This product is part of the RAND Corporation technical report series. Reports may include research findings on a specific topic that is limited in scope; present discussions of the methodology employed in research; provide literature reviews, survey instruments, modeling exercises, guidelines for practitioners and research professionals, and supporting documentation; or deliver preliminary findings. All RAND reports undergo rigorous peer review to ensure that they meet high standards for research quality and objectivity.
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.

The RAND Corporation is a nonprofit research organization providing objective analysis and effective solutions that address the challenges facing the public and private sectors around the world. RAND’s publications do not necessarily reflect the opinions of its research clients and sponsors.

RAND® is a registered trademark.
Preface

This short document is an Addendum to a paper RAND Europe provided for the House of Commons Select Committee on Science and Technology in January 2006 on the evidence base for the classification of drugs.¹ That report included information on legislation, punishment and treatment arrangements in the USA, the Netherlands and Sweden, as comparators for the UK. The Committee subsequently asked RAND Europe to provide a further, short summary of those international comparisons, to complement the information already set out in the main report.

This Addendum provides selected additional information about drug use, strategy, punishment and treatment regime and drug education in the UK. It provides selected additional information on the USA, the Netherlands and Sweden, to complement that already provided in the main report on drug education systems. The information is not a comprehensive review of all the evidence available for the four countries; rather it provides an overview of the drug classification systems and the punishment and treatment regimes in place.

RAND Europe is an independent not-for-profit policy research organisation that serves the public interest by improving policymaking and informing public debate. Its clients are European governments, institutions, and firms with a need for rigorous, impartial multidisciplinary analysis. This report has been peer-reviewed in accordance with RAND’s quality assurance standards (for more information, see http://www.rand.org/about/standards/) and therefore may be represented as a RAND Europe product.

For more information about RAND Europe or this document, please contact:

Dr Jonathan Grant (Director) or Dr Ruth Levitt (Research Leader)
RAND Europe Cambridge
Westbrook Centre, Milton Road
Cambridge, CB4 1YG, UK
Tel: +44 (0)1223 353 329
Fax: +44 (0)1223 358 845
Email: jgrant@rand.org; levitt@rand.org

Contents

Summary ........................................................................................................................................... v

International comparisons ........................................................................................................... 1
  1.1 UK legislation and drug classes ...................................................................................... 1
  1.2 UK punishments ............................................................................................................. 1
  1.3 UK treatment regime ...................................................................................................... 2
  1.4 UK drug education .......................................................................................................... 3
  1.5 UK drug use and street prices ....................................................................................... 4
  1.6 USA, the Netherlands and Sweden ............................................................................. 4
    1.6.1 USA .................................................................................................................. 5
    1.6.2 The Netherlands ............................................................................................... 5
    1.6.3 Sweden ............................................................................................................ 6

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

Tables
  Table 1 Comparison of drug legislation policies and use: UK, USA, the Netherlands and Sweden ........................................................................................................ vi
  Table 2 Street prices for drugs, UK (2002) ........................................................................ 4
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, 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. The drug classification system itself was established in the 1971 Misuse of Drugs Act and is covered in the main report. 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. The rates of drug use vary in each country. Figure 1 below shows the trends in the four countries.

---

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>
<thead>
<tr>
<th>Aim of drug legislation</th>
<th>UK</th>
<th>USA</th>
<th>Netherlands</th>
<th>Sweden</th>
</tr>
</thead>
<tbody>
<tr>
<td>To reduce supply, prevent uptake, reduce crime and increase treatment uptake</td>
<td></td>
<td></td>
<td>To reduce harm to individuals and society</td>
<td>To create a drug free state</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Classes</th>
<th>UK</th>
<th>USA</th>
<th>Netherlands</th>
<th>Sweden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classes A-C; based on the relative harm of drugs. Class A is the most harmful, Class C the least harmful</td>
<td></td>
<td></td>
<td></td>
<td>Five lists; list I is narcotics with no medical use; list V is drugs that lie outside international conventions</td>
</tr>
</tbody>
</table>

| 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) | 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) | • cocaine – 0.97 • cannabis – 4.40 • amphetamine – 14.70 | • cocaine – 0.77 • cannabis – 11.40 • methamphetamine – 96.50 | • cocaine – 0.50 • cannabis – 6.90 • amphetamine – 8.00 | • cocaine – 0.86 • cannabis – 5.90 • amphetamine – 33.90 |


