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► **Drugs: international comparators.**

Home Office.

[UK] Home Office, 2014.

After seeing how drug policy worked overseas, UK government ministers and officials returned saying, "there is no apparent correlation between the 'toughness' of a country's approach and the prevalence of adult drug use", and that "better health outcomes for drug users cannot be shown to be a direct result of the enforcement approach".

SUMMARY The following text reproduces the executive summary of a report which fulfilled the UK government's commitment in its 2010 [national drugs strategy](#) to review evidence about what works in other countries. During 2013 and 2014, ministers and officials conducted international fact-finding visits and discussions. In this report the results are reviewed and considered against the approaches taken in the UK. Most widely publicised from the report was its observation that, "Looking across different countries, there is no apparent correlation between the 'toughness' of a country's approach and the prevalence of adult drug use." The last section ([Decriminalising: additional comments](#)) of this summary reproduces the relevant sections from the body of the report.

This report describes the findings of the Coalition Government's international comparators study of approaches to drugs misuse and drug addiction. The Government has considered a range of policy and operational responses to drugs in other countries and reviewed the evidence of their impacts, where possible drawing out contrasts and similarities with the Government's own Drug Strategy.

During 2013 and 2014, ministers and officials from the Home Office took part in fact-finding visits to, and discussions with, eleven countries: Canada, the Czech Republic, Denmark, Japan, New Zealand, Portugal, South Korea, Sweden, Switzerland, the United States of America and Uruguay. Home Office officials also undertook desk-based research on policies in a number of other countries including the Netherlands. Based on what we saw during our fact-finding, and grounded in an understanding of the drugs situation in the UK, we identified a set of themes to focus on – responses to drugs which stood out as particularly innovative, widely discussed, or relevant to the UK situation. We undertook further research and analysis of the evidence base around each of these themes. In this report, we present the outcomes of this work.

The UK situation

There is robust evidence that drug use among adults has been on a downward trend in England and Wales since the mid-2000s. This trend seems to be reflected in drug use among children of school age. While, historically, levels of drug use in the UK have been relatively high, there are signs that, following several years of declining use, levels of drug use in this country are close to the European average.

The 2010 Drug Strategy sets out our response to drugs misuse and drug addiction. It is a balanced approach, encompassing activity across three strands: reducing the demand for drugs, restricting the supply of illegal drugs, and supporting users into recovery. Our legislative response to drugs is based in the 1971 Misuse of Drugs Act, which continues to provide a flexible yet consistent legislative framework to control emerging harmful drugs and target illegal suppliers, while supporting our public health messages and the delivery of our Drug Strategy.

Drugs present us with a continually evolving set of challenges. Changes over time in the types of people who use certain drugs, the types of drugs that are available, and the methods of supply, mean that we must adjust our responses. Through our Drugs Strategy and our Serious and Organised Crime Strategy, we are meeting new and longstanding challenges such as: the crime and public health harm associated with opiate and crack cocaine addiction; the variety of ways in which illegal drugs can reach the UK; the threat of prescription drug abuse; and the emergence of many New Psychoactive Substances, some of which are openly sold, often inaccurately, as 'legal highs'.

Responses to drug use in other countries

Just as the UK has arrived at its current approach in response to an evolving set of challenges, the responses we saw in each country are a product of that country's own issues. It is a common aim of every country to reduce drug misuse. The variety of ways in which countries seek to achieve this aim reflects the sometimes stark differences between legal frameworks and cultures.

Drug consumption rooms

In Canada, Switzerland and Denmark, we visited facilities into which drug users can bring illicitly purchased drugs – typically heroin or cocaine – for consumption under supervision. These 'drug consumption rooms' have emerged as a response to the public health risks associated with open drug scenes: public areas where drug users congregate in large numbers to purchase and inject or smoke drugs. There is some evidence for the effectiveness of drug consumption rooms in addressing the problems of public nuisance associated with open drug scenes, and in reducing health risks for drug users. Drug consumption rooms overseas have been controversial and legally problematic, and have been most successful where they have been a locally-led initiative to local problems. We do not experience scenes of public drug taking on the same scale in this country.

Heroin assisted treatment

We visited a clinic in Switzerland where patients are given injections of pure heroin under medical supervision, as part of their treatment for opiate dependency. Heroin assisted treatment is an emerging form of treatment which uses injections of medical-quality heroin, where traditional substitution treatment would administer oral methadone or buprenorphine. The evidence from trials in several countries, including the UK, shows that this form of treatment can be effective in reducing illicit drug use and improving retention in treatment among people deeply entrenched in opiate dependency, for whom other forms of substitution treatment have been ineffective. A limited pilot of this approach is underway in three sites in England.

Dissuasion commissions

A cornerstone of Portugal's decriminalisation policy is the use of dissuasion commissions: lay panels which sit outside the criminal justice system, consider cases of drug possession, and decide whether individuals should be given administrative penalties or referred into treatment for addiction. Although dissuasion commissions are held in the context of decriminalisation, the concept of signposting treatment in drug possession cases can and does apply in the criminal justice system in this country.

Drug courts

We visited a drug court in Baltimore, Maryland, where people charged with a drug-related offence have the option of pleading guilty and entering a treatment programme overseen by a judge, in lieu of a traditional (possibly custodial) sentence. Drug courts apply a range of sanctions and rewards to encourage offenders to successful completion of treatment, with the aim of reducing their chances of reoffending. There are more than 2,500 drug courts in the USA, and the model has been exported to Canada, Australia and the UK. Drug court pilots in England and Wales have been affected by differences in court systems, sentencing practices and cultures. Crucially, there is a lack of evidence for their effectiveness, and drug court models in the UK (including Scotland) have shown no impact on reoffending rates.

