

Glasgow's Drug Room Is Failing, and We Were Warned

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Six months ago, Scotland crossed a line.

On a cold morning in January 2025, Glasgow opened the doors to its first government-funded drug consumption room a sterile facility where people can inject heroin and cocaine under clinical supervision.

It was hailed as “historic,” “progressive,” even “compassionate.” The media cheered. Politicians posed. And the residents of Calton, who never asked for any of this, were told to shut up, sit down, and be grateful.

But here's the thing: We were warned.

In **December 2024**, just **one month before the Thistle Centre opened**, Professor **Keith Humphreys of Stanford University** published a devastating analysis for the **Brookings Institution** titled: *The Rise and Fall of Pacific Northwest Drug Policy Reform (2020–2024)*.

It charted exactly what happens when cities prioritise harm reduction optics over recovery outcomes and it reads like a warning letter to Glasgow, mailed first class and signed by history.

We ignored it of course because our experts know better.

The Seven-Point Warning We Refused to Heed

Here's a breakdown of the key parallels between Glasgow now and the failed drug policies of **Portland, San Francisco, and Vancouver** pulled directly from Humphreys' report:

1. Promises vs. Outcomes

Residents in US cities were told safe consumption rooms would reduce public injecting, drug litter, and overdose deaths.

Instead, "public safety collapsed. Crime and disorder soared."

Sound familiar? In Calton, residents now report *more* public injecting, *more* paraphernalia, *less* safety — exactly the opposite of what they were promised.

[Tweeted evidence here](#)

2. Overdose Deaths Went Up

Oregon: up **43.9%**.

Washington: up **41.7%**.

And why? Because — like in Glasgow — **harm reduction was expanded**, but **access to detox and rehab remained broken**.

3. Communities Were Bypassed

In San Francisco, reform was imposed from above.

In Glasgow? Councillors admitted the DCR was "*a done deal*". No consultation. No vote. No choice.

[Local councillor admission](#)

4. Treatment Was Sidelined

In the US, officials poured millions into harm reduction while letting abstinence-based treatment wither.

In Glasgow, it's the same: **over £48 million** goes to harm reduction.

Less than **£2 million** reaches recovery.

Rehab beds? Just **23** in the entire city.

5. Critics Were Smeared

Humphreys documents how residents were called "stigmatising" for raising concerns.

In Calton, people were labelled misinformers. Recovery voices — like mine — are dismissed as "abstinence heads."

[Councillor smear tweet](#)

6. Failure Was Denied

Even as overdose deaths spiralled, advocates insisted the policies needed “more time.”

In Glasgow, the script is identical. Officials now say The Thistle’s lack of results are just “teething problems.” No accountability. No reflection. Glasgow has seen a 33% rise in death in the first 3 months of 2025 since it opened.

7. Public Trust Collapsed

In Portland and Vancouver, trust evaporated when communities realised they’d been sold a lie.

In Glasgow? Residents are now paying *extra* for drug litter clean-up — while being told there *isn’t* a problem.

[Evidence of charges here](#)

What Have We Actually Achieved?

The Rise and Fall of Pacific Northwest Drug Policy Reform, 2020–2024

<https://brookings.edu/articles/the-rise-and-fall-of-pacific-northwest-drug-policy-reform>

Let’s be very clear: this isn’t theory anymore.

In the last 3 recorded months, Glasgow has seen a 33% rise in drug deaths.

(Source: PHS RADAR Q1 2025 data)

That spike comes after the Thistle opened and during a time when millions have already been spent on “harm reduction,” PR campaigns, and photo-ops.

If you’re still telling people “wait for the evaluation,” while lives are being lost at a higher rate than before, you are no longer observing. You are complicit in delay.

The Scottish version of the Pacific disaster, point by point:

1. Promises vs. Reality

Public were promised Six months on, there's **no evidence of lives saved**, no increase in treatment uptake, and no visible recovery outcomes.

We have built a highly-polished room for slow-motion death — where people are supervised as they inject poison, but offered nothing to help them get well.

This isn't compassion. It's managed abandonment.

It is not "non-judgemental care." It's civic resignation.

And it sends a devastating message to the people we claim to serve:

We won't stop you from dying — but we'll make it less messy.

The False Choice Being Sold to the Public

Officials insist that this is the only realistic option. That it's "better than nothing." But that's a false binary. The real choice is between:

- **Managing decline,**
or
- **Building recovery.**

We chose decline and we did it with a press release and a ribbon.

Glasgow Is Not San Francisco — Yet

There's still time. We can change course. But only if we stop pretending. Only if we start listening to the very people this system excludes:

- People in recovery.
- Families who've lost loved ones.
- Frontline workers who know what works.
- Local communities being gaslit by quangos and councillors.

It is not too late, but it is late.

If we continue to follow the Pacific Northwest playbook, the end will look hauntingly familiar: more death, more despair, and a government still

applauding its own “bold reforms” while families bury their dead.

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Sources and Further Reading:

- *The Rise and Fall of Pacific Northwest Drug Policy Reform (2020–2024)*
Prof. Keith Humphreys, Brookings Institution (Dec 2024)
<https://www.brookings.edu/articles/the-rise-and-fall-of-pacific-northwest-drug-policy-reform>
- Annemarie Ward's thread comparing Calton to Portland:
<https://x.com/Annemarieward/status/1927364230262501404>