UKDPC
UK DRUG POLICY COMMISSION

Bringing evidence and analysis together to inform UK drug policy

An Analysis of UK Drug Policy

A report by Professor Peter Reuter and Alex Stevens

Executive Summary

Despite the long-standing political prominence of the problem, relatively coherent strategies and substantial investment, the United Kingdom remains at the top of the European ladder for drug use and drug dependence. This study by Professor Peter Reuter of the University of Maryland, USA, and Alex Stevens of the University of Kent, England, assesses the evidence relating to the UK drug problem and analyses the impact of current policies.

The nature of the drug problem

The United Kingdom has the highest level of dependent drug use and among the highest levels of recreational drug use in Europe. The drug problem steadily worsened over the last quarter of the twentieth century: the number of dependent heroin users increased from around 5,000 in 1975 to a current estimated 281,000 in England and over 50,000 in Scotland. Since the turn of the millennium, drug trends have shown signs of stabilisation, albeit at historically high levels.

About one quarter of those born between 1976 and 1980 have used a Class A drug at least once by 2005. The percentage of young people who have used cannabis seems to have been decreasing in recent years, although it remains around 45%. Use of other drugs that have been associated with youth cultures in the last few decades, including LSD, amphetamines and ecstasy, has also fallen, while cocaine use has increased. But, most people use illegal drugs only for a short period of time.

Occasional drug use is not the principal cause of Britain's drug problems. The bulk of drug-related harm (death, illness, crime and other social problems) occurs among the relatively small number of people that become dependent on Class A drugs, notably heroin and cocaine.

There were 1,644 identified drug-related deaths in the UK in 2005. The UK has the second-highest rate of drug-related death in Europe, at about 34 per million population aged 16 or over. The level of HIV among users in the UK is much lower than most other comparable European countries, with about 1.6% of injecting drug users being HIV positive. However, 42% of injectors in England and 64% of injectors in Scotland are estimated to be infected with hepatitis C.

Some of the estimated 327,000 problem drug users in England commit very high numbers of offences – most commonly shoplifting – to fund their drug use. Around a fifth of arrestees appear to be dependent on heroin. Illicit drugs may also be linked to violent crime through the direct effects of stimulants, such as crack cocaine, on aggression and through the operation of the illegal market, which is regulated by violence and fear. It has recently been estimated that the size of the UK market for illicit drugs is over £5 billion, despite sustained reductions in drug prices. The annual socio-economic cost of drug-related crime in England and Wales has been estimated at over £13 billion.

Drug problems are disproportionately concentrated in areas of disadvantage. Problems such as drug dependency, drug-related deaths, infections, crime and mental illness cluster together in areas that are particularly socially deprived.

The policy response

Successive governments, initially across the UK and subsequently in the devolved administrations in Scotland, Northern Ireland and Wales as well have responded forcefully to this high-profile problem since the mid-1990s.

The current, 10-year UK Drug Strategy was initiated in 1998 and is therefore due for replacement or renewal in 2008. It is wide-ranging and has included a number of targets that have changed over the years. The current Public Service Agreement (PSA) targets for England were set in 2004. They involve:

- reducing the harm caused by drugs, including health impacts and drug-related offending as measured by a Drug Harm Index as well as increasing the number of drug-misusing offenders entering treatment through the Criminal Justices System;
- reducing frequent and Class A drug use by young people under 25, especially the most vulnerable; and
- increasing the numbers of problem drug users in treatment by 100% by 2008 as well as increasing the proportion successfully sustaining or completing treatment.

In Scotland, Wales and Northern Ireland there are parallel strategies with broadly similar objectives.

To achieve these (and earlier) targets, the government and devolved administrations have sought to take action on a number of fronts, including:

- a large and unparalleled increase in expenditure on treatment services;
- drug testing and referral of offenders to treatment though the Criminal Justice System;
- increasing drug seizures and targeting 'middle' market drug dealers;
- internationally, taking on principal responsibility for curbing heroin production in Afghanistan;
- resisting calls to review the drug classification system but reclassifying cannabis from a Class B to a Class C controlled drug;
- introducing information campaigns and increased coverage of drug education programmes in school;
- early interventions with high risk groups such as truants and young offenders.

Despite the increased investment in treatment, the majority of government spending on responding to illegal drugs is still devoted to enforcing drug laws. It is however difficult to estimate government expenditure on drug policy, as it is not transparently reported. From the available data, we calculate that in the UK, as in other nations, enforcement expenditure (including police, courts and prisons) accounts for most of the total expenditure on drug policy.

An assessment of subsequent impact

Drug use appears to have broadly stabilised in the UK since the turn of the millennium and in some cases there have been reductions in reported use, although cocaine and crack use has reportedly increased.