---

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

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


9 http://stats05.emcdda.eu.int/en/elements/gpstab02a-en.html
11 http://oas.samhsa.gov/NSDUH/2k4nsduh/2k4tabs/Sect1peTabs1to66.htm#tab1.1b
International comparisons

1.1 UK legislation and drug classes

1. The Home Office states that UK drug legislation seeks to: “...protect the public from harm, punish the criminals who keep the illegal drug-trade going and to minimise the negative effects of illegal drugs on communities.”\(^{12}\) Drug legislation is UK-wide; the devolved governments do not have the authority to vary the laws. There is some interpretation of the law in individual cases by the courts and police. For example in Lambeth police chiefs chose to interpret the law to hand out formal warnings rather than cautions for cannabis possession.\(^{13}\)

2. The Misuse of Drugs Act 1971\(^{14}\) as amended is the main legislation regulating the availability and use of certain drugs in the UK. The Misuse of Drugs Regulations (1985) control the medicinal use of illegal drugs. This legislation and the reclassification of certain drugs are covered in the main report.\(^{15}\) The classification system is based on the concept of ‘relative harm’.\(^{16}\) The Home Secretary, Charles Clarke, signalled in January 2006 the need for wider issues to influence the classification system itself: “I do not think that medical harm is the only consideration; there is also harm to society and a range of other questions. That is why I believe that we need to reconsider the classification system.”\(^{17}\)

1.2 UK punishments

3. The different levels of punishments that offences attract are specified for Classes A, B and C.\(^{18}\) The courts use discretion in sentencing, for example, in 2004 under 10,000 of the

\(^{12}\) Taken directly from the Home Office web page on drugs and the law; http://www.homeoffice.gov.uk/drugs/drugs-law/?version=1

\(^{13}\) Warburton, May and Hough (2004), ‘Looking the other way’, *British Journal of Criminology, 45*(2), 113-128

\(^{14}\) *Misuse of Drugs Act 1971*

\(^{15}\) Levitt, Nason and Hallsworth (2006), paragraph 1 and Table 3

\(^{16}\) ibid., paragraphs 17-19


\(^{18}\) Levitt, Nason and Hallsworth (2006), paragraphs 29, 35 and 88
70,000 drug offences coming before the courts attracted any custodial sentence. The average sentence for dealing in drugs of all Classes was 37 months.\textsuperscript{19} In the first three years’ operation of the Crime (Sentences) Act 1997,\textsuperscript{20} which introduced minimum sentences for those caught dealing in Class A drugs for the third time, only three people were actually sentenced in accordance with the powers of the act.\textsuperscript{21} The government spends 54\% of the drug budget on policing, sentencing and punishment.\textsuperscript{22}

4. Other methods of punishment include community sentences such as Drug Treatment and Testing Orders (DTTOs,\textsuperscript{23} replaced by Community Orders in 2003; see para 5 below); fines; warnings and cautions.\textsuperscript{24} In 2004 community sentencing was used in approximately 10\% of possession sentences, and in 5-20\% of dealing sentences (depending on the drug). Fines were consistently used in around 25\% of possession sentences and less than 5\% of dealing sentences. Cautions were common for possession (up to 50\% in the case of cannabis) and rare for dealing offences (only cannabis dealing had more than around 2\% cautions). Warnings for cannabis offences were common in 2004, with over 22,000 warnings issued by the police. Custodial sentences were generally rare for possession (maximum 18\% for crack possession), but much more common for dealing, with over 80\% of crack, cocaine and heroin dealing cases attracting custodial sentences.\textsuperscript{25}

1.3 UK treatment regime

5. As mentioned above, community sentencing allows tailored treatment programmes to be specified, which must include drug rehabilitation. DTTOs were first piloted in three locations (Croydon, Liverpool and Gloucestershire) between 1998 and 2000. The evaluation revealed mixed results. Although the average number of convictions fell, there was no significant reduction in the number of reconvictions.\textsuperscript{26} Evidence from Scotland


\textsuperscript{22} The National Drug Strategy; Funding; http://www.drugs.gov.uk/drug-strategy/funding


\textsuperscript{24} A police caution is a formal warning given by or on the instructions of a senior police officer. It can be given to an adult who has admitted guilt for an offence and could have been charged or prosecuted for the offence. It is only given for minor or less serious offences; it is recorded on the Police National Computer and can be taken into consideration by the Court if that person is convicted and sentenced for a further offence. http://www.together.gov.uk/article.asp?c=226&aid=2003.

