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TECHNICAL REPORT

The evidence base for the classification of drugs

Addendum: International
comparisons of drug control
policies and systems

Edward Nason, Ruth Levitt

Prepared for the UK House of Commons Committee on Science and Technology

The research described in this report was prepared for the UK House of Commons Select Committee on Science and Technology.

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1776 Main Street, P.O. Box 2138, Santa Monica, CA 90407-2138
1200 South Hayes Street, Arlington, VA 22202-5050
4570 Fifth Avenue, Suite 600, Pittsburgh, PA 15213-2612
Newtonweg 1, 2333 CP Leiden, The Netherlands
Westbrook Centre, Milton Road, Cambridge CB4 1YG, United Kingdom
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Summary

This Addendum provides some selected additional information about drug use, strategy, punishment and treatment regime and drug education in the UK. It complements the main report on the evidence base for the classification of drugs,² which RAND Europe provided for the House of Commons Select Committee on Science and Technology in January 2006. This Addendum also includes some selected additional information on the USA, the Netherlands and Sweden, to complement that already provided in the main report on drug education systems. Information on drug prices is also presented. All this summarised in Table 1 below. The information is not a comprehensive review of all the evidence available for the four countries; rather it provides an overview of the evidence on drug classification systems and the punishment and treatment regimes in place.

The drugs most used in the UK are cannabis, cocaine and ecstasy. The UK's strategy aims to reduce use and supply of drugs, decrease drug crime and increase addicts' uptake of treatment opportunities.³ The drug classification system itself was established in the 1971 Misuse of Drugs Act and is covered in the main report.⁴ Punishments range from police warnings for possession of certain Class C drugs through to life imprisonment for supply of Class A drugs – although sentencing is often at the discretion of the judge. One sentencing option is to enforce a community sentence, which provides a personalised treatment programme for the defendant. Drug use statistics and drug education are covered in the main report.⁵ The rates of drug use vary in each country. Figure 1 below shows the trends in the four countries.⁶

² Levitt, Nason and Hallsworth (2006). *The evidence base for the classification of drugs*, RAND Europe, TR 362 HOC; available at http://www.rand.org/pubs/technical_reports/TR362/

³ <http://www.drugs.gov.uk/drug-strategy/overview/>

⁴ Levitt, Nason and Hallsworth (2006), paragraph 1 and Table 3

⁵ *ibid.*, paragraphs 24-25, 30, 43-44, 57, 71, 77, 80-82, 93, 108 and 130

⁶ Magic mushrooms have been omitted as figures on their use are not readily available outside the UK.

Table 1 Comparison of drug legislation policies and use: UK, USA, the Netherlands and Sweden

