer of an inevitable 'reality' unfolding 'out there', awaiting observation and discovery. As described in the introduction to this thesis, I acknowledge my involved position as a researcher in representing 'problems' based on personal interpretations and socially constructed knowledges. An example of the risks of sensationalised portrayals, and the ethical responsibility to avoid them, is provided in Valverde's (1996) analysis of urban poverty in slum travel. Consequently, the objective becomes to represent marginalised communities respectfully, recognising the power of language, metaphors, and discourses in shaping public perception and policy. Again, the co-constitutive role of the researcher and interviewees is recognised, while observations are seen not as self-evident but as opportunities for problematisations and self-problematisations, foundational tools of the WPR approach. The worlds and realities observed are perceived as problem representations and interrogated at that level, rather than being taken for granted. This marks a theoretical distinction between ethnographic and poststructural studies (Moon 2016; Britzman 1995; Tsolidis 2008).

4.2.1.3 Combining interviews and observations in a WPR approach

The WPR approach explicitly acknowledges certain groups as more disadvantaged, advocating for them (Bacchi 2009). Similarly, while ethnography is often seen as factual, it can also be seen as normative and meaning-making (Lenclud 1996; Trondman 2017).

Observing groups involves problematisation, defining them as 'observation-worthy' based on certain criteria, thereby shaping societal norms. Ethnography, however, such as Bourgois' work (2003), remains crucial for accessing drug problematisations invisible in official documents. As such, combining ethnographic and poststructuralist methods offers a broader understanding of contextual developments (Bacchi and Goodwin 2016), considering changes across temporal, social, and cultural contexts (Maton and Moore 2009; Tsolidis 2008; Osborne and Rose 2004). This approach emphasises the politics of spatial configurations and interactions (Cairns 2013), linking the 'drug problem' to the broader urban environment and socially produced knowledge.

In this study, I harmonised theoretical underpinnings with traditional ethnographic methods to understand the drug problem in Athens. Drawing on Bonham and Bacchi's (2017) exploration of the Foucauldian framework, which negates a pre-discursive self, I designed and executed my interviews. Inspired by the PIA framework (Bacchi and Bonham 2016), I examined how interviewees encountered and disrupted subject positions constructed within discourses and practices (Bonham and Bacchi 2017; Bletsas and Beasley 2012). The interviews focused on how 'problems' are constituted within discursive practices, emphasising participants' cultural selves shaped by socially produced knowledge (Rabinow 1977). This approach was crucial for understanding power dynamics and subjectification effects within discourses surrounding drug use in Athens. Bacchi and Bonham's (2016) concept of 'politicising the personhood' enabled reflections on the 'worthiness' of interview subjects within the Foucauldian tradition. This facilitated identifying ambiguities in discourses when participant accounts clashed with institutional knowledge or different problematisations emerged. This lens captured the nuanced perspectives of my participants and how they navigated the discursive spaces of drug use and policy.

In conducting qualitative interviews, I acknowledge that the researcher's role in meaning-making is crucial (Holstein and Gubrium 1995). Therefore, I ensured that meaning was co-constructed within the interview, with both participant and interviewer shaping the epistemological agency and produced information (Holstein and Gubrium 2003; Silverman 1993). This methodological approach allowed me to effectively utilise the WPR framework in my study, providing deeper insights into the complex interplay between drug use, public perception, and policy in Athens. By linking the theoretical concepts to my specific study decisions, I was able to create a cohesive framework that

not only guided my research design but also enriched my analysis and understanding of the drug problem in an urban context.

This section has outlined the theoretical framework for qualitative observations and interviews within a WPR approach. The next section discusses the specific data collection methods employed in this study.

4.2.2 Conducting interviews

Following ethical clearance from the University of Stirling Ethics Committee, interviews were conducted in accordance with the procedures outlined in the Ethics Application (Appendices 1 and 2). I deal with ethics in detail in Section 4.5 below, including the provision of study information to prospective participants (Appendices 3 and 5) and the acquisition of written informed consent (Appendices 4 and 6).

All interviews, lasting between 60 and 120 minutes, were conducted in person, audio-recorded, and later transcribed verbatim, with pseudonyms used for participant names. These interviews took place in various locations, including service premises such as family programmes, harm reduction training centres, and low threshold day centres, where private offices were available. Participants did get to choose and based on their choice most interviews occurred in private rooms, out of convenience, with a few conducted in public cafes, ensuring privacy. While interviews were not incentivised with rewards, as this is not a common practice in Greece, participants were offered coffee in cafés where interviews took place.

The interview process aimed to gain insights into the roles of participant and lived experiences concerning problem representation and subjectification effects. Interviews included stakeholders from diverse groups, including professionals, residents and individuals with lived experiences, with a focus on understanding how 'problems' are shaped within discursive practices. This approach emphasised the influence of cultural and socially constructed knowledge on the formation of subjects. To encourage open discussion, interviews began with general and open questions (Reinharz and Davidman 1992) to allow participant concerns to surface, with some steering of the conversation by participants. After the formal interview questions, participants were invited to add any additional comments they wished to make. These responses were captured by the recording and analysed equally.

4.2.2.1 Interview schedules

The interview schedules (Appendix 9) were shaped by the theoretical concept of problematisations, a term Foucault (1984a) used to challenge assumptions underlying problem representations and encourage critical thinking. This approach informed the development of interview questions aimed at examining various aspects of the 'drug problem'. Specifically, the questions sought participants' perspectives on the meaning and lived experience of the problem, their assumptions about others' experiences, the impact of the economic crisis, views on state governing, drug policy, treatment, and ODSs. Additionally, participants were asked about public attitudes towards the 'drug problem', PWUD, and ODSs.

Separate interview schedules (Appendix 9) were developed for different participant categories: professionals, community members from areas near ODSs, PWUD, and (unrelated) parents of PWUD. Despite the varied backgrounds, all four schedules covered the same themes to explore the transferability of knowledge across categories and sites. Questions were framed to capture lived experiences, using simplified language to facilitate communication with participants whose first language was not Greek.

The interview schedules were designed based on qualitative research principles, involving open-ended questions to enable meaningful conversations (Markula and Silk 2011; Holstein and Gubrium 2013; Gubrium et al. 2012). As Becker (1998) highlights in 'Tricks of the trade', it is important to keep research questions open-ended enough to allow for unexpected insights, while also focused enough to provide direction. Accordingly, the questions in this study were structured to cover key topics such as Greek drug treatments, state drug policies, the 'drug problem' during the economic crisis, and public attitudes, but remained flexible to adapt to new issues that emerged during the interviews.

The interview questions were informed by pertinent literature and theoretical concepts of problematisation. As the study progressed, the topic guides were reshaped to incorporate emerging issues from the interviews. Conversations and problematisations often emerged spontaneously (Hammersley and Atkinson 1995) during fieldwork, providing valuable insights. For instance, participants' experiences and perspectives on drug treatment facilities and ODSs in Athens led to a deeper understanding of the 'drug problem' in different contexts.

Fieldnotes were kept for all observations, interviews, and reflections. These notes were either typed directly into a Word file while the sequence of events was still fresh or transcribed from audio recordings and handwritten notes at the earliest convenience (Ghodsee 2016; Page and Singer 2010). Given my Greek background, I often kept notes in Greek, but sometimes switched to English when it felt easier. This bilingual approach was addressed in both the note-keeping and analysis sections to ensure accuracy and clarity.

To maintain confidentiality, people's identities were anonymised immediately. The fieldwork notes and diaries were regularly discussed with the research team. Audio recordings were transcribed, and relevant parts were translated into English. Observations were further discussed with my supervisors, Professor Tessa Parkes and Dr. Sarah Wilson, ensuring a comprehensive understanding of the data. Figures 1 and 2 below are excerpts from my fieldnotes.

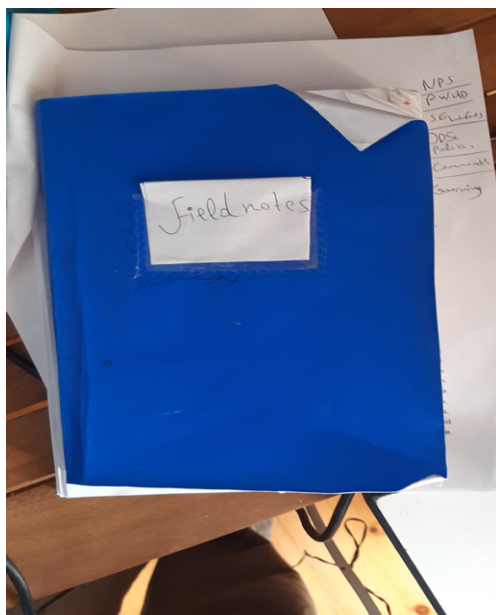


Figure 1: The cover of my first notebook of fieldnotes.

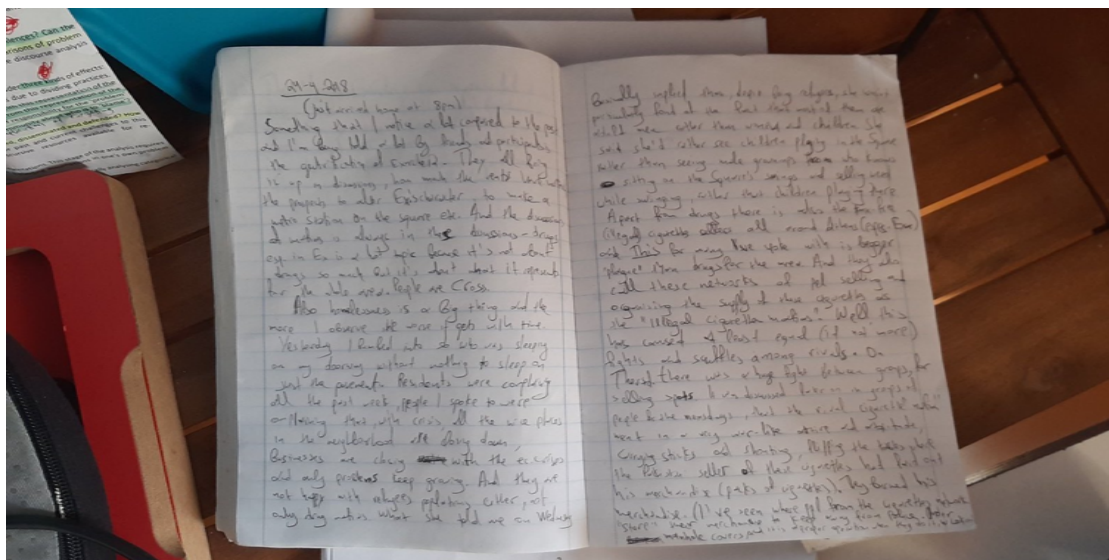


Figure 2: My first fieldnotes notebook open.

Having covered the development and structure of the interview schedules used in this research, the following section discusses the methodology used for observation data collection, focussing on the specific sites of fieldwork observations in Athens.

4.2.3 Conducting observations

Given the WPR epistemological and ontological premises of this thesis, I carefully considered the 'worthiness' of sites for observation and visible manifestations of the 'drug problem'. In addition to conducting qualitative interviews, I employed ethnographic observations, which were reframed as ethnographic problematisations guided by WPR questioning. This approach challenged the traditional notion of a passive observer and a fixed object of observation. Recognising the political nature of contexts, I spent time in various urban settings to understand how these spaces represented and accommodated the 'drug problem'. This fieldwork allowed me to integrate physical observations with conceptual analysis, critically examining the foundational knowledge underlying visible phenomena.

The sites of fieldwork observations are now discussed providing information about locations visited, specifically areas known for drug activity and related services, and details on how observations were carried out. From April to August 2018, all observations were conducted exclusively within Athens. For 3.5 months of fieldwork, I chose to rent an apartment on Exarcheia Square to gain more convenient access to the areas where

fieldwork was taking place. Being present in this location allowed for a deeper understanding and absorption of the context and the interplay between the physical environment with the surrounding discourses. The neighbourhoods in which the ODSs of Athens were located, including the surrounding areas, were not neutral places without meanings. Rather, they represented problematisations and implicit problem representations. Being in close physical proximity made it possible to reveal some of these representations. The observations were conducted through various means such as walking around the city, observing from the balcony of the rented flat, sitting at cafés near the ODSs to watch drug-related activities, and taking note of local community reactions to events. To ensure my safety during the 3.5 months of data collection, a comprehensive safety protocol was in place. This included having contacts in Athens and holding regular video meetings with my supervisors to ensure everything was proceeding safely.



Figure 3: View of Exarcheia Square from my rented flat.

In addition to observations, I recruited interview participants by attending services from three separate organisations. The first was a low-threshold service by the semi-public agency KETHEA, which operated a relief café, a day centre, a needle and syringe exchange station, and streetwork. I visited the relief café and the needle and syringe exchange station. For streetwork, I joined a non-governmental organisation (NGO) recommended by Stamatis, a former drug therapist and person with lived experience. This NGO also provided a soup kitchen near the central municipal market, offering to

street-connected¹⁸ people food, water, hot drinks, and health information. For three months, I joined a street team weekly delivering clean syringes and other injecting equipment to ODSs. Additionally, I visited a soup kitchen in Pedion-tou-Areos weekly for two months for observations and recruitment opportunities. To immerse myself further in various aspects of the 'drug problem', I attended a residential rehabilitation programme ceremony by invitation. During the ceremony, participants and supporters shared talks and performed a play depicting their therapeutic journeys. This participant observation extended beyond the main sites, encompassing drug treatment, policy, lived experiences, and the broader socioeconomic and cultural context of Greece, as covered in my ethics application approval.

During my fieldwork, there were four ODSs in central Athens, which were located within four distinct Athenian neighbourhoods: Exarcheia, behind and around Omonia Square, the Law School of the National and Kapodistrian University of Greece (referred to as 'Nomiki'), and a small section within the Pedion-tou-Areos Park (also referred to as 'the Park'). Access to most of these places was straightforward given that I was already familiar with many of them as a local.

I will provide details on each of these sites and is divided into two parts: the drug market of Exarcheia where only drug selling took place, and the ODSs of Nomiki, Omonia and Pedion-tou-Areos where the so-called 'problem' PWUD gathered. The geographical proximity of these ODSs is evident in the figure below, in which the four ODSs are encircled.

¹⁸ This term was introduced to me by NSP streetworkers in Athens, referring to individuals who not only spend most of their time on the streets but also rely on street-based services for their survival.

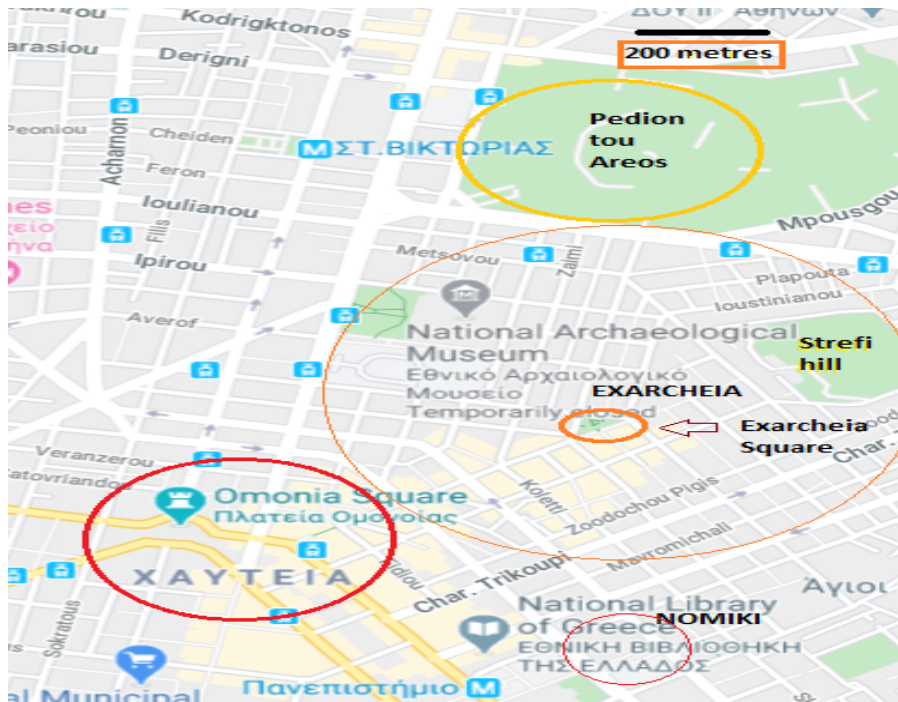


Figure 4: Map depicting the four observed open drug scenes, marked by circles to show their proximity.

4.2.3.1 Exarcheia

Exarcheia is a unique neighbourhood in Athens, constituting a cultural centre that hosts university faculties, publishing houses and bookshops. The area has numerous cafés, bars, taverns, theatres, cinemas, and music scenes, some with a long history. Despite its status as the cultural hub of Athens, Exarcheia, with its triangular square featuring the central iron statue of the Three Cupids, is infamous in Greece. The media and political representations are fixated on the entire neighbourhood and its associated political movements. For over four decades, Exarcheia has been a focal point for Greek anarchist and leftist movements. Probably the most historically significant event that marked Exarcheia's history occurred in 1973 when students occupied the Athens Polytechnic School, only a few metres away from Exarcheia Square, and demonstrated against the military regime (1957-1974), becoming the hotspot of resistance against the dictatorship with the slogan 'bread – education – freedom'.

This legacy had not been disrupted and, during my fieldwork, constant riots were taking place between groups of youths and the police: riot police would flood the area with teargas at least twice weekly. Drawing from Foucault (1973; 1986), I could posit that the neighbourhood of Exarcheia in the Greek 'social unconscious' represents a form of a 'heterotopia', a divergence and otherness from conventional neighbourhoods. Even a 'statement' neighbourhood such as Exarcheia, however, is not homogenous. Being

publicly concerned with social and political matters more than other neighbourhoods, the media and right-wing governments often portrayed the neighbourhood as an 'autonomous enclave' within Athens, and a 'no-go zone' for the Police. Notably, characterisations of the neighbourhood as 'Exarcheia state' are typical in mainstream media. In addition to its political significance, Exarcheia has also been characterised by the presence of an ODS. The square has intermittently served as a focal point for drug-related activities, dating back to the emergence of a heroin ODS with people who inject drugs (PWID) in the 1980s. During my fieldwork, I observed an organised drug market operating in the area, catering primarily to the 'recreational' drug market, with cannabis and other substances being openly sold.

4.2.3.2 All-consuming open drug scenes: Nomiki, Omonia, and Pedion-tou-Areos

The ODS of Nomiki was the second site of ethnographic observations and was around a ten minute walk from Exarcheia. This spot combined a central and notorious ODS, with an academic environment and a transportation hub linking various city points. The ODS was located centrally on a pedestrian road in front of the entrance of the Law School of National and Kapodistrian University of Athens, one of the largest Universities in Greece and Europe.



Figure 5: The yard of Athens Law School (Nomiki).



Figure 6: The ODS of Nomiki, view from Athens Law School (Nomiki).

Omonia is populated by PWID and migrants living or having their businesses on nearby roads, mainly internet cafés, mini-markets and tiny shops selling second-hand mobile phones. Unlike Exarcheia and Pedion-tou-Areos Park, which were primarily residential areas, the greater area is also frequented by customers of the several brothels nearby, at Metaxourgheio, and large wholesale Chinese clothing stores. Unlike Exarcheia and Pedion-tou-Areos, for which I could contact neighbourhood assemblies to recruit participants from the local community, there was no such thing in Omonia. However, several groups from Needle and Syringe Programmes (NSPs) provided streetwork services there several times a week. Omonia was a so-called all-consuming (Moore 2004a) ODS with injectable opioids. I initially visited Omonia alone and later joined the



Figure 7: A fragment of the wider open drug scene surrounding Omonia.

street team mentioned in the previous chapter. Omonia has a long-standing association with the 'drug problem', and for decades it was the most persistent opioid drug scene.

As far back as I recall, Omonia was always a neglected area of the city centre and the particular area where the ODS was situated resembled a slum. The ODS encompassed a vast, overlooked area beyond the square, spanning several streets in downtown Athens. It stretched from behind Omonia Square to the central market, known as 'the Agora', and from Vathis Square to the Metaxourgheio area. Despite Metaxourgheio's recent transformation into a nightlife destination and gentrified district with bars and taverns, this particular section remained untouched by gentrification and was inhabited by PWUD.

The final ODS that I used as a site was situated just a few hundred meters away from Exarcheia in the city centre, less than two miles from Nomiki and Omonia. It was inside the Park of Pedion-tou-Areos and had been in existence for about six years. The drug 'sisa' (see Chapter 2, p. 21) was the primary drug sold and used there.



Figure 8: The open drug scene inside the Park (left) and a makeshift home (right).

The ODS in Pedion-tou-Areos had garnered a reputation as the most notorious and intimidating location in Athens. Situated discreetly within a corner of a large park, it became a focal point of public discussions and debates. The allure of the ODS in Pedion-tou-Areos captivated the attention of many due to the peculiar behaviours displayed by people under the influence of *sis*a which encompassed aimless movements, engaging in conversations with imaginary companions. These behaviours were sensationalised by media representations highlighting madness and criminality.

More information about the study sample is now provided.

4.3 Sample and recruitment

The sample of interviewees comprised of 14 women and 18 men, 32 in total, who belonged to various categories of stakeholders, including PWUD, drug treatment and policy professionals, parents (unrelated) of people who used drugs, and members of local communities near the ODSs. The participants were interviewed between April 2018 and February 2019 in Athens, with one interview held in Thessaloniki. The study utilised qualitative, semi-structured interviews with participants who can be categorised into one or more of the following groups.

a. PWUD (n=15). This group included individuals at various stages of drug use, including individuals using drugs, those in recovery, and those on Opioid Substitution Treatment (OST). Participants had diverse backgrounds, ages, genders, and stages of drug use or recovery. Three attended a relief day centre, and two were recruited from drug scenes. All participants reported opioid use except for one who only used cannabis and hallucinogenic drugs. One participant attended NA groups. There was a significant distinction between PWUD who were also poor and those who were not poor. The poor PWUD who were not actively using drugs remained street-connected and lived similarly to active users, while the others had different experiences. Socioeconomic status had a substantial impact on the lived experiences of the drug problem, influencing how individuals engaged with and were affected by drug use and recovery.

b. People from local communities (n=6). This group comprised residents, employees, and frequenters of neighbourhoods near ODSs where ethnographic observations were conducted. One resident from the neighbourhood of Exarcheia and one resident from the neighbourhood of Pedion-tou-Areos were members of their neighbourhoods' assemblies.

c. Parents of PWUD (n=4). All participants in this group were recruited through family programmes for parents of people who had attended drug rehabilitation programmes. Two were recruited from a family programme for non-residential rehabilitation, and the other two were recruited from a programme for parents of adolescents or young adults who used cannabis. The recruited parents were not related to any participants with lived experience.

d. Drug treatment professionals (n=10). This group consisted of professionals from the three official semi-public organisations, one self-help group, harm reduction NGOs, and educators of professionals. Participants included drug treatment professionals, harm reduction professionals, and streetworkers.

e. Drug policy professionals (n=4). This group included a government-appointed drug policy officer, a policy expert who was also a drug researcher, a social policy and public health professional, and a drug control police officer.

Some interviews held more than one 'identity' roles. The table below shows the order in which the interviews were conducted, along with the participants' pseudonyms, gender, and stakeholder category/categories, followed by a brief discussion of their roles.

4.3.1 Table of participants

Interview	Pseudonym	Gender	Stakeholder category
1	Elina	Woman	PWUD
2	Stamatis	Man	Ex-drug treatment professional and PWUD
3	Nikos	Man	PWUD
4	Angelos	Man	Harm reduction NGO professional and PWUD
5	Lambros	Man	NGO Streetworker and PWUD
6	Sofia	Woman	Pedion-tou-Areos local community member
7	Vivi	Woman	Exarcheia local community member
8	Chris	Man	Harm reduction NGO professional and PWUD
9	Pavlina	Woman	Drug treatment professional
10	Petros	Man	Drug treatment professional
11	Natasa	Woman	Drug treatment professional
12	Dinos	Man	Local community member
13	Georgia	Woman	Drug policy professional
14	Michalis	Man	Drug treatment professional
15	Hara	Woman	PWUD
16	Dimitris	Man	Local community member and PWUD
17	Irene	Woman	PWUD and local community member
18	Stefanos	Man	PWUD
19	Christina	Woman	Parent of PWUD
20	Rika	Woman	Parent of PWUD
21	Philipos	Man	PWUD
22	Elias	Man	PWUD
23	Marika	Woman	Drug policy expert and local community member
24	Costas	Man	PWUD
25	Gerasimos	Man	Parent of PWUD
26	Efi	Woman	Parent of PWUD
27	Stavros	Man	PWUD
28	Romanos	Man	PWUD
29	Aleka	Woman	Drug treatment professional
30	Spyros	Man	Drug policy professional
31	Giorgos	Man	Drug treatment professional
32	Panagiota	Woman	Drug control professional

More information about each participant is now presented.

Participant 1. Elina's drug use history spanned a decade and involved multiple substances, including heroin. At the time of the interview, she occasionally used cocaine and cannabis. She had completed a two-year abstinence-based recovery programme nine years prior to the interview.

Participant 2. Stamatis was a drug therapist in an abstinence-oriented agency (KETHEA) for 35 years. At the time of the interview, he had resigned from his position and had transitioned to a different field of work.

Participant 3. Nikos was in abstinent recovery, having completed an abstinence-based two-year residential drug treatment programme (18 Ano) twice within 10 years.

Participant 4. Angelos was the scientific director of a harm reduction NGO with prior self-reported experience injecting drugs for more than a decade. He had completed a rehabilitation programme in the past and had relapsed a few times.

Participant 5. Lambros was the lead streetworker from the same NGO as Angelos. He had self-reported experience using drugs intranasally, including heroin.

Participant 6. Sofia was a resident of the Pedion-tou-Areos area and a member of the neighbourhood assembly.

Participant 7. Vivi was a resident of Exarcheia for over three decades and a member of the neighbourhood assembly. She regularly took part in the assembly meetings organised for the 'drug problem' in the neighbourhood.

Participant 8. Chris was a harm reduction professional and streetworker who created an NGO offering NSP in ODSs, including operating a 'One-stop' station providing food and other services. He also had personal experience with drug use.

Participant 9. Pavlina was a drug practitioner and educator who worked for the National Greek OST provider (OKANA).

Participant 10. Petros was a drug practitioner and head of a psychosocial intervention service for adolescents and young people. The service previously focused on opioid use, but at the time of the interview served young people and adolescents who used and/or sold cannabis and also ran a family programme. This person also worked for OKANA.

Participant 11. Natasa was a drug therapist worked at an agency with a dry recovery philosophy (KETHEA).

Participant 12. Dinos was a clergyman at a chapel near the ODS outside the Law School of Athens, also known as 'Nomiki' ODS.

Participant 13. Georgia was a government-appointed drug policy officer.

Participant 14. Michalis was a drug professional who worked at the low-threshold service provided by KETHEA and was also a drug therapist.

Participant 15. Hara, a woman who had used heroin (injecting) for more than two decades, was receiving OST at the time of the interview. In addition to OST, she was also taking pills and using heroin intranasally. She was recruited from a low-threshold café for PWUD and had previously attended a prison drug treatment programme. Hara had two children.

Participant 16. Dimitris was a member of the Exarcheia community who reported 'recreational' use of cannabis and psychedelic drugs.

Participant 17. Irene was a member of the local community in Exarcheia who received OST at the time of the interview while also using alcohol and cannabis. She had used heroin for over two decades and did not rule out the possibility of using it again.

Participant 18. Stefanos was recruited from the ODS in Pedion-tou-Areos and used heroin and cocaine intranasally at the time of the data collection. He stated he was born in Albania by Albanian parents but raised in Athens since a young age.

Participant 19. Christina was a mother of an adolescent daughter who used cannabis and was recruited from the psychosocial service for families of adolescents/young adults who use cannabinoids, run by OKANA.

Participant 20. Rika was a mother of a young adult son who used cannabis. She was also recruited from the psychosocial service for families of adolescents/young adults who use cannabinoids, run by OKANA.

Participant 21. Philipos was recruited from a low threshold café for active PWUD or users on OST (provided by KETHEA) and lived in an abandoned house without electricity. They had been injecting heroin for over three decades and used drugs occasionally.

Participant 22. Elias was recruited from a low threshold café for active PWUD or users on OST (provided by KETHEA). At the time of the interview, he was on buprenorphine.

Participant 23. Marika was a drug policy academic researcher and resident of the neighbourhood around the ODS of Pedion-tou-Areos. At the start of the interview, Marika, both a drug policy expert and a resident of Pedion-tou-Areos.

Participant Number 24. Costas attended NA meetings and had completed a rehabilitation programme. He had used heroin for two decades, mainly intranasally. He did not use drugs at the time of the interview and did not identify as a person with past lived experience.

Participant 25. Gerasimos was the father of an adult son who used cocaine. He was recruited from a family programme run by an abstinence-oriented rehabilitation programme run by KETHEA.

Participant 26. Efi was the mother of an adult son who used heroin. She was recruited from a family programme run by an abstinence-oriented recovery organisation (KETHEA).

Participant 27. Stavros was on OST for five years at the time of the interview. Prior to that, he injected heroin for over three decades. He stated that occasionally he still used heroin, but no more often than once per year.

Participant 28. Romanos was recruited from a low threshold café (KETHEA) for PWUD in the ODSs or were on OST. He was a migrant from Pakistan who had lived in Greece for 14 years at the time of the interview. At the time, he was experiencing unemployment and homelessness. He used heroin and was on buprenorphine.

Participant 29. Aleka was a leading drug professional therapist in a rehabilitation agency offering residential recovery-oriented services (18 Ano).

Participant 30. Spyros was a social policy expert working in prevention at the Ministry of Health.

Participant 31. Giorgos was a drug treatment professional in a self-help promotion programme and an academic in the field.

Participant 32. Panagiota was a drug control officer for twelve years at the time of data collection.

The following section proceeds to detail the recruitment process.

4.3.2 Recruitment

Access to recruit participants was granted from a diverse range of services and organisations, reflecting a WPR perspective. Those included a low threshold day centre for PWUD engaged in OST, two family programmes provided by OKANA and KETHEA, a public-funded self-help programme, a drug training centre (OKANA), an NGO focused on Human Immunodeficiency Virus (HIV), an NGO offering an NSP, a voluntary outreach group distributing cooked food to PWUD at ODSs in Athens, and the Office for the National Coordination for Drugs. This approach aimed to capture various perspectives on the topic under study and ensure that the sample represented the target population of PWUD and professionals who work with them. The recruitment strategies employed aligned with the WPR framework and included emailing drug treatment agencies and drug policy professionals, making phone calls to treatment professionals, emailing neighbourhood residents' assemblies, sending Facebook messages to networks for PWUD, and using snowballing or word-of-mouth approaches. Once access was granted, I attended the services to build rapport and recruit people, particularly from the low threshold day centre for PWUD or a substitution treatment.

To ensure transparency, it was explicitly stated that I was an independent researcher. The same NGO that ran the streetwork also ran a one-stop station, cooking and offering food, while there was an additional group of volunteers I joined, who cooked out of their pocket and distributed food in the ODSs of Athens. These outreach initiatives were meaningful as indicators showed that people in the ODSs were food-deprived (Sypsa et al. 2021). Furthermore, I joined the outreach group that distributed cooked food to PWUD at Athens' ODSs to recruit participants directly from those scenes. Observations were conducted in the ODSs through these services. Similarly, an NSP outreach streetwork was contacted to recruit people and streetworkers from the ODSs. Only one streetworker was recruited for an interview to minimise any potential role-blurring between participants receiving services and the researcher's position. Engaging in practices that exemplified ethical and compassionate approaches to care, (including joining the outreach group that distributed cooked food), allowed for the establishment of trust and rapport with participants.

Additionally, attending the services provided an opportunity to observe the ODSs from different perspectives. The recruitment strategies used in this study, which considered power dynamics and ethical considerations, resulted in a comprehensive and diverse range of participants, contributing to a rich and insightful data set. The use of various recruitment strategies ensured the sample was representative of the target population, while the ethical care practices ensured the study was conducted in a transparent and respectful manner.

Recruitment efforts aimed to reach professionals working in both harm reduction and drug rehabilitation/Therapeutic Communities (TCs) from all drug agencies. Positive responses were received from KETHEA and OKANA, while a professional from 18 Ano was recruited through snowballing. Various NGOs were contacted, with one responding and another being suggested through word-of-mouth. Both agencies directed me towards a harm reduction, low threshold café recommended by KETHEA, and an abstinence-based psychosocial programme proposed by the state harm reduction provider. This provided an opportunity to explore how professionals navigated the system and negotiated between harm reduction and recovery knowledge within their settings. The implications of this blurring and its effects on drug treatment in Greece are discussed in Chapter 7, titled 'Episteme'.

The following section will discuss the power dynamics of conducting interviews and observations in the context of this research.

4.3.3 Researcher roles and power dynamics

With a mental health practitioner background, during interviews, I was careful to attend to the power dynamics that might occur in the interview setting. Moreover, since some of the interviews took place in treatment premises without other options given, the potentially embellished representations of the services and what they stand for should be considered. Regarding the observations in the ODSs of Athens, an important consideration was how to represent people who might not want to be observed during what they might consider a stigmatised practice. In conversations with my supervisors who had undertaken ethnographic work, the decision was made that I would only observe public environments. While on streetwork, I observed more drug-using practices in hidden alleys behind the central roads, however, we were only present where the local drug-using communities wanted us to be.

4.4 Data analysis

This section outlines the approach for data collection, transcription, and analysis, considering language nuances and cultural contexts. Interviews, lasting 60-120 minutes, were audio-recorded and transcribed verbatim. Transcriptions were organised with fieldnotes from ethnographic observations. Interviews were initially analysed in Greek for deeper understanding before translation. Data analysis was discussed with Dr. Maria Fotopoulou (Greek speaker) and reviewed with Professor Tessa Parkes and Dr. Sarah Wilson. The data was coded and analysed using NVivo software, starting with extensive reading to understand stakeholder vocabulary and identify patterns (Hammersley and Atkinson 1995; Freebody et al. 2018). Fieldnotes enabled category comparisons and evaluation of stakeholder immersion in institutional knowledge. Transcription was part of the analytical process, with notes taken during this stage. Thematic analysis, facilitated by NVivo, involved open coding to identify themes and sub-themes, which were then consolidated to identify connections and overarching problematisations. Analytic deduction identified specific political rationalities and concepts (Glynos and Howarth 2011; Rose et al. 2006). Stakeholder positions were evaluated for their immersion in institutional knowledge (Bacchi 2012b; 2015a; Bacchi and Bonham 2016). Self-reflection was used to recognise personal biases. Participants with lived experience shared stories reflecting on behaviour considered socially condemned.

Interpreting interview data involved considering broader social and cultural values that influence participants' perspectives. For example, when discussing attitudes towards drug treatments, societal stigma and cultural narratives surrounding addiction were considered. Cross-cultural understanding was facilitated by Rabinow's (1977) approach to analysing cultural entrenchments, which involved looking at historical and societal factors that shape cultural norms and values. To recognise and mitigate cultural biases, the role of supervision was significant, especially given that two out of my three supervisors were British, while I also engaged in self-reflection throughout the research process (Becker 1966). This included keeping a reflexive journal where I noted my reactions and potential biases during data collection and analysis. Sharing my fieldwork experiences and aspects of my identity with participants helped build rapport and provided additional context for interpreting the data.

Section 4.3.1 showed overlapping subject positions, with many interviewees occupying multiple roles (e.g. three harm reduction professionals who were also former PWUD). This complexity challenged unitary categories and highlighted the importance of

understanding participants' experiences from multiple perspectives. The non-exclusive nature of participant groups emphasised how knowledge is produced both institutionally and socially. For instance, participants who were both service users and providers offered insights into how institutional policies impact individual experiences and vice versa.

The analysis was informed by the theoretical foundations of the WPR approach and poststructural analysis (Bacchi and Bonham 2016). This involved critically examining how problems are framed in policy documents and interviews, analysing how issues are constructed and represented in discourse, and understanding the implications of these representations for policy and practice.

The WPR framework guided the analysis, however the WPR questions (Bacchi 2009, p. 48) were not used systematically but informed an integrated analysis. For example, when analysing interview data on OST, I considered cultural and policy discourse's influences on participants' experiences and attitudes. As an example, I combined Q1 (how drug problems were framed by interviewees), with Q2 (analysing underlying assumptions in participants' narratives influenced by policy and social discourses) and Q3 (the historical and social context that shaped participants' problem representations). In a similar way, the other questions were also integrated. This means that the seven WPR steps/questions listed below were woven into the analysis to provide a comprehensive understanding of the issues, rather than being addressed in a checklist manner:

1. What is the problem represented to be in a specific policy?
2. What underlying assumptions or presuppositions underpin this representation of the problem?
3. How did this representation of the problem come about?
4. What is left unquestioned or unexamined in this representation of the problem? Where are the gaps or silences? Could the problem be understood differently?
5. What effects are produced by this representation of the problem? Consider discursive effects, subjectification effects, and lived effects.
6. How/where is this representation of the problem produced, disseminated, and defended? How can it be challenged, disrupted, and replaced?
7. Apply these questions to your own problem representations.

This section has highlighted the complexities of data analysis, utilising theoretical frameworks and poststructural analysis. The following section discusses the reflexive nature of the research process, acknowledging my own biases and cultural immersion.

4.4.1 Reflexivity

Qualitative research has highlighted the significance of positionality, reflexivity, and contemplation in drug research (Ettorre 2017; Revier 2022; Ross et al. 2020). Despite this recognition, researchers often grapple with their uncertainties and the pressures of producing clear and definitive findings (Revier 2022). The origins of qualitative drug studies, ranging from serendipitous encounters (Adler 1993; Adler and Adler 1987; Hoffer 2006) to personal experiences (Garcia 2010), demonstrate the diverse starting points researchers may have.

Conducting drug research within one's own cultural context, especially using the WPR approach, presents unique challenges, including cultural immersion. As a researcher sharing the cultural background of the study population, I recognised the need to address my own cultural biases, experiences, and potential 'blind spots' that could influence my interpretation of information. Immersion in cultural discourses can inadvertently lead to assumptions, stereotypes, and acceptance of certain knowledge as given, impacting comprehension and interpretations. Some scholars argue that distinguishing between 'native' and 'non-native' researchers is not always possible (Gupta and Ferguson 1997; Narayan 1993).

In this research, qualitative observations in Athens' ODSs were crucial for understanding the social impact of the 'drug problem'. Engaging in streetwork provided insights into individuals' lives and their challenges, extending beyond drug use. Contrary to societal perceptions that framed their survival struggles as natural consequences of drug use, I found that individuals were not defined by their drug use. They aspired for better lives, cared for themselves and others, and strived for wellness. Initially, I was often taken aback by field observations, but over time, the unfamiliar became commonplace. I became aware of my biased knowledge, presuppositions, and assumptions about the 'drug problem'. For example, witnessing public drug injection initially led me to label individuals as 'problem drug users', a reflexive thought shaped by my immersion in certain knowledge. Spending time in the field with compassionate street outreach workers helped me see beyond these preconceptions.

Another aspect of reflexivity involves considering whose perspectives are privileged in the research process: 'Whose side are we on?' as Becker (1966) questioned. A community member near the ODS of Pedion-tou-Areos explicitly asked:

You only do this research because you are interested in the PWUD, not the rest of us in the neighbourhood and what we are going through, aren't you? (Sofia, woman, local community member).

Sofia's question is relevant to the WPR approach, highlighting who benefits from specific actions (WPR question 5) and revealing the effects of problem representations. The literature review in Section 3.1.3.2 also showed that some harm reduction interventions were perceived negatively by residents, believed to benefit only PWUD (Kolla et al. 2017). Reflecting on Sofia's question, it is crucial to recognise and address dichotomising practices that may perpetuate division within society. By problematising these practices, the research aims to illuminate broader societal implications and promote inclusivity. While my role as a researcher is to explore and understand the complexities of these issues without taking sides, this thesis aligns with those most harmed by the 'drug problem', guided by the Foucauldian and WPR ethos. The WPR approach has a normative agenda (Bacchi 2009) and identifies power dynamics and harmful implications for certain groups, based on the researcher's judgment rather than claims of objectivity or group representation.

Another aspect of reflexivity is acknowledging the power of immersion in discourses. I have to admit that when I visited the ODSs alone, I was indeed challenged by fear, as other researchers have experienced (Dertadian 2020). The intense movements and glances of the people around me (a very specific effect of *sis*a use, as the streetworker informed me) awed and unsettled me.

Two excerpts from my field notes illustrate these dynamics:

I'm not sure if it's the influence of all the stories about *sis*a and zombies but I started to feel uneasy. People were gazing with a vacant, electrified look, and it seemed as though I was the odd one out in the crowd. I began to feel quite uncomfortable and decided to leave immediately (Fieldnotes, 30 June 2018).

The second visit was much less intimidating than two weeks ago, mainly because [*I name an acquaintance*] accompanied me

accompanied me. We walked through the area casually, with our only interactions being someone asking for cigarettes, an individual involved in selling inquiring if we needed anything and a friendly PWUD, who explained that the Park administration locks them out after midnight. He jokingly said: 'that's why we look mad' (Fieldnotes, 15 July 2018).

Supervision played a crucial role in supporting me personally throughout this work. Regular discussions with my supervisors, Professor Tessa Parkes, Dr. Sarah Wilson and Dr. Maria Fotopoulou helped me reflect on my biases and preconceptions, ensuring a more nuanced understanding of the 'drug problem' and its societal implications.

This section has provided critical reflections on personal assumptions and biases. The next section details the ethics process of this research.

4.5 Ethics

This study adhered to ethical guidelines and received approval (Appendices 1 and 2), ensuring that participant rights and wellness were safeguarded throughout. While initially the research aimed to compare drug harms and problematisations in both Greece and Scotland, following the fieldwork in Greece and the substantial volume of data collected, my Annual Progress Review examiners advised me to focus solely on Greece. This recommendation was then agreed upon by myself and my supervisors. Following the completion of my fieldwork, I was invited to present my research to the General University Ethics Panel (GUEP) (Appendix 7) and reflect on any ethical issues that arose during my research. During this meeting, I discussed any unforeseen ethical issues that arose and provided suggestions for how the ethical application process could be improved. I discussed the decision to limit my research to Greece, rather than including Scotland, and provided updates on this development to the GUEP members (Appendix 8).

4.5.1 Data protection

Personal data was processed under the 'Data Protection Act' (1998), with reference to the University of Stirling policy, and the Greek Data Protection Law (1997), which were valid when this research began. During my fieldwork, the General Data Protection Regulation (GDPR) (2018) data privacy law replaced the previous European Union (1995) directive to protect the privacy and personal data of people within the EU and to regulate the processing, use, and storage of such data by organisations that collect and

process it. In August 2019, Greece adopted the Data Protection Act (2019), directed by the European Commission¹⁹. The Greek data protection law also contains further deviations resulting from making use of various opening clauses of the GDPR, the consent of minors, and further requirements for the record of processing activities. Under GDPR, PhD researchers are considered data controllers, responsible for ensuring that the personal data they collect, process, and store is done so in compliance with the regulation. After Brexit, the UK implemented its own version of the GDPR, the UK GDPR, which mirrors the EU GDPR in many respects, with mild differences around the powers of the supervisory authorities and the rules for international data transfers. This research followed all sets of regulations (GDPR, Greek Data Protection Act, UK GDPR) to meet the requirements of data protection laws in all relevant jurisdictions.

4.5.2 Anonymity

Interviews were audio-recorded and anonymously transcribed by me, and the recordings were, subsequently, destroyed. Personal data of participants were securely anonymised at the earliest convenience, removing direct identifiers, and reducing the precision of indirect identifiers of people, locations, and organisations. Although the organisations name could not be altered, the specific programmes' names and all participant names are pseudonyms to protect confidentiality. Pseudonyms were used for participants since the beginning of the data collection and throughout the research and anonymised data was only accessible to myself and my supervisors. Names of locations and services could not always be anonymised given they are specific in Athens and, even if they were anonymised, they could be identified. Hand-written notes were also anonymously transcribed by me and kept in locked cabinets. Data security was implemented by appropriate technical and organisational measures to ensure the security of the personal data I collected and processed, including encryption, access controls, and regular data backups.

4.5.3 Confidentiality

The consent forms made clear (reiterated to participants prior to interviews) that confidentiality would be adhered to, except in circumstances where a person was deemed at risk of serious immediate harm to themselves or others. Participants were

¹⁹ Act 4624/2019.

made aware of these limits of confidentiality prior to the interviews. The research adhered to the statement of ethics that the British Society of Criminology (2015) issued to address central issues that researchers may encounter. As was foreseeable (see Finch 2001), participants with lived experiences surfaced issues associated with illegal drugs and drug use, while other unlawful activity was raised, namely drug selling across countries and continents, and thefts. While I kept such expected unlawful activity confidential, participants were informed that confidentiality could not be guaranteed as research data is not legally privileged and, therefore, may be subpoenaed if a participant is being prosecuted for some illegal activity relevant to the data (Pitts and Smith 2007).

4.5.4 Privacy

To ensure privacy, most interviews with participants with lived experiences, members of the community, family members, and professionals were held in safe, quiet, and secure rooms, or wherever the participant felt more comfortable, as they were they provided with a choice. In treatment services, interviews took place in quiet and safe rooms that ensured confidentiality, and with members of the staff in the premises. Interviews with professionals took place in their offices.

4.5.5 Risks to participants

Participants were assured they could skip questions and finish the interview at any time to minimise interview distress. During the interviews, I looked for any signs of discomfort and asked the participants whether they needed a break, to interrupt the interview for the day, or even to withdraw completely from the research.

4.5.6 Informed consent and capacity to consent

Participants were presented with a consent form written in plain language, which I reviewed with them verbally before conducting the interview. After each interview, ongoing consent was confirmed. All participants could read and sign forms. Voluntary participation was stressed, with withdrawal options outlined (see Appendices 3-6). Withdrawal post-analysis was not feasible: this was made clear on the information sheet.

Regarding the observations in the city centre, consent could not be asked and providing research information to all participants was impossible (Page and Singer 2010). This decision was made with the supervisory team and is in accordance with the ethical principles for conducting research with human participants set forth by the Social Research Association and the British Psychological Society where it is stated that

observational research without consent is acceptable in situations where those observed would expect to be observed by strangers (Oates et al. 2021). In public settings, there is no guarantee of privacy since anyone may become an observer of human behaviour and any data collected is beyond the control of the subjects observed.

To mitigate power imbalance issues in recruitment, all participants were informed that the research was independent of the service through which they were approached and that I had no ties to the police, other authorities, or gatekeepers. They were assured that declining participation would not affect the services they received or have other consequences. I assessed the vulnerability of participants prior to recruitment and interviews, using my experience with people with problem drug use in Aeginition Psychiatric wards. While some PWUD were in vulnerable positions, they were not excluded from the research, though I was sensitive to their wellness. The research was inclusive, aiming to avoid discrimination based on gender, race, ethnicity, religion, or other protected characteristics. Though PWUD generally do not lack capacity, two visibly intoxicated participants were asked to reschedule to ensure clear understanding and consent. When recruitment was through agencies, I sometimes deferred to worker assessments of capacity, ensuring participants understood the project, information sheets, consent forms, and interview questions, and were not pressured by service professionals or peers.

4.6 Summary

This chapter established the groundwork for the empirical investigation that follows, detailing the research framework, methodological choices, and analytical approach that underpin this thesis. It has highlighted the importance of reflexivity in this study by discussing matters of positionality and challenges that emerged during fieldwork. While the 'What's the Problem Represented to be?' (WPR) approach provides a comprehensive lens for understanding qualitative material, interviews and observations offer insights into the lived experiences and subjective meanings surrounding the 'drug problem'. By explaining the methodological and theoretical frameworks, this study aims to contribute to ongoing debates on critical qualitative research, exploring public attitudes, spatial interventions, scientific paradigms, and lived experiences of the 'drug problem'.

The following chapter, Agora, is the first chapter of the thesis to present the study findings and focuses on the street-level 'drug problem' of Athens, specifically in the ODSs, drawing from both interviews and localised observations.

Chapter 5: Agora - What's the 'problem' represented to be in the open drug scenes of Athens?

This chapter, titled 'Agora' (meaning public space for open discourse), examines four open drug scenes (ODSs) in Athens, observed during 2018-2019, a period marked by multiple crises. Since the 1980s, and particularly throughout the 1990s, the 'drug problem' in Athens has been closely tied to these, or slightly different, ODSs. These scenes were fluid in location and drug types but remained strikingly similar, often situated in nearly identical areas with marginalised characteristics. The chapter sets the context and focus of the study by emphasising this historical connection, which gains additional significance during the Greek economic and Syrian refugee crises, profoundly impacting those involved with the ODSs. By investigating the four ODSs within a two-mile radius, the study identifies distinct categories based on traded drugs, profiles of people who use drugs (PWUD) and sellers, and community perceptions. The chapter treats ODSs as problematisations, intertwining discursive and material aspects, and examining emerging 'problems' through interviews and observations (Fox 2016). It is structured into three sections: ODSs, subjects and objects; neighbourhood reception of the 'drug problem'; and governing mentalities.

5.1 Subjects and objects in the ODSs

This section examines the changing landscape of drug use within ODSs, with a focus on the rise and effects of New Psychoactive Substances (NPS) like *sis* and *thai*. By incorporating insights from community members, professionals, and individuals with lived experiences, I analysed the perceived dangers of these 'new' drugs compared to 'traditional' substances such as heroin. Amid sensationalised media narratives and community anxieties, the portrayal of NPS emerges as unmanageable threats to both personal health and public order. Furthermore, the broader socio-political context that frames these substances, highlighted the evolving dynamics of the drug market influenced by economic crises and significant events, as well as the stigmatised depictions of PWUD and drug sellers. By contrasting the problematisation of *sis* and *thai* with that of traditional drugs and diseases like Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), the analysis seeks to uncover the underlying assumptions shaping policy responses and public perceptions. Finally,

the roles and realities of those involved in drug selling are explored, illuminating the intersection of immigration, economic hardship, and the stigmatisation of entire communities. This analysis reveals the complexities of the 'drug problem' and challenges the simplistic binaries of villains and victims within the ODSs.

5.1.1 The 'new' drugs: sisa and thai

A significant problematisation in people's accounts regarding the ODSs was the shift in drug types being used. NPS were described as more dangerous than what participants called 'conventional drugs', such as 'real heroin'. Concerns about NPS included compromised drug quality and adulterations believed to adversely affect the health of PWUD, as well as their vilifying effects on the broader community. The drug sisa, in particular, gained notoriety in media and social interactions, overshadowing other NPS. The mere mention of 'sisa' often triggered fear; half of the participants in the dataset spontaneously described its detrimental psychopharmacological effects on both physical and mental health. Additionally, there were accounts of individuals using sisa exhibiting 'zombie-like' or even 'cannibalistic' behaviour, with the term 'cannibals' gaining traction in public discourse. These sensationalised narratives significantly influenced public perceptions.

The following quotes illustrate how study participants viewed sisa and its impact on PWUD:

As far as I know, sisa also provokes a cannibalistic mood. It is tough (Sofia, woman, local community member).

Sisa makes you a zombie, it corrodes and melts you from the inside out because they make it of batteries (Philipos, man, PWUD).

It is made by extracting lead and lithium from car batteries. Afghans make it on Strefi Hill (Stamatis, man, drug treatment professional and PWUD).

It is like paco, have you heard of it, in Argentina in the last decade, when they were struck by the crisis? It was called 'the drug of the poor' (Elias, man, PWUD).

Sisa was also the primary concern among streetworker participants, albeit one they could not act upon given they felt overwhelmed and ill-equipped to handle its alleged harmful effects. This seemed partly due to the lack of specific state intervention to

improve their circumstances. During my time with the streetwork team, which had extensive experience in this area, we avoided the park and other streets where sisa use took place, with the justification being that harm reduction did not apply to sisa use. However, I realised streetworkers were nervous around groups of people who were under the influence of sisa. Sisa was problematised from the perspectives of physical and mental health and public nuisance:

The use of sisa scares me. You see people experiencing a rapid decline in their physical and mental wellness; they look much older and withdrawn. Basic personal hygiene practices, such as eating and sleeping, are often neglected, and users may even engage in behaviours such as talking to the trees and shouting [Chris, man, non-governmental organisation (NGO) streetworker and PWUD].

While this study does not aim to test the validity of such problem representations, it is noteworthy that the use of sisa and the associated ODSs had persisted for at least six years prior to this research, suggesting that the portrayed decline in PWUD's health was a normalised situation with significant lived effects for those affected. Having witnessed the state of people who used sisa, but most importantly being immersed in the additional stigmatised representations of sisa which were ubiquitous in public discourses, I avoided visiting such sites alone, recognising the pervasive problematisation of the substance.

Besides sisa, a drug called thai was also portrayed as plaguing the ODSs of Athens. Streetworker participants and PWUD described thai as synthetic, cheap heroin that had replaced traditional heroin in the ODSs.

Nowadays, dealers sell a white powder called thai, but I'm not so naïve as to believe it's the real white heroin from Thailand, even more expensive than cocaine and certainly not cheaper than regular heroin. Nigerian dealers at Nomiki cannot sell it for only three euros, so it must be pulverised fentanyl (Angelos, man, harm reduction NGO professional and PWUD).

Angelos' observation underscores the dominant problematisation tied to thai in relation to the 'drug problem' during the period under study. Moreover, it implies a lack of transparency and trustworthiness among those selling thai, mostly Nigerian street sellers who are described as operating with an element of deception. This point will be further explored later in this chapter.

5.1.1.1 Comparisons with other drugs and hierarchies of disease

The depicted 'problems' with the new drugs were often juxtaposed with drugs considered more 'conventional' and with well-established effects. For example, Nikos, a person in abstinent recovery with more than a decade of lived experience with heroin, said:

With heroin addiction, there is an explanation and solution; it is treatable through drug treatment. [*Heroin*] addiction may be hard to deal with, but at least you know what you are dealing with. Unfortunately, these things now [*sisa and thai*] are untreatable because they cannot fit in a box. Now, each of these people carries myriad psychoses! (Nikos, man, PWUD).

