

Title: SFGH on Drug Use and Policy

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Introduction

This policy builds upon SFGH's 2017 position and updates its approach to drug use and policy. SFGH supports the decriminalisation of drug possession and, instead, advocates for a health-based, rehabilitative approach grounded in dignity and non-judgement.

This policy uses the following definitions:

Drug - any substance that produces a physiological effect when introduced into the body. In this policy, the term primarily refers to substances controlled under UK legislation.

Decriminalisation - legislative process of removing criminal penalties for specific acts, typically replacing them with civil or administrative responses.

War on Drugs - a punitive approach to drug policy characterised by criminalisation, increased enforcement, penalties and incarceration for both drug possession and production.

Misuse of Drugs Act 1971 - the primary UK legislation regulating the possession, production, and supply of controlled substances.

Charter of Rights for People Affected by Substance Use (Scottish Government, 2024) - a rights-based framework launched by the Scottish Government outlining the protections and entitlements of people affected by substance use.

International Guidelines on Human Rights and Drug Policy (2020) - a set of international guidelines developed by United Nations agencies and human rights experts outlining how drug policy should align with international human rights law.

Scottish Patients Rights Act (2011) - Scottish legislation outlining the rights of patients receiving healthcare, including a 12-week treatment time guarantee and mechanisms for feedback and complaints.

SfGH UK's Position

SfGH supports reducing drug-related harm through evidence-based, health-centred approaches. It rejects punitive models such as the “War on Drugs” [1]. In accordance with various non governmental organisations (NGOs) such as Amnesty and Release, SfGH advocates for drug decriminalisation in favour of rehabilitation. We also further affirm that people who use drugs are entitled to clear information about their legal rights upon arrest.

SfGH advocates for the Charter of Rights for People Affected by Substance Use to be adopted across the UK, alongside increased access to counselling and support services as part of a transition from criminal to administrative responses to drug possession.

SfGH calls for UK drug policy to align with the International Guidelines on Human Rights and Drug Policy, alongside increased access to counselling and support services as part of a transition from criminal to administrative responses to drug possession.

Calls to Action

Section 1

Section 1.1

SfGH Internal Actions

SfGH Members

- Encourage members to write to their respective MPs to advocate for the decriminalisation of drug possession.
- Challenge stigma surrounding substance use by amplifying the voices of people with lived experience, sharing information about accessing recovery and support services through workshops and social media.

Section 1.2

Branches and National Committee

- Support the dissemination of information on the rights of people affected by substance use across the UK through leaflets, social media, and website content.
- Collaborate with organisations such as Release and Amnesty whose objectives align with SfGH's position on drug policy.
- Call upon the UN to continue to persuade more countries to adopt the Charter of Rights for People Affected by drug abuse.

- Fight to destigmatise drug users receiving appropriate help in their recovery by platforming voices of previous addicts and by spreading information on how help can be received through workshops and social media coverage.
- Work with organisations and treatment centres that specialise in supporting people experiencing substance dependence.

Section 2

Section 2.1

UK Government

- Adopt the UN Charter of Rights for People Affected by drug abuse
- Ensure that national funding for alcohol and drugs is maintained in real terms and adjusted in line with inflation
- Provide targeted support to communities disproportionately affected by substance use and drug-related criminalisation, including those facing racial and socio-economic disadvantage. .
- Review sentencing provisions under the Misuse of Drugs Act 1971, with the aim of reducing custodial sentences for drug possession offences.
- Increase funding for NHS and mental health services to ensure timely access to addiction treatment and recovery support.
- Expand access to addiction recovery services and consider enshrining a statutory “Right to Addiction Recovery” within UK law.
- Commission independent evaluation of the UK Government’s 10-year Drug Strategy to assess effectiveness and outcomes.
- Reform drug policy to align with medical recognition of substance use disorder as a mental health condition, prioritising treatment over criminalisation.
- Transition drug possession from a criminal offence to a civil or administrative offence.