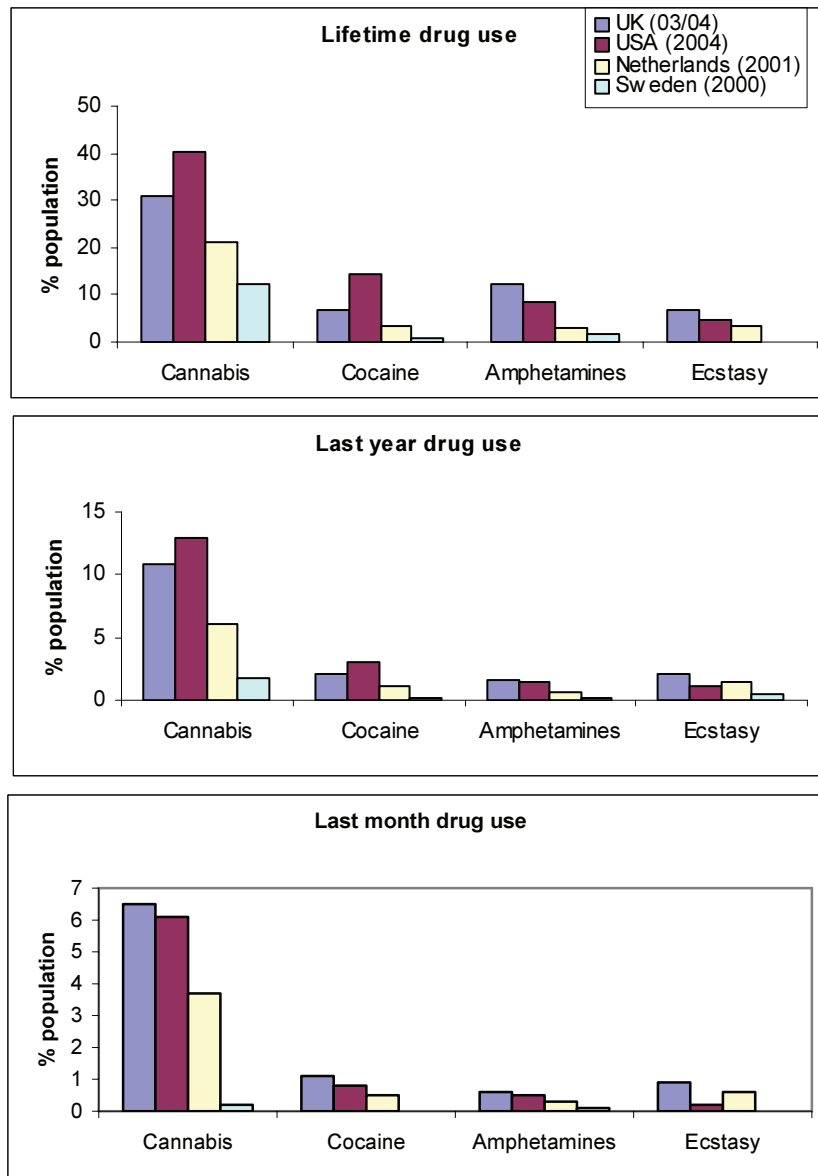
	UK	USA	Netherlands	Sweden
Aim of drug legislation	To reduce supply, prevent uptake, reduce crime and increase treatment uptake	To cut off supply of drugs to users	To reduce harm to individuals and society	To create a drug free state
Drug Classes	Classes A-C; based on the relative harm of drugs. Class A is the most harmful, Class C the least harmful	Five schedules (I to V): based on abuse, dependence and medical use	Two schedules: I for drugs with unacceptable health risk; II for negligible risk drugs	Five lists; list I is narcotics with no medical use; list V is drugs that lie outside international conventions
Different penalties for Classes	Yes	Yes	Yes	No
Punishment scales	Maximum penalties depend on the nature of the offence (supply or possession)	Maximum penalties depend on amount of drug possessed. Different penalties in different States. Penalties increase with the number of offences	Maximum penalties depend on amount of drug possessed. Penalties increase with the number of offences	Maximum penalties depend on the amount of drug possessed
Maximum imprisonment for possession	Up to 7 years for Class A drugs	Up to life for large quantities	Up to 2 years	Up to 10 years for large quantities
Treatment regime	Opportunities for offenders to take treatment rather than fines or cautions	Drug courts recommend treatment regimes rather than prison sentences	Can be enforced for addicts with drug crime history	Mandatory for offenders who are a danger to themselves or society
Use of scientific evidence in policy making?	Evidence on medical and social harm, punishment and treatment may be considered.	Large budget for research. Specific scientific criteria for scheduling drugs	Government commissions research into drug harm and facilitates meetings between scientists and policy makers	Scientific evidence on treatment is used, but not on drug harm
Drugs in top class/schedule/list identified as a policy concern	cocaine ecstasy	crack methamphetamine	cocaine	heroin amphetamines
% population using any drug in the last 12 months	12.2	14.5	5 (for cannabis alone) ⁷	10.2
Education	National Curriculum guidelines on teaching about drug issues	Government funded programme for drug free schools	No legal requirement to teach drug issues but there are state guidelines	All years in school have drug teaching; involves parents and pupils
Street price (US\$ per gram; 2004)	<ul style="list-style-type: none"> • cocaine – 0.97 • cannabis – 4.40 • amphetamine – 14.70 	<ul style="list-style-type: none"> • cocaine – 0.77 • cannabis – 11.40 • methamphetamine – 96.50 	<ul style="list-style-type: none"> • cocaine – 0.50 • cannabis – 6.90 • amphetamine – 8.00 	<ul style="list-style-type: none"> • cocaine – 0.86 • cannabis – 5.90 • amphetamine – 33.90

Sources: Levitt, Nason and Hallsworth (2006); UNODC World Drug Report 2005;⁸ EMCDDA Statistical data - Annual Report 2004

⁷ Figures for any drug use in the last 12 months are not available for the Netherlands.

⁸ United Nations Office on Drugs and Crime (2005). *World Drug Report*; available at http://www.unodc.org/unodc/world_drug_report.html

Figure 1 Prevalence of drug use in the UK, USA, the Netherlands and Sweden



Sources: EMCDDA Statistical data - Annual Report 2005;⁹ UNODC World Drug Report 2005;¹⁰ National Survey on Drug Use & Health 2004.¹¹

⁹ <http://stats05.emcdda.eu.int/en/elements/gpstab02a-en.html>

¹⁰ http://www.unodc.org/pdf/WDR_2005/volume_2_chap8_drugabuse.pdf

¹¹ <http://oas.samhsa.gov/NSDUH/2k4nsduh/2k4tabs/Sect1peTabs1to66.htm#tab1.1b>