In Nikos' quote, heroin addiction appears manageable through treatment, which contrasts with the situation for *thai* and *sisa*. Heroin addiction is viewed as a problem with a foreseeable solution, whereas *sisa* and *thai* are depicted as uncontrollable and potentially leading to multiple psychoses. This portrayal makes them seem like 'problems without solutions'. However, this representation of NPS as unsolvable 'problems' silences the fact that heroin addiction was, and to a large extent still is, seen as a 'problem' without a clear 'solution' in societal, treatment, and policy discussions. Thus, NPS are presented as unsolvable 'problems' as if this is a new phenomenon. This shifts the focus from addiction itself to the specific drugs.

Another aspect of the comparison between new 'drug problem' representations with more 'conventional' ones is the relationship between drug use and HIV/AIDS. Injectable drugs like heroin might cause less psychological instability for PWUD compared to the portrayed effects of NPS, but the risks of getting HIV or hepatitis can be high. The damage from *sisa* use was also portrayed as irreversible, although not for the same reasons. Lambros, a streetworker with first-hand experience with drug use and HIV, discussed his perspective on the physical and psychological effects of *sisa*, drawing on his own experience of being HIV positive and taking antiretroviral medication:

As an HIV-positive person, I've asked myself if I would trade a psychiatric problem caused by *sisa* for my HIV. It's a tough question and, of course, I'd rather have none. But if I had to choose between the two, I would choose HIV, because it's manageable and doesn't necessarily shorten life expectancy, while a serious psychiatric problem can completely derail your life. Of course, I'm speaking from a position of privilege, as I have access to healthcare, medication, and support. I don't know how I would manage without those things (Lambros, man, streetworker and PWUD).

Lambros' experience suggests a distinction between the challenges faced by people who use *sis*a and those faced by people living with HIV. Through his reflection, Lambros emphasised the importance of considering both the physical and mental health implications of drug use and how the consequences can differ for everyone. The emergence of treatment and policies that enable HIV-positive persons to access treatment has alleviated the stigma accompanying HIV/AIDS. For instance, Lambros perceived his HIV status as a manageable health issue because of his access to antiretroviral medication. In the past, HIV had been represented as a 'problem' from which one dies, and people living with HIV faced significant social stigma and discrimination. However, only recently has it been recognised that people who receive treatment can live long and healthy lives. This shift in perception, coupled with accessible treatment, has played a crucial role in reducing the stigma associated with HIV/AIDS. While HIV/AIDS, as an individual disease and public health concern, was represented by Lambros as controllable, the effects of unclassified drugs in the ODSs, to which he was exposed while doing streetwork, were represented as uncontrollable. The various manifestations of 'disease' become evident here and how some are more stigmatised than others, leading to varied portrayals and treatments.

Comparing and contrasting the problematisations around heroin and HIV/AIDS with those around *sis*a and *thai* highlights how policy responses are shaped by these emerging 'problems' (Bacchi 2012b). As street NPS entered the scene, PWUD, professionals, and community members alike had to navigate new, uncertain territories. The longstanding familiarity with heroin and the relatively well-established treatment protocols for HIV/AIDS presented a stark contrast to the perceived chaos and unpredictability brought about by the new substances. This transition is marked by a distinct shift in the perceived manageability of drug-related 'problems', pushing the boundaries of existing harm reduction and treatment frameworks.

5.1.2 Significant events and their impact on drug markets

Understanding the transformation of Athens' ODSs and the broader drug market necessitates examining key events that have significantly influenced these changes. The 2004 Athens Olympics and the 'economic crisis' that began in 2008 are pivotal events that have reshaped the drug market landscape and created what can be described as 'crisis moments' (Bacchi 2009). By drawing on the experiences of participants, the way

these events contributed to the evolution of Athens' drug scene can be better understood.

5.1.2.1 The 2004 Athens Olympics

The 2004 Athens Olympics marked a significant turning point for the city's drug market. Prior to the Olympics, the drug market was more closed and constrained. However, the urban regeneration and public space repurposing efforts during the Olympics led to the displacement of marginalised communities, including PWUD. This displacement transformed the drug market into a more open and accessible 'drugs supermarket', operating 24/7. During the Olympics, authorities aimed to present a clean city, resulting in the displacement of PWUD to more hidden and potentially dangerous locations.

The 2004 Athens Olympics was a significant turning point in terms of drug availability, as the previously closed and limited drug market became an open drug supermarket that operated 24/7. Also, during the Olympics, they wanted to show a clean city, so they pushed everyone out of sight. Drug users had to find new spots, and that made things more dangerous for them.

However, before the 2008 economic crisis, there were vast differences compared to the situation after it. The substances available were completely different, and the accessibility to drugs was not as prevalent. One had to actively seek out drugs. Nowadays, substances can be found on literally every street corner (Chris, man, streetworker and PWUD).

In addition to the 2004 Athens Olympics, which transformed Athens' drugs scene from a constrained drug market to a ceaseless, open market, the 'economic crisis' of 2008 further altered the drug landscape. Austerity measures and increased poverty led to reduced access to healthcare and social services, exacerbating issues for PWUD. This period, which saw a shift in the types of substances available and an increase in the visibility of drug use in public spaces, is discussed next.

5.1.2.2 The 'economic crisis'

Streetworker participants, who had extensive knowledge of the drug market from both professional and lived experiences with drugs, described how these 'crisis moments' transformed Athens' drug scene. Angelos had extensive experience on these streets. For decades he had been a 'chaotic drug user', as he said, and then, over the past

decade, he had become a harm reduction professional. Drawing from both knowledge bases, he offered his insights on how and when street drugs changed.

When I first scored what was supposed to be heroin around the time the first memorandum²⁰ was announced, I was surprised to find it was play-dough instead of powder (Angelos, man, NGO streetworker and PWUD).

Participants pointed to events such as the 2010 memorandum between Greece and its creditors, the economic crisis, and the 2004 Olympics as critical moments reflecting larger societal shifts. These events influenced the availability and access to drugs, and the emergence of NPS was often seen as a result of neoliberal policies. From a WPR poststructuralist perspective, however, these 'crisis moments' not only disrupted established realities but also shaped societal perceptions and responses to the 'drug problem'. The drug market shifts were not merely effects of external events but were also shaped by social, cultural, and ideological processes intrinsic to Greek society, contributing to downward mobility.

These significant events highlight the co-constitutive process between external pressures and local dynamics in shaping the drug market and policies in Athens.

5.1.3 The people who sell drugs and the operation of the drug market

Having examined the shifts that gave the ODSs their specific character at the time of this research, this section explores the portrayal of drug sellers in the ODSs, divided into two parts. The first part analyses the dominant discourse of 'drug mafias', which was particularly prevalent in Exarcheia. The second part discusses the broader drug distribution system in the ODSs and the role of drug sellers in the 'drug problem'. Additionally, the diversity of drug dealers is explored, highlighting the replaceable nature of street drug sellers.

5.1.3.1 The 'drug mafias'

Drug dealing was a constant occurrence in and around Exarcheia Square, primarily involving people selling cannabis associated with the denounced 'drug mafias' in the

²⁰ Greece's first economic adjustment programme in 2010 became known as 'the first memorandum'.

neighbourhood. From my flat overlooking it, I could see a large banner covering one side of the triangular square displaying the following message: 'Against the drug mafias and societal cannibalism'.



Figure 9: The banner reads: 'Drug mafias get out. We want a drug-free Exarcheia' (photo credit: unknown).

The banner associated the 'drug problem' with 'drug mafias' and 'societal cannibalism', implying criminality and profit-driven behaviours. This term was used metaphorically to describe a situation where one group feeds off the vulnerabilities of another, exacerbating societal disparities. As such, 'drug mafias' was the dominant problem representation in Exarcheia, producing taken-for-granted understandings like keywords and buzzwords often do (Fraser and Gordon 1994).

In Exarcheia, the 'drug problem' was framed within a security discourse, with occasional fights among those involved in drug selling. These conflicts, usually over financial gain and selling spots, typically stayed contained within these groups and did not threaten others, based on my personal assessments and understandings. Despite mainstream media representations, my experience in Exarcheia, where I frequented café and had acquaintances, felt safe and vibrant, contrary to its negative portrayals. Only one incident during my fieldwork escalated when a 23-year-old man was stabbed and killed in broad daylight, an incident linked to drug-related issues and described as a clash between rival drug mafia groups. This event reinforced the 'drug mafia' discourse during my fieldwork²¹.

²¹ My safety was actively monitored by my supervisors during my fieldwork, and we had a safety protocol in place, as discussed in Section 4.2.4. As such, I did alert them to this violent event and did some debriefing.

The term 'drug mafias' was not accepted uncritically by everyone. Some vehemently opposed the 'drug mafias', while others challenged the term's validity. These different understandings have distinct political implications. The former reinforces conventional portrayals of the drug market with criminal connotations, while the latter views references to 'drug mafias' as discursive practices constructing the 'drug problem' with underlying assumptions that require exploration.

These positions were undermined by the fact that street dealing was primarily done by young immigrants, the most exposed and vulnerable in the drug-selling system. Drug professional Pavlina conveys this confusion:

In Exarcheia, we know that drug mafias operated, to a large extent, with foreigners on the visible frontline; not refugees, but immigrants from previous waves of immigration. This does not mean that foreigners were at the top of the pyramid. We cannot know that because usually people are invisible at these points. However, we know these mafias existed in Exarcheia long before the latest refugee waves, a minimum of five years, maybe more. We know the problem has become dramatic, especially in Exarcheia, and there are cases where people speak of hearing gunfire, witnessing scenes of violence, clashes, beatings, threats... It is a reality (Pavlina, woman, drug treatment professional).

Pavlina addresses the stigmatisation of migrants visibly involved in illegal activities. While their roles might not be at the top of the hierarchy, their visibility could lead to stigmatisation. The portrayal of a dramatic and unsafe environment can further perpetuate negative perceptions and stigmatisation of the area and its residents.

In summary, although public drug use was not an issue in Exarcheia and the notorious street NPS *sisia* and *thai* were not of interest there, drug dealing was prevalent and associated with the term 'drug mafias', creating a security discourse around the 'drug problem'. While some accepted this representation, others challenged it by emphasising the complexity of the issue, particularly regarding migrants involved in the drug market. As will be discussed later, this complexity fuelled negative stereotypes and stigmatised the area and its residents. The prevalence of drug-related activities, the dominant 'drug mafia' discourse, and the involvement of immigrant groups underscore the complex nature of the 'drug problem' in Exarcheia and the intersection of stigmatisation and community perceptions.

5.1.3.2 The street drug sellers

This section focuses on the portrayal of drug dealers within the all-consuming Athens' ODSs. Although Exarcheia was the epicentre of the war against 'drug mafias', the portrayal of drug dealers extended to all ODSs in Athens. Resident Sofia emphasised the role of drug dealers, particularly highlighting their ethnic backgrounds in creating fear and the 'drug problem' in her neighbourhood:

When Afghan drug dealers came into the ODSs they imposed their laws, which I suppose are a little different from our customs and traditions. If Greek or Albanian drug dealers had some sort of code, these guys must have something worse, because things are difficult. They also make the sisa, meaning they take the benches from the park, remove the wooden parts, and burn them to make their pipes (Sofia, woman, local community).

Migrants staffed the drug distribution system in all ODSs, although there were differences. Participants, including interviewees and people observed, made broad categorisations of certain drugs and areas as specific 'mafias'. Specific ethnicities became associated with certain drugs. While the 'Albanian mafia' was portrayed as the most dominant in the 'drug mafia' discourse, people from Afghanistan and Pakistan (also called the 'Afghan and Pakistani mafia') were associated with sisa distribution and production within the park and in nearby scenes. The 'Nigerian mafia' was associated with the supply of thai, prevalent in the opioid scenes, especially at Nomiki. Other mafias, such as the 'Georgian', 'Romanian', 'Egyptian', and 'Pakistani', were also described as present, but boundaries and distinctions between them and the drugs they dealt with were less clear.

Besides selling, various participants also depicted the drug dealers as those who prepared the pipes for sisa use and even made the drug themselves by 'extracting batteries' and making other preparations.

In terms of their routines, dealers, especially those of opioid drugs and sisa, did not stay in one place all day but had specific times for distribution during which they came and went. This shows that the market had rules which both sellers and buyers complied with. Nigerian dealers selling 'thai' would briefly appear at specific times at the Nomiki ODS, quickly conducting transactions with a restless crowd of PWUD who gathered around them upon their arrival and leaving immediately. A similar situation occurred at the Pedion-tou-Areos ODS when sisa sellers from Afghanistan and Pakistan showed up.

The portrayal of immigrants as part of specific drug-related activities is a way of categorising and linking certain groups to the 'drug problem'.

It is not just the crisis that's contributing to the problem, but also the mass influx of illegal immigrants. It's a quick and easy way to make a living. Areas are distributed, with Syrians and Afghans in some areas, Africans in others, and Albanians further beyond (Marika, woman, drug policy expert and local community member).

Marika's perspective reveals how immigration combined with the ongoing 'economic crisis' contributed to racist representations, responsibilising migrants for a rise in illegal activities, such as selling drugs. However, Aleka, a drug professional, offered a different view:

The drug supply did not start because people came through, nor will it cease if they leave Greece. It's like personifying drug trafficking to Pakistanis, Afghanis, and Black people (Aleka, woman, drug treatment professional).

The ongoing 'crisis' and the overarching capitalist framework under which these street dealers operated, rendered them as replaceable entities. These sellers were predominantly undocumented migrants who faced constant arrest threats and the possibility of being replaced by newcomers not yet integrated into the legal workforce. Conversations with PWUD noted these sellers were easily 'replaceable in the drug market hierarchy', while streetworker participants also conveyed a similar portrayal.

Despite this observation, the vulnerability of those engaged in drug selling was systematically disregarded in problem representations (see Alexandrescu and Spicer 2022). This, to an extent was due to that sellers were portrayed as not engaging in personal drug use or as using drugs sparingly. In Pedion-tou-Areos and in Nomiki, dealers were depicted as not using drugs and being 'ruthless', while locals' accounts depicted violent incidents between PWUD and drug sellers. The negation of drug dealers' vulnerability is shown in the quote below by Costas, a PWUD:

To me, someone who sells to make money to buy drugs for themselves is not a dealer. A dealer is someone who sells drugs without using drugs. See those African guys selling Thai and cocaine at Law School? They barely make ends meet doing this,

but to me, they're just as much drug traffickers as someone like Marinakis²², who uses his ship to import large amounts. The difference lies in that the other person sells drugs to support his addiction, which indeed justifies it in my eyes. Because I know they don't have a choice.

AM: What about the Africans? Could they also have a good cause to sell drugs, like for survival, isn't it?

Costas: Well, they could try to find other ways to make money.

AM: It's not like they have many options, though. If they don't have papers, what else can they do?

Costas: But then again, not all immigrants sell drugs, so maybe they *do* have a choice after all (Costas, man, PWUD).

This narrative illustrates how the term 'dealer' extends beyond merely selling drugs. Individuals distinguish between those who sell drugs purely for profit and those who do so to support personal addiction. The definition of a dealer thus encompasses more than just selling drugs, reflecting nuances and ethical principles. Social and gender structures further complicated hierarchies within the ODSs in Athens. Based on such categorisations, 'drug dealers' emerged as both villains and human beings that were replaceable.

5.1.3.3 How the 'drug war' rhetoric also affected people who use drugs

This section shifts the focus to the available subject positions of PWUD, and examines how the 'drug war' rhetoric, primarily targeting drug supply, also impacts PWUD. The broader discourse surrounding drugs, amplified by tabloid media, shapes local responses and perceptions, creating stigmatising subject positions for PWUD.

During my fieldwork, I frequently encountered forms of guerrilla art, such as wall posters, stencils, and graffiti, prominently featuring messages related to the 'drug problem'. These visual discourses reflect and reinforce local attitudes. For example, a restroom note in a

²² He names a businessman and ship owner who has been a controversial figure in Greek society due to his alleged involvement in heroin trafficking. More specifically, one of his ships was seized with 2 tonnes of heroin but he was not prosecuted as he had leased the ship to someone else and claimed ignorance.

café depicted the following message in Greek: 'If anyone gets caught using drugs in this toilet, we will crack their head IN TWO'.



Figure 10: Note in the toilet of a cafe in Exarcheia: 'If we catch anyone using drugs in the toilet, we will crack their head IN TWO'.

This seemingly casual message encapsulates the stigmatising and punitive attitudes ingrained in the local discourse. It illustrates how the 'drug war' rhetoric permeates everyday spaces, turning them into sites that co-produce and disseminate discursive practices, carving out accordingly stigmatised subject positions for PWUD. To further illustrate, I observed and documented several interactions where PWUD were treated with hostility or suspicion, reinforcing their marginalisation. These interactions included public confrontations and discriminatory practices by local businesses and residents. The 'drug war' rhetoric and local discourse in Exarcheia and the other ODSs in Athens perpetuated stigmatising subject positions for PWUD. This complexity of experiences and perceptions underscores the need for a nuanced understanding of the 'drug problem' that goes beyond simplistic and punitive approaches.

The following section explores some of the inherent silences in these subject positions.

5.2 Silences in problem representations of street-connected experiences

This section explores elements often silenced in the representations of street-connected experiences, particularly in relation to drug use and its associated challenges. This examination covers how physical effects of drugs overshadow broader social issues, the gendered dimensions of street-connected experiences, the misrepresentations of ODSs

and drug markets, and the shifts in perceptions and stigmas related to these issues over time.

5.2.1 The physical effects of drugs silenced social challenges

The dominant discourse around street NPS, such as sisa and thai, often overlooked the social and contextual factors that contribute to drug use or to the effects that are subsequently portrayed as the 'drug problem'. A crucial aspect of the WPR analysis is identifying what is left unsaid in these dominant representations. One significant silence is the notion that discontinuing drug use might not improve lived realities but could exacerbate issues such as social isolation.

Lambros, a streetworker with previous lived experience of drugs, highlights the complexity of attributing conditions solely to drug use:

It is not necessarily the substance itself, but the conditions created by the substance and the psychological aspects. There is a huge increase in refugees. In Pedion-tou-Areos, we have Afghans, Iranians, and Pakistanis. The main use of sisa is by them and then everyone else. And often these people, even if we think they have, don't have a choice (Lambros, man, streetworker and PWUD).

His perspective challenges the simplified attribution of conditions to drug use, emphasising the intertwined issues of social exclusion, poverty, and homelessness. This contextual understanding is essential in addressing the broader socio-economic associations that are often silenced in the existing knowledge base.

Moreover, within ODSs, the perception of PWUD as being in an irreversible 'final stage' of addiction further reinforced a narrow view of their situation. This is reflected in an excerpt from my fieldnotes, capturing a conversation with a café owner near Nomiki ODS. He told me, pointing towards the people who injected drugs in the ODS across his shop:

This is their last stop. Once they end up here, they have decided to go from injection to injection (Fieldnotes, man, Nomiki).

This linear perspective, influenced by scientific and media representations, neglects the diverse practices and contextual factors affecting PWUD, which will be revisited in the discussion chapter (Alexandrescu 2014; 2020). Many PWUD considered ODSs their

homes, and their homelessness and drug use were deeply interconnected. Policies excluding individuals with lived experiences of both drugs and homelessness from housing services further marginalised them. Understanding these challenges is crucial, especially for the risks faced by women, explored in the next section.

5.2.2 Street-connected gendered experiences

Among the individuals experiencing homelessness in the ODSs near Nomiki and Omonia, women face heightened vulnerabilities. Dinos highlights the severe challenges faced by homeless women:

They really do suffer. Particularly the women, because almost all the women here have been raped, living on the street. One woman used to sleep just opposite the church, and I found her the other day upset because she was raped right there while sleeping. So, many of that violence, rapes, and they are generally more vulnerable, dependent on drugs, pregnant, felt so sorry for her, for all of them (Dinos, man, local community).

All three women who used drugs in the dataset²³ encountered similar experiences. Despite their circumstances, housing and harm reduction measures did not address their decreased safety and limited citizenship rights. There were no bespoke systems in place for them, such as dedicated sleeping hubs, which could have provided necessary support given their increased vulnerability. Additionally, other PWUD often viewed women's lived experiences through a reductionist lens. For instance, Elias, a male participant, reinforced gender stereotypes by reducing women's vulnerability to issues of 'sex':

The migrants involved in drug activities are not vulnerable; they are resilient, and I speak from my experience. If I had survived a bomb exploding near me, and then walked for unknown kilometres, swam for who knows how many nautical miles, and so on, I wouldn't care about anything else. As for girls being more vulnerable on the streets, it is the opposite. They become dealers' girlfriends. So dealers can have sex and women can have their drugs secured, it's a win-win (Elias, man, PWUD).

²³ Elina, Irene, and Hara.

Elias's view ignores the broader sociocultural processes and risks, such as sexual assaults, that women face. This perspective, focusing only on assumed 'gains' from drug-dealer relationships, silences the trauma and vulnerabilities experienced by women on the streets.

Stavros, Costas, and Philipos, other male participants, acknowledged women's vulnerability but their understanding remained limited to gender-specific behaviours rather than broader issues of exploitation and marginalisation:

Women are way more prone to addiction problems, and they can also cause way more trouble... Women PWUD can bite and make your life difficult when they sell drugs, way more than men. It's like... they are getting revenge for everything they've been through in patriarchy, but they are also vulnerable because they are being exploited (Stavros, man, PWUD).

Stavros primarily attributes women's vulnerability to 'addiction', largely ignoring broader issues. While he acknowledges gender differences and the role of patriarchy, these factors are seen as isolated incidents in women's lives, compelling them to strategise for survival rather than as part of an ongoing process. Consequently, this depiction reinforces gender stereotypes and exacerbates marginalisation within the ODSs.

These perspectives emphasise how women are stereotyped as both harsh and vulnerable. Recognising moments of 'excision and attribution' is crucial for understanding how specific behaviours are linked to women and other minorities within the context of the 'drug problem' (Bonham and Bacchi 2013; 2017). Various quotes illustrate how 'gendering practices' (Bacchi 2017) lead to the portrayal of women as harsher and untrustworthy, yet more vulnerable, distinguishing them from other PWUD.

This section underscored the need to recognise and address gendered experiences and vulnerabilities within street-connected environments, setting the stage for the next exploration of misrepresented ODSs and drug markets.

5.2.3 A 'distorted' view of how ODSs and drug markets operate

The prevailing narrative around ODSs in Athens often follows a binary logic of 'disease' and 'security' problems, portraying them as battlegrounds between 'drug dealers' and 'PWUD'. This representation oversimplifies the complexities of drug markets and the realities of those who frequent ODSs.

Stavros and Costas, participants with lived experiences of ODSs, express how Greek society holds a distorted view:

Greek society has a distorted view of open drug scenes. They think the drug dealers sell drugs and hang out there (Stavros, man, PWUD).

Some years ago, there was an anti-drugs event that I attended because I happened to be in the area, near the drug scene. It was supposed to be an educational event with talks and music. However, as soon as the event ended, a group emerged with clubs and sticks, chasing after people and causing chaos. They claimed they were targeting traffickers, but it was just us, users (Costas, man, PWUD).

These quotes illustrate the power of discourse in shaping public opinion about ODSs, as expressed by Stavros and Costas. The flawed belief that 'drug traffickers' dominate these areas reflects a common distortion, viewing ODSs as a battleground between 'traffickers' and 'users' without any intermediate points in the continuum. This binary perspective ignores the complexities of how ODSs and drug markets operate and the lack of alternative spaces for PWUD. It also overlooks the additional marginalisation faced by women and migrants within these groups. By questioning these representations, the need to understand ODSs beyond a simplistic binary view and consider the broader context of exclusion faced by PWUD emerges.

This sets the foundation for the following section, which examines the historical and political dimensions of the 'drug problem'.

5.2.4 Comparing today to the past and oneself to others

Community members, PWUD, and professionals often draw comparisons between the 'drug problem' of the past and present. This comparison helps clarify the shifts in attitudes and the underlying factors contributing to these changes.

Sofia, a local community member, reflected on her evolving perspective:

Back in my day, a tonne of people used heroin... However, now it's not that I don't empathise, honestly, my heart goes out to them, but fear dominates. If you ever pass by the Park at night, you'll know what I mean. It's like a Mad Max movie... It's become

like a flea market for drugs. It's not just the homeless or those smoking sisa; it's everyone (Sofia, woman, local community member).

Sofia's narrative juxtaposes her past empathy with current fear, influenced by the visual evidence of extreme poverty and desperation in the park at the time of fieldwork, which she described as a 'Mad Max' movie.

Panagiota, a drug control professional, also compares the 'drug problem' across different neighbourhoods:

Other areas have much bigger problems than Exarcheia, especially Pedion-tou-Areos... A wave of citizens came here and shook things up, saying that anyone who passed by during the night became a victim of theft (Panagiota, woman, drug control professional).

These comparisons highlight a shift from viewing PWUD through a lens of pity and empathy to one dominated by fear and security concerns. The 'sisa park' was portrayed in such scary depictions that the riot police were guarding the people working in services cleaning the ODS in the Park. The 'problem' was represented to be both 'dirtiness' and 'lack of security', creating the subjects of the ODS as particularly dangerous.

Vivi, from Exarcheia local community, echoes this sentiment juxtaposing her empathy towards PWUD with fear towards drug dealers and 'mafias':

The junkies were courteous, so much so that I felt compelled to take them home, bathe them, and take care of them. However, the current situation is grim because of the growing violence. Drug dealers, who use guns and knives, have replaced the junkies now and it's all scary (Vivi, woman, local community).

This shift in perception from compassion to fear illustrates how changing circumstances influenced public attitudes. The quotes from Vivi and Sofia above highlight a noticeable shift in their attitudes over time. While they may have previously expressed more compassionate views toward PWUD, their current perspectives on the 'drug problem' are characterised by a shift towards a security-oriented discourse, overshadowing their earlier emphasis on 'addiction' as a disease.

The presence of sisa has added an element of fear to Sofia's perception of both PWUD and those selling it. Vivi noticed a transformation in her area, where the 'benign' PWUD

had seemingly disappeared, leaving only the 'dealers'. Moreover, Panagiota's quote suggests that different local communities may compete in how they voice concerns about their local 'drug problem', indicating that the severity of the issue may vary across neighbourhoods. This implies a politics of addressing the problem from the perspective of affected communities.

The following section examines how PWUD manage stigma by differentiating themselves from others, revealing the complex and often contradictory nature of identity within these communities.

5.2.4.1 Differentiating one from another as a form of stigma management

Irene, a self-identified 'Exarcheia junkie' from an earlier era, distinguishes her experiences from the current 'drug problem':

Back then, the residents here didn't have such a big problem with my generation of junkies. OK, the junkies were sick; they know and respect it because the whole neighbourhood is educated. But now with the looting, cars broken, and so on, people have a problem because you are robbing them of their property (Irene, woman, PWUD).

Irene's narrative portrays the past 'drug problem' as idealised and politically motivated, sharply contrasting it with the current situation characterised by violence and crime. She justifies her past drug use as a response to political disillusionment:

After the Athens Polytechnic uprising, boom, suddenly, a little cloud with powder came over us, the smack! No doubt, political enemies brought it here out of all other neighbourhoods in Athens... They wanted to crush us with the smack and all kinds of drugs you can imagine (Irene, woman, PWUD).

This historical context provides Irene with a sense of justification and pride in her past, differentiating herself from the stigmatised present-day PWUD and dealers/'drug mafias'. She identifies more with the local community of Exarcheia, having been a squatter living in the area for decades. Irene considers herself a proper local community member rather than aligning with PWUD and drug dealers, despite having been well-known for both her heroin use and dealing in Exarcheia.

In the quote below, she explains how her identity as a drug dealer compensated for the loss of dignity when she was also using heroin. It was a way to gain respect, as highlighted in Bourgois' (2003) seminal work:

Suddenly, everyone who never even said 'hi' to me because I used heroin was coming to me as I was selling it. I was even making a profit from selling it. I was broke, lesbian, and a junkie. What would I become, a prostitute? A drug dealer, of course. Well, I could have been the queen of drugs, not just in Greece... but in all of Europe. I didn't because I didn't dream of coming to Exarcheia to sell drugs! I had other dreams... Life forced me to choose this path, damn it (Irene, woman, PWUD).

Similarly, Stefanos, recruited from the 'sis park', distinguishes himself from the other PWUD there. He portrays his drug use as controlled, contrasting it with the 'problematic' use of others:

A.M: What thoughts come to your mind when you see others in the park who are also using drugs?

Stefanos: When I see them in such a terrible state, I think there is no way I end up like that. That's what I think. That I won't end up like that!

A.M: How?

They are messed up, stoned out of their minds. Most of them are from Afghanistan or Pakistan, and heroin is a big issue there. Maybe they got hooked, and now they've become like that. Everyone is a mess in here, except for me! I am the only one who is OK, I have seen no one else, and I hang out with people in the park (Stefanos, man, PWUD).

Stefanos emphasised control in his drug use, contrasting it with the chaos he attributes to others. He attributed certain behaviours to other people's more 'problematic' drug use (Boeri 2004). By using 'excision' (Bonham and Bacchi 2013), he distinguished himself from the mass of PWUD in the park, attributing a 'problem' identity to them while reserving a better subject position for himself. He stressed his ability to maintain control over his drug use and evade the negative consequences experienced by others.

Both Irene's and Stefanos's passages underscore the coexistence of multiple subject positions within individuals, indicating that clear distinctions based on identities are impossible. Additionally, they illustrate how immersion in discourses influences

individuals, prompting them to distance themselves from stigmatised subject positions. The creation of outgroups, from which the majority disassociates, is fundamental to dividing practices, a mechanism through which governing takes place (Bacchi 2009).

By examining these silences and shifts in representations, this section underscored the importance of contextual and nuanced understandings of street-connected experiences. The following section explores the spatial dimension of the 'problem', focusing on how neighbourhoods surrounding ODSs dealt with it.

5.3 How neighbourhoods contained the 'problem'

In central residential areas like Exarcheia and Pedion-tou-Areos, the 'drug problem' ignited significant spatial and ideological conflicts. Pedion-tou-Areos, identified as a middle-class neighbourhood, contrasts with Exarcheia's association with social activism. Different groups within these neighbourhoods framed their respective 'drug problem' in distinct ways. For example, while Exarcheia frames the drug issue within a security discourse, Pedion-tou-Areos embodies a paradox, being viewed as both the worst ODS and a middle-class environment. Despite facing different drug issues (mainly drug selling/drug mafias in Exarcheia, and mainly drug use/other drug mafias in Pedion-tou-Areos) this duality in portraying the 'problem' reflects complex social dynamics and divergent community responses.

The analysis next unravels how diverse groups interpret and respond to ODSs.

5.3.1 Neighbourhoods balancing between tolerance and intolerance

In both Exarcheia and Pedion-tou-Areos, ODSs sparked spatial and ideological contestation. Participants described Pedion-tou-Areos as a middle-class neighbourhood, while they associated Exarcheia with social activism. Fraser et al. (2016b) use the concept of 'collectivities of interest' to enable a nuanced understanding of how different groups perceive and evaluate ODSs. While the 'drug problem' in Exarcheia was framed within a security discourse, Pedion-tou-Areos was portrayed with a contradiction; being labelled as 'the worst' ODS, despite its middle-class surroundings. The neighbourhood was described as simultaneously disadvantaged and privileged.

Sofia, a participant, highlighted this paradox:

We have the worst drug problem in Athens here. The paradox is that this has always been a middle-class neighbourhood, as long as I have known it, which is basically my whole life (Sofia, woman, local community).

This paradox implies a rupture in the taken-for-granted (Bonham and Bacchi 2017). Pedion-tou-Areos residents deployed a citizenship and 'rights-based' approach to address the 'drug problem' (see Fischer and Poland 1998), through formal channels such as civil complaints, public letters to the Prime Minister urging the opening of drug consumption rooms (DCRs), and political pressure. They mobilised frequently, identifying themselves as 'active citizens' born and raised in the area and frustrated with the Park's degradation. To protect and monitor the neighbourhood, security measures were implemented, and the Park was locked every night, displacing the ODS to the streets outside during the night.

Community grievances about the 'drug problem' were addressed through various initiatives, including local assemblies and conferences where representatives from different organisations discussed and proposed 'solutions'. Sofia facilitated connections among concerned individuals, and residents collectively signed letters to the public prosecutor, urging action against drug mafias and crime in the area. The Pedion-tou-Areos community leveraged its political and social capital to advocate for a 'drug-free neighbourhood', leading to the police displacement of the ODS in the Park by the end of my fieldwork, after six years of operation. While Pedion-tou-Areos residents took action, their approach differed from the grassroots governing of Exarcheia. These efforts involved knowledge production, central to the WPR approach, aimed at uncovering assumptions and problem representations in policy and discourse. Inclusive neighbourhood assemblies engaged stakeholders like state representatives, drug treatment experts, and policy professionals, blending diverse perspectives to understand the 'drug problem' comprehensively. However, these gatherings lacked representation from the actual ODS, including PWUD and Afghan sisa sellers.

Having discussed differences between Pedion-tou-Areos and Exarcheia, this analysis now shifts to Nomiki and Omonia.

Nomiki's ODS was conspicuous in central Athens, attracting dozens of people injecting drugs daily. Its diverse local community included PWUD, chapel attendees, university staff, students, café owners, and street workers. The community around Nomiki also mobilised, with academics sending public letters and making civil complaints. In contrast, Omonia was characterised by state neglect and a lack of organised community

involvement. Inhabited mainly by migrants running retail shops, second-hand phone stores, internet cafes, and brothels, the neighbourhood appeared abandoned. During street work, I observed mainly Asian residents navigating groups of people injecting drugs in doorways. Omonia's absence from community discussions is due to significant degradation, leading to a perception of irreversible decline and a lack of incentive for intervention. Additionally, there were no active community members advocating for Omonia, and those who wished to voice their concerns seemed marginalised or silenced.

This section highlighted community-driven efforts to address the 'drug problem' in specific urban neighbourhoods, emphasising initiatives like local assemblies, conferences, collective actions, and knowledge production to understand and address the complexities of the 'drug problem'. These efforts underscored a grassroots-driven approach marked by collective action and the mobilisation of political and social capital. The contrasting dynamics in different ODSs reflected varied responses to drug-related challenges, highlighting different levels of state neglect, community engagement, and societal marginalisation. The following section explores perceptions of different stakeholders, including residents, professionals, and policymakers, towards responses and harm reduction interventions, including Drug Consumption Rooms (DCRs).

5.3.1.1 Tolerance

In Exarcheia, the open drug market and the influx of people created difficulties for the local community, stemming from the complex situation posed by the migration wave. Although the neighbourhood exhibited 'tolerance' grounded in solidarity with migrants, it still faced issues of public disturbance and underlying tensions.

The situation is complex because these are young people who struggle to survive and have limited socialising options. Exarcheia is the only place they can socialise without facing fascist violence by Golden Dawn²⁴. But the reality is horrible, as you can witness. The state of the square is chaotic, with fires, burning of objects, and deafening music until the early morning hours. Despite the freedom given to them, they do not respect it (Vivi, woman, local community).

²⁴ The Greek neo-Nazi party.

Vivi's quote suggests that the freedom given to people in Exarcheia was due to the liberal attitude and generosity of the local community, rather than equity and shared space. Within the context of the neighbourhood, 'tolerance' also came up in discussions regarding the migrant population and their role in the local community. However, this concept had its shortcomings, often justifying the inequality of certain groups within the community. Scholarship on stigma has highlighted that some tolerance does not equal acceptance (Valentine 2008). Freedom as something granted by more deserving members of the community highlights the pitfalls of 'tolerance', versus prioritising a deeper sense of community through embodied co-existence (Bacchi and Beasley 2007). Expecting 'respect', in Vivi's words, certain groups have more rights to be there than others and could choose to show 'tolerance' towards people who were seen as 'others' in the public space. Some residents felt discontent with the new situation and believed the neighbourhood had lost its unique character. During an informal conversation, one said to me:

What Exarcheia Square? We should name it Damascus Square!
Look around; everyone is Syrian, or drug mafias, or potheads
(Fieldnotes, 22 August 2018).

Upon hearing this, it became evident that certain individuals within the local communities held a fixed and predominantly conservative perspective regarding how the neighbourhoods should be. They perceived them as static entities with characteristics that needed preservation, rather than dynamic living spaces that adapt to changing circumstances.

5.3.1.2 NIMBYism

During my fieldwork, I witnessed targeted interventions aimed at disrupting the drug market, some visible from my balcony. One such intervention involved helmeted protestors marching around Exarcheia Square weekly, chanting against drug traffickers holding sticks (Figure 11 below). The slogans and banners depicted 'drug traffickers' as outsiders, aligning with the neighbourhood's historical struggle against state repression. Notably, these interventions did not mention PWUD, suggesting a compassionate attitude towards them as victims. This sentiment has historical roots in the neighbourhood, as revealed by first-hand accounts from local community participants. The patrols specifically targeted 'drug mafias', aiming to uphold the 'neighbourhood's history' by monitoring and clearing the square of suspected members. However, the efficacy of these interventions in addressing the 'drug problem' was debated within the

community, with some viewing them as excessively focused on law-and-order (Dimitris), while others saw them as necessary for community safety and wellness (Vivi):

These guys show up every couple of weeks, all law-and-order-like, acting like hooligans trying to push everyone out of the square for a couple of hours. It's like they need to reassure themselves that they're in control. But then, a couple of hours later, the drug market is back to business as usual (Dimitris, man, local community and PWUD).

Vivi, an active member of one of Exarcheia's neighbourhood assemblies, said about them:

This group wants Exarcheia free from drugs. They are brilliant kids, educated, with ideology and beliefs. Kudos to them, they just take care of the neighbourhood (Vivi, woman, local community).

The varying perceptions within the community highlight the significance of the theoretical and methodological foundations of WPR which emphasises the limitations of viewing the local community as a homogeneous group and stresses the need for a nuanced approach that acknowledges the diverse perspectives and subject positions within communities.



Figure 11: Protestors patrolling Exarcheia Square, chanting slogans against 'drug mafias' such as 'Exarcheia has a history; drug traffickers go away'.

This form of communication, akin to a symbolic approach to drug policing (Coomber et al. 2022), only temporarily disrupted the drug market while it promoted a law enforcement

approach to the 'drug problem', operating within a problem-solving framework (Bacchi 2024a), which will be returned in the discussion. According to participants who were familiar with the 'drug problem' in the neighbourhood, community-led interventions in Exarcheia dating back over five years, aimed to address heroin use initially and later the 'drug mafias':

There was a time when the residents were meeting up regularly to figure out what to do about the ODS at Exarcheia Square. Eventually, after tons of assemblies and meetings, the residents came up with a plan and they managed to clear out the area. A local tavern owner sat in the middle of the square all summer with a microphone. And whenever he saw a drug dealer or a drug user, he'd grab the microphone and shout 'Go away! There are no more drugs here' (Costas, man, PWUD).

These efforts, while effective in the short term, proved unsustainable in the long run, as per Vivi, a local assembly member:

We put in the effort, organised demonstrations, talks, and events, and took over the selling points to leave no room for the drug scene. For like two or three months, nobody was coming around for drugs but after having spent an entire summer guarding the square, it just wasn't sustainable for us any longer. So, eventually, the problem came back (Vivi, woman, local community member).

Her quote underscores the persistent conflict between the Exarcheia community and the 'drug problem'. Within the neighbourhood, both tolerance and zero-tolerance approaches coexisted, shaped by historical connections and responses to criminality and security concerns. While local communities oscillated between the two approaches, the state for decades had been moving the ODSs from one neighbourhood or street to another (Vidali 2015). During fieldwork, I witnessed several law-and-order interventions, such as police raids, which scattered the populations in the ODSs only to resume their activities shortly after. Panagiota, a drug control interviewee, critiques negative community attitudes that prompt police intervention, highlighting the politicised nature of the issue:

The police, at least here at the drug control department, consider drug users as patients who require medical treatment. We focus on prosecuting drug traffickers, not on arresting users. However, when a formal complaint is lodged, we must intervene. Especially now it's easier than ever to file a complaint anonymously via email. I wish all Greek society was as sensitised towards PWUD as the Greek police but, unfortunately, this is not the case.

Imagine, during a harm reduction event, a woman approached me to complain about people shooting up outside Nomiki. I asked, 'What do you want me to do, arrest them'? People are quick to complain about law enforcement, but everyone calls the police when the problem reaches their doorstep (Panagiota, woman, drug control professional).

This critique emphasises the importance of recognising the diverse perspectives surrounding the 'drug problem' and how it is not a fixed issue but depends on various factors. The contingent nature of both the 'drug problem' and the attitudes towards it, highlights that it cannot be theorised and categorised based solely on theoretical knowledge (Derrida 1995) and justifies the selection of the WPR approach. Panagiota mentions that negative community attitudes and anonymous complaints led to a law-and-order approach by the police, despite recognising drug use as a health issue. However, it is important to note that attitudes can be both malleable and manipulable (Treloar and Fraser 2007; Hopwood et al. 2010).

This section explored forms of collectivities involved in the neighbourhoods' 'drug problems'. Various factors such as community solidarity, public inconvenience, and changing demographics influenced the containment approach. Amid state interventions and displacement strategies, the 'drug problem' persisted within specific areas, while different groups and individuals had varying opinions about it. As such, it remained localised, politicised and subject to diverse perspectives. This highlights the complexities of urban governing connected to the different ways the 'drug problem' is represented, and the need for a critical analysis of the governing of the 'drug problem' in urban public spaces, which is the focus of the following section.

5.3.2 The governing of the 'drug problem' in the urban public space

This section explores the complexities of the 'drug problem' governing in urban public spaces, exploring how various stakeholders perceive and address these challenges. It is divided into the role of the 'Academic Sanctuary' discourse and the problematisations surrounding neighbourhood gentrification and DCRs.

5.3.2.1 The 'Academic Sanctuary' as a governing discourse

Originally established to protect university students, the 'Academic Sanctuary' Law had lost its significance, becoming a political tool in the rivalry between PASOK (later Syriza)

and New Democracy. Conservative New Democracy²⁵ governments consistently abolished it, while socialist/leftist governments like PASOK and Syriza reinstated it. New Democracy accused Syriza or PASOK of using the law to enable criminality, including drug dealing. In response, PASOK and Syriza referenced the law's original intent to protect freedom of expression while addressing claims of facilitating illicit activities to avoid appearing too radical. During my research, interviewees echoed similar rationalities, illustrating how political discourses shape public perceptions. The problematisations of the 'Academic Sanctuary' Law reflected both its intent to protect freedom of expression and its perceived role in enabling crime, highlighting its role in attributing responsibility for the 'drug problem' and other criminal activities in the city.

Problematisations were divided on this matter, with some viewing 'Academic Sanctuary' as enabling illegal activities, while others question its direct impact on ODSs. This highlights how political struggles influence the rationalities underlying the drug market institution (Glynos and Howarth 2007): some described the 'Academic Sanctuary' Law as legislation providing immunity from legal consequences, thereby facilitating illicit activities. In contrast, other participants suggested that the use of the 'Academic Sanctuary' was not aligned with its explicit purpose but rather a hidden 'night-time meaning' (Manderson 2011). This, in turn, framed the 'drug problem' as a social order issue in the city centre. For instance, residents of the Exarcheia neighbourhood argued that the state deliberately placed the drug market there as a form of 'punishment'. Thus, the 'drug problem' was perceived as a means of social control to discipline 'undisciplined' neighbourhoods. Both viewpoints indicate that the 'Academic Sanctuary' served as a governing discourse, underscoring the interaction between law, politics, and community dynamics.

Sofia and Marika, due to their politicised subject positions as both were residents in Pedion-tou-Areos, as well as Panagiona, drug control professional, positioned the 'Academic Sanctuary' Law as the 'problem', suggesting drug sellers and PWUD exploited it by establishing ODSs near campuses. For instance, Sofia said:

Check out the historical movement of the ODSs, and how they've shifted places over the decades. Back in the 80s and 90s, it was Exarcheia, you know, 'Academic Sanctuary' is a law there regardless, it's the so-called 'Exarcheia state'. Then they moved to Athens Polytechnic School, and now they're right here in the Park, next to the Economic University. Don't forget, we also have

²⁵ Following New Democracy's 2019 election win, the law is no longer in effect at universities.

the Law School and the ODS at Nomiki. Is this all just random? Honestly, I don't think so. I've heard rumours that drug dealers stash their goods at the Economic University because it's the most secure spot. It all boils down to the 'Academic Sanctuary' (Sofia, woman, local community).

A similar problematisation regarding ODSs operating near university campuses was made by Marika:

The drug dealers exploit the 'Academic Sanctuary' to hinder police intervention. They take shelter inside the sanctuary and occasionally resort to pelting stones at the police to force them to retreat (Marika, woman, local community and policy expert).

Consistent with her subject position as a police professional in drug control, Panagiota suggested that Exarcheia often opposes authority, but disagreed with the idea that the police ignored the complaints of the local community:

Exarcheia is an area that has seen efforts to drive out the police and in the absence of police presence, there can be a significant increase in crime. However, we, as a service, have no limits and have taken action when we have enough evidence to intervene in Exarcheia. It is not a no-go zone for us. We have dismantled four or five criminal organisations operating in Exarcheia in the last few years, but there is no mafia. There are smaller criminal groups that operate and use Exarcheia as their base for illegal activities. However, drug trafficking is not the first problem in Exarcheia, there is more trafficking of untaxed cigarettes (Panagiota, woman, drug control professional).

The above quotes represent the 'problem' as encompassing areas designated as beyond the reach of police surveillance and control. Consequently, the 'proposed solution' involves the eradication of the 'Academic Sanctuary' and other alleged 'no-go zones', coupled with an escalation in surveillance, control measures, and a heightened police presence. As evidenced by Panagiota's quote above, the 'Academic Sanctuary' became a governing discourse that included both ODSs located close to universities and the Exarcheia neighbourhood, as a putative no-go zone to the police called the 'state of Exarcheia'. Portraying the 'Academic Sanctuary' as promoting criminal behaviour because of lack of state intervention obscured its original meaning, however, which was to provide a space for social activism without fear of police interference. This problem

representation implied that eliminating the 'academic sanctuary would solve the 'drug problem'.

However, problematisations also brought the other side of the argument to the fore, with participants who challenged this problem-solving approach by pointing to the performativity of the discourse and claiming that the 'Academic Sanctuary' was irrelevant to most ODSs in Athens. For example, the ODS in Omonia was far from university campuses, and the ODS in Menidi was located 20 km outside Athens. This was conveyed by Spyros:

This is irrelevant, just politics. Why Omonia is such a prominent drug scene for decades if the 'Academic Sanctuary' has anything to do with it? It is far from any universities (Spyros, man, policy expert).

The real action is in Menidi, not in the city centre drug scene. That's where the main body of PWUD goes, and even those who sell at the ODSs in Athens centre go there to buy and stock up. Have you ever taken the bus from Athens to Menidi? It's something else, I tell you. The ODSs in the city centre are child's play compared to what goes on in gypsies' ghettos there (Stavros, man, PWUD).

Stavros and Spyros suggested that the 'Academic Sanctuary' used in public discourse as the reason for drug markets in the city centre is misleading. Stavros pointed out that outside Athens, other drug markets, often in more dangerous areas portrayed as 'gypsy ghettos', were much more expanded and riskier, while being far from anything that could be considered an 'Academic Sanctuary'. These 'gypsies' ghettos' are also portrayed as no-go zones. This lived experience challenges the rationality behind the 'Academic Sanctuary' explanation.

These dynamics of urban governing involve different stakeholder perspectives, which shape policies, interventions, and public discourse around the broader 'drug problem'. Given these dynamics, it is essential to explore problem-solving approaches that consider the diverse subject positions of various stakeholders, to associate particular rationalities with specific subject positions, and to examine the assumptions, familiar notions, and established, unexamined ways of thinking that underpin accepted practices (Foucault 1994b). These subject positions across different stakeholders are analysed next.

5.3.2.2 Problematisations around neighbourhoods' gentrification and drug consumption rooms

This part of the chapter explores how perceptions and responses to the 'drug problem' are shaped by personal experiences, professional expertise, and political ideologies. It highlights the complex nature of problem-solving and governing within urban neighbourhoods, exploring how different stakeholders intertwine in the shaping of policies, interventions, and public discourses.

Many drug professionals and residents in the city centre believed the 'drug problem' was primarily confined to that area and not as prevalent elsewhere. The dominant belief was that when an ODS appeared in a neighbourhood, it was part of a plan to lower property values, push out local residents, and pave the way for large-scale property purchases and gentrification. Chris, a streetworker, noted:

It's a recurring trend of population displacement for various reasons. There are incentives to downgrade areas, pushing residents out. So, it's a pattern that keeps happening on the profits gained in the process (Chris, man, streetworker).

DCRs were suggested to reduce the harm caused by public drug use, addressing the challenges posed to local communities. In interviews, residents, PWUD and streetworkers generally supported DCRs in the city, though concerns about their location were raised. Marika, an academic and resident, highlighted:

The neighbourhoods are suffering from robberies and violence. Moreover, the state does nothing to support the residents. Quite the opposite, it seems like there's a coordinated effort to push all the unwanted activities into certain areas in the centre. If the state wants to shift the burden of our neighbourhood's problem to us citizens, they are on the right track.

When asked if DCRs would ease the situation, Marika responded:

Marika: It's possible, yes. But the issue is that they plan to locate them in the same areas already affected by multiple drug-related problems, such as methadone units, ODSs, and services that provide food to PWUD. I question why they are doing this. All marginal groups gather in the city centre, including dealers, prostitutes, and PWUD. So instead of separating them, do you

bring them together? (Marika, woman, drug policy expert and local community member).

Such views reflect the neoliberal emphasis on creating self-governable subjects, allowing the state to govern from a distance (Rose and Miller 2010). The lack of state intervention concerns not only the support for PWUD in the ODSs but also the absence of the state in addressing local community grievances. Marika's dual role as a resident and drug policy expert highlights the interplay between personal experiences and professional expertise in shaping drug policy. Her quote about 'bringing the marginal groups together' in the 'problem-congested' city centre suggests that 'separating them' might be a solution. However, research (e.g. Rhodes et al. 2006) indicates that removing marginalised groups from the centre is unlikely to 'solve' their problems and may lead to further social isolation.

While the problem in Pedion-tou-Areos was seen as the state relinquishing governing to citizens, the Exarcheia community viewed the police and state as part of the problem. They believed the authorities actively engaged in the 'drug problem' for personal gain, aiming to undermine the neighbourhood's autonomy. The short-lived opening of a DCR in Athens in 2013 challenged societal norms and suggested the need to reconsider established arrangements.

This section examined the broader implications and reflections on the 'drug problem' and the state's role. The neoliberal approach and the frustration with state intervention highlighted the complexity of the situation. Residents' scepticism about police and state intentions, fuelled by the perception of complicity in exacerbating the 'drug problem' for personal gain, underscores these complexities. Considerations regarding DCRs further expand on these issues. The following section will examine the emergence of the 'Academic Sanctuary' as a governing discourse, continuing the discussion on approaches to addressing the 'drug problem'.

5.4 Summary

This chapter examined the dynamics of the 'drug problem' in four Athens ODSs, focusing on perspectives, social contexts, and policies. New drugs, especially NPS like *sisu* and *thai*, were viewed as dangerous with irreversible effects, and the analysis of diseases like HIV/AIDS showed how societal perceptions shape policy responses. Events like the 2004 Olympics and the economic crisis shifted drug markets and policies, reflecting broader societal changes. The chapter also explored how drug sellers and market

operations were portrayed in Athens' ODSs. The 'drug mafias' discourse linked drug selling with criminality and harm. Immigrant groups were associated with specific drugs, reinforcing negative stereotypes. Street drug sellers showed a diverse landscape, challenging conventional views. Economic and refugee 'crises' worsened the 'drug problem' increased associations of these social conditions' effects with the 'drug problem'. The 'drug war' rhetoric influenced local responses and perceptions of drug use, while stigmatising attitudes were reinforced in everyday spaces. At the same time, silences in street-connected PWUD subject positions and the linear portrayal of addiction overlooked the complex realities of PWUD. Gendered experiences within ODSs revealed women PWUD's heightened vulnerability and exploitation.

This chapter emphasised how societal attitudes, structural inequalities, and lived experiences shape the lives of PWUD in Athens' ODSs. The next chapter explores broader discursive frames, public attitudes towards PWUD, practices shaping them, policy reforms, and subject positions.

Chapter 6: Doxa – Public attitudes towards the ‘drug problem’

This chapter, titled ‘Doxa’ (referring to common beliefs and public opinions), explores public attitudes towards the ‘drug problem’ in Athens and opinions on drug policy reforms. It shifts the focus from the open drug scenes (ODSs) to various perspectives, drawing from interviews with all participants and my fieldwork observations. The chapter is structured into three sections. Firstly, the chapter examines the perceptions of participants regarding public attitudes towards people who use drugs (PWUD) and the ‘drug problem’. Secondly, it explores how attitudes were represented to be influenced by the prevailing circumstances, such as the public perception of the ‘drug problem’ and the normalisation of ‘crises’ in Greece at the time. Thirdly, the chapter investigates public opinions on the policy reforms that were being discussed during the fieldwork period. It analyses these opinions in terms of their impact on different stakeholders and assesses who is represented to benefit or to be negatively affected by the reforms. In relation to the ongoing cannabis reform, specifically, the chapter examines public opinions to understand participants' viewpoints on the ‘drug problem’ by examining their proposed ‘solutions’. Additionally, the chapter examines the role of the official state and other influential actors in shaping public attitudes, opinions, and drug policy.

6.1 Mixed public attitudes

Participants were asked about their perceptions of public attitudes towards the ‘drug problem’ at the time of the interviews, which occurred from 2018 through February 2019. Most participants did not see public attitudes as a single, unified entity. Instead, they described a recurring cycle in which public attitudes fluctuated between phases of fear and hostility, followed by periods of pity and compassion. These fluctuations were influenced by various contextual factors, such as social, cultural, and economic events.