Section 2.2

Scottish Government

Scotland continues to have the highest drug-related mortality rate in the UK and Europe, with 1,017 drug-related deaths in 2024 and rates projected to have increased in 2025[5][6]. SfGH therefore calls on the the Scottish Government to adopt the following measures :

- use exact same inflation wording as above when you have tweaked/decided
- Ensure the UN Charter of Rights for People and legal acts such as the Patients Rights Act (2011) are being strictly followed and revisit approaches to cut down NHS wait times to no more than 2 years.
- Increase funds to healthcare services such as the NHS and mental health services.
- Ratify and implement legislation recognising a Right to Addiction Recovery in Scotland.

Section 3

Healthcare Providers

- Ensure that people affected by substance use are provided with clear, accessible information about their legal and healthcare rights within clinical settings, including through digital platforms and patient-facing materials.
- Implement and strengthen trauma-informed, non-judgemental care practices by incorporating lived experience perspectives into service design and staff training, and by adopting policies that actively reduce stigma within healthcare environments.

Background

Since SfGH's initial drug policy in 2017, there have been developments in approaches to substance use that increasingly recognise addiction as a health issue rather than solely a criminal matter. Historically, punitive models such as the "War on Drugs" prioritised enforcement over rehabilitation[2]. While progress has been made, UK approaches to drug possession remain largely criminalised and insufficiently aligned with public health evidence.

Since 2017, the UK Government has introduced reforms including the 10-Year Drug Strategy, which places drug-related deaths on the policy agenda and expands recovery services. This reflects a shift toward recognising addiction as a chronic health condition. However, the strategy maintains the criminalisation of drug possession and use, including custodial sentences and fines. The continued reliance on punitive measures warrants scrutiny, particularly given persistently high levels of drug use[13].

Similarly, the Scottish Government has pursued rights-based reforms, including the Patient Rights Act 2011 and the Charter of Rights for People Affected by Substance Use (2024). Despite increased budget allocations to alcohol and drug services (Table A), Scotland continues to experience high drug-related mortality. Proposals such as the Right to Recovery Bill sought to strengthen access to rehabilitation as a legal entitlement but were not enacted. This highlights ongoing challenges in ensuring timely access to treatment within an already pressured NHS system.

Level 3	2024-25 Outturn £m	2025-26 ABR Budget £m	2026-27 Budget £m
NHS Territorial Boards	13,726.7	14,341.6	15,473.7
NHS National Boards	1,994.3	1,885.3	2,159.5
Health Capital Investment	886.0	1,102.1	1,052.7
Reform and Improvement Measures	–	100.0	100.0
Education and Training	288.5	257.7	331.1
General Medical Services	1,328.6	1,301.3	1,432.3
Pharmaceutical Services	253.5	340.0	341.1
General Dental Services	447.9	520.3	526.5
Community Eyecare	136.1	142.0	144.5
Health Improvement and Protection	350.4	165.2	169.0
Alcohol and Drugs Policy	76.7	82.6	83.1

Table A: [22]

Evidence suggests that punitive deterrence strategies have limited impact on reducing drug use. NHS data indicates that approximately one in three people in the UK will use drugs during their lifetime[22]. NHS statistics indicate that individuals with mental health conditions and those from socio-economically disadvantaged backgrounds experience higher rates of substance use[22]. This underscores the need for investment in mental health services and broader social determinants of health, rather than reliance on punitive enforcement alone.

International Evidence: Portugal’s Decriminalisation Model

In 2001, Portugal implemented a national decriminalisation framework for low-level drug possession, accompanied by expanded access to counselling and specialist treatment services[23]. Since then, Portugal’s drug-related death rate has declined and remains below the EU average[23]. The Portuguese model is widely cited as a significant example of health-led drug policy reform. Similar approaches have since been adopted or adapted in jurisdictions such as Oregon (USA), suggesting that such frameworks are transferable beyond their original context[23]. Evidence indicates that decriminalisation can reduce the proportion of individuals incarcerated for drug possession offences, thereby decreasing pressure on prison systems. In the UK context, where public finances remain constrained, a shift toward health-centred responses may enable more efficient allocation of resources toward treatment and rehabilitation services. The evidence presented throughout this statement demonstrates that punitive approaches alone are insufficient to address drug-related harm. International and domestic examples illustrate the potential of health-led, rights-based reforms to improve outcomes and reduce systemic strain. SfGH’s Calls to Action are grounded in this evidence and reflect a commitment to public health, equity and evidence-based policymaking.

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