\textsuperscript{25} Mwende (2005).

\textsuperscript{26} Hough et al (2003). The impact of Drug Treatment and Testing Orders on offending: two-year reconviction results, Home Office RDS findings 184
suggests that community sentences may lower offenders’ spend on drugs and reduce further conviction rates. The courts may also use compulsory treatment orders.

6. Treatments can include psychological therapies, such as behaviour therapy, and medication to help the individual’s withdrawal symptoms. Numbers in treatment vary depending on the drug, with treatment for heroin and opiate addiction attracting the highest percentage of users (96% in a 2004 study by the National Treatment Agency for Substance Misuse - the NTA). This is mainly due to the relative ease with which methadone treatment can be prescribed, compared to psychological and behavioural therapies. The government spends around £573 million per annum on improving access to drug treatment services. The success of treatment for offenders was evaluated by the NTA in 2005. It found that effective treatments are tailored to meet an individual’s needs, and depend on which drug is involved.

1.4 UK drug education

7. Drug education is specified in the national curriculum. Outwith the curriculum, Blueprint is an experimental drug education programme involving 29 secondary schools in four local education authority areas since 2003; 23 schools have adopted the programme while six continue with their existing drug education programme as a control group. A comprehensive study of drug education programmes worldwide has identified approaches that appear to be most effective - Blueprint adapts these methods to fit the UK education context. A five-year evaluation of Blueprint commenced in 2003.

8. Other government education projects include Talk to Frank, a website and help line for young people and their parents and carers to find out about the risks associated with illegal drugs. So far 750,000 have telephoned Talk to Frank. The Positive Futures programme includes socially marginalised children in sport. Although this is not aimed directly at drug education, there is some evidence that it is contributing to decreasing the level of young

27 Evaluations commissioned by the Scottish Executive; further details at http://www.scotland.gov.uk/Topics/Justice/criminal/16906/6826.
28 Levitt, Nason and Hallsworth (2006), paragraph 27
29 ibid., paragraph 79
31 The National Drug Strategy; Funding; http://www.drugs.gov.uk/drug-strategy/funding
32 Levitt, Nason and Hallsworth (2006), para, paragraph 79
34 http://www.publications.parliament.uk/pa/cm200102/cmselect/cmhaflf/318/1103005.htm
35 Levitt, Nason and Hallsworth (2006), para, paragraph 30
36 For more information on Blueprint, see http://www.drugs.gov.uk/young-people/blueprint/
37 Home Office website; http://www.homeoffice.gov.uk/drugs/drugs-misuse/preventing-drug-misuse/
people’s drug use. The government spends approximately £163 million annually on drug education.

1.5 **UK drug street prices**

9. Drug use figures were covered in the main report. Street prices in the UK (2002) are shown in Table 2.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Eighth</th>
<th>Ounce</th>
<th>Gram</th>
<th>Rock/Bag</th>
<th>Tablet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis resin*</td>
<td>14.04</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Herbal cannabis*</td>
<td>16.35</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cannabis “skunk”</td>
<td>19.95</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Hash oil</td>
<td>16.21</td>
<td>132.82</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>-</td>
<td>86.00</td>
<td>8.85</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Base amphetamine</td>
<td>-</td>
<td>138.14</td>
<td>13.68</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cocaine</td>
<td>-</td>
<td>521.32</td>
<td>47.95</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Magic mushrooms</td>
<td>-</td>
<td>42.45</td>
<td>6.26</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Crack</td>
<td>-</td>
<td>570.00</td>
<td>47.44</td>
<td>22.23</td>
<td>-</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5.47</td>
</tr>
</tbody>
</table>