Stavros described public attitudes as complex and confusing, making it difficult to draw definitive conclusions:

It is very confusing, and I just cannot put my finger on it. You see young people who you would think would be cool with it, but they're totally grossed out by PWUD and the whole situation with drugs. And then you see others, older, more conservative, who you'd suppose wouldn't care, to be compassionate (Stavros, man, PWUD).

Stavros expressed his confusion regarding the conflicting attitudes towards PWUD and the overall drug situation, which he perceived as contrary to his expectations. His quote implies that understanding public attitudes is a complex and interpretative process influenced by various factors, such as broader social and cultural values and discourses (Lancaster et al. 2015a).

Elina also expressed confusion when discussing the prevalence of stigma towards PWUD in Athens. She observed that public attitudes towards the 'drug problem' could be classified into three categories: compassion, hostility, and indifference. Elina was uncertain which attitude was more concerning:

Stigma is still prevalent. Some have drug users in their social circle and so they have compassion but others express hostility using slogans like 'Let's get the junkies out of our neighbourhood', and then there are those who simply ignore the issue, which is the most harmful.

A.M: So in your opinion, indifference is worse?

Elina: It's hard to say. At least the hostile ones are taking action and reacting, although it's not pleasant to hear someone say, 'Eww, the junkies made my sidewalk dirty'. That's also a form of indifference; they, too, ignore the problem. I'm still trying to determine which is worse, to be honest. Both have their drawbacks. (Elina, woman, PWUD).

Elina differentiated between hostility and indifference, viewing both as negative attitudes with drawbacks. She portrayed hostility as an attitude that acknowledged the existence of a 'problem', while indifference implied a lack of acknowledgment, which she found equally or more problematic. Elina's reference to 'slogans' when discussing her viewpoint on negative public attitudes and persistent stigmatisation towards PWUD suggests the influence of stigmatising discourses in shaping these views. These attitudes are influenced by social structures and dominant narratives that portray PWUD as a 'problem' to be 'solved' or removed, with people often aligning themselves with stigmatising discourses and slogans. Her hesitation in determining which attitude is worse, 'hostility or indifference', highlights the limitations of dichotomous thinking when interpreting complex public attitudes. Personal relationships with PWUD can foster compassion and understanding towards the 'drug problem', as noted in the stigma

literature regarding effective anti-stigma interventions, a point that will be revisited in the discussion.

This perspective is also reflected in Gerasimos' quote where he emphasises how being a parent of a PWUD greatly influenced his perspective on the 'drug problem':

Before I found out that my son was taking cocaine, before we got this in our family, I might sympathise with you and everything if you had a drug problem, but once I hopped on the bus, for example, I left you behind and I left your problem behind too – it was yours! Now I carry it with me everywhere, it is mine! (Gerasimos, man, father of PWUD).

Gerasimos reflected on how his perspective on the 'drug problem' changed after discovering his son's drug use. Prior to this, while he had a general interest in the issue, it did not affect his daily life. After learning about his son's drug use, Gerasimos became personally invested and felt a greater responsibility. Being a parent of a PWUD shifted the 'problem' from being a general issue 'out there' to a personal one that affected him deeply. This shift is further explored in Chapter 8.

However, having a close family connection to the 'drug problem' did not necessarily lead to a more sympathetic view. Rika highlighted that her other son harboured anger towards his sibling, who used cannabis and faced legal charges for being arrested under drug laws related to selling it. She attributed his negative outlook to the emotions triggered by the 'drug problem':

Some people are very angry towards drug users. Like my other to his brother's drug problem, saying things like 'I am done with him, why should I care? He chose his path' It deeply troubles me to witness such an absolute stance, especially knowing how sensitive he is. I believe there is a deeper underlying issue within him that is being triggered and causes him distress. I think the same applies to the negative part of society. They might also be in pain. As a society, we don't know how to deal with the problems we face and we seem unable to learn from them either (Rika, woman, mother of PWUD).

Rika's viewpoint was shared by other participants who believed that societal disconnection played a role in various aspects of the 'drug problem'. Indeed, during my fieldwork I encountered a complex range of attitudes. Similar to experiences shared by Stavros, Elina and Rika, I witnessed instances of hostility expressed in unexpected ways. For example, I observed young people expressing anger when they discovered that people who injected drugs (PWID) had used their entryway leaving blood stains behind.

I also observed others placing responsibility on PWUD and expressing disbelief that there were still people struggling with 'addiction', considering the widespread knowledge about drugs. These observations underscored the influence of knowledges in shaping public attitudes towards the 'drug problem'.

In this section I have treated public attitudes towards the 'drug problem' as being shaped by dominant discourses and structures, including by personal experiences and connections. Participants emphasised the diverse range of attitudes that could not be easily categorised. As such, negative public attitudes were not explicitly linked to a specific subject position. The next section goes on to explore how the public perception of the 'drug problem' in Athens had, according to study participants, become normalised and how this impacted public attitudes.

6.2 The normalisation of the 'drug problem'

This section is divided into two parts. The first part discusses public attitudes as a result of the normalisation of the 'drug problem' in the streets of Athens. The second part examines attitudes resulting from various 'crises', such as economic, Human Immunodeficiency Virus (HIV), and refugee 'crises', and how they were portrayed to have influenced public attitudes towards the 'drug problem'.

6.2.1 A 'normal problem' to see in the streets of Athens

Streetworker participants observed a shift in public attitudes towards drugs, moving from a perception of drugs as solely tied to criminal behaviour to a growing acceptance of drug use in public. They noted that the 'drug problem' had evolved and was now viewed as interconnected with society. However, they expressed concern about a lack of awareness regarding the link between drug use and public health. Lambros' quote exemplifies these views:

People these days are used to seeing drug use in public and groups like us helping them, so attitudes have changed. It's not like before when they would be like 'Oh my God! What is this horrendous spectacle I am seeing?' Now it's more like 'Yeah, of course, there are drug users around. They have been around for a long while'. However, there are still some who have those old beliefs. Just yesterday, during streetwork, one older woman came up to me and was like 'What are you doing? Are you giving

them drugs? I will call the police' (Lambros, man, streetworker and PWUD).

Lambros noted that while some people were accustomed to drug use practices in public and were less shocked by it, some still held traditional beliefs suggesting that, although the 'drug problem' was more tolerated than in the past, complete acceptance had not yet been achieved.

According to streetworker participants, the normalisation of the 'drug problem' in Athens had brought about a positive change in attitudes which they attributed to their own practices. When I joined the streetworkers (as discussed in Sections 4.2.3 and 4.3.2), many highlighted how their presence had contributed to a better understanding of the connection between drug use and public health. In lay conversations, they argued that their efforts had shifted perceptions from viewing drug use solely as a criminal offence to understanding it as a health issue deserving of support. They believed that by engaging with the community and highlighting the connection between drug use and public health, they helped weaken the association between drug use and criminality. This association was primarily fuelled by decades of law enforcement practices, such as chasing PWUD and displacing ODSs which reinforced the idea that drug use was inherently criminal.

Opposing views existed among the study sample regarding the normalisation of the 'drug problem' in the streets of Athens. Some participants argued that this normalisation had a negative impact on shaping attitudes towards the 'drug problem'. These participants, mainly professionals supporting abstinence recovery, believed that negative public attitudes towards PWUD were a result of the normalisation of the 'drug problem' and the perception of drug addiction as a disease. Michalis and Giorgos, both treatment professionals advocating for abstinence recovery (though from different approaches/agencies) expressed these concerns:

Our work as drug agencies has a significant impact on how people perceive the drug problem. In the past, therapeutic communities were successful in producing recovered users, and educating society and local communities, instilling hope that recovery was possible. As a result, seven out of ten users remained drug-free after five years. However, things have changed and the success rates are not the same anymore. People see the problem in the city, and they receive that they 'cannot get well'. That's why I think that if harm reduction as a culture prevails, rather than the broader culture of recovery, it will not turn out well (Michalis, man, drug treatment professional).

Michalis expressed concern about the growing acceptance of the 'drug problem' in the city and the emphasis on 'harm reduction' rather than 'recovery', suggesting it sent a message that the issue could not be overcome. He believed past positive attitudes were due to rehabilitation programmes that focused on reintegrating PWUD and educating society about the possibility of recovery. Consequently, he saw the prevalence of harm reduction as reinforcing the belief that PWUD cannot recover.

Giorgos shared the perspective that abstinence-based programmes had previously played a crucial role in improving public attitudes towards PWUD:

In Greece, there is a paradox at play. Back in 1983, the opening of Ithaki was a huge success and showed that people who used drugs could recover. However, in the 1990s, when OKANA came into play, the social representation changed. Now, if I ask my 76-year-old mother whether people who take drugs can recover, she will say 'Sure, they can get well! Since there are Ithakes [*in plural*] available!' But if I ask a friend who formed an opinion in the 1990s, he will say 'no way' and will point to the flock outside OKANA. It's clear that social attitudes have been influenced to a degree by different approaches (Giorgos, man, drug treatment professional).

Giorgos connected the shift in public attitudes with the establishment of the official harm reduction provider in Greece, leading to a shift in the social representation of the 'drug problem' as something irreversible. The establishment of the official harm reduction provider (OKANA) in Greece contributed to portraying drug addiction as a condition that cannot be completely 'resolved' or reversed. This shift influenced public perception to believe that addiction is a chronic issue that can only be managed through harm reduction strategies like Opioid Substitution Treatment (OST), rather than being completely overcome through abstinence-based recovery programmes. This shift in perception contrasts with earlier attitudes exemplified by programmes like Ithaki, which emphasised recovery and successful reintegration of PWUD into society.

These programmes, such as Therapeutic Communities (TCs), were seen as successful in promoting the idea that recovery from drug addiction is achievable. However, with the prominence of harm reduction strategies like OST, there has been a change in how society views drug addiction: more as a chronic 'problem' that needs ongoing management rather than a 'problem' with the potential for complete recovery. This shift in social representation is significant because it affects public attitudes, policy decisions,

and the types of interventions and support systems that are prioritised in addressing drug addiction in Greece. In this portrayal, Ithaki and OKANA are seen as two opposing ends of a spectrum rather than two interconnected efforts to support PWUD.

Sofia, who lived in Pedion-tou-Areos, held a comparable viewpoint regarding OST:

I have mixed feelings about the methadone units and OKANA. There is one just around the corner and during dispensing times there is always a drug scene situation outside. You can go check it out for yourself (...). I see people going to take methadone or whatever else they are taking, and then I see others, maybe the same people, selling drugs, or maybe they are selling their methadone, who knows? It's hard to tell. What I know for sure is that the whole area is strewn with dealers, traffickers, and spaced-out junkies shooting up. I'm not sure what the deal is with those units, but it seems like they're not doing anything; like everything else in Greece (Sofia, woman, local community).

Sofia questioned the effectiveness of OST units and the harm reduction approach in Greece more widely, portraying ODSs outside the units during dispensing hours and the presence of 'dealers', 'traffickers', and 'drug users' in the same area which influenced her perception of OST. While ODSs were seen as the 'problem', drug treatments were seen as the solution. This representation might ignore the social and cultural lives of PWUD and their interactions outside treatment facilities. Sofia's problematisation reflects a common perception of the 'drug problem' as a problem for the city, associating the societal responses to drug use with treatment infrastructure.

Giorgos offered a different perspective by highlighting the larger group of people who were not involved in such activities:

It is unfair to solely focus on the visual aspect and cite as an example 30 persons we observe dealing outside a methadone unit. Focusing on that hides that there are another 200 people in the same unit who are not involved in drug dealing and just take their substitution treatment and go home (Giorgos, man, drug treatment professional).

Giorgos' problematisation of the public nature of the 'drug problem' in Greece draws attention to the stigmatised positions associated with drug treatments and public drug use where he sheds light on the deceptive function of the visible nature of the 'drug problem' in Greece, which arguably favours certain portrayals while silencing those unseen.

Panagiota further expands on the same problematisation, offering her perspective on the meaning of the social, cultural, and spatial regulation of PWUD:

From my experience I can tell it's in the drug user culture to be out and about, to socialise. They want to find their peers to discuss, to talk about their problems, and what bothers them. Those peers are their family and friends. They gather at OKANA, you will see them. They just need a space to sit, to talk, to spend their day. Most of them are unemployed, it's not like they have jobs! Where should they go? At home, with their mother and father yelling at them? In the best-case scenario, which is that they have homes (Panagiota, woman, drug control professional).

Panagiota draws attention to the intrinsic tendency for people to gather, socialise, and connect, drawing from her professional role to claim that these social dynamics are specific to the 'drug user culture', while also problematising the lack of spaces available to PWUD. Discriminatory policies in housing and unemployment, she argues, have activated stigmatising public attitudes towards PWUD and shaped people's realities and lived experiences.

Stavros, who had been taking methadone for a decade at the time of the interview, exemplifies what Panagiota says, drawing on his personal experiences from sitting outside his methadone unit:

Me and my 60-year-old buddy sit outside the methadone unit after getting our dose. He used to sit there for ages and so did many other junkies who were also on methadone. We'd chat, exchange pills, a bit of heroin, sometimes even ask for some cash; you know, the usual business among drug users. A bit of give and take and socialising. But there was this local crew who thought that traffickers were taking over the place and that's why people were hanging out there. It's just nonsense. The public has a distorted opinion of how the ODSs operate. In fact, no trafficker ever went to a drug scene, let alone outside an OST unit (Stavros, man, PWUD).

Stavros' quote problematises the common public perceptions of OST units, noting that this perception stems from a flawed understanding of how the drug market operates. He noted that Greek society had 'distorted opinions' on ODSs' operation, challenging the common understandings of ODSs as spaces where a dichotomy between 'disease' and 'crime' plays out. This representation silences the view that PWUD rely on peers not only

to access drugs and basic survival resources but also for community and social connections.

This section explored problematisations regarding shifting public attitudes and the normalisation of the 'drug problem'. Participant views indicated that, while Greek society gradually grew accustomed to drug use in public spaces, this transition was not straightforward. Moreover, complete acceptance of public drug use was still a 'work in progress'. For example, stigma remained discernible within public attitudes, partially attributed to the decrease in rehabilitation agency efforts and certain harm reduction interventions that shaped the discourse.

The next section explores problematisations related to the various 'crises' of Greece at the time.

6.2.2 The normalisation of consecutive 'crises'

6.2.2.1 'Economic crisis'

During the fieldwork, the prevailing negative attitudes towards PWUD were depicted as being influenced by the 'economic crisis' that affected a significant part of the Greek population. Within the restrictive socioeconomic context, such attitudes were portrayed as justified by several professionals. For example, in the quote below, Petros discusses how the consecutive 'crises' that had affected Greece had had a severe impact on public attitudes towards PWUD:

It seems like Greek society is thinking along the lines of: 'We're already dealing with so many problems and hardships; our pensions and salaries are being cut, we can barely take care of ourselves and now we have to take care of refugees and drug users too?' So, as a way of placing the blame somewhere, people tend to project their frustrations. The vulnerable become the scapegoats and are seen as the least deserving. Moreover, people don't know what else is coming upon them. It is not only drugs, the economic crisis, or the refugee crisis. It is all of them together and new ones coming back-to-back without allowing any processing time (Petros, man, drug treatment professional).

Petros discussed the broader context of perpetual risks and 'crises' which, he believed, hindered people from successfully processing the challenges they faced. He portrayed a sense of continuous risk, exacerbated by an unceasing barrage of new 'crises', including drugs, economic instability, and refugee challenges, leaving little room for

'processing time' thus preventing people from anticipating what lies ahead. Several participants described negative attitudes towards PWUD as a product of the social and political environment. This portrayal suggests that there was no absolute 'truth', and that individuals may not necessarily hold negative attitudes if the socioeconomic circumstances were different. In my observations, I also formed a view that attitudes towards PWUD were not set in stone or pre-determined but were, rather, shaped by the social and political conditions in which they emerged. This was reinforced by specific instances documented in my fieldnotes such as the following example:

What strikes me most is the prevailing indifference towards people sleeping on the pavement, many of whom lack sleeping bags. Often, it's unclear whether they are alive or dead, yet passers-by walk past them without concern. This indifference seems to have intensified with the deepening effects of crises, as I don't recall it being as prevalent just three years ago (Fieldnotes, January 2019).

Most participants agreed that negative public attitudes towards PWUD were influenced by the 'economic crisis'. However, there were contrasting views regarding the crisis's impact, with some perceiving both negative and positive effects on attitudes towards PWUD. For instance, Dinos, a member of the local community in the ODS of Nomiki, noted that while some attitudes had become more negative as a result of the 'crisis', others had become more compassionate:

The economic crisis has made many people realise how vulnerable they are. That their life can easily disintegrate from one day to another. That makes them think 'Oh that could be me sleeping in the tents outside'. Stepping in the shoes of the person sleeping on the bench and using sisa, makes them more compassionate. On the other hand, there are people so angry about the economic situation that they lash out at anyone they see, even the victims of it (Dinos, man, local community).

Similarly, Sofia portrayed the 'crises' as acting as a social equaliser:

The crisis ultimately did something good, because it forced us to realise that we are the same little nothing, insignificant little ants, exactly like those drug users (Sofia, woman, local community).

Rather than just a shift in public attitudes, Dinos and Sofia portrayed a shift in consciousness regarding how people perceived the 'problem', believing it has been enabled by the socioeconomic situation. They suggested that, due to the socioeconomic situation, people started to perceive the 'drug problem' as something that could personally affect them, rather than something separate from their own lives. As both these participants came from local communities near the ODSs, they had personal experiences with street-connected PWUD, rather than a generic understanding of the urgent issues they reflected upon.

This section has discussed how participants portrayed the 'economic crisis' as shaping both negative and positive changes in public perspectives, including empathy and frustration, highlighting the complexities of human behaviours during challenging times. The following two sections will explore participant portrayals of negative public attitudes and the social processes involved in the creation of stigma.

6.2.2.2 'Fear' and 'ignorance'

At times, negative attitudes were described as stemming from a combination of a generalised sense of fear and a lack of understanding or awareness about challenges faced. Given the turbulent nature of the fieldwork context, certain participants, such as Chris below, portrayed the general public as lacking knowledge, including a limited understanding of HIV transmission:

AM: What did the HIV outbreak add to the public perception of the 'drug problem' among citizens?

Chris: The attitude of fear. That 'I am in danger by you, you are a threat to me'. And it has nothing to do with them being in real danger because they aren't. We are still backwards in Greece; do you think people know how HIV is transmitted? You will be surprised but they still don't have a clue (Chris, man, streetworker and PWUD).

According to this participant, the combination of fear and ignorance created unsubstantiated beliefs that PWUD posed a personal threat to them as citizens. In this problematisation, the HIV outbreak among PWID was portrayed as contributing to such fear, despite the absence of actual danger, emphasising a lack of awareness about HIV transmission.

Negative attitudes were not only associated with ignorance, however. Some participants also portrayed stakeholders who had a key role in governing the 'drug problem' in similar ways. As such, in addition to the depiction of 'ignorant fear' mentioned earlier, there was also a portrayal of fear overpowering knowledge, as illustrated below:

There is still ignorance. Well, not exactly ignorance, because they know stuff, but they can't make the connections. Jurists, defenders, and prosecutors still want drug users out of society, fearing for their kids and nephews. There is still stigma (Stamatis, man, ex-drug treatment professional and PWUD).

Here Chris depicts an attitude of 'ignorant fear', while Stamatis portrays a stance of 'fear over ignorance'. In my fieldwork observations, I also encountered various attitudes that typified fear. The prevalence of 'ignorant fear' was evident as people often repeated information they had learned from television, expressing concerns about *sis*, criminality, and HIV. On the other hand, the 'fear over ignorance' stance caught my attention when a young pharmacist proudly shared with me her practice of withholding syringes from PWID to discourage them from returning.

I was rather surprised when she confided in me: 'I have some tricks up my sleeve to avoid dealing with drug users. Just the other day, an extremely intoxicated individual approached me asking to buy syringes. I told him that I only had the more expensive ones. He agreed to purchase them, but I hope that this will discourage him from returning and bringing along his friends (Fieldnotes, 18 June 2018).

I was informed by multiple participants that such behaviours were common among pharmacists in Athens who wanted to avoid the 'hassle' associated with PWID. Some participants referred to such practices (corollary of institutional stigma) as 'criminal'.

In this section data was presented that suggested that negative attitudes towards the 'drug problem' were influenced by ignorance and fear. Even certain professional groups were portrayed by participants as being immersed in their own fears and stigmatising assumptions about the 'drug problem'. The next section will explore participant views on the ways in which problem representations of 'disease' subtly but significantly shaped the 'drug problem', including the role of legislation and the state in shaping public perception of the 'drug problem'.

6.2.2.3 Transmuting public health to crime and shifting responsibility to PWUD

This section examines public attitudes towards public health and governing in relation to the 'drug problem' and the HIV outbreak in Greece. Several professionals and PWUD emphasised the impact of the HIV outbreak within ODSs. On the one hand, this event was described as a trigger for increased public fear. On the other, PWUD who discovered their HIV-positive status were described as being unable to cope with this information as it made an already challenging health situation for them even worse. As a result, some professional participants suggested that HIV both intensified drug use and withdrawal among PWUD, and consequently negatively impacted public attitudes. The impact of HIV on PUWD was described by Michalis in the quote below:

A relatively stable drug user behaves quite differently, even on the streets, compared to someone who is overwhelmed by despair due to factors like HIV, in addition to other issues. For the latter, HIV becomes a major problem on top of everything else. Many of those people have dealt with hepatitis C for a long time, so they are familiar with it. When AIDS (Acquired Immune Deficiency Syndrome) enters the picture, it becomes a very serious problem that users find difficult to handle in their everyday lives. I can support this statement with evidence from users themselves – even those who are actively using drugs and have been diagnosed with HIV tend to avoid following the recommended treatment plan. The result of these challenging circumstances is that the broader community sees them in a very negative light, often perceived as a moving infection (Michalis, man, drug professional).

Participant portrayals of the HIV outbreak varied but they all depicted state responses as inconsistent and lacking a coherent plan. The three streetworker participants and Stamatis, an ex-drug professional working in a dry recovery agency, attributed the outbreak to a lack of availability of testing in the years before 2011 when new cases of HIV began to surface. They suggested that the outbreak was unrecognised in the ODSs up until then.

Do you know why Greece did not have HIV among people who inject drugs until 2011? Because we were not measuring the cases. Sounds foolish but it is the truth. The outbreak had been going on for years before we took notice of it when we finally checked the population randomly (Stamatis, man, ex-drug treatment professional).

Alternatively, drug control professionals Panagiota and Spyros attributed the outbreak to neglect, commenting that the provision of Needle and Syringe Programmes (NSPs) was reduced during the austerity period, and services cut by the Health Ministry. Spyros, an ex-drug policy professional who worked for the Hellenic Centre for Disease Control and Prevention at the time of the HIV outbreak, said he had raised concerns at the time about funding cuts for what he saw as a small amount of money for a large public health benefit. He stated that his institution ignored his concerns and his ensuing dissatisfaction with this policy response led to his decision to leave his position.

They [*the institution he was working at*] had stopped the distribution, to save the whopping [*he speaks in a tone that conveys irony*] amount of 10,000 euros (Spyros, man, policy professional).

Furthermore, streetworker Lambros' perspective emphasised the introduction of harm reduction measures in Athens, depicting them as introduced reactively and reluctantly, rather than being proactive or preventive.

It was only after the outbreak that the state made some efforts, including reducing the waiting lists for OST, increasing the provision of sterile paraphernalia, and testing the drug injectors more systematically. Before the HIV outbreak, there was not even a clean syringe distribution service in the whole of Athens, only limited exchanges. The same thing is happening right now, they neglected it again and slashed distribution, as soon as they controlled the outbreak. We will have the same problem soon, I'm afraid (Lambros, man, streetworker and PWUD).

During interviews, both professionals and PWUD recalled instances where they believed the government strategically utilised the discourse surrounding the 'drug problem' to evade societal confrontation. Rather than merely 'nesting' multiple, even contrasting discourses as described in the 'What's the Problem Represented to be?' (WPR) approach, this strategy more closely resembled a complete transmutation of a health issue into a criminal one. The tactics portrayed aligned with what Foucault (1982) termed 'dividing practices', which involve fragmenting populations to govern them more effectively and defining certain groups as problematic to justify policies targeting them.

One prominent example cited by many participants was the case of HIV-positive women in 2013 (covered in Section 2.1.8). During this period, the government, amidst induced

moral panic about HIV transmission among PWID, implemented a series of measures primarily involving heightened law enforcement activities in areas known for drug use, including ODSs. By targeting these locations, the government created the appearance of addressing the issue of HIV transmission. However, in reality, these policies led to the arrest of vulnerable women on the streets of Athens, rather than addressing the health aspect of the problem or providing adequate support and healthcare services to the affected women.

From the moment of their arrest until their death, they were treated like garbage, with no consideration for their lives. Our service was the only one permitted to visit them in jail, where they were kept in the basement on a deserted floor teeming with mice. The way they were treated was truly criminal and many died before they could even stand trial (Stamatis, man, ex-drug treatment professional).

Stamatis' quote highlighted how the responsibility for HIV transmission was shifted to HIV-positive women, transforming a public health issue into a criminal justice concern to manipulate public perceptions. While this extreme example of policy mismanagement is exceptional rather than commonplace, the conflation of public health and criminal justice was portrayed to have persisted since the 1990s. Participants expressed diverse views on this phenomenon, with Georgia, a drug policy professional, sharing her experience from that period:

Back in the '90s when OKANA had launched the first streetwork coat Strefi Hill in Exarcheia, streetworkers' arrests took place constantly. Every time, both I, as the nurse, and everyone else in our team ended up at the police station (Georgia, woman, drug policy professional).

The state's actions described in the problematisations by Stamatis and Georgia extend beyond neglect, mistreatment, and systemic discrimination against vulnerable populations to even arresting health professionals offering harm reduction services. These problem representations highlight the governing process. In addition to scapegoating to evade accountability, the portrayals suggested that PWUD were denied healthcare and that even HIV patients and professionals were imprisoned in the past for health-related matters. These participants portrayed the official response to be more concerned with managing the political 'problem' faced by individual politicians, rather than managing the health problem faced by street-connected populations who emerged as undeserving of healthcare.

In contrast to those who criticised the government for shifting its own responsibilities to PWUD, other participants across categories thought otherwise. This perspective was not only held by non-professional participants but also by drug therapist Petros, who portrayed PWUD as having purposely acquired HIV to qualify for the HIV benefit:

Petros: Drug users needed money for drugs and those who tested positive for HIV could receive some financial support. This created a deliberate incentive for them to get HIV to access these funds. It was shocking for us as professionals. Users would come and say they intentionally got HIV to receive the 600 euros every two months!

AM: Were there such cases?

Petros: There were such cases! Absolutely! There were cases where individuals knowingly exposed themselves to HIV to qualify for the allowance available at the time. For this reason, the criteria for granting the allowance became stricter.

AM: I suppose it was only a part of PWUD who did that?

Petros: Yes, surely, however a part capable to account for that spike in HIV at the time (Petros, man, drug treatment professional).

In this passage, Petros's assertion that PWUD purposefully acquired HIV reinforces media depictions that assign blame to PWUD. His conscious intentions are not of interest in a WPR approach (Bacchi and Bonham 2014). Indeed, Petros might have intended to highlight the desperation and destitution experienced by PWUD. Instead, the focus of the WPR shifts to how PWUD are portrayed in this representation of the 'problem'. It is possible to interpret that PWUD are depicted as responsible for the HIV outbreak and as people who exploit welfare systems. These depictions not only assign them a 'problematic' identity but also raise doubts about their entitlement to public health and welfare support.

This section has examined public attitudes towards drug use and its complexities, finding a cyclical pattern of fluctuating attitudes between fear-hostility and pity-compassion influenced by social and economic factors. It has also explored the official responses to public health 'problems' as criminal justice 'solutions'. Participant perceptions were

notably complex and seemed to have been influenced by personal connections and circumstances. The section also discussed the impact of the HIV outbreak on shaping negative attitudes, including blaming PWUD for spreading the virus.

In 2013, framing HIV as a criminal justice issue led to the criminalisation and imprisonment of women who injected drugs, deflecting attention from state responsibilities, particularly in the context of upcoming elections. This framing affected perceptions of deservingness, as seen in drug therapist Petros's assertion (Section 6.2.2.3) that PWID intentionally contracted HIV for financial assistance. A WHO report in 2013 echoed this narrative, claiming PWUD in Athens were purposely injecting themselves with HIV to access welfare support (O'Toole 2013). Despite the WHO retracting this statement, such discourses persist, with profound effects on PWUD's lives and deaths. While it can be argued that the newer perceived threat of *sis*a might have shifted the focus slightly away from HIV among PWID, the older discourse of HIV and the responsabilisation of PWID remains prevalent. This exemplifies the 'nesting' and persistence of discourses simultaneously.

The next section proceeds to explore public opinions on policy reforms that were underway during the fieldwork period.

6.3 Opinions on reforms: problem representations within public receptions of policy reforms

This section explores diverse participant opinions on proposed policy solutions for Greece's 'drug problem', primarily the legalisation of medical cannabis. Opinions on cannabis reform varied among participants, with five different groups being discerned: supporters of decriminalisation; timing critics; positive reform views; those who were against legalisation; and those who conditionally supported the provision of medical cannabis.

6.3.1 Supporters of decriminalisation

The first group consisted of supporters of drug decriminalisation, including three participants with personal experience. Participants in this public opinion group had mixed perceptions towards cannabis reform. Some people who stated that they supported the decriminalisation of drugs expressed critical views on policy reform regarding cannabis legislation. For them, it was a matter of examining who should benefit from this particular policy reform. In this problematisation, the aim of the reform was the expansion of the

market. According to Dimitris, a member of the local community of Exarcheia and a PWUD who primarily smoked cannabis, the debate on cannabis reform was a 'trick' played by neoliberal markets. The reason for this was because, in his view, the reform would primarily benefit the state and the market, rather than people who have been harmed by drug criminalisation:

Dimitris: The cannabis reform is not a progressive measure. It is communicated as such, but it's just another way to expand the market. Because now they have yet another product that the state can regulate, and the market can promote. It signifies a minor shift in attitude towards weed specifically rather than drugs in general. However, it is a trick, part of the neoliberal agenda, which allows some minimum liberties in order to take away everything else.

AM: You said earlier that drugs should be free.

Dimitris: Yeah, I meant free as a choice for the user, rather than for their availability of the market. If you, or she or I want to do drugs, we shouldn't be prevented from doing whatever we want. Drugs should be free, so people wouldn't go through all the hassle that kind of legitimises it in their own imagination. You know, 'I'm doing something that's kind of illegal' you know, 'I am kind of badass'. (Dimitris, man, local community member and PWUD).

Dimitris' concerns included that the reform would lead to the commodification of cannabis, prioritising profit rather than PWUD's wellness. Dimitris could have considered his interests from a personal perspective and speculated that, since medical cannabis was legalised, it might pave the way for the eventual legalisation of recreational cannabis. This change could have been advantageous for him, given his regular cannabis use in Exarcheia Square. He did not confine his critique to his own situation, however, and instead criticised the neoliberal market operation.

Adding to Dimitris' problematisation, Stavros also portrayed the pharmaceutical companies as beneficiaries of the policy reform, rather than marginalised communities of PWUD. On this note, he raised an additional issue regarding how such a policy shift would be received by people who have been severely affected by previous policies and incarcerated in the past:

Stavros: It is such hypocrisy to have rabidly chased it for 50 years, and now suddenly to have the audacity to come out and say that it's also beneficial. And that it even cures c-a-n-c-e-r [*emphasises the letters*]?

AM: Where does your mind go?

Stavros: To pharmaceutical companies, where else? It does not require much thought! You're really playing us, guys! I mean, I went to jail for hash... I've done five years in prison for that damn thing. And now they say it's medicine? And say, OK, I got caught with 20 kilos. But some other people have spent 12 years in prison just for grams. What will you tell them? Should they sue them all or what? They can't get back those years, but this is really audacious (Stavros, man, PWUD).

Stavros' comment above questioned the fairness of legalising cannabis after many people had already been incarcerated for cannabis offences. His problematisation was relevant to his politicised perspective as a PWID for more than two decades, someone who had been on OST for three years, and imprisoned for five for selling cannabis. Overall, while this group of participants supported drug decriminalisation and recognised the need for policy reform, they expressed reservations about cannabis legislation believing that the reform should be driven by principles of harm reduction and social justice, rather than solely economic interests.

6.3.2 *Timing critics*

A second group of opinions on the cannabis reform problematised the timing of the reforms with the criticism that it was being done without adequate preparation. Michalis, who was also critical of the prevalence of a harm reduction approach as seen in Section 6.2.1, problematised the message conveyed to the public concerning the cannabis reform.

I work in harm reduction, OK? But I think we need better control because society is not ready to absorb premature policies such as the medical cannabis reform. If anything, this is not timely, in my opinion. Amid the crisis, they started to care to introduce cannabis for medical use... That was the straw that broke the camel's back! I am not necessarily against it, but why now? Have other things happened before so that this could be controlled? All I hear these days is 'harm reduction', 'decriminalisation', 'legalisation of use', 'liberalisation of cultivation', a 'tolerant society'! OK, we will even start taking drugs freely soon the way

it goes... Yes, but such measures need counterbalances, and these cannot be formed later, they must already exist because, otherwise, an indifferent dominant attitude might prevail in society (Michalis, man, drug treatment professional).

Michalis expressed concerns about the ongoing cannabis reform in Greece and questions the timing of this reform emphasising the need for counterbalances to be in place to prevent the prevalence of indifference as a dominant attitude. In so doing, Michalis problematised an underlying relationship at play between state policies and the public. Michalis implies that the government chose to change the official approach to drugs without sufficient preparation and public acceptance. His emphasis on 'counterweights' and 'balancing out' reflects an understanding of policymaking as a process that absorbs and neutralises the effects of interventions, creating consensus in the public. In this process, professionals emerge enabled to shape both policy discourses and public attitudes towards the 'drug problem'. Within his emphasis on the need for 'counterweights' in relation to public attitudes and policy reforms, Michalis seems to argue that 'tolerance' cannot be forced.

Similarly, Petros suggests that the interval between points in time should be covered on behalf of the state by 'educating' the public to prepare it to accept those changes:

It takes time to change attitudes and mentalities that are deeply rooted within us. Things change so fast nowadays that it's difficult for these changes to settle and be digested. In Greek society, it seems like there is always something happening, causing upheaval, and people don't know what to expect. The citizens are not obligated to have certain beliefs about treatment interventions, but it is the state's responsibility to create the conditions for their acceptance through campaigns, training, and advertisements (Petros, man, drug treatment professional).

Petros argues that changing attitudes and mentalities takes time, especially in a society like Greece where there is constant upheaval and uncertainty. He also states that it is the responsibility of the state to create conditions for the acceptance of treatment interventions through campaigns, training, and advertisements.

Both Michalis and Petros highlight the need for public education. This might imply that the public is seen as existing prior to policy developments, rather than having a co-constitutive relationship with them. This perspective frames the public as external, pre-

existing, and unchanging by changes in policies, rather than as a product of the policymaking process (see Fraser et al. 2016b). This perspective also suggests that, while public opinion can change over time, change is more likely to happen through education and awareness-raising, rather than through merging with social and political change. This implies that the public has a less active role compared to the state. However, this portrayal at the same time represents the public as playing a crucial role in shaping drug policy reforms. The public thereby emerges as a crucial regulator of drug policy whose validation is seen as necessary.

6.3.3 Positive reform views

A third group of opinions held only positive views towards the cannabis reform. This group included residents and PWUD. Philipos expresses a positive view towards the legalisation of cannabis, suggesting that it might bring economic benefits to Greece by selling to other countries. Vivi highlighted the challenges of implementing progressive drug policy reforms in Greece due to the traditional and conservative attitudes prevalent in society:

If we legalise cannabis and sell it to other countries, we can overcome the economic crisis. It could be a great opportunity for Greece to boost its economy. The legalisation of cannabis should have been done years back, and we should sell it to Amsterdam and thrive. There would be no economic crisis anymore. We have the best here (Philipos, man, PWUD).

Vivi stated:

Greece needs to change its traditional and conservative attitudes. We need to be more progressive and open-minded, especially when it comes to drug policy reforms. It's frustrating to see the slow pace of change in our society. This government [Syriza], at least, is more progressive, but they were so slandered for the cannabis reform for just trying to legalise medical cannabis. Everything moves slowly because Greek society is very traditional and conservative (Vivi, woman, local community member).

These opinions emphasise both the potential economic benefits and the need for progressive change in Greece's drug policy. Both Philipos and Vivi provide support for the ongoing cannabis reform, expressing their wish for Greece to become more progressive in its approach to drug policy. By mentioning the resistance that policy reform had encountered from more traditional and conservative parts of Greek society, it can

be derived from participant quotes that the societal context and public attitudes played a significant role in shaping drug policy reforms in Greece.

6.3.4 Those who were against legalisation

A fourth group of opinions included sceptical participants who were statedly against prosecuting PWUD, but negative about legalising drugs, including cannabis, as they believed it would convey a dangerous message:

I am against law-and-order measures, OK? But what they try to do with cannabis is detrimental. They try to pass the myth that cannabis is good, and they even copied the slogan by Obama and turned it to 'Yes, we Cannabis'. This is dangerous (Aleka, woman, drug treatment professional).

By opposing the cannabis policy reform, participants who expressed this cluster of opinions stated their opposition to proposing drugs as a 'solution' to the 'drug problem'.

6.3.5 Those who conditionally supported the provision of medical cannabis

Finally, a fifth group of opinions included those who stated to be supportive towards medical cannabis, with the caveat that it would not expand to recreational use.

My opinion on medical cannabis is very positive but having gained the experience through my son I am very much against other cannabis (Rika, woman, mother of PWUD).

Rika, drawing from her personal experience with her son, expressed her positive opinion on medical cannabis, while opposing the use of cannabis for non-medical, recreational purposes. The picture that emerged was that societal perceptions were shaped by personal experiences, including discourses that dichotomised drug use according to its purposes. As such, the 'medical' use of cannabis emerged as an acceptable use, while the 'recreational' use did not.

The role of science and disciplines with authority in the public discourse was also involved in drug policy reform. For example, in 2015, when discussions and policy deliberations were taking place, the Athens Medical Association (ISA 2015) publicly expressed its opposition to the legalisation of cannabis, including to 'any action that contributes to the proliferation and social acceptance of psychoactive substances'.

This section has presented opinions on Greek drug policy reforms and discussed the link between public attitudes and policies. It highlights the interplay between the state and public attitudes in shaping drug policy, emphasising the need for critical examination of policy changes' effects and motivations. Participant attitudes towards policy reforms were complex and nuanced. They noted contradictions within state drug policy discourse and the implications of proposed reforms on marginalised communities. Concerns about conflicting views and interests, such as the neoliberal agenda to expand drug markets, were also evident. These diverse perspectives reveal the relationship between state-driven policies and public attitudes. These insights underscore the need for a critical examination of policy motivations and their potential impact on marginalised communities.

6.4 Summary

This chapter explored public attitudes towards the 'drug problem' in Greece and the multifaceted factors that influence them. Attitudes towards the 'drug problem' were found to be diverse, shaped by social, political, and economic developments ranging from fear and anger to indifference and withdrawal. It examined the complexities of the country's drug policy reforms and their interplay with public opinion. The normalisation of drug issues in Athens emerged as a significant influencer, with some individuals portrayed to have grown more tolerant while others more indifferent. Participants highlighted the introduction of harm reduction OST in Greece as a pivotal moment that shifted public perceptions towards viewing the drug problem as 'unsolvable'. The pervasive impact of multiple 'crises' was also evident, shaping attitudes positively or negatively towards PWUD. Additionally, the chapter examined attitudes towards interventions and reforms, including the roles of stakeholders and the public in shaping drug policy discourse. The chapter further explored how familiarity with the issue influenced attitudes, showcasing a spectrum from staunch opinions to openness for opinion change.

The next chapter will examine problem representations in drug treatment and policy, emphasising different treatment approaches and the role of Greece's official drug policy administration.

Chapter 7: Episteme - What was the ‘problem’ represented to be with drug treatment and policy?

The previous chapter explored how societal and economic circumstances influenced shifting cultural perceptions of the 'drug problem'. Study participants expressed varied perspectives: some viewed people who use drugs (PWUD) as acceptable and relatable, while others deemed them undesirable. This chapter, titled 'Episteme' (referring to systematic knowledges and expert understandings) discusses problematisations related to drug treatment and policy. It is divided into three sections. The first section examines problematisations surrounding harm reduction as both a treatment approach and policy. It covers the emphasis on harm reduction in Greece, the framework within which it operates, the need for clear boundaries between different approaches, and potential expansions to enhance its effectiveness. The second section focuses on perceptions on abstinence recovery programmes. The third section addresses issues within official drug policy, including the portrayed need for coordinated policies and treatment, improved communication among agencies and organisations, the inclusion of lived experiences in policy deliberations, and the lack of reintegration opportunities provided by state drug policy and treatment.

7.1 Harm reduction problematisations

7.1.1 The portrayed emphasis on harm reduction

This section explores a problematisation that emerged during interviews with different stakeholders in relation to harm reduction. Some participants portrayed an increasing emphasis on harm reduction as a treatment approach which they viewed as problematic. While most participants recognised harm reduction as a necessary approach, a significant portion within this majority viewed it as complementary to other approaches, rather than standalone. Overall, there was general agreement regarding the importance of harm reduction in helping PWUD stay alive while engaging in drug use, a consensus so basic that opposing it would seem crude, especially in the aftermath of the Human Immunodeficiency Virus (HIV) outbreak among people who inject drugs (PWID) in Athens in 2013. However, this agreement was not accompanied by more progressive problematisations that view drug use as potentially non-problematic or part of a broader

social context. Both Opioid Substitution Treatment (OST) and Needle and Syringe Programmes (NSPs) were viewed as essential measures to contain the outbreak. As a result, the recognition of harm reduction as a critical tool in drug treatment became firmly established in public discourse and reflected a general understanding that ensuring the survival of PWUD was a crucial first step towards their recovery.

Harm reduction is important. After all, if you don't take care of them how will they ever even consider recovery (Aleka, woman, drug treatment professional)?

For someone to recover, first we have to ensure they don't die. We remained, in policy and strategy, focused on ensuring they won't die. Of course, key doctors questioned the spike in the initial indicators of HIV transmission back then in Athens (Giorgos, man, drug treatment professional).

While the quotes from Aleka and Giorgos highlight the importance of harm reduction as a crucial form of treatment for life-threatening situations, they also raise concerns and problematisations. For instance, Giorgos' comment about 'doctors questioning' the initial indicators of HIV transmission during the outbreak could suggest scepticism about the nature of the HIV outbreak, the necessity of harm reduction strategies, and potential resistance to fully embracing harm reduction strategies.

One significant concern raised by participants from different stakeholder groups was the lack of clear therapeutic planning for what comes after OST. While the resolution of the problem surrounding the 'blacklists' or 'list of shame'²⁶ for methadone that was mentioned in Section 2.1.8 was seen as a positive development, there was criticism that OST alone did not meet all the needs of PWUD and that more comprehensive approaches were necessary. Elina, a PWUD who had completed a rehabilitation programme and had no experience with OST, shared her perspective that, although OST was just a starting point, there were no further plans for therapy:

Everyone now is on OST without subsequent therapeutic plans. It was until recently a repetitive demand, the list, the list, the list. OK, the list is eliminated, now what? Are we done with them?

²⁶ The term 'list of shame' refers to the waiting times for starting methadone treatment, which before the HIV outbreak reached up to 8.5 in Athens, Greece.

They don't need anything else now? I don't know but, personally, I am very much against (Elina, woman, PWUD).

Elina criticised the focus on eliminating the waiting list for methadone, which was seen as a positive development, questioning whether elimination of the waiting list meant that the needs of PWUD were fully addressed. She expressed her opposition to the idea that OST alone was enough and emphasised the need for additional support and interventions. Elina's statement exemplifies the critical examination of harm reduction and OST within the drug policy context in Athens which raises concerns about the lack of comprehensive approaches and therapeutic planning beyond OST.

It is important to explore the experiences and attitudes of people enrolled in OST on the topic of the OST lists. Stavros was one of the individuals who were on the OST 'blacklist'. It took him eight years to initiate OST treatment. The difficulties he encountered on his journey towards OST were due to both limited resources, age and abstinence requirements. These challenges had been overcome for OST service users at the time of this research being conducted and Stavros, who had been receiving treatment for five years at the time of the interview, had no plans to stop in the foreseeable future. He was critical of the negative perception surrounding long-term OST use. After thirty years of heroin use, he still considered the risk of relapse as ever-present and viewed OST as an essential support in preventing him from facing the challenges he had with illicit drug use:

I don't understand why I should stop methadone. Since I don't use dirty drugs, I don't harm my veins, I don't steal or anything like that. I just go every morning like a gentleman, drink my little glass, and that's it. Maybe I'll be there for 15 years or forever, so what? The purity dogma and the 'government junky' for all I care. To me, methadone is a lifesaver. After using heroin for three decades, I can never be sure I won't go back, and I can't even bear the thought of returning to that situation. All the hassle to score and shoot up everything. I prefer the certainty of methadone, which gives me a nice framework, and essentially doesn't cost anything (Stavros, man, PWUD).

Despite initial challenges with starting OST, Stavros describes it as a life-saving and stabilising intervention that provided him with a sense of security and structure by helping him regain control over his life. Here he highlights his sense of the societal pressure he

felt for post-OST plans as threatening his stability and thus his situation was deemed fragile.

There were cases of people using OST for different purposes, such as Philipos and Elias below, who both portrayed enrollment on OST as a means to an end. While they had different reasons for enrolling in the programme, both viewed it as necessary. Unlike Stavros' dedication to OST, Philipos used OST to get a better outcome with the legal charges he faced. He held a negative view and even expressed suspicion towards the medication used in the programme:

Philipos: I subscribed to the OST programme for strategic reasons, not because I like the pill [*buprenorphine*]. I have a looming court case for a past incident and this will count positively. I don't care too much about it; there is always the sink and that's what I have been doing anyway. Throwing it down the sink.

A.M: Why is that so?

Philipos: If I show you the ingredients... It is poison (Philipos, man, PWUD).

Philipos saw the programme as necessary in order to navigate the criminal justice system but threw the medication 'down the sink', as he was in the programme only for his legal troubles. Philipos' use of OST exemplifies the interconnected nature of drug policy, treatment, and social factors. His route to OST was through the courts and he attended drug treatment to show the judge that he was taking steps to address his drug use. In Philipos' case, OST is described as both a 'solution' and a 'poison', exemplifying the ambivalence associated with OST (Neale 2013). Additionally, his case portrays the criminal justice system and drug treatment as intertwined, rather than separate entities (Bacon and Seddon 2013). It stresses the importance of understanding individual perspectives and motivations for seeking drug treatment, and the impact of broader social structures on drug treatment experiences.

Like Philipos, Elias also saw OST as a means to an end but, additionally, expressed a desire to be drug-free. Initially, he had tried a rehabilitation programme for abstinence recovery and subsequently turned to OST to prevent relapse. Later he became frustrated by it:

I tried a dry [*programme*] but I kept relapsing. For every two weeks clean, I was using once. So, I figured that to see what life

is again, I need the damn substitution. [...] But they want us here [in OST] forever! It is a life sentence! I have told them 100 times that I want out and I want to dose down a lot... It has been more than a year, but they don't drop it, they keep it up. But you know what? If they keep ignoring me, I will do it myself. I have been saving my take-homes [buprenorphine] for a while, so I can just stop going there and do it myself. I know the exact dose that I need to quit safely (Elias, man, PWUD).

Three interconnected points relevant to drug treatment emerge from Elias' problematisations. First, the potential influence of the dominant societal discourses which are often critical of prolonged OST use should be acknowledged. As such, when analysing interview data on OST, for participants (including PWUD who were on OST like Elias) with negative views on OST, I considered how cultural stigma and policy discourse influence participants' experiences and attitudes, looking at historical policies, media representations, and societal attitudes towards OST. The interview setting might have reinforced this discourse even further, as both Elias and Philipos were interviewed in a low-threshold facility for active PWUD which operated under an agency with a dry recovery approach. This might have influenced their responses. Second, Elias emphasises his need to be heard and stop being 'ignored', urging for a personalised treatment plan tailored to his personal needs rather than a one-size-fits-all approach. Third, Elias' concerns about the treatment framework highlight the importance of structural and organisational aspects of the programme. While all points revolve around Elias' dissatisfaction, the operational framework focuses on broader programme aspects, while personalisation pertains to tailoring treatment plans. These issues have been addressed in Scotland by the Medication Assisted Treatment (MAT) standards (Scottish Government 2021), which will be described in the discussion chapter.

Emphasising the methods utilised to provide treatment, extending beyond the specific aspects of the treatment modality, opens up the possibility that, if circumstances were different, Elias might be satisfied with his OST treatment. This aspect will be further examined in the next section.

7.1.2 Rigid framework and friction with OST providers

As highlighted in the previous section, a major issue regarding OST was its therapeutic planning, treatment regimen, and dosing. Many PWUD participants found the rigidity of the framework problematic. For example, the timing of distribution was perceived as

inflexible. During interviews held around distribution times, I observed participants becoming anxious about the time, worried about being late for their appointments. At one day service I visited, the closing time coincided with the OST distribution time. It appeared that the organisers had coordinated this timing to better serve the PWUD. As we wrapped up the interviews, all four participants on OST were visibly anxious, frequently checking the time out of fear of missing the distribution.

Additionally, trust towards PWUD was described as fragile and easily undermined by what they considered 'minor' matters. For instance, Stavros, who had been granted take-home doses to avoid daily visits for methadone administration, was frustrated when his take-home privileges were revoked due to cannabis detection in his blood tests. He was angry about what he perceived as the rigidity of the framework, yet this did not stop him from continuing his OST. I examined how Stavros framed these experiences and navigated the fragmented recovery process, analysing his narratives for themes of resilience, resistance to stigmatisation, and the cyclical nature of his treatment journey.

In the quote below, Romanos problematises the challenges he encountered with OST staff:

The staff rush people, and are like, 'Come, come! Quickly! How much do you take? Here you are; now off you go!' We cannot discuss things. It is like drug dealers of the worst kind (Romanos, man, PWUD).

He portrayed PWUD as being rushed in and out of the clinic and treated with indifference as if they do not matter. Romanos' negative experiences become even more obvious when he compares staff to 'drug dealers of the worst kind'. In general, participants engaged in OST portrayed a contentious relationship with treatment providers regarding the methods of delivering OST and treatment plans. In addition to criticisms, however, there were also distinctions noted within participant problematisations which highlight the emergence of differences among units within the same programme. While coming from different backgrounds, both Giorgos and Stavros (Giorgos being a drug professional in a dry recovery self-help programme and Stavros being a PWUD) recognised the importance of OST and thus incorporated qualifiers in their critique of the official harm reduction/OST provider in Greece. They provided examples of different OST programmes, some of which they described as 'excellent' and others as 'performing poorly', in various cities and neighbourhoods across the country.

This section has explored problematisations related to shortcomings of OST that affected the daily lives of PWUD. These problematisations unearthed complexities and suggested improvements within the drug treatment system including the need for personalised approaches, the impact of societal discourses on individuals, and the impact of treatment operational frameworks and regimes on the lived experiences of PWUD. These specific distinctions made it clear that the negative perceptions of OST were not solely based on generalised discourses surrounding the perpetuation of 'addiction', but also on identifiable aspects of the treatment itself such as operational deficiencies and devaluing practices.

The next section will explore a problematisation around harm reduction concerning the blurring of lines between notions of harm reduction and recovery which emerged in participant accounts.

7.1.3 Blurring of the lines between 'harm reduction' and 'recovery' modalities

Throughout participant accounts, a recurring issue emerged: the lines between harm reduction, recovery, and the overall 'treatment' system were often blurred. For instance, when I approached a harm reduction agency for study recruitment, they directed me to a psychosocial recovery programme for young people. Similarly, a dry recovery agency referred me to a low-threshold day centre for active PWUD which also operated a needle exchange station two days a week. Even within this day centre, which I visited twice a week for recruitment, the philosophy of dry recovery was evident. Service users had to follow various rules such as being supervised while using gloves to prepare coffee, and not being allowed to leave with a self-poured glass of water (they had to consume everything within the premises of the service). These practices, while normal to those within the individuals attending a low-threshold service for PWUD actively using drugs and not a therapeutic community.

The limitations of the low-threshold service philosophy were apparent not only in abstinent recovery agencies but also in the official harm reduction provider.

This section focuses on participant interviews, aligning with previous analysis chapters, rather than on 'practical texts' as discussed by Foucault (1991) and Bacchi (2022b). However, an example of the official harm reduction language can be seen on the provider's website (OKANA 2024), which, as of August 2023, outlined their harm reduction policy on the front page:

Harm reduction policy: Low-threshold services aim to approach and assist users who have not joined a treatment programme mainly because they have not been motivated to and because they do not accept they have a problem. These people can be approached through outreach work at drug dealing spots ('streetwork') or services admitting users unconditionally.

This quote takes a 'problem' rationale by stating that streetwork services approach people who do 'not accept they have a problem'. Moreover, low threshold services are represented through the motivation rationale, which problematises PWUD by emphasising the need for 'users' to be motivated. The emphasis on motivation will be further explored later in this chapter. These problem representations suggest a conditional approach to harm reduction, despite stating that they took the approach of 'admitting users [*sic*] unconditionally'. This 'blurring' of the lines between these two different approaches is further addressed in the following section about problematisations that emerged in participant interviews.

