

United Kingdom

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1.

Law enforcement authorities in the UK conducted an experiment in policing in the London borough of Lambeth, wherein cannabis violations were given a low priority. Researchers for PRS Consultancy Group undertook an evaluation of the program at the request of the Borough Police Commander. The researchers found that: "The measures of police activity demonstrate that the policy has succeeded in releasing resources, and that activity against more serious offences has increased.

"During the 6 months of the evaluation, Lambeth officers issued 450 warnings. This released at least 1350 hours of officer time (by avoiding custody procedures and interviewing time), equivalent to 1.8 full-time officers. A further 1150 hours of CJU staff time was released by avoiding case file preparation.

"In comparison with the same 6 months in 2000, Lambeth officers recorded 35% more cannabis possession offences and 11% more for trafficking. In adjoining Boroughs possession offences fell by 4% and trafficking fell by 34%.

"Lambeth also increased its activity against Class A drugs relative to adjoining Boroughs."

Source:

PRS Consultancy Group, "Evaluation of Lambeth's pilot of warnings for possession of cannabis - summary of final report," March 2002, p. 1.

2.

South Bank University's Criminal Policy Research Unit conducted a detailed study of the policing of cannabis in England. The study found that:

"One in seven of all known offenders in England and Wales were arrested for the possession of cannabis.

"There has been a tenfold increase in the number of possession offences since the mid-1970s. There is no evidence that this increase has been an intended consequence of specific policy.

"Possession offences most often come to light as a by-product of other investigations.

"A minority of patrol officers 'specialise' in cannabis offences: 3 per cent of officers who had made any arrests for possession accounted for 20 per cent of all arrests.

"Arrests for possession very rarely lead to the discovery of serious crimes.

"Officers often turn a blind eye to possession offences, or give informal warnings.

"Of the 69,000 offenders who were cautioned or convicted in 1999, just over half (58 per cent) were cautioned.

"The financial costs of policing cannabis amount to at least £50 million a year (including sentencing costs), and absorb the equivalent of 500 full-time police officers.

"The researchers conclude that:

"- re-classification of cannabis to a Class C drug will yield some financial savings, allowing patrol officers to respond more effectively to other calls on their time;

"- the main benefits of reclassification would be non-financial, in removing a source of friction between the police and young people;

"- there would be a very small decline in detection of serious offences, but this should readily be offset by the savings in police time."

Source:

"Findings: The Policing of Cannabis as a Class B Drug," (London, England: Joseph Rowntree Foundation, March 2002), p. 1.

<http://www.jrf.org.uk/sites/files/jrf/332.pdf>

3.

"Our findings raise questions about the validity of the current Misuse of Drugs Act classification, despite the fact that it is nominally based on an assessment of risk to users and society. The discrepancies between our findings and current classifications are especially striking in relation to psychedelic-type drugs. Our results also emphasise that the exclusion of alcohol and tobacco from the Misuse of Drugs Act is, from a scientific perspective, arbitrary. We saw no clear distinction between socially acceptable and illicit substances. The fact that the two most widely used legal drugs lie in the upper half of the ranking of harm is surely important information that should be taken into account in public debate on illegal drug use. Discussions based on a formal assessment of harm rather than on prejudice and assumptions might help society to engage in a more rational debate about the relative risks and harms of drugs."

Source:

"David Nutt, Leslie A King, William Saulsbury, Colin Blakemore, ""Development of a rational scale to assess the harm of drugs of potential misuse,"" Lancet (2007), Vol 369, p. p. 1052.

<http://web.mit.edu/mariya/Public/Exploring%20Pharmacology%2008/addiction...>

4.

"The UK drug strategy sets out four key aims. These are: To help young people resist drug misuse in order to achieve their full potential in society. To protect our communities from drug-related anti-social and criminal behaviour. To enable people with drugs problems to overcome them and live healthy and crime free lives. To stifle the availability of illegal drugs on our streets."

Source:

Report to the European Monitoring Center on Drugs and Drug Addiction by the Reitox National Focal Point of the United Kingdom, DrugScope, "United Kingdom Drug Situation 2000" (London, England: DrugScope and EMCDDA, 2000), p. 6.

5.

"Since 1998 the government has provided additional funding to increase the number of drug using offenders engaged with treatment services. This included the introduction of Drug Treatment and Testing Order pilot schemes. Under this order courts may, with the offender's consent, make an order requiring the offender to undergo treatment either as part of another community order or as a sentence in its own right. It is envisaged that such schemes will be available in all courts in England and Wales by 2001. Police forces in England and Wales are also operating Arrest Referral Schemes whereby problem drug users are identified and encouraged to take up appropriate treatment. These schemes are also currently being expanded, with the target of 100% coverage of all police stations by 2002."

Source:

Report to the European Monitoring Center on Drugs and Drug Addiction by the Reitox National Focal Point of the United Kingdom, DrugScope, "United Kingdom Drug Situation 2000" (London, England: DrugScope and EMCDDA, 2000), p. 8.

6.