The government has successfully increased the number of dependent drug users entering treatment, with enrolment in England increasing from 85,000 in 1998 to 181,000 in 2004/5 with significant numbers of referrals through the Criminal Justice System. Research suggests that this will have led to substantial reductions in drug use, crime and health problems at the individual level; with positive

benefits for drug users, families and potential victims of crime. The majority of this treatment involves the prescription of heroin substitution drugs (mostly methadone). More than half of the estimated number of problem drug users are now in contact with structured treatment each year. Waiting times have been cut sharply.

However, it is unlikely that the benefits of treatment to individuals and families will have translated into a substantial and measurable impact on overall levels of dependent drug use and crime at the national level. International experience suggests that such impact is likely to be limited, due to the large numbers of users remaining untreated, the high rate of relapse, the variable effectiveness of treatment and the continual influx of new users.

Harm reduction measures such as needle exchanges and methadone programmes appear to have successfully prevented a major HIV epidemic among injecting drug users in the UK compared to other countries. However, they do not appear to have prevented the rise of other blood-borne viruses such as hepatitis C.

There is little international or UK evidence to suggest that drug education and prevention have had any significant impact on drug use. The international literature consistently indicates that most school-based prevention efforts do little to reduce initiation. Even those programmes that are delivered effectively seem to have very little impact on future drug use.

Despite fears that the reclassification of cannabis would lead to an increase in its use, cannabis use according to the most recent data has continued to decline since 2001/2.

The use of custodial sentences for drug offenders increased substantially between 1994 and 2005. The annual number of people imprisoned rose by 111% and the average length of their sentences increased by 29%. Taking into account the rise in the average sentence length (37 months for drug dealing in 2004), the courts handed out nearly three times as much prison time in 2004 as they did 10 years earlier.

Some enforcement measures around the street distribution of drugs can reduce the problems related to drug markets. The impact of enforcement measures generally is experienced disproportionately amongst particular ethnic communities, notably black people who are arrested and imprisoned for drug offences at higher rates than white people.

Despite substantial increases in drug seizures, street drug prices have gone down, with the price for a gram of heroin falling from £70 in 2000 to £54 in 2005. Tougher enforcement should theoretically make illegal drugs more expensive and harder to get. The prices of the principal drugs in Britain have declined for most of the last ten years and there is no indication that tougher enforcement has succeeded in making drugs less accessible.

Policy implications

There is little evidence from the UK, or any other country, that drug policy influences either the number of drug users or the share of users who are dependent. There are numerous other cultural and social factors that appear to be more important. It is notable that two European countries that are often used as contrasting examples of tough or liberal drug policies, Sweden and the Netherlands, both have lower rates of overall and problematic drug use than the UK.

Given the international evidence as to the limited ability of drug policy to influence national trends in drug use and drug dependence, it is unreasonable to judge the performance of a country's drug policy by the levels of drug use in that country. Yet that is the indictor to which the media and public instinctively turn. However, this is not to say that drug policy is irrelevant.

The arena where government drug policy needs to focus further effort and where it can make an impact is in reducing the levels of drug-related harms (crime, death and disease and other associated problems) through the expansion of and innovation in treatment and harm reduction services.

We know very little about the effectiveness and impact of most enforcement efforts, whether they are directed at reducing the availability of drugs or at enforcing the law over possession and supply. Imprisoning drug offenders for relatively substantial periods does not appear to represent a cost effective response.

Transparency in resource allocations is urgently needed if the overall and relative balance of supply and demand reduction interventions is to be considered.

The UK invests remarkably little in independent evaluation of the impact of drug policies, especially enforcement. This needs redressing if policy makers are to be able to identify and introduce effective measures in the future.

Further information

This document summarises an independent research monograph, *An Analysis of UK Drug Policy: A Monograph Prepared for the UK Drug Policy Commission* by Peter Reuter and Alex Stevens, commissioned by the UK Drug Policy Commission to assist in its setting up and to inform its future work programme . It is available online at www.ukdpc.org.uk.

The views expressed are not necessarily those of the UK Drug Policy Commission.

About the UK Drug Policy Commission (UKDPC)

The UK Drug Policy Commission has been set up with support from the Esmée Fairbairn Foundation. Our objective is to analyse the evidence and explore options for drug policy that can improve the health, well-being and safety of individuals, families and communities.

Despite the recent efforts of government, the evidence base in the UK to support drug policy is relatively under-developed. We simply do not know enough about the elements of policy that work, why they work and where they work well. Our aim is to provide independent and objective analysis of drug policy and find ways to help the public and policy makers better understand the implications and options for future policy.

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