7.1.3.1 The aim of 'recovery' within the harm reduction approach

This section discusses problematisations regarding what was put forth as a 'proposal' by the harm reduction framework and programmes. A common problematisation among several professionals and PWUD was that the official harm reduction provider claimed to offer 'recovery' and rebranded its programmes as 'therapeutic'. The labelling of OST as 'therapy' and 'recovery' was criticised by most treatment professional participants. This issue was not only problematised by the professionals from other organisations that offer abstinent recovery programmes, as one would expect, but also by non-governmental organisations' (NGOs) harm reduction professionals. The reasons for this will be discussed further in Section 7.1.4. The only professionals in this study who did not problematise this issue were those employed by the official harm reduction provider, which was anticipated. One of the critics was Chris who expressed this opinion:

Shifting and trading addiction is not therapy, nor to be permanently in treatment! OST programmes self-identify as therapeutic programmes, so we must talk about whether and to what extent they offer therapy. If they said that their mission is to make people functional, we would have a different conversation now, but they don't say that. They say they offer therapy. So, no they don't offer therapy! Because therapy ensures that the person will not go back to face the same problem, to deal with the cause that led you to problematic use, not just the symptom (Chris, man, streetworker and PWUD).

Chris raised a critical question about the therapeutic nature of OST programmes, highlighting a broader concern among drug treatment professionals regarding the definitions and applications of terms like 'therapy', 'recovery', and 'treatment'. These terms are not just neutral descriptors but are socially constructed and context dependent. This perspective aligns with nominalist politics (Bacchi 2020a), a concept that emphasises how language shapes perceptions and practices. In this context, 'recovery' and 'therapy' are often associated with abstinent rehabilitation, while harm reduction is viewed as a practical tool rather than a form of treatment. Nominalist politics underscores the importance of delineation through language. It suggests that for any policy or approach to be effective, it must first clearly problematise its 'territory', as Osborne (1997) and Rose and Miller (2010) suggest. This process involves identifying and defining the boundaries of the 'problem', including articulating its underlying causes and implications. By doing so, stakeholders can establish a shared understanding of the issue and set clear goals for intervention. To provide me with an example, Michalis explained:

So, recovery is offered everywhere, in OKANA²⁷, KETHEA²⁸, and 18 Ano²⁹... And so, everything is non-discernible. I'm not sure anymore if this is a meaningful drug policy. Because if OKANA does recovery, then we, the rest, could just step back and let OKANA do everything (Michalis, man, drug treatment professional).

Michalis expressed concerns about the ambiguity surrounding the use of the term 'recovery' in relation to its use outside the abstinent boundaries (within the official state harm reduction and OST provider). This ambiguity, for him, blurred the distinctions between harm reduction and recovery modalities, hindering drug policy. He argued that effective drug policy requires clear delineation of different treatment approaches to enhance their manageability and governability. Again, as with interviews with PWUD, I considered the deep immersion in the overarching treatment approach of his agency, which promoted abstinent recovery, although Michalis' specific programme focused on harm reduction in a low-threshold setting. While offering a range of services under one umbrella organisation is reasonable, the overarching orientation creates a contradictory

²⁷The official state harm reduction provider.

²⁸Public-funded organisation offering mainly abstinent recovery Therapeutic Philosophies programmes.

²⁹Public-funded agency offering recovery-oriented psychosocial programmes.

orientation within the service, while it additionally further blurs the lines between harm reduction and recovery, which Michalis meant to challenge.

This section has explored problematisations inherent within participant accounts of OST as a drug treatment approach which largely revolved around the relationship of 'recovery' to 'addiction'. The following section proceeds to further explore harm reduction problematisations, particularly concerning NSP provision. It examines another area that participants described as a blurring of lines, this time concerning the ideological demarcations between distribution and exchange in harm reduction provision.

7.1.3.2 Problematisations of 'distribution' and 'exchange' in low-threshold services

This section explores problematisations that emerged regarding low-threshold harm reduction services. Due to increased needs and the public 'drug problem' in Athens during my fieldwork, the government-funded KETHEA and OKANA and additional NGO outreach groups provided NSP to people in the open drug scenes (ODSs). The main problematisation around NSP services concerned their treatment philosophy which was, in turn, defined by their practices. For example, some professionals suggested that exchanging injecting paraphernalia, rather than distributing them, was a flawed and conditional approach to harm reduction. These participants highlighted the importance of giving out clean syringes, without requiring the return of used ones, as more effective in meeting the needs of PWID and preventing diseases. This view is expressed by Lambros and Natasa in the quotes below:

There is a huge difference between distribution and exchange. The underlying message should be 'give syringes to the people'! It should not be 'I will give you five clean and give me back five discarded syringes!' (Lambros, man, streetworker and PWUD).

On the one side, I think, 'Great, we get to modernise bit-by-bit incorporating harm reduction practices in our strict therapeutic community philosophy, we are getting less dogmatic, etc'. But then I think, 'this thing is not actually harm reduction, so maybe we should just leave the job to those who know how to do it better'? (Natasa, woman, drug treatment professional).

Lambros argued that providing syringes should be unconditional, rather than based on returning used ones. He believed this approach turns a right into a privilege that has to be earned.

Natasa's quote highlights the blurred lines between harm reduction and abstinence-based recovery. Like Michalis earlier, she also worked for an organisation promoting abstinence-based recovery, but she was critical of mixing these approaches. She felt that even though integrating harm reduction into strict recovery programmes seemed progressive, it did not fully embrace true harm reduction.

During my fieldwork, I noticed that drug treatment approaches, which used to focus solely on psychological and behavioural aspects, had started to include harm reduction services. This shift made Natasa question whether it was a positive development or a misapplication of harm reduction strategies. She was concerned that adopting harm reduction practices without embracing the harm reduction philosophy might undermine their purpose.

The following section proceeds to explore how participants believed harm reduction should evolve and develop.

7.1.4 Examining the spectrum of harm reduction providers

Some participants had concerns about the official harm reduction framework. Three NGO participants criticised it for limiting the potential of harm reduction. Chris wanted the framework and services to expand but emphasised that this should align with true harm reduction practices, not the official focus on 'recovery' (a point also problematised in Section 7.1.3.1).

The harm reduction framework needs to fully leverage its potential, encompassing material distribution, needle and syringe programmes, supervised spaces, day centres, sleeping hubs, Opioid Substitution Treatment, and everything else. However, I repeat that it should work as a tool for further steps afterwards. Harm reduction should be a social action aimed at both people who use drugs and society (Chris, man, streetworker and PWUD).

Chris and two other streetworkers highlighted that the official harm reduction provider both monopolised OST and restricted access to naloxone, a crucial medication for reversing opioid overdoses. Despite encountering situations where naloxone could save lives, NGO streetworkers could not access it. One fieldwork incident involved a PWUD

found unconscious on the street where a streetworker who was also a doctor provided assistance. Without this, the person might have died.

While streetworkers stressed the problem of naloxone access, Michalis, another harm reduction worker, downplayed its importance:

Michalis: Drug-related deaths do occur; I'm not denying that. But here [*in Greece*] we haven't faced a situation that triggered a series of urgent measures. For instance, in other countries they provide naloxone, right?

A.M: Right.

Michalis: Here in Greece, the need for naloxone is not as critical. I mean, over there [*other countries*], they keep a constant count of deaths. They have a serious problem with drug-related deaths.

A.M: Could this be because they count deaths differently abroad compared to Greece, where we only count cases when someone is found, let's say, with a needle in their arm?

Michalis: Alright, I'm not sure if it's a matter of counting deaths correctly here, but based on my own experience, I haven't witnessed many overdose deaths. You see, I primarily work with injectable drug users, and even with the crisis in recent years, overdose deaths have been relatively low. More people die of infectious diseases because of their deteriorating health, rather than overdosing.

A.M: So, the crisis hasn't intensified the severity of the problem?

Michalis: The crisis itself has influenced the way and the type of drug use. We noticed this from the beginning. There's been a surge in very dangerous, poor-quality drugs circulating, from synthetic cannabinoids to what they label as cocaine or heroin, which bear little resemblance to the substances we used to know. These are indeed significant problems.

Michalis acknowledges drug-related deaths but suggests that the situation has not prompted the same urgent response as in other countries, such as providing naloxone. He believes other issues, like the rise of dangerous drugs due to the crisis, overshadow overdoses. Again, this perspective might be influenced by his organisation's focus on abstinence recovery, making harm reduction policies seem less urgent. As was the case

in Chapter 5, some participants felt that Greece, unlike other countries, did not need urgent harm reduction measures. The same sentiment arises here, with Greece being viewed as 'different' and not in need of urgent harm reduction measures that would imply a significant shift towards a harm reduction philosophy. Additionally, the challenges raised by many participants, and also observed by myself, did not end there. The absence of suitable sleeping hubs for PWUD experiencing homelessness, and the scarcity of day centres and relief spaces in Athens, were pressing issues at the time of my fieldwork. These practical concerns were also raised in Chapter 5, emphasising their significance in the broader context of harm reduction strategies.

Another issue was the absence of staff speaking the languages of migrant populations. During my visits to the low-threshold café, I observed staff struggling to communicate with migrant PWUD who spoke Arabic or German. When PWUD visited the relief café for the first time to register, they underwent an initial interview about their drug use, HIV testing, injection practices, etc. Communicating with non-Greek-speaking service users was often challenging, especially if they were under the influence of substances. The following was captured in my fieldnotes:

Today, two migrants who use drugs came to register at the relief café day centre. They did not speak Greek or English, but only Arabic and German. None of the staff members spoke these languages. Then [*staff member's name*] went to the café where people were socialising, drinking coffee and smoking, and asked urgently, 'Does anyone here speak German, even a little bit?' A Greek guy reluctantly raised his hand, left his group and went to the entrance to facilitate communication. However, they were not able to communicate, either because they were very intoxicated or because he was not fluent in German. The miscommunication resulted in a couple of comical moments where the Arab/German-speaking service users and interpreter burst into laughter, to my bewilderment (Fieldnotes, June 29, 2018).

Streetworker participants feared there was a hidden population without access to services. During my fieldwork, it seemed that, within ODSs operating in the hidden streets behind the city facade, migrant PWUD outnumbered local PWUD. However, no policy or treatment changes were made to accommodate this diversity.

This section focused on complexities surrounding harm reduction services, particularly issues related to their role. While OST emerged as necessary, participants questioned

its effectiveness as a long-term treatment. Discussions highlighted challenges related to reciprocity, motivation, and recovery within harm reduction, which could undermine its effectiveness. Participants also raised concerns about representations that shifted responsibilities onto PWUD. Additionally, lack of access to naloxone was a critical issue among NGO streetworkers, emphasising the need for broader harm reduction policies. Practical challenges, such as language barriers for migrant populations accessing harm reduction services, underscored the importance of more inclusive and accessible support.

In the following section, problematisations regarding abstinent recovery will be explored, building on the insights from this section.

7.2 Problematisations around abstinent recovery programmes

In this section, I will explore problematisations surrounding abstinent 'recovery'. Similar to harm reduction, as seen in Section 7.1.1, all participants, regardless of their roles, recognised the importance of the drug treatments provided by various agencies. Community members also acknowledged the contributions of these agencies. For instance, Sofia stated:

If these recovery agencies were to disappear, we would be in significant trouble! They're doing everything they can (Sofia, woman, local community).

While participants who had undergone treatment acknowledged the flawed aspects of abstinent recovery programmes, they also emphasised their perceived superiority over the consequences of 'addiction', or even the risk of death. Angelos, who had expressed critical views regarding the official harm reduction provider agency and a state-funded agency promoting abstinent recovery, clarified that his critical stance did not negate the significant role he attributed to these agencies. In fact, he regarded the treatment he received as a lifeline:

I may sound critical, but the reason I am alive and able to give you this interview today, is due to the availability of public, free drug treatments, and I have used them all (Angelos, man, NGO professional and PWUD).

Overall, while the Greek drug treatment system had its downsides, participants generally agreed on its indispensability and positive impact on PWUD. The critiques the

interviewees offered reflected a nuanced perspective where they recognised their value while striving to enhance their effectiveness and mitigate harm.

Despite the consensus over the value of recovery programmes, there were also considerable criticisms. Dominant were concerns regarding the rigidity, rules, and strict boundaries of the programmes. The focus on the motivation of PWUD to enter and remain in treatment was another important point of contention. In the next section, problematisations related to boundaries, rules, and the high threshold in dry recovery drug treatment will be explored.

7.2.1 Problematisations around abstinent recovery programmes

This section explores problematisations surrounding abstinent recovery programmes. Notably, there were significant variations in how different programmes offering abstinent recovery were portrayed. While some were perceived by some participants as excessively harsh and inflexible, others were seen as supportive. Nevertheless, a common thread of concern emerged regarding the stringent boundaries within these abstinent recovery programmes and their associated practices.

Participants shared insights derived from the experiences of their peers who had undergone specific abstinent recovery residential programmes, portraying these programmes as overly rigid:

I've friends who went through it. One of them still carries residues from his time in a therapeutic community, and he's become so rigid and doctrinaire, due to the intense programming, that having a conversation with him without getting into a fight is almost impossible (Dimitris, man, local community and PWUD).

I have second-hand knowledge from my friend who completed the programme [names an agency] ten years ago. The whole programme had a mountain of irrational rules and procedures. Like, glasses must be turned this way... People digging the garden all day... When someone says something related to drug use, they put him in a special chair with a light above and they pass by to mock him... Or someone walks around all day with a sign that says 'I'm a junkie'. You know, totally weird (Nikos, man, PWUD).

Nikos shared his second-hand knowledge from a friend who had completed a programme ten years previously. According to him, this programme was characterised by a plethora of 'irrational rules and procedures' and featured 'weird' practices, including subjecting people to public humiliation. His account problematises the portrayed idiosyncrasies of certain abstinent recovery programmes. Similarly, Dimitris voiced apprehensions regarding the inflexibility of therapeutic communities. He provided an example involving a friend who had undergone such a programme, illustrating how the intensive programming had left his friend inflexible and dogmatic, rendering civil conversations nearly impossible. Dimitris' concerns suggest that people who have experienced such programmes may bear enduring subjectification effects from their treatment encounters, implying a long-lasting influence of the rigorous 'programming' they undergo.

Hara's quote below conveys her own experience with a treatment programme started in prison and continued upon release:

Hara: I've made efforts... I've quit drugs for nine months while I was in prison. During the one year I was in prison, I spent nine months in [*names a programme*]. I was released, under the condition to attend the programme, and I did. But when I was in prison, my little son would come visit him every Sunday. But when I got out, I was not allowed to see him due to the programme's rules. I asked my therapist for a meeting, to talk about it. She said, 'I will call you'. I told my community brother³⁰ that I was not OK and needed to talk to a group as I was struggling. He told me to be patient and that everything will happen in its time. Long story short, during an outing at the theatre, I told them 'I go to the restroom' and... the thought had come to my mind to leave.

AM: You left the programme?

Hara: Yes, I left the programme, and shortly after I relapsed into drug use. Then I returned and began anew, attending seminars with the prospect of re-joining the group, but in the end, it didn't work out... Because, although I wasn't that much into drugs yet, I was gradually getting laxer and laxer with drugs. Plus, I dreaded the thought of returning to the programme and going through withdrawal all over again. However, the reality is that now I would

³⁰ A peer who serves as a mentor.

be an entirely different person. I would be clean, employed, and leading a completely different life (Hara, woman, PWUD).

It should be noted that, while Hara expressed dissatisfaction with the programme when seeking to reunite with her son, the programme cannot be responsabilised as the sole cause of her struggles. Hara's experience, though unique, may find parallels with those of other individuals in similar circumstances. Notably, the concept of post-prison relapse was also discussed by other participants. For instance, both Philipos and Stavros, who were injecting heroin when incarcerated, quit 'cold turkey' during their prison sentences without participating in a programme similar to Hara's. However, upon release, they both reported relapsing shortly thereafter. A common thread among the three, with due consideration for the role of social and economic conditions in facilitating societal reintegration, was their disadvantaged socioeconomic status, marked by unemployment and lower social standing. While they had completed their schooling, they were not fully integrated into society before succumbing to drug use or incarceration and their situations worsened after prison. During the interviews, Hara and Philipos were precariously housed, while Stavros resided in his late mother's home, with the landlord permitting him to stay rent-free. Therefore, while it remains unclear whether Hara's challenges emanate from programme conditions, or other factors shaping her personal journey, her narrative underscores the difficulties that people like her may encounter in taking advantage and benefitting from drug treatment programmes.

The next section explores problematisations surrounding abstinent recovery programmes that participants described as less strict and where their boundaries were considered essential.

7.2.2 Differentiations among abstinent recovery programmes

Problematisations were nuanced, with thresholds, abstinence, and boundaries being viewed differently based either on individual circumstances or, as the participants portrayed, on the specific programme they were talking about. For example, Elina and Nikos, who completed the same residential programmes with a psychosocial orientation offered by another abstinent recovery agency, portrayed abstinence and boundaries as essential at the early stages of their rehabilitation, due to their vulnerability.

We were completely isolated from the outside world. We had no contact at all, nothing connected us to the outside. However, it

was necessary to give yourself a break, bond with the group, detach from the drug use phase and start setting boundaries. You are quite vulnerable at those early stages, so it is risky to be out and about (Elina, woman, PWUD).

While both Elina and Nikos remained drug-free at the time of the interview, more than a decade after completing their respective programmes, it is important to note their significantly different social and economic statuses compared to Hara, Philipos, and Stavros, as discussed above. Elina and Nikos were both from upper-middle-class families, something that should not be overlooked in the overall context. Additionally, the programmes Elina and Nikos attended were perceived differently from other residential programmes, not only by them but also by numerous other participants, including PWUD who had not undergone the same or any programme. The distinction between these programmes becomes evident when examining the language used to describe programme completion. Elina and Nikos, both of whom completed residential programmes offered by the same psychosocial orientation programme, mentioned that they 'bid farewell' to the programme. This phrase implies the conclusion of a phase and the transition to a new chapter. Conversely, PWUD who completed another prevalent residential programme stated that they 'graduated' from it. The term 'graduation' suggests an educational institution's influence, potentially highlighting the significance of knowledges and training within the programme.

Elina and Nikos highlighted certain differences in the programme they attended, compared to other programmes problematised by them and other PWUD as 'stricter'. One difference was that, despite being a 'dry' programme focused on abstinence, they were allowed to receive medication such as sedatives or antidepressants. Elina mentioned that she was prescribed these medications for six months during her social reintegration phase. Additionally, they both emphasised the warm personal connections they experienced, including the importance of caring treatment practices. They believed that the involvement and warmth demonstrated by treatment professionals were more significant than the treatment itself. Nikos, for example, was motivated to participate in and successfully complete the treatment because of the engaging and supportive environment created by staff:

When I went to the programme I was in a poor state; shaking and unable to talk properly. It was like a sort of autism. I was completely wrecked by Epsilon [*Ecstasy*]; I couldn't even stand on my feet and was moving as if a disabled. Yet, the programme's director and the staff treated me with so much dignity and care. They showered me with warmth and respect,

and this is how I got engaged and inspired to attend and complete the residential treatment programme (Nikos, man, PWUD).

This quote underscores the importance of caring practices in treatment (Carver et al. 2020) and stands in sharp contrast to the apathy reportedly displayed towards participants in OST, as discussed in Section 7.1.2.

A different aspect of abstinent recovery that was seen as less intense and more flexible by those involved in it concerned programmes that relied on self-help and mutual support. Two participants, Giorgos, a drug therapist, and Costas, a PWUD, were involved in a self-help recovery programme and a 12-step mutual support programme that embodied the principles of abstinent recovery through self-help and mutual aid.

We don't focus on abstinence. Instead, we inform drug users that they need to abstain for a certain period and then reassess. This is because many people initially believe they can learn to use it without any problems. However, it is important to have a cooling-off period regardless of the path they choose afterwards [...] Many programmes place too much emphasis on motivation but setting the bar too high leads to people passing underneath. That is why we minimise rules and procedures to avoid discouraging them. As long as they can meet the minimum requirements, we gradually increase the expectations. The motivation of drug users is unpredictable, so we should seize any motivation immediately, instead of asking them to prove their motivation and call back in three days. Let's be realistic, they are unlikely to follow through with that. In fact, they may not even remember where they are (Giorgos, man, drug treatment professional).

That's why I like [*names a 12-step programme*]. Because they establish boundaries, but not to an extent that overwhelms you and makes you suffocate (Costas, man, PWUD).

In his quote, Giorgos underscores that the programme did not focus on abstinence per se, nor the motivation of the subject in treatment. Alternatively, the rehabilitation process was represented as an emotional and existential journey, rather than an end goal. Connected to these points is Costas's quote where he portrays the flexible structure that Narcotics Anonymous offered as the ideal balance between structure and freedom for him.

This section has explored problematisations around abstinent recovery. Although there were critics who opposed strict boundaries, there were also indications of progress in some participant accounts where there was a less dogmatic stance taken towards abstinent recovery where adherence to rules did not dominate. The final section of this chapter addresses drug policy, drug treatment coordination, and related policymaking through problematisations by both professionals and people directly affected by such policies.

7.3 Drug policy and treatment

7.3.1 State coordination

The prominence of coordinated drug policy and treatment within the field was a topic of discussion, with some participants highlighting its importance and others pointing out related challenges. The 'problem of coordination' emerged as a concern among participants who were professionals in drug treatment and policy, with problematisations emphasising both the necessity and difficulties of achieving effective coordination. Treatment and policy professionals criticised the way coordination was approached. Rather than being seen as a meaningful practice to facilitate communication among organisations and jurisdictions, coordination was problematised as a disconnected practice from the actual 'problems' faced by treatment agencies or PWUD. Many professional participants problematised the overlapping roles of two distinct coordinating government instruments at the time of the interviews in 2018-2019. Some of these participants questioned whether the introduction of a new coordinator in 2013, alongside the existing role of OKANA as a coordinating agency, led to a situation where one coordinator was overseeing another. Stamatis discusses this point below.

Since the previous role of the coordinator by OKANA is not cancelled, does the new coordinator coordinate the one who coordinates all the rest? It is like putting a coordinator on top of the coordinator (Stamatis, man, ex-drug treatment professional and PWUD).

Stamatis' quote underscores the problems and complexities related to coordination in the field of drug policy and treatment, particularly regarding the overlapping roles of different coordinating agencies and the disconnect between coordination efforts and practical issues. It suggests a lack of clarity in how coordination is approached within the field which could hinder the effectiveness of drug policy and treatment.

From a practical standpoint, however, many professionals saw this new coordination as an opportunity to improve efficiency and collaboration among stakeholders. One aspect of the coordination issue focused on administrative challenges arising from what was described as disorganised and disparate service provision. For example, Michalis, below, proposes the 'One-stop shop' model as a way to enhance service cooperation and provide linkage to services and treatment programmes.

This so-called 'One-stop shop' model is necessary. Instead of going here and there and knocking on ten doors for the same thing! There's no reason. Even within KETHEA, why should we have five doors in Athens just for reception? We could have one (Michalis, man, drug treatment professional).

In contrast, another group of participants believed that merging all agencies into one central hub that would assess people and direct them to the most relevant service according to their needs would be disempowering if it was dictated and thereby denied choice for individuals. These participants thought that the system worked well and that attempts to merge agencies would do more harm:

It is like the regime of Junta! Back then, there was the Junta regulator, where patients would go and the Junta regulator would tell them which service to attend. Service users need to choose what programme they will attend, this is the first and foremost (Aleka, woman, drug treatment professional).

Aleka's critique makes an extreme comparison of the merging of treatment approaches into a single hub to a time when patients were directed to specific services by a controlling regulatory body during Greece's dictatorship. Aleka emphasises the importance of personal choice in treatment programmes which she views as the most essential aspect. In summary, different actors had different perspectives on coordination with some viewing it as a means to achieve effective collaboration, and others raising concerns about potential negative effects.

7.3.2 Improved communication among treatment agencies and programmes

Several participants expressed optimism regarding collaboration and communication among agencies and drug treatment programmes. Several professionals noted the progress made in overcoming ideological and treatment approach conflicts, particularly in terms of enhanced collaboration and communication which had been criticised as

'absent' in previous years. Participants observed that conflicts stemming from different treatment philosophies had gradually lessened over time. For instance, some participants noted that the three-pillar drug treatment system, comprising OKANA, KETHEA and 18 Ano, demonstrated greater cooperation compared to previous years.

Programmes and agencies are generally less dogmatic today. In the past decades, they used to speak completely different languages. Moreover, they used to be very rigid, like this is it, take it or leave it, which was disempowering for those who could not adhere to the programme (Pavlina, woman, drug treatment professional).

In addition to enhanced collaboration among agencies as discussed, Pavlina reports a move away from the rigid and dogmatic approaches of the past which were problematised by many in Sections 7.1.2 and 7.2.1. According to her, contemporary programmes had adopted a more flexible stance which allowed for more individualised approaches.

Additionally, several professional participants, such as Stamatis below, raised concerns about resource allocation and its potential contribution to competition within the treatment system. They discussed the previous funding approach of 'sharing the pie' which was seen as a source of competition among agencies.

Each organisation implements the policies it prefers, independent of the actions of others. Sometimes, organisations even compete with each other. For instance, if [*names an organisation*] opens a unit in [*names a city*], [*names another organisation*] rushes to open one in the same city, regardless of whether a unit already exists there. They do this simply to secure a larger share of the economic pie (Stamatis, man, ex-drug treatment professional and PWUD).

Other professional participants noted that financial resources for drug treatment programmes had not significantly decreased, despite the 'economic crisis'. However, the funding was described as 'just enough' to maintain services and programmes, which were viewed as operating at limited capacity. This view is expressed in the quotes below by Natasa and Pavlina:

A.M: Has the economic crisis affected the therapeutic programmes?

Natasa: From a staffing perspective, they haven't been affected to the extent of completely dissolving or collapsing the service in terms of funding. However, I believe they have ultimately collapsed because, in such a complex and complicated era, they don't know their role.

A.M: What do you mean by that?

Natasa: They are uncertain... even the therapists themselves might lose sight of the purpose of their work. When they face countless challenges at home, like reduced salaries and barely making ends meet, they lose a lot of motivation. It's a job that can be extremely demanding. But these are not direct outcomes of the economy in a straightforward sense. The services are indeed understaffed, which is a significant issue, but I don't think that's the only problem numerically. I think it's a problem of exhaustion, which relates to people's earnings. Financial earnings are crucial, but it's also about the overall meaning employees find in their work, how meaningful it seems to them (Natasa, woman, drug treatment professional).

In Natasa's quote, while the 'economic crisis' is not portrayed to have significantly affected staffing, it was viewed as leading to a sense of purposelessness among therapists which exhausted their energy due to personal challenges including reduced salaries.

A.M: Have there been cuts in drug treatment?

Pavlina: Regarding the HIV outbreak that occurred from 2011 to 2013, there was a restructuring of treatment that significantly increased the positions available for people seeking substitution treatment. So, from this perspective, I would say the opposite of cuts occurred, particularly in terms of capacity for opioid substitution treatment. However, when it comes to available funds, there have certainly been reductions, especially in services considered luxurious.

A.M: What is meant by that?

Pavlina: Anything that might be considered extra or redundant, like supervision for therapeutic teams, empowerment workshops at day centres, or socialising activities at day centres; anything viewed as excessive has, in some cases, been virtually

eliminated. Even basic services, such as laboratory facilities for urine tests, are no longer available. Many funding cuts have taken place (Pavlina, woman, drug treatment professional).

Pavlina's quote discusses a restructuring of treatment programmes in response to the HIV outbreak, which increased capacity for substitution treatment. However, despite the emphasis on this area, she portrays funds for other services to have been significantly reduced, impacting aspects of drug treatment such as the elimination of services deemed redundant and challenges in delivering essential services. The reduction in state funding as a result of the financial crisis, and the austerity imposed, was dramatic. Indicatively, the annual budget of OKANA for 2013 was 18 million euros, less than half of the 40 million in 2011, according to its then president Meni Malliori (Bennett and Kresge 2013). The cuts had a knock-on effect, as the participants in this study explained, including therapist burnout, reduced wages, and insufficient resources, all of which affected the quality of treatment:

There are alarming shortcomings in the field of treatment. Not only are the therapeutic programmes insufficient to meet the needs of drug users, but the existing therapeutic programmes themselves face significant problems due to general funding cuts. They lack staff, their horizons aren't expanding, and the employees are disillusioned with their expectations. This poses substantial challenges in attracting individuals struggling with addiction, who anticipate you to instil in them the self-belief that 'yes, I can make it'. To infuse them with the hope they lack innately and anticipate from you, the therapist, to kindle within them (Aleka, woman, drug treatment professional).

Aleka's quote portrays inadequacies in treatment, with treatment programmes deemed insufficient to meet the needs of PWUD, and funding cuts exacerbating the 'problem'. In the above quotes, participants portray critical issues in the field of drug treatment programmes, including inadequacies in treatment, resource allocation, competition, and the impact of the 'economic crisis', hence conveying a need for support in the field of drug treatment. The next section proceeds to drug policy processes and participation.

7.3.3 Silenced voices from policy deliberations

Many participants with dual roles as harm reduction professionals and PWUD, including other professionals from the treatment and policy fields, argued for a more decentralised, participatory approach, and the need for increased representation of PWUD in drug

policy deliberations. These participants thought that the prevailing drug policy approach at that time silenced PWUD and deprived drug policy of their valuable input.

There is a vast knowledge capital of people who are in treatment or active drug users which remains untapped, while abroad there are structures that are run exclusively by people with lived experiences (Chris, man, streetworker and PWUD).

As such, policymaking emerged as a site of exclusion for PWUD with regards to participation in the process. 'Experts' on the 'drug problem' were enabled access to subject positions that portrayed them as part of the 'solution', while PWUD were portrayed as part of the 'problem' and as being left out. As highlighted by Stavros below, this silencing could be seen as both reflecting the diminished citizenship of PWUD alongside sustaining the hierarchical roles that the 'drug problem' seemed to automatically create.

If you look at the drug policy councils and the policy deliberations, you will see outrageous things and irrelevant people! A 60-year-old person who has never used drugs and has not even studied drugs, but not people who use drugs, not even people who have left drugs behind for some years... Does this show a tendency on behalf of the state, isn't? I'm not suggesting that they go to the open drug scene, and grab the first junky, but some of the drug users must be in the councils, in OKANA, and the committees for drugs (Stavros, man, PWUD).

Stavros highlighted the need for more inclusive and well-informed drug policies, advocating for the involvement of people with lived experiences in drug policy councils and committees. He argued that such inclusion would lead to more holistic approaches to formulating drug policies, moving away from strategies shaped primarily by individuals lacking firsthand experience of drug-related issues. Stavros's perspective underscored the hierarchical dynamics within drug policy councils, where those without direct experience in drug use hold greater influence, marginalising the voices of PWUD.

Additionally, some participants questioned the underlying intentions of the state regarding the wellness of people beyond drug treatment. While treatments were depicted as making the most of limited governing means, their effectiveness was deemed insufficient due to the absence of effective social reintegration opportunities. Spyros emphasised that the main 'problem' with Greek drug policy lay in the state's apparent

lack of concern for individuals and the absence of post-treatment plans for PWUD, rather than in the drug programmes *per se*. This critique underscores the broader intentions of the state regarding public welfare, indicating a perceived limited investment in wellness beyond the scope of drug treatment:

Drug treatments are not the problem. The thing is what you want to do with your citizens, as a state, and, apparently, here in Greece, you don't want to do much! The main issue with Greek drug policy isn't about the programmes, such as OST or the traditional abstinence-based approaches. The real problem is that the state doesn't seem to care about its citizens and doesn't have plans for PWUD after treatment (Spyros, man, ex-drug policy professional).

Spyros' perspective highlights the critical notion that the efficacy of drug treatments is secondary to the broader intentions of the Greek state concerning public welfare, implying a need for a re-evaluation of the state's approach and a more comprehensive commitment to successful reintegration into society after treatment.

In this last section, drug policy frameworks were questioned for their coherence and the contestation of roles. Finally, ideological contestations, funding competitions, and the exclusion of the voices of PWUD in policymaking were of concern to some study participants.

7.4 Summary

This chapter explored problem representations in drug treatment and raised questions about both therapeutic and policy representations of the 'drug problem'. Harm reduction emerged as important yet stigmatised, with limitations coming from the blurring of the fields of recovery and harm reduction. Problematisations of abstinent recovery surfaced the role of boundaries and motivation, for example, while the question of who benefits and who is harmed in the process was also explored. Comparisons portrayed differentiations between treatments and programmes. Notably, while participants critiqued these programmes, they also considered them to be essential services for PWUD. The lack of person-centred treatment emerged as an important consideration regarding how PWUD perceived their own experiences of drug treatment. Despite immersion in social and treatment discourses, participants offered critiques of treatment systems. There was acknowledgement that most shortcomings concerned institutional knowledges and practices well-entrenched within the Greek drug treatment and policy

environment, rather than conscious actions. As such, problematisations were at the level of systems and knowledge production, rather than individuals.

The following chapter is the final analysis chapter and explores lived experiences of the 'drug problem' for PWUD and unrelated family members.

Chapter 8: Hexis - Embodiment of the ‘drug problem’ by people with lived experiences

This chapter, titled ‘Hexis’ (referring to individual dispositions and habitual practices), examines the lived experiences of the ‘drug problem’ from the perspectives of people who use drugs (PWUD), parents of PWUD (unrelated to other interviewees), and other stakeholders-participants. Although there are only four parents in the sample, which is a small number to draw broad conclusions from, in a ‘What’s the Problem Represented to be?’ (WPR) approach their perspectives are still significant. The analysis explores the question of how those most affected by the ‘drug problem’ understand and live with it. The chapter is divided into two sections. The first explores the experiences of PWUD’s parents, including their initial perception of the ‘problem’, the perceived stigma faced by Greek families, how they dealt with practicalities of the ‘problem’ within the family despite the stigma and societal attitudes, and their perceptions and involvement in treatment programmes. The second section examines lived experiences of PWUD, including how drug use (or ‘addiction’) impacted their lives, the role of social and economic background in their experiences, and challenges they faced in reintegrating into society, especially with the law and criminal justice system.

8.1 The ‘drug problem’ for families in Greece

This section explores the ‘drug problem’ as experienced by families in Greece. It focuses on how parents initially perceived their children’s³¹ involvement with drugs and how societal portrayals of PWUD played an important role in shaping these perceptions. Additionally, it examines the crucial role played by families in providing essential support to their children who use drugs, including their engagement in family drug treatment programmes.

8.1.1 Initial perception of family members

This section examines the emotional reactions of parents when they first learned of their children’s drug use, suggesting factors that contributed to their sense of ‘unpreparedness’ for this. It explores how societal discourses shaped parents’ initial

³¹ The term ‘children’ is used to denote descent, even though three of the four parents in the study had adult offspring. Christina’s daughter, a 16-year-old girl using cannabis, was the only minor mentioned.

perceptions of the 'drug problem' within their own families. It begins by examining how parents initially perceived their children's drug use, in light of prevailing societal discourses, and then examines the process of merging these preconceived notions with the stark realisation that their own families were impacted by a 'drug problem'. This section explores the connection between their pre-existing discursive ideas about drugs and PWUD and how they received the news of their families' involvement in the 'drug problem'.

8.1.1.1 Parents' immersion in societal portrayals of PWUD

Overall, study participants reported feeling caught off-guard and not prepared for the situation, which resulted in a sudden and intense realisation of their family's 'drug problem'. One reason for this was that they did not expect their children to fit the profile of PWUD. Both parents of adult PWUD who used 'hard' drugs and parents of younger children who used cannabis shared a sense of being 'unprepared'. This is portrayed by Efi below, who problematised her son's profile as inconsistent with preconceived notions she had of PWUD:

We had no idea that he was using [*heroin*]. He seemed to be doing well, with a clear gaze and plenty of energy in both his work and personal life. He even was engaged, had his own car and a stable job. It seemed like he had everything going for him. He had his health, his family, his money and was engaged to his girlfriend. We all know and have seen how these people end up in Omonia and other places, but my son had nothing to do with it (Efi, woman, mother of a PWUD).

In this quote, Efi challenges the common perception of addiction by highlighting the dissonance between her initial perceptions of a person using drugs and the reality of her son's drug use. Despite her son's outward success and fulfilling life, he still struggled with a drug problem. Efi's perspective sheds light on the complexity of addiction and questions the rigid boundaries society places on identifying who is affected by drug use. Similarly, Giorgos, a treatment professional, challenges the expectation to see certain visible signs of drug use as outdated. He emphasises that such discourses perpetuate a narrow view of addiction, failing to recognise the diverse experiences and circumstances of PWUD in Greece. These perspectives suggest that addiction defies simplistic categorisation and requires a nuanced understanding that considers the multifaceted nature of the condition. Both Efi and Giorgos challenge prevailing notions of addiction,

advocating for a shift towards a more comprehensive and inclusive approach that acknowledges the diverse realities of those affected by drug use and the evolving demographics of drug use in Greece.

The drug user of today is completely different from the past. However, most drug treatments, and consequently society, have not caught up with this knowledge. They have not processed this information in their methodologies which causes a lag in societal perceptions between what people think a drug user is and what happens in reality. We are using information from addicts from the 1970s, but nowadays it could be anyone, even the person living next door! However, rehabilitation programmes still depict drug users as severely traumatised individuals with troubled childhoods and a high level of delinquency. I think that most people who have very problematic relationships with substances are mainly people with existential deadlocks and not with serious pathology in their childhood years, trauma, etc. (Giorgos, man, drug treatment professional).

Here Giorgos' argues that the profile of PWUD has changed and that societal perceptions of PWUD need to catch up in order to provide more effective treatment and support. His perspective challenges the typical associations of drug use with disease and crime, that Efi's quote seems to acknowledge, suggesting instead that PWUD are 'ordinary' people dealing with existential challenges. His perspective proposes drug use as a coping mechanism, especially in the context of the socioeconomic circumstances taking place at the time of the research. Consequently, drug use was portrayed as an attempt to find a 'solution' to life circumstances, rather than simply a manifestation of a set of very challenging life circumstances.

The perspectives discussed in this section highlighted the disconnect between societal perceptions and lived experiences of drug use which becomes palpable when parents are suddenly confronted with their children's drug use resulting in shock and distress which is discussed next.

8.1.1.2 Merging their family's 'drug problem' with the 'drug problem' discourses

The parents' self-described lack of knowledge about PWUD, combined with societal discourses that associated the 'drug problem' with extreme marginalisation, triggered strong emotional reactions when they discovered their children's drug use. Upon learning about it, parents found themselves faced with a personal connection to a 'problem' that had previously seemed distant and 'out there'. This shift in perspective mirrors what was observed in Chapter 6, where Gerasimos transitioned from perceiving the 'drug problem'

as a general concept to experiencing it as a personal matter, an embodied reality. Nevertheless, given the negative stereotypes associated with PWUD and their impact on society, parents often felt overwhelmed. As a result, the three mothers and one father who participated in the interviews reported reacting emotionally to the discovery. Gerasimos and Efi, for example, expressed initial shock and distress when they learned that their adult children were using cocaine and heroin, respectively. These descriptions convey the intensity of their initial reactions, which were rooted in concern and care:

I can tell you that when I was told by my wife and my other son who knew already by then, I might have had a mini stroke. They had to take me to bed. Because I had two thoughts. First, the kid, his life, and then, a long road follows ahead, how to save him, we didn't know (Gerasimos, man, father of PWUD).

I got scared when I found out my son uses heroin. But the real drama was with his dad... he was mourning. When we told him it was like an ancient tragedy scene. He kneeled in front of him crying 'Please, son, tell me this is not true!' (Efi, woman, mother of PWUD).

According to Gerasimos above, the intensity of this experience was intensified by concerns for their children's wellness and the challenges they anticipated to face along the way. Moreover, the discourses surrounding the 'drug problem', coupled with their lack of preparedness, created a significant need for guidance which will be discussed further in Section 8.1.3.

Upon discovering their children's drug use, the already internalised negative perceptions surrounding the 'drug problem' seemingly took control, causing parents to see their children through the lens of societal discourses. In some cases, the influence of these discourses was such that some family members appeared to genuinely believe that their child had become a different person. For example, Efi shared an incident where her husband was deeply affected by a conversation they had overheard on the train, in which a stranger made a pejorative generalisation about PWUD, saying, 'They can kill you for their dose'. Subsequently, during a disagreement Efi had with her son, her husband cautioned Efi:

Don't argue with him, remember what that person said the other day. He might as well just push you and leave you stranded there (Efi, woman, mother of PWUD).

Efi's quote illustrates how societal stigma towards PWUD impacted her husband, instilling fear and shaping his perception of their own son. This highlights how prevailing societal attitudes and stereotypes about PWUD deeply influence individuals' perceptions and actions. A stranger's pejorative remark led Efi's husband to internalise negative portrayals of PWUD, affecting his interactions with their son. This incident underscores the significant role of societal discourses in shaping individuals' perceptions and behaviours towards PWUD. Furthermore, it reflects the broader societal context in which stigma towards PWUD is deeply ingrained. In Greek society, pervasive stigma not only affects PWUD but also extends to their families by association. This societal stigma contributes to parents' initial perception of a 'drug problem'. The influence of societal attitudes and stereotypes underscores the importance of addressing stigma as a crucial aspect of supporting both PWUD and their families, a topic that will be explored in the following section.

8.1.2 Stigma by association and taboos in the Greek society

The prevailing taboos and stigma in Greek society were directly problematised by parents and other participants as contributing to the challenges that parents faced in dealing with their children's drug use. The fear of being stigmatised as a deviant family and inadequate parents was problematised as a major concern by all four parents. Rika problematised Greek society for its immersion in stigmas, portraying drug use as a taboo topic that was not openly discussed.

In Greek society there are so many stigmas and taboos. We have grown up in a previous generation with families that were too cautious about 'What will people say', 'Do not let those around you know', and 'Keep your dirty linen in private'. So, in the hypocrisy of a Greek family, how can this [*drug problem*] be shared? It is too strong for the Greek family to go out and say, 'My son is a drug addict!' To tell whom? First of all, that will turn against you. Everyone will think what a bad parent you are! (Rika, woman, mother of PWUD).

Rika portrayed societal discourses in Greek society immersed in stigmas and taboos. She highlighted the prevalent societal norms in Greek families, where there is a tendency to circulate information internally, cautioning against concerns about external judgment, and emphasising the importance of keeping family matters private. This cultural norm, according to Rika, introduces limitations on what family members feel they can openly discuss. Fears and anxieties among these families were portrayed as rooted in a set of presuppositions and assumptions related to their family's stigmatisation as deviant. The

embodiment of societal discourses and the stigma associated with them were shown to have an impact on the help-seeking behaviours of three of the four parents interviewed. For example, Gerasimos discussed the implications of shame and fear of being associated with drug-related 'problems', especially concerning the geographical location of the family drug programme he attended:

When I saw where this programme is located, I felt relief as it was far from home. Because when my other son told me that we should all go to [*names a programme*], I panicked. There is one close to a friend of mine and I thought 'I will be seen passing through this door weekly'. (Gerasimos, man, father of PWUD).

Gerasimos portrayed his concerns about being observed entering the facility and mentioned his relief when realising that the family programme was located far from home. Specifically, parents' portrayals represented the stigma of carrying the responsibility for their adult children's drug use. Having internalised societal discourses around drug use through experiences of multiple stigmatisations in practice, parents portrayed themselves as striving to avoid criticism by keeping their 'problem' within their family.

In addition to societal taboos, there was an additional problematisation. According to participant Christina, the acknowledgement of the 'drug problem' entailed a degree of responsibility that social institutions did not want to assume. Below she describes going to her daughter's school to discuss the cannabis 'problem' that she believed the school was facing.

When I went to school to discuss the fact that my daughter and other children smoke cannabis and there is a person in her class selling, nobody bothered, as if it did not concern the school. Because they are considering the troubles. If you accept that there is a problem, simultaneously you must act upon it. So, people generally deny responsibility to avoid the hassle (Christina, woman, mother of PWUD).

In the above quote, Christina expressed her frustration with the school's inaction when she reported her concerns. Her portrayal of the school as evading responsibility reflected a common tendency when dealing with 'drug problems' which could serve to evade the complexities associated with addressing them. Parents faced stigma, lacked initial knowledge, and panicked upon discovering their children's drug use. Institutions like

schools were also reported to be reluctant to address drug-related issues. As a result, parents were left trying to decide how to handle the situation and support their children.

8.1.3 How families provided much-needed support

Despite the difficulties for family members, families were portrayed by participants as the primary source of support for PWUD. Their role was emphasised despite, or because of, acknowledgement of the challenges placed on Greek families experiencing the lived effects of the 'economic crisis', something addressed in Fotopoulou's (2012; 2014) and Fotopoulou and Parkes' (2017) work. In the Greek context, where family support has traditionally played a more pronounced role than state support, as discussed in Chapter 2, the negative impact of the 'economic crisis' on families translated by default to negative effects on PWUD. Despite this, Aleka, a drug treatment professional, depicted families in Greece as capable of mitigating the adverse effects of the 'crisis' and providing ongoing support to their drug-using members:

Families in Greece are struggling with the crisis, yet they manage to stand their ground. Despite struggling economically, they don't abandon their loved ones, they still support the drug users. Sadly, for people who don't have a family, things are very hard (Aleka, woman, drug treatment professional).

Aleka's quote portrays the resilience of families who continued to support their members, while also suggesting that those without family support faced additional challenges in accessing necessary resources and support. Efi described how her whole family came together to provide physical and emotional support to alleviate the physical discomfort and pain her son experienced during withdrawal:

We went it through all together many times. Me, his dad, his sister. His dad was rubbing his feet because they hurt with the withdrawals. His feet, his back, his hands... (Efi, woman, mother of a PWUD).

Efi described how her family supported her son during the withdrawal process by massaging his feet, back, and hands. Her statement depicted a 'problem' that impacted the entire family and indicated that, despite societal and association stigmas, Greek family culture influenced how families dealt with drug use in terms of their ability to provide compassionate support.

Stavros also emphasised the importance of family in Greek society, portraying that his mother's care and support during a difficult period of drug-related challenges saved his life:

If it wasn't for my mother, I would undoubtedly be dead. Despite the advice she received from various 'experts' from family programmes, suggesting to her to kick me out when I was in deep trouble, she chose to care for me and keep me at home. Mind you she had no formal education and worked as a cleaning lady. Despite this, she had more education and empathy than those so-called 'experts'. She never abandoned me, even though I struggled with heroin for many years. There was the certainty of tough love back then [*a decade before the interview*]. It may still exist today, I am not sure though (Stavros, man, PWUD).

Stavros emphasised his mother's decision to care for him at home, despite receiving professional advice that suggested otherwise, as playing a key role in his survival. He criticises the perspective of 'experts' highlighting the importance of empathy in supporting PWUD (Fotopoulou and Parkes 2017). Referring to the concept of 'tough love' as a common approach at the time, Stavros implies that if she had followed this advice this might have cost him his life. As such, he problematises those knowledges as having clear lived effects on the lives and deaths of PWUD. Stavros' critique connects with the previous chapter, where participants criticised various treatment practices/approaches as inhumane or certainly not person-centred.

8.1.4 Family drug treatment programmes

Parents who took part in this research attended two family programmes facilitated by two state-funded organisations. Several participants across the sampling categories problematised the underlying discourses embedded in such programmes with streetworker Lambros stating:

Some [*family*] programmes still encourage parents to close the doors to their children, as if we are living in medieval times. Plus, there is a lack of oversight by drug policy regarding their methods, which only makes the situation riskier (Lambros, man, streetworker and PWUD).

Here Lambros critiques some programmes as encouraging parents to isolate PWUD from their homes, advice similar to the one given to Stavros' mother, as quoted in the

previous section. Lambros problematises the underlying discourses and methods used in these programmes as outdated and dangerous, placing responsibility for implementation squarely on official authorities. While out of the scope to confirm if such suggestions were indeed made to the parents in family programmes, it is important to note that none of the parents included in my dataset reported taking such an approach.

Despite criticisms levelled at treatment programmes, as discussed in the previous chapter, parents reported experiencing tangible benefits from their participation. From their perspective, the family programmes they attended provided them valuable tailored guidance. Attending them was reported to provide parents with knowledge, support, and relief, alleviating some of their burdens. Gerasimos, for example, described the experience as relieving the load he was carrying and equipping him with tools to better cope with the challenges posed by his son's drug use:

We are very lucky to have found the programme. People here know their stuff. They are professionals and know what they tell you. I was very impressed because it is also public; we pay nothing! I was completely lost, is like trying to drive a car when you have no idea how to even start the car. Now I know. I am prepared. [...] If he starts wavering about the programme I am like 'Alexi, I don't want you to leave the programme!' But I am not just saying it for the sake of it. Look at my eyes, look how I deliver this message. I mean every word, I am not joking (Gerasimos, man, father of a PWUD).

In section 8.1.1.2 there was discussion about the limited societal understanding of the 'drug problem' which could cause parents to feel uncertain and in need of guidance. As such, and despite Lambros' criticism and call for better monitoring of some of these programmes in the quote earlier in this section, none of the parents in my data set expressed similar concerns.

As seen in the quote above, Gerasimos positively portrays the family programme he attended and highlights the expertise/professionalism of staff and the accessibility and free-of-charge nature of the programme. Gerasimos pointed to his initial 'unpreparedness' to deal with his child's drug use, discussed in Section 8.1.1.1. After participating in the programme, he said that he felt ready to handle the challenges and supported through a step-by-step approach regarding how to handle his son's attitudes towards attending treatment. For the mothers within the dataset, Efi, Christina and Rika, all three of whom continued to attend their family programmes even after their adult children had left the programme, the programmes helped them manage their emotional

involvement, including feelings of shame, stigma, guilt, and wider fears, that were also discussed in Section 8.1.2.

The emotional involvement is significant. I did not know how to handle her [*daughter*]. I was shouting, I even hit her once. So, the programme helps me with the emotional aspect of the problem, and this is why I keep coming. Even though my daughter left the programme because she had a dispute with her therapist (Christina, woman, mother of a PWUD).

Now, I am here for myself, not for my son. I found companions here, comradery. We all have so many blood relatives and blood ties, but here we were able to open up our souls. I could have gone to my brother and told him what happened, but just the thought that he could say something critical about my child, that very moment he would cease to be my brother. But here, who would see me like this? Who would say behind my back 'Efi's son is a junkie?'. Since we are here for the same reason, we suffer the same, we share common pain (Efi, woman, mother of a PWUD).

The mothers describe the family programmes they attended as supportive environments where they could express themselves without judgment. Although their children no longer attended programmes (one had completed/the other had dropped out), the mothers became service users in their own right (Devaney 2017). Christina found her emotional involvement with her daughter problematic due to her struggles in managing her, which sometimes led to losing her temper. Efi, on the other hand, emphasised her emotional journey and the transformative nature of her experience, viewing her personal growth as equally important as her son's 'drug problem'. She also highlighted the drug-related stigma in Greek society, which excluded PWUD and their close-knit families, as seen in her brother's potential judgment. Efi found a sense of solidarity and belonging in the family programme, rooted in the non-judgmental environment and shared understanding of their challenges. The family programmes offered 'solutions' to two main challenges parents of PWUD faced: lack of knowledge and stigma.

This section has explored the lived experiences of the drug problem for parents of PWUD, focusing on three main phases. First, discovering their adult child used drugs was distressing, exacerbated by a lack of knowledge about drugs (see Guy 2006). Second, parents feared being stigmatised as a deviant family and inadequate parents

and felt intense anxiety about their child's drug use. Third, through specialised family programmes, parents received emotional support and practical guidelines on how to interact with their drug-using adult children (Butler and Bauld 2005).

The following section will explore the lived experiences of PWUD. While the previous chapter, Episteme, covered PWUD's experiences with specific drug treatments, the following section will examine other aspects of the 'drug problem', focusing on the effects of societal discourses and understandings of addiction.

8.2 Lived experiences and lived effects of the 'drug problem' by PWUD

This section examines the impact of societal discourses on individuals facing the dual challenges of drug use and social marginalisation, drawing primarily from PWUD participants who shared their experiences/perspectives on the 'drug problem' in Greek society. It explores how people perceive and navigate the 'drug problem', particularly in terms of whether it is viewed as a 'problem' within the individual or a consequence of external societal factors. Central to this exploration is the 'addiction-as-a-disease' concept which plays a pivotal role in framing these perspectives. Additionally, the section explores the lived effects of the 'drug problem', encompassing not only drug use but also broader challenges related to social and economic reintegration, interactions with the criminal justice system, and encounters with law enforcement.

8.2.1 Maternal guilt of a woman who uses drugs

The previous sections explored how societal discourses appeared to influence parents of PWUD, particularly the fear of being stigmatised as inadequate parents. This fear was also expressed by Hara, who was both a PWUD and a mother. Hara shared an experience where, during her two childbirth experiences, her own reflections on her drug use made her feel unworthy as a mother:

Also with my drug use... I have two children and when my children were born, both of them experienced withdrawal, the one only from methadone. The younger one went through withdrawal from all substances, methadone, heroin and cocaine. When I saw the little one trembling... his little hands were trembling and I asked the midwife, 'Why is the child behaving like this?' She told me, 'It's methadone withdrawal'. At that moment... I don't know, I had an insight. I felt really terrible, I mean, to see a little child, innocent, suffering like that because of my drug use (Hara, woman, PWUD).

Hara's statement highlights her discomfort which is closely connected to her role as a mother and the withdrawal symptoms experienced by her children. She portrayed this specific incident as intensifying her feelings of inadequacy as a mother, as she held herself responsible for the negative effects that her drug use had on her babies. It is essential to note that confident conclusions cannot be based on one single interview; instead, this section can only offer preliminary and tentative suggestions. Hara's experience might be influenced by the finding in the previous section, where parent participants felt that families in Greece are held responsible for 'problems' that occur within the household. As seen in the previous section, in the social and cultural Greek environment, even parents who considered themselves to be 'ordinary' and 'normal' portrayed feeling blamed for their children's drug 'problems', and discussed feeling affected by the shame and taboos associated with the 'drug problem'. Given this social context, it is important to consider the potentially amplified impact on Hara, who was a PWUD herself, resulting in her children being born with a 'drug problem'. This goes beyond mere stigma-by-association for her children's 'drug problem'. In this context, Hara's perception of her value as a mother emerges as further undermined.