Prison-based treatment

We visited prisons in Japan and Denmark, to look at how people are treated for drug dependency in different cultural contexts. Our consideration of the evidence for the effectiveness of prison-based treatment programmes confirmed the potential for these programmes to reduce reoffending. It also highlighted the vulnerability of offenders with a history of drug use during the transition from custody to the community. In the UK context, we are developing an approach to improve access to treatment for people with drug and/or alcohol dependency in custody to existing substance misuse treatment and associated health services in the community.

Prison-based harm reduction

In Switzerland, we discussed with officials the country's prison-based needle exchange programmes. Needle exchanges started operating in Swiss prisons in 1992 during a surge in heroin use, and have since been adopted in a number of countries, including Spain and Germany. There is a body of international evidence indicating that needle exchanges are an effective way to reduce needle sharing and the transmission of blood-borne viruses in prisons. UK law prohibits the transportation of drug paraphernalia into prisons. In tackling drug use in prisons, we focus on measures that address the breadth of drug-taking behaviour, rather than injecting alone. We are committed to reducing drug use among offenders and provide a range of low, medium and high intensity drug treatment for prisoners.

New Psychoactive Substances

New Psychoactive Substances (NPS), or so-called 'legal highs', are synthetic substances designed to mimic the effects of established drugs. Unlike established drugs, NPS are not covered by the established international conventions which underpin the approach of most countries to controlling drug supply and drug use. We encountered a variety of approaches to NPS. In New Zealand, a regulatory regime will be established, similar to the regime for medicines in this country, under which producers must prove the safety of substances before they can be sold in licensed premises. In the Republic of Ireland, the supply of any new psychoactive substance is illegal. The legislative framework in the USA ensures that any substances designed to mimic existing controlled drugs are also subject to the same controls by default. The Minister for Crime Prevention appointed an expert panel to consider legislative options for controlling NPS in this country. The Government's response to the panel's recommendations is published concurrently with this report.

Supply-side regulation of cannabis

Uruguay and the American states of Colorado and Washington are adopting experimental policies which legalise and regulate the production, supply and recreational use of cannabis. These policies have common aims – disrupting organised crime and exercising greater control over the use of cannabis – but practices differ. The American states have a market-driven approach, with lighter regulation than Uruguay and fewer limitations on consumption and use. Uruguay, which has growing concerns about organised crime, has a stronger role for the state, with limitations to the size of the market, the strains and potency of cannabis, and the quantity of cannabis an individual can purchase in a month. It is too early to know how these experiments will play out, but we will monitor the impacts of these new policies in the coming years.

Decriminalising the possession of drugs for personal use

We encountered a range of approaches to drug possession, from 'zero-tolerance' to decriminalisation. The evidence from other countries show that levels of drug use are influenced by factors more complex and nuanced than legislation and enforcement alone. Levels of drug use vary considerably between countries with similar policies. With regard to Portugal, where decriminalisation was followed by improvements in health outcomes for drug users, it is difficult to disentangle the effect of decriminalisation from wider improvements in treatment and harm reduction during the same period.

Decriminalising: additional comments

It would be inappropriate to compare the success of drug policies in different countries based solely on trends which are subject to differences in data collection, and are affected by various cultural, social and political factors besides legislation, policing and sentencing. However, some observations can be made:

- It is not clear that decriminalisation has an impact on levels of drug use. Following decriminalisation in Portugal there has not been a lasting increase in adult drug use. Looking across different countries, there is no apparent correlation between the 'toughness' of a country's approach and the prevalence of adult drug use.
- There is evidence from Portugal of improved health prospects for users, though these cannot be attributed to decriminalisation alone.
- It is not clear that decriminalisation reduces the burden on the police. Portugal appeared to apply similar police resourcing to drugs after decriminalisation as before.
- There are indications that decriminalisation can reduce the burden on criminal justice systems. Since decriminalisation, Portugal has reduced the proportion of drug related offenders in its prison population. There has been a reduction in cases going through the courts, but it is not clear if the impact of this is balanced by the administrative burden of the dissuasion commission process.

Close consideration of countries with quite different approaches to drug possession demonstrates that the issue is more complex and nuanced than legislation and enforcement alone. Reflecting on the approach taken in the UK, there are elements in common with a range of other countries. As in Sweden, the UK's legislative framework reflects the fact that drugs cause harm to individuals and wider society. Possession of any amount of a controlled drug is treated as a criminal offence in the UK. The UK's classification system aims to ensure penalties are proportionate to the amount of harm associated with a substance. Like the Netherlands and many other countries, the UK applies different enforcement practices in cases of cannabis possession to those applied in possession of other drugs. As in Portugal, prevention and treatment are a key element of responses to drugs in the UK.

The disparity in drug use trends and criminal justice statistics between countries with similar approaches, and the lack of any clear correlation between the 'toughness' of an approach and levels of drug use demonstrates the complexity of the issue. Historical patterns of drug use, cultural attitudes, and the wider range of policy and operational responses to drugs misuse in a country, such as treatment provision, are all likely to have an impact. Similarly, achieving better health outcomes for drug users cannot be shown to be a direct result of the enforcement approach.

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