

Scottish Drugs Forum's
2026 Scottish Parliament election manifesto

A NATIONAL MISSION FOR CHANGE:
**PUTTING PEOPLE,
EVIDENCE AND RIGHTS
AT THE HEART OF
SCOTLAND'S DRUG POLICY**

INTRODUCTION

In January 2021, the former First Minister announced a new National Mission to reduce drug-related deaths, acknowledging that responsibility for Scotland's tragic and preventable loss of life "rests – first and foremost – with government".

Since then, Scotland has taken important steps forward, introducing innovative and increasingly evidence-led approaches. But, despite the ambition behind the National Mission, more than 4,500 people have lost their lives to drugs since 2021 – leaving behind devastated families, grieving communities and a country still struggling to confront a decades-long public health crisis.

As we approach the next Scottish Parliament elections, the message is

clear: we cannot become complacent, and we cannot slow down. The next parliamentary term will bring a significant number of new MSPs – and with that comes a rare and meaningful opportunity to reinforce and accelerate Scotland's shift toward compassionate, evidence-based and rights-led policy, ensuring that people with living and lived experience genuinely shape decisions at every level.

We call on all political parties to seize that opportunity. Show courage. Follow the evidence. Refuse to accept preventable deaths as inevitable. And work collaboratively – across government portfolios, with the third sector and alongside the people most affected – to deliver the bold, sustained, transformational change that Scotland urgently needs.

PRIORITIES FOR THE NEXT SCOTTISH GOVERNMENT

- 1. Lead with courage, evidence and compassion: expand and mainstream harm reduction.**
- 2. Put people first by embedding rights, tackling stigma and placing living and lived experience at the heart of all policy decisions.**
- 3. Build a resilient, valued and sustainable workforce by ending short-term funding and supporting staff wellbeing.**
- 4. Take action now to protect the next generation – with long-term strategies that transcend parliamentary cycles.**
- 5. Be bold. Decriminalise people.**

1

LEAD WITH COURAGE, EVIDENCE AND COMPASSION: EXPAND AND MAINSTREAM HARM REDUCTION.

Scotland has taken an important step forward with the opening of The Thistle, our first safer drug consumption facility. But it should not have taken decades to introduce an approach that international evidence has long shown to save lives. If we are serious about preventing drug-related deaths, then bold, evidence-based harm reduction must be our starting point – not an optional add-on.

WE CALL FOR:

- ❖ **A national network of multi-model safer drug consumption facilities**, including accessible, non-clinical safer spaces for both injecting and inhalation wherever people are currently using substances outdoors or in unsafe locations – progressing toward a national expectation that every injecting or inhalation equipment provider can offer a safer environment.
- ❖ **Expanded drug checking services** across Scotland, enabling people to understand and make informed decisions on what they are using – an essential tool in a volatile and changing drug market.
- ❖ **Legal access to safer inhalation equipment**, including pipes, recognising the rapidly shifting stimulant landscape and the need for simple but effective harm-reduction tools.
- ❖ **A renewed and sustained national commitment to naloxone** – exploring opportunities to innovate and continuing to expand reach, remove barriers, strengthen community distribution, and embed provision fully across justice, housing and emergency services.
- ❖ **Expand alcohol-specific harm reduction**, including wider access to brief interventions, peer and community-based support, managed alcohol approaches, and services that reduce immediate risk, improve health and stability for people experiencing alcohol-related harm.
- ❖ **A modernised treatment and rehabilitation system**, adaptable to new drug trends and far more flexible to people's needs – including stronger integration of the third-sector providers whose expertise and innovation already enhance NHS provision.
- ❖ **People with living and lived experience at the centre of service design**, from initial concept through delivery and evaluation.

Scotland cannot afford to wait for legislative change before acting. Even within the limits of the Misuse of Drugs Act (1971), there is significant scope for innovation, piloting, and reform of practice. The next Government must be prepared to challenge the limitations of this outdated law while simultaneously finding every possible workaround to protect life and reduce harm now.

2.

PUT PEOPLE FIRST BY EMBEDDING RIGHTS, TACKLING STIGMA AND PLACING LIVING AND LIVED EXPERIENCE AT THE HEART OF ALL POLICY DECISIONS.

SDF's work begins with a simple principle: people who use substances have the right to respect, health, safety, dignity and participation. Stigma does not just harm feelings – it blocks access to treatment, worsens health outcomes, fuels inequality and drives people away from help.

We call on all bodies designing, delivering, and monitoring drug and alcohol services to:

- ❖ **Adopt and fully embed the Charter of Rights for People Affected by Substance Use** into policy, practice and performance monitoring.
- ❖ **Ensure people with living and lived experience lead decision-making** and are not merely consulted.
- ❖ **Challenge stigma at every level**, including political debate, media engagement, and public communications.
- ❖ **Invest in public education to shift attitudes**, recognising that how society views people who use substances shapes whether people live or die.

The Charter of Rights for People Affected by Substance Use, co-designed with people with living and lived experience, outlines what a rights-based approach should look like in practice. Its full implementation is essential.



Remember that harmful drug use is a public health issue



Visit the services and support groups in your local area – including a Scottish Drugs Forum Living Experience Engagement Group



Always remember that you have the power to shift public attitudes simply through the words you choose

3.

BUILD A RESILIENT, VALUED AND SUSTAINABLE WORKFORCE BY ENDING SHORT-TERM FUNDING AND SUPPORTING STAFF WELLBEING.