The next section will explore whether participants perceived the lived effects of the 'drug problem' as a result of personal characteristics of the PWUD, or as a 'problem' originating from external factors affecting PWUD. This aims to highlight how the 'drug problem' was conceptualised, as an individual 'problem', a social 'problem', or a coping mechanism.

8.2.2 Portrayals of societal reasons for drug use

In the following two quotes, Dimitris and Giorgos offer perspectives that highlight the social and political implications of the 'drug problem' in Greek society. Dimitris argues that drug use should be seen as a rational response to socioeconomic challenges faced by Greece, rather than a 'problem' in itself. His own experience with cannabis informs his view that drug use is a valid expression of distress, rather than a pathological manifestation of trauma.

For me, drugs are not the problem. In fact, they are more of a solution. I think for many people, including myself, it's a way to cope with the daily problems and difficulties. The past eight years have been particularly difficult. We have witnessed the degradation of our lives, and the lives of those around us, with thousands of suicides and countless... It's like a war zone, with

the casualties being victims of the economy rather than firearms
(Dimitris, man, local community member and PWUD).

Dimitris emphasises the adverse socio-political context in Greece as more relevant to drug use than the role of the individual. For him, drug use is a coping mechanism for existential and material survival challenges and thus a valid response to broader socioeconomic difficulties.

Giorgos seems to view addiction through a lens that emphasises its social and contextual aspects, rather than seeing it as a purely medical or inherent condition. He sees drug use as potentially problematic, without subscribing to the idea that it is a disease. Instead, he understands it as something that is constructed and reinforced by society, including legal frameworks. His perspective suggests that the way addiction is discussed and reproduced within legal contexts can have significant political implications, either perpetuating certain power structures or challenging them. By highlighting the complexities of this discourse, Giorgos portrays 'addiction' as a social issue that is shaped by broader cultural, economic, and political factors, rather than something that exists purely at the individual level:

Even myself, when I go to court to defend a lad who has been well for years and had an old case, I will not say that he is sick. OK, I will not stand for this. But the way I go about it will essentially describe a disease! Because it will be the only way to help the person. Because if I tell the judge that 'This lad is dislocated in the context of capitalism and what he did was a choice of deep alienation because of capitalism' [*he laughs*] the judge will not only put him in jail but me too (Giorgos, man, drug treatment professional).

This passage highlights the complex and dynamic nature of the discourse surrounding addiction, particularly within the legal system. Giorgos' perspective sheds light on the strategic use of language in navigating the legal landscape, even if it contradicts his personal beliefs about addiction not being a disease. The mention of 'dislocation' in Giorgos' statement aligns with social theories on addiction and trauma (Alexander 2010; 2017; Maté 2008), emphasising the influence of societal and structural factors on individuals' drug use. This connection to broader social theories enriches the understanding of addiction beyond individual behaviour and highlights the need for a systemic approach to addressing addiction-related problems. Moreover, Giorgos' passage acknowledges that the meaning of addiction is not fixed but shaped by interpersonal interactions and societal perceptions. This perspective underscores the

role of social norms and perceptions in shaping discourses surrounding addiction and implications for social and institutional contexts, such as legal and criminal justice systems.

The following section proceeds to examine how the 'drug problem' is commonly depicted as an inherent 'problem' for individuals.

8.2.3 The 'drug problem' as an individual 'problem' drawing from 'addiction-as-a-disease'

This section explores how PWUD participants from diverse backgrounds and professionals working in the field perceived the 'drug problem' and whether their portrayals drew from the context of the mainstream disease model of 'addiction' as a 'chronic relapsing brain disease', or from alternative perspectives.

Costas, a participant in 12-step meetings, openly identified as an 'addict' and saw this term as more than just a label. He believed that using the term 'addict' helped him effectively communicate the challenges he faced. However, when we discussed this language, he acknowledged that the term 'addiction' carried the potential for stigma. While Costas recognised that the term 'addict' might not be the best or least stigmatising way to describe his experiences with the 12-step programme, he also believed it was a 'truthful' reflection of who he was. He thought that using this term was essential when trying to convey the difficulties he had endured over the years, provided that the person he was talking to was open-minded and free from preconceived biases or judgments. In his view, 'addiction' was not just a matter of policy discussions but a deeply personal experience:

The term [*'addict'*] we use in [*names 12-step programme*] should change; it is stigmatising. But it is also the truth! This is who I am. Because, if you want to convey to someone what you have been through all these years and they are open-minded and not predisposed in a racist, moralising, or discriminatory way, this is the language that drives my point home! My struggle is day-to-day. I am never sure about what will come (Costas, man, PWUD).

Costas' perspective, though seemingly straightforward, suggests a complex relationship with the concept of 'addiction'. On one hand he presents himself as someone certain

about being an 'addict' viewing 'addiction' as a disease. On the other he acknowledges the potential for stigma associated with the term, indicating awareness of the negative effects that societal discourses surrounding 'addiction' can have. Furthermore, Costas' account goes beyond merely labelling himself as an 'addict'. In his interview he shared an anecdote from his primary school years where he encountered the anti-drug slogan, 'Just say no to drugs'. This early exposure left a lasting impression on him, leading him to believe that he would eventually use drugs. This example illustrates how societal discourses surrounding drugs can shape a person's self-perception and behaviour, even before they have any direct experience with drug use:

I knew I would be one [*'addict'*] long before I actually used drugs. Do you know when? I was in primary school, and it was this slogan 'Just say no to drugs'. This was what made me know from a very young age that I would take drugs. Something clicked (Costas, man, PWUD).

Here Costas explicitly connects his later drug use to the impact of the anti-drug slogan 'just say no', which he encountered at primary school. This emphasises the potential counterproductive effects of such slogans, as they appear to have influenced Costas before he began using drugs. In essence, Costa's story suggests that societal discourses surrounding 'addiction' are not just labels or descriptions but can have a performative aspect that extends beyond a merely instrumental aspect that dictates a societal acceptable or advisable behaviour. These discourses may influence how individuals see themselves and how they navigate their experiences with drugs, sometimes before they have any personal involvement with substances. This suggests that the performative nature of societal discourses may extend beyond their initial purpose of describing a condition and actively shape the perceptions and self-perceptions of PWUD.

In another example, Philipos expresses his self-perception as a 'junkie' and emphasises the regret he felt for the impact his 'addiction' had on his family and himself.

AM: Why do you say you are not normal?

Philipos: Because I have a cheese pie right here [*pointing to his head*]. Because if I wasn't a junkie, I would have jobs and everything. And my family would not have to sell property to get me out of jail.

A.M: So why do you think this is the case with you?

Philipos: It is the damn worm. Addiction is a worm that lives in my brain. It can be dormant or awake. How many times [*did I quit*]? In prison and out of prison. Why did I start [*drug use*] all over again? It is the worm (Philipos, man, PWUD).

While it is important to acknowledge that drug use can lead to significant consequences, including unstable living conditions and strained relationships, Philipos' perspective emphasised a particular aspect of his experience. He highlighted the deep sense of regret and guilt he felt regarding the negative impact his drug use had on both his family and himself. This perspective emphasised the emotional and interpersonal aspects of his 'drug problem' which went beyond viewing it solely as an individual disease.

In the literature, including in treatment and societal discourses, 'addiction' is often discussed within the framework of the disease model which characterises it as an individual condition. This model suggests that 'addiction' is a 'chronic, relapsing brain disease' that requires medical treatment, as originally developed by Jellinek (1960) in relation to 'alcoholism'. While some participants, such as Costas and Philipos, emphasised the disease aspect of their drug use, with Costas insisting on the use of the term 'addict' and Philipos using different expressions such as 'cheese pie' and a 'worm in his brain', wider interview excerpts included alternative explanations acknowledging the discursive and lived effects. In this context, the analysis aims to highlight that PWUD may hold complex views that acknowledge the discursive effects of the 'drug problem', while still considering it as a disease, like Costas, or as lived effects including the emotional and material dimensions of their drug use, like Philipos.

Participants from various categories also emphasised that, regardless of whether the 'drug problem' was seen from a medical or disease model perspective or as a 'social problem', the suffering caused by it was portrayed as genuine. Those individuals, understandably, placed greater significance on personal lived experiences and the pain caused by the 'drug problem', rather than on associated social and economic factors. Specifically, streetworker participants who had personal experience both as PWUD and professionals assisting street-connected PWUD portrayed the suffering of addiction as the most significant aspect of the 'drug problem'. The following perspective was common among drug treatment and policy professionals:

I mainly view the 'drug problem' as a personal issue for the individual experiencing it. To me, the first thing that comes to

mind is the suffering involved. I understand that it implies societal dysfunction et cetera, but my immediate response is the human pain felt by the person with a drug problem and their loved ones (Natasa, woman, drug treatment professional).

For drug therapist Natasa, refraining from discussing the 'drug problem' as a social issue was seen as a way to show respect for the physical manifestation of the problem, and the associated difficulties faced by PWUD and their families. Moreover, the 'drug problem' was depicted by some as not discriminating against specific social and demographic categories of PWUD but applying to everyone equally. Aleka emphasised that the 'drug problem' can affect anyone, irrespective of their social standing:

Drugs don't discriminate; they affect all social classes, backgrounds, and genders (Aleka, woman, drug treatment professional).

Giorgos seemed to agree with this point in the quote below.

It's true that drug problems are experienced by everyone. Addiction is not something to be measured against social status. However, the effects of drugs are not equally distributed. How judges perceive you, how your social capital sustains you, and whether you become trapped in drug problems are highly discriminatory (Giorgos, man, drug treatment professional).

Here Giorgos' statement adds an important clarification by suggesting that, although drugs affect people from all walks of life, the consequences of the 'drug problem' are not evenly spread. He highlights that how people are treated by law enforcement, their standing in the eyes of judges and access to social capital, contributes to unequal outcomes. This also means that societal perceptions and support systems can influence the severity of the effects of 'drug problems' on individuals.

This section described perspectives of PWUD on the 'drug problem' and 'addiction' extending beyond the boundaries of traditional medical discourse to offer viewpoints that transcend the disease model's individualistic framework. Likewise, critical professionals went beyond a purely societal dislocation framework recognising the individual suffering intertwined with the 'drug problem'.

The unequal effects of the 'drug problem' will now be explored.

8.2.4 Lived effects of the 'drug problem'

This section examines the lived effects of the 'drug problem' on different PWUD participants in the study. According to interview accounts, participants frequenting ODSs and a low-threshold café encountered more severe and multifaceted effects of the 'drug problem', including material and social disadvantages. Those³² who had successfully completed³³ abstinence recovery programmes did not face material or social disadvantages, partly because they often had the involvement and support of their family members during their recovery process. Family members provided emotional and sometimes financial³⁴ support, which helped mitigate the material and social challenges typically faced by PWUD. This relates to the point made earlier in this section about the involvement of family members as support. Street-connected PWUD portrayed the 'drug problem' as encompassing far more than drug use. For Romanos, drug use was just one piece of a larger puzzle that included legal status, employment, and overall wellness. In addition to the day centre café where the interview took place, I saw him during my time with streetworkers by his cardboard makeshift bed. Romanos expressed his sense of 'uselessness' and feeling of shame concerning communicating his situation to his family in Pakistan:

I can't find a job, I don't have papers; I'm worthless... useless... This is worse than a dog's life. So, I stopped calling them [*his parents and brother*]. They keep asking me, 'So, did you manage to get a job yet?' and after all this time it is so embarrassing (Romanos, man, PWUD).

Romanos contemplated enrolling in a residential rehabilitation programme offered by an agency overseeing a relief café he frequented. He saw this programme as a potential

³² While it may be the case that those who had successfully completed abstinence recovery programmes did not face material or social disadvantages, it cannot be safely generalised as the sample included only three participants (Elina, Nikos, and Costas). It might be a coincidence, but it also might not be. Elina mentioned that when her cohort started, it included about a dozen girls/women from all social and economic backgrounds. However, as time passed, especially after the three-month mark, only those who were determined, as well as supported by their families stayed and finished.

³³ This does not mean they became 'perfect', as all three admitted. They also admitted to relapsing and two of them even repeated the same programme twice. Nonetheless, completing the programme was still considered a success in their recovery trajectory.

³⁴ It is important to note that the abstinence recovery programmes discussed in this thesis were publicly offered to PWUD and were residential, requiring only a minimal payment for food expenses. According to Elina and Nikos, even if someone could not afford this minimal amount, they were still accepted into the programme.

'solution' to his 'problems', contingent upon additional support acknowledging the interconnected nature of his challenges. Romanos viewed this programme as an opportunity to secure food, shelter, and potential assistance with his documentation and, as such, a chance to transform his life, provided he received support beyond drug rehabilitation.

Romanos: I was talking to this guy today who said, 'I've decided to join a dry programme starting Friday. They'll give me food, a place to sleep, and might help sort out my papers'. And I thought, 'Man, I want to do that too!' Even if it's for three or six months, it doesn't matter. I've already lost twenty years, so what's a few more months?

A.M: So, do you see this as lost time?

Romanos: If they lend me a hand, that's fantastic! I'll quit drugs, but they have to assist me in other aspects too, so that I can be prepared for life after rehabilitation. I need help with my documentation for work, a job, and support with my immigration status (Romanos, man, PWUD).

The disparity between Romanos' aspirations for self-improvement and the harsh reality he was facing underscores the challenging circumstances confronting PWUD.

It is essential to recognise that drug use can serve as a coping mechanism for some individuals, while also leading to a range of tangible consequences. To connect with the points above, according to their own descriptions, for some individuals like Romanos, drug use came after social destitution as a way of coping, while for others like Philipos discussed previously, social destitution came after drug use. This will be returned to in the discussion in relation to literature concerned with the subgroup of people who experience both homelessness and drugs (and alcohol) (see Carver et al. 2020; Parkes et al. 2021).

Lack of social and economic reintegration emerged within the dataset as a tangible effect of the 'drug problem' and places such as the café previously mentioned helped with this and other challenges faced by street-connected people. Access to these types of services was imperative for these individuals. Even those who had refrained from drug use for years continued to attend such day centres, alongside PWUD who were still actively using drugs, which might indicate a lack of alternative places and spaces for wider social integration for those who were no longer taking drugs. This phenomenon persisted, despite some individuals having stopped drug use before the official onset of

the 'crisis'. As exemplified by Philipos in his quote below, despite his abstinence his entire lifestyle revolved around street-connected PWUD due to a lack of alternatives. In addition to serving as a form of social regulation for the economically disadvantaged, these day centres also fulfilled a critical role in providing cultural, social, and personal connections, and therefore a sense of belonging for PWUD. For example, Elias, who was the only one who was not precariously housed, chose to visit the low threshold café as a place to socialise:

Why do I come here? Because I want to talk to X, Y and Z. That's the only reason. I want nothing to do with drugs (Elias, man, PWUD).

The implications of Elias' quote are similar to a problematisation that emerged in all the previous findings chapters regarding the spatial and social regulation of PWUD, the cultural meaning of ODSs, and the lack of spaces for PWUD to exist, including a lack of reintegration opportunities. This section has highlighted the potential limitations of relying solely on drug treatment programmes to address the multifaceted challenges faced by PWUD. While some study participants expressed a willingness to engage in treatment programmes, it was emphasised that these alone would not be enough to resolve their broader societal challenges.

In addition to the challenges of societal reintegration due to limited opportunities, PWUD encountered additional hurdles through the criminal justice system and law enforcement. It was a shared view among PWUD and drug treatment and policy professionals that the law was unforgiving towards PWUD, even for minor offences, and that they were being incarcerated despite, in some cases, being in the process of recovery. Despite the presence of drug laws aimed at facilitating reintegration, these were seemingly not consistently applied in practice, as Aleka notes below:

The law is still not implemented, and people are dragged into prisons even after they complete our residential programmes, for petty criminal issues of the past (Aleka, woman, drug treatment professional).

Stavros, for example, had first-hand experience of being sent back to prison, despite having quit drugs and securing employment. His case appears to illustrate the complexities of navigating the criminal justice system as a PWUD in the process of social reintegration.

I told the judge that I had a job which I enjoyed and was good at. I had my life together. But he didn't listen and made me go back [to prison]. Looking back, I should have just told him straight up that I was still an addict. It's funny because I was still using a little bit, but I figured it was better to pretend I was completely clean (Stavros, man, PWUD).

Stavros' decades-long history with drugs was overlooked and he was caught between the need to fit into the 'addiction-as-disease' model and to present himself as drug-free for court approval. Stavros' case exemplifies the common subject positions that PWUD must adopt for leniency, disregarding intermediate positions. 'Addiction' is considered a 'problem' to solve, but also a criterion for harsher sentencing, if the 'problem' is considered 'solved'. Such complexities show the dual nature of using the 'addiction' discourse, enabling both empathy and punitive actions.

8.3 Summary

The last findings chapter explored the lived experiences and effects of the 'drug problem' on PWUD and parents of PWUD in the Greek context, and the complexities of how societal discourses, policies, and social dynamics affected their lives. These experiences appeared to be neither fixed nor universal, but contingent and influenced by socially constructed knowledges. The idea of fixed identities was also challenged, illustrating how PWUD and parents became subject to governing within specific contexts. The findings suggest that societal stigma and public attitudes towards drug use play a crucial role in shaping individuals' experiences and responses to the 'problem'. The emotional impact of the 'drug problem' on PWUD and family members was significant and influenced by societal attitudes and perceptions, rather than solely by medical perspectives that frame addiction as a 'disease'. The chapter highlighted the issue of diversity within the PWUD population. While some PWUD identified with discourses of disease within 'addiction', others highlighted wider challenges they faced. Social and economic factors played a crucial role in various aspects of PWUD's lives which were further influenced by socially produced knowledges. The chapter also examined the varied effects of the 'drug problem' on PWUD and suggested that societal factors contributed to governing participants with limited social support.

The next and final chapter of this thesis will discuss the study findings in relation to the literature, providing an understanding of the complexities surrounding the 'drug problem' as experienced by PWUD and their families in Greece. It will also outline the implications of the findings for drug policy and practice in Greece and internationally.

Chapter 9: Discussion

The final chapter aims to interpret findings within the Greek context, considering the 'economic crisis', 'refugee crisis', and 2011-2013 Human Immunodeficiency Virus (HIV) outbreak among people who inject drugs (PWID). The poststructuralist approach, using the 'What's the Problem Represented to be?' (WPR) framework, guides this thesis. Drawing from the argument that, in a WPR approach, various contexts can be seen as policy proposals (Bacchi 2022a), the research examined four interconnected jurisdictions including open drug scenes (ODSs), public attitudes, drug treatment and policy, and lived experiences. The following four (slightly amended) research questions frame this discussion chapter, the structure of which aligns with the four analysis chapters named Agora, Doxa, Episteme, and Hexis:

1. What was the 'drug problem' represented to be in the ODSs of Athens?
2. How did stakeholders problematise public attitudes towards the 'drug problem', and what specific representations emerged?
3. How did stakeholders problematise Greek drug treatment and policy?
4. How were the lived experiences of the 'drug problem' conceptualised and embodied?

This chapter begins with summaries of the findings corresponding to the four analysis chapters. The chapter titles reflect the multidimensional nature of the 'drug problem' explored in the research, with each term- Agora, Doxa, Episteme, and Hexis - representing different facets of societal, public, policy, and individual perspectives, respectively, including ODSs, public attitudes, drug treatment and policy, and lived experiences, aligning with the focus of each chapter. Additionally, the use of these terms, drawn from the Greek language, was chosen to incorporate local elements into the study and add cultural depth to the exploration of the 'drug problem', paying homage to the research context situated in Athens.

Agora explores representations of the 'drug problem' in Athens' ODS and associations with demand, supply, and governing. Doxa addresses shifting public attitudes, connecting them to the normalisation of the 'drug problem', streetwork, and recovery perspectives. Episteme explores drug policy and treatment approaches and their negotiations within conceptualisations of recovery, especially in the context of the 2011

HIV outbreak. Hexis explores the lived experiences of people who use drugs (PWUD) and (unrelated) parents, emphasising not only immersion in stigmatising societal discourses but also the resources to resist them, including support programmes.

Key findings are then discussed in the context of existing knowledge, while the study's limitations and unique contributions are also described. The conclusion summarises the main points concerning drug policy and governing.

9.1 Summary of the findings

Agora explored the 'drug problem' by focusing on four ODSs in Athens, addressing the first research question. Each ODS represented a distinct drug-related population and local community. The research examines how these areas are perceived as problematic, shaping perceptions of drug use. It also investigates how the media portrays drug use, often linking it to disease and crime, with particular concerns surrounding New Psychoactive Substances (NPS). Additionally, the collective actions of citizens influenced governing practices and perceptions of the 'drug problem', while state responses to ODSs varied depending on the characteristics of the surrounding neighbourhoods.

Doxa addressed the second research question and explored public attitudes towards the 'drug problem' and how these shifted, alternating between fear, hostility, pity, and compassion. Public anxieties were shown to be shaped by the social, political, and economic context. Unsurprisingly stakeholders held diverse views on drug policy reforms, like medical cannabis.

Episteme explored stakeholder problematisations within drug treatment and the policy context and addressed the third research question. Athens' drug policies changed after the 2011 HIV outbreak among PWID. Harm reduction programmes like Needle and Syringe Programmes (NSPs) and Opioid Substitution Treatment (OST), including methadone but mainly buprenorphine, became more common. There were differing opinions on how much focus should be placed on harm reduction versus other approaches. Some questioned specific interventions like naloxone. Discussions also explored how OST programmes used the term 'recovery' and emphasised the need for better collaboration on drug policy challenges across jurisdictions.

Hexis foregrounded the lived experiences and lived effects of the 'drug problem', examining the impact of societal discourses on PWUD and parents, and addressing the fourth research question. The performative role of societal discourses in shaping

people's perceptions and embodiment of the 'drug problem' was noted. Concerns about being stigmatised as deviant families and inadequate parents seemed to discourage parents from being open about their experiences. Strong social connections were highlighted as crucial, as was the role that families play in supporting PWUD. Parents portrayed family treatment programmes as providing tools to help them help their loved ones. Drug use was seen as a coping mechanism for some PWUD, while others saw it as the root of their problems.

This section summarised the research findings and their relation to the research questions, setting the stage for a deeper examination of each aspect in subsequent sections. The following section discusses problematisations from the ODSs in Athens which shaped perceptions and responses to the 'drug problem' by their very nature, the physical effects of drugs, local communities, and media representations.

9.2 Dissemination of the 'drug problem' through drug scares and effects on PWUD's deservingness

This section explores the dissemination of the 'drug problem' (aligning with WPR question 6³⁵) and the effects of these forms of dissemination (aligning with WPR question 5³⁶). It also discusses the silences and implications, corresponding to WPR question 4³⁷. As discussed in Chapter 5, Agora, during the 'economic crisis', the landscape of drug use in ODSs began to change. New substances such as sisa (a type of crystal methamphetamine) and thai (synthetic heroin) surfaced. With limited clinical data on their impact, these emerging drugs were perceived as more dangerous than familiar drugs like heroin and cocaine. This perception was due to their mystification (further discussed in Section 9.3.2), stemming from their portrayed novel and unknown effects, which compounded the existing challenges faced by PWUD.

9.2.1 Media-ignited drug scares and lived effects on PWUD

The findings around drug scares and their effects highlighted media sensationalism, public perceptions of these substances, and the association of NPS with societal 'crises'

35 WPR Question 6: How/where has this representation of the 'problem' been produced, disseminated, and defended? How can it be challenged, disrupted, and replaced?

36 WPR Question 5: What effects are produced by this representation of the 'problem'?

37 WPR Question 4: What is left unproblematic in this problem representation? Where are the silences? Can the 'problem' be thought about differently?

and economic conditions. Media coverage sensationalised their effects, depicting people who used *sis*a as having odd behaviours. Participants echoed these portrayals, associating the inferior quality of NPS with the societal crisis. This parallels the branding of *paco* as the 'drug of the poor' in Argentina (Section 5.1.1). As Thom and MacGregor (2020) highlight, historical and cross-national perspectives show consistent patterns in the framing of drug use, further supporting this narrative. While cocaine and heroin dependency were often seen as amenable to treatment and recovery programmes, *sis*a use was linked to severe mental health issues and behaviours such as 'speaking to trees' and experiencing 'myriad psychoses' (Section 5.1.1.1). This created a perception of a complex and irreversible problem, with one resident likening the situation in Pedion-tou-Areos to a scene from 'Mad Max'.

Although I observed instances of chaotic drug use in ODSs during fieldwork, this thesis (and its WPR application) focuses on how these instances are framed as drug scares, rather than on their tangible aspects. This focus aims to highlight the discursive, subjectification, and lived effects of these framings, rather than to deny the actual risks present in ODSs. It has been argued in the literature that such framings shift attention away from what truly impacts the lives and deaths of PWUD. Thom and MacGregor (2020) emphasise the role of class dynamics in shaping public perceptions of drug use. They argue that media sensationalism often targets the most marginalised, framing their struggles as moral failings rather than consequences of systemic issues. This perspective is crucial for understanding the *sis*a scare, as the media portrayal of *sis*a users as 'mad' or 'psychotic' shifts the focus from the socioeconomic factors exacerbated by the economic crisis to individual pathology. This scapegoating mechanism serves to reinforce class boundaries and stigmatise the poor. As such, Thom and MacGregor's (2020) historical and cross-national discussion on the issues of control and management of behaviours is highly relevant here, as it shows how such representations are consistently used to divert attention from structural issues and perpetuate stereotypes about PWUD. Similarly, the *sis*a scare diverted attention from state responsibilities, focusing instead on a perceived alarming issue of widespread drug addiction and its supposed social dangers. Austerity measures and homelessness worsened mental health issues but associating these with *sis*a use separated mental health issues from their broader social context and perpetuated stereotypes about PWUD.

International literature offers a comparative framework, highlighting parallels with the Greek context and elucidating factors that shape perceptions of deservingness. Boyd and Carter's (2010) analysis of the crystal meth scare in Canada showed how media

narratives gave it a criminal justice character. Similarly, Alexandrescu (2020) used a political economy lens to analyse the 'spice' scare in the UK, demonstrating how the stigmatisation of substance and welfare dependencies diverts attention from structural injustices. Amundson et al. (2014) note that, in the United States, drug testing is a prerequisite for welfare support, associating drug use with poverty and viewing it as a 'social pathology' inherent in specific populations. This body of research offers insights into how stigmatisation of substance and welfare dependencies perpetuates poverty shaming, paralleling perceptions in Greece outlined in the current study.

The 'culture of poverty' theory formulated by Lewis (1966; 2011) underlies many of these portrayals, suggesting that poverty creates a subculture with unescapable values, behaviours, and attitudes passed down through generations. The 'culture of poverty' psychologises poverty, emphasising moral, psychological, and cultural factors over structural ones, and inferring moral responsibility onto individuals for their socioeconomic situations and drug use. This critical perspective on drug scares and the portrayal of the 'undeserving poor' resonates with the Greek narrative described in the thesis. In Greece, criminal justice involvement was often interpreted as evidence of intentional infection to exploit the welfare system, reinforcing the notion of undeserving victimhood among PWID. The emphasis on moral responsibility over structural factors underscores the complex dynamics at play.

The dissemination of the 'drug problem' through drug scares resulted in deterministic portrayals of death: deaths of PWUD were depicted as inevitable, impacting perceptions of their deservingness of empathy and quality care. Portrayals of PWUD deaths are crucial for understanding the 'drug problem' in ODSs, where substances like *sisia* and *thai* were often associated with inevitable death. These portrayals neglected other factors influencing drug use and living conditions. In the ODSs, PWUD deaths were depicted as an expected result of drug consumption. A member of the Nomiki local community remarked:

This is their last stop. Once they end up here, they have decided to go from injection to injection (Fieldnotes, man, Nomiki).

Thom and MacGregor's (2020) discussion of class dynamics provides a critical lens for understanding these portrayals. Their critical analysis of class underscores the socioeconomic dynamics that shape public perceptions and responses to drug-related issues. Their approach frames the 'drug problem' and the 'economic crisis' within a

broader context of class struggle and structural inequality, highlighting the need for comprehensive and compassionate policy responses. The deterministic view of PWUD deaths reflects broader class-based prejudices, deeming individuals from lower socioeconomic backgrounds as less deserving of empathy and quality health and social care. Depictions of PWUD in ODSs as 'proletarians', 'pariahs', or 'cannibals' (Sections 5.1.1 and 5.1.5) complicated the human-to-human responses towards their suffering, resonating with two theoretical frameworks that illuminate the processes contributing to the normalisation of drug-related deaths. Chouliaraki's (2013) concept of the 'ironic observer' highlights how media portrayals shape perceptions of distant suffering, leading to detachment. This is further supported by Butler's (2016) framework of 'grievable deaths', which distinguishes between 'grievable' and 'non-grievable' deaths, emphasising the role of framing in eliciting empathy for lost lives. Fraser et al. (2018b) further analyse how media coverage shapes perceptions of fatal overdose. The importance of viewing overdose deaths through a political lens is thus underscored. Alexandrescu's research on NPS like 'spice' (2020) and mephedrone (2014) in the UK reveals similar depictions of inevitable fatalities. Just as with sisa in Athens, these drugs were associated with certain death, further solidified by characterisations such as 'assassin' for mephedrone.

In this research, however, such problem representations not only produced detachment from the lived experiences of PWUD: parallels were also drawn between the struggles faced by PWUD and those induced by the 'economic crisis' in Greece, triggering both hostility and empathy which is turned to next.

9.2.2 The 'economic crisis' dualistic effects on public attitudes

Portrayals of the 'drug problem' were deeply intertwined with the socioeconomic context, shaping public perceptions and the capacity to empathise with PWUD. The economic crisis created a dual effect on public attitudes: some individuals responded with anger and hostility, while others developed compassion due to shared experiences of destitution and a newfound awareness of their own vulnerability. This point is exemplified by Dinos' quote:

The 'economic crisis' has made many people realise how vulnerable they are. That their life can easily disintegrate from one day to another. That makes them think 'Oh that could be me sleeping in the tents outside'. Stepping in the shoes of the person sleeping on the bench and using sisa makes them more compassionate. On the other hand, there are people so angry

about the economic situation that they lash out at anyone they see, even the victims of it (Dinos, man, local community member).

This dichotomy in public attitudes aligns with WPR question 6, which explores how discourses can be challenged or replaced. Bacchi's (2020b) concept of social flesh, described in Chapter 4 of this thesis, offers a framework to reconsider both the 'drug problem' and the 'economic crisis', emphasising the political responsibilities surrounding these issues. Greek citizens and PWUD both experienced the lived effects of poverty and marginalisation, indicating similar subject positions available in the context of these 'crises'.

During the 'economic crisis', powerful institutions and the Eurozone employed a class contempt framing, scapegoating Greece and portraying its citizens as the 'undeserving poor'. This narrative has been discussed by various scholars and analysts. For example, Blyth (2013) highlights how Greeks were depicted as irresponsible and lazy, aligning with the concept of class contempt. Blyth (2013) pointed out that the Greek 'bad behaviour' and the 'work-shy' character of Greek labour were portrayed as the root causes of Europe's alleged sovereign debt crisis. Similarly, Nobel laureate Krugman's (2012) article in the New York Times titled 'Greece as a victim' criticised this portrayal by European institutions. The narrative that individuals or countries in debt are irresponsible or undeserving is also a central theme in Graeber (2011). Exploring the history and social implications of debt throughout human civilisation, Graeber (2011) explores how debt has been used as a tool of social control and how it influences power dynamics. He discusses portrayals of debt as a social and moral failing, which has similarities with the way Greek citizens were portrayed during the 'economic crisis', with these portrayals exacerbating social and economic divides. Graeber (2011) discusses how debt has been used to exert control over populations. This is analogous to how the Eurozone used the narrative of fiscal irresponsibility to justify austerity measures in Greece.

Thus, it can be suggested that portrayals of individuals affected by the 'drug problem' mirrored portrayals of Greece by the European Union (EU) and the International Monetary Fund (IMF), attributing collective accountability for the country's circumstances. 'Solutions' such as austerity measures and stringent regulations were portrayed as appropriate for the 'reckless' Greeks, who were framed as the 'undeserving poor' of the EU (Blyth 2013). The debt-shaming narrative mirrors the portrayal of PWUD

in ODSs, where their struggles are attributed to personal failings rather than systemic issues.

Social flesh, as a concept, enables viewing the interconnectedness of individuals and their social context, promoting a more embodied understanding. Perceiving PWUD as victims of a harsh societal system arguably makes their challenges more relatable, and shifts portrayals of responsibility. Understanding the complex relationship between familiarity, empathy, and public attitudes towards PWUD is essential for addressing stigma and shaping effective policies.

In Chapter 6, participants described mixed and confused public attitudes, noting that familiarity with PWUD sometimes led to more compassionate views, while other instances, like Rika's son's disgust towards his brother's 'drug problem', revealed the opposite. This observation aligns with literature on how personal experiences and familiarity impact public attitudes. Research by Felix and Lynn (2022) indicates that social contact with individuals who disclose mental health issues can influence stigma based on the quality of those relationships. Their study found that stigma tends to decrease with closer, more positive relationships but increase with negative interactions. Similarly, Pattyn et al. (2013) suggest that having a family member with mental illness can reduce stigma, whereas public contact does not always have the same effect.

However, other research challenges this perspective. For instance, Corrigan and Nieweglowski (2019) found no clear link between familiarity and reduced stigma, and Markowitz and Engelman (2017) observed that familial contact might not always lessen perceptions of dangerousness, potentially due to added stressors like caregiver burden or discriminatory experiences. Clinton and Pollini (2021) further explore this dynamic by examining positive empathy interventions. Their research suggests that traditional informational interventions often fail to reduce stigma because they do not address the emotional exhaustion experienced when engaging with stigmatised groups. In contrast, positive empathy interventions, which foster new, positive associations with the stigmatised group, have been shown to significantly reduce stigma. Participants exposed to such interventions reported lower stigma levels compared to those receiving traditional interventions or no intervention. These findings indicate that positive empathy can shift perceptions and alleviate the emotional burden associated with interacting with stigmatised individuals.

This insight is particularly relevant in the context of Greece's economic crisis. Participants in the study observed an unexpected increase in empathy towards PWUD

during the crisis, a shift they felt would not have occurred otherwise. This transformation in public attitudes suggests that the economic crisis heightened awareness of how easily regular lives can become marginalised, leading to a broader recognition of the struggles faced by PWUD. These perspectives suggest that understanding and addressing the relationship between familiarity, empathy, and stigma may foster more compassionate and supportive environments for PWUD.

9.2.3 *'Weights and counterweights' adjusting public opinions on policy reforms*

This section explores how stakeholder perspectives shape public attitudes and policy responses towards drug-related issues, emphasising the importance of these viewpoints in addressing the complexities of the 'drug problem'. Study findings reveal that stakeholder perspectives play a crucial role in the adoption of harm reduction policies. For instance, geographical proximity and personal interests significantly influenced public opinions, as seen with individuals Sofia, Vivi, and Dinos who were directly affected by ODSs. Such personal experiences align with Lancaster et al.'s (2015a) observation that opinions on drug policy are commonly shaped by personal encounters, stigma, and external factors. Participants frequently used their own experiences to justify their stance on drug policy reforms. A notable example is Sofia's shift from empathy to fear upon the establishment of an ODS near her home, illustrating how proximity can alter attitudes. Such variation in stakeholder perspectives underscores the impact of personal experiences and community dynamics on public attitudes towards drug policy, highlighting the need for nuanced approaches in policy formulation.

Harm reduction sceptics emphasised the importance of public readiness and careful navigation of societal preparedness when proposing policy changes, especially given the social context of Greece at the time. In 2013, however, legal implications, rather than negative public perceptions, interrupted the operation of the Drug Consumption Room (DCR) in Athens which had reopened after a decade. Literature suggests that the necessity for the public to be ready or informed before implementing policy changes is debatable. For example, Fraser et al. (2016b) identified a contrast between 'managed publics' and 'educated publics', reflecting different ways policymakers interact with the public. 'Managed publics' are perceived as lacking knowledge on drug issues and resistant to change, necessitating management or control. Conversely, 'educated publics' involve policymakers educating and steering them towards more informed policy stances.

The contrast between 'managed publics' and 'educated publics' emphasises the role of policymakers in educating the public and steering opinions towards evidence-based policy stances. Engaging with stakeholders and addressing misconceptions through informed discourse is thus crucial in shaping public attitudes and building consensus for harm reduction strategies. There is evidence that the public can be educated about more controversial interventions like DCRs. For example, Parkes et al. (2022a) emphasised opportunities to influence public perceptions and build consensus for harm reduction strategies through engagement with various stakeholders, including those impacted by drug-related deaths among PWUD. These authors highlight the critical role of family perspectives in shaping effective harm reduction policies. Educating the public through evidence-based knowledge can thus influence views potentially leading to more informed decision-making processes.

The next section discusses drug supply problematisations that emerged in the context of this research.

9.3 Drug supply problematisations: drug sellers' non-ethical subject positions

The ODSs in Athens were categorised into two broad types based on their characteristics. The first type includes those located in Omonia, Nomiki, and Pedion-tou-Areos, which were characterised by intense drug use and inhabited by PWUD. The second type is represented by the scene in Exarcheia, which functioned primarily as a drug market, notably selling cannabis, and operated like an illegal supermarket, without being an ODS where PWUD would hang out. Each ODS presented unique drug supply problematisations, including ethical predicaments surrounding drug selling, the role of legislation, and the ethnic and migrant backgrounds of drug sellers.

9.3.1 Ethical concerns regarding drug selling

This section addresses the ethical concerns raised by participants about drug selling. Participants suggested that only those with lived experiences had the ethical 'right' to sell drugs, a stance that extended beyond Exarcheia (the so-called drug mafia stronghold) to other ODSs and the broader 'drug problem'. Some PWUD held unfavourable opinions of drug sellers who did not engage in drug use themselves. For instance, Costas noted that individuals selling drugs to support their addiction should not be considered dealers, whereas immigrants who survive through this activity without using drugs are viewed to be as reprehensible as traffickers. As such, this differentiation created a negative

perception that extended beyond traffickers to include ethnic minorities caught at the intersection of multiple 'crises'. Vulnerabilities linked to drug sellers' ethnic backgrounds amid economic and refugee crises were often disregarded, casting them as despised members of drug networks. While the 'no other choice' narrative was acknowledged for addicted PWUD, it was not extended to drug sellers, not even to those with a significant lack of choice. For example, although undocumented migrants, who lacked alternative means of earning money, were often portrayed as 'replaceable' in the drug market, this reality was often ignored. The term 'replaceable' here refers to the idea that if one undocumented migrant involved in drug selling was arrested or deported under the intersection of drug and immigration laws, another could easily take their place. As such, they were simultaneously portrayed as 'replaceable' and seen as 'having a choice' in a contradictory conceptualisation that did not do them justice.

This situation highlights systemic issues and attitudes towards such individuals, making them particularly susceptible to scapegoating, and aligns with Alexandrescu and Spicer's (2022) work which highlights the link between stigma and vulnerability within the political and economic landscape. Additional risk factors for migrants and refugees included limited employment opportunities and barriers to education and healthcare access, something that became significantly more pronounced post-2019. Placing emphasis on the act of drug selling seemed to silence that a substantial portion of the population struggled due to economic hardships and wars.

In addition, mystifications surrounding the composition of *sis* and *thai* included associations with battery fluids and opioid compounds from pain relief patches, respectively. It was suggested that drug sellers introduced more profitable products, leading to a competitive market where psychoactive substances were blended with cheaper additives to cater to those with limited financial resources. Given the affordability and availability of *sis* and *thai*, these drugs, priced at just three euros per dose, were the most affordable options for individuals facing poverty, homelessness, and marginalisation. These problem representations reinforced the stigma associated with drug selling. Overcoming such stigma presents opportunities for more inclusive public health approaches by involving drug sellers in harm reduction initiatives. For example, other countries (see Kolla and Strike 2020 in Canada), have integrated drug sellers into harm reduction efforts to reshape public discourse and positively transform relationships within the drug-using community.

This section emphasised ethical concerns, legislative issues, and the need for inclusive drug policies. Overcoming stigma and involving drug sellers in harm reduction can improve public health outcomes for PWUD and marginalised communities.

9.3.2 The effect of legislative discourses in problematising drug supply subjects

This section examines the impact of legislative discourses on drug supply subjects. The Greek legal framework, as discussed in Chapter 2, differentiates individuals based on their level of dependency, aligning with a broader goal of rehabilitation over punishment for dependent users. Although recent developments indicate a focus on public health and rehabilitation, the approach to drug policy regarding therapeutic confinement for those labelled as 'dependent' and imprisonment for those considered 'non-dependent' remains relevant. This dual approach is also reflected in UK drug policy, where addiction is treated as a chronic health condition with significant investment in treatment and recovery services, while non-dependent users face strict enforcement measures. Both countries distinguish between PWUD and drug sellers, subjecting the latter to stricter penalties regardless of their dependency status. Controversies regarding judicial discretion and biases affecting dependency labels should be better explored, as non-dependent individuals face criminal charges leading to long-term consequences such as criminal records and incarceration. Ambiguities in legislation on drug use and selling can also lead to punitive measures for those in treatment. Stavros's case, detailed in Section 8.2.4, illustrates this issue: classified as 'dependent' during his offence but 'not dependent' at court, he was imprisoned, losing his job. This highlights the need for a more nuanced and equitable legislative approach.

Given the study's findings on the intersections of 'crises', it is crucial to recognise that ignoring the complex realities of drug selling risks disproportionately impacting low-level sellers, who are often more exposed in the ODSs and considered 'replaceable' compared to high-ranking traffickers. The legislative focus on differentiating PWUD from drug sellers aligns with the distorted, binary portrayals of ODSs in public discourses discussed in Section 5.2.3, revealing how public discourses source from legal frameworks. Such legislative focus and public discourse distortions fail to capture the lived realities of drug use and selling, disproportionately affecting low-level sellers and leading to stricter penalties regardless of dependency status. Data from the ODSs in Athens suggests that low-level sellers may face considerable legal consequences and increased scrutiny. Engaging with the role of these silences, a key concern in a WPR study, highlights that high-ranking drug trafficking, being less visible, may evade similar

scrutiny. However, this research does not provide sufficient evidence to generalise about police targeting practices.

The role of ODSs amidst this blurry legislative drug selling landscape is important. Challenging societal and legal misconceptions, this thesis highlighted participant views on ODSs as social spaces for PWUD, not just targets for predatory dealers. In Section 5.1.4.3, PWUD Stavros highlighted societal misinterpretations, emphasising the challenges of a simple 'dealers' versus 'users' dichotomy. This dichotomy silenced the primary function of ODSs for PWUD, which was not just a place of engaging in 'criminal activities but a necessity in the absence of other social spaces. By examining the role of ODSs, it emerged that these spaces were transaction points and places for social interaction, cultural involvement, and drug consumption. Dealers at opioid ODSs were often PWUD themselves, a reality overlooked by the public which fostered negative attitudes. Understanding these roles helps address broader societal and legal misconceptions about ODSs.

9.4 The 'drug problem' in different neighbourhoods and political rationalities

This section discusses findings from the neighbourhoods where ODSs operated in Athens and the implications of informal and neoliberal governing structures, highlighting the importance of localised research and neighbourhood roles in shaping the 'drug problem'. Understanding the development of the 'drug problem' in various neighbourhoods, and the political rationalities that led to its manifestation, aligns with Bacchi's WPR questions 2³⁸ and 3³⁹, exploring genealogies and knowledge systems. As noted in Chapter 2, the origins of the Greek 'drug problem' trace back to the early 20th century, with laws targeting vagrancy and drug legislation excluding individuals associated with a perceived marginalised lifestyle such as *rembetes*. These marginalised PWUD were pursued and forced to relocate due to vagrancy laws, highlighting a historical genealogy that persists in modern times. By examining these historical and political contexts, this section aims to provide a comprehensive understanding of how the 'drug problem' has been shaped and sustained.

³⁸ WPR Question 2: What presuppositions or assumptions underpin this representation of the 'problem'?

³⁹ WPR Question 3: How did this representation of the problem come about?

9.4.1 Local communities and the 'drug problem'

In this thesis, local communities and other stakeholders significantly shaped perceptions and responses to the 'drug problem', influenced by urban planning, gentrification, and deteriorating social conditions. Despite overarching national policies, local contexts vary significantly. For example, Kammersgaard (2020) explores community attitudes towards PWUD in two distinct Danish cities: one city viewing PWUD as having a 'historical right' to be present with the other viewing them as 'out of place' (Douglas 1992), leading to different levels of acceptance. Findings from Exarcheia reveal similar dynamics. When the neighbourhood's drug scene was dominated by PWUD, residents expressed empathy, recognising their longstanding presence as part of the neighbourhood's fabric.

However, with the emergence of 'drug mafias' and the displacement of PWUD, resident perceptions shifted negatively, paralleling the less accepting Danish city. The influence of 'drug mafias' and associated violence undermined the neighbourhood's principles of liberty and civic engagement, resulting in security concerns. This transition mirrors findings from Jangal et al. (2021) regarding the transformation of communal spaces for PWUD in Paris, illustrating a shift from a community-focused approach to one centred on security concerns. In Athens, ODSs in three neighbourhoods differed significantly from Exarcheia. The Pedion-tou-Areos ODS, in a middle-class area, faced community protests and was shut down by police. Consequently, the drug scene relocated to alleys near the Athens University of Economics and Business (AUEB). In Nomiki, the academic community protested, leading to closure of the ODS during COVID-19. Conversely, the ODS in Omonia, despite police interventions, experienced less community engagement due to the neighbourhood's marginalised profile, reflecting the area's cultural and social backdrop. By comparing different neighbourhoods, this thesis has highlighted the interplay between local contexts and broader societal attitudes towards the 'drug problem'.

9.4.2 Informal governing of the 'drug problem': neoliberal or autonomous?

Understanding how communities manage drug-related issues without state intervention sheds light on the broader dynamics of informal governing. In Exarcheia, community interventions such as patrols against 'drug mafias' exemplify vigilant citizenship emerging in the absence of state involvement. Coomber et al. (2022) highlight how symbolic forms of drug policing can send significant messages to the public. The community patrols in Exarcheia, beyond maintaining order, also promoted harm reduction principles and reshaped the neighbourhood's identity. These actions illustrate

the powerful role of symbolic communication in influencing public perceptions and behaviours related to drug use and policing.

Interviews with stakeholders revealed that concerns about public disturbances and health issues drive their perspectives, offering crucial insights for policymaking. The active participation of residents in tasks usually handled by authorities suggests a reliance on informal governing guided by specific principles. Governmentality scholars argue that neoliberal governing often transfers responsibility to citizens, while maintaining state control. Donzelot (1991) describes this as the state mobilising society to address its own challenges, moving away from welfare strategies. This dynamic highlights the dual nature of informal governing which can be both empowering and restrictive and shapes how communities address the 'drug problem'.

9.4.3 Innovative participatory policymaking or problem-solving?

Examining the role of informal governing in community settings aimed to provide insights into how participatory processes shape local policymaking. Neighbourhood assemblies, citizens' patrols, and other forms of informal governing represent progressive policymaking processes. Bacchi (2024a) contends that these are solution-based, problem-solving approaches rather than innovative experiments in deliberative democracy. Deliberative forums, such as citizens' assemblies, are designed to tackle issues like disengagement and underrepresentation, yet they often remain within a problem-solving framework, potentially reinforcing existing governing paradigms. Adopting a WPR framework invites reconsideration of the role of deliberative forums in democracy. Rather than merely resolving predefined issues, such forums have the potential to generate new questions and foster inclusive dialogue, leading to innovative approaches to democratic governing. This perspective sets the stage for addressing the normalisation of the 'drug problem' and understanding addiction within the broader context of societal norms and practices. As such, analysing the problem-solving nature of local interventions in Exarcheia and other ODSs encourages a re-evaluation of the community's role in defining the 'drug problem' and the broader discourse on deliberative democracy. This analysis underscored the importance of questioning who defines the 'problems' and sets the agenda for deliberation, as this profoundly influences the outcomes and recommendations produced by these participatory forms.

In conclusion, this thesis sought to uncover the varied perceptions and responses to the 'drug problem' across different neighbourhoods in Athens. By examining the influence of local communities, informal governing, and participatory policymaking, it underscores the need for inclusive and context-sensitive approaches. These insights challenge prevailing stereotypes and advocate for more nuanced understandings and solutions to drug use and policy.

9.5 The 'problem of coordination' in drug policy and treatment

In Greek drug policy, coordination emerged as a significant and contentious issue. Operational conflicts across jurisdictions highlighted the complex challenges associated with coordination, with stakeholders either criticising its current state or advocating for enhanced efforts. This debate underscored the centrality of coordination as a governing theme, portraying a misalignment among various agencies, programmes, and government departments.

These coordination challenges were both ideological and practical, as discussed by Walters and Haahr (2005). For instance, the reopening of the DCR named 'Steki 46' in Athens in 2021, after the previous centre 'Odysseas' was closed for a decade due to legislative and policy conflicts, illustrates the practical difficulties. Ambekar et al. (2013) recommend involving key stakeholders through coordination committees that include government representatives, civil society organisations, PWUD, and funding agencies to mitigate such clashes. Additionally, harm reduction non-governmental organisations (NGOs) faced certain operational conflicts with state-led efforts at administrative, implementation, and ideological levels. These NGOs advocated for broader access to OST and naloxone distribution, emphasising the need for comprehensive collaboration.

Some participants in the study voiced concerns about the fragmented national strategies and policies for addressing addiction in Greece. The lack of coordination among these strategies underscored the need for better collaboration between government and treatment entities. Despite the appointment of a physical person as a 'coordinator', disorganisation among various drug treatment programmes persisted, and efforts to impose top-down coordination were not well received by professionals in the field. For example, treatment professional Aleka compared the state's attempts to merge approaches and modify existing programmes to past authoritarian practices of the Junta regime, although this comparison reflects her personal perspective (Section 7.3.1). Following these developments, there was a notable reduction in rehabilitation programmes post-research, which will be discussed further in the next section.

9.5.1 Post-research developments

Recent developments that took place after this research was conducted further emphasise the neoliberal shift in Greece's health and education sectors, characterised by increased privatisation and heightened security measures. The COVID-19 pandemic underscored the necessity for flexible and adaptable approaches to addressing the 'drug problem' beyond merely law enforcement measures (Atzemis 2020). The pandemic significantly impacted ODSs, such as the Park and Nomiki scenes, with the latter disappearing due to the heightened visibility of drug dealers rather than police intervention. Studies have noted that street PWUD have relocated from city centres to the outskirts, driven by movement and gathering restrictions (Bojorquez-Chapela et al. 2021; Chang et al. 2020; Flower et al. 2020; Kondilis et al. 2020). On a positive note, progress includes the establishment of a new DCR and increased availability of naloxone previously restricted to NHS personnel/ambulances. This advancement was facilitated by a collaboration between the Ministry of Health and OKANA under a new law (WHO 2023). The new DCR, 'Steki 46', caters to both injecting and inhaling PWUD, recognising the diverse needs of ssa users. This cyclical pattern in the evolution of the 'drug problem' in Athens highlights the non-linear progression shaped by historical influences. However, there are ongoing concerns regarding Greece's public drug treatment programmes, particularly the uncertain future of 18 Ano and KETHEA due to government takeover, staffing issues, and unaddressed employee proposals. A new law consolidating treatment programmes under a single government entity threatens to limit variety and service availability, prioritising a singular approach and stifling diversity. The exclusion of treatment experts from these discussions contradicts the emphasis on stakeholder involvement in improving drug policy (Matsa 2024; Ambekar et al. 2010).

In addition to addiction treatment and mental health, legislative changes since 2019 have also impacted Greek public universities, reducing their autonomy and altering governing structures. These changes, perceived as democratic threats, align with international models but neglect underlying issues. Such legislative reforms in public rehabilitation and universities reflect broader trends in the public sector governing, suggesting potential shifts in funding priorities or moves toward privatisation. Exarcheia's transformation through ongoing gentrification and the construction of a metro station, along with the persistent presence of law enforcement, validates residents' fears about neighbourhood deterioration and gentrification plans. The presence of 'academic police'

on university campuses, constitutional circumvention to introduce private universities, and centralisation of drug treatment services reflect a distinct neoliberal approach prioritising privatisation and security.

Recent policy changes in Greece's health and education sectors emphasise a neoliberal shift, particularly affecting drug treatment, mental health, and education governing. These developments validate professionals' concerns about the government's move to centralise and standardise drug programmes, potentially dismantling effective treatments and residential psychosocial recovery programmes. Drawing on Mol (2008) and Barry (1994), effective coordination must be context-specific to address societal issues. In the Greek drug policy and treatment landscape, coordination should be treated as a sensitive endeavour that promotes a pluralistic approach rather than uniformity, allowing diverse approaches to coexist. However, despite the need for varied and flexible drug treatments to effectively address the complex 'drug problem', there is a merging tendency that, instead of increasing flexibility, homogenises and erases particularities.

In conclusion, recent attempts to address the perceived Greek 'coordination challenges' in the drug policy landscape have resulted in significant eradication of rehabilitation programmes and diverse approaches which poses a challenge for the future of both rehabilitation and harm reduction treatments in Greece. The following section will explore the perceptions of harm reduction that emerged in this research and how they intersect with these drug policy issues.

9.6 Perceptions of harm reduction

Perceptions of harm reduction reflected a nuanced landscape where the necessity of harm reduction interventions is debated within Greece's unique context. This led to three key problematisations. First, while harm reduction measures proved effective in addressing the 2011 HIV outbreak among PWID in Athens, concerns persisted regarding their implementation and acceptance. Second, regarding public perceptions of harm reduction policies, various stakeholders underscored the need for societal preparedness and informed public discourse to navigate policy reforms effectively. Third, these dynamics highlight the normalisation of the 'drug problem' in Greece, emphasising the continuous governing through exceptions and uncertainties within the broader context of neoliberal shifts in policy approaches.