"Throughout 1998 and 1999 an inquiry into the Misuse of Drugs Act 1971 was carried out under the auspices of the independent research charity, the Police Foundation (Police Foundation 2000). The Inquiry team, chaired by Viscountess Runciman, considered changes which have taken place in UK society since the introduction of the Act in 1971 and assessed whether the law as it currently stands needs to be revised in order to make it both more effective and more responsive to those changes.... The Police Foundation report recommends that certain changes be made to the classification of drugs, for example whilst heroin and cocaine would remain in Class A (the most dangerous category) ecstasy and LSD would transfer to class B and cannabis would become a class C drug. The report does not call for any drug currently covered by the Act to be legalized. The report also suggests that changes be introduced to the penalties for possession of drugs, that laws against dealers and traffickers be strengthened, and that a significant shift in resources towards treatment services be made."

Source:

Report to the European Monitoring Center on Drugs and Drug Addiction by the Reitox National Focal Point of the United Kingdom, DrugScope, "United Kingdom Drug Situation 2000" (London, England: DrugScope and EMCDDA, 2000), p. 8.

7.

The United Kingdom officially downgraded the classification of cannabis from Class B to Class C effective Jan. 29, 2004. The London Guardian reported that "Under the switch, cannabis will be ranked alongside bodybuilding steroids and some anti-depressants. Possession of cannabis will no longer be an arrestable offence in most cases, although police will retain the power to arrest users in certain aggravated situations - such as when the drug is smoked outside schools. The home secretary, David Blunkett, has said the change in the law is necessary to enable police to spend more time tackling class A drugs such as heroin and crack cocaine which cause the most harm and trigger far more crime."

Source:

Tempest, Matthew, "MPs Vote To Downgrade Cannabis," The Guardian (Manchester, England), Oct. 29, 2003.

8.

"Data from the 2001/2002 sweep of the British Crime Survey (Aust et al, 2002) shows 'ever use' for adults aged 16-59 is unchanged from the previous year. In the 2001/2002 and 2000 survey 34% of 16-59 year olds had ever used an illicit drug compared to 32% in 1998, 29% in 1996 and 28% in 1994 (Aust et al, 2002). "12% of adults aged 16-59 had used drugs in the last 12 months in 2001/2002 compared to 11% in 2000 and 1998, and 10% in 1996 and 1994. Reported illicit drug use in the last month for 16-59 year olds in 2001/2002 increased to 8%, compared to 6% in all the previous sweeps of the survey (1994-2000). Most of this reported drug use is accounted for by cannabis (Aust et al, 2002)."

Source:

DrugScope, "Report to the EMCDDA by the Reitox National Focal Point: United Kingdom Drug Situation 2002" (Lisboa, Portugal: European Monitoring Centre for Drugs and Drug Addiction, 2003), p. 22.

9.

According to the 2002 report on the drug situation in the United Kingdom prepared for the European Monitoring Centre for Drugs and Drug Addiction, "49% of 16-24 year olds in 2001/2002 reporting ever using an illicit drug compared to 52% in 1998. For 16-24 year olds drug use in the last 12 months has decreased from 30% in 1998 to 29% in 2001/2002. For the same age group drug use in the last month has remained stable at 19% in 1998 and 19% in 2001 (Aust et al, 2002)."

Source:

DrugScope, "Report to the EMCDDA by the Reitox National Focal Point: United Kingdom Drug Situation 2002" (Lisboa, Portugal: European Monitoring Centre for Drugs and Drug Addiction, 2003), p. 22.

10.

"Preliminary results from the 2001 'drug use, smoking and drinking among young people in England' by the National Centre for Social Research and the National Foundation for Educational Research, show that 12% of pupils aged 12-15 had used drugs in the last month and 20% had used drugs in the last year. Between 1998 and 2000, last month drug use among young

people aged 11-15 increased from 7% to 9% and last year use increased from 11% to 14%. A revised method of measuring prevalence was used in 2001 and thus the data between 2001 and previous years are not strictly comparable. It is likely though that drug use has remained stable or slightly increased from 2000 (NCSR & NFER, 2002). "As in previous years, cannabis was the most likely drug to have been used with 13% of pupils aged 11-15 having used it in the last year. Use of cannabis in the last year among boys was slightly higher (at 14%) than girls (12%). Cannabis use increased sharply with age with 1% of 11 year olds having used the drug in the last year compared to 31% of 15 year olds. Again, this is similar to results from 2000 (NCSR & NFER, 2002)."

Source:

DrugScope, "Report to the EMCDDA by the Reitox National Focal Point: United Kingdom Drug Situation 2002" (Lisboa, Portugal: European Monitoring Centre for Drugs and Drug Addiction, 2003), p. 23.

11.

"The most recent estimate of problem drug use in the UK relates to 1996. Current studies will provide new estimates in 2003 as well as figures for smaller (Drug Action Team) areas. Recent work has been undertaken to provide more accurate figures for 1996 (Frischer et al., 2001). This work looked at estimates using three different types of methodology. The findings estimate that in England, Scotland and Wales: "- 143,000 people are at risk of mortality due to drug overdose; "- 161,000 to 169,000 people have ever injected drugs; "- 202,000 are opiate users; "- and 266,000 are problem drug users."