A strong, skilled and supported workforce is vital for delivering life-saving services. Yet Scotland's drug and alcohol sector is consistently undermined by short-term funding cycles, high workloads, emotional strain and the churn created by insecure employment.

If the people who support others are exhausted, stretched or uncertain about their future, services cannot meet the needs of those relying on them.

WE CALL FOR:

- ❖ **An end to short-term, stop-start funding**, replaced with long-term, secure investment that allows planning, stability and innovation.
- ❖ **A national workforce wellbeing commitment**, including access to high-quality supervision, coaching and mentoring, mental health support, reflective practice and trauma-informed organisational cultures.
- ❖ **Fair pay, career development, and recognition of the third sector's essential role**, ensuring parity with NHS workforce standards.
- ❖ **A national workforce strategy** that recognises retention and staff wellbeing as central to improving outcomes for people who use substances.

A supported workforce provides the best possible support for people – this must be recognised as a core public health intervention in its own right.

4.

TAKE ACTION NOW TO PROTECT THE NEXT GENERATION – WITH LONG-TERM STRATEGIES THAT TRANSCEND PARLIAMENTARY CYCLES.

Prevention must be meaningful, sustained and holistic. Scotland cannot keep restarting its approach every time a new parliamentary cycle begins. The drivers of substance-related harm – poverty, trauma, deprivation, housing insecurity, mental health inequality – are long-term structural issues that require cross-government commitment.

WE CALL FOR PREVENTION STRATEGIES THAT:

- ❖ Are **long-term, multi-decade commitments**, protected from political cycles.
- ❖ **Work across government**, recognising that people who use substances are part of every policy area – not a separate “other” group. Housing, justice, education, employment, social security and mental health all shape the landscape of harm.
- ❖ **Prioritise early intervention**, youth services and whole-community approaches that build resilience and reduce inequality.
- ❖ **Embed substance use within wider anti-poverty, housing and mental health strategies**, ensuring no policy area passes responsibility elsewhere.
- ❖ Provide clear frameworks for **local partnerships** to implement prevention approaches with consistency and accountability.

5.

BE BOLD. DECRIMINALISE PEOPLE.

Criminalising people for personal drug use has never reduced harm. Instead, it deepens stigma, drives people away from support, intensifies vulnerability and entrenches inequality – particularly for those already affected by poverty, trauma and discrimination.

DECRIMINALISATION IS NOT ABOUT CONDONING DRUG USE. IT IS ABOUT SAVING LIVES, RESTORING DIGNITY, AND ENABLING A GENUINELY HEALTH-LED RESPONSE TO DRUGS.

DECRIMINALISATION WOULD:

- ❖ **Remove a major barrier to seeking help**, particularly for people who fear punishment, child-protection consequences, housing insecurity and loss of employment.
- ❖ **Reduce stigma** by shifting public understanding away from blame and toward care, compassion and evidence-based public health.
- ❖ Enable services to **reach people earlier**, preventing crises, hospitalisation and avoidable deaths.
- ❖ **Free up police and court resources** to focus on serious crime and community safety, rather than punishing vulnerability.
- ❖ **Align Scotland with international best practice**, where decriminalisation has been associated with reductions in drug-related deaths, infections and long-term harm.

But decriminalisation alone is not enough.

As long as drugs are supplied through unregulated criminal markets, people remain exposed to unsafe products, unpredictable strength, contamination and exploitation. Removing punishment without addressing supply leaves the most dangerous aspects of the system intact.

That is why decriminalisation must be the foundation of a wider shift toward a **public health-led, regulated approach** – one that prioritises safety, harm reduction and accountability over prohibition and punishment. A regulated framework allows for control over quality, strength and access, replaces criminal control with public oversight, and enables evidence-based interventions that actually reduce harm.

To make meaningful progress, Scotland must move beyond punishment and denial. We must champion an approach where people are supported, not criminalised, and where we take responsibility for reducing harm, rather than leaving it to unregulated markets and organised crime.

This is what it means to be bold: protecting people first, and building a system that is honest, humane, and grounded in public health.

ABOUT SCOTTISH DRUGS FORUM

Scottish Drugs Forum (SDF) is a national charity that works alongside communities, services and policymakers to deliver compassionate, evidence-based responses to substance-related harm. While our name reflects our origins, our four decades of work have always recognised alcohol as a central part of Scotland's substance-use landscape.

We already engage with people affected by harmful alcohol use through a range of programmes - including our local engagement groups and our National Traineeship - and this practical experience places us in a strong position to do more. As alcohol-related harm continues to rise, we believe it is vital to state our commitment clearly: SDF is here to prevent harm, challenge stigma and champion wellbeing, regardless of the substance involved.

This is more than a strategic step forward for our organisation; it is a moral imperative. As a trusted national voice with deep expertise in harm reduction, rights-based practice, and living and lived experience engagement, we have a responsibility to ensure that people affected by alcohol receive the same standard of care, expertise and recognition that underpins all our work.

Central to this commitment is our belief that people themselves define what positive changelooks like. We support every form of meaningful change that a person wishes to pursue - whether that involves stabilisation, safer use, reduction or abstinence.

Abstinence can be a positive and life-enhancing choice for many, and we fully support those who seek it. But no one should ever be pressured, coerced or funnelled into approaches that do not reflect their needs, circumstances or goals. Our role is to champion a system that respects autonomy, reduces harm and enables people to thrive on their own terms.



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