9.6.1 Opioid Substitution Treatment: a complex and controversial intervention

Participants, especially PWUD on an OST programme (mainly buprenorphine), viewed OST as complex and controversial. Despite strong evidence supporting its effectiveness and personal testimonies of its necessity, OST remained contentious among PWUD and politically divisive among the public and professionals. Stavros acknowledged OST's life-saving benefits despite the administrative challenges, contrasting with views that OST is imposed on unwilling PWUD. The findings highlighted persistent challenges such as zero-tolerance regimes, stigmatisation, and barriers to access. Similar to what Frank et al. (2021) and Crawford (2013) have concluded, despite organisational issues, most users would not stop taking OST because it keeps them alive, a benefit that outweighs all negatives.

Recruitment of participants from diverse services, recognising their different philosophies, is crucial to avoid misleading conclusions. The importance of 'evidence' and what counts as evidence is emphasised: most OST recipients were recruited from harm reduction agencies with an abstinent orientation, influencing their worldview on OST. As such, if I had recruited all participants through the low-threshold service, the findings might misleadingly suggest that OST users do not want OST and that OST providers impose it on them. However, the independently recruited participant had a positive view. This complexity underscores Neale's (2013) argument that understanding drug treatment requires a social science perspective on delivery and perception. This aligns with question 6 in the WPR approach: 'How can discourses be disrupted and challenged?' A social perspective that recognises the influence of social, cultural, and historical contexts is therefore essential to effectively challenge, disrupt and replace discourses that impose unnecessary strains on individuals and their access to treatments.

Furthermore, the 'cure and poison' analogy coined by Neale (2013) is consistent with participant viewpoints, illustrating their complex and often contradictory emotions. PWUD's perspectives on OST reveal a duality: they see it as both a cure and a poison. They acknowledge its potential to reduce harm and stabilise their lives, yet express concerns about dependency on substitute drugs and side effects. Neale (2013) suggests some PWUD see OST as a way to manage their addiction, rather than cure it, leading to mixed feelings about its efficacy and role in their recovery journey. This was reflected in Elias's views, who, after many 'failed' attempts to quit cold turkey, conceded he needed

'the damn substitute'. Stigmatising stereotypes also influence PWUD's perspectives, as they internalise societal attitudes, affecting their views on treatment (Neale et al. 2011). Stigma around drug use and treatment leads to shame and reluctance to seek help or continue with OST. This internalised stigma results in ambivalence towards the therapy, as service users may feel judged for needing substitution therapy. Addressing these stigmas is crucial to improving the effectiveness and reception of OST programmes among PWUD.

9.6.2 'Recovery': a politically charged concept

The concept of 'recovery' in drug treatment emerged as politically charged. Policies emphasising abstinence as the only form of recovery were portrayed as conflicting with harm reduction approaches which impacted how OST is perceived and administered. Radcliffe and Parkes (2013) discuss this issue, highlighting the need for a nuanced understanding of OST that recognises the intertwined roles of stigma, policy, and provider perspectives. Thesis findings also reflect these discourses, as participants, including streetworkers, expressed frustration with official harm reduction providers who rebranded their programmes as 'recovery programmes'. This rebranding, criticised by participants (excluding OKANA participants), was perceived as an attempt by agencies to extend their influence over all aspects of drug treatment.

As discussed in Section 9.6.1, the role of recruitment from diverse services and different philosophies should be underscored, aligning with the principles of Poststructural Interview Analysis (PIA). Bacchi and Bonham (2016) highlight the significance of setting, context, and recruitment, and their impact on the constitution of 'evidence'. Participants who were providers from various services were key in revealing these differences in findings, reflecting divergent philosophies. As such, from an abstinence recovery perspective, this rebranding was perceived as appropriating or redefining the term 'recovery' to fit a broader framework, potentially diluting its specific focus on abstinence as the primary measure of success. Conversely, from a harm reduction perspective, the shift was viewed as undermining the effectiveness of harm reduction strategies by prioritising abstinence as a primary goal, thus complicating treatment administration.

These ideological differences, between harm reduction and abstinence-focused approaches, shape national and local guidelines, influencing the implementation and perception of treatments. Harris and McElrath (2012) underscore that policies that emphasise 'recovery' can marginalise those who do not or cannot achieve abstinence, thereby limiting access to essential services. These findings align with the broader

international debate on drug policy, underscoring the need for nuanced and inclusive approaches that balance harm reduction and recovery goals. Integrating these perspectives is crucial for developing effective and compassionate drug treatment strategies.

9.6.3 Harm reduction: both ‘necessary’ in open drug scenes and ‘unnecessary’ for Greece’s perceived ‘small drug problem’

Participants acknowledged the crucial role of harm reduction in addressing the HIV outbreak that occurred among PWUD in Athens between 2011 and 2013. This outbreak underscored the effectiveness of harm reduction in averting public health crises, leading to advancements like simplifying the process for enrolling in buprenorphine treatment and the efficient implementation of OST and NSPs. These actions align with global standards for harm reduction during health emergencies (Strathdee et al. 2010; WHO 2018). However, concerns regarding the extent of harm reduction implementation suggested that problematisations of harm reduction as perpetuating addiction had not been completely replaced by a pragmatic approach to drug policy. Acceptance seemed to be contingent upon public health considerations, suggesting ideological conflicts within drug treatment approaches.

An example of this tension can be seen in the case of naloxone, a harm reduction intervention deemed ‘unnecessary’ in the Greek context despite the significant ‘drug problem’ in Athens. The lack of availability of naloxone to streetworkers hindered efforts to normalise harm reduction practices and reflected negative perceptions of such measures as ‘redundant’. For instance, in an interview, Michalis, a treatment professional, suggested that Greece’s ‘problem’ of drug-related deaths was less severe compared to other countries, implying that naloxone was unnecessary. This perspective firstly negates the role of prevention, implying that harm reduction measures are only needed when a crisis is already severe. Such a stance perpetuates the problem-solving belief that harm reduction should ‘fix’ established ‘problems’. This mentality of treating ‘crises’ and implementing harm reduction interventions only as a ‘crisis management’ technique will be also discussed in the following Section 9.6.4. In addition, Michalis’ perspective fosters stigmatising attitudes, portraying addiction as just a ‘problem’ to be managed rather than focusing on PWUD’s needs. Michalis’ perspective prompts comparisons with harm reduction approaches in other regions.

For instance, in Scotland, harm reduction strategies are widely implemented, including the distribution of naloxone kits to individuals at risk of opioid overdose. The Scottish Government has also prioritised Medication Assisted Treatment (MAT) guidelines that emphasise inclusivity and human rights, making harm reduction an integral part of their drug policy (Scottish Government 2021). In contrast, Greece has been slower to adopt similar measures. Until recently, naloxone was not widely available, reflecting a reluctance to fully embrace harm reduction practices.

Additionally, countries like Portugal have decriminalised all drugs and shifted their focus to public health approaches, resulting in significant reductions in drug-related deaths and HIV infections (Hughes and Stevens 2010). This approach contrasts with the Greek context, where harm reduction measures are often viewed with scepticism and are less integrated into the national drug policy framework. The common denominator between Scotland and Portugal is a shift in attitude and approach: they have ingrained the essence of compassionate drug treatment and harm reduction. This is a common slogan and standard demand among PWUD community networks: 'support, don't punish'. In Portugal, compassion is implied by the removal of criminalisation, the main source of punishment. In Scotland, the word 'compassionate' is integrated into the MAT guidelines, reflecting an increased understanding and a gradual shift towards embodied compassionate harm reduction. Similarly, in Canada, despite ideological critiques on the neoliberal character of harm reduction discussed in Chapter 3, services include supervised injection sites and comprehensive needle exchange programmes, which have been shown to reduce harm and improve public health outcomes (Boyd et al. 2018). These measures are part of a broader strategy that recognises the importance of harm reduction in managing drug-related issues, whereas in Greece, such interventions have faced ideological resistance and limited implementation.

While this research centres on Greece, it is essential to examine global initiatives when evaluating drug policies and therapies. Scotland, for instance, distributes naloxone kits to individuals above a certain age and is in the process of implementing the MAT guidelines that prioritise inclusivity and human rights (Scottish Government 2021). Such strategies are advisable for drug use challenges and have transferability to Greece. In terms of a post research development, in March 2023, Greece expanded naloxone access (WHO 2023). Ensuring all treatment approaches prioritise health, dignity, and human rights is essential in preventing loss of life. Despite efforts to improve OST and naloxone accessibility, lingering restrictions on naloxone accessibility for all PWUD and potential overdose witnesses persist, highlighting the ongoing challenges in drug policy

implementation (WHO 2023). These comparisons highlight the varying degrees of acceptance and implementation of harm reduction strategies across different regions. While countries like Scotland, Portugal, and Canada have embraced harm reduction as a key component of their public health policies, Greece's approach has been more cautious and fragmented. This disparity underscores the need for Greece to re-evaluate its stance on harm reduction to better address the needs of PWUD and align with global best practices. Importantly, this situation illustrates the significance of a WPR approach as per Bacchi, which emphasises understanding how problems are framed and the implications of these framings for policy and practice.

Tailored services are necessary for individuals seeking to disengage from stigmatised identities, addressing their immediate needs and broader challenges. In this research, PWUD experiencing homelessness required a tailored harm reduction and a comprehensive analysis of drug use within socio-economic contexts to address unique challenges and stigma. Person-centred approaches and non-judgmental staff attitudes are essential for effective treatment strategies. These findings align with research in Scotland by Parkes et al. (2022b) which underscore the importance of person-centred approaches and a genuine understanding of the complex lives of individuals experiencing homelessness. Multiple stigmas, unique obstacles to care, and a lack of services tailored to their specific needs are reasons why these individuals' drug use should be analysed within their socio-economic contexts. Carver et al.'s (2020) scoping review highlights the perspectives of individuals experiencing homelessness on effective treatment, prioritising supportive environments, non-judgmental staff attitudes, and opportunities for learning and growth to address drug-related stigma and improve access to care. This underscores the need for tailored harm reduction and a broader analysis of drug use within the contexts in which it emerges, considering social capital and socioeconomic challenges.

This section has discussed that, while participants acknowledged the vital role of harm reduction in addressing the 2011 HIV outbreak among PWUD in Athens, concerns persisted regarding its implementation and acceptance. The debate over the necessity of harm reduction measures in Greece intersects with the complex dynamics of public perceptions and policy reforms, discussed in the following section.

9.6.4 The normalisation of the 'drug problem'

This thesis created an opportunity to rethink the 'drug problem'. Traditional perspectives often treat the 'drug problem' as an individual issue, detached from the conditions shaping it. This thesis challenges this perspective by suggesting that the 'drug problem' is significantly shaped by socio-political factors and discursive formations. Instead of treating the 'problem' as a fixed entity to be 'solved', it argues for a shift towards understanding and addressing the underlying social conditions that perpetuate it. The focus, therefore, shifts from merely 'solving' the 'drug problem' to rethinking the reproduction of harmful effects resulting from specific problem representations.

Through a poststructuralist lens, this thesis explores how various 'crises' in Greece, such as the emergence of 'crisis drugs' in ODSs and the economic crisis, have transitioned from temporary anomalies to ongoing norms. These persistent 'crises' contribute to governing through a continuum of uncertainty, contrasting with Agamben's (2008) concept of the 'state of exception', where normal processes are suspended, and Klein's (2007) 'shock doctrine', which centres on using 'crises' to push neoliberal reforms. In this thesis, 'crises' are conceptualised as creating a norm of risk construction rather than being exceptional events. Incidents involving 'drug mafias' or street drugs primarily impact those directly involved, diminishing their broader societal effect and rendering traditional deterrence strategies less effective. Bacchi (2023) and Bigo (2002) argue that governing through 'crises' is an ongoing process that integrates security discourses into broader risk management strategies. This approach emphasises pre-emptive governing and fear cultivation, diverging from conventional security practices.

Insights from harm reduction strategies further support this rethinking. Parkes et al. (2021) highlight the importance of adaptability and preparedness in supporting vulnerable populations during crises. Their research parallels this thesis by illustrating how the COVID-19 crisis was part of an ongoing state of crisis for homelessness services in Scotland. This flexibility enabled services to be more attuned to the needs of their clients. Similarly, the multiple crises experienced during fieldwork in Greece reveal a continuous state of crisis governing, necessitating flexible and adaptive approaches, aligning with Bacchi (2023) and Bigo (2002). These findings contribute to a reconsidering of responses to 'crises' within the context of the 'drug problem'.

The role of pleasure and perspectives on the normalisation of addiction or the 'drug problem' also emerged as significant in this study. Conceptually, the absence of pleasures in people's lives due to consecutive 'crises' was also significant in that report,

affecting both patterns of drug use and public attitudes towards them. Participants had varying perspectives on the normalisation of the 'drug problem'. Some saw it as progress towards more accepting attitudes, while others feared it meant accepting drug use as an unchangeable fact. Normalising drug use does not imply accepting the 'drug problem'; rather, it signifies a shift in perspectives where drug use is no longer viewed as inherently problematic. Recognising the subjective joys linked to drug use can inform interventions aimed at reducing harm while addressing societal and environmental obstacles faced by PWUD in ODSs. As such, recognising the social dynamics of pleasure and drug use complexities enables tailored interventions that promote empowering identities and more compassionate approaches. The medical and public health fields acknowledge habits and dependencies on substances as part of wellness (Keane et al. 2011). This involves addressing individuals' unique needs, providing safer environments, and engaging them in harm reduction measures. By integrating these insights on the role of pleasure and the normalisation of drug use, an approach to the 'drug problem' that considers both the social dynamics and the lived experiences of individuals affected by drug use, emerges.

The following section transitions to the unique contributions of this thesis, its limitations, and overall reflections on conducting this research.

9.7 Contributions, limitations and reflections

9.7.1 Contributions

The contributions made by this thesis include providing insights into the Greek 'drug problem' and incorporating qualitative methods, such as interviews and observations, into the WPR framework, something that has been an identified gap in applied governmentality studies. One key contribution lies in its exploration of drug policy through the WPR approach. By building on existing scholarship that emphasises the ontological shift in drug policy (Lancaster et al. 2015b; Lancaster 2016; Moore and Fraser 2013; Bacchi 2016; 2018), this thesis used the WPR approach to explore the complexities of the 'drug problem' in Greece, examining drug policies, practices, and lived experiences to reveal often overlooked nuances. The thesis addressed a gap identified by governmentality scholars who predominantly focus on analysing texts from official state institutions (Rose 1993; 1999; Brady 2011; McKee 2009). Furthermore, the integration of qualitative research methods within the WPR framework, drawing on Bacchi's (2021) insights, aligns with the broader evolution of this approach.

Additionally, this thesis contributes to the study of ODSs. It challenged conventional subculture framework in ODSs studies and acknowledged the diverse influences on drug use, underlining the significance of specific contexts like physical settings and social and cultural contexts. Environmental factors, and cultural/economic backgrounds, including individual and group characteristics, are all recognised as crucial. This critique of traditional perspectives on drug use resonates with viewpoints that consider the power dynamics and social mechanisms shaping ODSs in specific settings. Moreover, this research adds to the body of knowledge on stigma that surrounds harm reduction and lived experiences of drug use. By highlighting the obstacles and stigma attached to OST, especially in the aftermath of an HIV outbreak among PWUD, it underscored the ongoing challenges faced by harm reduction policies and practices.

Furthermore, this thesis contributes to understanding the contextual vulnerabilities of PWUD in Athens from a sociodemographic perspective. Through its exploration in Athens, the research shined a light on the contextual vulnerabilities and the social, legal, and basic survival hardships encountered by PWUD. These challenges intersect with public policies, emphasising the necessity of a more compassionate approach to drug-related issues, not just in Athens but on a broader scale across the country of Greece.

Finally, another key area of contribution concerns the experiences of parents and views on the 'drug problem' contributing to an understanding of stigma by association.

9.7.2 Limitations and future directions

One limitation of the thesis is the restricted sample characteristics, limited to urban areas, and not fully representative of all demographics of PWUD. Like all qualitative studies (Lancaster et al. 2015a), results should not be seen as reflective of the viewpoints of stakeholders or all groups of stakeholders. Study participants lived in metropolitan Athens and were knowledgeable about the urban 'drug problem' and service systems and processes. Thus, the perspectives expressed in this study may differ from the opinions of PWID who live in more remote locations or are naive to service systems and policy discussion. Moreover, the use of convenience sampling may not capture the full spectrum of treatment methods. My personal perspective as a Greek national studying the Greek 'drug problem' and cultural immersion may further influence interpretations. Moreover, power dynamics and response bias could impact participant feedback during interviews. The critiques of drug treatments and policies are based on participant perspectives and is unlikely to reflect views on all treatments/policies in Greece. The study utilised a convenience sample and while it included at least one participant from

each major treatment philosophy this does not provide a fully comprehensive understanding of the complex treatment systems and approaches in place.

Although drug supply emerged as a significant aspect of the 'drug problem' there were no participants who identified exclusively as a drug seller, or a member of the 'drug mafia'. While this study included the perspectives of PWUD affected by drug legislation, it did not involve those exclusively engaged in the drug trade, a gap that should be addressed in future research. Exploring the perspectives of individuals solely involved in the drug trade could be promising avenues for future research, providing a more comprehensive understanding of drug supply dynamics. Involving drug sellers in harm reduction efforts could be equally promising for Greek policy development, especially in relation to addressing the stigma associated with drug selling.

Additionally, future research could explore the long-term effects of drug scares on access to healthcare, social support, and legal rights for PWUD, including the effectiveness of stigma reduction interventions in challenging problem representations.

9.7.3 Self-problematisation

The seventh step of the WPR approach involves self-problematisation, a critical process emphasised by Bacchi (2009). This step requires researchers to critically examine their own proposals by applying the initial six questions of the WPR approach to their own work. Through this process, researchers can uncover implicit biases, taken-for-granted knowledge, or specific governmental rationalities that may shape their analysis. Engaging in this reflection made me more aware of my own internal contradictions regarding the 'drug problem'. While I conceptually and ideologically support the destigmatising potential of normalising 'addiction' (Keane 2021; Race 2017) and recognise that many individuals use drugs non-problematically, I still find myself perceiving certain aspects of drug use as 'problems'. This tension stems from my personal encounters with 'drug problems' and my immersion in prevailing discourses, which have inevitably shaped my own problematisations. Rather than seeing this contradiction as a weakness, I believe it strengthens the approach outlined throughout this thesis. It is possible to be critical of certain aspects of drug use and supportive of policies that reduce criminalisation and stigma, and it is possible to have conflicting thoughts while still being committed to a fair and evidence-based perspective.

These concerns may be influenced by my immersion in Greek and global discourses on drugs and addiction. As such, this immersion leads to methodological reflections on applying the WPR approach within a familiar cultural context. This undertaking presents both advantages and challenges. On the one hand, applying the approach in the Greek context is complex due to my involvement in ingrained cultural discourses. My cultural background and experiences have inevitably shaped my understanding of the 'drug problem' and my interpretation of the data (Rabinow 1977). On the other hand, cultural immersion offers also benefits. Being embedded in the social and cultural context reduces the distance between researcher and participant, diminishing perceived disparity in suffering. In this sense, the concept of 'social flesh' discussed throughout this thesis, may be more readily mobilised. Cultural immersion also facilitates questioning societal assumptions and uncovering preconceptions that influence policies and public attitudes toward drug-related issues. Throughout the research, balancing the roles of observer and participant required ongoing negotiation, especially with sensitive topics like public drug use and addiction. Maintaining a reflective stance aimed to minimise power imbalances and approach the research with humility and respect for participants' lived experiences (Ellis 2007). This examination can lead to more informed and evidence-based policy formulations.

Moving to broader ethical considerations, it is essential to question our roles and responsibilities as researchers, particularly the motivations behind research activities. Ethical concerns (especially regarding participant privacy and the complexities of observing public drug use) have been central to this research, particularly during the 'economic crisis.' To mitigate objectification and exploitation of research participants, throughout this research, I intentionally aimed to avoid excluding or objectifying subjects and to be mindful of the power dynamics in the researcher-participant relationship (Hammersley and Atkinson 1995). Observing public drug use required balancing the desire for understanding with concerns about intrusion. Empathising with PWUD, I recognised the complexities they face, especially in public injecting scenarios where privacy and self-stigma are at stake (Rhodes et al. 2007; Simmonds and Coomber 2009). The nature of specific drug use practices, such as *sisa* inhalation and public injecting, presented unique challenges and may necessitate actions perceived as shameful.

Acknowledging that the crisis provided both a unique backdrop and an opportunity to examine the societal effects of Greece's 'drug problem' is crucial. In this respect, the timing and context of this research significantly shaped its scope and findings. Witnessing the full impact of the ongoing crisis was pivotal, as conducting this research

at a different time would have produced a different set of insights. However, a fundamental question remains: do we observe and write about people in challenging circumstances purely out of academic and humanistic interest, or do egoistic aspirations also play a role? While I firmly believe that most PhD researchers aim to contribute meaningfully to their field, it remains crucial to engage in ongoing reflexive practice.

This section emphasised the need for critical examination of my own assumptions. As I deconstructed problem representations in other proposals, I also critically examined my own assumptions and the broader societal discourses I am part of. This reflexive process not only facilitated my analysis but also highlighted the transformative potential of the WPR approach in challenging entrenched narratives (Bacchi and Goodwin 2016).

The following section will conclude the entire thesis.

9.8 Conclusion

This final section of the thesis summarises the main findings and reflects on the broader implications of the research. The study examined representations of the 'drug problem' in Greece across various contexts, including ODSs, public attitudes, drug treatment and policy, and lived experiences.

The portrayal of the 'drug problem' in Athens' ODSs (research question 1) fluctuated between drug scares and issues related to drug supply. Austerity measures, homelessness, and mental health challenges, along with media narratives and public health initiatives, perpetuated stereotypes about PWUD. These portrayals emphasised the emergence of NPS during Greece's economic crisis. The exaggerated depictions of these substances in ODSs indicated that discursive and lived effects of drugs can be as significant as their physical impacts. The research highlighted ethical dilemmas surrounding drug selling, the role of legislation, and the marginalisation of ethnic minorities within drug networks. By examining drug supply dynamics and the lived realities of PWUD, the study aimed to challenge stereotypes and advocate for inclusive public health and harm reduction approaches, emphasising the need for comprehensive and compassionate drug policies.

Public perceptions of the 'drug problem' (research question 2) revealed significant implications for drug policy. The socio-political backdrop shaped how drug-related issues were understood and represented, with PWUD depicted both as responsible for and

victims of the 'drug problem'. This dual portrayal raised questions about deservingness, responsibility, and grievability, impacting stigma and harm reduction efforts, particularly amidst Greece's socio-economic crisis. Future research could explore the long-term effects of public attitudes towards PWUD and effectiveness of stigma reduction interventions. The thesis also examined community responses to the 'drug problem' in various Athens neighbourhoods, focusing on community-led initiatives and the effects of urban planning and social dynamics. It highlighted the role of socio-economic conditions and political ideologies in shaping these responses. By contrasting neoliberal principles with grassroots governing, the study provided insights into the rationale behind community actions. It emphasised the importance of considering broader societal contexts and local dynamics in developing effective drug policies. The findings underscored the significance of neighbourhood-level dynamics in shaping responses to the 'drug problem', advocating for approaches that reflect local circumstances and community perspectives. Future research could further investigate how local communities influence drug policies in different settings.

Regarding Greek drug treatment and policy (research question 3), the findings revealed challenges related to stakeholder coordination. Some participants emphasised the importance of collaboration, while others cautioned against neoliberal strategies that favour uniformity over diverse treatment options. Politics of the meaning and concept of 'recovery' also emerged as significant among different providers. Post-research developments in drug policy reflected broader neoliberal trends, including privatisation and security measures, with significant implications for drug-related issues. Future studies should examine the impact of recent legal changes on public drug treatment and the governing of public universities in Greece. Discussions on harm reduction highlighted conflicts over its perceived efficacy and differing ideologies within drug treatment methods. These findings revealed societal attitudes towards harm reduction policies and the normalisation of drug use, underscoring the multifaceted nature of harm reduction as both a pragmatic public health approach and a contested policy issue.

The lived experiences of individuals affected by the 'drug problem' (research question 4) explored the diverse impacts of stigma on perceptions of drug treatment services and the experiences of PWUD. Stigma influenced decisions of individual to seek treatment, and their experiences within treatment settings. Despite stigma's negative effects, the study highlighted the resilience of individuals and the potential of social connections to mitigate its impact, facilitating access to treatment and support services for street-connected individuals. These findings revealed the complexities surrounding stigma,

treatment delivery, and the availability of services for PWUD. Social capital, particularly familial and community networks, served as a resource for PWUD, enabling access to support services and fostering resilience against stigma. The research emphasised the need for personalised and non-judgemental approaches to address stigma within treatment environments and acknowledged the diverse experiences and needs of PWUD. Further research is necessary to explore the enduring effects of stigma and its intersection with other social determinants of health, including race, gender, and socioeconomic status.

The broader implications of these findings underscore the need for drug policies and public health strategies that move beyond simplistic and sensationalised portrayals of drug use. The research highlights the importance of addressing underlying social conditions contributing to drug-related issues rather than focusing solely on punitive measures. By advocating for comprehensive and empathetic approaches, the study promotes a more informed and equitable discourse on drug policy. It calls for ongoing research into the effects of economic and social crises on drug use, as well as the influence of media and political narratives on public attitudes. The research challenges traditional views by emphasising the necessity of drug policies that are informed by a deeper understanding of socio-economic and discursive factors. The thesis explored the complexities of the 'drug problem' in Athens, focusing on drug distribution, stigma, and sociodemographic factors affecting PWUD. It examined how crises influenced public perceptions and policy responses, highlighting the vulnerabilities of individuals within the socio-demographic context of Athens. The study contributed to methodological advancements in drug policy research by integrating qualitative methods within the WPR framework. It identified gaps in governmentality studies and provided insights into the Greek 'drug problem' from various perspectives. By questioning conventional subculture paradigms and exploring the stigma surrounding harm reduction approaches, the thesis advocated for a comprehensive approach that is inclusive of diverse perspectives on the 'drug problem' and the need to remove the 'problem' status of the 'drug problem's' epistemological and ontological premises.

References

- Adler, P. (1993) *Wheeling and dealing: An ethnography of an upper-level drug dealing and smuggling community*. 2nd Edition. New York: Columbia University Press.
- Adler, P. and Adler, P. (1987) *Membership roles in field research*. 2nd Edition. Newbury Park, CA: Sage Publications.
- Agamben, G. (2008) *State of exception*. [edition unavailable]. The University of Chicago Press. Available at: <https://www.perlego.com/book/1852689/state-of-exception-pdf> [Accessed: 15 October 2022].
- Alexander, B. (2010) *The globalisation of addiction: A study in poverty of the spirit*. 1st Edition. Oxford; New York: Oxford University Press.
- Alexander, B. (2017) *Addiction: Hopeful prophecy from a time of despair*. Available: <https://www.brucealexander.com/articles-speeches/289-addiction-a-hopeful-prophecy-from-a-time-of-despair> [Accessed: 05 August 2022]
- Alexandrescu, L. (2014) 'Mephedrone, assassin of youth: The rhetoric of fear in contemporary drug scares'. *Crime, Media, Culture*, 10(1), pp. 23–37.
- Alexandrescu, L. (2017) NPS and the methadone queue: Spillages of space and time. *International Journal of Drug Policy*, 40, pp. 50-56.
- Alexandrescu, L. (2020) Streets of the 'spice zombies': Dependence and poverty stigma in times of austerity. *Crime, Media, Culture*, 16(1), pp.97-113.
- Alexandrescu, L. and Spicer, J. (2022) The stigma-vulnerability nexus and the framing of drug problems. *Drugs: Education, Prevention and Policy*, 30(1), 6-16.
- Aligizakis, E. (2011) Eikones egklimatos stin Ellada tou Mesopolemou: 'Rembetiko' kai koinonikos elegchos [*Criminal portrayals in Interwar Greece: 'Rembetiko' and social control*]. PhD, National and Kapodistrian University of Athens. Available: <https://www.didaktorika.gr/eadd/handle/10442/24530> [Accessed: 21 April 2022].
- Ambekar, A. Pun, A. and Kumar, S. (2010) *A review of Opioid Substitution Therapy (OST) in Nepal*. Regional Office for South Asia: United Nations Office on Drugs and Crime.
- Ambekar, A. Rao, R. Pun, A. Kumar, S. and Kishore, K. (2013) The trajectory of methadone maintenance treatment in Nepal. *International Journal of Drug Policy*, 24(6), pp. e57-e60.
- Amundson, K. Zajicek, A. and Hunt, V. (2014) Pathologies of the poor: What do the war on drugs and welfare reform have in common. *Journal of Sociology and Social Welfare*, 41, p.5.
- Anagnostaki, M. (2016) Enallaktika/evergetika metra sti nomothesia peri narkotikon: porismata meletis. [*Alternative/beneficial measures in drug law: study findings*] Powers, scientific neutrality and criminology discourse. 50 years Howard Becker 'Whose side are

we on?'. Contributions to the 1st EEMEKE Conference. Athens: Hellenic Society for the Study of Crime and Social Control.

Anderson, E. (1999) *Code of the street: Decency, violence and the moral life of the inner city*. 2nd Edition. New York: W.W. Norton.

Andreotti, A. Garcia, S. M. Gomez, A. Hespanha, P. Kazepo, Y. and Mingione, E. (2001) Does a Southern European model exist? *Journal of European Area Studies*, 9(1), 43-62.

Andreou, F. (2014) Narkotika N. 4139/2013. Kata arthron erminea [*Drug Law 4139/2013 by article interpretation*]. 5th Edition. Athens: Nomiki Vivliothiki.

Aston, S. (2009) Identities under construction: Women hailed as addicts. *Health*, 13(6), pp. 611-628.

Atkinson, A. McAuley, A. Trayner, K. and Sumnall, H. (2019) 'We are still obsessed by this idea of abstinence': A critical analysis of UK news media representations of proposals to introduce drug consumption rooms in Glasgow, UK. *International Journal of Drug Policy*, 68, pp. 62-74.

Atzemis, M. (2020) *COVID-19 and harm reduction in Greece – observations from inside the scenery*. Available: <https://www.correlation-net.org/covid19-positive-voice/> [Accessed: 05 October 2021].

Aulin, S. and Vejleskov, P. (1991) Chasiklidika Rebetika. [*Rebetika Hashish Songs. Anthology-Analysis-Commentary*]. [edition unavailable]. Copenhagen: Museum Tusculanum Press.

Azbel, L. Bromberg, D. J. Dvoryak, S. and Altice, F. L. (2022) Addiction treatment as prison governance: A critical discourse analysis of methadone delivery in Kyrgyz prisons. *Contemporary Drug Problems*, 49(1), pp. 106-120.

Bacchi, C. (1996) *The politics of affirmative action: 'women', equality and category politics*, 1st Edition. London: Sage Publications Ltd.

Bacchi, C. (2009) *Analysing policy: What's the Problem Represented to be?* 1st Edition. Australia: Pearson Education.

Bacchi, C. (2012a) 'Why study problematisations? Making politics visible', *Open Journal of Political Science*, 2(01), p. 1.

Bacchi, C. (2012b) Strategic interventions and ontological politics: Research as political practice. In: A. Bletsas and C. Beasley, eds. *Engaging with Carol Bacchi: Strategic interventions and exchanges*. 1st Edition. Australia: University of Adelaide Press, pp. 141-156.

Bacchi, C. (2015a) The turn to problematization: Political implications of contrasting interpretive and poststructural adaptations. *Open Journal of Political Science*, 5, pp. 1-12.

Bacchi, C. (2015b) Problematisations in alcohol policy: WHO's 'alcohol problems'. *Contemporary Drug Problems*, 42(2), pp. 130-147.

Bacchi, C. (2016) Problematizations in health policy: Questioning how "problems" are constituted in policies. SAGE Open, 6(2), doi: <https://doi.org/10.1177/2158244016653986> [Accessed: 12 November 2020].

Bacchi, C. (2017) Policies as gendering practices: Re-viewing categorical distinctions. *Journal of Women, Politics and Policy*, 38, pp. 20–41.

Bacchi, C. (2018) Drug problematisations and politics: Deploying a poststructural analytic strategy. *Contemporary Drug Problems*, 45(1), pp. 3-14.

Bacchi, C. (2020a) WPR, Foucault and nominalist critique part 1. *Research Hub - Carol Bacchi*, 1 October. Available: <https://carolbacchi.com/2020/10/01/wpr-foucault-and-nominalist-critique-part-i-2/> [Accessed: 1 October 2022].

Bacchi, C. (2020b) WPR and "social flesh". *Research Hub - Carol Bacchi*, 31 August. Available: <https://carolbacchi.com/2020/08/31/wpr-and-social-flesh/> [Accessed: 1 October 2023].

Bacchi, C. (2021) Widening the ambit of WPR: interviews. *Research Hub - Carol Bacchi*, 31 May. Available: <https://carolbacchi.com/2021/05/31/widening-the-ambit-of-wpr-interviews/> [Accessed: 12 March 2022].

Bacchi, C. (2022a) Performing 'performativity': debates and concerns. *Research Hub - Carol Bacchi*, 26 October. Available: <https://carolbacchi.com/?s=performativity> [Accessed: 1 October 2023].

Bacchi, C. (2022b) WPR: Clarifying key premises. *Research Hub - Carol Bacchi*, 30 December. Available: <https://carolbacchi.com/blog/page/2/> [Accessed: 22 October 2022].

Bacchi, C. (2023) Applying WPR to concepts: questioning 'risk', 'uncertainty' and 'crisis'. *Research Hub - Carol Bacchi*, 29 April. Available: <https://carolbacchi.com/2023/04/29/applying-wpr-to-concepts-questioning-risk-uncertainty-and-crisis/> [Accessed: 3 May 2023].

Bacchi, C. (2024a) Citizens' assemblies and WPR: some thoughts. *Research Hub - Carol Bacchi*, 29 April. Available: <https://carolbacchi.com/2024/04/29/citizens-assemblies-and-wpr-some-thoughts/> [Accessed: 29 April 2024].

Bacchi, C. (2024b) Is it OK to change one's mind? *Research Hub - Carol Bacchi*, 30 May. Available: <https://carolbacchi.com/2024/05/30/is-it-ok-to-change-ones-mind/> [Accessed: 4 July 2024].

Bacchi, C. and Beasley, C. (2002) Citizen bodies: Is embodied citizenship a contradiction in terms? *Critical social policy*, 22(2), pp.324-352.

Bacchi, C. and Beasley, C. (2007) Envisaging a new politics for an ethical future: Beyond trust, care and generosity — towards an ethic of social flesh. *Feminist Theory*, 8(3), pp. 279-298.

- Bacchi, C. and Bonham, J. (2014) Reclaiming discursive practices as an analytic focus: Political implications. *Foucault studies*, (17), pp.179-192.
- Bacchi, C. and Bonham, J. (2016) Poststructural interview analysis: Politicizing' personhood'. In: C. Bacchi and S. Goodwin, eds. *Poststructural Policy Analysis: A Guide to Practice*. 1st Edition. New York: Palgrave Macmillan, pp.113-121.
- Bacchi, C. and Eveline, J. (2010) *Mainstreaming politics: Gendering practices and feminist theory*. 1st Edition. Adelaide: University of Adelaide Press.
- Bacchi, C. and Goodwin, S. (2016) *Poststructural policy analysis: A guide to practice*. 1st Edition. New York: Palgrave Macmillan.
- Bacchi, C. and Rönnblom, M. (2014) Feminist discursive institutionalism—A poststructural alternative. *Nordic Journal of Feminist and Gender Research*, (22), pp. 170-186.
- Bacon, M. and Seddon, T. (2013) The contractual governance of drug users in treatment. *International Journal of Drug Policy*, 24(5), pp. 379-384.
- Bacon, M. and Seddon, T. (2020) Controlling drug users: Forms of power and behavioural regulation in drug treatment services. *The British Journal of Criminology*, 60(2), pp.403-421.
- Bakalis, C. (2015) The impact of tobacco in Greece: Cultivation, processing, manufacturing, and trade. In: F. Jacob and G. Dworok, eds. *Tabak und Gesellschaft*. 1st Edition. Germany: Nomos, pp. 237-264.
- Balbirnie, E. Davies, M. Disley, E. Monsalve, C.G. Hartka, S. Hoorens, S. Kruithof, K. Sacher, M. and Taylor, J. (2018) Mid-term assessment of the EU drugs strategy 2013–2020 and final evaluation of the action plan on drugs 2013–2016. *Rand Health Quarterly*, 7(2), p.4.
- Bardwell, G. Boyd, J. Tupper, K. and Kerr, T. (2019) “We don’t got that kind of time, man. We’re trying to get high!”: exploring potential use of drug checking technologies among structurally vulnerable people who use drugs. *International Journal of Drug Policy*, (71), pp. 125-132.
- Barry, A. (1994) ‘Harmonisation and the art of European Government’. In: C. Rootes, and H. Davis, eds. *Social Change and Political Transformation*, 1st Edition. London: UCL Press, pp. 39–54.
- Bartoszeko, A. (2019) Patient is the new black: Treatmentality and resistance toward patientisation. *Journal of Extreme Anthropology*, 3(2), pp. 141-149.
- Beasley, C. and Bacchi, C. (2000) Citizen bodies: embodying citizens—a feminist analysis. *International Feminist Journal of Politics*, 2(3), pp. 337-358.
- Beasley, C. and Bacchi, C. (2012) Making politics fleshly: The ethic of social flesh. In: A. Bletsas, and C. Beasley, eds. *Engaging with Carol Bacchi: Strategic interventions and exchanges*. 1st Edition. Australia: University of Adelaide Press, pp. 99-120.

Becker, H. (1953) Becoming a marihuana user. *American journal of Sociology*, 59(3), pp. 235-242.

Becker, H. (1966) "Whose side are we on?" *Social Problems*, (14), pp. 239–47.

Becker, H. (1973) *Outsiders*. 21st Edition. New York: Free Press.

Becker, H. (1998) *Tricks of the trade: How to think about your research while you're doing it*. 3rd Edition. Chicago: University of Chicago Press.

Bennett, S. and Kresge, N. (2013) *Greece HIV remedies hit as crisis threatens drug curbs*. Available: <https://www.bloomberg.com/news/articles/2013-01-09/greece-hiv-remedies-hit-as-crisis-shuts-drug-abuse-curb-h?embedded-checkout=true> [Accessed: 25 October 2020].

Benoit, C. Magnus, S. Phillips, R. Marcellus, L. and Charbonneau, S. (2015) Complicating the dominant morality discourse: mothers and fathers' constructions of substance use during pregnancy and early parenthood. *International Journal for Equity in Health*, 14(1), pp.1-11.

Benoit, C. Stengel, C. Marcellus, L. Hallgrimsdottir, H. Anderson, J. MacKinnon, K. Phillips, R. Zazueta, P. and Charbonneau, S. (2014) Providers' constructions of pregnant and early parenting women who use substances. *From Health Behaviours to Health Practices*, 36(2), pp.95-105.

Bernstein, S. and Bennett, D. (2013) Zoned out: 'NIMBYism', addiction services and municipal governance in British Columbia. *International Journal of Drug Policy*, 24(6), pp. e61–e65.

Berridge, V. (1997) Doctors and the state: The changing role of medical expertise in policy-making. *Contemporary British History*, 11(4), pp.66-85.

Berridge, V. (1999) *Health and society in Britain since 1939*. No. 38. Cambridge: Cambridge University Press.

Berridge, V. (2013) *Demons: our changing attitudes to alcohol, tobacco, and drugs*. 1st Edition. USA: Oxford University Press.

Betsos, A. Valleriani, J. Boyd, J. Bardwell, G. Kerr, T. and McNeil, R. (2021) "I couldn't live with killing one of my friends or anybody": A rapid ethnographic study of drug sellers' use of drug checking. *International Journal of Drug Policy*, 87, p. 102845.

Bigo, D. (2002) Security and immigration: Toward a critique of the governmentality of unease. *Alternatives*, 27(1), pp. 63-92.

Bless, R. Korf, D. and Freeman, M. (1995) Open drug scenes: a cross-national comparison of concepts and urban strategies, *European Addiction Research*, (1), pp. 128–138.

Bletsas, A. and Beasley, C. (2012) *Engaging with Carol Bacchi: Strategic interventions and exchanges*. The University of Adelaide Press, doi: 10.1017/9780987171856. [Accessed 2 December 2022].

- Bloedau, M. (2021) *Mourning and Letting Go: A Therapeutic approach to supporting family members of opioid addicts*. 1st Edition. USA: Pacifica Graduate Institute.
- Blyth, M. (2013) *Austerity: The history of a dangerous idea*. 1st Edition. Oxford: Oxford University Press.
- Boeri, M. (2004) "Hell, I'm an addict, but I ain't no junkie": An ethnographic analysis of aging heroin users. *Human organization*, 63(2), pp.236-245.
- Boeri, M. (2013) *Women on ice: Methamphetamine use among suburban women*. 1st Edition. USA: Rutgers University Press.
- Boeri, M. (2017) *Hurt: Chronicles of the drug war generation*. 1st Edition. California: University of California Press.
- Bojorquez-Chapela, I. Infante, C. Larrea-Schiavon, S. and Vieitez-Martinez, I. (2021) In-Transit Migrants and Asylum Seekers: Inclusion Gaps In Mexico's COVID-19 Health Policy Response: Study examines public health policies developed in Mexico in response to COVID-19 and the impact on in-transit migrants and asylum seekers. *Health Affairs*, 40(7), pp. 1154-1161.
- Bonham, J. and Bacchi, C. (2013) Cycling subjectivities in on-going formation: Interviews as political interventions. In *Foucault and Mobilities Symposium*, pp. 6-7.
- Bonham, J. and Bacchi, C. (2017) Cycling 'subjects' in ongoing-formation: The politics of interviews and interview analysis. *Journal of Sociology*, 53(3), pp. 687-703.
- Bonovas, S. and Nikolopoulos, G. (2012) High-burden epidemics in Greece in the era of economic crisis. Early signs of a public health tragedy. *Journal of Preventive Medicine and Hygiene*, 53(3), pp. 169-171.
- Boucher, L. Marshall, Z. Martin, A. Larose-Hébert, K. Flynn, J. Lalonde, C. and Kendall, C. (2017) Expanding conceptualisations of harm reduction: results from a qualitative community-based participatory research study with people who inject drugs. *Harm Reduction Journal*, 14(1), pp. 1-18.
- Boukalas, C. (2011) No one is revolutionary until the revolution! A long, hard reflection on Athenian anarchy through the prism of a burning bank. In: A. Vradis, and D. Dalakoglou, eds. *Revolt and crisis in Greece*. 1st Edition. Athens: AK Press, pp. 279-297.
- Bourgois, P. (2000) Disciplining addictions: The bio-politics of methadone and heroin in the United states. *Culture, medicine and psychiatry*, 24(2), pp. 165-195.
- Bourgois, P. (2002) Anthropology and epidemiology on drugs: the challenges of cross-methodological and theoretical dialogue. *International Journal of Drug Policy*, 13(4), pp. 259-269.
- Bourgois, P. (2003) *In search of respect: Selling crack in El Barrio*. 2nd Edition. Cambridge: Cambridge University Press.

Bourgois, P. (2015) Insecurity, the War on drugs, and crimes of the state: Symbolic violence in the Americas. In: J. Auyero, P. Bourgois, and N. Scheper-Hughes, eds. *Violence at the Urban Margins*. 1st Edition. Oxford: Oxford University Press, pp. 305-321.

Bourgois, P. and Schonberg, J. (2009) *Righteous dopefiend*. 1st Edition. Berkeley: University of California Press.

Boyd, S. (2011) Pleasure and pain: Representations of illegal drug consumption, addiction and trafficking in music, film and video. In: S. Fraser, and D. Moore, eds. *The drug effect: Health, crime and society*. 1st Edition. Melbourne: Cambridge University Press, pp. 57-72.

Boyd, S. and Carter, C. (2010) Methamphetamine discourse: Media, law, and policy. *Canadian journal of communication*, 35(2), 219-238.

Boyd, J. Lavalley, J. Czechaczek, S. Mayer, S. Kerr, T. Maher, L. and McNeil, R. (2020) "Bed Bugs and Beyond": An ethnographic analysis of North America's first women-only supervised drug consumption site. *International Journal of Drug Policy*, (78), p. 102733.

Boyd, S. MacPherson, D. and Vancouver Area Network of Drug Users (2018) The harms of drug prohibition: Ongoing resistance in Vancouver's Downtown Eastside, *BC Studies: The British Columbian Quarterly*, (200), pp. 87-96.

Brady, M. (2011) Researching governmentalities through ethnography: the case of Australian welfare reforms and programmes for single parents. *Critical Policy Studies*, 5(3), pp. 264-282.

British Society of Criminology (2015) British society of criminology statement of ethics. Available: <https://www.britsoccrim.org/documents/BSCEthics2015.pdf> [Accessed: 28 January 2018].

Britzman, D. (1995) "The question of belief": Writing poststructural ethnography. *International Journal of Qualitative Studies in Education*, 8(3), pp. 229-238.

Broadhead, R. Kerr, T. Grund, J. and Altice, F. (2002) Safer injection facilities in North America: their place in public policy and health initiatives. *Journal of Drug Issues*, 32(1), pp. 329-355.

Buchanan, J. (2004) 'Missing links? Problem drug use and social exclusion'. *Probation Journal, the Journal of Community and Criminal Justice*, 51(4), pp. 387-97.

Burns, S. and Peyrot, M. (2003) Tough love: Nurturing and coercing responsibility and recovery in California drug courts. *Social Problems*, 50(3), pp. 416-438.

Burr, V. (1995) *An introduction to social constructionism*. 1st Edition. London: Routledge.

Butler, J. (2009) Performativity, Precarity and Sexual Politics. AIBR. *Revista de Antropología Iberoamericana*, 4(3), pp. 1-14.

Butler, J. (2016) *Frames of war: When is life grievable?* 1st Edition. London and New York: Verso.

- Butler, R. and Bauld, L. (2005) The parents' experience: Coping with drug use in the family. *Drugs: education, prevention and policy*, 12(1), pp.35-45.
- Cairns, K. (2013) Ethnographic locations: The geographies of feminist post-structural ethnography. *Ethnography and Education*, 8(3), pp. 323-337.
- Campbell, N. (2000) *'Gender, drug policy, and social justice: Using women'*. 1st Edition. New York: Routledge.
- Campbell, N. (2011) From 'magic bullets' to medical maintenance. In: S. Fraser, and D. Moore, Eds. *The drug effect: Health, crime and society*. 1st Edition. Melbourne: Cambridge University Press, pp. 122-136.
- Campbell, N. and Ettore, E. (2011) *Gendering addiction: The politics of drug treatment in a neurochemical world*. 1st Edition. London: Palgrave Macmillan.
- Carver, H. Ring, N. Miler, J. and Parkes, T. (2020) What constitutes effective problematic substance use treatment from the perspective of people who are homeless? A systematic review and meta-ethnography. *Harm Reduction Journal*, 17(1), pp.1-22.
- Chang, J. Agliata, J. and Guarinieri, M. (2020) COVID-19-Enacting a 'new normal' for people who use drugs. *International Journal of Drug Policy*, (83), p. 102832.
- Chesney-Lind, M. and Pasko, L. (2012) *The female offender: Girls, women, and crime*. 3rd Edition. USA: Sage Publications.
- Chouliaraki, L. (2013) *The ironic spectator: Solidarity in the age of post-humanitarianism*. John Wiley and Sons.
- Clark, E. (1994) Towards a Copenhagen interpretation of gentrification. *Urban studies*, 31(7), pp. 1033-1042.
- Clinton, A. and Pollini, R. (2021) Using positive empathy interventions to reduce stigma toward people who inject drugs. *Frontiers in Psychology*, 12, p.616729.
- Cohen, S. (2002) *Folk devils and moral panics: the creation of the Mods and Rockers*. 3rd Edition. London and New York: Routledge.
- Coomber, R. (1997a) The adulteration of illicit drugs with dangerous substances—The discovery of a 'myth'. *Contemporary Drug Problems*, 24(2), pp. 239-271.
- Coomber, R. (1997b) The adulteration of illicit drugs with dangerous substances. *Contemporary Drug Problems*, 24(2), pp. 239-271.
- Coomber, R. (2006) *Pusher Myths. Re-Assessing the Drug Dealer*. 1st Edition. London: Free Association Books.
- Coomber, R. (2015) A tale of two cities: Understanding differences in levels of heroin/crack market-related violence — A two city comparison. *Criminal justice review*, 40(1), pp.7-31.

Coomber, R. Bacon, M. Spicer, J. and Moyle, L. (2022) Symbolic drugs policing: Conceptual development and harm reduction opportunities. In: M. Bacon and J. Spicer, eds. *Drug Law Enforcement, Policing and Harm Reduction: Ending the Stalemate*. 1st Edition. Abingdon: Routledge, pp. 87-110.

Cooper, V. and Whyte, D. (2017) Introduction: The violence of austerity. In: V. Cooper, and D. Whyte, eds. *The violence of austerity*. 1st Edition. London: Pluto Press, pp. 1–34.

Corrigan, P. and Nieweglowski, K. (2019) How does familiarity impact the stigma of mental illness?. *Clinical Psychology Review*, 70, pp.40-50.

Courtwright, D. (1992) The prepared mind: Marie Nyswander, methadone maintenance, and the metabolic theory of addiction. *Addiction*, 92(3), pp. 257–65.

Crawford, S. (2013) Shouting through bullet-proof glass: Some reflections on pharmacotherapy provision in one Australian clinic. *International Journal of Drug Policy*, 24(6), pp. e14-e17.

Curtis, R. and Wendel, T. (2000) Toward the development of a typology of illegal drug markets. In: M. Natarajan, and M. Hough, eds. *Illegal Drug Markets: From Research to Prevention*. 1st Edition. New York: Criminal Justice Press, pp. 121-152.

Cusick, L. and Kimber, J. (2007) Public perceptions of public drug use in four UK urban sites. *International Journal of Drug Policy*, 18(1), pp. 10-17.

Dahl, H. (2008) Open drug scenes: Danish drug policy reflected through international drug prohibition and local interventions. In V. Frank, E. Houborg and B. Bjerger, eds. *Drug policy. History, theory and consequences*, Aarhus: Aarhus University Press, pp. 91-121.

Data Protection Act (1998) Available at: <https://www.legislation.gov.uk/ukpga/1998/29> [Accessed: 25 October 2020].

Data Protection Act (2019) Act 4624/2019. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A02016R0679-20160504&qid=1532348683434> [Accessed: 22 October 2020].

Davidson, P. and Howe, M. (2014) Beyond NIMBYism: Understanding community antipathy toward needle distribution services, *International Journal of Drug Policy*, 25(3), pp. 624–632.

Davies, J. (1997a) *The myth of addiction*. 1st Edition. London: Routledge.

Davies, J. (1997b) *'Drugspeak': the analysis of drug discourse*. 1st. Reading: Harwood Academic Publishers.

Dean, M. (2006) Governmentality and powers of life and death. In: G. Marston, and C. McDonald, eds. *Analysing Social Policy: A Governmental Approach*. Cheltenham, UK: Edward Elgar.

Decker, S. Bynum, T. and Weisel, D. (1998) 'A tale of two cities: Gangs as organised crime groups'. *Justice Quarterly*, 15(3), pp. 395-426.

Densley, J. (2012) Its gang life, but not as we know it: The evolution of gang business. *Crime and Delinquency*, 60(4), pp. 517-546.

Derrida, J. (1995) *Points....: Interviews, 1974-1994*. 6th Edition. California: Stanford University Press.

Dertadian, G. (2020) Doing critical drugs research: From deconstructing to encountering risk in the field. *Navigating Fieldwork in the Social Sciences: Stories of Danger, Risk and Reward*, pp.85-106.

Devaney, E. (2017) The emergence of the affected adult family member in drug policy discourse: A Foucauldian perspective. *Drugs: Education, Prevention and Policy*, 24(4), pp.359-367.

Dialynas, A. K. (2022) Η νομική αντιμετώπιση του εξαρτημένου και οι γκριζες περιοχές τις εμπορίας ναρκωτικών [*The legal treatment of the dependent individual and the gray areas of drug trafficking*] PhD, Aristoteleio University of Thessaloniki. Available: <https://ikee.lib.auth.gr/record/341007?ln=el> [Accessed: 21 April 2022].

Dickinson, T. and Jacques, S. (2019) Drug sellers' neutralisations of guiltless drug sales and avoidance of 'drug dealer' identities. *International Journal of Drug Policy*, 7(3), pp. 16-23.

Dilkes-Frayne, E. Fraser, S. Pienaar, K. and Kokanovic, R. (2017) Iterating 'addiction': Residential relocation and the spatio-temporal production of alcohol and other drug consumption patterns. *International Journal of Drug Policy*, 4(4), pp. 164-173.

Donzelot, J. (1991) The mobilization of society. In: G. Burchell, C. Gordon, and P. Miller, eds. *The Foucault effect: Studies in governmentality*. 1st Edition. USA: The University of Chicago Press, pp. 169-179.

Douglas, M. (1992) *Risk and blame: Essays in cultural theory*. 1st Edition. London and New York: Routledge.

Duff, C. (2008) The pleasure in context. *International Journal of Drug Policy*, 19(5), pp. 384-392.

Duff, C. (2009) The drifting city: The role of affect and repair in the development of 'Enabling Environments', *International Journal of Drug Policy*, 20(3), pp.202-208.

Duff, C. (2014) The place and time of drugs, *International Journal of Drug Policy*, 25(3), pp.633-639.

Duff, C. (2015) Governing drug use otherwise: For an ethics of care, *Journal of Sociology*, 51(1), pp. 81–96.

Duke, K. (1999) Containing contradictions: the development of prison drugs policy in England since 1980. PhD. Middlesex University. Available: <https://core.ac.uk/download/17302505.pdf> [Accessed: 1 March 2019].