Source:

DrugScope, "Report to the EMCDDA by the Reitox National Focal Point: United Kingdom Drug Situation 2002" (Lisboa, Portugal: European Monitoring Centre for Drugs and Drug Addiction, 2003), p. 26.

12.

"Estimates of problem drug use suggest that prevalence of problem drug use is between 3 to 4% for the London districts of Lambeth, Southwark and Lewisham, Camden and Islington, and Newham. Further there may be as many as 266,000 problem drug users in Great Britain as a whole."

Source:

Report to the European Monitoring Center on Drugs and Drug Addiction by the Reitox National Focal Point of the United Kingdom, DrugScope, "United Kingdom Drug Situation 2000" (London, England: DrugScope and EMCDDA, 2000), p. 10.

13.

"Two in five injectors in England and Wales are infected with hepatitis C antibody. In Scotland and England and Wales, there is a clear relationship between prevalence of infection and duration of injecting career, indicating that harm reduction initiatives may be having an impact on hepatitis C transmission. A total of 56% of all known cases of hepatitis C in Scotland (10,161) were known to have ever injected drugs (Codere and Shaw 2000)."

Source:

Report to the European Monitoring Center on Drugs and Drug Addiction by the Reitox National Focal Point of the United Kingdom, DrugScope, "United Kingdom Drug Situation 2000" (London, England: DrugScope and EMCDDA, 2000), p. 10.

14.

"The number of drug offenders increased by 13% to 127,900 in 1998. 90% were possession cases, mainly of cannabis. There was an increase of 32% in the number of cocaine offenders (excluding crack ones) to 4,400, of 30% in the number of heroin offenders to 11,400, and of 13% in cannabis offenders to 97,200."

Source:

Report to the European Monitoring Center on Drugs and Drug Addiction by the Reitox National Focal Point of the United Kingdom, DrugScope, "United Kingdom Drug Situation 2000" (London, England: DrugScope and EMCDDA, 2000), p. 10.

15.

"In 1998 there was a modest fall in the proportion of offenders cautioned to 47%, 23% were fined and 8% sentenced to immediate custody. The number of persons given immediate custodial sentences rose by 4% compared to a 19% increase between 1996 and 1997."

Source:

Report to the European Monitoring Center on Drugs and Drug Addiction by the Reitox National Focal Point of the United Kingdom, DrugScope, "United Kingdom Drug Situation 2000" (London, England: DrugScope and EMCDDA, 2000), p. 10.

16.

"Relatively high proportions of prisoners reported using heroin during their current stay in prison -- 10-20% of prisoners in England and Wales, and 31% in Scotland."

Source:

Report to the European Monitoring Center on Drugs and Drug Addiction by the Reitox National Focal Point of the United Kingdom, DrugScope, "United Kingdom Drug Situation 2000" (London, England: DrugScope and EMCDDA, 2000), p. 10.

17.

"A recent survey of syringe exchange provision in the UK suggested that in 1997 an estimated 2,320,000 syringes were distributed by approximately 2,300 outlets in England, Scotland and Wales (J. Parsons, personal communication). No syringe exchanges in Northern Ireland were identified. Syringe exchanges distributed large numbers of syringes and are probably in contact with more injecting drug users than any other intervention."

Source:

Report to the European Monitoring Center on Drugs and Drug Addiction by the Reitox National Focal Point of the United Kingdom, DrugScope, "United Kingdom Drug Situation 2000" (London, England: DrugScope and EMCDDA, 2000), p. 45.

18.

"The UK is exceptional internationally because heroin is included in the range of legally sanctioned treatments for opiate dependence. In practice, this treatment option is rarely utilised: only about 448 heroin users receive heroin on prescription."

Source:

Stimson, Gerry V., and Nicky Metrebian, Centre for Research on Drugs and Health Behavior, "Prescribing Heroin: What is the Evidence?" (London, England: Rowntree Foundation, 2003), p. 1.

19.

According to Viscountess Runciman, chair of a panel of the British Police Foundation which looked into the drug laws, the UK "has a far more severe regime of control over possession offences than most other European countries".

Source:

Johnston, Philip, The Daily Telegraph, "International Conventions: UK Regime Among the Most Severe in Europe" (London, England: The Daily Telegraph, March 31, 2000.).

20.

"A marijuana-based medication for people suffering from multiple sclerosis and severe pain is expected to be approved for sale in Britain early this year, British officials say. The drug, Sativex, developed by GW Pharmaceuticals, a British company, is a liquid extract from marijuana grown by the company under license from the government. Developed to be sprayed under the tongue, it would be the first drug in recent decades to include all the components of the cannabis plant, advocates of medical marijuana say."

Source:

Tuller, David, "Britain Poised To Approve Medicine Derived From Marijuana, New York Times (New York, NY), Jan. 27, 2004.

21.

"...the UK appears to account for over 80% of all primary crack episodes in Europe."

Source:

Beau Kilmer, Rosalie Liccardo Pacula, "Estimating the size of the global drug market: A demand-side approach," Prepared for the European Commission (The RAND Corporation, 2009), p. 32.

http://www.rand.org/pubs/technical_reports/2009/RAND_TR711.pdf

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