Source: IDMU website; www.idmu.co.uk/drugpricetrend9403.htm

* Herbal and resin cannabis prices are mean across different types of herbal and resin
** An eighth of cannabis is an eighth of an ounce (approximately 3.5 grams)

1.6 **USA, the Netherlands and Sweden**

10. This section provides selected additional information, to complement that already provided in the main report on legislation, punishment and treatment arrangements in the USA, the Netherlands and Sweden, as comparators for the UK. These countries were chosen by the Committee because the Runciman report recommended that the Government studied the systems of the USA and the Netherlands, and Sweden has adopted a relatively more conservative system than the Netherlands. This section of the

---

38 Levitt, Nason and Hallsworth (2006), paragraph 30
39 The National Drug Strategy; Funding: http://www.drugs.gov.uk/drug-strategy/funding
40 Levitt, Nason and Hallsworth (2006), paragraphs 24-25, 43-44, 57, 71, 77, 80-82, 93, 108 and 130
41 ibid., paragraphs 17-19
42 ibid., paragraphs 96-116 and 118-119
43 ibid., paragraphs 60-62, 85-86 and 133-134
Addendum has information on drug education systems and drug prices. UK information on these topics was included in the main report.\(^{46}\)

1.6.1 **USA\(^{47}\)**

11. In 2004 the percentage of Americans who used any drug in the last 12 months was 14.5\(^{48}\). The US Department of Education funds a *Safe Schools, Healthy Students* programme promoting healthy childhood development and preventing drug abuse (as well as violence and alcohol abuse). It is provided under the Safe and Drug Free Schools and Communities Act 2002. The programme takes into account the scientific evidence behind narcotic abuse and seeks to actively involve parents.\(^{49}\) Street prices per gram of drug in the USA in 2004 were: US$0.77 for cocaine; US$11.40 for cannabis; US$96.50 for methamphetamine.\(^{50}\)

1.6.2 **The Netherlands\(^{53}\)**

12. The implementation of curricular school-based prevention programmes is a priority in the Netherlands and continues to be developed. There is no legal requirement to provide drug information at school, although since 1994 there has been a *Healthy Schools and Drugs* programme in place to provide a strategy for teaching about drug abuse.\(^{55}\) Selective prevention is mostly targeted at youth on the streets and in party settings and has a rather high political and practical relevance. Selective prevention in recreational settings is carried out by NGOs in cooperation with government services with a focus on the implementation of safe clubbing regulations and person-to-person intervention in club premises.\(^{56}\) Street prices per gram in the Netherlands in 2004 were: US$0.50 for cocaine; US$6.90 for cannabis; US$8.00 for amphetamine.\(^{57}\)

---

\(^{46}\) Levitt, Nason and Hallsworth (2006), paragraphs 30, 32 and 33

\(^{47}\) ibid., paragraphs 181-221

\(^{48}\) National Survey on Drug Use & Health 2004, available at http://oas.samhsa.gov/NSDUH/2k4nsduh/2k4tabs/Sect1peTabs1to66.htm#tab1.1b

\(^{49}\) Positive action for safe and drug free schools; http://www.positiveaction.net/programs/index.asp?ID1=1&ID2=4&ID3=203


\(^{51}\) ibid.

\(^{52}\) National Survey on Drug Use & Health 2004, available at http://oas.samhsa.gov/NSDUH/2k4nsduh/2k4tabs/Sect1peTabs1to66.htm#tab1.1b

\(^{53}\) Levitt, Nason and Hallsworth (2006), paragraphs 222-237

\(^{54}\) ibid., paragraphs 222-237


1.6.3 Sweden\textsuperscript{58}

13. Drug education programmes start in early school years and regularly appear thereafter.\textsuperscript{60} These programmes stress the importance of pupil and parent participation to improve decision-making abilities of pupils.\textsuperscript{61} Special characteristics of the prevention culture in Sweden are a strong local community-based delivery of prevention and the absence of quality control and monitoring systems for prevention.\textsuperscript{62} Street prices per gram in Sweden in 2004 were: US$0.89 for cocaine; US$5.90 for cannabis; US$33.90 for amphetamine.\textsuperscript{63}

\textsuperscript{58} Levitt, Nason and Hallsworth (2006), paragraphs 238-271

\textsuperscript{59} ibid, paragraphs 238-271