Duke, K. (2020) Producing the 'problem' of new psychoactive substances (NPS) in English prisons. *International Journal of Drug Policy*, (80), p.102479.

Duke, K. and Thom, B. (2014) The role of evidence and the expert in contemporary processes of governance: The case of opioid substitution treatment policy in England. *International Journal of Drug Policy*, 25(5), pp. 964-971.

Dwyer, R. (2011) The social life of smokes. In: S, Fraser. and D. Moore, eds. *The drug effect*. Melbourne: Cambridge University Press, pp.19-34.

Dwyer, R. and Fraser, S. (2017) Engendering drug problems: Materialising gender in the DUDIT and other screening and diagnostic 'apparatuses'. *International Journal of Drug Policy*, (44), pp. 135-144.

ECDC (2012) Risk assessment on HIV in Greece. ECDC technical report. Stockholm: European Centre for Disease Prevention and Control, doi: 10.2900/6564 [Accessed 5 March 2020].

Economou, C. Kaitelidou, D. Katsikas, D. Siskou, O. and Zafiropoulou, M. (2014) Impacts of the economic crisis on access to healthcare services in Greece with a focus on the vulnerable groups of the population. *Social Cohesion and Development*, 9(2), pp. 99-115.

Ellis, C. (2007) Telling secrets, revealing lives: Relational ethics in research with intimate others. *Qualitative inquiry*, 13(1), pp.3-29.

EKTEPN (2010) *Annual report on the state of the drugs and alcohol problem*. Athens: Greek Documentation and Monitoring Centre for Drugs, www.ektepn.gr [Accessed 2 July 2018]

EKTEPN (2022) H katastasi tou provlimatos ton nakotikon kai ton oinopnevmatodon stin Ellada [*Annual report on the state of the drug and alcohol problem in Greece*]. Athens: UMHRI. Available: <https://www.ektepn.gr/publications/2022/ee2022-summary> [Accessed 4 July 2023].

EMCDDA (2011) *GREECE: New development, trends, and in-depth information on selected issues*. 2011 National Report (2010 data) to the EMCDDA by the Reitox National Focal Point. Athens: UMHRI. Available: https://www.emcdda.europa.eu/system/files/publications/704/Greece_2011_399925.pdf [Accessed 7 July 2019].

EMCDDA (2012) *Annual Report on the state of the Drugs Problem in Europe*. Luxembourg: Publications Office of the European Union. Available: https://www.emcdda.europa.eu/publications/annual-report/2012_en [Accessed 11 June 2019].

EMCDDA (2014) *European Drug Report 2014: Trends and developments*. Lisbon: Available: https://www.emcdda.europa.eu/publications/edr/trends-developments/2014_en [Accessed 11 June 2019].

EMCDDA (2015) *Threshold quantities for drug offences*. Lisbon: EMCDDA. Available: <http://www.emcdda.europa.eu/html.cfm/index99321EN.html>) [Accessed 2 October 2022].

EMCDDA (2017) *Drug trafficking penalties across the European Union: a survey of expert opinion*. Technical report. Lisbon: European Monitoring Centre for Drugs and Drug Addiction. Available: emcdda.europa.eu/publications/technical-reports/trafficking-penalties [Accessed: 2 October 2022].

EMCDDA (2019) *Greece, Country Drug Report 2019*. Greece: European Monitoring Centre for Drugs and Drug Addiction. Available: https://www.emcdda.europa.eu/publications/country-drug-reports/2019/greece_en [Accessed: 30 October 2022].

EMCDDA and Europol (2013) *Annual report on the implementation of council decision 2005/387/JHA*. Implementation Reports. Lisbon: European Monitoring Centre for Drugs and Drug Addiction. Available: https://www.emcdda.europa.eu/publications/implementation-reports/2013_en [Accessed 9 November 2019].

EMCDDA and Europol (2016) *EU drug markets report: In-depth analysis*. Joint Publications. Luxembourg: Publications Office of the European Union. Available: https://www.emcdda.europa.eu/publications/joint-publications/eu-drug-markets-2016-in-depth-analysis_en [Accessed 10 November 2019].

EMCDDA and Europol (2019) *Methamphetamine in Europe, EMCDDA-Europol threat assessment*. Joint Publications. Luxembourg: Publications Office of the European Union. Available: https://www.emcdda.europa.eu/publications/joint-publications/methamphetamine-threat-assessment_en [Accessed 10 November 2019].

Esping-Andersen, G. (1990) *The three worlds of welfare capitalism*, 1st Edition. Cambridge: Polity Press.

Esping-Andersen, G. (1999) *Social Foundations of Post-industrial Economies*, 1st Edition. Oxford: Oxford University Press.

Ettorre, E. (2004) Revisioning women and drug use: gender sensitivity, embodiment and reducing harm. *International Journal of Drug Policy*, 15(5-6), pp. 327-335.

Ettorre, E. (2017) Feminist autoethnography, gender, and drug use: 'Feeling about' empathy while "storying the I". *Contemporary Drug Problems*, 44(4), pp. 356–374.

European Union (1995) Directive 95/46/EC of the European parliament and of the council on the protection of individuals with regard to the processing of personal data and on the free movement of such data. Available at: <https://www.refworld.org/docid/3ddcc1c74.html> [Accessed 30 October 2022].

Fadanelli, M. Cloud, D. Ibragimov, U. Ballard, A. Prood, N. Young, A. and Cooper, H. (2020) People, places, and stigma: a qualitative study exploring the overdose risk environment in rural Kentucky. *International Journal of Drug Policy*, 85, p. 102588.

Felix, E. and Lynn, F. (2022) Mental health stigma and social contact revisited: The role of network closeness and negativity. *Society and Mental Health*, 12(1), pp.49-63.

Finch, E. (2001) Issues of confidentiality in research into criminal activity: the legal and ethical dilemma. *Mountbatten Journal of Legal Studies*, 5(1 and 2), pp. 34-50.

Finestone, H. (1957) Cats, kicks, and color. *Social Problems*, 5(1), pp. 3-13.

Fischer, B. and Poland, B. (1998) Exclusion, 'risk', and social control—reflections on community policing and public health. *Geoforum*, 29(2), pp. 187-197.

Fischer, B. Turnbull, S. Poland, B. and Haydon, E. (2004) Drug use, risk and urban order: examining supervised injection sites (SISs) as 'governmentality'. *International Journal of Drug Policy*, 15(5-6), pp. 357-365.

Fitzgerald, J. (2015) *Framing Drug Use: Bodies, Space, Economy and Crime*. 1st Edition. Basingstoke: Palgrave Macmillan.

Fitzgerald, J. and Threadgold, T. (2004) Fear of sense in the street heroin market. *International Journal of Drug Policy*, 15(5-6), pp. 407-417.

Flower, B. MacDonald, K. and Dobbin, J. (2020) SARS-CoV-2 and displaced persons in Afghanistan: A blind spot in epidemic preparedness. *Journal of Global Health*, 10(2), p. 20308.

Fomiatti, R. (2020) "It's good being part of the community and doing the right thing": (Re) problematising 'community' in new recovery-oriented policy and consumer accounts. *International Journal of Drug Policy*, 80, p. 102450.

Fomiatti, R. Moore, D. and Fraser, S. (2017) Interpellating recovery: The politics of 'identity' in recovery-focused treatment. *International Journal of Drug Policy*, 4(4), pp. 174–182.

Forrest, R. and Kearns, A. (2001) Social cohesion, social capital and the neighbourhood. *Urban studies*, 38(12), pp. 2125-2143.

Fotiou, A. Micha, K. Paraskevis, D. Terzidou, M. Malliori, M. and Hatzakis, A. (2012) *HIV outbreak among injecting drug users in Greece*. An updated brief report for the EMCDDA on the recent outbreak of HIV infections among drug injectors in Greece. Lisbon: European Monitoring Centre for Drugs and Drug Addiction.

Fotopoulou, M. (2012) *Families and drug use in Greece*. PhD, University of Glasgow. Available: <https://theses.gla.ac.uk/3710/> [Accessed: 21 April 2022].

Fotopoulou, M. (2014) Reasons behind Greek problem drug users' decisions to quit using drugs and engage in treatment of their own volition: sense of self and the Greek filotimo. *Addiction*, 109(4), pp. 627-634.

Fotopoulou, M. Galinaki, S. and Papageorgiou, C. (2018) 'Public Health', 'Social Solidarity' and a modern Greek tragedy..... [Blog Post] 18.11.2018. Available: <https://idpc.net/blog/2018/11/public-health-social-solidarity-and-a-modern-greek-tragedy> [Accessed 22 December 2021].

Fotopoulou, M. Munro, A. and Taylor, A. (2015) 'Allowing the right' and its currency in managing drug stigma in Greece. *International Journal of Drug Policy*, 26(8), pp. 723-730.

Fotopoulou, M. and Parkes, T. (2017) Family solidarity in the face of stress: responses to drug use problems in Greece. *Addiction Research and Theory*, 25(4), pp. 326-333.

Foucault, M. (1973) *The Birth of the Clinic*. 1st Edition. London: Routledge.

Foucault, M. and Deleuze, G. (1977) Intellectuals and power. In: D. Bouchard, Edition. *Language, Counter-Memory, Practice: Selected Essays and Interviews*. 1st Edition. Ithaca: Cornell University Press, pp. 205-17.

Foucault, M. (1980) Two Lectures. In Gordon, C. (Ed.) *Power / Knowledge: selected interviews and other writings 1972–1977*. New York: Pantheon Books, pp. 78-108.

Foucault, M. (1982) The subject and power. *Critical inquiry*, 8(4), pp. 777-795.

Foucault, M. (1984a) Polemics, politics and problematizations, based on an interview conducted by Paul Rabinow. In: L. Davis, trans. *Essential works of Foucault (Vol. 1), Ethics*. New York: New Press. Available: <http://foucault.info/foucault/interview.html> [Accessed: 10 October 2019].

Foucault, M. (1984b) On the genealogy of ethics: An overview of work in progress. *The Foucault reader*, 3(40), p.372.

Foucault, M. (1986) Of other spaces, *Diacritics*, 16(1), pp. 22-27.

Foucault, M. (1988) The ethic of the care for the self as a practice of freedom: An interview with Michael Foucault on 20th January 1984. In: J. Bernhauer, and D. Rasmussen, eds. *The Final Foucault*. 1st Edition. Cambridge: MIT Press, p.111.

Foucault, M. (1991) *The Foucault effect: Studies in governmentality*. In: G. Burchell, C. Gordon, and P. Miller, eds. 1st Edition. Chicago: University of Chicago Press, pp. 73-104.

Foucault, M. (1994a) *The order of things*. 3rd Edition. New York: Vintage Books.

Foucault, M. (1994b) 'So is it important to think? In: J. Faubion, R. Trans, and A. Hurley, eds. *Power: Essential Works of Foucault 1954-1984*, Vol. 3. 1st Edition. London: Penguin.

Foucault, M. (1997) The Ethics of the concern of the Self as a Practice of Freedom In: P. Rabinow, transl., and R. Hurley, Edition. *Ethics, Subjectivity and Truth*. 2nd Edition. New York: The New Press, pp. 281-302.

Foucault, M. (2005) *The order of things*. 2nd Edition. [no place of publication]: Routledge.

Fox, N. (2016) Health sociology from post-structuralism to the new materialisms. *Health*, 20(1), pp.62-74.

Frank, D. Mateu-Gelabert, P. Perlman, D. Walters, S. Curran, L. and Guarino, H. (2021) "It's like liquid handcuffs": The effects of take-home dosing policies on Methadone Maintenance Treatment (MMT) patients' lives. *Harm Reduction Journal*, 18(1), pp. 1-10.

Fraser, S. (2006) The chronotope of the queue: Methadone maintenance treatment and the production of time, space and subjects. *International Journal of Drug Policy*, 17(3), pp. 192-202.

Fraser, S. (2010) Hepatitis C and the limits of medicalisation and biological citizenship for people who inject drugs. *Addiction research and theory*, 18(5), pp. 544-556.

Fraser, S. (2017) The future of 'addiction': Critique and composition. *International journal on drug policy*, (44), pp.130-134.

Fraser, S. (2018) Do practice approaches go far enough in shifting focus from the individual? *Addiction*, 113(2), pp. 215-216.

Fraser, S. (2020) Doing ontopolitically-oriented research: Synthesising concepts from the ontological turn for alcohol and other drug research and other social sciences. *International Journal of Drug Policy*, 8(2), pp. 102-610.

Fraser, S. Farrugia, A. and Dwyer, R. (2018b) Grievable lives? Death by opioid overdose in Australian newspaper coverage. *International Journal of Drug Policy*, 59, 28-35.

Fraser, N. and Gordon, L. (1994) 'Dependency' demystified: inscriptions of power in a keyword of the welfare state. *Social politics: International studies in gender, state and society*, 1(1), pp. 4-31.

Fraser, S. and Moore, D. (2011a) Governing through problems: The formulation of policy on amphetamine-type stimulants (ATS) in Australia. *International Journal of Drug Policy*, 22(6), pp. 498-506.

Fraser, S. and Moore, D. (2011b) Introduction: Constructing drugs and addiction. In: S. Fraser, and D. Moore, eds. *The drug effect: Health, crime and society*. 1st Edition. Melbourne: Cambridge University Press, pp. 1-16.

Fraser, S. Moore, D. and Keane, H. (2014) *Habits: Remaking addiction*. 1st Edition. Basingstoke: Palgrave.

Fraser, S. Pienaar, K. Dilkes-Frayne, E. Moore, D. Kokanovic, R. Treloar, C. and Dunlop, A. (2017) Addiction stigma and the biopolitics of liberal modernity: A qualitative analysis. *International Journal of Drug Policy*, 44, pp.192-201.

Fraser, S. Rance, J. and Treloar, C. (2016a) Hepatitis C prevention and convenience: why do people who inject drugs in sexual partnerships 'run out' of sterile equipment? *Critical Public Health*, 26(3), 294-306.

Fraser, S. and Seear, K. (2016) *Making disease, making citizens: The politics of hepatitis C*. 1st Edition. [no place of publication]: Routledge.

Fraser, S and valentine, K. (2008) Substance and substitution: Methadone subjects in liberal societies. 1st Edition. Melbourne: Palgrave Macmillan.

Fraser, S. valentine, k. and Seear, K. (2016b) Emergent publics of alcohol and other drug policymaking. *Critical Policy Studies*, 12(1), pp. 61–81.

- Fraser, S. valentine, k. and Ekendahl, M. (2018a) Drugs, brains and other subalterns: Public debate and the new materialist politics of addiction. *Body and Society*, 24(4), pp. 58-86.
- Freebody, K. Balfour, M. Finneran, M. and Anderson, M. (2018) *Applied theatre: Understanding change* (Vol. 22). Cham: Springer.
- Friedman, S. Downing, M. Smyrnov, P. Nikolopoulos, G. Schneider, J. Livak, B. Magiorkinis, G. Slobodanyk, L. Vasylyeva, T. Paraskevis, D. and Psychogiou, M. (2014) Socially-integrated transdisciplinary HIV prevention. *AIDS and Behaviour*, 18(10), pp.1821-1834.
- Garcia, A. (2010) *The pastoral clinic*. 1st Edition. California: University of California Press.
- Garcia, V. Lambert, E. Fox, K. Heckert, D. and Pinchi, N. (2020) Grassroots interventions for alcohol use disorders in the Mexican immigrant community: A narrative literature review. *Journal of ethnicity in substance abuse*, 21(3), pp. 773-792.
- Garland, D. (1996) The limits of the sovereign state. Strategies of Crime Control in Contemporary Society. *The British journal of criminology*, 36(4), pp.445-471.
- Garland, D. (2018) *Punishment and welfare: A history of penal strategies*, Vol. 29. Quid Pro Books.
- Gauntlett, S. (1983) Rembetiko tragoudi as a generic term. *Byzantine and Modern Greek Studies*, 8, pp. 77-102.
- General Data Protection Regulation (GDPR) (2018) Available at: <https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted> [Accessed: 4 April 2020].
- Gerasoudi, E. Delligiannis-Virvos, K. and Belevoni, M. (2019) Chapter III: Drug trafficking in 'the new era of smuggling'. In: E. Papastavridis, and E. Tzavala, eds. *The Mediterranean sea, Report Grecia*. Palermo: Research NESMES.
- Ghodsee, K. (2016) *From notes to narrative: Writing ethnographies that everyone can read*. Chicago and London: University of Chicago Press.
- Glass, M. and Rose-Redwood, R. (2014) *Performativity, politics, and the production of social space*. 1st Edition. New York: Routledge.
- Glynos, J. and Howarth, D. (2007) *Logics of critical explanation in social and political theory*. 1st Edition. Routledge.
- Glynos, J. and Howarth, D. (2011) *Applying discourse theory: the logics of critical explanation*. [Course at the Essex University Summer School for Social Science Applied Data Analysis], 25.
- Goffman, A. (2009) On the run: Wanted men in a Philadelphia ghetto. *American sociological review*, 74(3), pp. 339-357.

Goffman, E. (1961) *Asylums: Essays on the social situation of mental patients and other inmates*. 1st Edition. USA and London: Aldine Transaction.

Goffman, E. (1968) *Stigma: Notes on the Management of Spoiled Identity*. 1st Edition. London: Penguin.

Goffman E. (1963) *Stigma: Notes on a spoiled identity*. 1st Edition. New York, NY: Simon and Schuster.

Goffman, E. (1971) *Relations in Public: Micro-studies of the public order*, 1st Edition. New York: Basic Books.

Goffman, E. (1981) *Forms of talk*, 1st Edition. Philadelphia: University of Pennsylvania Press.

Goldstein, P. (1985) The drugs/violence nexus: A tripartite conceptual framework'. *Journal of Drug Issues - Key Issues and Paradigms in Drug Use Research: Focus on Etiology* 15(4), pp. 493-506.

Goodkind, S. (2009) 'You can be anything you want, but you have to believe it': Commercialised feminism in gender-specific programmes for girls. *Journal of Women in Culture and Society*, 34(2), pp.397-422.

Goodyear, K. and Chavanne, D. (2020) Sociodemographic characteristics and the stigmatisation of prescription opioid addiction. *Journal of addiction medicine*, 14(2), p.150.

Gorin, S. and Arnold, J. (2006) *Health promotion in practice*. 2nd Edition. USA: John Wiley and Sons.

Gotsinas, K. (2008) H poinikopoiisi tis indikis kannavis [The criminalisation of Indian cannabis]. In: V. Psaradakis, G. Christodouloupoulos, F. Papadopoulos, T. Korovinis, K. Kassis, V. Karydis, L. Karanasopoulou, K. Gotsinas, eds. *Canavaccio, Keimena peri tis idonistikis drogis [Canavaccio: Texts about the hedonistic drug]*. 1st Edition. Athens: Heteron, pp.23-30.

Gotsinas, K. (2014) Attitudes towards heroin addicts and addiction in inter-war Greece. *Central Europe*, 12(2), pp. 174-194.

Gotsinas, K. (2020) "White death" heroin's odyssey in Greece during the 20th century. In: A. Stella, and A. Coppel, eds. *Living with Drugs*, 1st Edition. London: ISTE, pp. 75-85.

Government Gazette (2019a) issue B, Nr. 2266/11-06-2019. Available: <https://www.e-nomothesia.gr/kat-ygeia/upourgike-apophase-d2a-oik-40101-2019.html> [Accessed 2 November 2022].

Government Gazette (2019b) issue B, Nr. 2463/21-06-2019 Available: <https://www.e-nomothesia.gr/kat-narkotika/upourgike-apophase-d2a-oik-46350-2019.html> [Accessed 2 November 2022].

Government Gazette (2013) issue A, Nr. 74/20.03.2013. <https://www.kodiko.gr/nomothesia/document/71221/nomos-4139-2013>. [Accessed 2 November 2022].

Graeber, D. (2011) *Debt: The first five thousand years*. 1st Edition. New York: Melville House.

Greek Data Protection Law (1997) Available at: https://www.dpa.gr/sites/default/files/2019-10/law_2472-97-nov2013-en.pdf [Accessed: 4 October 2020]

Gkresta, M. and Mireanu, M. (2016) Social control in times of crisis: The case of the seropositive persecuted women in Greece. *Radical Criminology*, (6), pp.209-245.

Grivas, K. (1984) 'Dimosia Ygeia: I kakopoiisi tis koinonikopoiisis' [*Public Health: The abuse of socialisation*] 1st Edition. Athens: Stohastis.

Grivas, K. (1990) *Narkotika kai exousia [Drugs and Power]* Part 2, Legal Preview. Thessaloniki: Ekdotiki Thessalonikis.

Gubrium, J. Holstein, J. Marvasti, A. and McKinney, K. (2012) *The SAGE handbook of interview research: The complexity of the craft*. 2nd Edition. USA: Sage Publications Inc.

Gupta, A. and Ferguson, J. (1997) *Culture, power, place: Explorations in critical anthropology*. 1st Edition. USA: Duke University press.

Guy, P. (2005) 'Dope fiends: The myth and menace of drug users in film'. In M. King, and K. Watson, eds. *Representing Health. Discourses of Health and Illness in the Media*. 1st Edition. Basingstoke: Palgrave Macmillan.

Guy, P. (2006) A Drug User in the Family: Between need, dependency and desire. In J. Parker, and P. Burke, eds. *Social work and disadvantage: Addressing the roots of stigma through association*. 1st Edition. UK: Jessica Kingsley Publishers.

Guy, P. and Harrison, L. (2003) Evidence based work with people who have substance problems'. In: J. Horwath, and S. Shardlow, eds. *Making Links Across Specialisms: Understanding Modern Social Work Practice*. 1st Edition. Lyme Regis: Russell House.

Hacking, I. (1986) Making up people. In: T. Heller, and C. Brooke-Rose, eds. *Reconstructing individualism: Autonomy, individuality and the self in Western thought*. 1st Edition. California: Stanford University Press.

Hacking, I. (2013) Making up people. In: E. Stein, ed. *Forms of desire: Sexual orientation and the social constructionist controversy*. 1st Edition. London: Routledge, pp. 69-88

Hadjikou, A. Pantavou, K. Pavlitina, E. Pavlopoulou, I. D. Economou, M. Christaki, E. and Nikolopoulos, G. (2021) Sociometric Risk Network Structure, HIV Prevalence, and Drug Injection-Related Norms among People Who Inject Drugs (PWID) in Athens, Greece. *Substance Use and Misuse*, 56(8), pp. 1190-1201.

Hall, S. (1997) *Representation: cultural representations and signifying practices*. 1st Edition. UK: The British Printing.

Hall, S. Critcher, C. Jefferson, T. Clarke, J. and Roberts, B. (1978) *Policing the Crisis: Mugging, the State, and Law and Order*. 1st Edition. London and Basingstoke: Macmillan.

Hammersley, M. and Atkinson, P. (1995) *Ethnography: principles in practice*. 2nd Edition. London and New York: Routledge.

Haritavorn, N. (2014) Surviving in two worlds: Social and structural violence of Thai female injecting drug users. *International Journal of Drug Policy*, 25(1), pp.116-123.

Harris, J. and McElrath, K. (2012) Methadone as social control: Institutionalised stigma and the prospect of recovery. *Qualitative health research*, 22(6), pp. 810-824.

Hoffer, L. (2006) *Junkie business: The evolution and operation of a heroin dealing network*. 1st Edition. Belmont, CA: Thomson/Wadsworth.

Holland, A. (2020) An ethical analysis of UK drug policy as an example of a criminal justice approach to drugs: a commentary on the short film Putting UK Drug Policy into Focus. *Harm Reduction Journal*, 17(1), 1-9.

Holstein, J. and Gubrium, J. (1995) *The active interview*. 1st Edition. USA: Sage publications.

Holstein, J. and Gubrium, J. (2003) *Inside interviewing: New lenses, new concerns*. 1st Edition. California: Sage publications.

Holstein, J. and Gubrium, J. (2013) *Handbook of constructionist research*. 2nd Edition. New York: Guilford Publications.

Hopwood, M. Brener, L. Frankland, A. and Treloar, C. (2010) Assessing community support for harm reduction services: Comparing two measures. *Drug and Alcohol Review*, 29(4), pp.385-391.

Hughes, C. and Stevens, A. (2010) What can we learn from the Portuguese decriminalization of illicit drugs?. *The British Journal of Criminology*, 50(6), pp.999-1022.

Hunt, N. Lloyd, C. Kimber, J. and Tompkins, C. (2007) Public injecting and willingness to use a drug consumption room among needle exchange programme attendees in the UK. *International Journal of Drug Policy*, 18(1), pp.62-65.

Ifanti, A. Argyriou, A. Kalofonou, F. and Kalofonos, H. (2013) Financial crisis and austerity measures in Greece: their impact on health promotion policies and public health care. *Health policy*, 113(1-2), pp. 8-12.

International Labour Organisation (2016) *Diagnostic report on undeclared work in Greece*. Geneva: International Labour Office.

ISA (2015) *The Athens Medical Association (ISA) is vehemently opposed to the legalisation of cannabis*. Available at: <https://www.isathens.gr/news/arxeio-drasewn-isa/5023-isa-antithetos-se-nomimopoihsi-kannavis.html> [Accessed: 2 October 2021]

Jangal, C. Lovera, M. Dambélé, S. and Jauffret-Roustide, M. (2021) 'Sociological and spatial dynamics of an evolving Parisian open drug scene: the case of the 'Colline du Crack'', *Drugs and Alcohol Today*, 21(3), pp. 213-224.

Jellinek, E.M. (1960) *The disease concept of alcoholism*. 1st Edition. USA: Hillhouse Press.

Kaiafa-Gbandi, M. (2015) Human Dignity: Protected, but also Jeopardised by Criminal Law?. *Life, Dignity, and Autonomy*, 59(1), pp.101-112.

Kaloyanidis, M. (1989) "Review: Rebetiko", *Ethnomusicology*, 33(2), pp. 367–69.

Kammersgaard, T. (2020) Being 'in place', being 'out of place': Problematising marginalised drug users in two cities, *International Journal of Drug Policy*, 75, p.102589.

Kammersgaard, T. (2021) Private security guards policing public space: using soft power in place of legal authority. *Policing and society*, 31(2), p. 117.

Karanikolas, S. (2017) Country profile on penalties in drug trafficking cases for Greece: a survey of expert opinion. Technical report. Available: emcdda.europa.eu/publications/technical-reports/trafficking-penalties [Accessed: 20 October 2022]. Greece: European Monitoring Centre for Drugs and Drug Addiction.

Karanikolos, M. Mladovsky, P. Cylus, J. Thomson, S. Basu, S. Stuckler, D. and McKee, M. (2013) Financial crisis, austerity, and health in Europe. *The Lancet*, 381(9874), pp. 1323-1331.

Karydis, V. (2008) Hrisi indikis kannavis: parekklisi kai exousia [Cannabis use: Deviance and Power]. In: V. Psaradakis, G. Christodouloupoulos, F. Papadopoulos, T. Korovinis, K. Kassis, V. Karydis, L. Karanasopoulou, K. Gotsinas, eds. *Canavaccio, Keimena peri tis idonistikis drogis [Canavaccio: Texts about the hedonistic drug]*. 1st Edition. Athens: Heteron, pp. 182-222.

Katrougalos, G. (1996) The south European welfare model: the Greek welfare state, in search of an identity. *Journal of European social policy*, 6(1), pp. 39-60.

Katsaros, A. (2019) Eidiki metaheirisi hriston narkotikon ousion stin prodikasia [Special treatment of drug users in pre-trial]. PhD, Aristotle University of Thessaloniki. Available: <http://ikee.lib.auth.gr/record/306062?ln=el> [Accessed: 6 May 2022].

Keane, H. (2002) *What's wrong with addiction?* 1st Edition. Melbourne: Melbourne University Publish.

Keane, H. (2005) Addiction and the bioethics of difference. In: M. Shildrick, and S. Mykitiuk, eds. *Ethics of the body. Postconventional challenges*. 1st Edition. Cambridge, MA and London: The MIT Press, pp. 91–112.

Keane, H. (2021) A normalised future of addiction. *International Journal of Drug Policy*, 94, 102972.

Keane, H. (2009) Foucault on methadone: beyond biopower. *International Journal of Drug Policy*, 20, 450–452.

Keane, H. Moore, D. and Fraser, S. (2011) Addiction and dependence: Making realities in the DSM. *Addiction*, 106(5), pp. 875–877.

Kelling, G. and Coles, C. (1996) *Fixing broken windows: Restoring order and reducing crime in our communities*. 1st Edition. USA: Free Press.

Kentikelenis, A. Karanikolos, M. Papanicolas, I. Basu, S. McKee, M. and Stuckler, D. (2011) Health effects of financial crisis: omens of a Greek tragedy. *The Lancet*, 378(9801), pp. 1457-1458.

Klee, H. and Morris, J. (1995) Factors that characterise street injectors. *Addiction*, 90(6), 837-841.

Klein, N. (2007) *The shock doctrine: The rise of disaster capitalism*. 1st Edition. New York: Metropolitan Books/Henry Holt.

Kohn, M. (1992) *Dope girls: The birth of the British underground*, 1st Edition. London: Granta Books.

Kolla, G. Strike, C. Watson, T. Jairam, J. Fischer, B. and Bayoumi, A. (2017) Risk creating and risk reducing: Community perceptions of supervised consumption facilities for illicit drug use. *Health, Risk and Society*, 19(1-2), pp. 91-111.

Kolla, G. and Strike, C. (2020) Practices of care among people who buy, use, and sell drugs in community settings. *Harm reduction journal*, 17, pp. 1-12.

Komalasari, R. Wilson, S. and Haw, S. (2021a) A systematic review of qualitative evidence on barriers to and facilitators of the implementation of opioid agonist treatment (OAT) programmes in prisons. *International Journal of Drug Policy*, 87, p. 102978.

Komalasari, R. Wilson, S. and Haw, S. (2021b) A social ecological model (SEM) to exploring barriers of and facilitators to the implementation of Opioid Agonist Treatment (OAT) programmes in prisons. *International Journal of Prisoner Health*, 17(4), pp.477-496.

Komalasari R, Wilson S, Nasir S and Haw S (2020) Multiple burdens of stigma for prisoners participating in Opioid Antagonist Treatment (OAT) programmes in Indonesian prisons: A qualitative study. *International Journal of Prisoner Health*, 17 (2), pp. 156-170.

Kondilis, E. Puchner, K. Veizis, A. Papatheodorou, C. and Benos, A. (2020) Covid-19 and refugees, asylum seekers, and migrants in Greece. *The bmj*, 369, p. 2168.

Kosmatos, K. and Paraskevopoulos, N. (2013) *Narkotika [Drugs]*. 1st Edition. Athens-Thessaloniki: Sakkoula.

Kotouza, D. (2010) *Music is the Crime that Contains All Others*. Available at: <https://www.metamute.org/editorial/mute-music/music-crime-contains-all-others> [Accessed 14 July 2021].

Kotouza, D. (2019) *Surplus Citizens*. 1st Edition. London: Pluto Press.

Kotsalis, L. (2006) Nomos 1729/1987 gia ta narkotika. Apologismos kai prooptikes [Law 1729/1987 on drugs. Reflections and perspectives] [edition unavailable] Athens: Poiniko Dikaio, pp. 768-773.

Kotsalis, L. Margaritis, M. and Farsedakis, I. (2018) *Drugs - Interpretation of articles of L 4139/2013: interpretative comments, jurisprudence, templates*. 4th edition, Athens: Nomiki Vivliothiki.

Kounadis, P. (2003) *Eis anamnisin stigmon elkystikon [In remembrance of attractive moments]*. Volume 2, Athens: Katarti, pp. 488-492.

Kourakis, N. (2008) 'Theoria tis poinis: Mia eisagogi' [*Sentence theory: An introduction*]. 1st Edition. Athens: Sakkoula AE.

Kremmidas, A. (2006) 'Alternatives for therapy and social reintegration for incarcerated substance abusers: philosophy and renovations of the therapeutic programme 'En Drasi'', *10th European Conference on Rehabilitation and Drug Policy*. Crete, Greece: Kethea.

Kritikos, G. (2015) 'I listes tis ntropis steroun tin elpida apo tous toxikomanis' [*Lists of shame deprive from addicts the hope*]. Available: https://okanalaboursunion.blogspot.com/2015/04/blog-post_6.html [Accessed: 2 January 2021].

Krugman, P. (2012) Greece as victim. *New York Times*, 18 June, Opinion Pages. Available: <https://www.nytimes.com/2012/06/18/opinion/krugman-greece-as-victim.html> [Accessed: 18 July 2024].

Lambropoulou, E. (2003) Drug policy in Greece a balance between enforcement and persuasion. *European Journal of Crime Criminal Law and Criminal Justice*, 11, pp.18-39.

Lancaster, K. (2016) Performing the evidence-based drug policy paradigm. *Contemporary Drug Problems*, 43(2), 142-153.

Lancaster, K. Duke, K. and Ritter, A. (2015) Producing the 'problem of drugs': A cross national-comparison of 'recovery' discourse in two Australian and British reports. *International Journal of Drug Policy*, 26(7), pp.617-625.

Lancaster, K. and Rhodes, T. (2020) Towards an ontological politics of drug policy: Intervening through policy, evidence and method. *International Journal of Drug Policy*, 86, p. 102932.

Lancaster, K. and Ritter, A. (2014) Examining the construction and representation of drugs as a policy problem in Australia's National Drug Strategy documents 1985–2010. *International Journal of Drug Policy*, 25(1), pp. 81-87.

Lancaster, K. Ritter, A. and Stafford, J. (2013) Public opinion and drug policy in Australia: Engaging the 'affected community'. *Drug and Alcohol Review*, 32(1), pp. 60-66.

Lancaster, K. Santana, L. Madden, A. and Ritter, A. (2015a) Stigma and subjectivities: Examining the textured relationship between lived experience and opinions about drug policy among people who inject drugs. *Drugs: Education, Prevention and Policy*, 22(3), pp. 224-231.

Lancaster, K. Seear, K. and Treloar, C. (2015b) Laws prohibiting peer distribution of injecting equipment in Australia: A critical analysis of their effects. *International Journal of Drug Policy*, 26(12), pp. 1198-1206.

- Lancaster, K. Treloar, C. and Ritter, A. (2017) 'Naloxone works': The politics of knowledge in 'evidence-based' drug policy. *Health*, 21(3), pp. 278-294.
- Law, J. (2004) *After method: Mess in social science research*. 1st Edition. London and New York: Routledge.
- Law, J. (2011) Collateral realities. In Fernando, R. and Patrick, P. (Eds.) *The politics of knowledge*. 1st Edition. London: Routledge, pp. 156-178.
- Law, J. and Mol, A. (2008) Globalisation in practice: On the politics of boiling pigswill. *Geoforum*, 39(1), pp. 133-143.
- Lefebvre, H. Kofman, E. and Lebas, E. (1996) *Writings on cities* (Vol. 63). Oxford: Blackwell.
- Lenclud, G. (1996) The factual and the normative in ethnography: Do cultural differences derive from description. *Anthropology today*, 12(1), pp. 7-11.
- Levine, H. and Reinerman, C. (2004) Alcohol prohibition and drug prohibition: Lessons from alcohol policy for drug policy. *Drugs and society: US public policy*, 43, pp. 48-49.
- Lewis, M. (2015) *The biology of desire: Why addiction is not a disease*. 1st Edition. New York: PublicAffairs.
- Lewis, O. (1966) *La vida; a Puerto Rican family in the culture of poverty*, San Juan and New York.
- Lewis, O. (2011) *The children of Sanchez: Autobiography of a Mexican family*. Vintage series. [edition unavailable]. New York: Knopf Doubleday Publishing Group.
- Linnemann, T. and Wall, T. (2013) 'This is your face on meth': The punitive spectacle of 'white trash' in the rural war on drugs. *Theoretical Criminology*, 17(3), pp. 315-334.
- Linnemann, T. and Green, E. (2014) The walking dead and killing state: Zombification and the normalisation of police violence. *Theoretical Criminology*, 18(4), pp. 506-527.
- Litvin, S. Smith, W. and McEwen, W. (2020) Not in my backyard: Personal politics and resident attitudes toward tourism. *Journal of Travel Research*, 59(4), pp. 674-685.
- Lukasiewicz, M. Falissard, B. Michel, L. Neveu, X. Reynaud, M. and Gasquet, I. (2007) 'Prevalence and factors associated with alcohol and drug-related disorders in prison: a French national study', *Substance Abuse Treatment, Prevention, and Policy* 2(1), pp. 1-10.
- Madden, A. Lancaster, K. Ritter, A. and Treloar, C. (2021) Making legitimacy: Drug user representation in United Nations drug policy settings. *International Journal of Drug Policy*, 1(87), p. 103014.
- Magnusson, M. (2020) Mapping open drug scenes. In: V. Ceccato, and M. Nalla, eds. *Crime and fear in public places*. 1st Edition. London: Routledge, pp. 305-325.

- Malins, P. Fitzgerald, J. and Threadgold, T. (2006) Spatial 'folds': The entwining of bodies, risks and city spaces for women injecting drug users in Melbourne's Central Business District. *Gender, Place and Culture*, 13(5), pp. 509-527.
- Malliori, M. (2010) 'Lexiko gia to alcool kai tis loipes psychodrastikes ousies' [*Dictionary for alcohol and other psychoactive substances*]. 1st Edition. Athens: Beta Medical Publications.
- Malliori, M. Golna, C. Souliotis, K. and Hatzakis, A. (2013) Managing opioid dependence treatment and controlling for HIV incidence among injecting drug users in Greece: a case study of optimism in the face of adversity. *Addiction*, 108(6), pp. 1174-1175.
- Malliori, M. Golna, C. Souliotis, K. and Kraus, M. (2015) Mental health impact of the war on drugs. *BJPsych international*, 12(3), pp. 53-54.
- Malliori, M. Terzidou, M. Paraskevis, D. and Hatzakis, A. (2011) *HIV/AIDS among IDUs in Greece: report of a recent outbreak and initial response policies*. Athens: EMCDDA. Available: https://www.emcdda.europa.eu/system/files/publications/653/HIV_greek_report-1_381493.pdf [Accessed: 5 January 2019].
- Malloch, M. (2004) Not 'fragrant' at all: Criminal justice responses to 'risky' women. *Critical Social Policy*, 24(3), pp. 385-405.
- Malloch, M. and McIvor, G. (2013) *Women, punishment and social justice: Human rights and penal practices*. 1st Edition. London and New York: Routledge.
- Maltman, K. Savic, M. Manning, V. Dilkes-Frayne, E. Carter, A. and Lubman, D. (2020) 'Holding on' and 'letting go': A thematic analysis of Australian parent's styles of coping with their adult child's methamphetamine use. *Addiction Research and Theory*, 28(4), pp. 345-353.
- Manderson, D. (2011) The unconscious law of drugs. In: S. Fraser, and D. Moore, eds. *The drug effect: Health, crime and society*. 1st Edition. Melbourne: Cambridge University Press, p. 225.
- Manoledakis, I. (1995) 'H logiki tis poinikis katastolis tis hrisis narkotikon ousion, se 'dialogo me to nomotheti' [*The rationale of criminal persecution of drug use, in a conversation with the legislator*], Penal Series 47. Athens and Komotini: Sakkoulas.
- Markowitz, F. and Engelman, D. (2017) The "own" and the "wise": does stigma status buffer or exacerbate social rejection of college students with a mental illness?. *Deviant behavior*, 38(7), pp.744-755.
- Markula, P. and Silk, M. (2011) *Qualitative research for physical culture*. 1st Edition. London: Palgrave Macmillan.
- Martin, B. and Ringham, F. (2006) *Key Terms in Semiotics*. 1st Edition. New York: Continuum.
- Maté, G. (2008) *In the realm of hungry ghosts: Close encounters with addiction*. 1st Edition. Canada: Random House Digital.

Matheson, C., Jaffray, M., Ryan, M., Bond, C.M., Fraser, K., Kirk, M. and Liddell, D. (2014) Public opinion of drug treatment policy: exploring the public's attitudes, knowledge, experience and willingness to pay for drug treatment strategies. *International Journal of Drug Policy*, 25(3), pp.407-415.

Maton, K. and Moore, R. (2009) *Social realism, knowledge and the sociology of education: Coalitions of the mind*. 1st Edition. London: Bloomsbury Publishing.

Matsa, K. (2013) 'Tapeinosi kai ntropi. Gynaikes toxikomaneis' [*Humiliation and shame. Women drug users*]. 1st Edition. Athens: Agra Publications.

Matsa, K. (2024) Katerina Matsa: The government fights addicts rather than addiction. Interview with Katerina Matsa. Interviewed by Chrysa Lykou. *Estella.com*, 15 February. Available: <https://itsestella.com/katerina-matsa-i-kyvernisi-polemaei-tous-exartimenous-ochi-tin-exartisi-estella/> [Accessed: 26 March 2024].

Matthew-Simmons, F. Sunderland, M. and Ritter, A. (2013) Exploring the existence of drug policy 'ideologies' in Australia. *Drugs: education, prevention and policy*, 20(3), pp. 258-267.

Ruins: Chronicle of an HIV witch-hunt (2013) [Documentary film] Directed by Zoe Mavroudi. Athens: Omniatv and Unfollow.

May, T. Duffy, M. Few, B. and Hough, M. (2005) Understanding drug selling in communities: Insider or outsider trading? Joseph Rowntree Foundation.

May, T. Harocopos, A. Turnbull, P. and Hough, M. (2001) Serving up: The impact of low level police enforcement on drug markets. *Crime Prevention and Detection Series Paper 133*. Policing and Reducing Crime Unit, London: Home Office.

May, T. and Hough, M. (2004) 'Drug markets and distribution systems'. *Addiction Research and Theory*, 12(6), pp.549-563.

McGregor, J. and Berridge, V. (2011) Local and national policymaking for alcohol: Nottingham, UK, 1950–2007. *The Social History of Alcohol and Drugs*, 25(1-2), pp.148-164.

McKee, K. (2009) Post-Foucauldian governmentality: What does it offer critical social policy analysis?. *Critical social policy*, 29(3), pp. 465-486.

McKim, A. (2014) Roxanne's dress: Governing gender and marginality through addiction treatment. *Journal of Women in Culture and Society*, 39(2), pp. 433-458.

Meurk, C. Hall, W. Morphet, K. Carter, A. and Lucke, J. (2013) What does 'acceptance' mean? Public reflections on the idea that addiction is a brain disease. *BioSocieties*, 8(4), pp. 491-506.

Mitchell, S. Morioka, R. Schacht Reisinger, H. Peterson, J. Kelly, S. Agar, M. and Schwartz, R. (2011) Redefining retention: recovery from the patient's perspective. *Journal of psychoactive drugs*, 43(2), pp. 99-107.

Mol, A. (1999) Ontological politics. A word and some questions. *The sociological review*, 47(1), pp. 74-89.

Mol, A. (2003) *The body multiple*. 1st Edition. Durham: Duke University Press.

Mol, A. (2008) *The logic of care: Health and the problem of patient choice*. 1st Edition. USA and Canada: Routledge.

Moloney, M. Hunt, G. and Joe-Laidler, K. (2015) Drug sales, gender, and risk: Notions of risk from the perspective of gang-involved young adults. *Substance use and misuse*, 50(6), pp.721-732.

Monaghan, M. and Wincup, E. (2013) Work and the journey to recovery: Exploring the implications of welfare reform for methadone maintenance clients. *International Journal of Drug Policy*, 24(6), pp.e81-e86.

Monaghan, M. Wincup, E. and Wicker, K. (2018) Experts, expertise and drug policymaking. *The Howard Journal of Crime and Justice*, 57(3), 422-441.

Moon, S. (2016) Poststructural Theorizing of 'Experiences': Implications for qualitative research and curriculum inquiries. *Journal of Qualitative Inquiry*, 2(1), pp. 33-65.

Moore, D. (2004a) Beyond 'subculture' in the ethnography of illicit drug use. *Contemporary Drug Problems*, 31(2), pp. 181-212.

Moore, D. (2004b) Governing street-based injecting drug users: A critique of heroin overdose prevention in Australia. *Social Science and Medicine*, 59(7), pp. 1547-1557.

Moore, D. (2008) Erasing pleasure from public discourse on illicit drugs: On the creation and reproduction of an absence. *International Journal of Drug Policy*, 19(5), pp. 353-358.

Moore, D. (2011) The ontological politics of knowledge production: Qualitative research in the multidisciplinary drug field. In: S. Fraser, and D. Moore, eds. *The drug effect: Health, crime and society*. 1st Edition. Melbourne: Cambridge University Press, pp. 73-88.

Moore, D. (2020) Masculinities and intoxication: Notes towards a co-constitutive approach. In: F. Hutton, ed. *Cultures of intoxication: Key issues and debates*. 1st Edition. Cham: Palgrave Macmillan, pp. 211-235

Moore, D. and Fraser, S. (2013) Producing the 'problem' of addiction in drug treatment. *Qualitative Health Research*, 23(7), pp. 916-923.

Moore, M, and Gerstein, D. (1981) *Alcohol and public policy: Beyond the shadow of prohibition*. 1st Edition. Washington: National Academy Press.

Moore, D. Fraser, S. Törrönen, J. and Tinghög, M. E. (2015) Sameness and difference: Metaphor and politics in the constitution of addiction, social exclusion and gender in Australian and Swedish drug policy. *International Journal of Drug Policy*, 26(4), pp. 420-428.

Moore, D. Pienaar, K. Dilkes-Frayne, E. and Fraser, S. (2017) Challenging the addiction/health binary with assemblage thinking: An analysis of consumer accounts. *International Journal of Drug Policy*, 44, pp. 155-163.

Mouratoglou, D. (2017) 'To provlima ton narkotikon kai politikes antimetopisis tou – I provlimatiki tis apopoinikopoiisis tis hrisis narkotikon' [*The drug problem and drug policies: The problematisation of drug use decriminalisation*]. PhD, Aristotle University of Thessaloniki. Available: <http://ikee.lib.auth.gr/record/289723/?ln=el> [Accessed 1 October 2021].

Narayan, K. (1993) How native is a 'native' anthropologist? *American anthropologist*, 95(3), pp.671-686.

NCHR (2011) National Commission for Human Rights. Recommendations of the National Commission for Human Rights. Available: https://www.ohchr.org/sites/default/files/Documents/Issues/ESCR/SDG/NHRI_Greece.pdf [Accessed: 30 November 2022].

Neale, J. (2013) Opioid pharmacotherapy: Treatment, regimes, constructions and control. *International Journal on Drug Policy*, 24(6), pp. e1-e5.

Neale, J. Nettleton, S. and Pickering, L. (2011) What is the role of harm reduction when drug users say they want abstinence? *International Journal of Drug Policy*, 22(3), pp. 189-193.

Newman, A. (2013) Gatekeepers of the urban commons? Vigilant citizenship and neoliberal space in multiethnic Paris. *Antipode*, 45(4), pp. 947-964.

Nguyen, T. Luong, A. Nham, T. Chauvin, C. Feelemyer, J. Nagot, N. and Jauffret-Roustide, M. (2019) Struggling to achieve a 'normal life': A qualitative study of Vietnamese methadone patients. *International Journal of Drug Policy*, 68, pp. 18-26.

Niccols, A. Milligan, K. Sword, W. Thabane, L. Henderson, J. Smith, A and Jack, S. (2010) Maternal mental health and integrated programmes for mothers with substance abuse issues. *Psychology of Addictive Behaviours*, 24(3), p. 466.

Nikolopoulos, G. Sypsa, V. Bonovas, S. Paraskevis, D. Malliori. M. Hatzakis, A. and Friedman, S. R. (2015) Big events in Greece and HIV infection among people who inject drugs. *Substance use and misuse*, 50(7), pp. 825-838.

Nordgren, J. Richert, T. Svensson, B. and Johnson, B. (2020) Say no and close the door? Codependency troubles among parents of adult children with drug problems in Sweden. *Journal of Family Issues*, 41(5), pp.567-588.

Oates, J. Carpenter, D. Fisher, M. Goodson, S. Hannah, B. Kwiatowski, R. Prutton, K. Reeves, D. and Wainwright, T. (2021) *BPS code of human research ethics*. British Psychological Society.

OKANA (2024) *Harm reduction/Low-threshold services*. Harm reduction policy. Available: <https://www.okana.gr/el/harm-reduction-low-threshold-services> [Accessed: 3 June 2024].

O' Malley, P. (2012) *Risk, uncertainty and government*. 1st Edition. London and New York: Routledge-Cavendish.

O' Malley, P. and Valverde, M. (2004) Pleasure, freedom and drugs: The uses of 'pleasure' in liberal governance of drug and alcohol consumption. *Sociology*, 38(1), pp. 25-42.

O'Toole, M. (2013) *Greeks self-inject HIV to claim benefits: WHO report on European health divide says the practice is growing amid country's deeply troubled economy*. Available: <https://www.aljazeera.com/news/2013/11/26/greeks-self-inject-hiv-to-claim-benefits> [Accessed: 1 October 2023].

Osborne, T. (1997) *Of health and statecraft*. In A. Peterson and R. Bunton (Eds.), *Foucault: Health and medicine*. 1st Edition. London, England: Routledge, pp. 173–188.

Osborne, T. and Rose, N. (2004) Spatial phenomenotechnics: making space with Charles Booth and Patrick Geddes. *Environment and Planning D: Society and Space*, 22(2), pp. 209-228.

Osborne, T. and Rose, N. (1999) Do the social sciences create phenomena?: the example of public opinion research. *The British journal of sociology*, 50(3), pp. 367-396.

Page, J. and Singer, M. (2010) *Comprehending drug use: Ethnographic research at the social margins*. 1st Edition. Rutgers: University Press.

Papoutsis, I. A. (2014) Emergency issues of clandestine production of drugs: the case of "Sisa"-the homemade crystal meth in Greece. *J Forensic Toxicol Pharmacol*, 3(2).

Paraskevopoulos, N. and Kosmatos, K. (2013) *Interpretation of the articles of criminal law and criminal proceedings provisions of Law regarding addictive substances (Law No. 4139/2013)*, 1st Edition. Athens: Sakkoulas Publications.

Parker, H. Aldridge, J. and Egginton, R. (2001) *UK Drugs Unlimited: New Research and Policy Lessons on Illicit Drug Use*. 1st Edition. Basingstoke: Palgrave Macmillan.

Parker, H. Aldridge, J. and Measham, F. (1998) *Illegal Leisure: The Normalisation of Adolescent Recreational Drug Use*. 1st Edition. London: Routledge.

Parkes, T. Carver, H. Masterton, W. Falzon, D. Dumbrell, J. Grant, S. and Wilson, I. (2021) 'They already operated like it was a crisis, because it always has been a crisis': a qualitative exploration of the response of one homeless service in Scotland to the COVID-19 pandemic. *Harm Reduction Journal*, 18(1), pp.1-16.

Parkes, T. Matheson, C. Carver, H. Foster, R. Budd, J. Liddell, D. Wallace, J. Pauly, B. Fotopoulou, M. Burley, A. and Anderson, I. (2022b) Assessing the feasibility, acceptability and accessibility of a peer-delivered intervention to reduce harm and improve the wellness of people who experience homelessness with problem substance use: the SHARPS study. *Harm Reduction Journal*, 19(1), p.10.

Parkes, T. Price, T. Foster, R. Trayner, K. M. A. Sumnall, H. R. Livingston, W. Perkins, A. Cairns, B. Dumbrell, J. and Nicholls, J. (2022a) 'Why would we not want to keep everybody safe?' The views of family members of people who use drugs on the implementation of drug consumption rooms in Scotland. *Harm Reduction Journal*, 19, [99].

Parkin, S. and Coomber, R. (2009) Public injecting and symbolic violence. *Addiction Research and Theory*, 17(4), pp. 390-405.

Parkin, S. and Coomber, R. (2011) Public injecting drug use and the social production of harmful practice in high-rise tower blocks (London, UK): A Lefebvrian analysis. *Health and place*, 17(3), pp. 717-726.

Pattyn, E., Verhaeghe, M. and Bracke, P. (2013) Attitudes toward community mental health care: the contact paradox revisited. *Community mental health journal*, 49, pp.292-302.

Pavlopoulou, I. Dikaloti, S. Gountas, I. Sypsa, V. Malliori, M. Pantavou, K. and Hatzakis, A. (2020) High-risk behaviours and their association with awareness of HIV status among participants of a large-scale prevention intervention in Athens, Greece. *BMC public health*, 20(1), pp. 1-14.

Pavlou, S. (2002) *Narkotika [Drugs]*, 2nd Edition. Athens-Thessaloniki: Sakkoulas Publications.

Pavlou, S. (2008) *Drugs. Dogmatic and interpretative problems of criminal law provisions of the Code of Laws on Drugs*. 3rd Edition. Athens-Thessaloniki: Sakkoulas Publications.

Peele, S. (1985) The meaning of addiction: Compulsive experience and its interpretation. Lexington Books/DC Heath and Com.

Pellizzoni, L. (2016) *Ontological politics in a disposable world: The new mastery of nature*. Routledge.

Pennay, A., Manton, E. and Savic, M. (2014) Geographies of exclusion: Street drinking, gentrification and contests over public space. *International Journal of Drug Policy*, 25(6), pp.1084-1093.

Perotti, R. (2021) The human side of austerity: health spending and outcomes during the Greek crisis. *Economic Policy*, 36(105), pp. 121-190.

Petersen, A. and Lupton, D. (1996) *The new public health: Health and self in the age of risk*. 1st Edition. London: Sage Publications, Inc.

Petmezas, S. (2003) 'H Elliniki agrotiki oikonomia kata ton 19o aiona: H periferiaki diastasi' [Greek Agricultural Economy in the 19th Century: The Regional Dimension], pp.47-49.

Petropoulos, E. (1974) Songs from the old Greek Underworld. In Butterworth, K. and Schneider, S. *Rembetika*. 1st Edition. Athens: Modern Greek Classics.

Pfeiffer-Gerschel, T. Kipke, I. Flöter, S. and Jakob, L. (2013) National report (2012 data) to the EMCDDA by the Reitox National Focal Point.

Phillips, R. Benoit, C. Hallgrimsdottir, H. and Vallance, K. (2012) Courtesy stigma: A hidden health concern among front-line service providers to sex workers. *Sociology of Health and Illness*, 34(5), pp. 681-696.

- Pienaar, K. and Dilkes-Frayne, E. (2017) Telling different stories, making new realities: The ontological politics of 'addiction' biographies, *International Journal of Drug Policy*, 44, pp. 145–154. doi: <https://doi.org/10.1016/j.drugpo.2017.05.011>.
- Pienaar, K. and Savic, M. (2016) Producing alcohol and other drugs as a policy 'problem': A critical analysis of South Africa's 'National Drug Master Plan' (2013–2017). *International Journal of Drug Policy*, 30, pp. 35–42.
- Pitts, M. and Smith, A. (2007) *Researching the margins: Strategies for ethical and rigorous research with marginalised communities*. Springer.
- Potter, J. and Wetherell, M. (1987) *Discourse and social psychology: Beyond attitudes and behaviour*. 1st Edition. CA: Sage.
- Poulopoulos, C. (2012) Economic crisis in Greece: risks and challenges for drug policy and strategy. *Drugs and Alcohol Today*, 12(3), pp.132–140.
- Prepeliczay, S. and Schmidt-Semisch, H. (2021) Tolerance zones: a pragmatic approach to respond to problems related to open alcohol and drug scenes in Bremen/Germany. *Drugs and Alcohol Today*, 21(3), pp. 225–235.
- Proudfoot, J. (2011) *The derelict, the deserving poor, and the lumpen: A history of the politics of representation in the Downtown Eastside*. [Edition unavailable]. Arsenal Pulp Press.
- Proudfoot, J. (2017) Drugs, addiction, and the social bond. *Geography Compass*, 11(7), p. e12320.
- Rabinow, P. (1977) *Reflections on fieldwork in Morocco*. 1st Edition. Berkeley: University of California Press.
- Rabinow, P. and Rose, N. (2006) Biopower Today, *BioSocieties*, 1, pp. 195–217.
- Race, K. (2008) The use of pleasure in harm reduction: Perspectives from the history of sexuality. *International Journal of Drug Policy*, 19(5), pp. 417–423.
- Race, K. (2012) Framing responsibility: HIV, biomedical prevention, and the performativity of the law. *Bioethical Inquiry*, 9(3), pp. 327–338.
- Race, K. (2017) Thinking with pleasure: Experimenting with drugs and drug research. *International Journal of Drug Policy*, 49, 144–149.
- Rácz, J. Csák, R. and Lisznyai, S. (2015) Transition from 'old' injected drugs to mephedrone in an urban micro segregate in Budapest, Hungary: a qualitative analysis. *Journal of Substance Use*, 20(3), pp.178–186.
- Radcliffe, P. (2011) Motherhood, pregnancy, and the negotiation of identity: The moral career of drug treatment. *Social Science and Medicine*, 72, pp. 984–991.
- Radcliffe, P. and Parkes, T. (2013) The politics of providing pharmacotherapy. *International Journal of Drug Policy*, 24(6), pp. e6–e10.

Radcliffe, P. and Stevens, A. (2008) Are drug treatment services only for 'thieving junkie scumbags'? Drug users and the management of stigmatised identities. *Social science and medicine*, 67(7), pp. 1065-1073.

Rance, J. Newland, J. Hopwood, M. and Treloar, C. (2012) The politics of place (ment): problematising the provision of hepatitis C treatment within opiate substitution clinics. *Social science and medicine*, 74(2), pp. 245-253.

Reinarman, C. (2011) Cannabis in cultural and legal limbo. In: S. Fraser, and D. Moore, eds. *The drug effect: Health, crime and society*. 1st Edition. Melbourne: Cambridge University Press, p. 171.

Reinarman, C. and Levine, H. (1989) Crack in context: Politics and media in the making of a drug scare. *Contemporary Drug Problems*, 16, p. 535.

Reinarman, C. and Levine, H. (2004) Crack in the rearview mirror: Deconstructing drug war mythology. *Social justice*, 31(1/2 (95-96)), pp. 182-199.

Reinharz, S. and Davidman, L. (1992) *Feminist methods in social research*. 1st Edition. Oxford: Oxford University Press.

Reisinger, H. Schwartz, R. Mitchell, S. Peterson, J. Kelly, S. O'Grady, K. and Agar, M. (2009) Premature discharge from methadone treatment: patient perspectives. *Journal of psychoactive drugs*, 41(3), pp. 285-296.

Reitox National Focal Point (2012) National Report (2011 data) to the EMCDDA, Greece.

Revier, K. (2022) Figuring things out: Contemplating drug addiction and disclosure in and out of the field. *Contemporary Drug Problems*, 49(3).

Rhodes, T. (1994) HIV outreach, peer education and community change: developments and dilemmas. *Health Education Journal*, 53(1), pp. 92-99.

Rhodes, T. (2002) The 'risk environment': a framework for understanding and reducing drug-related harm. *International Journal of Drug Policy*, 13(2), pp. 85-94.

Rhodes, T. (2009) Risk environments and drug harms: a social science for harm reduction approach. *International Journal of Drug Policy*, 20(3), pp.193-201.

Rhodes, T. (2018) The becoming of methadone in Kenya: How an intervention's implementation constitutes recovery potential. *Social Science and Medicine*, 201, pp. 71-79.

Rhodes, T. Kimber, J. Small, W. Fitzgerald, J. Kerr, T. Hickman, M. and Holloway, G. (2006) Public injecting and the need for 'safer environment interventions' in the reduction of drug-related harm. *Addiction*, 101(10), pp. 1384-1393.

Rhodes, T. and Lancaster, K. (2019) Evidence-making interventions in health: A conceptual framing. *Social Science and Medicine*, 238, p.112488.

Rhodes, T. Wagner, K. Strathdee, S.A. Shannon, K. Davidson, P. and Bourgois, P. (2012) Structural violence and structural vulnerability within the risk environment: theoretical and methodological perspectives for a social epidemiology of HIV risk among

injection drug users and sex workers. In: P. O' Campo and J. Dunn, eds. *Rethinking social epidemiology*. 1st Edition. Netherlands: Springer, pp. 205-230.

Rhodes, T. Watts, L. Davies, S. Martin, A. Smith, J. Clark, D. and Lyons, M. (2007) Risk, shame and the public injector: a qualitative study of drug injecting in South Wales. *Social science and medicine*, 65(3), pp. 572-585.

Rodin, L. (2017) Studies on governmentality: Six epistemological pitfalls. *Russian Sociological Review*, 16(2), pp. 9-28.

Roe, G. (2003) *Harm reduction in an epidemic: The lost opportunities of the HIV/AIDS action plan in the Downtown Eastside, 1998 to 2000*. PhD, Simon Fraser University, Burnaby. Available: https://www.collectionscanada.gc.ca/obj/s4/f2/dsk4/etd/NQ81610.PDF?is_thesis=1&oclc_number=56684150 [Accessed: 7 March 2023].

Room, R. (1974) Governing images and the prevention of alcohol problems. *Preventive Medicine*, 3(1), pp. 11-23.

Room, R. (1978) *Governing images of alcohol and drug problems: The structure, sources, and sequels of conceptualisations of intractable problems*, PhD, University of California, Berkeley. Available: <https://www.proquest.com/openview/ba02562a369a9dba8ba83102309c9907/1?pq-origsite=gscholar&cbl=18750&diss=y> [Accessed: 2 March 2023].

Room, R. (1989) The US general population's experiences of responding to alcohol problems. *British Journal of Addiction*, 84(11), pp. 1291-1304.

Room, R. (1997) Alcohol, the individual and society: what history teaches us. *Addiction*, 92, pp. S7-S11.

Room, R. (2001) Intoxication and bad behaviour: understanding cultural differences in the link. *Social science and medicine*, 53(2), pp. 189-198.

Rose, N. (1993) Government, authority and expertise in advanced liberalism. *Economy and society*, 22(3), pp. 283-299.

Rose, N. (1999) *Powers of freedom: Reframing political thought*. 1st Edition. Cambridge: Cambridge University Press.

Rose, N. and Miller, P. (2010) Political power beyond the state: problematics of government. *The British journal of sociology*, 61, pp. 271-303.

Rose, N. O' Malley, P. and Valverde, M. (2006) Governmentality. *Annual Review of Law and Social Science*, Vol 2, pp. 83-104.

Rose, N. and Valverde, M. (1998) Governed by law? *Social and Legal Studies*, 7(4), pp.541-551.

Ross, A. Potter, G. R. Barratt, M. J. and Aldridge, J. A. (2020) 'Coming out': Stigma, reflexivity and the drug researcher's drug use. *Contemporary Drug Problems*, 47(4), pp. 268–285.

Roussos, S. Angelopoulos, T. Cholongitas, E. Savvanis, S. Papadopoulos, N. Kapatais, A. Hounta, A. Ioannidou, P. Deutsch, M. Manolakopoulos, S. and Sevastianos, V. (2022) High levels of all-cause mortality among people who inject drugs in Greece in 2018—2022. *Medxiv*, pp.2022-10.

Roussos, S. Paraskevis, D. Psychogiou, M. Kostaki, E. G. Flountzi, E. Angelopoulos, T. and Sypsa, V. (2021) Ongoing HIV transmission following a large outbreak among people with long term injecting drug use in Athens, Greece (2014-2020), *Addiction*, 117(6), 1670-1682.

Sánchez-Jankowski, M. (1991) *Islands in the street: Gangs and the American urban society*. 1st Edition. London: University of California Press.

Sandberg, S. and Pedersen, W. (2013) *Black cannabis dealers in a white welfare state: Race, politics, and street capital in Norway*. Bristol University Press [digital].

Sarafis, P. and Tsounis, A. (2014) Debt burden of Greece and HIV among injecting drug users. *The Lancet Infectious Diseases*, 14(3), 180-181.

Scallan, E. Lancaster, K. and Kouyoumdjian, F. (2021) The 'problem' of health: An analysis of health care provision in Canada's federal prisons. *Health*, 25(1), pp. 3-20.

Schlosser, A. (2018) 'They medicated me out': Social flesh and embodied citizenship in addiction treatment. *Contemporary Drug Problems*, 45(3), pp. 188-207.

Scottish Government (2021) *Medication assisted treatment (MAT) standards: Access, choice, support*. Scottish Government. Available at: <https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/> [Accessed: 22 October 2023].

Seddon, T. (2009) *A history of drugs: Drugs and freedom in the liberal age*. 1st Edition. Cavendish: Routledge.

Seddon, T. (2011) Court-ordered treatment, neoliberalism and Homo economicus. In: S. Fraser, and D. Moore, eds. *The drug effect: Health, crime and society*. 1st Edition. Melbourne: Cambridge University Press, pp. 155-170.

Seear, K. (2017) The emerging role of lawyers as addiction 'quasi-experts'. *International Journal of Drug Policy*, 44, pp. 183-191.

Seear, K. and Fraser, S. (2014a) Beyond criminal law: The multiple constitution of addiction in Australian legislation. *Addiction Research and Theory*, 22(5), pp. 438-450.

Seear, K. and Fraser, S. (2014b) The addict as victim: Producing the 'problem' of addiction in Australian victims of crime compensation laws. *International Journal of Drug Policy*, 25(5), pp. 826-835.

- Seear, K. and Mulcahy, S. (2022) Enacting safety and omitting gender: Australian human rights scrutiny processes concerning alcohol and other drug laws. *Contemporary Drug Problems*, 49(3).
- Selin, J. Hakkarainen, P. Partanen, A. Tammi, T. and Tigerstedt, C. (2013) From political controversy to a technical problem? Fifteen years of opioid substitution treatment in Finland. *International Journal of Drug Policy*, 24(6), pp. e66-e72.
- Silverman, D. (1993) *Beginning research. Interpreting qualitative data. Methods for analysing talk, text and interaction*. 1st Edition. London: Sage Publications.
- Simmonds, L. and Coomber, R. (2009) Injecting drug users: a stigmatised and stigmatising population. *International Journal of Drug Policy*, 20(2), pp.121-130.
- Simou, E. and Koutsogeorgou, E. (2014) Effects of the economic crisis on health and healthcare in Greece in the literature from 2009 to 2013: a systematic review. *Health policy*, 115(2-3), pp. 111-119.
- Singer, M. (2001) Toward a bio-cultural and political economic integration of alcohol, tobacco and drug studies in the coming century. *Social Science and Medicine*, 53(2), pp. 199-213.
- Smith, C. (2012) Harm reduction as anarchist practice: A user's guide to capitalism and addiction in North America. *Critical Public Health*, 22(2), pp. 209-221.
- Smith, N. (1996) Spaces of vulnerability: the space of flows and the politics of scale. *Critique of anthropology*, 16(1), pp. 63-77.
- Smilth, H. and Vulliamy, E. (2014) *Athens 1944: Britain's dirty secret*, *The Guardian*. *Guardian News and Media*. Available at: <https://www.theguardian.com/world/2014/nov/30/athens-1944-britains-dirty-secret> [Accessed: 9 April, 2023].
- Sotiris, P. (2012) Theorizing the entrepreneurial university: Open questions and possible answers. *Journal for Critical Education Policy Studies*, 10(1), pp. 112-126.
- Sotiris, P. (2013) Neoliberalism and higher education in Greece. Presentation. *Conference on Higher Education*. Ankara: EGITIM-SEN Vol. 22.
- Souleymanov, R. and Allman, D. (2016) Articulating connections between the harm-reduction paradigm and the marginalisation of people who use illicit drugs. *British Journal of Social Work*, 46(5), pp. 1429-1445.
- Stengers, I. and Ralet, O. (1997) Drugs: Ethical choice or moral consensus. *Power and invention: Situating science*, 88(3), pp. 215-232.
- Stevens, A. (2019) 'Being human' and the 'moral sidestep' in drug policy: Explaining government inaction on opioid-related deaths in the UK. *Addictive behaviours*, 90, pp.444-450.

Strathdee, S, Hallett, T. B. Bobrova, N. Rhodes, T. Booth, R. Abdool, R. and Hankins, C. A. (2010) HIV and risk environment for injecting drug users: the past, present, and future. *The Lancet*, 376(9737), 268-284.

Strike, C. Millson, M. Hopkins, S. and Smith, C. (2013) What is low threshold methadone maintenance treatment? *International Journal of Drug Policy*, 24(6), pp. e51-e56.

Sypsa, V. Flounzi, E. Roussos, S. Hatzakis, A. and Benetou, V. (2021) Food insecurity among people who inject drugs in Athens, Greece: a study in the context of ARISTOTLE programme. *Public Health Nutrition*, 24(5), pp. 813-818.

Szasz, T. (1976) The myth of mental illness. In: J. Humber and R. Almeder, eds. *Biomedical Ethics and the Law*. 1st Edition. Boston, MA: Springer, pp. 113-122.

Takahashi, L. (1997) The socio-spatial stigmatisation of homelessness and HIV/AIDS: towards an explanation of the NIMBY syndrome. *Social Science and Medicine*, 45(6), pp.903–914.

Tarján, A. Dudás, M. Gyarmathy, V.A. Rusvai, E. Tresó, B. and Csohán, Á. (2015) Emerging risks due to new injecting patterns in Hungary during austerity times. *Substance use and misuse*, 50(7), pp.848-858.

Terzidou, M. (2019) 'Istoriki anadromi tis nomothesis gia ta narkotika stin Ellada' [Historical overview of drug legislation in Greece], Available: <https://www.ektepn.gr/activities/politiki-kai-nomothesia/istoriki-anadromi-tis-nomothesis-gia-ta-narkotika-stin-ellada> [Accessed: 20 July 2022].

The Hague, Netherlands (1912) The International Opium Convention, 1912. Available: https://treaties.un.org/doc/Treaties/1922/01/19220123%2006-31%20AM/Ch_VI_2p.pdf [Accessed: 3 August 2022]

Themelis, S. (2018) Learning from and with the education movements in Greece and Brazil: Knowledge, action and alternatives. *Educação e Realidade*, 43(3), pp.799-816.

Theodoropoulou, L (2020) Connections built and broken: The ontologies of relapse. *International Journal of Drug Policy*, 86, pp. 102739.

Thom, B. (2003) *Risk-taking behaviour in men: Substance use and gender*. 1st Edition. London: Health Development Agency.

Thom, B., Herring, R. and Milne, E. (2020) Drinking in pregnancy: Shifting towards the 'precautionary principle'. In: S. MacGregor, and B. Thom, eds. *Risk and substance use*. 1st Edition. London: Routledge, pp. 66-87.

Thom, B. and MacGregor, S. (2020) Introduction: Risk and substance use. In: S. MacGregor, and B. Thom, eds. *Risk and Substance Use*. 1st Edition. London: Routledge, pp. 1-13.

Thomaidis, N. Gago-Ferrero, P. Ort, C. Maragou, N. Alygizakis, N. Borova, V. and Dasenaki, M. (2016) Reflection of socioeconomic changes in wastewater: licit and illicit drug use patterns. *Environmental science and technology*, 50(18), pp. 10065-10072.

- Tragaki, D. (2016) Rembetiko cosmopolitanisms: questions for an ethnography of musical imagination. *Beyond the East–West Divide. Rethinking Balkan Music's Poles of Attraction*, pp. 244-259.
- Traianou, A. (2013) Greek education reform: Resistance and despair. In: K. Jones, ed. *Education and Europe: The politics of austerity*, 1st Edition. London: Bloomsbury Publishing, pp.86-112.
- Treloar, C. and Fraser, S. (2007) Public opinion on needle and syringe programmes: Avoiding assumptions for policy and practice. *Drug and Alcohol Review*, 26(4), pp. 355-361.
- Treloar, C. Hopwood, M. Yates, K. and Mao, L. (2015) 'Doing the devil's work': Emotional labour and stigma in expanding needle and syringe programmes. *Drugs: Education, Prevention and Policy*, 22(5), pp. 437-443.
- Treloar, C. and valentine, K. (2013) Examining structural violence in opioid pharmacotherapy treatment in Australia: Sweating the 'small stuff' in a liberal paradise. *International Journal of Drug Policy*, 6(24), pp. e11-e13.
- Treloar, C. valentine, K. and Fraser, S. (2011) Social inclusion and hepatitis C: exploring new possibilities for prevention. *Expert Review of Anti-Infective Therapy*, 9(4), pp.397-404.
- Trondman, M. (2017) Taking normative sense seriously: Ethnography in the light of a utopian referent. *Ethnography*, 18(1), pp. 10-23.
- Trujols, J. Iraurgi, I. Batlle, F. Durán-Sindreu, S. and de Los Cobos, J. (2015) Towards a genuinely user-centred evaluation of harm reduction and drug treatment programmes: a further proposal. *International Journal of Drug Policy*, 26(12), pp. 1285-1287.
- Tsiboukli, A. (2015) Greek crisis: Impact on drug treatment services, research and population. *Nordic studies on alcohol and drugs*, 32(3), pp. 333-337.
- Tsigganou, I. (1996) 'To zitima ton narkotikon' [The issue of drugs]. In I. Farsedaki, I. Sylikou. *Drugs. Legal and criminological dimension in Greece and the European Union*. Athens: Legal Library.
- Tsigganou, I. (2003) Law-Making on Drugs and Politics in Greece. *National Centre for Social Research*. 1st Edition. Athens: NCSR
- Tsili, S. (1995) 'H toxicomania os ideologiko diakyvevma. H periptosi tis Elladas' [Addiction as an ideological issue, the case of Greece], 1st Edition. Athens: National Centre for Social Research.
- Tsolidis, G. (2008) The (im)possibility of poststructuralist ethnography—researching identities in borrowed spaces. *Ethnography and Education*, 3(3), pp. 271-281.
- UMHRI (2004) National Report to the EMCDDA. *Greece: New developments, trends and in-depth information on selected issues*. Athens: REITOX National Focal Point.

UNAIDS (2012) Hellenic Centre for Diseases Control and Prevention (Greece), Joint United Nations Programme on HIV/AIDS (UNAIDS), Ministry of Health and Social Solidarity (Greece). Greece global AIDS response progress report 2012. Geneva, Switzerland: Joint United Nations Programme on HIV/AIDS.

United Nations (1961) Single convention on narcotic drugs, 1961. Available: https://www.unodc.org/pdf/convention_1961_en.pdf [Accessed: 1st August 2022].

United Nations (1971) Convention on psychotropic substances. Available: https://www.unodc.org/pdf/convention_1971_en.pdf [Accessed: 1st August 2022].

UNODC (2008) United Nations Office on Drugs and Crime. 2008 World drug report. Available: <https://www.unodc.org/unodc/en/data-and-analysis/WDR-2008.html> [Accessed: 22 October 2022].

Valentine, G. (2008) Living with difference: reflections on geographies of encounter. *Progress in human geography*, 32(3), pp. 323-337.

valentine, K. (2011) Pharmacotherapy as social policy, or the public and private worlds of welfare capitalism. In: S. Fraser, and D. Moore, eds. *The drug effect: Health, crime and society*. 1st Edition. Melbourne: Cambridge University Press, pp. 137-152.

Valverde, M. (1996) The dialectic of the familiar and the unfamiliar: the 'jungle' in early slum travel writing. *Sociology*, 30, pp 493-506.

Valverde, M. (1998) *Diseases of the will. Alcohol and the dilemmas of freedom*, 1st Edition. Cambridge: Cambridge University Press.

Van Boekel, L. Brouwers, E. Van Weeghel, J. and Garretsen, H. (2013) Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: a systematic review. *Drug and alcohol dependence*, 131(1-2), pp. 23-35.

Van Hout, M. and Bingham, T. (2013) Open drug scenes and drug-related public nuisance: a visual rapid assessment research study in Dublin, Ireland. *Journal of Ethnicity in Substance Abuse*, 12(2), pp.154-178.

Vidali, S. (2007) Crime control and state police: ruptures and continuities in crime policy. 1st Edition. Athens: Sakkoulas Publishers.

Vidali, S. (2015) 'Egklimata tou Kratous: Politikes parapoisis tis pragmatikotitas kai apanthropi kratiki via' [Crimes of the state: Policies of Distorting Reality and Inhumane state Violence]. In: V. Karydis and T. Chouliaras, eds. *Advocate of the Citizen, Moral Panics, Power and Rights*, PART II: Power and Rights. 1st Edition. Athens: Sakkoulas Publishers, pp. 122-155.

Vlisidis, K. (2002) *Gia mia vivliografia tou rembetikou [Towards a Bibliography of Rembetiko]* 1st Edition. Athens: Ekdoseis tou eikostou protou.

Vlisidis, K. (2004) *Opseis tou rembetikou [Aspects of Rembetiko]* 1st Edition. Athens: Ekdoseis tou eikostou protou.

- Vlisidis, K. (2006) *Spania keimena gia to rembetiko 1929-1959 [Rare Texts about Rembetiko 1929-1959]* 1st Edition. Athens: Ekdoseis tou eikostou protou.
- Walker, S. Lancaster, K. Stoové, M. Higgs, P. and Wilson, M. (2018) 'I lost me visits'. A critical examination of prison drug policy and its effects on connection to family for incarcerated young men with histories of injecting drug use. *Contemporary Drug Problems*, 45(3), pp. 303-328.
- Walters, W. and Haahr, J. (2005) Governmentality and political studies. *European Political Science*, 4, pp.288-300.
- Waltzer, M. (1997) *On toleration*. New Haven, CT: Yale University Press.
- Welsh, I. (1993) 'The NIMBY syndrome: its significance in the history of the nuclear debated in Britain'. *British Journal for the History of Science* 26, pp. 15–32.
- Wemyss, G. (2006) The power to tolerate: contests over Britishness and belonging in East London. *Patterns of Prejudice*, 40(3), pp. 215-236.
- Werb, D. Kazatchkine, M. Kerr, T. Nutt, D. Strathdee, S. Hankins, C. and Wood, E. (2016) A call to reprioritise metrics to evaluate illicit drug policy. *The Lancet*, 387(10026), p. 1371.
- White, B. Haber, P. and Day, C. (2016) Community attitudes towards harm reduction services and a newly established needle and syringe automatic dispensing machine in an inner-city area of Sydney, Australia. *International Journal of Drug Policy*, 27, pp.121-126.
- WHO (2004) World Health Organization. *Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users*. World Health Organization. Available: <https://iris.who.int/bitstream/handle/10665/43107/9241591641.pdf> [Accessed 20 June 2024].
- WHO (2011) World Health Organization. *European action plan for HIV/AIDS 2012–2015* (No. E95953). World Health Organisation. Regional Office for Europe.
- WHO (2018) World Health Organization. *Global state of harm reduction 2018*. World Health Organisation. Available: <https://www.hri.global/files/2018/12/10/GlobalOverview-harm-reduction.pdf>. [Accessed 15 March 2024].
- WHO (2023) World Health Organization. *Fighting the opioid crisis: The case of Athens, Greece*. Available: <https://www.who.int/news-room/feature-stories/detail/fighting-the-opioid-crisis--the-case-of-athens--greece>. [Accessed 22 January 2024].
- Wibberley, C. and Price, J. (2000) 'Young people drug use: facts feelings – implications for the normalisation debate'. *Drugs: Education, Prevention and Policy*. 7(2), pp. 147–62.
- Wincup, E. (2016) Gender, recovery and contemporary UK drug policy. *Drugs and Alcohol Today*, 16(1), 39-48.

Windle, J. and Briggs, D. (2015) 'Goin solo: The social organisation of drug dealers within a London gang'. *Journal of Youth Studies*, 18(9), pp. 1170-1185.

Woo, J., Bhalerao, A., Bawor, M., Bhatt, M., Dennis, B., Mouravska, N., Zielinski, L. and Samaan, Z. (2017) "Don't judge a book by its cover": A qualitative study of methadone patients' experiences of stigma. *Substance abuse: research and treatment*, 11, p.1178221816685087.

Yfantis, D. (2017) *Toxikomania di' iroinis. H hrissi ousion stin Ellada tou mesopolemou, [Addiction by heroin. Substance use in Greece during Interwar]*. 1st Edition. Athens: Agra.

Young, J. (1971) *The drugtakers: The social meaning of drug use*. MacGibbon and Kee.

Zaimakis, Y. (2010) 'Forbidden fruits' and the communist paradise: Marxist thinking on greekness and class in rembetika. *Music and politics*, 4(1).

Appendices

Appendix 1: Ethics approval (1st stage)

Andriana Manta
University of Stirling
FK9 4LA
Andriana.manta1@stir.ac.uk
20 December 2017

Dear Andriana

Re: Ethics Application: Representations, Governance and Lived Experience of the 'Drug Problem' in Scotland and Greece – GUEP326

Thank you for your submission of the above to the General University Ethics Panel. I am pleased to confirm that GUEP has approved your application, subject to the conditions noted below:

The panel would like to commend you for submitting an extremely thorough and careful application. Although the project has a number of complex ethical dimensions, the application addresses these in an admirably clear and sensible way. We have made some minor suggestions below which should be discussed with your supervisors but otherwise we recommend that this application is approved.

Comments from panel:

There perhaps needs to be a note of any legal differences presented by the Greek and Scottish contexts for data collection (I am not sure if this has any bearing at all but I think making a note of your consideration of it is a good idea at this point). I suspect that your protocols described in C5 are sufficient but seek clarity nonetheless.

Comments on appendices (Participant Information Sheets and Consent Forms)

These are thorough and present the key ideas and information in a logical manner using, on the whole, straightforward language. The inclusion of contact details for relevant sources of support is important.

The Information Sheet intended for Drug Users (Appendix A) has small but significant differences from Appendices A1, A2 and A3:

- 'Improving' rather than 'ameliorating'

- Under the section 'Some important considerations', the wording in the final paragraph perhaps should be used across all Participant Information Sheets as it omits the phrase "will be in the hands of the law" and thus avoids confusion about which legal jurisdiction but still makes clear the responsibilities of participant and research regarding disclosure of potentially incriminating information. Insert the word 'future' as indicated below (otherwise your participants might not feel able to tell you anything about their 'lived experiences').

Consider using this wording in all other Participant Information Sheets:

I must inform you that any information you provide is not legally privileged and, in the very exceptional case that the police demand access to this data I would have to comply. I would therefore ask you to refrain from telling me details of future activities that may incriminate you and from naming other people in the interview.

Please ensure that your research complies with Stirling University policy on storage of research data <http://www.stir.ac.uk/is/researchers/data/afteryourresearch/>

Please note that should any of your proposal change, a further submission (amendment) to GUEP will be necessary.

If you have any further queries, please do not hesitate to contact the Committee by email to guep@stir.ac.uk.

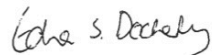
Yours sincerely,

Pp

On behalf of GUEP

Dr William Munro

Deputy Chair of GUEP



Appendix 2: Ethics approval

Andriana Manta

University of Stirling

FK9 4LA

Andriana.manta1@stir.ac.uk

18 January 2018

Dear Andriana

Re: Ethics Application: Representations, Governance and Lived Experience of the 'drug problem' in Scotland and Greece – GUEP326

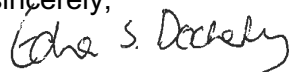
Thank you for your submission of the above to the General University Ethics Panel.

I am pleased to confirm that GUEP has approved your application, and you can now proceed with your research.

Please ensure that your research complies with Stirling University policy on storage of research data <http://www.stir.ac.uk/is/researchers/data/afteryourresearch/>

Please note that should any of your proposal change, a further submission (amendment) to GUEP will be necessary. If you have any further queries, please do not hesitate to contact the Committee by email to guep@stir.ac.uk.

Yours sincerely,



On behalf of GUEP

Professor Helen Cheyne

Deputy Chair of GUEP

Appendix 3: Participant information sheet (in Greek)

Δελτίο

Πληροφοριών

Όνομα ερευνήτριας: Ανδριάννα Μαντά
Υποψήφια διδάκτωρ στην Κοινωνιολογία, Κοινωνική
Πολιτική και Εγκληματολογία από το
Πανεπιστήμιο του Stirling, Σκωτία UK
Email: andriana.manta1@stir.ac.uk
Τηλ. (+30 6989153384)

Αναπαραστάσεις, διακυβέρνηση και βιωματικές εμπειρίες του «προβλήματος των ναρκωτικών» στη Σκωτία και την Ελλάδα

Θα ήθελα να σας προσκαλέσω να συμμετάσχετε στην έρευνά μου. Προτού αποφασίσετε, θα ήθελα να εξηγήσω γιατί κάνω αυτήν την έρευνα και ποια θα είναι η συμμετοχή σας. Πριν από τη συνέντευξη, θα σας διαβάσω αυτό το ενημερωτικό δελτίο και θα απαντήσω σε τυχόν ερωτήσεις που έχετε.

Τι είναι αυτή η έρευνα;

Αυτή η μελέτη διερευνά τις σημασίες που δίνονται στο «πρόβλημα των ναρκωτικών» στη Σκωτία και την Ελλάδα. Συγκεκριμένα, θα εξετάσω τους τρόπους αναπαράστασης και αντιμετώπισης των ατόμων που κάνουν χρήση ναρκωτικών, και ποιος είναι ο αντίκτυπος τους σε διάφορους τομείς της καθημερινότητας των ίδιων των ατόμων που κάνουν χρήση ναρκωτικών.

Ποιος είναι ο ρόλος σας;

Σας ζητήθηκε να συμμετάσχετε σε αυτήν την έρευνα, διότι ενδιαφέρομαι για τις απόψεις σας σχετικά με το «πρόβλημα των ναρκωτικών». Θα ήθελα να μάθω τις απόψεις σας σχετικά με τον τρόπο με τον οποίο οι αναπαραστάσεις και η αντιμετώπιση/διακυβέρνηση του «προβλήματος των ναρκωτικών» διαμορφώνουν την εμπειρία των χρηστών ναρκωτικών στην Αθήνα.

Η συμμετοχή σας θα περιλαμβάνει μια συνέντευξη μαζί μου. Η συνέντευξη θα διεξαχθεί

σε κοινώς συμφωνημένο τόπο και θα διαρκέσει περίπου 1 ώρα. Η συνέντευξη θα ηχογραφηθεί προκειμένου να διασφαλιστεί ότι οι πληροφορίες θα καταγραφούν με ακρίβεια. Μόνο εγώ θα έχω πρόσβαση στην ηχογράφηση, η οποία θα αποθηκευτεί σε ασφαλή τοποθεσία. Η ηχογράφηση αυτή θα απομαγνητοφωνηθεί από εμένα και μετά από την απομαγνητοφώνηση θα καταστραφεί. Η συμμετοχή σας είναι προαιρετική, δεν είστε υποχρεωμένοι να συμμετέχετε ή να απαντήσετε σε οποιαδήποτε ερώτηση αν δεν το επιθυμείτε, ενώ μπορείτε να σταματήσετε ή να αποσύρετε τη συμμετοχή σας ανά πάσα στιγμή.

Πώς θα χρησιμοποιηθούν οι πληροφορίες; Οι πληροφορίες που παρέχετε θα γίνουν μέρος της διδακτορικής μου διατριβής. Πέραν τούτου, τα ευρήματα μπορεί να χρησιμοποιηθούν σε ακαδημαϊκές δημοσιεύσεις και παρουσιάσεις σε συνέδρια. Ελπίζω ότι αυτή η έρευνα θα συμβάλει στη βελτίωση των πολιτικών για τα ναρκωτικά, με αποτέλεσμα τη μείωση των βλαβών από ναρκωτικά και τη βελτίωση της ζωής των χρηστών ναρκωτικών.

Μερικές επισημάνσεις: Η συμμετοχή στην έρευνα αυτή είναι εθελοντική. Αν επιλέξετε να συμμετάσχετε, μπορείτε να αποχωρήσετε από την έρευνα ανά πάσα στιγμή και να αποσύρετε τις πληροφορίες που έχετε παράσχει.

Αναφορικά με τη συμμετοχή σε αυτήν την έρευνα, θα κάνω ό, τι μπορώ για να διατηρήσω την ταυτότητά σας εμπιστευτική. Η ταυτότητα όλων των συμμετεχόντων στις συνεντεύξεις θα είναι εμπιστευτική. Το όνομά σας, καθώς και οποιαδήποτε πληροφορία θα μπορούσε ενδεχομένως να χρησιμοποιηθεί για την ταυτοποίησή σας, θα τροποποιηθεί. Σε κάθε συμμετέχων/ουσα θα δοθεί ένα κωδικό όνομα. Ωστόσο, αυτή η εμπιστευτικότητα θα πρέπει να παραβιαστεί σε περίπτωση κινδύνου για κάποιο άτομο, δηλαδή εάν εκφράσετε την πρόθεση να βλάψετε τον εαυτό σας ή άλλους. Οι πληροφορίες που θα μου δώσετε, θα αποθηκευτούν με ασφάλεια και θα είναι προσβάσιμες μόνο με χρήση κωδικού. Εκτός από εμένα, οι μόνες που θα έχουν πρόσβαση στα ανώνυμα δεδομένα θα είναι οι τρεις επόπτριάς μου από το Πανεπιστήμιο του Στέρλινγκ. Πρέπει να σας ενημερώσω ότι οι πληροφορίες που παρέχετε δεν είναι νομικά προνομιούχες, και αυτό σημαίνει ότι, στη σπάνια περίπτωση που η αστυνομία ζητήσει πρόσβαση σε αυτά τα δεδομένα, θα πρέπει να συμμορφωθώ. Σας παρακαλώ λοιπόν να μην μου πείτε λεπτομέρειες για μελλοντικές δραστηριότητες που μπορεί να σας ενοχοποιήσουν και να μην κατονομάσετε άλλους ανθρώπους στη συνέντευξη.

Περισσότερες πληροφορίες: Εάν θέλετε περισσότερες πληροφορίες σχετικά με αυτήν την έρευνα, ή έχετε επιφυλάξεις για εμένα ή την πρακτική μου, παρακαλώ επικοινωνήστε με:

Δρ

Margaret

Malloch

Email: m.s.malloch@stir.ac.uk. Εάν αντιμετωπίζετε δυσφορία και επιθυμείτε ψυχολογική υποστήριξη ή πληροφορίες, μπορείτε να επικοινωνήσετε με τη Γραμμή Βοήθειας για την Ψυχική Υγεία (1034): μια εμπιστευτική υπηρεσία που παρέχεται από το Ερευνητικό Πανεπιστημιακό Ινστιτούτο Ψυχικής Υγείας (ΕΠΙΨΥ).

Appendix 4: Participant consent form (in Greek)

Συγκατάθεση κατόπιν ενημέρωσης

Αναπαραστάσεις, Διαχείριση και Βιωματικές Εμπειρίες του "προβλήματος των ναρκωτικών" στη Σκωτία και την Ελλάδα.

Αυτό το έντυπο συγκατάθεσης διασφαλίζει ότι κατανοείτε τη φύση αυτής της έρευνας και έχετε δώσει τη συγκατάθεσή σας για να συμμετάσχετε. Η συμμετοχή σας είναι εντελώς εθελοντική και μπορείτε να την αποσύρετε οποιαδήποτε στιγμή κατά τη διάρκεια της συνέντευξης. Μπορείτε να υπογράψετε αυτήν τη φόρμα συγκατάθεσης μόλις καταλάβετε τι είναι αυτή η έρευνα και τι ζητείται από εσάς. Μπορείτε να κάνετε ερωτήσεις που μπορεί να έχετε.

Η συνέντευξη θα ηχογραφηθεί, προκειμένου να διασφαλιστεί η ακριβής καταγραφή των πληροφοριών. Η ηχογράφηση θα είναι διαθέσιμη μόνο σε μένα και θα αποθηκευτεί σε ασφαλή τοποθεσία. Οι ηχογράφηση θα απομαγνητοφωνηθεί από εμένα.

Υπογράφοντας αυτή τη φόρμα, συμφωνείτε να λάβετε μέρος σε μια συνέντευξη για να συζητήσετε τις εμπειρίες και τις απόψεις σας σχετικά με το "πρόβλημα των ναρκωτικών".

1	Επιβεβαιώνετε ότι έχετε διαβάσει το ενημερωτικό δελτίο για την έρευνα «Αναπαραστάσεις, Διαχείριση και Βιωματικές Εμπειρίες του "προβλήματος των ναρκωτικών" στη Σκωτία και την Ελλάδα»	
2	Κατανοείτε ότι η συμμετοχή σας είναι εθελοντική και ότι είστε ελεύθεροι να σταματήσετε ή να αποσύρετε τη συμμετοχή σας ανά πάσα στιγμή;	
3	Συμφωνείτε να συμμετάσχετε σε αυτήν την έρευνα;	
4	Κατανοείτε και συμφωνείτε ότι αποσπάσματα από τη συνέντευξη σας μπορούν να χρησιμοποιηθούν και μόνο ανώνυμα;	
5	Συμφωνείτε να ηχογραφηθεί η συνέντευξη;	

Ονοματεπώνυμο:

Ημερομηνία:

Υπογραφή:

Appendix 5: Participant information sheet (in English)

Researcher Bio:

Name: Andriana Manta

PhD student in Sociology, Social

Policy and Criminology

University of Stirling, Scotland UK

Email: andriana.manta1@stir.ac.uk

Representations, Governance and Lived Experience of the 'Drug Problem' in Scotland and Greece

I would like to invite you to take part in my project. Before you decide, I would like to explain why I am doing this project and what your involvement would be. I will read this information sheet to you and answer any questions you may have.

What is this study about?

This research study explores how the 'drug problem' is understood in Scotland and Greece. Specifically, I will look at how people who use drugs are represented and treated, and what the impact on their everyday lives is.

What is your role?

You have been asked to participate in this project because I would like to collect your views about the 'drug problem' and how certain representations of the 'drug problem' shape your everyday life experience.

Your participation would involve one interview with me. Interview will be held in a commonly agreed place and will take about one hour. Interview will be audio-recorded in order to ensure that information is accurately recorded. The recording will only be available to myself and stored in a safe and secure location. The recording will be transcribed by myself and after transcription it will be destroyed.

Participation is voluntary, you are not obliged to take part or to answer any question you do not wish to, and you can stop or withdraw at any time.

How will the information be used?

The information you provide will become part of my doctoral thesis. Beyond that, findings may be used for academic publications and conference presentations. I hope that this research will also assist in improving our understanding of the connections between drug policies and peoples lived experiences.

Some important considerations

Participation in this research is voluntary. If you choose to take part, you can drop out of the research at any time and withdraw the information you have provided.

Your decision as to whether to participate or not has absolutely no bearing on the services you receive.

The identities of all participants in the interviews will be kept confidential. Your name or any information that could potentially be used to identify will be changed; each participant will be provided a code name. This confidentiality will have to be breached in a situation where there is perceived risk for an individual, that is if you express an intention to harm yourself or others.

Any information provided to me will be stored securely and password protected.

The only people other than myself with access to the anonymised data will be my three university doctoral supervisors.

I must inform you that any information you provide is not legally privileged and, in the very exceptional case that the police demand access to this data I would have to comply. I would therefore ask you to refrain from telling me details of future activities that may incriminate you and from naming other people in the interview.

More information:

If you would like more information about this project or have any concerns with me or my practice, please contact:

Dr. Margaret Malloch
Email: m.s.malloch@stir.ac.uk

If you would like support or information about drug problems, please contact:

- OKANA: An organisation for drug users and their families. The website www.OKANA.gr has information on treatment programmes in Greece. **Address:** Averof street 21, 104 33 Athens. Tel: +30 21 0889 8200 Email: OKANA@OKANA.gr
- KETHEA's counselling Centres for help with substance use. All services are offered free of charge and are fully confidential. If you want to talk to somebody or find out more, call 1145, the KETHEA help line for drug users and their relatives and friends.
- 18 Ano: Drug treatment centre for drug users and their families, telephone 210-33.04.215, 210-33.04.395

If you are experiencing discomfort and would like psychological support or information, please contact:

- Help line for mental health (1034): a confidential service provided by the Research University Institute for Mental Health

Appendix 6: Participant consent form (in English)

Informed Consent Form

Representations, Governance and Lived Experiences of the 'Drug Problem' in Scotland and Greece

This consent form is to ensure that you understand the nature of this research and have given your consent to participate. Your participation is entirely voluntary and you are free to withdraw at any time during the interview. You can sign this consent form once you have understood what this research is about and what is being asked of you. You are free to ask any questions that you might have.

The interview will be taped with the use of a voice-recorder in order to ensure that information is accurately recorded. The tape recording will only be available to myself and stored in a safe and secure location. Tape recordings will be transcribed by myself.

By signing this form, you agree to take part in a tape-recorded interview to discuss your experiences and opinions on the 'drug problem'.

1	Do you confirm that you have read the information sheet for the 'Representations, Governance and Lived Experiences of the 'Drug Problem' in Scotland and Greece' project?	
2	Do you understand that your participation is voluntary and that you are free to stop or withdraw at any time?	
3	Do you agree to take part in this project?	
4	Do you understand and agree that notes from your interview can be used and only anonymously?	
5	Do you agree being audio recorded?	

Name.....

Date.....

Signature.....

Appendix 7: General University Ethics Panel's invitation for presentation after the completion of the Greek fieldwork

Edna Docherty
Andriana Manta
Marilyn Moore <Marilyn@marilynemery.co.uk>;
Hannah Buchanan-Smith;
Helen Cheyne;
William Munro;
General University Ethics Panel (GUEP)

Dear Andriana

Representations, Governance and Lived Experience of the 'Drug Problem' in Scotland and Greece - GUEP326

One of the recommendations arising from the recent Research Ethics Review was that a 12 month review of long term projects and the sampling of completed projects should be conducted. As a result, at each General University Ethics Panel (GUEP) meeting from June 2018 onwards, one researcher (staff or RPG) will be invited to the meeting to give a brief presentation of their long-term research project (approved by GUEP) to reflect upon any ethical issues they may have encountered/or are encountering throughout their research. Understanding the ethical challenges of the researcher will be useful to GUEP in highlighting areas in the panel's own processes for quality improvements. The projects to be discussed at the GUEP meeting must be those that:

- exceeds 12 months and are current at the time of the GUEP meeting
- are around 6-8 months into the 'live phase' of the project

I would like to invite you to attend the next meeting of GUEP which is scheduled for **14 August 2018 at 10.00am in Court Room, Part 1**. Please can you confirm your availability as soon as possible (*Please respond to the GUEP Inbox (guep@stir.ac.uk)*)

We have set aside 15-30 minutes (maximum) at the start of our meeting to discuss each application.

All GUEP members will have access to your original application and associated documents in BOX, and at least three reviewers will have looked at the documents closely.

Please will you prepare a brief (< 5 minute) presentation (**no** PowerPoint available), to cover very briefly

- 1) The project's objectives
- 2) Project's progress in relation to the original timescales
- 3) The fulfilment of any legal and ethical responsibilities as planned and approved
- 4) Any unforeseen ethical issues encountered

Please assume not all members will have read your application in detail, and that the GUEP members are academics from a range of disciplines, as well as lay members.

Our wish is that this will act as a learning exercise for GUEP members, for formative feedback to improve the ethics process and to learn what ethical issues are encountered.

We **may** ask questions such as:

Have you taken GDPR training, and what are your plans to move to the new Consent and Debrief forms?

Where are the data stored during the lifecycle of the project?

How do you manage secure data storage and transfer in the field?

How do you assure anonymity?

Have you disseminated the research (publication or presentation), and if so which images did you use?

Have there been any complaints from participants?

We shall definitely ask **how we can improve the ethical application process**, so please consider this question in advance.

If you have any questions please discuss them with Hannah Buchanan-Smith (room 3A76, ext. 7674).

Best wishes

Edna

Edna Docherty

Policy & Planning Officer

Student Academic & Corporate Services

Room 4B30, Cottrell Building

University of Stirling

01786 46 6261

Appendix 8: General University Ethics Panel letter for deciding upon the Greek research



General University Ethics Panel
Cottrell 3B1
University of Stirling
Stirling FK9 4LA
Scotland UK

08/04/2022

To Whom It May Concern,

The General University Ethics Panel (GUEP) reviewed Andriana Manta's ethics application *Representations, Governance and Lived Experience of the 'Drug Problem' in Scotland and Greece* (GUEP 326) and the project was approved on 18 January 2018.

On 18 September 2018, GUEP as part of our standard governance process we received a presentation from Andriana on all aspects of her research project and she updated the Panel on her data collection, study progress and plans. The committee was very satisfied that her work was of high ethical standard and complemented the student for her reflections on her ethical thought processes throughout her field work.

If you have any queries, please do not hesitate to contact the panel by email to guep@stir.ac.uk.

Yours sincerely,
General University Ethics Panel

Appendix 9: Interview guides

Interview schedule for treatment and policy professionals:

1. How do you think current policy discourse around drug-related issues affects PWUD and their communities?
2. In your opinion, how have recent drug-related harms in Greece informed drug policy, and what has been the impact on PWUD?
3. How do stakeholders inside and outside the policy-making process represent PWUD and the drug problem, and what are the potential consequences of these representations?
4. How do you think the way in which the drug problem is constructed and framed in official policy language shapes the lived experience of PWUD?
5. To what extent do you think the social context within which PWUD are situated shapes their lived experience, and how?
6. In what ways have austerity measures and current service configurations, funding cuts affected the lived experience of PWUD in Greece?
7. To what extent do you think the lived experience of PWUD is influenced by community attitudes, and how?
8. How would you describe your own experiences of your local neighbourhoods' views towards PWUD?
9. In your view, how have public attitudes towards PWUD changed over the years, and what factors have contributed to these changes?
10. How empathetic do you think Greek society is towards PWUD, and why?
11. Can you give an example of a positive or negative interaction between a PWUD and the wider community that you have personally observed or experienced?
12. Do you believe that attitudes towards PWUD are becoming more compassionate or harder, and why?
13. In your opinion, what needs to be done to address Greece's 'drug problem', and what challenges need to be overcome to achieve this?
14. What should be the priorities of drug policy in Greece, and how can policy-makers work towards achieving these goals?
15. In your experience, what elements of current Greek drug policy are working well, and what needs to be changed or improved?
16. Are there any places in Athens where overt drug use or explicit community/public attitudes towards drug users can be observed, and what are the implications of these observations?
17. Is there anything else that you would like to add about the drug-related issues in Greece or the challenges faced by drug users in the country?

Interview schedule for family members:

1. How do you think the drug problem affects families like yours and how is it represented in current discourse on drug policy?
2. Have recent drug-related harms impacted your family and influenced your views on drug policy?
3. How do you think PWUD and the drug problem are perceived by families like yours, including by stakeholders inside and outside of the policy-making process?
4. How do you think the way in which the drug problem is represented in public discourses and policy discourses has impacted your family and your child's lived experience?
5. Do you believe that the social context in which your child is situated has shaped their lived experience of drug use, and how?
6. How have austerity measures and funding cuts affected your child's access to drug treatment and support services, and how has this impacted your family?
7. Do you think that community attitudes have influenced your child's lived experience of drug use, and if so, how?
8. What are your own views on PWUD, and how have they evolved over time?
9. Do you believe that public attitudes towards PWUD have changed over the years, and if so, how has this impacted your family and your child?
10. Do you feel that Greek society is empathetic towards families who are dealing with drug use, and why?
11. [Whatever the answer] Can you give an example of that?
12. In your opinion, do you see attitudes towards drug use and PWUD becoming more compassionate or harder over time, and why?
13. What, in your opinion, needs to be done to better support families dealing with drug use?
14. What do you think should be the priorities of drug policy in terms of supporting families dealing with drug use?
15. What services or resources do you believe are most effective in supporting families dealing with drug use, and what changes would you like to see in the current system?
16. Have you observed any places in your community where overt drug use is prevalent, and how has this impacted your family and your child?
17. Is there anything else that you would like to add about your experiences as a parent of a person who uses drugs and your views on drug policy?

Interview schedule for local community members:

1. How do you think the drug problem affects your local community?
2. How have recent drug-related harms in your community informed community actions and policies?
3. How are PWUD and the drug problem represented by stakeholders inside and outside of the local community?
4. How do you think the lived experience of PWUD has been shaped by the way in which the drug problem is constructed and framed in the community discourse?
5. Do you think the lived experience of PWUD has been shaped by the social context within which they are situated in your community, and how?
6. Do you think the lived experience of PWUD has been shaped by austerity and current service configurations, funding cuts and how?
7. How do you think the lived experience of PWUD has been influenced by local community attitudes, and how?
8. What are your own views of PWUD and the drug problem in your community?
9. Do you believe public attitudes in your community have changed over the years, and how?
10. How do you think your community perceives PWUD?
11. [Whatever the answer] Can you give an example of that?
12. Do you see attitudes getting harder or more compassionate in your community, and why?
13. What, in your opinion, needs to be done to address the drug problem in your community?
14. What do you think should be the priorities of local drug policy in your community?
15. What works in current drug policy in your community? What needs to change?
16. Are you aware of any places in your community where overt drug use could be observed or where explicit community attitudes towards PWUD could be observed?
17. Is there anything else that you would like to add?

Interview schedule for people who use drugs (PWUD):

1. How do you think the drug problem is represented in current policy discourse? How has this affected you and others who use or have used drugs?
2. How have recent drug-related harms in Greece informed drug policy? In your experience, have these policies been effective or harmful?
3. How are PWUD and the drug problem represented by stakeholders inside and outside of the policy-making process? Have you felt stigmatised or discriminated against because of your drug use?
4. How do you think the lived experience of PWUD has been shaped by the way in which the drug problem is constructed and framed in official policy language?
5. Do you think the lived experience of PWUD has been shaped by the social context within which they are situated and how? How has this affected you personally?

6. Do you think the lived experience of PWUD has been shaped by austerity and current service configurations, funding cuts, and how? How has this affected you personally?
7. Do you think the lived experience of PWUD has been influenced by communities' attitudes, and how? Have you experienced negative attitudes or discrimination from your community?
8. What are your own views of drug use and PWUD? How have they evolved over time?
9. Do you believe public attitudes have changed over the years and how? Have you noticed any positive or negative changes in the way people view PWUD?
10. Do you think Greek society is empathetic towards PWUD? Have you experienced empathy or lack thereof in your personal life?
11. [Whatever the answer] Can you give an example of that?
12. Do you see attitudes getting harder or more compassionate, and why?
13. What, in your opinion, needs to be done to address Greece's 'drug problem'?
14. What do you think should be the priorities of drug policy?
15. What works in current Greek drug policy? What needs to change from your perspective?
16. Can you share any experiences or observations of overt drug use in your community, and how do you think this affects the community?
17. Is there anything else you would like to add about your experience as a person who uses or has used drugs, or about the drug problem in Greece?

Appendix 10: Legislations, action plans, strategies, gazettes and ministerial decisions

Government Gazettes	Drug Legislations	National Action Plans
Government Gazette issue A, Nr.273/04.09.1940	Law 1681/1919 Law 2107/1920 Law 5539/1932	Against the Misuse of Drugs (2001)
Government Gazette, issue A, Nr. 103/26.06.2006	Law 2520/1940	National Action Plan on Drugs 2008-2012 (2008)
Government Gazette, issue A, Nr. 74/20.03.2013	Law 3084/1954	National Action Plan Against Dependence for 2011-2012 (2010)
Government Gazette Sheet 251, June 5, 2013	Law 743/1970 Law 1729/1987	National Action Plan for 2014-2016 (draft) (2014)
Government Gazette issue B, Nr. 2266/11.06.2019	Law 2161/1993 Law 2331/1995	Action Plan for HCV (2017)
Government Gazette issue B, Nr. 2463/21.06.2019	Law 2472/1997 Law 2721/1999	
Government Gazette 273/A/4-9-1940	Law 2955/2001 Law 3189/2003	National Strategies
Ministerial Decisions	Law 3727/2008 Law 3772/2009	National Strategy on Drugs for the period 2006-2012 (2006)
Decision GEO/1995/B'307	Law 3811/2009 Law 3459/2006	National Drug Strategy 2014-2020 (never validated by the Inter-ministerial Committee, draft) (2014)
Decision 212/2014	Law 4139/2013 Law 4523/2018	National Health Strategy for drug dependence (Ministry of Health, 2019)
Decision 30278/2000	Law 4348/2016	
Decision 100847/14.10.2002		
Decision D2a/oc.4010		